



Duke University

STYLE 2.0

Implementation Toolkit



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STYLE 2.0

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Acknowledgements

Thank you to our partner clinic sites:

- **Duke Infectious Disease Clinic**
Duke Health- Durham, North Carolina
- **Lincoln Community Health Center**
Early Intervention Clinic - Durham, North Carolina
- **Prisma Health**
University of South Carolina School of Medicine- Columbia, South Carolina
- **University of North Carolina at Chapel Hill (UNC) Infectious Disease Clinic**- Chapel Hill, North Carolina
- **Wake County Human Services**-Raleigh, North Carolina
- **Advance Community Health**-Raleigh, North Carolina

Thank you to our other regional and local partners:

- **Alliance of AIDS Services Carolina**-Raleigh, North Carolina
- **Healing with CAARE**- Durham, North Carolina
- **Triangle Empowerment Center**- Durham, North Carolina

Community Engagement Partners:

- **Bayard Rustin LGBTQ Chapter A. Philip Randolph Institute (APRI)**- Raleigh, North Carolina
- **Durham Fast Track Cities**- Durham, North Carolina
- **NC Black Leadership Organizing Committee** - North Carolina
- **Partnership for a Health Durham**-Durham, North Carolina



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Introduction

Building off the overview provided in the Implementation Manual, this Implementation Toolkit provides additional guidance on how to adapt and implement Duke University's STYLE 2.0. This Toolkit is designed to provide more detailed information to support future replicators, especially HIV service providers and on-the-ground clinic staff, who are planning for implementation or are in the process of implementing STYLE 2.0 components.

Specifically, this Toolkit describes STYLE 2.0 enrollment screeners and checklists, organizational partnerships, utilizing a Young Adult Advisory Board (YAB), protocols for Health Care Navigators and the STYLE 2.0 app, and participant tracking and follow-up. The Toolkit also provides tangible tools and other materials to tailor and use when replicating. Replicators are encouraged to reach out directly to Duke University's STYLE 2.0 team with questions or for additional information (see the Manual for the team's contact information).



Recruitment/Enrollment Materials

Screeners

STYLE 2.0 utilized a pre-screener and a full eligibility screener in order to determine a participant's eligibility for STYLE 2.0. Along with the STYLE 2.0 Young Adult Advisory Board (YAB) it was determined that this pre-screener with this language offered the best option for potential participants to be willing and able to complete the screener.

The [pre-screener](#) consisted of 5 short yes/no questions with the option to leave contact information if answered "yes" to all questions.

Once a person was eligible for the pre-screener, the [full eligibility screener](#) was reviewed with the participant via phone or in-person (prior to COVID-19 restrictions).

Enrollment Checklist

Once a potential participant completed the screener and was determined eligible, the STYLE 2.0 team followed an enrollment checklist guideline to ensure all enrollment pieces were followed.

The [Enrollment checklist](#) includes the following documentation:

- [Consent Form](#)
- Baseline Survey
- [SAMISS Screener](#)
- [Acuity Index](#)
- [Secondary Contact Information](#)
- [Group Confidentiality Form](#)



Establishing STYLE 2.0 Partnerships

Contracts

STYLE 2.0 worked with several different organizations and required various levels of contracts for each organization. When a specific Duke or organizational level contract was not needed, STYLE 2.0 created a Memorandum of Agreement with the organization. Here is an [example of a MOA](#) for STYLE 2.0

Young Adult Advisory Board (YAB)

STYLE 2.0 established a Young Adult Advisory Board (YAB) to help review and provide feedback on a wide range of STYLE 2.0 materials (e.g. logos, advertising materials, app content, protocols, and surveys) to determine ways to optimize the material for YBMSM. The YAB formed prior to any engagement in project activities in order to have feedback on all aspects of project prior to implementation Enrollment in the YAB has fluctuated from 3-7 members throughout the project period. A [YAB confidentiality form](#) was created as part of the criteria for joining the group.



STYLE 2.0 Program Protocols

Site STYLE 2.0 Protocol

STYLE 2.0 program developed protocols for each site to follow based on their general workflow. Here are 3 examples of protocols including one for [Duke](#), [UNC](#), and [USC](#).

Behavioral Health Provider – MI Protocol

[Motivation Interviewing](#) was implemented as the primary theoretical/clinical technique for patients enrolled in the STYLE 2.0 study who score at risk through the SAMISS. These patients were seen virtually or via phone calls by Behavioral Health Provider, for 4 sessions over a period of 8-10 weeks. Referrals were made to the Behavioral Health Counselor by the Health Care Navigator following enrollment.

Health Care Navigator CLEAR Protocol

STYLE 2.0 team adapted the CDC program [CLEAR: Choosing Life: Empowerment! Action! Results!](#) It is a protocol that enables the HCNs to individually tailor the intervention to address the unique needs of each participant and provides participants with the skills necessary to be able to make healthy choices for their lives.

STYLE 2.0 HealthMPowerment App Enrollment

Once a participant enrolls in STYLE 2.0 they are eligible to download and enroll in the STYLE 2.0 HMP app. STYLE 2.0 team developed a [guide](#) for enrolling in the app for the HCN to follow when they set up enrollment.

STYLE 2.0 Weekly Checklists

In an effort to keep STYLE 2.0 HCNs up to date on their tasks, a [weekly checklist](#) was created to ensure each task was completed.

STYLE 2.0 Demonstration Site Assessment Tool (DSAT)

All STYLE 2.0 staff that had any interaction with a participant completed an entry into the STYLE 2.0 Activities Tracking form within 24 hours of the encounter.

Health Care Navigator Job Description

Health Care Navigator (HCN) [job description](#).



STYLE 2.0 Evaluation

Follow-up surveys

STYLE 2.0 evaluation team created follow-up surveys for 6- and 12-months surveys, this includes additional local evaluation questions that are not included in the MSE survey. The same survey was used for both 6 and 12 months. Copies of full surveys available upon request.

Participant Tracking

STYLE 2.0 used several Excel tracking spreadsheets for evaluation activities including:

- Participant Tracking
- Support Group Tracking
- Qualitative Interview Tracking

The tracking spreadsheets kept up with the following information: dates of enrollment, dates of consent, dates eligible for screening and evaluation activities, support group dates, attendance, and discussion topics, interview dates, and follow-up tracking for evaluation activities.

STYLE 2.0 Qualitative Interview

In addition to evaluation surveys, qualitative interviews were used to help give perspective to the data and help create richer case examples of individuals participating in STYLE 2.0. Qualitative interviews were conducted using a [question guide](#) that highlights participant backgrounds, experiences and engagement in health care, and experiences in the STYLE 2.0 program.

STYLE 2.0 Pre-Screener

Start of Block: Introduction

Intro [STYLE 2.0 Eligibility Screener](#) The mission of STYLE 2.0 is to improve HIV care outcomes among men living with HIV in the Triangle region of North Carolina (Raleigh, Durham, Chapel Hill) and Columbia, South Carolina. The project will offer online support services that will help you address the barriers that prevent you from fully receiving the care you need, and therefore improve your ability to reach your health goals. Before we can move forward, we need to make sure you are able to participate. The screening process is optional, and you may choose at any time not to participate. If you choose to participate, we will ask you a few questions today, and your answers will help us determine whether or not you are able to move forward with the full eligibility screening process to participate in the STYLE 2.0 research study. Just so you know, any information shared in this survey is strictly private and will only be seen by the research team. All the information gathered from you today will be safely stored.

Consent Do you consent to being screened?

- Yes (1)
- No (2)

Skip To: End of Survey If Consent No

End of Block: Introduction

Start of Block: Patient Demographics

We have a few questions about you that will help us determine whether you are eligible to participate in this study.

D1 Have you ever been told by a doctor, nurse, or other health professional that you have HIV?

Yes (1)

No (2)

D2 Are you between 18 and 35 years of age?

Yes (1)

No (2)

D3 Do you identify as Black or African American?

Yes (1)

No (2)

D4 Thinking about your sexual partners in the past five years, did these partners include men?

Yes (1)

No (2)

D5 Do you think of yourself as male?

Yes (1)

No (2)

D6 Was "male" the sex that was originally listed on your birth certificate?

- Yes (1)
- No (2)

End of Block: Patient Demographics

Start of Block: Move forward with eligibility screening process

participant info Thank you for taking the time to complete this pre-screener. Based on the answers you provided you may be eligible to continue with the full eligibility screening process for STYLE 2.0.

