Y2TEC

Youth to Text or Telehealth for Engagement in HIV Care

Telehealth Intervention Manual

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Introduction to the Y2TEC Study and Intervention

Study Aim, Purpose, and Significance

Due to disproportionate HIV-related deaths in youth, there is a critical need for research to address health disparities in youth and tailoring of healthcare delivery to the unique and complex psychosocial and physical health needs of youth and young adults living with HIV (YLWH).[1]

Among 13-29-year-old youth living with HIV (YLWH), only about a third are successfully linked to HIV care. Of those who initiate antiretroviral therapy, only about half attain viral suppression. Additionally, many YLWH have sub-optimal engagement in HIV care, including missed HIV provider visits and lab work. The consequence of suboptimal adherence in YLWH is increased risk of HIV transmission and a future generation of immunodeficient adults with drug-resistant virus.

Mental health and substance use challenges are two main barriers to engagement in care and medication adherence, particularly in YLWH, and disrupt the continuum of HIV care at every stage.[2][3][4][5] Substance use disorders also contribute to myriad non-AIDS-related health conditions, such as hepatic, renal, and cardiac disease, cancers, and destabilizing mental health disorders.

This manual was designed to guide clinicians on telehealth counseling to address these two of the main barriers to engagement in care and medication adherence for YLWH, substance use and mental health challenges. It was developed and pilot tested in the Y2TEC study. The overarching goal of the UCSF Y2TEC study was to examine the feasibility and acceptability of interventions delivered via technology-based methods for decreasing substance use, improving mental health, and enhancing engagement in HIV care and medication adherence among YLWH (18-29 years old).

The Y2TEC Study had three research aims that informed the development and evaluation of this manual:

Aim 1

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[1] Lall P, Lim SH, Khairuddin N, Kamarulzaman A. Review: An urgent need for research on factors impacting adherence to and retention in care among HIV-positive youth and adolescents from key populations. *Journal of the International AIDS Society.* 2015;18(2 Suppl 1):19393.

[2] Murphy, et al. Antiretroviral medication adherence among the REACH HIV-infected adolescent cohort in the USA. Aids Care-Psychological and Socio-Medical Aspects of Aids/HIV. 2001;13(1):27-40.

[3] Fortenberry, et al. Linkage to Care for HIV-Positive Adolescents: A Multisite Study of the Adolescent Medicine Trials Units of the Adolescent Trials Network. Journal of Adolescent Health. 2012;51(6):551-556.

[4] Krumme AA, Kaigamba F, Binagwaho A, Murray MB, Rich ML, Franke MF. Depression, adherence and attrition from care in HIV-infected adults receiving antiretroviral therapy. J Epidemiol Community Health 2015; 69:284–289.

[5] Leserman J. Role of depression, stress, and trauma in HIV disease progression. Psychosom Med 2008; 70:539–545.

- Employ mixed methods research to assess engagement in HIV care, technology use, and substance use among YLWH
- Employ qualitative research to examine perceptions of clinicians and staff serving YLWH on barriers to care and age-specific challenges to patient care

Aim 2

- Develop technology-based interventions for enhancing engagement in care, improving mental health, and reducing substance use in YLWH

Aim 3

- Examine feasibility, acceptability, and preliminary clinical outcomes of technology-based interventions among YLWH on improved engagement in HIV care, mental health, and reduced substance use

Aim one informed the development of this manual. In Aims 2 and 3, this manual was developed and tested for feasibility and acceptability with YLWH.

Formative Research

In the Y2TEC phase 1 preliminary study by Dr. Saberi , we conducted 17 qualitative interviews with clinicians/staff from 8 different clinics/organizations serving YLWH in the San Francisco Bay Area. The interviewees were physicians (29%) and nurses (23%), and were 47% female, 65% white, and had a mean of 8 years of professional experience.[6]

Additionally, we collected quantitative surveys of 101 YLWH ages 18-29 living or receiving care in the San Francisco Bay Area. From the 101 YLWH, we conducted qualitative in-depth interviews with 29 who were selected to be representative of various race/ethnicity, gender, sexual orientation, and virologic suppression status.[7]

Many of the YLWH interviewed disclosed that they currently or previously experienced depression, anxiety, and trauma. These participants highlighted three areas that are important to them and necessary for their engagement with mental health care: 1) believing in the benefits of mental health services and being willing to access them; 2) attaining connected interpersonal relationships with their mental health providers; and 3) stability in their access

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[6] Saberi P, Ming K, Dawson-Rose C. (2018). What does it mean to be youth-friendly? Results from qualitative interviews with healthcare providers and clinic staff serving youth and young adults living with HIV. Journal of Adolescent Health, Medicine and Therapeutics.

[7] Saberi, P., Dawson Rose, C., Wootton, A.R., Ming, K., Legnitto, D., Jeske, M., Pollack, L., Johnson, M.O., Gruber,
V.A., Neilands, T.B. (2019) Use of Technology for Delivery of Mental Health and Substance Use Services
to Youth Living with HIV: A Mixed Methods Perspective. AIDS Care.

to care services—both to their individual providers and health plans with service coverage. In each of these domains, barriers arise that deter them from actively seeking and maintaining mental health support.

YLWH who reported drug or alcohol overuse or misuse, reported a range of social, community, and mental health-related reasons. Some participants reported increased risk-taking behaviors and missing HIV medication doses as a result of their substance use. Of those who had cut down or stopped use, motivations for this change included interpersonal factors, health and cosmetic-related reasons, the cons of use outweighing pros, and experiences of "wake-up calls". These participants reported utilizing a diversity of strategies for decreasing or terminating use, including many descriptions of social supports.[7]

Background on Technology-Based Interventions

The benefit of technology-based interventions is that they can decrease specific barriers to engagement in care at a lower cost and burden to patients and providers. The disparate rate of HIV infection and HIV-associated morbidity and mortality among youth in conjunction with the growth of mobile phone use highlight potential benefits of using mobile phones as a treatment delivery system and the importance of research in this area. To date, several technology-based interventions to reach, engage, retain, and promote ART adherence among YLWH have been examined. These have included interventions delivered via text messaging[8], the internet (via a computer or mobile phone)[9], and social media[10]. The Y2TEC study aims to improve engagement in care and adherence among YLWH while addressing gaps in previous research.

Youth and young adults are the largest group of consumers of technology,[11] so internet use and technology-based interventions easily fit into their daily lives.[12] Due to growing up in a technology-dominated era, youth may be more comfortable with technology-mediated forms of communication than face-to-face interactions and more apt to appreciate the strengths of technology to

[8] Sheoran B, Braun RA, Gaarde JP, Levine DK. The Hookup: Collaborative Evaluation of a Youth Sexual Health Program Using Text Messaging Technology. *Journal of medical Internet research.* Nov 2014;16(11).
[9] Hightow-Weidman LB, Muessig KE, Pike EC, et al. HealthMpowerment.org: Building Community Through a Mobile-Optimized, Online Health Promotion Intervention. *Health Educ Behav.* Aug 2015;42(4):493-499.
[10] Yonker LM, Zan SY, Scirica CV, Jethwani K, Kinane TB. "Friending" Teens: Systematic Review of Social Media in Adolescent and Young Adult Health Care. *Journal of medical Internet research.* Jan 2015;17(1)
[11] Lenhart A, Ling R, Campbell S, Purcell K. Teens and mobile phones. 2010; http://www.pewinternet.org/2010/04/20/teens-and-mobile-phones/. Accessed 2/18/2014.
[12] Smith A. 17% of cell phone ownder do most of their online browsing on their phone, rather than a computer or other device. 2012; http://www.pewinternet.org/2012/06/26/cell-internet-use-2012/. Accessed 2/18/2014.

eliminate geographic barriers to communication and increase access to information.[13]

Telehealth Pilot Study with African American YLWH

Dr. Saberi and team engaged in a prior study assessing the feasibility and acceptability of telehealth medication counseling as a way of addressing antiretroviral non-adherence.[14]

Participating African American YLWH (N= 14) expressed high levels of satisfaction with a test telehealth session and described it as a convenient, efficient, and private mode of communication. Over 64% stated that the single telehealth session they received improved their HIV-related knowledge, increased their motivation to adhere to ART, and provided them with skills to minimize non-adherence. All stated that telehealth was more convenient than in-person clinic visits because they did not have to wait a long time in clinic waiting rooms, did not have additional travel time or cost, and reduced the risk of encountering anyone from their community. Without probing, the majority of the participants noted that telehealth provided a way for them to interact with the provider and that it was less intimidating than in-person visits. They stated that because they weren't necessarily speaking in-person to the provider, they felt more at ease about discussing issues that they may not feel comfortable discussing in a medical office and could communicate more efficiently about issues regarding HIV and living situation.

[13] Saberi P, Yuan P, John M, Sheon N, Johnson MO. A Pilot Study to Engage and Counsel HIV-Positive African American Youth Via Telehealth Technology. *Aids Patient Care St.* Sep 1 2013;27(9):529-532.
[14] Saberi P, Yuan P, John M, Sheon N, Johnson MO. A Pilot Study to Engage and Counsel HIV-Positive African American Youth Via Telehealth Technology. *Aids Patient Care St.* Sep 1 2013;27(9):529-532.

Integrated Focus on Mental Health, Substance Use, and HIV Care

The Y2TEC telehealth intervention takes an integrated behavioral health approach to counseling. The initial session focuses on rapport-building and general bio-psycho-social assessment. The series then sets initial groundwork in HIV care, mental health, and substance use (including both drugs and alcohol). The subsequent menu option modules also take an integrated approach by discussing these three areas across all sessions. This integration helps increase participant's awareness of the interplay between these concerns, as many YLWH experience co-occurring mental health, substance use, and health-related challenges. Participants can discuss HIV care adherence in ways that are holistic and multifaceted when able to consider all 3 areas at once.

Target HIV-Related Behaviors

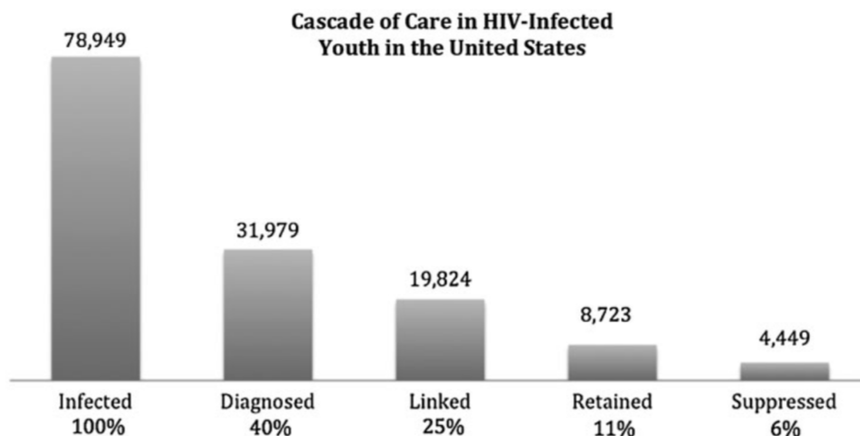
The Y2TEC telehealth intervention uses psychoeducation and health education, motivational interviewing, and problem-solving therapy to help participants identify and resolve potential barriers (often related to mental health and substance use issues) to engagement in HIV care and other barriers to overall wellness. These concepts will be defined below. The curriculum is designed with the intention to increase engagement in HIV care and reduce HIV viral load. To achieve these outcomes, the behaviors most commonly targeted through the problem-solving activities will be related to medication adherence/persistence (or medication initiation), attending clinic visits, and completing labs (as a way for the provider and individual to monitor the effects of treatment).

Intervention Along the HIV Treatment Cascade

YLWH have disparities along the HIV cascade of care compared to adults. Of 13-29-year old individuals who are living with HIV, only 25% are successfully linked to care, 11% are retained in care, and 6% are virally suppressed. The figure below shows the cascade of care in YLWH in the USA.[15]

The Y2TEC telehealth intervention is flexible enough to meet the needs of YLWH at different stages in the HIV care cascade. For example, YLWH who are HIV-diagnosed but not linked to care will receive content focused on initiating HIV primary care. YLWH who are not currently taking HIV medications will receive content on initiating ART. YLWH who are linked to care will receive content focused on care retention and viral suppression.

FIG. 1. Estimated cascade of care in HIV-infected youth (ages 13–29 years) in the United States.



[15] Zanoni, B. C., & Mayer, K. H. (2014). The Adolescent and Young Adult HIV Cascade of Care in the United States: Exaggerated Health Disparities. AIDS Patient Care and STDs, 28(3), 128-135. doi:10.1089/apc.2013.0345

Theoretical Background

The Y2TEC intervention provides psychoeducation and health education, motivational interviewing, and problem-solving counseling. The Y2TEC intervention focuses on reducing barriers to addressing participant's health care, mental health, and substance use-related needs in service of improving their HIV care adherence and overall wellness. Additionally, intervention development was influenced by trauma-informed care, strengths-based work, and other relevant clinical frameworks.

Problem-Solving Therapy

The Y2TEC intervention utilizes principles of problem-solving therapy to help participants work through barriers to HIV care adherence and overall wellness.

What is Problem-Solving Therapy?[16]

Problem-solving therapy refers to a psychological treatment that helps clients to effectively manage the negative effects of stressful events that can occur in life. Such stressors can be rather large, such as getting a divorce, experiencing the death of a loved one, losing a job, or having a chronic medical illness like cancer or heart disease. Negative stress can also result from the accumulation of multiple "minor" occurrences, such as ongoing family problems, financial difficulties, constantly dealing with traffic jams, or tense relationships with co-workers or a boss. When such stressful problems either create psychological problems or exacerbate existing medical problems, such as coping with cancer or difficulties adhering to a medication regimen, problem-solving therapy may be of help, either as a sole intervention or in combination with other approaches. Problem-solving therapy can also help people who have more ambiguous problems, such as "wanting to find one's personal meaning of life."

Problem-solving therapy has been found to be effective for a wide range of problems, including:

- Major depressive disorder
- Generalized anxiety disorder
- Emotional distress
- Suicidal ideation
- Relationship difficulties
- Certain personality disorders

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[16] APA fact sheet originally developed for therapy clients, nearly verbatim but adapted slightly for this audience.
American Psychological Association, Division 12. (n.d.). What is Problem-Solving Therapy? http://www.div12.org/sites/default/files/WhatIsProblemSolvingTherapy.pdf

- Poor quality of life and emotional distress related to medical illness, such as cancer or diabetes

Problem-solving therapy can provide training in adaptive problem-solving skills as a means of better resolving and/or coping with stressful problems. Such skills include:

- Making effective decisions
- Generating creative means of dealing with problems
- Accurately identifying barriers to reaching one's goals

In general, the goals of problem-solving therapy are to help clients:

- Identify which types of stressors tend to trigger emotions, such as sadness, tension, and anger
- Better understand and manage distressing emotions
- Become more hopeful about their abilities to deal with problems in life
- Be more accepting of problems that are unsolvable
- Be more systematic in the way they attempt to resolve problems
- Be less avoidant when problems occur
- Be less impulsive about wanting a "quick fix" solution

Problem-solving therapy is thought to be an effective therapy approach because it helps clients deal more effectively with the wide range of difficulties and stressful problems that occur in everyday living. A large body of scientific evidence indicates that negative, stressful events are a significant contributor to health and mental health disorders. Problem-solving therapy aims to assist individuals in coping more effectively with stressful life problems and can therefore decrease psychological and emotional difficulties, as well as improve the quality of life of individuals suffering from a major medical illness.

Psychoeducation and Health Education

"Psychoeducation" and "health education" are used interchangeably for the purposes of this section, as the curriculum focuses on both behavioral health challenges (addressed with psychoeducation) and HIV-related challenges (addressed with health education).

"Psychoeducation refers to the process of providing education and information to those seeking or receiving mental health services, such as people diagnosed with mental health conditions (or life-threatening/terminal illnesses) and their family members…. Psychoeducation, the goal of which is to help people better understand (and become accustomed to living with) mental health conditions, is considered to be an essential aspect of all therapy programs. It is generally known that those who have a thorough understanding of the challenges they are facing as well as knowledge of personal coping ability, internal and external resources, and their own areas of strength are often better able to address difficulties, feel more in control of the condition(s), and have a greater internal capacity to work toward mental and emotional well-being."

