

RISK REDUCTION OBSERVATION: INITIAL SESSION (REQUIRED)

Risk Reduction Specialist:		Observer:	
Session Date:		Site/Location:	
Start Time:	End Time:	Total Time:	

Instructions: Please check the *Met* column to show that the area was covered satisfactorily during the session. Put a check in the *Part Met* column to show that the Risk Reduction Specialist (RRS) tried to cover a topic but needs improvement, and put a check in the *Not Met* column to show that the RRS did not try to cover the topic at all. Put a check in the *N/A* column if the topic was not applicable (e.g. testing information for clients not testing). Use the *Comments* space to give more detail.

1. Introduce and Orient Client to the Session	Met	Part Met	Not Met
1. Introduce yourself to client.			
2. Explain your role as a RRS.			
3. Indicate the duration of the session.			
4. Outline content of session (exploration of HIV/STD/HCV risks; identification of challenges to RR; discuss strategies to reduce risk).			
5. Introduce idea of referrals.			
6. Introduce concept of confidentiality.			
7. Address immediate questions and concerns.			
Comments:			

2. Enhance Client's Self-Perception of Risk	Met	Part Met	Not Met	N/A
1. Discuss reason for visit.				
2. Listen for and identify behaviors that are putting the client at risk for HIV/STD/HCV.				
3. Direct client's attention toward risk behavior.				
4. Assess client's level of concern about having/acquiring HIV/STD/HCV.				
5. Discuss client's test history and behavioral changes in response to previous tests.				
6. <i>If previous HIV test result was negative, assess if client engages in risky behavior because of a previous negative test result.</i>				
7. Identify and address examples of mixed feelings or conflict between client's beliefs and behaviors.				
Comments:				

3. Explore the Specifics of Most Recent Risk Incident	Met	Part Met	Not Met
1. Explore who, what, where, when, how of most recent risk exposure.			
2. Assess level of risk acceptable to the client.			
3. Assess communication about sexually transmitted or bloodborne infections with partners.			
4. Identify circumstances or situations that contribute(d) to risk behavior.			
5. Identify vulnerabilities and triggers to the risk behavior incident.			
6. Assess client's patterns of risk behavior (chronic, episodic, incident).			
7. Identify and address examples of mixed feelings about RR and/or conflict between beliefs and behavior.			
Comments:			

4. Review Previous Risk-Reduction Experiences	Met	Part Met	Not Met
1. Identify successful attempts at RR.			
2. Identify obstacles to RR.			
3. Explore triggers/situations that increase the likelihood of high-risk behavior.			
4. Explore client's communication with friends/partners about risk.			
5. Discuss client's level of acceptable risk.			
6. Identify and address examples when client's beliefs and behavior are at odds or examples when feelings are mixed about RR.			
7. Explore client's perception of community and peer norms related to RR and encourage the client to state his/her attitudes and beliefs about risk behavior.			
Did the RRS review and support previous RR experience? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments:			

5. Summarize Risk Incident and Risk Pattern	Met	Part Met	Not Met	N/A
1. Summarize the information the client provided. a. Provide feedback to client concerning his/her risk for HIV/STD/HCV. b. Note any frequency (pattern) of risk behavior. c. Identify key triggers/vulnerabilities. d. Place risk behavior in the larger context of client's life.				
2. <i>Using identified risk</i> , address examples when client's beliefs and behavior are at odds or when feelings are mixed about changing behavior.				
3. <i>If applicable</i> , convey concern and urgency about client's risks.				
4. Encourage and support the client in addressing risk issues.				
Comments:				

6. Negotiate a RR Step	Met	Part Met	Not Met
1. Explore behavior(s) that the client is both motivated and capable to change.			
2. Identify a SMART step toward changing the identified behavior.			
3. Break down the RR action into specific and concrete steps.			
4. Identify supports or barriers to the RR step.			
5. Problem-solve issues concerning the step (<i>role play may be appropriate here</i>).			
6. Confirm with client that the step is reasonable and acceptable.			
7. Acknowledge that the step is a challenge and that there will be an opportunity to review it in the follow-up session.			
8. Ask the client to try to be aware of strengths and weaknesses in the step while trying it out.			
9. Document the RR step with a copy to RRS and client.			
Did the RRS help the client develop a realistic RR step? ___ Yes ___ Tried to, but needs improvement ___ Didn't try Did the step address HIV/STD/HCV risk? ___ Yes ___ No Was the step appropriate to the client's risk? ___ Yes ___ No Was the step SMART? ___ Yes ___ No Did the step work from the client's strengths? ___ Yes ___ No Is the step something that can be attempted before the client comes back in? ___ Yes ___ No Comments:			

7. Identify Sources of Support and Provide Referrals	Met	Part Met	Not Met	N/A
1. Assess client's support system.				
2. Address the longstanding or tough-to-manage issues contributing to risk.				
3. <i>If applicable</i> , assess the client's willingness to seek professional help/use a referral.				
4. <i>If applicable</i> , evaluate what types of referral the client would be most receptive to.				
5. Recognize the challenges of behavior change.				
6. <i>If applicable</i> , provide appropriate referrals.				
Did the RRS identify sources of support and provide referrals? ___ Yes ___ Tried to, but needs improvement ___ Didn't try Comments:				

8. Support Test Decision	Met	Part Met	Not Met	N/A
1. Discuss cost/benefit of testing at this time.				
2. Address the anticipated feelings and strategies for coping with test results.				
3. Explore the relationship between testing and risk behavior.				
4. Present anonymous and confidential testing options (this option available for HIV only).				
5. <i>If testing</i> , introduce partner elicitation.				
6. <i>If testing</i> , review with the client the follow-up schedule for receiving test results.				
Comments:				

9. Summarize and Close the Session	Met	Part Met	Not Met
1. Summarize the RR session.			
2. Identify ways for the client to remember follow-up events.			
3. Review client and RRS contact information.			
4. <i>If applicable</i> , emphasize the importance of returning for result(s).			
5. Address any remaining issues; close the session.			
Did the RRS provide an appointment for results and reminders? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments:			

Instructions: For the following section, mark those elements and components the RRS used well in the first column, the skills she/he used adequately in the second column, the skills she/he needs improvement on in the third column, and those that did not apply in the last column.

10. Use of Counseling Elements and Components	Met	Part Met	Not Met	N/A
1. Kept client's emotional status in mind.				
2. Maintained focus on RR.				
3. Redirected client when necessary.				
4. Used open-ended questions.				
5. Used active listening techniques.				
6. Gave information simply.				
7. Was nonjudgemental.				
8. Offered options, not directives.				
9. Provided opportunities for client to build skills.				
10. Supported client.				
11. Summarized and closed the session.				
Comments:				

1. What things interfered with or supported the risk reduction session (e.g. setting, interruptions)?

2. What things enhanced the quality and outcome of the session?

3. What things could have been done better in this session?

4. Describe the RRS's use of the protocol.

5. Did the RRS follow the goals in the correct order? Yes No If no, describe why.

6. Is there a need for an action plan for further improvement of RR work? Yes No If yes, please describe.