If you are interested in enrolling please provided the following information:

- Name (1) _____
- Phone number (2) _____
- Email (3) _____

End of Block: Move forward with eligibility screening process

STYLE 2.0 Full Eligibility Screener

Start of Block: Introduction

Intro The mission of STYLE 2.0 is to improve HIV care outcomes among men living with HIV in the Triangle region of North Carolina (Raleigh, Durham, Chapel Hill). The project will offer in-person and online support services that will help you address the barriers that prevent you from fully receiving the care you need, and therefore improve your ability to reach your health goals. Before we can move forward, we need to make sure you are able to participate. The screening process is optional, and you may choose at any time not to participate. If you choose to participate, we will ask you a few questions today, and your answers will help us determine whether or not you are able to move forward with the full eligibility screening process to participate in the STYLE 2.0 research study. Just so you know, any information shared in this survey is strictly private and will only be seen by the research team. All the information gathered from you today will be safely stored.

Consent Do you consent to being screened?

- Yes (1)
- No (2)

Skip To: End of Survey If Consent No

End of Block: Introduction

Start of Block: Patient Demographics

Block_2 We have a few questions about you that will help us determine whether you are eligible to participate in this study.

D1 Have you ever been told by a doctor, nurse, or other health professional that you have HIV?

- Yes (1)
 - No (2)
 - Don't know (3)
 - Decline to answer (4)
-

D2 How old are you?

- (please specify): (1) _____
 - Don't know (4)
-

D3 What category best describes your race?

(mark all that apply)

- American Indian/Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Native Hawaiian/other Pacific Islander (4)
 - White (5)
 - Some other race (6)
 - Don't Know (7)
 - Decline to answer (8)
-

D4 Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin (1)
 - Yes, Mexican, Mexican American, Chicano (2)
 - Yes, Puerto Rican (3)
 - Yes, Cuban (4)
 - Yes, another Hispanic, Latino, or Spanish origin (5)
 - Don't Know (6)
 - Decline to answer (7)
-

D5 Thinking about your sexual partners in the past five years, were these partners:

- All men (1)
 - All women (2)
 - Both men and women (3)
 - Don't know (4)
 - I don't know (5)
-



D6 Do you think of yourself as:

- Male (1)
 - Female (2)
 - Transgender man/trans man/female-to-male (FTM) (3)
 - Transgender woman/trans woman/male-to-female (MTF) (4)
 - Genderqueer/gender non-conforming/neither exclusively male or female (5)
 - Additional gender category (please specify): (8)
-
- Don't know (6)
 - Decline to answer (7)
-

D7 What sex was originally listed on your birth certificate?

- Male (1)
- Female (2)
- Don't know (3)
- Decline to answer (4)

End of Block: Patient Demographics

Start of Block: Engaged in Care

EIC1 In the past 12 months, have you had two or more HIV medical care appointments at least 90 days apart?

- Yes (1)
 - No (2)
 - Don't know (3)
 - Decline to answer (4)
-

EIC2 Has your viral load been undetectable over the past 12 months?

- Yes (Undetectable = < 200 copies/mL at last test) (1)
- No (Detectable = > 200 copies/mL at last test) (2)
- Don't know (3)
- Decline to answer (4)

End of Block: Engaged in Care

Start of Block: At Risk of Falling Out of Care

AR1 Have you been released from jail or prison within the last 12 months (1 year)?

- Yes (1)
 - No (2)
 - Don't Know (3)
 - Decline to Answer (4)
-

AR2 Have you been unemployed for at least 3 months within the last 12 months (1 year)?

- Yes (1)
 - No (2)
 - Don't know (3)
 - Decline to answer (4)
-

AR3 In the past 12 months, have you spent the night:

(mark all that apply)

- In a house/apartment that I own or rent (14)
 - In a hotel (2)
 - In a homeless shelter or transitional shelter (1)
 - On the street or other outdoor public place (3)
 - In an abandoned building (4)
 - In a car or other vehicle (5)
 - At a friend's or family member's on a temporary basis (6)
 - In a sober living or recovery program or drug treatment program (7)
 - In jail or prison (8)
 - Other (please specify): (9)
-

AR4 During the past 12 months (1 year), has a doctor or nurse told you that you had a sexually transmitted infection, or STI, for example: herpes, gonorrhea, chlamydia, or genital warts?

- Yes (1)
 - No (2)
 - Don't know (3)
 - Decline to answer (4)
-

AR5 In the last two weeks, how often have you been bothered by the following problems?

AR6 Little interest or pleasure in doing things.

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly every day (4)
-

AR7 Feeling down, depressed, or hopeless.

- Not at all (1)
 - Several days (2)
 - More than half the days (3)
 - Nearly every day (4)
-

AR8 How many times in the last year have you had five or more drinks in a day?

- 0 times (1)
 - 1 time (2)
 - More than once (3)
 - Don't know (4)
 - Decline to answer (5)
-

AR9 In the last 12 months (1 year), did you smoke pot (marijuana), use another street drug, or use a prescription medication "recreationally" (just for the feeling, or using more than prescribed)?

- Yes (1)
 - No (2)
 - Don't know (3)
 - Decline to answer (4)
-

AR10 In the last 12 months (1 year), have you had a bad experience with an HIV health care provider or with clinic staff? For example, this could be insensitive or hostile questions that make you uncomfortable.

- Yes (1)
- No (2)
- Don't know (3)
- Decline to answer (4)

End of Block: At Risk of Falling Out of Care

Start of Block: Other Research

Q106 Are you currently enrolled in any other research studies?

- Yes (5)
 - No (6)
-

Display This Question:

If Q106 = Yes

Q107 What are the names of research studies are you currently enrolled in?

Please specify (1) _____

Please specify (2) _____

Please specify (3) _____

Please specify (4) _____

Please specify (5) _____

End of Block: Other Research



Date: _____

Time: _____

STYLE 2.0 Enrollment Checklist

- Introduction of Health Care Navigator (HCN) & Client
- Referral From
 - Completed pre-screener
 - Direct Referral – put which clinic/ASO as well
 - Doctor _____
 - ASO _____
 - Friend (YAB Member?) _____
 - Social Worker _____
 - Other: _____
- Assign client Study ID number _____
 - Update participant tracking sheet with contact information
- HCN administer Full Eligibility Screener
- Consent Form
 - HCN Review consent form with client
 - Make sure all client questions are answered
 - Client initial each page of the consent and sign the “Statement of Consent”
 - HCN sign as the person consenting
 - HCN Make a copy of the consent form to give to the client
- Client signs emergency/secondary contact form
- HCN Administer SAMISS Screener
 - Referral to Behavioral Health Provider if needed
 - HCN texts BHP
 - BHP will call HCN to schedule when with client
 - HCN will give BHP information and call to schedule
- HCN Administer Patient Survey



Date: _____

Time: _____

STYLE 2.0 Enrollment Checklist

- HMP Account Creation
- Client signs group confidentiality form
- Client completes the STYLE 2.0 Survey via Qualtrics
- Complete CLEAR Module 1
- Client has established first needs to HCN
 - Review the acuity scale document for tracking as go through
- Ensure client knows how to contact HCN
- HCN has scheduled next meeting with Client
 - Date: _____
 - Time: _____
 - Location: _____
- Payment
 - Sign form
 - Make sure HCN has email address for client to email gift card to
- HCN says goodbye and thanks client for enrolling
- HCN places all forms in lock back

HCN complete the following within 24 hours of enrolling client:

- HCN Complete Acuity Index form based on enrollment meeting
 - Add dates to calendar for follow-up acuity and SAMISS Screeners at 3 and 6 months
- Add two identifiers to each page of the consent form top right corner
 - Date of Birth
 - Name
- HCN brings consent and confidentiality forms to Research Manager office for file storage
- Complete DSAT



Date: _____

Time: _____

STYLE 2.0 Enrollment Checklist

Participant tracking information

Transfer to tracking spreadsheet ASAP and shred this paper form

Name: _____

Email address: _____

Phone number: _____

Birthdate: _____



Consent to Participate in Research Study - ADULT
STYLE 2.0 (Strength Through Youth Livin' Empowered)

CONCISE STATEMENT

This is a study to find out whether an innovative combination of in-person and online intervention components can together address barriers to medical care. Participation in the study includes will include services such as outreach, health care navigation, access to physicians and other clinic staff who provide culturally competent care, success to an online intervention, motivational interviewing, and behavioral health referrals. As part of the study, you will be asked to complete surveys that are approximately 45 minutes before beginning your regular treatment and at 6 and 12 months later. If you are interested in reading more about the study, continue reading below.