“Many individuals who have a mental health condition know little or nothing about the condition they have been diagnosed with, what they might expect from therapy, or the positive and negative effects of any medications they may be prescribed. Literature on these topics given to them by medical professionals may be confusing or otherwise difficult to comprehend and thus of little help.”

“Psychoeducation, whether administered in a clinical, school, or hospital setting or through the telephone or Internet, often leads to increased compliance with treatment regimens. When people who have been diagnosed with a mental health condition are able to understand what the diagnosis means, they are more likely to view their illnesses as treatable conditions rather than shameful diagnoses indicating they are “crazy.” [17]

The following are some examples of psychoeducational interventions for counseling clients:

- Explaining how a certain health or mental health condition impacts daily functioning
- Describing how medications work to address a condition
- Informing client of the range of treatment options available for their condition and what to expect from treatment
- Helping a client build insight into the challenges they face and how they are coping with them
- Providing information about the biological aspects of a health or mental health condition
- Discussing a client’s knowledge of a condition to ensure they have adequate knowledge about it
- Providing information about the prognosis or likely outcomes of having a health condition

Motivational Interviewing

The Y2TEC telehealth intervention uses several Motivational Interviewing (MI) approaches to counseling interactions with participants to elicit and enhance motivation for change in the areas of HIV care, mental health, and substance use.

Below are the four basic principles of motivational interviewing: [18]

“Express Empathy: Empathy involves seeing the world through the client’s eyes, thinking about things as the client thinks about them, feeling things as the client

[17] GoodTherapy. (2016, September 09). Psychoeducation. Retrieved November 15, 2018, from https://www.goodtherapy.org/blog/psychpedia/psychoeducation (excerpts taken verbatim)

[18] For more information, see Miller, W.R.; Rollnick, S. (2012). "*Motivational Interviewing: Helping People Change, 3rd Edition*". *Guilford press*.

feels them, sharing in the client's experiences. Expression of empathy is critical to the MI approach. When clients feel they are understood, they are more able to open up about their own experiences with others. Having clients share those experiences with the counselor in depth allows the counselor to assess when and where they need support and what potential pitfalls need to be focused on in the change planning process. Importantly, when clients perceive empathy on a counselor's part, they become more open to gentle challenges by the counselor about lifestyle issues and beliefs about substance use. Clients become more comfortable fully examining their ambivalence about change and less likely to defend ideas like their denial of problems, reducing use vs. abstaining, etc. In short, the counselor's accurate understanding of the client's experience facilitates change.

Support Self-Efficacy: As noted above, a client's belief that change is possible is an important motivator to succeeding in making change. As clients are held responsible for choosing and carrying out actions to change in the MI approach, counselors focus their efforts on helping the clients stay motivated and supporting their sense of self-efficacy is a great way to do that. One source of hope for clients using the MI approach is that there is no "right way" to change, and if a given plan for change does not work, clients are only limited by their own creativity as to the number of other plans that might be tried. The client can be helped to develop a belief that he or she can make a change. For example, the clinician might inquire about other healthy changes the client has made in their life, highlighting skills the client already has. Sharing brief clinical examples of other similar clients' successes at changing the same habit or problem can sometimes be helpful. In a group setting, the power of having other people who have changed a variety of behaviors during their lifetime gives the clinician enormous assistance in showing that people can change.

Roll with Resistance: In MI, the counselor does not fight client resistance, but "rolls with it." Statements demonstrating resistance are not challenges. Instead, the counselor uses the client's "momentum" to further explore the client's views. Using this approach, resistance tends to be decreased rather than increased, as clients are not reinforced for becoming argumentative and playing the 'devil's advocate" to the counselor's suggestions. MI encourages clients to develop their own solutions to the problems that they themselves have defined. Thus, there is less hierarchy in the client counselor relationship for the client to fight against. In exploring client concerns, counselors may invite clients to examine new perspectives, but counselors do not impose new ways of thinking on clients.

Develop Discrepancies: "Motivation" for change occurs when people perceive a discrepancy between where they are and where they want to be" (Miller, Zweben, DiClemente, & Rychtarik, 1992, p.8). MI counselors work to develop this situation through helping clients examine the discrepancies between their current behaviors and future goals. When clients perceive that their current behaviors are not leading toward some important future goal, they become motivated to make important life changes. Of course, MI counselors do not

develop discrepancy at the expense of other MI principles, but gently and gradually help the clients to see how some of their current ways of being may lead them away from, rather than toward, their eventual goals."[19]

Assessing and Enhancing Motivation

There are several motivational interviewing-based methods for assessing a participant's motivation to make changes. The "readiness ruler"[20] is a way of eliciting a participant's thoughts about the importance of making a change and their commitment to change. The readiness ruler can be imagined as a standard measurement ruler with two sides and ten marks (0-10) on each side.

One side of the ruler is the "importance ruler" which is designed to help participants "express in their own words their desire, ability, reasons, and need for change". For example, the counselor could ask the participant how much they desire a change or how much they think a change is needed, from 0-10. The other side of the ruler is the "confidence ruler" which is designed to help participants "express their own intention, commitment, readiness, and willingness to change. It may also help people talk about the small steps they are already taking." This side prompts the participant to describe their commitment, activation, or current work towards making a change, from 0-10.

After the participant provides their numerical answer to either of these prompts, the counselor uses a series of motivation-enhancing discussion questions to facilitate a conversation about change. For example, the counselor could first ask, "Why did you choose [number] and not 0?" to prompt the participant to describe their current motivators and strengths. Then, the counselor could ask, "What would it take for you to get from [number] to [higher number]?" to build self-efficacy and initiate problem-solving.

SMART Goals[21]

The Y2TEC intervention also encourages the use of goal-setting to provide the participant with support needed to set realistic goals realized to improved health and overall well-being. The counselor supports the participant in making goals that are clear, concise, and easy to track. One method to do this is through the development of SMART goals. SMART goals are goals that are 1) specific, 2) measurable, 3) attainable, 4) relevant, and 5) time-bound. While a counselor delivering this intervention should ideally be trained in SMART goal-setting, the table below provides prompts to use with participants when setting SMART goals.

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[19] Motivational Interviewing (resources for clinicians, researchers, and trainers) www.motivationalinterviewing.org (excerpts taken verbatim)

[20] Information and quotes in this section derived from https://www.centerforebp.case.edu/resources/tools/readiness-ruler

[21] Doran, G. T. (1981). "There's a S.M.A.R.T. Way to Write Management's Goals and Objectives", *Management Review*, 70 (11), 35-36.

SPECIFIC	- Describe your goal, and be as specific as possible - Who, what, where, when, why, and how?
MEASURABLE	- How can you track your progress? - How will you know when you've completed your goal?
ATTAINABLE	- Is this goal realistic? - Who can help you? How can they help?
RELEVANT	- How does this goal fit into your life right now? - Is this goal worth accomplishing? - How does this goal fit into your larger objectives?
TIME-BOUND	- When will you achieve your goal? - How will you track progress?

General Policies & Procedures for Intervention

The following section details the clinician's policies and procedures for administering the intervention, which was piloted in the Y2TEC study, a randomized controlled trial.

The full study procedure, including guidelines on supplemental activities (such as text messaging, participant contact via phone and email, etc.), are detailed in the Y2TEC protocol paper[22] and Y2TEC manual.

Counselor Role and Responsibilities

The Y2TEC intervention uses the term "counselor" to describe the facilitator of the Y2TEC telehealth curriculum. The counselor may be a masters or doctoral level mental health clinician such as a social worker, therapist, or other qualified behavioral health professional. Counselors should have an understanding of and competence in psychoeducation, motivational interviewing, problem-solving therapy methods, and setting SMART goals. Additionally, counselors need to have functional knowledge of HIV-related clinical and psychosocial issues. The term "counselor" has purposefully been chosen to avoid participant confusion over the role and scope of their counselor, which is not a "therapist" or "case manager" in the traditional sense of the terms.

On the most basic level, the responsibility of the counselor is to deliver the 12-session intervention described in the study protocol in an ethical and effective manner. However, the style in which counselors do this is important. In this guide, we make recommendations regarding the style of facilitation that we believe will be most successful.

Counselors are responsible for maintaining proper electronic documentation of each participant's progress. This record includes session summary notes as well as other session-specific data (such as length of session, session location, and number of video disconnections that occurred during the session). This counselor records the session information in a Qualtrics survey. Counselors participate in weekly clinical supervision and may undergo follow-up training in the study protocol throughout the study. Counselors should seek additional supervision as needed.

Counselors within the Y2TEC telehealth intervention are not participant's therapists, case managers, or medical care providers. The counselor is like a coach who helps participants achieve goals, make changes in their lives and manage their health. However, counselors are not expected to provide diagnosis or treatment for psychiatric disorders beyond the scope of the

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[22] Wootton, A.R., Legnitto, D.A., Gruber, V.A., Dawson Rose, C., Neilands, T.B., Johnson, M.O., Saberi, P. (2019) A
Telehealth and Texting Intervention to Improve HIV Care Engagement, Mental Health, and Substance
Use Outcomes in Youth Living with HIV: A Study Protocol. BMJ Open.

intervention. Counselors are also not expected to provide ongoing case management for participants. So, the counselor's role is to assist the participant in increasing their access and use of long-term community-based supports. Participants may have extensive needs and limited ability to access resources. The counselor links participants to resources to address these needs and ensure future access. The counselor helps the participant develop motivation and a plan for contacting the resource and receiving services. It is not the role of the counselor to call any agencies or medical providers on behalf of a participant, except in the event of a crisis requiring follow-up for the participant's safety.

The goal of the Y2TEC study, in addition to helping participants directly, is to develop interventions for others to use on a broader scale (if found to be feasible and acceptable). Therefore, to examine the fidelity of the counselor to the intervention protocol, counselors need to adhere to the program as detailed in this intervention manual. To assist them in adhering to the study protocol, counselors complete a session content checklist at the end of each session.

At the same time, it is important that counselors maintain the individual style they developed through prior clinical experience to connect with participants. We took this into consideration while designing the intervention protocol by providing guidance while also allowing some degree of flexibility. Additionally, the intervention structure is responsive to participants. Although we have included core topics and discussion points, we have left sessions open for tailoring to each participant. We have also designed the session order to address the current needs of each participant. Also, the counselor has the option to skip menu topics that are not relevant and spend extra time on particularly relevant topics.

Counselor Training Plan

Prior to providing the intervention, each counselor should receive training in the Y2TEC intervention. The following is a sample checklist of training tasks to orient a new counselor to the Y2TEC counseling intervention, which may take a minimum of about 25 hours. The new counselor, called the "trainee," completes their training alongside a current or former Y2TEC counselor, called the "training counselor," for the purposes of this training plan. The attached case examples can be used for role playing practice sessions as needed.

Phase 1 – General orientation (2 hours)

☐ Trainee should independently review the following publications (contained in Appendix A):

- McCuistian, C., Wootton, A.R., Legnitto, D.A., Gruber, V.A., Dawson Rose, C., Johnson, M.O., Saberi, P. (2021). Addressing HIV care, mental health, and substance use among youth and young adults in the Bay Area: Description of an intervention to improve information, motivation, and behavioral skills. BMJ Open, 11(e042713), 1-9.
- Saberi, P., McCuistian, C., Agnew, E., Wootton, A.R., Legnitto, D.A., Dawson Rose, C., Johnson, M.O., Gruber, V.A., Neilands, T.B. (2021). Video-counseling intervention to address HIV care engagement, mental health, and substance use challenges: A pilot randomized clinical trial for youth and young adults living with HIV. Telemedicine Reports, 2, 14-25.
- Wootton AR, McCuistian C, Legnitto DA, Gruber VA, Saberi P. (2019). Overcoming technological challenges: Lessons learned from a telehealth counseling study. Telemedicine and e-Health.
- Wootton A, Legnitto D, Gruber VA, Dawson Rose C, Neilands TB, Johnson MO, Saberi P. (2019). A Telehealth and Texting Intervention to Improve HIV Care Adherence, Mental Health, and Substance Use Outcomes in Youth Living with HIV: A Pilot Study Protocol. BMJ Open.
- Saberi P, Dawson Rose C, Wootton A, Ming K, Legnitto D, Jeske M, Pollack LM, Johnson MO, Gruber VA, Neilands TB. (2019). Use of Technology for Delivery of Mental Health and Substance Use Services to Youth and Young Adults Living with HIV: A Mixed Methods Perspective. AIDS Care.
- Saberi P, Ming K, Dawson-Rose C. (2018). What does it mean to be youth-friendly? Results from qualitative interviews with healthcare providers and clinic staff serving youth and young adults living with HIV. Journal of Adolescent Health, Medicine and Therapeutics.
- Reeder C, Neilands TB, Palar K, Saberi P. (2019). Food Insecurity and Unmet Needs among Youth and Young Adults Living with HIV in the San Francisco Bay Area. Journal of Adolescent Health.

☐ Trainee should independently review "Introduction to Y2TEC Study and Intervention" section of Y2TEC manual

☐ Trainee should independently review "General Policies & Procedures for Intervention" section of Y2TEC manual

☐ Alongside training counselor, review "Intervention Series Overview" section of Y2TEC manual, with time to clarify and answer questions about the intervention's focus and structure

- Training counselor or study's support staff provide trainee with overview of technological tools used for telehealth, including video chat program, text messaging platform, study incentive platform, session documentation platform, etc.
- Training counselor provides information and access to the supplemental digital resources to support the intervention, such as resource guides, participant handouts folder, common referrals, and information guides that can be provided to participants as needed (see examples here:https://ucsfonline.sharepoint.com/:f:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts?csf=1&web=1&e=Tyrqul)
- Training counselor provides information about HIV knowledge and pharmacology resources for the trainee's reference

Phase 2 – Introduction to session outlines - completed alongside training counselor (5 hours)

Training counselor highlights important areas, ways to tailor sessions to participants, and other information to assist with application of materials (for each section below).