You are being asked to take part in this research study because you may benefit from a program that offers assistance in adhering to medical treatment. Research studies are voluntary and include only people who choose to take part. Please read this consent form carefully and take your time making your decision. As your study doctor or study staff discusses this consent form with you, please ask him/her to explain any words or information that you do not clearly understand. We encourage you to talk with your family and friends before you decide to take part in this research study. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

Please tell the study doctor or study staff if you are taking part in another research study.

Sara LeGrand, will conduct the study and it is funded by the Health Services and Resource Administration (HRSA). The sponsor of this study, HRSA, will pay Duke University to perform this research, and these funds may reimburse part of Sara LeGrand's salary.

WHY IS THIS STUDY BEING DONE?

The purpose of STYLE 2.0 (Strength Through Youth Livin' Empowered) is to improve HIV care continuum outcomes among HIV-positive young Black men who have sex with men (YBMSM) in the Triangle region (Durham County, Orange County, Wake County) of North Carolina (NC) and the Columbia, South Carolina area.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

Approximately 200 people will take part in this study at Duke.

WHAT IS INVOLVED IN THE STUDY?

If you agree to be in this study, you will be asked to sign and date this consent form. All participants have access to services such as outreach, health care navigation, access to physicians and other clinic staff who provide culturally competent care, access to an online intervention, motivational interviewing, and behavioral health referrals over a 12-month period. The study also includes completion of study interviews 3 times during the duration of your participation at baseline, 6, and 12 months. The interviews will take about 45 minutes to complete. The interview will ask about mental health, substance use, sexual behavior, medication use and use of health care services.

For all interviews, a trained interviewer will be there to explain the process and address any related questions. Interviews can take place at the treatment location or at an alternative location you and the

Consent to Participate in Research Study - ADULT
STYLE 2.0 (Strength Through Youth Livin' Empowered)

interviewer agree on. Information we get from you will be combined with information from others who have joined the study to help us examine the results of providing a program that offers assistance in adhering to medical treatment

To provide an additional option for support and education, the STYLE program will utilize the healthmPowerment (HMP) mobile application for participants and staff. HMP is an application designed to increase safer sex behaviors, promote health and wellness, build community and create positive norms. HMP provides users with information and resources, fosters social support, and includes game-based motivational elements. Participants will only be able to join the community after the STYLE health care navigator adds them to the group. Participation in this application is optional. You may choose to utilize the HMP application until the study is completed for all participants.

We will review your medical and mental health records. Information from these records will cover five years of your health care, from three years before you signed the consent to up to two years after. The kinds of information that we will record from your medical records will include:

- Demographics (race, gender, age)
- Updated contact information
- Lab results (including the date of first known positive HIV test)
- Appointment dates and attendance
- Recommended tests and procedures (such as treatment and adherence to those recommendations)
- HIV viral load results
- Other medical problems
- General medical problems and medications
- Information on mental health diagnoses and services

In addition, approximately 20 participants will be selected to participate in in-depth interviews with study staff at baseline and 6-and/or 12-month follow up. You may be asked to participate in two or more of three interviews that will be approximately 30-60 minutes additional to each research visit. The topics covered in these interviews will include questions around your life experiences and healthcare experiences in North and South Carolina including related to structural, social, and individual determinants of linkage and adherence to care and treatment. Interviews will be audiotaped using encrypted digital recorders and may be transcribed. Transcribed data files and audio files will be securely stored on the Duke protected network that will only be accessed by authorized study personnel.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in this study will be approximately 12 months in duration. You can choose to stop participating at any time without penalty or loss of any benefits to which you are entitled.

WHAT ARE THE RISKS OF THE STUDY?

There are no physical risks associated with this study. There is, however, the potential risk of loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. Some of the questions we will ask you as part of this study may make you feel uncomfortable. The interviewer will be prepared to support you if this should happen and to provide a

Consent to Participate in Research Study - ADULT
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referral to see a counselor if needed. You may refuse to answer any of the questions and you may take a break at any time during the study. You may stop your participation in this study at any time.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

If you agree to take part in this study, there may be direct benefit to you as a result of the services, helping you better follow your HIV care plan and improve your overall health as a result, however this cannot be guaranteed. We hope that in the future the information learned from this study will benefit other people with your condition.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?

Participation in research involves some loss of privacy. We will do our best to make sure that information about you is kept confidential, but we cannot guarantee total confidentiality. Your personal information may be viewed by individuals involved in this research and may be seen by people including those collaborating, funding, and regulating the study. We will share only the minimum necessary information in order to conduct the research. Your personal information may also be given out if required by law.

Your records may be reviewed in order to meet federal or state regulations. Reviewers may include representatives and affiliates of the Health Resources and Services Administration (HRSA), the Duke University Health System Institutional Review Board, and others as appropriate. If any of these groups review your research record, they may also need to review your entire medical record.

The Department of Health and Human Services (HHS) has issued a Certificate of Confidentiality to further protect your privacy. With this Certificate, the investigators may not disclose research information that may identify you in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings, unless you have consented for this use. Research information protected by this Certificate cannot be disclosed to anyone else who is not connected with the research unless: there is a law that requires disclosure (such as to report child abuse or communicable diseases but not for legal proceedings); you have consented to the disclosure, including for your medical treatment; or the research information is used for other scientific research, as allowed by federal regulations protecting research subjects.

Disclosure is required, however, for audit or program evaluation requested by the agency that is funding this project or for information that is required by the Food and Drug Administration (FDA).

You should understand that a Confidentiality Certificate does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If you want your research information released to an insurer, medical care provider, or any other person not connected with the research, you must provide consent to allow the researchers to release it. This means that you and your family must also actively protect your own privacy.

The study results will be retained in your research record for at least six years after the study is completed. At that time either the research information not already in your medical record may be

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destroyed or information identifying you will be removed from such study results at DUHS. Any research information in your medical record will be kept indefinitely.

While the information and data resulting from this study may be presented at scientific meetings or published in a scientific journal, your name or other personal information will not be revealed. De-identified data collected during this study may be made public or used for future research purposes.

Some people or groups who receive your health information might not have to follow the same privacy rules. Once your information is shared outside of DUHS, we cannot guarantee that it will remain private. If you decide to share private information with anyone not involved in the study, the federal law designed to protect your health information privacy may no longer apply to the information you have shared. Other laws may or may not protect sharing of private health information.

WHAT ARE THE COSTS TO YOU?

The costs of participation are the time it takes to travel to and participate in the program.

WHAT ABOUT COMPENSATION?

You will receive counseling, health care navigation and support as part of this research study. The sponsor, HRSA, will pay for your services. As compensation for participation, you will receive \$50 gift card for completion of the baseline survey and a \$35 gift card for completion of surveys at 6 and 12 months during the study.

If you participate in one or more of the additional in-depth interviews with study staff at baseline, 6- and/or 12-months you will receive a \$35 gift card for each interview you complete.

WHAT ABOUT MY RIGHTS TO DECLINE PARTICIPATION OR WITHDRAW FROM THE STUDY?

You may choose not to be in the study, or, if you agree to be in the study, you may withdraw from the study at any time. If you withdraw from the study, no new data about you will be collected for study purposes other than data needed to keep track of your withdrawal. All data that have already been collected for study purposes will be sent to the study sponsor.

Your decision not to participate or to withdraw from the study will not involve any penalty or loss of benefits to which you are entitled, and will not affect your access to health care. If you do decide to withdraw, we ask that you contact Dr. LeGrand in writing and let her know that you are withdrawing from the study. Her mailing address is Center for Health Policy and Inequalities Research Duke University, 310 Trent Drive, Box 90392, Durham NC 27708.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or a research-related injury, or if you have problems, concerns, questions or suggestions about the research, contact Dr. Sara LeGrand at (919) 438-0448. For questions about your rights as a research participant, or to discuss problems, concerns or suggestions related to the research,

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or to obtain information or offer input about the research, contact the Duke University Health System Institutional Review Board (IRB) Office at (919) 668-5111.

STATEMENT OF CONSENT

"The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask questions, and my questions have been answered to my satisfaction. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the research, or to obtain information or offer input about the research. I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time. I have been told that I will be given a signed and dated copy of this consent form."

Signature of Subject

Date

Time

Signature of Person Obtaining Consent

Date

Time

Name:

Gender: M F

Phone Number: () - -

Date of Birth: - - - - -

Date of Visit: - - - - -

Street Address:

City, Zip Code:

Case Manager:

County: _____

ID Clinic:

INTERVIEWER: "I will be asking you some questions regarding substance use and mental health issues. Because of the type of questions I will be asking you, they may cause you some embarrassment. Depending on your answers, you may be eligible for treatment services and/or be contacted by a research person about being in a research study."

Patient gave verbal consent to administer screener

SA Screener

1. How often do you have a drink containing alcohol? (*Alcoholic drinks include one beer, one glass of wine, a mixed drink of hard liquor, or one wine cooler. Each of these counts as one drink, unless they have double shots, which would equal two drinks.*) **(If you do not drink, go to question #4.)**

- | | | | | | |
|---|--------------------------|-------------------|---|--------------------------|------------------------|
| 0 | <input type="checkbox"/> | Never | 3 | <input type="checkbox"/> | 2-3 times a week |
| 1 | <input type="checkbox"/> | Monthly or less | 4 | <input type="checkbox"/> | 4 or more times a week |
| 2 | <input type="checkbox"/> | 2-4 times a month | | | |

2. How many drinks do you have on a typical day when you are drinking?

- | | | | | | |
|---|--------------------------|--------|---|--------------------------|------------|
| 0 | <input type="checkbox"/> | 1 or 2 | 3 | <input type="checkbox"/> | 7 to 9 |
| 1 | <input type="checkbox"/> | 3 or 4 | 4 | <input type="checkbox"/> | 10 or more |
| 2 | <input type="checkbox"/> | 5 or 6 | | | |

3. How often do you have four or more drinks on one occasion?

- | | | | | | |
|---|--------------------------|-------------------|---|--------------------------|-----------------------|
| 0 | <input type="checkbox"/> | Never | 3 | <input type="checkbox"/> | Weekly |
| 1 | <input type="checkbox"/> | Less than monthly | 4 | <input type="checkbox"/> | Daily or almost daily |
| 2 | <input type="checkbox"/> | Monthly | | | |

4. In the past year, how often did you use non-prescription drugs to get high or to change the way you feel?

- | | | | | | |
|---|--------------------------|-------------------|---|--------------------------|-----------------------|
| 0 | <input type="checkbox"/> | Never | 3 | <input type="checkbox"/> | Weekly |
| 1 | <input type="checkbox"/> | Less than monthly | 4 | <input type="checkbox"/> | Daily or almost daily |
| 2 | <input type="checkbox"/> | Monthly | | | |

5. In the past year, how often did you use drugs prescribed to you or to someone else to get high or change the way you feel?

- | | | | | | |
|---|--------------------------|-------------------|---|--------------------------|-----------------------|
| 0 | <input type="checkbox"/> | Never | 3 | <input type="checkbox"/> | Weekly |
| 1 | <input type="checkbox"/> | Less than monthly | 4 | <input type="checkbox"/> | Daily or almost daily |
| 2 | <input type="checkbox"/> | Monthly | | | |

6. In the last year, how often did you drink or use drugs more than you meant to?

- | | | | | | |
|---|--------------------------|-------------------|---|--------------------------|-----------------------|
| 0 | <input type="checkbox"/> | Never | 3 | <input type="checkbox"/> | Weekly |
| 1 | <input type="checkbox"/> | Less than monthly | 4 | <input type="checkbox"/> | Daily or almost daily |
| 2 | <input type="checkbox"/> | Monthly | | | |

7. How often did you feel you wanted or needed to cut down on your drinking or drug use in the last year, and not been able to?

- | | | | | | |
|---|--------------------------|-------------------|---|--------------------------|-----------------------|
| 0 | <input type="checkbox"/> | Never | 3 | <input type="checkbox"/> | Weekly |
| 1 | <input type="checkbox"/> | Less than monthly | 4 | <input type="checkbox"/> | Daily or almost daily |
| 2 | <input type="checkbox"/> | Monthly | | | |

FOR OFFICE USE ONLY:

Medical Record or History Number:

AUDIT: | | | Use: |

Control: | |

Q1-3: + ≥ 5 Q4-5: + ≥ 3

Q6-7: + ≥ 1

MH Screener

Medications/Antidepressants

8. During the past 12 months, were you ever on medication/antidepressants for depression or nerve problems?

- 1 YES
2 NO

Major Depression

9. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

- 1 YES
2 NO

10. During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- 1 YES
2 NO

Generalized Anxiety Disorders

11. During the past 12 months, did you ever have a period lasting 1 month or longer when most of the time you felt worried and anxious?

- 1 YES
2 NO

Panic Disorder

12. During the past 12 months, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?

- 1 YES
2 NO

13. During the past 12 months, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath? **[If respondent volunteers "only when having a heart attack or due to physical causes," mark "NO".]**

- 1 YES
2 NO

Mental Health History

14. Have you ever seen a mental health or substance abuse professional for problems with emotions, nerves, drugs, alcohol or mental health?

- 1 YES
2 NO

15. Have you ever stayed overnight in a hospital because of problems with emotions, nerves, drugs, alcohol or mental health?

- 1 YES
2 NO

16. Has anyone ever expressed concern about your problems with emotions, nerves, drugs, alcohol or mental health?

- 1 Yes-- Relationship to client:
_____ 2 No

FOR OFFICE USE ONLY: **MH:** + = yes to any question 8-16

Positive for both SA and MH
 Negative for both SA and MH

Positive for SA but not MH
 Positive for MH but not SA

** The respondent is eligible for services and the study if s/he screened positive in the categories of:
*AUDIT, Use and/or Control (from SA Screener) AND MH (from MH Screener).***

STYLE 2.0 Acuity Index (adapted from Wake County Human Services):

Acuity Scale:

| 1 | 2 | 3 | 4 | 5 | Points | Provider Notes |
|--|--|---|---|---|--------|----------------|
| Medical Home/Adherence to Medical Appointments | | | | | | |
| Completely engage in care | Misses some appointments, but reschedules and keeps rescheduled appointments. | Established care 6 months or longer missed at least one appointment. | Established care in last 6 month but misses appointments or repeated DNKAs. | Newly diagnosed no medical home established or uses ER as medical home. | | |
| HIV Disease Progression | | | | | | |
| Virologically stable (CD4>200 and viral load is undetectable),no history of opportunistic infections or hospitalizations | Virologically stable, had at least one opportunistic infection or hospitalization in past | Almost virologically stable and/or had one or more opportunistic infections, one or more hospitalizations in last 12 months | Not virologically stable, had one or more opportunistic infections, one or more hospitalizations in last 6 months | Not virologically stable, current opportunistic infection and/or in hospital; newly diagnosed | | |
| Disease Co-morbidities | | | | | | |
| No co-morbidities or chronic co-morbidities managed with treatment program | Chronic co-morbidities that are not well managed, working with medical care on treatment program | Chronic co-morbidities identified and being referred to proper medical care | Co-morbidities could be managed with medical care and treatment | Completely unmanaged or acute co-morbidities | | |
| HIV Knowledge | | | | | | |
| Client is able to articulate a clear knowledge of HIV including transmission, prevention and progression | Client is able to articulate some knowledge of HIV including transmission, prevention, and progression | Client exhibits limited knowledge of HIV and is able to articulate at least one aspect of disease transmission, prevention or progression | Client exhibits very little knowledge of HIV and will need some assistance understanding disease transmission, prevention and progression | Client exhibits no understanding of HIV and will need assistance understanding disease transmission, prevention and progression | | |