- Read and discuss the Initial Session content guide together
- Read and discuss each of the 3 two-part Core Session content guides together
- Read and discuss each of the Menu Topic Session (A-K) content guides together
- Read and discuss the Final Session content guide together

Phase 3- Session demonstrations and paired practice (10 hours over 2-4 weeks)

Phase 3A - Intro and Core Sessions (5 hours)

- Role play each of these sessions, with the trainee playing the client and the training counselor playing the counselor role:
  - Initial Session
  - Core Session 1A and 1B
  - Core Session 2A and 2B
  - Core Session 3A and 3B
- Role play each of these sessions, with the training counselor playing a client and the trainee playing the counselor role:
  - Initial Session (including 15 min feedback session to training counselor)
  - Core Session 1A and 1B (including 15 min feedback session)
  - Core Session 2A and 2B (including 15 min feedback session)
  - Core Session 3A and 3B (including 15 min feedback session)

Phase 3B - Menu and Final Sessions (5 hours)

- Role play each of these sessions, with the trainee playing the client and the training counselor playing the counselor role:
  - A selection of 3 Menu Sessions, based on training counselor discretion
  - Final session

- Role play each of these sessions, with the training counselor playing a client and the trainee playing the counselor role:
  - A selection of 3 Menu Sessions, based on training counselor and trainee discretion (including 15 min feedback session for each)
  - Final session (including 15 min feedback session)

Phase 4 – Session review and feedback by supervisor (10 hours over 2-4 weeks)

- Trainee role plays each of these sessions with another project member acting as the client, and each session is video recorded:
  - Initial Session
  - Core Session 1A and 1B
  - Core Session 2A and 2B
  - Core Session 3A and 3B
  - A selection of 3 Menu Sessions, based on trainee and clinical supervisor discretion
  - Final session
- Trainee writes mock session notes in the online documentation tool that will be reviewed by the training counselor for content and completeness
- Each video recording is reviewed by the training counselor, clinical supervisor, and/or Principal Investigator (PI) and additional written feedback is provided as needed
- Clinical supervisor, training counselor and/or PI approve trainee to begin sessions with clients

Phase 5- Ongoing clinical supervision and support (1-2 hours/week ongoing)

- Former trainee begins seeing up to 5 clients per week, gradually increasing their caseload to full capacity (approximately 30 participants for a 100% FTE counselor)
- Former trainee, training counselor, clinical supervisor, and PI meet weekly for general supervision and support (including case presentations, troubleshooting issues, etc.)
- (Optional) Former trainee and training counselor meet individually weekly for general support or questions
- (Optional) Former trainee and clinical supervisor meet weekly for an additional hour of clinical supervision, if needed for clinical licensing purposes

Y2TEC Role play case examples

Participant #1

- **Basics:** 25 y.o. cisgender gay African American man. Grew up in the south and came out to California at age 18 to be in a supportive city environment, to get away from family, and because he had friends there.
- **HIV care:** Became HIV+ a year ago from a casual hookup partner who he's no longer involved with. Receives HIV care from a general primary care clinic that accepts Medi-Cal but doesn't tend to go to the clinic unless actively feeling sick because he doesn't see the point. Often misses doses of his medication due to partying and drug use.
- **Family and Disclosure:** Family doesn't know about his HIV status and most of his friends don't since he considers himself a private person.
- **Mental Health:** Has experienced untreated depression for most of life, reports lack of family acceptance of LGBTQ identity, childhood physical abuse, and loss of a close friend to suicide earlier this year. Some PTSD issues related to childhood abuse and loss of friend.
- **Substance Use:** Started drinking heavily and using cocaine and meth in the gay party scene a few years after moving to San Francisco, managed to function with occasional/partying use for some time, now using meth daily for the past 6 months, plus occasional use of other party drugs. Has never gotten substance use treatment but has considered going to NA with a friend.
- **Housing:** Lost last rental room a few months ago due to not affording the rent due to meth use and lack of work, now couch surfing with friends in Oakland area.
- **School/Work:** Initially enrolled in city college when he got to San Francisco but then dropped out due to needing to work more to support self. Not currently working besides occasional odd jobs on craigslist and receives general assistance and food stamps.
- **Dating/Sex:** Casually dating a few men via hookup sites, but not in any relationships.

Participant #2

- **Basics:** 19 y.o. straight Latina transwoman. Immigrated to San Francisco from Mexico w/ family at age 12 and has strong connections to the area via family who were already here.
- **HIV care:** Became HIV+ when dating an older man when 17 years old. Receives medical care at an HIV clinic through San Francisco's Medi-Cal program for immigrants (didn't have insurance or a PCP before her diagnosis and doesn't qualify for regular MediCal since she's undocumented) and is generally adherent with care when she is doing well with her mental health. She drops out of regular care when struggling.
- **Family and Disclosure:** Connected with her older sister who is supportive and lives locally. Estranged from her parents since she came out as trans at age 17. Family doesn't know she's HIV+ but some of her close friends do.

- **Mental health:** Experiences high generalized anxiety and depression and has considered (but not tried) anti-depressants. Saw a school counselor in high school but not since.
- **Substance Use:** Drinks heavily on the weekends and sometimes on weekdays, smokes marijuana socially. Drinking doesn't tend to get in the way except for occasional blackouts and losing things
- **Housing:** Living in a shared room in a house with several roommates who are about her age, who she is close friends with.
- **School/work:** Dropped out of high school at age 16 due to not being able to focus, being anxious around others, and not feeling like she fit in. Working for Lyft and Uber as a driver, but not making much money. Occasionally doing sex work (facilitated via online sites that her friends also use) if in need of extra money.
- **Dating/Sex:** Not currently dating anyone but open to it if someone comes along.

Participant #3

- **Basics:** 28 y.o. Vietnamese cis gay man who grew up in Fremont w/ his parents, who are immigrated shortly before he was born, and his younger sisters.
- **HIV care:** Became HIV+ last year from a hookup partner who didn't know he was positive and later told him, who also tested positive. His health insurance is under his employer and he gets HIV care from his PCP. He's very worried his parents will find out that he's being treated for HIV. Medication adherence is moderate to good, though he takes his HIV medications secretly and misses a dose if his family is around when he needs to take them.
- **Family and Disclosure:** Has a good, supportive relationship with his family and siblings, none of whom know about his sexual orientation and that he is HIV+ .
- **Mental Health:** Has high levels of stress and anxiety due to being busy, balancing work and school, and hiding several aspects of his life from his family. Tries to handle it all himself and doesn't like to let others know when he's struggling.
- **Substance Use:** He doesn't personally use drugs besides occasional marijuana and drinks socially when out with others, though he doesn't have many friends since he's really busy. Father struggles with drinking too much, which deters him from heavy drinking.
- **Housing:** lives with family in their home with his 2 younger siblings. Wants to move out of his family's house so he can have his boyfriend over and have more independence but doesn't know when he'll be able to afford to.
- **Work/school:** Attending community college and studying chemistry and engineering while also working full-time at a grocery store. Wants to transfer to a 4-year college to become an electrical engineer but is worried about how he will pay for school.
- **Dating/sex:** He is in his first relationship with a man that's lasted for six months, and he also regularly has casual hookups with men via apps, as does his

boyfriend. Previously didn't date much and just casually hooked up. His current boyfriend doesn't know he's HIV+ and they almost always use protection.

Participant #4

- **Basics:** 20 y.o. cisgender straight African American woman, local to the Oakland area, who grew up in foster care due to her mother having serious addiction issues and being in and out of jail.
- **HIV care:** Became HIV+ earlier this year from a boyfriend she hadn't been seeing long. Not with him anymore. Has Medi-Cal since she works part-time and doesn't have much income. Goes to a local community health clinic where she is mostly adherent, though she does cancel or re-schedule appointments often since her work schedule gets in the way.
- **Family and Disclosure:** In contact with some extended family (aunts, uncles, brother) only, but none of them know she's HIV+. Most of family has substance and alcohol use issues.
- **Mental Health:** chronic depression, PTSD from childhood abuse, high levels of anxiety. No treatment history besides having a CPS social worker growing up.
- **Substance Use:** family has lots of addiction and alcohol issues, so she doesn't drink or use anything and doesn't plan to in the future
- **Housing:** Foster kid who just aged out of her group home recently and moved into a house with a bunch of friends/roommates for cheap rent
- **School/Work:** Got GED while in foster care. Working part-time as a server at a café but wants more hours than she's getting, and is looking for additional jobs
- **Dating/Sex:** Hasn't dated anyone since she became HIV+ but wants to start again.

Telehealth-Specific Guidelines

It is the responsibility of all staff to protect the confidentiality of participants. There are several guidelines for maintaining telehealth participant safety and information security. The following guidelines are from the California law and the National Association of Social Workers' "Standards for Technology in Social Work Practice".[23]

At the beginning of each video counseling session, the counselor will ask the participant for their location and if they are alone. The participant's location is required for the participant's safety and data collected for the study.[24] The participant may choose the level of detail to provide about their location, from a generic description like "a friend's house" to the name and address of a library. However, the participant must confirm, at minimum, that they are currently in the jurisdiction (e.g., state) where the counselor and/or clinical supervisor is licensed to practice.[25]

Participants may accept a video chat with the counselor in non-private or non-secure place, such as a crowded coffee shop, or in a location that is "private", but the participant is not alone (e.g., with a partner or parent in the room). If a counselor notices this, they will ask where the participant is and whether the participant can move to a more private location. The counselor will reiterate that the session will contain sensitive personal information that they may not want others to hear. The counselor will ask the participant whether they would like to continue the session knowing it is not an ideal environment. The counselor will also offer to re-schedule the appointment. Then, the counselor will either get the participant's verbal consent to continue with the acknowledgement that others in the vicinity may be able to overhear the conversation or will re-schedule the session for a time when they will be in a private space. The counselor will document the participant's consent and location in the session summary notes.

Counselors should place all video chat sessions and phone calls when in a private, soundproof room. Counselors should also use headphones with a microphone or a headset so that the participant's voice cannot be overheard by others. Counselors will keep all participant materials and records secured in a locked cabinet or password protected file. When working in the office, it is important to be aware of who is within earshot when discussing a participant

[23]The NASW, ASWB, CSWE, and CSWA's "Standards for Technology in Social Work Practice" provides guidance around confidentiality, safety, and risk management for telehealth. The guidelines above were adapted from these standards.
https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

[24] Standard 2.13 of the "Standards for Technology in Social Work Practice" requires that social workers "should take reasonable steps to determine the location of the client and emergency services in the jurisdiction" in the event that in-person crisis response services are required.

[25] Per UCSF and NASW, the participant must be in the state where the clinician is licensed or registered

with co-workers. The counselor should minimize the use of a participant's name or other identifying information around other staff.

Counselors should never acknowledge that an individual is in the study without their written permission or when clinically necessary for the participant's safety. If a counselor runs into a participant in the community, the counselor should not acknowledge them unless the participant does first. Any conversations should be brief and not involve disclosure information in front of others.

The counselor should review the client's contact preferences to confirm whether it is ok to leave a voicemail before doing so. Messages left for a participant should have as little detail as possible in case others overhear the message.

Troubleshooting Technical Issues

The Y2TEC study uses Zoom video conferencing for telehealth visits with participants. The participant downloads and tests the teleconferencing application on their device at the initial in-person visit. If the participant is able to use this application on their device, that will be the main mode of completing video sessions. If the participant is unable to access it on their device, the study team will use a secure back-up app (either Facetime or WhatsApp).

If the participant is unable to log in to any video-based app, the counselor can call them at their appointment time. The session can occur via phone and the counselor should document the switch from the video platform to phone call in the session summary notes.

If the participant does not have sufficient cellular or wireless reception, the video visit may be periodically disconnected. If a call disconnects multiple times, the counselor may turn off the participant's and their own video feed, switching to an audio-only meeting to save bandwidth. This will increase likelihood of an audible and connected call.

At the initial visit, it is also helpful to identify the best means for contact between sessions, such as to reschedule or cancel a session. Texting is usually the preferred method, followed by phone calls.

For more information on overcoming technical challenges during telehealth visits, consult the Y2TEC protocol paper[26] and technical challenges paper[27].

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[26] Wootton A, Legnitto D, Gruber VA, Dawson Rose C, Neilands TB, Johnson MO, Saberi P. (2019). A Telehealth and Texting Intervention to Improve HIV Care Adherence, Mental Health, and Substance Use Outcomes in Youth Living with HIV: A Pilot Study Protocol. BMJ Open.
[27] Wootton, A.R., McCuistian, C., Legnitto, D., Gruber, V., Saberi, P. (2019). Overcoming technological challenges: Lessons learned from a telehealth counseling study. Telemedicine and e-Health, 1-5.

Participant Responsibilities in Counseling

Missed sessions: If a participant misses a session without contacting the counselor, the counselor should contact them, using their preferred method of contact, to reschedule. If a participant misses several sessions and/or does not return messages, the counselor should attempt to contact them, engage them in a discussion of their reservations, and encourage them to schedule a session to discuss this further. If the participant is not willing, the counselor should inform the study principal investigator to assess the participant's willingness to remain in the study.

Tardiness: Counselors need to build time into their schedules for participants to begin sessions late, as this may happen. If the participant logs into a call more than 15 minutes after the scheduled session time, the counselor may decide to reschedule the session. If the participant is repeatedly late for their sessions, this should be addressed directly and empathically, with an emphasis on determining the reasons for the tardiness and options for improving attendance.

Engagement: Participants are expected to be present in sessions, including listening, answering questions, and speaking to the counselor. If a participant appears to be listening to music, texting, or using their computer or phone for other activities, the counselor will encourage the participant to focus only on the session. The counselor encourages participants to meet for the full 20-30-minute appointment time. Participants need to remain engaged with the counselor for a minimum of 15 minutes for the session to be considered complete. The counselor will not inform the participant of this guideline unless needed.

Drug and Alcohol Use: Study staff tell participants in the initial session that the study discourages them from participating in appointments when intoxicated. Staff encourage participants to call or text to reschedule if they are too intoxicated to participate. Counselors should attempt to schedule appointments during a time of the day when the participant's substance use is least likely to interfere with the session. Nonetheless, some participants may attend sessions under the influence of drugs and alcohol. If a participant appears intoxicated, the counselor will assess whether the participant can meaningfully engage in the session. The counselor should re-schedule the session if the participant's level of intoxication will significantly interfere. The counselor can non-judgmentally state that it does not appear to be the best time for the participant and then re-schedule the appointment.

Participant Retention in Counseling

Youth living with HIV face unique obstacles to accessing behavioral health services and building rapport with their providers. Additionally, there can be challenges to retaining participants in services and studies, even if rapport is effectively built. Some participants may decide to withdraw from the project

and others may become out of touch with staff. The following are some strategies for building rapport, and preventing participant drop-out and loss of contact:

Minimize breaks in contact. Contact the participant as quickly as possible. Ideally, the participant will finish each session with an appointment scheduled for his/her next session. Make appointment reminder contacts the day before and the day of the session. It helps to have a discussion with the participant around what type of confirmation call would be most helpful. “I will be giving you a reminder. What would be the best way for me to do that?” Some participants may prefer email reminders, and some may want texts or phone calls.

Explore potential barriers to participating in sessions. Use problem-solving skills: It can be helpful during the initial contact to ask the participant if they foresee any barriers to attending sessions. If the participant identifies any, such as, “It’s hard for me to get up in the morning” or “I’ve been forgetting my appointments lately”, there will be an opportunity to engage in problem-solving from the beginning.

Express that the participant is important and respected, and (if applicable) appeal to their desire to help out with the study. Participants often enroll in studies in part out of a sense of altruism. Many participants will identify having important information to contribute. Reminding the participant how important their contributions are can serve as a positive motivator to complete the sessions. Many people with HIV have experienced marginalization and have been treated as if they have nothing important to say. Consistently let the participant know that it is important for study team to learn about the participants’ experiences and that his/her participation will be helpful to others and the study's success. Conversely, some participants may mistrust health care providers, mental health service providers, and/or research, based on having been exploited or harmed in their personal relationships, unsatisfactory previous experiences with similar services or studies, or hearing about concerning experiences from members of their communities. Many marginalized communities have experienced discrimination, betrayal, stigma, judgement, or abandonment by some service organizations. Many have suffered from truncated interventions when staff leave the agency, or the end of resources they came to count on when research or implementation projects end, or funding is not renewed. For these reasons, showing respect and building trust involves being consistent, developing agreed upon goals, and helping participants see specific progress early on, all of which are compatible with this intervention. Even with this emphasis, participants may need time to trust and be forthcoming in sessions. These kinds of communications will increase the participants’ sense of being valued and most likely increase his/her desire to keep participating.

Be flexible, never express irritation with participant, and address your frustration before contacting them. Since many of our participant’s lives are

chaotic, it would be unrealistic to expect them to be able to adhere to a rigid session schedule. If someone's life is in constant transition, it is almost impossible to know what is going to be happening in one day, let alone a week from now. One major goal of the Y2TEC study is to provide more flexibility for participants by providing remote counseling via videoconferencing platforms. Therefore, one of the keys to helping participants complete the intervention is to be as flexible as possible. Build in time for the participant to be late, be understanding, and do not express irritation with a participant when he/she misses sessions. While it is helpful and necessary to have boundaries, remember to view challenges to completing sessions through the context of the participant.

Build connections to community service providers, so communities start to build trust. People often feel more comfortable getting services from a place they can trust. When someone is being asked to talk about personal and private matters with someone new, it can cause a lot of anxiety. The participant might be wondering if they will be respected, understood, or judged. Recommendations from trusted service providers with someone's community can go a long way.

Make sure the participant leaves feeling some sense of progress in the first session and has engaged in some level of problem-solving. Even though there is a lot to get through in the first session, it is important to make sure that there is some time devoted to problem-solving. The first session is the participant's opportunity to experience what the intervention has to offer.