| 1 | 2 | 3 | 4 | 5 | Points | Provider Notes |
|---|--|---|--|--|--------|----------------|
| Health Literacy | | | | | | |
| Client has the capacity to obtain process and understand health and/or prescription information with no assistance. | Client can read most health and/or prescription information with some assistance occasionally | Client can read and comprehend very basic health and/or prescription information with assistance | Client cannot translate basic written health and/or prescription information, needs assistance | Client is cognitively impaired and needs assistance to understand all health and/or prescription information | | |
| Knowledge of medication | | | | | | |
| Client knows what medications they are taking, how to take them, their purpose and is able to refill them without assistance. | Client knows what medications they are taking, how to take them and purpose. Needs assistance with refills. | Client knows what medications they are taking by pointing to pictures, how to take them and their purpose. Needs assistance with refills. | Client knows he/she is taking medications. Needs assistance with refills. | Client has no knowledge of what medications they are taking, how to take them or their purpose. | | |
| Treatment Support | | | | | | |
| Client has strong support from family, friends and peers; and client has disclosed status to support system | Client has strong support system from family, friends and peers, but not everyone in system is aware of status | Client has a small support system from family, friends and peers, but only one or two know status | Client reports one person that knows status and is very supportive | Client reports no support system | | |
| Medication Adherence | | | | | | |
| Client takes medications as prescribed every day. | Client reports taking medications 95% of the time or has only missed one dose in 30 days. | Client reports taking medications 90% of the time and has missed <3 doses in 30 days. | Client reports taking medications 85% of the time and has missed <5 doses in 30 days. | Client reports taking medications <70% of the time whether reminder is given or not or client needs professional assistance to take medications OR | | |

| | | | | | | |
|--|---|--|--|--|---------------|-----------------------|
| | | | | client not taking medications. | | |
| 1 | 2 | 3 | 4 | 5 | Points | Provider Notes |
| Any Medication Side Effects | | | | | | |
| No reported side effects or has what is needed to treat side effects. Not effecting adherence. | One or two side effects and has what is needed to treat them. Not effecting adherence. | Three or more side effects and has what needed to treat them. Not effecting adherence. | One or two side effects, does not have what needed to treat them and effecting adherence. | Severe side effects. Effecting adherence. | | |
| Health Insurance | | | | | | |
| Adequate Coverage | Has some insurance but not 100% coverage, needs assistance | Medical Benefit applied for and waiting for approval | Not eligible for most medical benefits will need yearly assistance for minimal benefits. | No Insurance at all | | |
| Medication Coverage | | | | | | |
| Client has complete medication coverage | Client has Medicaid OR Medicare Part D and ADAP | Client has limited coverage with insurance OR just Medicare Part D | Client has just ADAP or uses prescription assistance programs. | Client has no medication coverage | | |
| Mental Health | | | | | | |
| Client self-reports no history of mental illness OR has not been diagnosed OR exhibits no concerning behavior. | Client reports having a diagnosis or history of mental illness, but is stable and compliant with treatment. | Client has been diagnosed with mental illness, is in treatment, but not compliant with treatment. | Client has been diagnosed with mental illness and is not in treatment. | Client exhibits behavior that indicates client is danger to self or others. Client is in crisis. | | |
| Addiction | | | | | | |
| Client reports no past or present issues with addictions or substance abuse. | Client reports past problems with substance abuse or addiction, but has been in recovery >1 year | Client reports past problems with substance abuse or addiction and has been in recovery/treatment <1 year. | Client reports or exhibits behavior of active, current substance abuse or addiction and is willing to seek help. | Client reports or exhibits behavior of active, current substance abuse or addiction and | | |

| | | | | is not willing to seek treatment. | | |
|--|---|--|--|--|--------|----------------|
| 1 | 2 | 3 | 4 | 5 | Points | Provider Notes |
| Risk reduction | | | | | | |
| Client abstains from risky behavior of any type by practicing safer practices or has no recent report of STDs. | Client abstains from unsafe risky behavior of any type <20% of the time and has no recent report of STDs. | Client practices unsafe risky behavior of any type 20 – 50% of the time or has had a recent history of STDs. | Client practices unsafe risky behavior of any type 50 – 75% of the time or has had a recent history of STDs. | Client practices risky behavior of any type >75% of the time and/or has had a recent STDs. | | |
| Activities of Daily Living (ADLs) | | | | | | |
| Client is independent in all areas of ADLs and doesn't need assistance at this time. | Client needs assistance occasionally, but overall independent. | Client needs assistance in no more than 2 areas of ADLs and needs at least 4 hours of assistance a day. | Client needs assistance in more than 3 areas of ADLs and needs at least 4 hours of assistance a day. | Client is completely dependent on others for all ADLs. | | |
| Nutritional needs | | | | | | |
| Client reports no eating problems and/or issues obtaining food. | Client reports no eating problems. Has lost/gained some weight by on accord. | Client reports some eating problems and/or obtaining food. | Client reports having some eating problems and has lost/gained weight without trying to lose/gain | Client reports severe eating problems, has had significant weight loss/gain without trying to lose/gain weight or has been diagnosed with wasting syndrome | | |
| Oral Health Needs | | | | | | |
| Client is currently active in dental care and reports no mouth issues, practices daily oral hygiene and has seen a dentist within the last 6 months. | Client is active in dental care, practices daily oral hygiene, but has not seen a dentist in one year. | Client reports no dental provider and practices daily oral hygiene. | Client has no dental provider, has no current mouth issues, but is not practicing daily oral hygiene. | Client is no dental provider, is reporting current mouth issues, can't eat or take medication due to mouth pain | | |

| | | | | and/or has severe tooth decay. | | |
|---|--|---|--|--|--------|----------------|
| 1 | 2 | 3 | 4 | 5 | Points | Provider Notes |
| Financial | | | | | | |
| Client has a steady, stable income and is able to meet financial obligations and basic needs. | Client's income may occasionally be inadequate to meet basic needs. | Client has some income, but income is not stable or steady. Client meets basic needs using outside resources occasionally. Client is looking for a job or is applying for disability. | Client has no income and can't meet basic needs without using outside resources. Client is looking for jobs or currently awaiting disability determination | Client has no income, can't meet basic needs and currently is in crisis. | | |
| Living situation | | | | | | |
| Client is in permanent housing and is not in danger of losing housing. | Client is in permanent housing and occasionally needs assistance to pay rent or utilities. | Client is in unstable housing and constantly needs assistance to pay rent and/or utilities. | Client is in transitional housing and getting ready to move out. Client is staying "on the couch" of family or friends. | Client is homeless, living in shelter or car. Client is unable to live independently and needs to be placed in a facility. | | |
| Legal issues | | | | | | |
| Client has no present or past legal issues. | Client needs assistance completing applicable advanced directives | Client has history of legal issues that could affect stability | Client just released from prison or jail | Client is experiencing a legal crisis, is currently incarcerated or has extensive criminal history | | |
| Dependents | | | | | | |
| Client has no dependents living with him/her or needs no assistance with dependents | Client has 1 or 2 dependents living with him/her and client needs minimal assistance with dependents | Client has 3 or less dependents living with him or her and needs MCM assistance to not fall into crisis | Client has 3 or more dependents living with him or her and client is experiencing a current crisis | Client is no longer able to care for dependents | | |

| 1 | 2 | 3 | 4 | 5 | Points | Provider Notes |
|--|---|---|--|---|--------|----------------|
| Children | | | | | | |
| Client has no children living with him or her | Client has children living with him or her and is in need of occasional assistance | Client has children living with him or her and is in need of parenting classes OR permanency planning or assistance disclosing status to children | related to dependents Client has children living with him or her and is in crisis OR has a child with special needs | Client is no longer able to care for children | | |
| Domestic Violence | | | | | | |
| Client reports no domestic violence | Client reports history of domestic violence with past partners, but not currently in abusive relationship | Client reports domestic abuse in the past twelve months from current partner | Client reports recent history of domestic violence with current partner OR has been recently removed from abuser. | Client reports that he/she is currently engaged in physically, sexually and/or emotionally abusive relationship and feels life is in danger of violence | | |
| Cultural/Linguistic | | | | | | |
| Client has no language barriers or problems and is capable of high level functioning | Client rarely needs interpreters assistance | Client needs occasional assistance in understanding complicated forms OR help from translator or sign interpreters | Client is often in need of translation services or sign interpretation to operate within the continuum of care or to understand complicated medical concepts | Client is completely unable to understand or function in continuum of care system OR client is in crisis situation and in need of immediate linguistic services | | |

| 1 | 2 | 3 | 4 | 5 | Points | Provider Notes |
|---|--|--|--|---|--------|----------------|
| Transportation | | | | | | |
| Fully self-sufficient, reliable transportation, has no physical or cognitive disabilities limiting transportation and has full access to transportation | Client is mostly self-sufficient and has access to public or private transportation and navigate within own area, but not outside of area appointments | Client has access to public or private transportation, but cannot navigate within own area or outside area | Client has access to public or private transportation, but needs a lot of assistance navigating system due to physical or cognitive disability | Can't navigate transportation system due to extreme physical or cognitive disabilities OR has no access to private or public transportation | | |
| Disclosure | | | | | | |
| Client has no issues with disclosing status to anyone | Client has disclosed status to mostly everyone in support system | Client has disclosed status to some of their support system | Client has disclosed status to one or two people in support system | Client has disclosed status to no one | | |

Scoring:

| | | | | |
|---------------------------------|--|--|-----------------------|---|
| 24 - 35 | Medically stable without Medical Case Management (MCM) assistance | Able to manage supportive needs without assistance | Self-management | Face to Face at least once every 6 months for reassessment – phone contact as needed |
| 35 - 50 | Medically stable with minimal MCM assistance | Able to manage supportive needs with minimal MCM assistance EXCEPT when in crisis | Short Term management | Face to face as needed to divert crisis and every 6 months for reassessment – phone contact as needed |
| 50 -80 | At risk of becoming medically unstable without MCM assistance | Able to manage some supportive needs without assistance but needs MCM assistance for other needs | Basic Management | Face to face at least once every other month or as needed – phone contact as needed |
| 80 – 100 OR HOPWA voucher | One appointment away from becoming medically unstable without MCM assistance | Support systems are not adequate to meet client’s immediate needs without MCM assistance | Moderate Management | Face to face at least every month – phone contact as needed |
| 100 – 120 OR Newly Diagnosed | Medically unstable and in need of comprehensive MCM assistance OR cognitively or physically challenged | Has no support system in place and unable to manage supportive needs without MCM assistance | Intensive Management | Face to face at least every other week – phone contact as needed |

Secondary Contact Form

Client ID _____

We would like to ask you to provide the study with contact information for up to three people who know you well enough that they would know how to find you if you were to move or change phone number. For STYLE 2.0 to be a successful study, we need participants to complete all three research visits in the 12 months that they are in the study. Having complete information will allow us to better evaluate the project.

Since people move or change phone numbers we want to make sure we have ways to communicate with you if you don't call us to change your contact information in time.

We will **only** contact these people if we not able to locate you by phone or email. We will **not** share with your contacts any of your research information. We're also asking that you sign this document that you are giving them permission to share your current contact information with study staff.

Do you have any questions?

(Name) _____ (Number) _____

(Name) _____ (Number) _____

(Name) _____ (Number) _____

In addition, please provide a contact name and number for us to contact in case of an emergency. Please note, we will only contact this person in an emergency and will not share with this person any of your research information. We're also asking that you initial this statement you are giving the STYLE 2.0 study team permission to contact this person on your behalf in an event of an emergency. _____(initial)

(Name) _____ (Number) _____

What is their relationship to you? _____

(Client Signature)

(Date)

Group Members Confidentiality Agreement

Confidentiality is a trust of privacy or secrecy of communication and information. This agreement is an attempt to provide you and your fellow group members with as much confidentiality protection as possible. It is with great confidence that we encourage the facilitator, you, and your fellow group members to not disclose any participant's identity which include names, physical descriptions, biological information, conversations, and specifics to group interactions within this group. This also include telling friends, family, roommates, significant others and any other person that is not a member of this group. Additionally, includes taking screen shots, live feeds while participating in groups and posting them on any social media platform, including dating apps such as Jack'd, Grindr, Scruff etc.

While participating in the group we do wish you to be respectful of each person in the group. We ask that you please follow the following rules as it pertains to your group of choice:

- No physical contact of any kind is permitted within the group setting.
- Cell phones will be on silent while in group.
- No alcohol or drugs will be permitted at group locations.
- Respect each other's time by staying on topic.
- Let people complete their thought process/ question before responding.
- It is ok to feel, so if you must excuse yourself for a few minutes please do without interrupting the rest of the group.

By signing this agreement, I agree that I have read carefully and understand everything in the Group Agreement and agree to the terms and conditions as written. I have asked and had answered any questions I have concerning these Group Agreements and am aware that signing the agreement is required for my admission to the group. Additionally, I agree that I will not disclose anyone's identity inside of this group and that by doing so I forfeit from participating in that group for my actions.

Add participant ID here.

Sign here.

Strength Through Livin' Empowered 2.0 (STYLE 2.0)

Memorandum of Agreement

What follows is an agreement between the Center for Health Policy and Inequalities Research (hereinafter referred to as CHPIR) and Advance Community Health (hereinafter referred to as ACH) to develop a collaborative partnership for the purpose of participating in the STYLE 2.0 project funded by the Health Services and Resources Administration (HRSA), Special Projects of National Significance (SPNS) (hereinafter referred to as STYLE 2.0) on improving retention in HIV care for young black men who have sex with men.

STYLE 2.0 is a 3-year HRSA funded SPNS initiative to improve HIV care continuum outcomes among HIV-positive young Black men who have sex with men (YBMSM) in the Triangle region (Durham County, Orange County, Wake County) of North Carolina (NC). The project includes an innovative combination of in-person and online intervention components that together, address barriers to engagement in the HIV care continuum among YBMSM. The target population for the project includes HIV positive, black cisgender men who have sex with men, ages 18-35 who meet criteria for being newly diagnosed/new to care, never entered care, fallen out of care, at risk of falling out of care, or not virally suppressed.

No services provided by the STYLE 2.0 team are billable to any insurance or individual. Funding for the STYLE 2.0 health care navigator and research team members is provided by the HRSA SPNS grant H97HA31806. No funding is included in the HRSA contract to pay individual sites for research space.

Scope of Work/Terms:

CHPIR agrees to:

1. Provide the STYLE 2.0 program for eligible ACH patients including all aspects of in-person and online components including but not limited to:
 - STYLE 2.0 Virtual Components HealthMpowerment.org (HMP)
 - HMP provides users with information and resources, fosters social support, and includes game-based motivational elements. HMP will be adapted for STYLE 2.0 and serve as the platform for delivery of virtual intervention components including:
 - Forum
 - Provider Messaging
 - Online Support
 - Videoconferencing
 - User Profile
 - MPower Yourself
 - Health Care Navigator
 - Medical-Social Support Network
 - Ancillary Support Services

- Mental Health/Substance Use Intervention (multi-session motivational interviewing intervention that aims to successfully refer participants to existing behavioral health services)
- Support Groups

ACH agrees to:

1. Provide space when available for STYLE 2.0 enrollment and research visits generally lasting approximately 2 hours per visit and will generally occur during Dr. Swygard’s office hours;
2. Allow STYLE 2.0 staff to attend medical appointments with patients at the patient’s request;
3. Make available a medical record release form for patients to sign to give the STYLE 2.0 team access to their medical record to abstract data including:
 - Demographics (race, gender, age)
 - Updated contact information
 - Lab results (including the date of first known positive HIV test)
 - Appointment dates and attendance
 - Recommended tests and procedures (such as treatment/adherence to recommendations)
 - HIV viral load results
 - Other medical problems
 - General medical problems and medications
 - Mental Health appointments scheduled and attended

Term of the Agreement, Modifications, Assignment or Termination

This agreement is effective on April 1, 2019 and terminates on July 31, 2021.

This agreement is not assignable in whole or part by either party without the express written permission of the other party.

This agreement represents the entire understanding of the parties with respect to the subject matter, replacing any previous communication whether written or oral.

Any modifications of this agreement must be executed in writing signed by both parties.

This agreement shall be construed, interpreted and applied in accordance with the laws of the State of North Carolina.

This agreement is entered into this _____ day of _____, 2019.

For CHPIR:

Signature

Title

Printed Name

For ACH:

Signature

Title

Printed Name

Style 2.0 Enrollment Protocol

New Client Enrollment Protocol (Duke ID)

For Newly Diagnosed Individuals/ Individuals who have fallen out of care. The following are the next steps for linking the client back into care. The Health Care Navigator (HCN) must find out how the clinic defines fallen out of care. Client may be within the lines of being considered still in care. HCN May have to go with client for the first two visits.