Be prepared for supporting specific needs. While this manual serves as a guide for delivering the Y2TEC intervention broadly to young people with HIV, there are certain groups that may request specific information or may require additional support.

Participants with suspected cognitive difficulty

Participants who experience cognitive difficulties due to psychiatric conditions, substance use, head injuries, infections, learning or developmental disabilities may benefit from session adaptations to and compensation strategies for self-reported or observed cognitive strengths and limitations. These include but are not limited to the examples below given for common problems with concentration and memory.

For distractibility, the counselor may encourage participants to, for example,

1) decrease background distractions (move away from noise, turn off TV or other media, etc.) to help them focus during telehealth sessions or tasks they need to complete (paying bills, etc.).
2) slow down and take the time they need to complete a task, so that being rushed does not contribute to omissions and errors.
3) take a quick stretch break, walk, etc., to reduce fatigue and make concentration easier.

For memory problems, the counselor may demonstrate and encourage participants to, for example,

1) relate new material to what they already know (similar to, or in contrast to), which can be done by using analogies, images, or stories (narratives from participant's own or an associate's experience).
2) take notes, write up checklists, and review information actively over increasing time intervals.
3) use calendars, checklists, journals, reminder messages, and timers to rely less on recall and more on recognition.
4) create daily rituals so that one activity cues the next (e.g., taking medications after brushing teeth).
5) get organized for each day the night before (put all items needed in the bag you will be using that day).
6) ask for help, such as ask for the information in writing, or in a diagram, etc.

Participants who are pregnant or are planning to become pregnant

Participants who are pregnant or are planning to have children may also request specific information. For example, they may have additional questions regarding how HIV medication adherence will protect their baby from HIV during childbirth. For these participants, it is important to provide health education about the importance of HIV medication adherence to prevent transmission from mother to baby. They also may want to know more about HIV treatment and testing for their baby after delivery. Counselors should be prepared to discuss the importance of HIV medication adherence and testing for babies during the first few weeks of their lives. In order to address these questions and provide adequate support, the counselor should be knowledgeable about HIV and pregnancy. Information can be found at the CDC website: https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html or https://www.cdc.gov/hiv/basics/livingwithhiv/family-planning.html.

Support engagement while preparing for future care. Good clinical practice is to prepare participants for counseling termination early (for example, within approximately 3 weeks). Begin reminding participants of the remaining sessions after nine sessions are complete. If appropriate, utilize this time to engage the participant in developing goals around connecting with long-term therapists, counselors, or other providers.

Crisis response

There are several types of crisis situations that may arise during the Y2TEC telehealth sessions. The following is an overview of the crisis response procedure based on state and social work profession-specific telehealth guidelines[28] for the following situations: 1) Suicidal ideation, 2) Homicidal

[28] The NASW, ASWB, CSWE, and CSWA's "Standards for Technology in Social Work Practice" provides guidance around confidentiality, safety, and risk management for telehealth. The

ideation, 3) Gravely disabled participants, 4) Child, elder and dependent adult abuse, 5) Intimate partner violence, and 6) General safety.

1) Suicidal ideation

Many of our participants are living in a state of distress. They may be experiencing high levels of physical and/or emotional pain. Many participants have experienced a lot of loss and may be feeling quite hopeless. It is very important to explore all suicidal comments. A participant's comments could be direct ("I've been thinking of killing myself," or "I don't think I can go on anymore"). They can also be more indirect ("I don't think I can take feeling this way any longer").

The counselor should ask the participants to tell them what type of suicidal thoughts they have been having. If they have considered means by which to act on these feelings, by what means? For example, is the plan to jump off a bridge, or to stop taking all their HIV meds? The latter, while concerning, does not pose an immediate risk. The counselor will want to find out what stops them from acting on suicidal feelings and how in control they are of their feelings and behavior.

The counselor should assess the imminence of the suicidal ideation. What are the chances that the suicidal behavior will occur soon? If there is evidence that suicide may be imminent, take steps to establish contact between the participant and an appropriate referral source. This could be the participant's mental health provider or a psychiatric emergency services provider. The counselor should never finish the telehealth session without an appropriate safety plan. A clinical supervisor and study PI also need to know what is going on. Make sure all actions are well-documented.

Action is imperative when the participant meets the following criteria:

- Has a specific plan
- Has the means to carry out the plan (i.e., has the medications or weapon)
- Has intent to complete suicide in immediate or near future
- Is no longer future-oriented
- Can give no convincing answer as to what would prevent him/her from acting on a suicidal plan
- Has not told others about plans out of concern that they will try to intervene
- Talks about events and close people as if the suicide has already occurred

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guidelines above were adapted from these standards. https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

- Is unsure if he/she will be able to refrain from acting on suicidal feelings, or is unsure if he /she will be able to contact a mental health provider or other responsible adult if the suicidal feelings increase
- Has attempted suicide in the past (approximately 5% of those who attempt but do not complete suicide, do commit suicide at a later date)

Look for an Obstacle or Hook: Listen for the participant to mention something that would keep them from suicide either immediately or in the future. This is the 'hook.' It might be an upcoming event that the participant would not want to miss. It might be a promise made to a partner or family member. It might be a spiritual belief or a commitment to friends. Listen carefully for this to show concern and empathy for the participant to see if he or she responds positively. For example, they might say "you're right, I really did make a promise and I can't go back on that." Or "I'm not even going to think about it until after the trip to LA to see our friends." The counselor can use the presence of a "hook" to extract a commitment from the participant that he/she will not take any immediate action to hurt him/herself.

Participants unable to contract for safety and in imminent danger: In the event that a participant has (1) a specific plan for suicide, (2) the means to carry it out, (3) the intent, (4) and is unable or unwilling to contract for safety, begin the involuntary commitment evaluation processes (in the state of California, this is the 5150 code). Start by identifying the most appropriate mental health crisis resource that can meet with the participant in person. This is usually either a mobile crisis team or the local police department. Whenever safe and feasible, use a mental health crisis team rather than the local police department. Since an involuntary hold (5150 in California) cannot be placed across county lines and via telehealth, this contact will respond and assess the participant in person. They will also coordinate with law enforcement if the participant needs transportation to a mental health facility. Identify the current location of the participant by combining their initial statement of location, gentle questioning, and observation of visual clues. Call the mental health crisis resource and request a welfare check and evaluation of the participant at their location.

Additionally, the counselor may contact the mental health, substance use, or personal emergency contact(s) that the participant provided at their initial assessment. The counselor may make a statement such as, "I'm a social worker from a UCSF study that [participant] is in. I received your number from [participant] who said you are his [relationship/role]. He gave his permission to contact you if he is having a mental health/substance use crisis, which is currently occurring. He could benefit from some contact and additional support from you and others as soon as possible.".

If safe and clinically appropriate, the counselor should discuss their concerns about the participant's safety with them. Let them know that someone was sent to follow-up with them in person to provide more support. The counselor may also let them know that their emergency contact(s) were called to request support. If possible, stay in contact with the participant until help arrives. Follow

up with the participant the next day to check for safety and identify any persisting needs.

Useful Local Resources for Responding to Suicidal Participants:

County	Service Name and Description	Phone
Alameda	Alameda County Behavioral Health ACCESS Program *Acute crisis care and evaluation for system-wide services*	1-800-491-9099
Alameda	Berkeley Mental Health Mobile Crisis Team *Crisis response for residents of Berkeley and Albany* *10:30am-11pm 7 days a week*	510-981-5254
Alameda	Crisis Support Services (CSS) of Alameda County *24 hr crisis line for Alameda County residents*	1-800-273-8255
Alameda	CSS Local Text Line *For Alameda County residents* *4pm-11pm 7 days a week*	Text “SAFE” to 20121
Alameda	Sausal Creek Outpatient Stabilization Clinic *Walk-ins accepted for adults who need crisis support* *2620 26th Ave, Oakland (East Oakland)* *Mon-Fri 8am-8pm, Sat 8am-4:30pm*	510-437-2363
Alameda	John George Psychiatric Hospital *Crisis services via phone and walk-in services* *2060 Fairmont Dr, San Leandro* *Available 24/7*	510-346-7500
San Francisco	Dore Urgent Care Clinic *Crisis assessment, triage, and basic support services for those experiencing a mental health crisis.* *52 Dore Street, San Francisco. Phone available 24/7.*	415-553-3100
San Francisco	Mobile Crisis Unit *Crisis response services in the community for San Francisco residents. Available Mon-Fri 11am-11pm and Sat-Sun 12-7pm*	415-970-4000
San Francisco	Psychiatric Emergency Services *Assessment and inpatient mental health crisis services serving San Francisco 24/7, run by San Francisco General Hospital*	415-206-8125
All	National Suicide Prevention Lifeline	1-800-273-TALK

2) Homicidal Ideation:

If a participant makes any comments about wanting to hurt or kill another person, or presents with unusually strong rage towards another person, the counselor needs to assess potential risk of harm to other people. The counselor should assess whether there is:

- Intent to harm an identifiable victim and unable to contract for safety (Tarasoff situation and police and intended victim must be warned)
- Participant feels out of control or unable to manage angry feelings (should be treated the same way as suicidality, with problem-solving, contracting and potential referrals to their mental health provider or a psychiatric emergency services provider)

- Let a supervisor know what is going as soon as possible

Tips for gathering information:

Suggested Interviewer Style: Friendly (compassionate, warm, concerned, supportive, client-centered), Frank (direct, candid, unafraid to ask or talk about risks plainly), and Firm (asking in a confident tone and insisting that this discussion is essential, imperative, and necessary). This helps establish therapeutic trust, clear expectations, and relational honesty.

Is there homicidal ideation (Normalize)
When someone feels as upset as you do, they may have thoughts about hurting the person who has upset or hurt them. What thoughts have you had like this?

Is there a Plan (Means)
If you decided to try to hurt ________, how would you do it? Tell me about the plans you've made.

Is there Access to Means?
You mentioned that if you were to hurt __________, you'd probably do it by (describe method). How easy would it be for you to do this?

Are there any protective factors? (Normalize): People often have very mixed feelings about harming other people. What are some reasons that would stop you or prevent you from trying to hurt ________? What is it that most holds you back from actually doing this?

What about past experiences? (History of violence) What have been your past experiences related to hurting people who have hurt you?

Future Expectations
What are some of the things happening in your life or likely to happen in your life right now that would either make you more or less likely to want to hurt_______? How do you think people who know you would react if you actually did this? What would they say, think, or feel? What would be some of the consequences?

Participants unable to contract for safety and placing another in imminent danger: In the event that a participant has (1) a specific plan to harm another person, (2) the means to carry it out, (3) the intent, (4) and is unable or unwilling to contract for safety, initiate the involuntary commitment evaluation processes (5150 in the state of California) as described in the previous section. Additionally, contact law enforcement and/or the intended victim, following Duty to Warn and Duty to Protect requirements.

Useful Local Phone Numbers for Responding to Homicidal Participants:

County	Service Name and Description	Phone
Alameda	Alameda County Behavioral Health ACCESS Program *Acute crisis care and evaluation for system-wide services*	1-800-491-9099
Alameda	Berkeley Mental Health Mobile Crisis Team *Crisis response for residents of Berkeley and Albany* *10:30am-11pm 7 days a week*	510-981-5254
San Francisco	Mobile Crisis Unit *Crisis response services in the community for San Francisco residents. Available Mon-Fri 11am-11pm and Sat-Sun 12-7pm*	415-970-4000
San Francisco	Police Liaison *Mental health police liaison for crisis response*	415-255-3727
San Francisco	Psychiatric Emergency Services *Assessment and inpatient mental health crisis services serving San Francisco 24/7, run by San Francisco General Hospital*	415-206-8125

3) Gravely Disabled Participants:

Although unlikely, participants may develop a significantly impaired mental state at some point during the intervention, i.e., evident upon the beginning of a session or during the course of a session. This could be caused by acute psychosis, mania, substance use or withdrawal, or acute or progressive medical illness. If the participant is too disorganized or confused to continue the session, evaluate whether the participant is currently safe. If it appears that the participant is no longer able to care for themselves and is in danger, the counselor should take the emergency steps listed in the previous sections and consult with their supervisor.

4) Suspected Child and Elder/Dependent Adult Abuse:

Counselors are required to report any cases of suspected abuse of a child, elder (65 or older), or dependent adult (ages 18-64 and with a physical or mental limitation that restricts his/her ability to carry out normal ADLs, protect his/her own rights, or that threatens his/her ability to live an independent life). If participant mentions knowledge of a current abuse situation, the counselor is required to notify the appropriate agency.

- Children under 18: Call Child Protective Services as soon as possible and follow up with written report within 36 hours
- Elders and Dependent Adults: Call Adult Protective Services as soon as possible and follow up with written report within 2 working days

If a participant reports past child abuse, the counselor should assess whether or not the perpetrator is still in contact with children whom he/she may be abusing. If he/she is either living with children or being left unsupervised with

children, the counselor is required to file a report with CPS. If clinically appropriate, the participant should be involved in the reporting process.

When in doubt, the counselor should discuss the situation with a clinical supervisor and study PI. If permitted in the participant's county, the counselor may also contact CPS/APS and seek consultation (some counties treat every call as the formal mandated report). Always remember to get the name of the person you spoke with and document the conversation in the participant's records.

<u>Useful Local Phone Numbers for Responding to Abuse and Neglect:</u>

County	Service Name and Description	Phone
Alameda	Alameda County Adult Protective Services	510-577-3500
Alameda	Alameda County Child Protective Services	510-259-1800
San Francisco	San Francisco County Adult Protective Services	415-557-5230
San Francisco	San Francisco County Child Protective Services	415-558-2650 or 1-800-856-5553

5) Intimate Partner Violence:

Under California law, counselors are not mandated to report intimate partner violence and are not allowed to break the participant's confidentiality to report battering unless the victim is over 65 or considered a dependent adult.

If a participant reports that there is physical violence or feels increasingly at risk of violence in a relationship, the counselor will help the participant develop a safety plan. This may include referrals to shelters, problem-solving places to go (family, friend's house, hotels), or finding ways for the participant to keep themselves safe at home.

6) General Safety Considerations:

- The safety of the counselor is paramount.
- Limit the amount of personal information shared with participants; participant questions about where the counselor lives or spends time may not always be harmless.
- If a participant contacts the counselor on social media, they should decline the request and/or block the participant's access to their profile.
- If a participant approaches the counselor in the community, they may say hello and a few words, but should keep the interaction brief and not make any indication of how they know the participant (to prevent accidental breaches of confidentiality).

- Counselors should trust their instincts. If something does not feel right or if a participant makes the counselor feel especially nervous, the counselor should check with the clinical supervisor and study PI before continuing.
- Minor loss of impulse control precedes major loss of impulse control. If a participant is unable to control their anger or stop shouting, end the session. Let a supervisor know what happened.
- Be mindful of factors that may be associated with the potential for agitation and violence: history of violent behavior, substance use, central nervous system disease, character pathology, impulsivity, manipulative behavior, antisocial features, paranoia, psychosis, and mania.

Intervention Series Overview

Delivery Method: Sessions are delivered using video chat technology. The counselor uses their laptop to log into the video chat software and the participant is texted or emailed a link to join the video meeting. Participants are able to join the session on any internet or data-enabled device such as a smartphone, tablet, or computer.

Session Length: Each session is 20-30 minutes. The minimum amount of time that participants needs to actively engage with the counselor for the session to be considered complete is 15 minutes. If a participant requires risk assessment and safety planning, the counselor will converse with the participant as long as needed. If the session exceeds 30 minutes, the counselor will document the reasons for the extended length in the session summary notes. They will also inform their clinical supervisor of the situation.

Prior to Initial Session: The initial session involves the participation of the clinical research coordinator, counselor, and study principal investigator (as available). This in-person session lasts approximately 60-90 minutes. The first 60 minutes is the informed consent process and administration of the baseline survey.

Participants randomized to receive the counseling series four months after their consent visit (i.e., waitlist control arm) receive the initial 30-minute session via video chat on their intervention start date. Those randomized to receive the counseling series immediately receive the initial intervention session in person (as the last 30 minutes of their first appointment).

The counselor reviews the participant's most recent survey responses before holding the first intervention session. The counselor reviews the scoring report generated by Qualtrics, which provides scores from assessment tools such as the PHQ-9, AUDIT, and DAST. The scores provide background information about the participant's level of acuity in several areas and are used to determine the number of core sessions that the participant receives during the intervention series.

Initial Intervention Session: The counselor meets with the participant individually for 30 minutes to build rapport and complete a brief bio-psycho-social assessment. The

counselor and participant also identify topics to address during the upcoming sessions. The counselor considers the baseline survey responses in this process.

Text messages between sessions: Participants receive a text message with an appointment reminder the day before each session. They also receive reminder texts with a link to the videochat service 15 minutes before each session. If a participant texts the counselor that they are in a crisis and need support, the counselor may have a 15-20-minute conversation with them. This can occur via phone call, text, or video chat depending on participant preference. The counselor can discuss the participant's concerns, assess their risk to self or others, create a safety plan, and/or to refer them to crisis resources. If a participant requests follow-up calls more than a few times, the counselor will discuss the participant's need for a higher level of ongoing support. The counselor will then make a plan to link the participant to additional mental health resources.

Core Sessions (3-6): The core sessions each cover *foundational psychoeducation and health education* on engagement in HIV care, mental health, and drug/alcohol use. The core sessions provide assessment of any knowledge-based barriers (such as lack of foundational scientific or health system information) and will provide information to promote health literacy and fill gaps in knowledge. The discussions initiated carry forward to the later sessions, where participants begin to apply foundational knowledge to their own lives in order to identify and address their personal barriers to health.

Participants who screen as having moderate to high knowledge and low acuity of HIV-related, mental health, and drug/alcohol use challenges receive one "Psychoeducation and Health Education" session on each topic.

Participants who screen as having low knowledge (HIV care only) or high acuity (all 3 areas) on the core topic area receive two separate core sessions on each topic. Participants first receive an "Enhanced Assessment and Preparation" session focused on providing more in-depth assessment, gradually presented information, normalization, and motivation enhancement before moving on the "Psychoeducation and Health Education" session.

Menu Option Sessions (4-7): The menu options continue the conversations about engagement in HIV care, mental health, and drug/alcohol use initiated during the core sessions, with an *applied, problem-solving focus* on engagement in health care, mental health, and substance use. There is a menu of 10 topics for the counselor and the participant to choose from in the beginning of each session. The menu is broad enough to fit the majority of health and wellness-related concerns in participants' lives. If a participant has a pressing concern not encapsulated within any of the menu options, the counselor can hold a "wildcard" session.

Wildcard sessions: Participants will occasionally attend sessions in crisis and need to move away from the intervention outline. Whenever possible, the counselor should address the participant's concerns within the usual menu sessions by picking the closest menu option. If the needs of the participants significantly exceed the bounds of the intervention, the counselor may use one of the two optional wildcard sessions, and then

return to the scheduled topic at the next session. The counselor should let the supervisor know that the participant needed a wildcard session. The counselor and supervisor should discuss the session at the next clinical supervision meeting.

Final Session: The final session involves a review and integration of the content covered and goals set in the previous sessions. The counselor and participant engage in a strengths-based review of progress and develop a progress maintenance plan. The counselor identifies any unmet or pressing needs the participant has. The counselor encourages the participant to follow up with other resources as appropriate. Importantly, the counselor should also begin reminding the participant of the upcoming final session at least two weeks prior. ***Note****: While not a part of the study protocol, if a participant experiences difficulty with retention, it may be necessary to compete an abbreviated final session via telephone. This decision should be made with clinical judgement and after consulting supervisor and PI.*

Session Structure Overview

Each telehealth menu session (4-7) will follow a set structure of key activities, listed below. Each session will focus on a specific topic as it relates to healthcare engagement and wellness, such as substance use, family support, or social support.

Regardless of topic chosen, each twenty to thirty-minute menu session will be structured as follows:

1. **Intro and Check-in** on previous week (1-2 min)
a. Greeting and identifying current location
b. Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
c. Confirming level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
d. Check in on previous session goal (if applicable) and whether it was successfully met; create a modified follow-up plan if needed
2. **Assess and elicit information** on focus area (2-5 min)
a. Explore areas of strengths and challenges
3. **Identify/verbalize a barrier** to treatment adherence and overall health in the context of the module topic (2-5 min)
4. **Provide feedback and education** about the topic (2-5 min)
5. **Enhance motivation** and self-efficacy (2-5 min)
6. **Problem-solve** (2-5 min)
a. Brainstorm potential solutions, evaluate and compare, then select the best option
7. **Develop a goal and make a plan** (5 min)
a. Measure motivation and confidence to achieve goal (e.g., confidence ruler)
b. Identify internal resource(s) or strength(s) or past success(s) that to draw on
8. **Check out** (1-2 min)
a. Thoughts about session (identify any issues/concerns)
b. Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Steps 2-7 are rooted in problem-solving therapy. Steps 5 and 7a draw on motivational interviewing.

Session Preparation Checklist

In preparation for each session, the counselor should have quick access to the following materials to ensure sessions go smoothly:

- ☐☐ Printed or electronic copy of entire manual, including intervention series content guides outlined below
- ☐☐ Notebook for quick clinical note taking
- ☐☐ Pens/Pencils
- ☐☐ Headphones for troubleshooting any issues with audio transmission
- ☐☐ Telephone for a back-up method of conducting the session if technological issues occur
- ☐☐ Access to your schedule for scheduling next appointment
- ☐☐ Local crisis resources (as outlined above)

After each session, complete a note highlighting the information below. Be sure to document relevant clinical information as well as any difficulties with technological issues and necessary troubleshooting. This information can also be useful for fidelity comparison between different counselors. This information can be documented in online survey software, such as Qualtrics. See this example: Link

- ☐☐ Participant ID
- ☐☐ Participant First Name and Last Initial
- ☐☐ Session Date
- ☐☐ Session Status (Completion, Partial Completion, Other)
- ☐☐ Session Length (minutes)
- ☐☐ Participant Location (Enrollment Site during first session, home, someone else's home, car, workplace, school campus, outdoors/in community, other)
- ☐☐ Participant currently in California (yes or no)
- ☐☐ Private location, with no one else in earshot or eyeshot (yes or no)
- ☐☐ Session Platform (Zoom, Cell Phone Call, Another Video Chat, In-Person Visit)
- ☐☐ Video Quality (rated 0-10)
- ☐☐ Sound Quality (rated 0-10)
- ☐☐ Number of disconnections (0-10)
- ☐☐ Session Type (introductory, Core, Menu Session, Wildcard, Final)
- ☐☐ Session specific information:

Core Sessions

- ☐ Consent Obtained
- ☐ Check In
- ☐ Education/Information Provided
- ☐ Motivation Assessed and Enhanced
- ☐ Check Out
- ☐☐ Any other information

Menu Sessions

- ☐ Consent Obtained
- ☐ Check In
- ☐ Focus area identified for this session
- ☐ Barrier identified for this session
- ☐ Feedback and education provided
- ☐ Motivation and self-efficacy addressed
- ☐ Problem-solving initiated

- ☐ Goal/plan of action developed
- ☐ Check Out

Intervention Series Content Guide

Initial Session

The initial session will be held in person at a community location convenient for the participant. This will be the only in-person contact and is designed to allow the participant to meet the study staff and build rapport with the counselor before beginning the telehealth counseling series. The meeting consists of the consent process, baseline assessment, and initial counseling session (for those beginning the intervention right away).

Participants who are randomized to receive the counseling series four months after consent will receive this session via video chat when they begin their series.

Overarching session goal: participants will build rapport with the counselor and identify priority areas impacting their health to focus on during the rest of the counseling series.

1. Overview of Counseling Series

☐☐ Technology, internet, and private space requirements for intervention sessions

o Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)

o Information on how to ensure privacy during sessions (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)

☐☐ Information on consenting and disclosing location at beginning of each session

☐☐ Clarify purpose and scope of telehealth intervention as specific to HIV care

☐☐ Intention of series and how it works to improve overall health

☐☐ Series structure, session lengths, and session content (core sessions, menu sessions, final session)

2. Counselor Introduction and General Information

☐☐ Describe counselor role, including difference between intervention and therapy *(short-term supportive coach focused on helping improve health and HIV care)*

☐☐ Describe counselor availability, contact methods, and communication turnaround times (including work hours and days off)

☐☐ How to re-schedule and no-show procedures

☐☐ Boundaries for social media contact *(cannot "friend" or interact via social media)*

□□ Review information on confidentiality and limits to confidentiality

3. Bio-Psycho-Social Assessment

The assessment checklist on the following page outlines some topics that may be helpful in this area. The areas do not need to be explored in depth at the initial meeting because they will be discussed during the sessions to follow.

Initial Session – Areas to Explore [29]

Physical/Medical History

□□ Strong areas and challenges of personal health
□□ Significant health conditions impacting daily life
□□ Current strategies used to manage health conditions

HIV and HIV Treatment History

□□ Date of HIV diagnosis
□□ Individuals in participant's life who know about HIV diagnosis
□□ HIV medications started, stopped, and missed
□□ HIV PCP relationship quality and frequency of contact

Psychiatric History

□□ Current mental health supports and history of accessing mental health treatment
□□ Mental health diagnoses and current severity of symptoms
□□ Psychiatric medications (current and history)
□□ Suicidal ideation (current and history) and suicide attempts (history)

Substance Use History

□□ Substance use (current and history)
□□ Substance use supports and access to substance use treatment (current and history)

Housing Situation

□□ Type of housing situation, others lived with, and safety/stability of housing
□□ History of unstable housing or homelessness

Work, School, and Financial Situation

□□ Occupational or student status and goals (current and history)
□□ Financial status, sources of income, and financial concerns

Social and Romantic Relationships

□□ Friends and social supports
□□ Romantic and sexual relationships
□□ Other supports: health care providers, service providers, spiritual supports

Family Relationships

□□ Family of origin (members, location, and quality of relationship)
□□ Chosen family and close supports who are not family of origin

Stigma/Discrimination Experiences

□□ Other areas of stigma/discrimination experienced (by sexual orientation, gender identity, disability, immigration history, race/ethnicity, etc.)

Strengths and Skills

□□ Personal strengths and skills

[29] Adapted from the Healthy Living Project's *Life Context Form*

4. Identification of Priority Areas

☐☐ Assessment of priority challenges and needs

☐☐ Assessment of motivation and stage of change for main issues identified

☐☐ Mutual agenda-setting for menu option sessions (identify 4-6 key topics)

Option A: HIV Care (in depth)
Option B: Mental Health (in depth)
Option C: Drug and Alcohol Use (in depth)
Option D: Lifestyle Health (general aspects of wellness)
Option E: Social Support
Option F: Family of Origin
Option G: Romantic & Sexual Relationships
Option H: Self-Identity and Disclosure
Option I: Money, Food, Housing, and Resources
Option J: Purpose and the Future (including work, school, life goals)

5. Check Out and Next Steps

☐☐ Answer any participant questions about the intervention series and what to expect

☐☐ Schedule first telehealth session

☐☐ Provide information about weekly reminder texts between sessions

☐☐ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Core Session 1: Engagement in HIV Care

Overarching session goal: participants will have the HIV information, health literacy, and motivation needed to take steps toward managing their health and staying well

Participants who meet one or more of the following criteria will receive two separate HIV care- focused core sessions: 1A, “Enhanced Assessment and Preparation” and then 1B, “Psychoeducation and Health Education”.
Criteria:
Criteria A- score of 12 (80%) or less on HIV Treatment Knowledge Scale
Criteria B- detectable HIV RNA viral load
Criteria C- not currently taking HIV medications
Criteria D- no appointment with healthcare provider in past 6 months and no upcoming appointment scheduled

Those not meeting any of the above criteria will receive one HIV care core session, 1B, “Psychoeducation and Health Education”.

Core Session 1A: Engagement in HIV Care

Enhanced Assessment and Preparation

1. Check in

☐☐ Consent for session and description of current location

☐☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)

☐☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)

☐☐ Check in on how the previous week went (challenging and/or positive experiences)

2. Assessment

☐☐ Current acceptance and understanding of HIV diagnosis

"What were the circumstances around your diagnosis with HIV? In what ways has being HIV-positive affected your life (positive and negative)?" "Where did you learn about HIV?" "Where could you go if you had questions?"

☐☐ Stigma-related beliefs about HIV and HIV care

"Sometimes people with HIV feel ashamed or bad about themselves for being HIV+; to what degree has this been true for you? How do you feel about other people who are HIV+?"

☐☐ Past experiences in health care and impacts on current thoughts about care

"How do you feel about getting medical care in general, based on what you've experienced before? How do you feel about your current clinic, doctors, or experiences getting care?"

☐☐ Current medication regimen, appointment attendance, and lab-work routines

"What are you currently doing in terms of taking medications, seeing a doctor, or getting blood tests for HIV done?"

☐☐ Strengths and challenges related to current HIV care routines

"What's going well in managing your HIV? What's been hard in managing your HIV?"

3. **Review HIV treatment knowledge assessment**

The counselor can review the most recent answers (baseline for intervention group and 4-month follow-up for waitlist control arm) prior to the session.

☐☐ Discuss incorrect answers and provide correct information and supporting information behind each

☐☐ Ask whether the participant has any additional questions about HIV or HIV care and provide additional education as needed

4. Assess and Enhance Motivation

The discussion topics below may be helpful to assess and enhance motivation to access HIV care. The goal is for the participant to gain self-awareness and identify motivations to follow through with their routine HIV care.

□□ Identify HIV care-related barriers that if resolved would have the most positive impact on health and overall life satisfaction

□□ Discuss participant motivators, including personal goals, values, social support, etc. and apply them to the barriers at hand

5. Check out

□□ Provide information about second core session (follow-up on today's session)

□□ Elicit participant's thoughts about the session, identifying any issues or concerns

□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Core Session 1B: Engagement in HIV Care

Psychoeducation and Health Education

Participants who do not meet any of the criteria for receiving 2 core sessions will skip session 1A and begin here.

Feel free to share relevant information about HIV care during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: HIV treatment, medication adherence, or lab work (see examples here: https://ucsfonline.sharepoint.com/:f:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts/HIV%20treatment%20(general)?csf=1&web=1&e=FT9awp

1. Check in

- ☐☐ Consent for session and description of current location
- ☐☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐☐ Any information or content from the previous week that stood out or that the participant would like to focus on in more depth (if participant received IA)

2. Brief Assessment (if participant did not receive 1A)

- ☐☐ Current acceptance and understanding of HIV diagnosis
- ☐☐ Stigma-related beliefs about HIV and HIV care
- ☐☐ Past experiences in health care and impacts on current thoughts about care

□□ Current medication regimen, appointment attendance, and lab-work routines
□□ Strengths and challenges related to current HIV care routines

3. **Review HIV treatment knowledge assessment (if participant did not receive 1A)**
The counselor can review the most recent answers (baseline for intervention group and 4-month follow-up for waitlist control arm) prior to the session.
□□ Discuss incorrect answers and provide correct information and supporting information behind each
□□ Ask whether the participant has any additional questions about HIV or HIV care and provide additional education as needed

4. Psychoeducation and Health Education
As described below, assess the participant's level of knowledge about the basics of HIV and HIV care. Then work with participants to fill in their knowledge gaps. The following are suggested topics that could be helpful. The counselor can also offer to email written information as needed to supplement the information provided verbally.

A. Attending clinic visits
"How do you fit your HIV care into your schedule? How do you get the best medical care possible for your HIV? How do you deal with stress related to HIV appointments, prescriptions, or insurance coverage? How do you prepare emotionally for your appointments?"
□□ Fitting clinic appointments into schedule and how to cancel/re-schedule
□□ Choosing and sticking with a PCP, clinic, and/or medical group
□□ Constructively responding to issues with medical team, medical group, or insurance
□□ Managing health appointment-related anxiety

B. HIV Pharmacology
"Which HIV medications are you taking? What's your understanding of how your HIV medications work? What's your understanding about the different types of HIV medications?"
□□ Review participant's HIV medications using this resource as needed: https://www.poz.com/article/2019-hiv-drug-chart
□□ Types of HIV medications and their interventions on different stages of the HIV life cycle
□□ Purpose of HIV combination medications
□□ HIV drug resistance and medication resistance testing

C. Medication-Taking
"What have your experiences with HIV medications been? What challenges have you had getting or taking HIV medications, and how

have you worked around them? What's your understanding of the consequences if you miss a dose or stop taking your medications? What is your understanding of what you should do instead?"