- I. Set Up an appointment as a New Client.
 - a. Client should receive Date and Time of appointment – call Duke Clinic number 919-681-6261 or 919-668-3197. Last resort is Dr. McKellar 919-613-6129
 - b. If the client calls, the appointment should be with a Social Worker within 48 hours after the call.
- II. HCN will take client to appointment on the appointment date. (Parking- project can pay for HCN mileage and parking)
- III. Upon arrival Client will need to check in.
 - a. If Client has been to the clinic to reestablish care client will have to resign confidentiality agreement form because they are now enrolling through the study.
 - b. If Client is new or transferring Client will need to sign confidentiality agreement form.
 - i. Client will be given a copy for his records in a secured envelope.
- IV. Client will wait in the waiting room until called.
- V. Client will then be called in by the Clinical Social Worker
 - a. Social worker will provide an assessment Interview.
 - b. Social worker will provide referrals to resources that the client needs.
 - i. If Necessary the client will be referred to the M.H. or SA Counselor where they will schedule an appointment with MH or SA Counselor. The MH/ SA Counselor will see the patient within 48 hrs. *This depends on the schedule of the client.
 - c. Client will be assigned a doctor and given date of first appointment.
 - i. It is encouraged to make sure the client knows the date
 - ii. Reminder Cards or storing in Cell phone would be ideal.
 - iii. Client will spend approximately 1:30 minutes with the social worker.
 - d. Client will then start the lab work.
 - i. Urine sample
 - ii. Blood Work
 - e. Client will check out of the appointment at the front desk.
- VI. Medical Case Manager
 - a. Depending on the visit the client may be able to see Rachel or Rhoda on the day of the first appointment. This is who the client sees if they do not have insurance.
 - i. Depending on the assigned doctor's name, they will either be assigned to Rachel or Rhoda.
 - ii. If the patient is falling out of care they will need to see the assigned doctor first. Contact Amy first and then proceed as this may be a case by case situation.
 - b. Client can sign up for Ryan White Services if they fit the description
 - c. Client can sign up for HMAP (ADAP)

Style 2.0 Enrollment Protocol

- d. HOPWA Referral can be made to the Case Manager of the county where the client will receive services.
 - e. After the Medical Case Manager see's the client, the client is free to go.
- VII. Next Visit
- a. Client will have to wait 3-6 weeks before next visit.
 - b. The Labs should be in for the Doctor's review
 - c. If the client is eligible for HMAP, the client will see the doctor and be prescribed medication on this visit.
 - i. If application for HMAP is still in review or has not been approved and will resubmit application; facility should use other funds for emergency medical use.
 - ii. If approved client can receive medication from Pharmacy of Choice.
 - 1. Walgreens Specialty pharmacy or
 - 2. Delivered to clients address.
 - 3. Patients can also get medication from pharmacy in clinic. *This is if the client gets approval from their doctor to start medication right away.
 - 4. Any pharmacy that the client feels comfortable using.
 - d. If transferring care
 - i. If the patient has all paperwork they can use previous records to start medication.
 - ii. Private insurance patients can receive help with medication through the in-clinic pharmacy to help them pay for their medication.

STYLE 2.0 Protocol

- I. If the Client has been referred by the clinic, the Clinical Social Worker will contact the Health Care Navigator about someone at the risk of falling out of care.
- II. The Health Care Navigator will come in and meet with the client.
 - a. Will HCN meet the client in the clinic or will the HCN schedule a meeting with the client?
 - i. It depends – SW can call HCN into clinic if client is interested in more information
 - 1. HCN can do screener and if client is willing and has more hours then can enroll – check with Sara about this, would this be too overwhelming
 - ii. SW can call HCN if not available schedule a phone call screener and then if client screens positive, HCN and client schedule a time/place for enrollment
 - iii. SW can just refer client to HCN or tell client they will have HCN call them
 - b. Will the HCN meet after the SW meets client or after current doctor's appointment? – after SW, but before provider visit is when HCN meets client
- III. HCN screens client for eligibility
- IV. If eligible offer chance to do enrollment visit or schedule a future time/place
 - a. Can't do enrollment over the phone
- V. Enrollment Visit
 - a. Consent

Style 2.0 Enrollment Protocol

- b. Acuity Index
 - c. SAMISS (SA/MH Screener) – if screen positive refer to Amy at end of visit
 - d. Survey
 - e. Health Mpowerment enrollment
- VI. After the assessment, the Health Care Navigator will start connecting the client to other resources that he may need.
- a. Transportation
 - b. Housing
 - c. Food/Soup Kitchens
 - d. General Case Management
 - e. Substance Abuse Services
- VII. Research Visits
- a. 6 months
 - b. 12 months

STYLE 2.0 UNC Protocol

UNC Eligibility:

- **HIV Status:** HIV positive
- **Age:** 18-35
- **Ethnicity/Race:** Black
- **Sexual behavior:** Men who have sex with men
- **Gender identity/expression:** Cisgender men
- **HIV Care status:**
 - Newly diagnosed/new to care, having tested positive for the first time within the last 12 months;
 - Never entered into care, having been diagnosed more than 12 months ago and never had an HIV medical care visit;
 - Fallen out of care, having been diagnosed with HIV more than 12 months ago, but with a gap in HIV care greater than 6 months within the last 24 months;
 - At risk of falling out of care, may include, but is not limited to, ongoing behavioral health issues such as mental health and/or substance use disorders, a history of irregular engagement in care, housing and/or employment instability, a history of sexually transmitted infections, or other factors as recommended by the medical or support staff;
 - Not virally suppressed.
- **Location:**
 - Need to be receiving care or planning to receive care at UNC ID clinic
 - Can live outside the Triangle region as long as care is received inside the Triangle

Referrals:

1- UNC Research Coordinator

- a. Reviews patient eligibility based on who is being seen in clinic that day
- b. Shares information on project to those eligible
- c. Those that are interested, research coordinator can refer names to Brian for follow-up

2- UNC Part D Social Worker

- a. Emily can refer to Brian as she identifies clients she is working with that would benefit from the additional services that STYLE 2.0 is able to offer

3- SBCs

- a. Currently unavailable due to new State IRB, still in conversations about this

STYLE 2.0 Enrollment

- 1- If HCN is available in person after referral, HCN will meet with client in person to discuss the project and administer the screener
 - a. If not available in person, the person referring can ask the client for permission to have the HCN contact him, if he agrees HCN will contact client to either administer the screener or set up a time to discuss the project and administer the screener
 - i. If client does not agree to have HCN contact them, person referring can share HCN contact information and link to the screener and encourage client to contact HCN

- 2- HCN will administer the STYLE 2.0 eligibility screener
 - i. If client screens positive, HCN and client will either continue the enrollment process or schedule a time and place for enrollment.
 1. Enrollment must be in person and not over the phone.
- 3- Enrollment Visit
 - a. Enrollment visit will take approximately 2 hours
 - b. Consent
 - c. Acuity Index
 - d. SAMISS (SA/MH Screener) – if screen positive refer to the Behavioral Health Counselor at end of visit.
 - e. Evaluation Survey
 - f. Health Mpowerment (HMP) enrollment
- 4- After the assessment, the Health Care Navigator will start connecting the client to other resources that he may need:
 - a. Emphasis will be put on resources outside of UNC's current referrals including:
 - i. Virtual components
 1. Support Groups – mainly focus on social support, not focusing on the therapeutic side
 2. Forum for discussion
 3. Access to HMP content including information on various healthcare, HIV, and support topics
 4. Available as long as the project is running
 - ii. HCN
 1. Appointment attendance as needed
 2. On-going peer support
 3. Access to community information
 4. Intense involvement with STYLE 2.0 and HCN for 6 months
 - b. MI Sessions with STYLE 2.0 behavioral health provider, and if appropriate MH/SA referral
- 5- Research Visits
 - a. Occur at 6 and 12 months
 - b. Consist of:
 - i. Acuity Index
 - ii. SAMISS
 - iii. Evaluation Survey
 - iv. Optional: Qualitative Interview

Other Information:

- **Provider Champions**
 - Amy Durr and Christopher Hurt can act as provider champions to BMSM and Brian can contact them as needed
- **Additional Information**
 - Emily shared UNC Clinic Services List and referral form for Brian to use if he is contacted by a new to care client who would like to receive HIV care at UNC

STYLE 2.0 USC Protocol

USC Eligibility:

- **HIV Status:** HIV positive
- **Age:** 18-35
- **Ethnicity/Race:** Black
- **Sexual behavior:** Men who have sex with men
- **Gender identity/expression:** Cisgender men
- **HIV Care status:**
 - Newly diagnosed/new to care, having tested positive for the first time within the last 12 months;
 - Never entered into care, having been diagnosed more than 12 months ago and never had an HIV medical care visit;
 - Fallen out of care, having been diagnosed with HIV more than 12 months ago, but with a gap in HIV care greater than 6 months within the last 24 months;
 - At risk of falling out of care, may include, but is not limited to, ongoing behavioral health issues such as mental health and/or substance use disorders, a history of irregular engagement in care, housing and/or employment instability, a history of sexually transmitted infections, or other factors as recommended by the medical or support staff;
 - Not virally suppressed.
- **Location:**
 - Need to be receiving care or planning to receive care at USC ID clinic
 - Can live outside the region as long as care is received at USC
- **Target Number:**
 - Overall project goal is 150 participants
 - USC goal 50-75 participants