□□ Requesting and troubleshooting insurance, co-pays, and refill

□□ Finding and staying with a convenient pharmacy with good services (pill boxes,
delivery, etc.) and pricing

□□ Systems for remembering to take medication

□□ Common side effects of ART and how to work around them

□□ Consequences of interrupting or stopping medications completely

D. Getting labs done

"What's your understanding of how CD4 and viral load testing work and why they're important? What has your experience been with getting your blood drawn for lab tests? What kind of challenges have you faced related to blood work, and how have you worked around them?"

□□ Viral load testing and detectable/undetectable status

□□ CD4 testing and result ranges (500-1800 is average range for healthy adults)

□□ Dealing with anxieties around lab results that are out of range

□□ Dealing with difficulties getting blood drawn due to injection drug use

E. Medical literacy

"What do you know about insurance and benefit programs for people living with HIV? How do you decide whether to call the advice nurse, schedule an appointment, go to urgent care, or go to an emergency room? What have you heard about PrEP for sexual partners of HIV-positive people?"

□□ Health insurance (where to get it and how to maintain it) and ADAP benefits

□□ Levels and types of health care (PCP vs. specialists vs. advice nurse vs. urgent care
vs. emergency services) and when to seek each type of care

□□ PrEP for sexual partners of people living with HIV

5. Assessing and Enhancing Motivation

The discussion topics below may be helpful to assess and enhance motivation to access HIV care. The goal is for the participant to gain self-awareness and identify motivations to follow through with their routine HIV care.

□□ Identify HIV care-related barriers that if resolved would have the most positive impact on health and overall life satisfaction

□□ Discuss participant motivators, including personal goals, values, social support, etc. and apply them to the barriers at hand

□□ Encourage participant to follow up with the counselor about these barriers at a separate session (menu option A or other applicable options)

6. Check out

□□ Elicit participant's thoughts about the session, identifying any issues or concerns

□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Core Session 2: Mental Health

Overarching session goal: participants will have the mental health information and health literacy needed to take steps toward managing their mental health and staying well

Participants who meet one or more of the following criteria will receive two separate mental health- focused core sessions: 2A, "Enhanced Assessment and Preparation" and then 2B, "Psychoeducation and Health Education".
Criteria:
Criteria A- score of 10+ on PHQ-9 (measure of depression)
Criteria B- score of 33+ on PCL-C (measure of PTSD)
Criteria C- score of 10+ on GAD-7 (measure of generalized anxiety)

Those not meeting any of the above criteria will receive one mental health core session, 2B, "Psychoeducation and Health Education".
Note: Not every participant will report mental health challenges. The counselor can inform the participant that everyone in the study will receive a one session on mental health regardless of their own mental health status. The session information may be generally helpful for anyone.

Core Session 2A: Mental Health

Enhanced Assessment and Preparation

1. Check in

☐☐ Consent for session and description of current location

☐☐ Check in on how the previous week went (challenging and/or positive experiences)

2. Assessment

☐☐ Ask whether participant would like to know their scores on the mental health questionnaires (PHQ-9, PCL-C, GAD-7, etc.)

☐☐ Provide feedback about severity of challenges disclosed in the questionnaires, normalizing and de-stigmatizing mental health concerns described

☐☐ Conduct brief risk assessment if participant disclosed any suicidal ideation in the questionnaires

☐☐ Explore participant's current self-awareness, understanding, and acceptance of any existing mental health challenges, and their treatment history

"What kinds of challenges with mental health have you had in your life? What mental health diagnoses (if any) have you been given by a doctor, therapist, or other professional?"

Provide information about the higher prevalence of mental health challenges in people living with HIV

3. Assessing and Enhancing Motivation

The discussion topics below may be helpful to assess and enhance motivation to access mental health care (if needed) or engage in mental health self-care. The goal is for the participant to gain self-awareness and identify motivations to manage any mental health concerns.

☐☐ Identify mental health- related barriers that if resolved would have the most positive impact on health and overall life satisfaction

☐☐ Discuss participant motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand

4. Check out

☐☐ Provide information about second core session (follow-up on today's session)

☐☐ Elicit participant's thoughts about the session, identifying any issues or concerns

☐☐ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Core Session 2B: Mental Health

Psychoeducation and Health Education

Participants who do not meet any of the criteria for receiving 2 core sessions will skip session 2A and begin here.

Feel free to share relevant information about mental health during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: psychoeducation about mental health and HIV, types of mental health diagnoses, prevalence rates of mental health diagnoses among young people (see examples here: https://ucsfonline.sharepoint.com/:f:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts/Mental%20health?csf=1&web=1&e=Wd90Ln

1. Check in

☐☐ Consent for session and description of current location

☐☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)

☐☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)

☐☐ Check in on how the previous week went (challenging and/or positive experiences)

☐☐ Any information or content from the previous week that stood out or that the participant would like to focus on in more depth (if participant received 2A)

2. Brief Assessment (if participant did not receive 2A)

☐☐ Explore participant's current self-awareness, understanding, and acceptance of any existing mental health challenges

"What kinds of challenges with mental health have you had in your life? What mental health diagnoses (if any) have you been given by a doctor, therapist, or other professional?"

☐☐ Provide information about the higher prevalence of mental health challenges in people living with HIV

3. Psychoeducation and Health Education

Explore the participant's experiences and beliefs about several aspects of mental health supports and treatment. Then work with participants to fill in their knowledge gaps. The following are suggested topics that could be helpful based on the participant's current knowledge level. The counselor can also offer to email written information as needed to supplement the information provided verbally.

A. Recognizing mental health challenges in self and others

☐☐ How to identify depression, anxiety, trauma response challenges, and other mental health challenges
"How do you know when you or others are depressed, anxious, or experiencing other mental health concerns?"
☐☐ How to identify serious mental health concerns (bipolar disorder, schizophrenia, personality disorders, etc.)
"How would you know if you or others were experiencing a serious mental health concern that needed ongoing treatment? What would you do to respond?"
☐☐ How to identify triggers or signs of new or escalating mental health challenges
"How would you know when you or others are close to having a mental health crisis if things didn't improve?"
B. Considering impacts of mental health challenges on own life and others' lives
☐☐ Prevalence of mental health challenges in people living with HIV
☐☐ Impacts of mental health challenges on HIV care and general wellness
"How do mental health challenges affect your daily life and overall wellbeing? How have these challenges affected what it's like to deal with having HIV?"
C. Overview of Available Treatments
☐☐ Overview of mental health treatment options
"What methods have you heard of or considered for getting mental health support?"
☐☐ Self-help and lifestyle (sleep, exercise, diet, etc.)
"What methods for supporting your mental health have you heard about besides counseling or medications? Which of these have you tried, and what would you like to try?"
☐☐ Social, peer supports, and life coaches
"What people in your life know about these mental health challenges you face? What have they done or said that has been helpful for you?"
☐☐ Psychotherapy and trained counseling professionals
"What experiences have you or other people in your life had with seeing a counselor or psychotherapist?"
☐☐ Prescribing professionals and psychiatric medications
"What experiences have you or other people in your life had with taking medications for mental health challenges or seeing a psychiatrist or psychiatric nurse practitioner to talk about medications?"
☐☐ Insurance coverage for mental health services
"What do you know about what insurance plans cover for mental health services?"

4. Assessing and Enhancing Motivation

The discussion topics below may be helpful to assess and enhance motivation to access mental health care (if needed) or engage in mental

health self-care. The goal is for the participant to gain self-awareness and identify motivations to manage any mental health concerns.

□□ Identify mental health- related barriers that if resolved would have the most positive impact on health and overall life satisfaction

□□ Discuss participant motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand

□□ Encourage participant to follow up with the counselor about these barriers through a separate session (menu option B or other applicable options)

5. Check out

□□ Elicit participant's thoughts about the session, identifying any issues or concerns

□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Core Session 3: Drug and Alcohol Use

Overarching session goal: participants have the drug and alcohol information and health literacy needed to take steps toward managing their use and staying well.

Participants who meet one or more of the following criteria will receive two separate drug and alcohol use- focused core sessions: 3A, “Enhanced Assessment and Preparation” and then 3B, “Psychoeducation and Health Education”.

Criteria:

Criteria A- score of 8+ on AUDIT (measure of alcohol use)
Criteria B- score of 3+ on DAST (measure of drug use)
Criteria C- monthly or more frequent use of drugs (besides marijuana) on ASSIST (measure of drug use)
Criteria D- daily use of tobacco or marijuana on ASSIST (measure of drug use)

Those not meeting any of the above criteria will receive one drug and alcohol core session, 3B, “Psychoeducation and Health Education”.
Note: Not every participant will report drug or alcohol use challenges. The counselor can inform the participant that everyone in the study will receive a one session on this topic regardless of their own substance use. The session information may be generally helpful for anyone.

Core Session 3A: Drug and Alcohol Use

Enhanced Assessment and Preparation

1. Check in

- ☐☐ Consent for session and description of current location
- ☐☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐☐ Check in on how the previous week went (challenging and/or positive experiences)

2. Assessment of Drug and Alcohol Use

- ☐☐ Explore participant's current self-awareness, understanding, and acceptance of any existing drug or alcohol use challenges
- ☐☐ Discuss the types of substances the participant uses and provide information on their impacts on the body and brain in a normalizing, non-judgmental way
  - o Alcohol
  - o Marijuana or cannabis
  - o Nicotine (cigarettes and/or vaping)
  - o Party drugs (marijuana, MDMA, GHB, psychedelics, poppers, erectile drugs)
  - o Performance drugs (steroids, ADD medications)
  - o Stimulants (cocaine, meth)
  - o Depressants (opiates, sedatives, muscle relaxers)
  - o Benzodiazepines (anti-anxiety medications)
  - o Mixing different types of substances (ex. Benzos and opiates)
- ☐☐ Ask whether participant would like to know their scores on the drug and alcohol use screening questionnaires (AUDIT, DAST, etc.)
- ☐☐ Provide feedback about severity of challenges disclosed in the questionnaires, normalizing and de-stigmatizing drug and alcohol use concerns described
- ☐☐ Conduct brief risk assessment if participant disclosed any high-risk drug or alcohol use in the screener
- ☐☐ Provide information about the higher prevalence of drug and alcohol use challenges in people living with HIV

3. Assessing and Enhancing Motivation

The discussion topics below may be helpful to assess and enhance motivation to address drug or alcohol use or seek treatment services if needed. The goal is for the participant to gain self-awareness and identify motivations to manage any drug or alcohol use concerns.

□□ Identify drug or alcohol use related barriers that if resolved would have the most positive impact on health and overall life satisfaction

"*What would you want to change about your relationship with drugs/alcohol?"*

□□ Discuss participant motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand

4. Check out

□□ Provide information about second core session (follow-up on today's session)

□□ Elicit participant's thoughts about the session, identifying any issues or concerns

□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Core Session 3B: Drug and Alcohol Use
Psychoeducation and Health Education

Participants who do not meet any of the criteria for receiving 2 core sessions will skip session 3A and begin here.

Feel free to share relevant information about substance use during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: interaction between HIV medication and drugs/alcohol, how drug use relates to HIV transmission (see examples here: https://ucsfonline.sharepoint.com/:f:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts/Substance%20use?csf=1&web=1&e=z8CNGz

1. Check in

☐☐ Consent for session and description of current location

☐☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)

☐☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)

☐☐ Check in on how the previous week went (challenging and/or positive experiences)

☐☐ Any information or content from the previous week that stood out or that the participant would like to focus on in more depth (if participant received 3A)

2. Brief Assessment (if participant did not receive 3A)

☐☐ Explore participant’s current self-awareness, understanding, and acceptance of any existing drug or alcohol use challenges

☐☐ Ask whether participant would like to know their scores on the drug and alcohol use screening questionnaires (AUDIT, DAST, etc.)

☐☐ Provide feedback about severity of challenges disclosed in the questionnaires, normalizing and de-stigmatizing substance use concerns described

☐☐ Conduct brief risk assessment if participant disclosed any high-risk drug or alcohol use in the screener

☐☐ Provide information about the higher prevalence of drug and alcohol use challenges in people living with HIV

3. Psychoeducation and Health Education

As described below, assess the participant’s level of knowledge about the basics of drug and alcohol use. Then work with the participant to fill in their knowledge gaps. The following are suggested topics that could

be helpful based on the participant's current knowledge level. The counselor can also offer to email written information as needed to supplement the information provided verbally.

A. Drug and alcohol use and HIV

"What do you know about how substances affect the health of people with HIV?"

□□ Impact of substance use on immune health and HIV

B. Drug and alcohol use resources for self and others

"What methods of support for substance use challenges have you heard about? Which of these do you have experience with, and what would you choose to use if you needed it? "What do you know about what insurance plans cover for substance use treatment?"

□□ Types of drug and alcohol use resources available (self-help, recovery support groups, counseling, medications, outpatient, detox, residential)

□□ Insurance coverage for drug and alcohol use treatment services

C. Managing drug and alcohol use risks for self and others

"What methods for reducing risk of drug overdose or unsafe drug interactions have you heard of? What's your familiarity with ways to keep yourself and others safe if you inject drugs?"

□□ Taking medications while using drugs or drinking

□□ Opioid overdose signs and Narcan basics

□□ Stimulant over-amping

□□ Safer injection drug use and syringe access programs

□□ Managing alcohol and tobacco use

D. Exploring the use of drugs/alcohol for ineffective coping

"What is your relationship to drugs/alcohol during times of stress?" "Many people rely on drugs/alcohol to cope with stress, is this true for you?"

4. Assessing and Enhancing Motivation

The discussion topics below may be helpful to assess and enhance motivation to address drug or alcohol use or seek treatment services if needed. The goal is for the participant to gain self-awareness and identify motivations to manage any drug or alcohol use concerns.

□□ Identify drug or alcohol use related barriers that if resolved would have the most positive impact on health and overall life satisfaction

□□ Discuss participant motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand

□□ Encourage participant to follow up with the counselor about these barriers through a separate session (menu option C or other applicable options)

5. Check out

- Elicit participant’s thoughts about the session, identifying any issues or concerns
- Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Menu of Topics (Sessions 5-11)

Each participant will receive their remaining sessions from a menu of topics or option, with each session focused on a different topic. At the beginning of each session, the counselor will collaboratively decide with the participant which menu option to focus on. To pick a topic, the counselor and participant will discuss priority issues that need resolution, ongoing concerns causing stress, and priority areas identified by the participant. Additionally, the counselor will consider the information provided by the participant in their initial session and baseline assessment.

These sessions can be done in any order and not every menu topic will be selected. Options A-C may be repeated up to 4 times each, and Options D-K may be repeated up to 2 times each if requested by the participant.

If a participant identifies pressing issues related to Options A-C during a core session 1, 2, or 3 that need immediate attention in order to prevent crisis or a break in rapport or trust, the counselor may opt to follow-up with a session on this topic before returning to finish the core session series.

If the participant would like to talk about a topic not included in the menu because they are experiencing a crisis in that area and are unable to focus on one of the menu options at the time, a "wildcard" session may be held. They are reserved for incidents when a participant is unable to be re-directed towards a menu option due to the severity of their concern towards another topic. The counselor will consult with their supervisor if the participant requires more than two wildcard sessions, as this may evidence the need for a higher level of care.

Menu of Topics:

Option A: HIV Care (in depth)

Option B: Mental Health (in depth)

Option C: Drug and Alcohol Use (in depth)

Option D: Lifestyle Health (general aspects of wellness)

Option E: Social Support

Option F: Family of Origin

Option G: Romantic & Sexual Relationships

Option H: Self-Identity and Disclosure

Option I: Subsistence Needs (money, food, housing, and resources)

Option J: Education and Vocation

Option K: Wildcard

Option A: HIV Care (in depth)

Overarching goal: participants have the health literacy, communication, and problem-solving skills needed to help them effectively and routinely access HIV care, in order to manage their health and stay well.

Feel free to share relevant information about HIV care during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: HIV treatment, medication adherence, or lab work (examples here: https://ucsfonline.sharepoint.com/:f:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts/HIV%20treatment%20(general)?csf=1&web=1&e=ihZzuV) Counselors can also provide resources such as local treatment agencies, ADAP eligibility workers, or places to access PrEP

Topics falling into this category include:

- Health insurance coverage for HIV care
- Associated conditions like Hep C, STIs, and opportunistic infections
- Accessing HIV care and types of resources available
- Relationships with HIV medical providers and service providers
- Medication side effects and other medication-related issues

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: Access to or willingness to utilize HIV care services, HIV care routine and HIV medications, concerns and challenges related to attending HIV care appointments

- ☐ Identify one or multiple current HIV care challenge(s) impacting health and overall wellbeing

"What would be most helpful to talk about today? What would have the biggest impact on your health today?"

☐☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

☐☐ Explore areas of strengths and difficulties related to the challenge(s)

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to HIV health care

Sample barriers: cancelling clinic appointments due to not liking or trusting provider, having difficulty expressing needs and concerns to provider, not following up with HIV healthcare providers or taking medications except when feeling sick, stopping medications doses due to not understanding how they work or why they matter, anxiety about getting blood draws done if condition of veins isn't ideal, stopping medications due to changes in insurance coverage, stigma/shame preventing care access

☐☐ Identify and verbalize one mutually agreed upon HIV care-related barrier to engagement in HIV care or promotion of own health

4. Provide feedback and education as needed

HIV 101: different types and levels of HIV health care services, purpose and importance of routine HIV care, how to get and maintain health insurance, long-term maintenance strategies for chronic health issues, ADAP, PrEP for sexual partners

Attending clinic appointments: finding and maintaining a PCP and medical home, impact of routine HIV care on overall health and illness prevention, how to fit clinic appointments into schedule and communicate about scheduling changes, to get and maintain health how to effectively and assertively communicate with healthcare providers, tools for coping with anxiety related to seeking and receiving HIV health care, managing health appointment-related anxiety

Taking medications: how medications work, how to request medication refills, finding a convenient pharmacy with good services and pricing, troubleshooting pharmacy issues, strategies for remembering to take medications, common side effects of ART and how to work around them, consequences of interrupting or stopping medications

Completing lab work: dealing with anxieties around getting labs done, understanding viral load and CD4 test results, managing lab results that are abnormal or out of range, dealing with difficulties getting blood drawn due to injection drug use.

☐☐ Normalize concerns and the existence of the barrier (as appropriate)

☐☐ Provide feedback about the importance of addressing the HIV care barrier and help the participant identify the impact of the barrier on their health

☐☐ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

□□ Assess current stage of change using the importance ruler
□□ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. Problem-solve

□□ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
□□ Encourage the participant to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample goals: make plan to seek healthcare services or insurance coverage navigation, learn more about health insurance benefits, learn more about how to access care for certain kinds of issues, improve conditions impacting immune health, access ongoing HIV care, create system for remembering to pick up meds or do labs on time, identify strategy to improve relationship or communication with HIV care provider

□□ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier
□□ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them
□□ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out
□□ Assess self-efficacy using the confidence ruler
□□ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

□□ Elicit participant's thoughts about the session, identifying any issues or concerns
□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option B: Mental Health (in depth)

Overarching session goal: participants have the information, access to resources, social support, motivation, and problem-solving skills needed to help them reduce or cope with their mental health concerns, in order to manage their health and stay well.

Feel free to share relevant information about mental health during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: psychoeducation about mental health and HIV, types of mental health diagnoses, prevalence rates of mental health diagnoses among young people (see examples here: https://ucsfonline.sharepoint.com/:f:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts/Mental%20health?csf=1&web=1&e=bF5nV8). Counselors can also provide resources such as local mental health agencies, hotlines, or support groups.

Topics falling into this category include:

- Current experiences of mental health challenges
- Current management of an existing mental health challenge
- Concerns about participant's own mental health status
- Needs for additional mental health support for a new or existing mental health issue
- Relapse prevention for a mental health challenge in remission

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: Past experiences with mental health care, current mental health challenges, current mental health diagnoses or medications, current access to or willingness to utilize mental health services

□□ Identify one or multiple current mental health challenge(s) impacting health and overall wellbeing
"What would be most helpful to talk about today? What would have the biggest impact on your health today?"
□□ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
□□ Explore areas of strengths and difficulties related to the mental health challenge(s)

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to the mental health concern
Sample barriers: cancelling clinic appointments due to depression, missing medication doses due to going to bed early when feeling anxious and overwhelmed, cancelling clinic appointments due to social anxiety and not wanting to talk to others, not taking HIV and psych medications while manic due to feeling like they're not necessary, lacking motivation due to depression
Identify and verbalize one mutually agreed upon mental health-related barrier to engagement in HIV care or promotion of own health
4. Provide feedback and education as needed
Mental health 101: how to identify depression and anxiety symptoms in self, how to identify trauma response challenges/PTSD in self, impact of depression or anxiety on daily activities, the interplay of anxiety and depression, how to identify and manage stressors, impacts of trauma on trust and communication
Mental health treatment options: different types and levels of mental health care, types of mental health professionals and how to choose the right type (psychiatrists and psychiatric nurse practitioners; psychotherapists –(board licensed or registered), substance use counselors (registered or certified), health coaches, life coaches, clergy, other healers), insurance coverage for mental health services, tools for coping with depression and anxiety, long-term maintenance strategies for serious mental illnesses
□□ Normalize concerns and the existence of the barrier (as appropriate)
□□ Provide feedback about the importance of addressing the mental health barrier and help the participant identify the impact of the barrier on their health
□□ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy
□□ Assess current stage of change using the importance ruler
□□ Use motivational interviewing to enhance motivation and self-efficacy

6. Problem-solve

□□ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
□□ Encourage the participant to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample goals: seek treatment for a mental health issue, identify and try out self-help strategies, seek additional information on a mental health concern, find a support person to help cope with a mental health issue, learn more about psychiatric medications and speak with PCP to determine whether appropriate, consider whether therapy could help and initiate if appropriate, reduce 1 or 2 identified stressors

□□ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier
□□ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them
□□ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out
□□ Assess self-efficacy using the confidence ruler
□□ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

□□ Elicit participant's thoughts about the session, identifying any issues or concerns
□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option C: Drug and Alcohol Use (in depth)

Overarching goal: participants have the information, access to resources, motivation, and problem-solving skills needed to help them reduce or manage their drug or alcohol use, in order to manage their health and stay well

Feel free to share relevant information about substance use during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: interaction between HIV medication and drugs/alcohol, how drug use relates to HIV transmission (see examples here: https://ucsfonline.sharepoint.com/:f:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts/Substance%20use?csf=1&web=1&e=Kb0Yjs) Counselors can also provide resources such as local substance use treatment agencies, or the location of local recovery groups.

Topics falling into this category include:

- Obtaining and using drugs that are illegal or not prescribed
- Misuse of prescriptions, performance-enhancing drugs, etc.
- Safer drug use and overdose prevention
- Alcohol use
- Smoking and smoking methods
- Partying
- Use of substances in response to peer pressure and social factors
- Substance use in family impacting participant
- Use of substances in response to mental health and social challenges
- Relapse prevention

1. Check in

- [ ] Consent for session and description of current location
- [ ] Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- [ ] Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- [ ] Check in on how the previous week went (challenging and/or positive experiences)
- [ ] Check in on previous session goal and degree to which it was successful
- [ ] Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: Drugs most commonly used and methods of use, positive and negative impacts of drug use on life, current and past substance use treatment received, access to and willingness to utilize substance use recovery services

☐☐ Identify one or multiple current substance use challenge(s) impacting health and overall wellbeing

"What would be most helpful to talk about today? What would have the biggest impact on your health today?"

☐☐ Elicit information about the frequency, severity, and impact of the substance use challenge(s) on the participant's daily life

☐☐ Explore areas of strengths and difficulties related to the substance use challenge(s), including experiences with treatment or recovery supports

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to substance use

Sample barriers: canceling clinic appointments due to feeling physically unwell after using substances, missing medication doses while under the influence or due to irregular sleep schedules, canceling blood work due to fears of being drug tested

☐☐ Identify and verbalize one mutually agreed upon substance use-related barrier to engagement in HIV care or promotion of own health

4. Provide feedback and education as needed

Drugs 101: Alcohol, party drugs (marijuana, MDMA, GHB, psychedelics, poppers, erectile drugs), performance drugs (steroids, ADD medications), stimulants (cocaine, meth), depressants (opiates, sedatives, muscle relaxers), benzodiazepines (anti-anxiety medications)

Intersection of substance use with other issues, impact of substance use on daily activities, the interplay of substance use and mental health challenges, impacts of PTSD or depression on substance use patterns, impact of substance use on immune health and HIV, HIV medication and substance interactions, Impact of substance use on immune health and HIV

Substance use treatment: different types and levels of treatment for substance use issues, strategies for cutting down or discontinuing use, how to identify and manage substance use triggers, tools for coping with social pressure to use long-term maintenance strategies for substance dependence, Insurance coverage for substance use treatment services

☐☐ Normalize concerns and the existence of the barrier (as appropriate)

□□ Provide feedback about the importance of addressing the substance use barrier and help the participant identify the impact of the barrier on their health
□□ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy
□□ Assess current stage of change using the importance ruler
□□ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. Problem-solve
□□ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
□□ Encourage the participant to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan
Sample goals: smoking cessation or cutting back, substance cessation or cutting back, alcohol cessation or cutting back, switch to less risky methods of drug use, access substance use treatment, identify and manage impact of use on health and engagement in HIV care
□□ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier
□□ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them
□□ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out
□□ Assess self-efficacy using the confidence ruler
□□ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out
□□ Elicit participant's thoughts about the session, identifying any issues or concerns
□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option D: Lifestyle Health (general aspects of wellness)

Overarching session goal: participants have the knowledge about, motivation, and access to a range of methods (both traditional/medical and lifestyle-based) to manage their health and stay well.

Feel free to share relevant information about lifestyle health during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: recommended sleep for adults and nutrition/dietary plans. Counselors can also provide resources such as local nutrition programs or community wellness centers.

Topics falling into this category include:

- Sleep
- Food/nutrition
- Exercise/physical activity
- Body image
- Alternative and complimentary treatments
- Co-occurring physical health issues

1. Check in

☐ Consent for session and description of current location

☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)

☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)

☐ Check in on how the previous week went (challenging and/or positive experiences)

☐ Check in on previous session goal and degree to which it was successful

☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: sleep schedule and quality, eating habits, physical activity and exercise habits, body image, use of supplements and vitamins, culturally based healing practices, co-occurring health issues impacting management of HIV

☐ Identify one or multiple life challenge(s) impacting health and overall wellbeing

"What would be most helpful to talk about today? What would have the biggest impact on your health today?"

☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

☐☐ Explore areas of strengths and difficulties related to the challenge(s)

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to the topics discussed

Sample barriers: sleep loss or poor sleep quality impacting memory or energy levels, poor nutrition impacting energy levels or self-esteem, generalized stress leading to a hard time remembering to take medications, low energy and physical limitations due to a poorly managed co-occurring health issue, lack of exercise impacting overall health status

☐☐ Identify and verbalize one mutually agreed upon barrier to engagement in HIV care or promotion of own health

4. Provide feedback and education

Sample educational topics: impact of sleep, nutrition, exercise, stress, and co-occurring conditions on energy levels and overall feelings of wellness

☐☐ Normalize concerns and the existence of the barrier (as appropriate)

☐☐ Provide feedback about the importance of addressing the barrier and help the participant identify the impact of the barrier on their health

☐☐ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

☐☐ Assess current stage of change using the importance ruler

☐☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. Problem-solve

☐☐ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier

☐☐ Encourage the participant to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample goals: decrease unhealthy habits like smoking, unhealthy eating, over-eating, lack of exercise, or poor sleep; improve food choices, exercise habits, or sleep hygiene to improve sleep quality, body image, and confidence

☐☐ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier

☐☐ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them

□□ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out
□□ Assess self-efficacy using the confidence ruler
□□ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

□□ Elicit participant's thoughts about the session, identifying any issues or concerns
□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option E: Social Support (non-family support)

Overarching session goal: participants have the communication and problem-solving skills needed to help them effectively maintain long-term supportive social relationships that help them manage their health, stay accountable to their goals, and stay well

Feel free to share relevant information about social support during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: how to build relationships, how to set boundaries. Counselors can also provide resources such as local social networking opportunities at community organizations.

Topics falling into this category include:

- Relationships with friends
- Relationships with classmates and co-workers
- Sources of positive and negative influence
- Sources of mutual support for wellness
- Needs for increased social supports

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: Sources of social support, positive influences in life, types of support desired from others, challenges maintaining mutually supportive relationships with others, ability and willingness to seek social support as needed, interest in and willingness to increase sources of social support

- ☐ Identify one or multiple social challenge(s) impacting health and overall wellbeing

"What would be most helpful to talk about today? What would have the biggest impact on your health today?"

☐☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

☐☐ Explore areas of strengths and difficulties related to the social challenge(s)

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to social support

Sample barriers: lack of social supports around health, reluctance to seek support for health issues as needed, difficulty finding new sources of social support related to health, difficulty maintaining mutually supportive relationships with others, challenges around boundaries with social supports, social anxiety or distrust of others impacting social relationships

☐☐ Identify and verbalize one mutually agreed upon social-related barrier to engagement in HIV care or promotion of own health

4. Provide feedback and education

Sample educational topics: communication techniques, boundary-setting, assertiveness, conflict resolution, mutual support techniques, ways of finding additional social supports, managing social anxiety, information about the impact of trauma on relationships with others

☐☐ Normalize concerns and the existence of the barrier (as appropriate)

☐☐ Provide feedback about the importance of addressing the social barrier and help the participant identify the impact of the barrier on their health

☐☐ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

☐☐ Assess current stage of change using the importance ruler

☐☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. Problem-solve

☐☐ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier

☐☐ Encourage the participant to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample goals: decrease social-related stress and anxiety, increase ability to safely self-disclose to social contacts, increase social support, increase quality of communication with social contacts, increase awareness of ways to address challenges with social contacts, identify ways to manage HIV care confidentiality (if not disclosed to others)

☐☐ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier

- ☐☐ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them
- ☐☐ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out
- ☐☐ Assess self-efficacy using the confidence ruler
- ☐☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

- ☐☐ Elicit participant's thoughts about the session, identifying any issues or concerns
- ☐☐ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option F: Family of Origin

Overarching goal: participants have the communication and problem-solving skills needed to help them effectively have healthy relationships with their families of origin, and/or to manage their health and stay well regardless of their family situation

Feel free to share relevant information about family of origin during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: disclosure (see this example: https://ucsfonline.sharepoint.com/:b:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts/Misc%20Info%20Sheets/Disclosure%20Info%20Sheet.pdf?csf=1&web=1&e=gXRCvD), effective communication, and interpersonal effectiveness. Counselors can also provide resources such as local family resource centers

Topics falling into this category include:
- Relationships with family
- Disclosure to family
- Living with family
- Communication with family
- Family support
- Challenges related to family
- Family violence
- Family stressors
- Raising children and relationships with children
- Relationship with personal values related to culture, spirituality, etc.

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: relationship with parents, siblings or extended family, current challenges faced by the family, participant's

role in their family, ongoing and new conflicts with family, level of self-disclosure to family, level of family support for range of personal issues

□□ Identify one or multiple current family challenge(s) impacting health and overall wellbeing *"What would be most helpful to talk about today? What would have the biggest impact on your health today?"*

□□ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

□□ Explore areas of strengths and difficulties related to the family challenge(s)

3. **Identify/verbalize a barrier** to treatment adherence and overall health that is related to family

Sample barriers: lack disclosure of HIV status to family leading to lack of support, lack of disclosure of HIV status to family leading to needing secret ways to handle medications and appointments, negative family influences leading to less HIV care received, family stressors escalating existing mental health challenges, negative messages about self from family impacting self-care

□□ Identify and verbalize one mutually agreed upon family-related barrier to engagement in HIV care or promotion of own health

4. **Provide feedback and education**

Sample educational topics: communication techniques, boundary-setting, assertiveness, conflict resolution, mutual support, ways of finding additional social supports outside of family, ways of coping with family-related anxiety and stress, evaluating and responding to family's messages/feedback

□□ Normalize concerns and the existence of the barrier (as appropriate)

□□ Provide feedback about the importance of addressing the family barrier and help the participant identify the impact of the barrier on their health

□□ Provide psychoeducation and health education as needed

5. **Enhance motivation and self-efficacy**

□□ Assess current stage of change using the importance ruler

□□ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. **Problem-solve**

□□ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier

□□ Encourage the participant to choose the best option for them to focus on over the next week

7. **Develop a goal and make a plan**

Sample goals: decrease family-related stress and anxiety, increase ability to safely disclose to family, increase family support, increase quality of communication with family, increase awareness of ways to address challenges with family, identify ways to confidentially manage HIV care while living with family if they're not aware of HIV-positive status

☐☐ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier

☐☐ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them

☐☐ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out

☐☐ Assess self-efficacy using the confidence ruler

☐☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

☐☐ Elicit participant's thoughts about the session, identifying any issues or concerns

☐☐ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option G: Romantic & Sexual Relationships

Overarching goal: participants have access to the relationship and sexual negotiation skills needed to help them effectively manage their health, have healthy and supportive romantic and sexual relationships with others, and satisfying and safe hookups, in order to stay well

Feel free to share relevant information about romantic/sexual relationships during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: sexual negotiation, disclosure (see this example: https://ucsfonline.sharepoint.com/:b:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts/Misc%20Info%20Sheets/Disclosure%20Info%20Sheet.pdf?csf=1&web=1&e=gXRCvD), boundary setting, PrEP, Intimate Partner Violence. Counselors can also provide resources such as local polyamorous/open-relationship support groups.

Topics falling into this category include:

- Romantic relationships, sexual partners, and hookups
- Relationship configurations (open, polyamorous, etc.)
- Break-ups
- Boundaries, assertiveness, and sexual negotiation
- STIs, re-infection, and safer sex
- Self-disclosure of HIV or STI status
- Triggers leading to riskier sex: emotional, communication, relational, substance use
- Communication in romantic and sexual relationships
- Intimate partner violence

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: current and past sexual and romantic relationships, current relationship status, relationship dynamics with partner(s), challenges related to relationships, habits and needs around hook-ups, concerns and practices around STIs

☐☐ Identify one or multiple current relationship or hook-up related challenge(s) and strengths impacting health and overall wellbeing

"What would be most helpful to talk about today? What would have the biggest impact on your health today?"

☐☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

☐☐ Explore areas of strengths and difficulties related to hookup or relationship challenge(s)

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to relationships or hook-ups

Sample barriers: not attending HIV care appointments due to not wanting partner to know about HIV status, difficulty disclosing HIV status to sexual partners, dealing with partner's lack of support around participant's health, missing doses of medications when going out partying and waking up at someone else's house, poor adherence due to depression after a break-up, concerns about infecting romantic or hookup partners with HIV

☐☐ Identify and verbalize one mutually agreed upon romantic or sexual-related barrier to engagement in HIV care or promotion of own health

4. Provide feedback and education

Sample educational topics: communication techniques, boundary-setting and sexual risk negotiation, assertiveness, conflict resolution, strategies for handling disappointment and hurt stemming from relationships or hook-ups, strategies for reducing HIV transmission risk

☐☐ Normalize concerns and the existence of the barrier (as appropriate)

☐☐ Provide feedback about the importance of addressing the barrier and help the participant identify the impact of the barrier on their health

☐☐ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

☐☐ Assess current stage of change using the importance ruler

☐☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. Problem-solve

☐☐ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier

□□ Encourage the participant to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample Goals: reduce a sexual risk behavior, increase ability to safely and appropriately self-disclose HIV or STI status, increase negotiation and assertiveness skills for sex, improve communication in relationship regarding needs around health, increase awareness of impact of IPV on health

□□ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier

□□ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them

□□ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out

□□ Assess self-efficacy using the confidence ruler

□□ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

□□ Elicit participant's thoughts about the session, identifying any issues or concerns

□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option H: Self-Identity and Disclosure

Overarching goal: participants have skills around self-disclosure and positive self-identity, as well as the ability to constructively handle stigma related to their HIV status and personal identity, in order to effectively manage their health and stay well

Feel free to share relevant information about self-identity and disclosure during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: disclosure discrimination. Counselors can also provide resources such as local identity-affirming centers (e.g., LGBTQ centers)

Topics falling into this category include:

- HIV disclosure and other types of personal disclosures
- Decision-making about when and how to disclose
- Pros and cons of disclosure
- Calculating the risks of self-disclosure
- Keeping yourself safe during and after disclosure
- Views of self that impact care of self and motivation to engage in self-care
- Stigma and shame
- Self-esteem and self-worth
- LGBTQ identity
- Gender identity
- Other aspects of identity (ethnicity, education, occupation, disability, etc.)

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: information about personal identities (sexual, gender, ethnicity, etc.), past experiences with self-disclosure,

fears about self-disclosure, experiences with and sources of stigma and negative messages about own identity and HIV status

□□ Identify one or multiple current self-identity or disclosure challenge(s) impacting health and overall wellbeing

"What would be most helpful to talk about today? What would have the biggest impact on your health today?"

□□ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

□□ Explore areas of strengths and difficulties related to the self-identity or disclosure challenge(s)

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to self-identity or disclosure

Sample barriers: poor self-esteem leading to poor self-care, poor self-esteem leading to depression and low motivation, sources of HIV-related stigma leading to difficulty disclosing status to support people and healthcare providers, shame about HIV status leading participant to avoid HIV care and resources, difficulty coming out to others as LGBTQ, micro-aggressions and disparate treatment related to identity

□□ Identify and verbalize one mutually agreed upon self-identity or disclosure -related barrier to engagement in HIV care or promotion of own health.

4. Provide feedback and education

Sample educational topics: what stigma is, how to seek help when needed, normalizing some experiences of shame and stigma, information about the impact of trauma and discrimination on self-concept and shame, interplay between depression and negative beliefs about self

□□ Normalize concerns and the existence of the barrier (as appropriate)

□□ Provide feedback about the importance of addressing the self-identity or disclosure barrier and help the participant identify the impact of the barrier on their health

□□ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

□□ Assess current stage of change using the importance ruler

□□ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. Problem-solve

□□ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier

□□ Encourage the participant to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample goals: increase ability to safely and appropriately disclose a range of information about self to others who can be supportive or a resource, identify and address areas of stigma and shame, identify impact of stigma and shame on health and behaviors, identify when it's safe and appropriate to disclose and when it's not, improve self-esteem and self-care behaviors, identify how to effectively respond to micro-aggressions

☐☐ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier

☐☐ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them

☐☐ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out

☐☐ Assess self-efficacy using the confidence ruler

☐☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

☐☐ Elicit participant's thoughts about the session, identifying any issues or concerns

☐☐ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option I: Subsistence Needs: Money, Food, Housing, and Resources

Overarching session goal: participants have access to the material and financial resources and stability they need to effectively manage their health and stay well

Feel free to share relevant information about subsistence needs during (via screenshare) or after the session (via email/text). Counselors can also provide resources such as local transportation options, food banks, shelters, etc.

Topics falling into this category include:

- Housing situation
- Health insurance
- Work
- Financial aid
- Disability or other forms of income
- Legal issues
- Transportation

1. Check in

☐ Consent for session and description of current location

☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)

☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)

☐ Check in on how the previous week went (challenging and/or positive experiences)

☐ Check in on previous session goal and degree to which it was successful

☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: current housing situation, financial situation, employment status and occupation, access to supplemental financial resources such as student aid or disability, legal issues, transportation methods

☐ Identify one or multiple current financial or resource-related challenge(s) impacting health and overall wellbeing

"What would be most helpful to talk about today? What would have the biggest impact on your health today?"

☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

☐☐ Explore areas of strengths and difficulties related to the mental health challenge(s)

3. **Identify/verbalize a barrier** to treatment adherence and overall health that is related to finances or resources
Sample barriers: cancelling clinic appointments due to not having enough money for co-pays or transportation, not refilling medications due to not having enough money for co-pays, not having a safe place to store HIV medications if homeless, cancelling clinic appointments due to not being able to get time off work, lack of consistent access to phone or computer if homeless
☐☐ Identify and verbalize one mutually agreed upon financial or resource-related barrier to engagement in HIV care or promotion of own health

4. **Provide feedback and education**
Sample educational topics: impact of unstable housing situation on health, availability of transportation, financial, employment, and other resources, information about affordable health insurance options and medical financial assistance programs for HIV
☐☐ Normalize concerns and the existence of the barrier (as appropriate)
☐☐ Provide feedback about the importance of addressing the financial or resource-related barrier and help the participant identify the impact of the barrier on their health
☐☐ Provide psychoeducation and health education as needed

5. **Enhance motivation and self-efficacy**
☐☐ Assess current stage of change using the importance ruler
☐☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. **Problem-solve**
☐☐ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
☐☐ Encourage the participant to choose the best option for them to focus on over the next week

7. **Develop a goal and make a plan**
Sample goals: increase access to needed material resources, increase stability of income or insurance, increase access and awareness of reliable transportation, increase motivation to address legal issues and resources to do so, increase problem-solving around ways of addressing issues with benefits, increase confidence and problem-solving around finding work
☐☐ Develop a goal for the week (ideally using the SMART goal format) based on the participant’s chosen way of addressing the barrier

- [ ] If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them
- [ ] If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out
- [ ] Assess self-efficacy using the confidence ruler
- [ ] Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

- [ ] Elicit participant’s thoughts about the session, identifying any issues or concerns
- [ ] Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option J: Education and Vocation

Overarching session goal: participants have a vision for their current or future vocation, values, and sense of purpose that is in alignment with effectively managing their health and staying well

Feel free to share relevant information about substance use during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: setting short-term vs. long-term goals. Counselors can also provide resources such as local educational or vocational training opportunities.

Topics falling into this category include:

- Work
- School
- Vocational goals
- Values and motivators
- Goals for the future

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

Sample information elicited: goals for the future, current school or work status, vocational and educational goals, spiritual or religious beliefs and their impacts on these areas, sense of confidence in having a successful future, alignment of personal goals with other's goals for them

- ☐ Identify one or multiple current educational or vocational challenge(s) impacting health and overall wellbeing

"What would be most helpful to talk about today? What would have the biggest impact on your health today?"

- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

□□ Explore areas of strengths and difficulties related to the future or purpose-related challenge(s)

3. **Identify/verbalize a barrier** to treatment adherence and overall health that is related to the participant's education or vocation
Sample barriers: cancelling clinic appointments due to feeling out of control to manage own care, not following through with HIV care due to lack of care about the impact on future health and wellness, feeling aimless and not motivated to take care of self or work towards goals, prioritizing other activities over attending to HIV care needs, lack of future orientation and goals for self, disconnection between own goals and family's goals for them
□□ Identify and verbalize one mutually agreed upon educational or vocational barrier to engagement in HIV care or promotion of own health

4. **Provide feedback and education**
Sample educational topics: impact of trauma on future-orientation and hopefulness, how to identify own values and goals, ways to determine whether own values and goals are in alignment with current actions, cognitive strategies for increasing positive thoughts and hopefulness, information about educational and vocational resources
□□ Normalize concerns and the existence of the barrier (as appropriate)
□□ Provide feedback about the importance of addressing the educational or vocational barrier and help the participant identify the impact of the barrier on their health
□□ Provide psychoeducation and health education as needed
5. **Enhance motivation and self-efficacy**
□□ Assess current stage of change using the importance ruler
□□ Use motivational interviewing techniques to enhance motivation and self-efficacy

6. **Problem-solve**
□□ Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
□□ Encourage the participant to choose the best option for them to focus on over the next week

7. **Develop a goal and make a plan**
Sample goals: increase awareness of resources around meeting future goals, increase motivation to continue school or vocational training to help increase future stability, increase positive future orientation to decrease depression and risk of suicidality, increase awareness of strengths and resources available for handling future challenges
□□ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier

□□ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them

□□ If the participant declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out

□□ Assess self-efficacy using the confidence ruler

□□ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

8. Check out

□□ Elicit participant's thoughts about the session, identifying any issues or concerns

□□ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Option K: Wildcard session

Overarching session goal: participants will receive problem-solving support to help them address serious barriers and safety concerns preventing them from effectively managing their health and staying well.

Topics falling into this category include:

- Crisis/pressing challenges not related to one of the specific menu areas
- Crisis/pressing issue in the forefront preventing focus and re-direction to a menu area topic
- Crisis related to suicidality or homicidality
- Crisis related to safety of the participant

It is possible that participants will occasionally attend sessions in crisis and will need to discuss issues other than the intervention content during the appointment. If at all possible, the counselor should attempt to incorporate the participant's concerns into the context of the session material by picking the closest menu option. If the needs of the participants exceed the bounds of the intervention content and the counselor has to focus on managing the crisis situation, the counselor may use one of the two optional wildcard sessions. Immediately after the session, the counselor should let the supervisor know that the participant needed a wildcard session.

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Assess and elicit information on focus area

This will not be one of the core topics or menu options, since it is a wildcard session.

- ☐ Identify one or multiple current challenge(s) severely impacting current health or safety - *"What would be most helpful to talk about today? What would have the biggest impact on your health today?"*

□□ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

3. Risk Assessment

□□ Assess the participant's current level of risk in relation to the concerns discussed and determine whether it is safe to continue the session or whether immediate crisis response follow-up needs to occur

4. *If high risk:* **Safety Planning**

□□ Collaboratively develop a safety plan for the participant (1-week timeframe). *Safety plans are more informational than protective. Inability to commit to a safety plan indicates extremely high risk; if they develop a safety plan, this does not ensure they will follow through on it.*

□□ If the participant is a serious danger to themselves or others (e.g., unable/unwilling to develop a safety plan), initiate the 5150-evaluation process

□□ Schedule a timely check-in (e.g., next business day) with participant to follow-up on the safety plan and reassess risk

5. Linkage to Community or Personal Resources

□□ Assess participant's existing resources or social support who could be helpful to contact at this time

□□ Provide information about additional community resources as needed

6. Check out

□□ Re-assess the participant's risk level (and continue with support and assessment if still at a high level of risk)

□□ Remind participant of counselor's and community-based crisis response contact information to use if in need of support before the next session

Final Session

Overarching session goal: Participants will integrate what they have learned about their health and information about local resources to create a plan for continuing to consistently access needed care

1. Check in

☐☐ Consent for session and description of current location

☐☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)

☐☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)

☐☐ Check in on how the previous week went (challenging and/or positive experiences)

☐☐ Check in on previous session goal and degree to which it was successful

☐☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful

2. Review

☐☐ For each core and menu topic covered in series, ask participant to identify what aspect stood out to them as the most impactful

3. Identifying and Reinforcing Changes

☐☐ Review of life changes, successes, and challenges that occurred during intervention

☐☐ Provide positive feedback and encouragement about the changes made

☐☐ Provide information about change management strategies

☐☐ Assess and enhance motivation related to the changes made

4. Identify Continuing Goals and Resources

☐☐ Collaboratively identify continuing goals and unfinished projects related to the intervention content

☐☐ Identify any persistent, unmet needs that would benefit from continued care

☐☐ Help participant identify sources of information, resources, and support to utilize when continuing to work on goals

☐☐ Provide or remind of community-based resources to provide ongoing support

5. Check out and Goodbye

☐☐ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

☐☐ Say goodbye to participant and give best wishes for the future

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