Referrals:

1- USC Research Recruiter

- a. Reviews participant eligibility based on who is being seen in clinic that day
- b. Emails STYLE 2.0 Health Care Navigators (HCNs) to share appointment times of those eligible for the day
- c. Shares information on project to those eligible
- d. Those that are interested, recruiter can refer to HCNs with an immediate phone or Zoom call
- e. If not interested in an immediate meeting, with help from recruiter, participant can immediately log into pre-screener (5 questions) to link contact information to STYLE 2.0 HCNs
- f. If neither option available recruiter can ask permission to share contact information with HCNs to provide follow-up and hand them a palm card to take with them

2- USC Medical Providers/Social Workers

- a. Medical providers can refer directly to HCN as they identify clients they are working with that would benefit from the additional services that STYLE 2.0 is able to offer
- b. When possible with help from provider, participant can immediately log into pre-screener (5 questions) to link contact information to STYLE 2.0 HCN

3- Clinic Lists

- a. Clinic out of care lists can be reviewed and identify individuals that meet the STYLE 2.0 criteria, these individuals can be referred to STYLE 2.0 HCNs
- b. Clinic lists of individuals who currently don't have an upcoming appointment scheduled in the next few months, but meet enrollment criteria, these individuals can be referred to STYLE 2.0 HCNs
- c. STYLE 2.0 HCNs can attempt to reach out to these individuals to encourage them to enroll in STYLE 2.0 and re-engage with ID clinic

STYLE 2.0 Enrollment

- 1- Recruiter shares information about the STYLE 2.0 project with potential participant, if interested in the project, recruiter will:
 - a. Ask participant if they are willing to meet with HCN at that time, if so recruiter calls HCN via phone or Zoom.
 - i. Taj and Brian (HCNs) will alternate certain days they are available to accept recruitment calls
 - ii. Recruiter introduces HCN to participant and HCN shares more about the project and schedules a time to meet to go over consent form and enrollment process
 - iii. Enrollment will take approximately 2 hours (this can be broken into 2 separate times if needed)
 - b. If participant does not agree to meet with HCN contact them recruiter can:
 - i. Ask participant to complete pre-screener via QR code on palm card while recruiter is there to answer questions
 - ii. Ask if participant agrees to have their information shared with HCNs and recruiter can share with HCN for follow-up
 - iii. Share HCN contact information/palm card and link to the screener and encourage client to contact HCN

- 2- HCN emails or texts a copy of the consent form, link to complete the consent form, and once consent is completed, sends the link to the STYLE 2.0 Baseline Survey to the participant
 - a. HCN reviews consent form with participant and answers any questions he may have
 - b. HCN asks participant to complete the consent form
 - c. HCN verifies consent has been signed and then emails/texts a link to the baseline survey
 - d. HCN is available via phone/text/web conference to answer any questions that arise during the process

- 3- HCN continues with enrollment process:
 - a. Enrollment in the STYLE 2.0 app
 - b. Once app enrollment is complete, participant receives compensation (\$50 e-gift card)
 - c. Acuity Index – determines participant's level of need
 - d. SAMISS (SA/MH Screener) – if screen positive refer to the Behavioral Health Provider (BHP) at end of visit
 - e. CLEAR session 1

STYLE 2.0 Behavioral Health Component (STYLIST)

Motivation Interviewing will be implemented as the primary theoretical/clinical technique for participants enrolled in the STYLE 2.0 study who score at risk through the SAMISS. These participants

will be seen via videoconferencing or phone calls by Behavioral Health Provider (BHP), Amy Carmen, LCSW, LCAS, Duke ID Clinical Social Worker, for 4 sessions over a period of 8-10 weeks. Referrals will be made to the Behavioral Health Provider by the Health Care Navigator following enrollment.

Each participant will be assessed for diagnostic criteria related to mental health disorders and substance use disorders. Stabilization of active symptomatology and safety concerns will be addressed before programmatic goals are considered. General goals include increasing readiness to enter or regularly engage in HIV care and identifying and addressing the key barriers that prevent such engagement.

If participant screens positive for SA/MH concerns, he will be referred to BHP for motivational interviewing. This referral happens with a warm handoff from HCN who coordinates a conference call or web conference to facilitate an introduction to BHP and schedule their first session. After 4 sessions complete, if determined necessary, BHP will refer to ongoing mental health/substance use services

STYLE 2.0 Program

- 1- After the assessment, the Health Care Navigator will start connecting the client to other resources that he may need:
 - a. Emphasis will be put on resources outside of USC's current referrals including (will need to determine this list with input from USC)
 - i. Transportation
 - ii. Housing
 - iii. Food/Soup Kitchens
 - iv. General Case Management
 - b. HCN will be available to participant via phone/text/virtually as needed throughout the first 6 months of enrollment
- 2- HCN will follow the STYLE 2.0 adapted CLEAR Protocol for 6 months
 - a. CLEAR-Choosing Life: Empowerment, Action, Results
 - b. An evidence-based HIV prevention and health promotion intervention for youth and adults (ages 16 or older) living with HIV/AIDS or at high risk for HIV
 - c. Designed to be tailored to fit the client's unique circumstances
 - d. STYLE 2.0 adapted the CLEAR program to fit the needs specific to young black men who have sex with men
 - e. STYLE 2.0 HCN is CLEAR certified through the CDC
- 3- Virtual Support groups
 - a. HCN runs virtual support groups through video conferencing, these sessions mainly focus on support
 - b. Can be scheduled at different times throughout the week to help with those on different schedules
- 4- STYLE 2.0 (HealthMpowerment HMP) App (forthcoming)
 - a. STYLE 2.0 app provides users with information and resources, fosters social support, and includes game-based motivational elements. Serves as the platform for delivery of virtual intervention components including:
 - i. Forum
 - ii. Navigator Messaging

- iii. Online Support
- iv. Videoconferencing links
- v. User Profile
- vi. Knowledge Center

5- Research Visits

- a. Occur virtually at baseline, 6 months, and 12 months
- b. Conducted by STYLE 2.0 HCNs
- c. Consist of:
 - i. Acuity Index
 - ii. SAMISS
 - iii. Evaluation Survey
 - iv. Optional: Qualitative Interview
- d. Compensation is provided for research visits including \$50 baseline and \$35 for each follow-up and qualitative interview (Amazon e-gift card emailed to participant)

STYLE 2.0

MOTIVATIONAL INTERVIEWING PROTOCOL

Overview: Motivation Interviewing (Rollnick and Miller) will be implemented as the primary theoretical/clinical technique for patients enrolled in the STYLE 2.0 study who score at risk through the SAMISS. These patients will be seen via HIPAA compliant videoconferencing (VSee) or phone calls by Behavioral Health Counselor, Amy Carmen, LCSW, LCAS for 4 sessions over a period of 8-10 weeks. Referrals will be made to the Behavioral Health Counselor by the Health Care Navigator following enrollment.

General Goals: Each participant will be assessed for diagnostic criteria related to mental health disorders and substance use disorders. Stabilization of active symptomatology and safety concerns will be addresses before programmatic goals are considered. General goals include increasing readiness to enter or regularly engage in HIV care and identifying and addressing the key barriers that prevent such engagement.

Safety: If safety concerns exist related to active or acute suicidal and/or homicidal ideation, intent, or plan; safety measures will be employed. Depending on the presentation of the participant, interventions including verbal or written contracting, referral to an acute psychiatric or substance abuse triage or treatment setting, or the use of law enforcement will be initiated.

SESSION OVERVIEW

Session 1: The participant will be provided an overview of the Motivational Interviewing approach and be assessed for their readiness to change. The Stages of Change (Prochaska and DeClemente) will be referenced. Specific barriers that have impeded engagement in HIV, mental health, and/or substance abuse care will identified.

MOTIVATIONAL INTERVIEWING TOOLS:

- Assess Ambivalence
- Express Empathy
- Remain Client-Centered
- Collaboration
- Provide Reflection
- Elicit Change Talk

Session 2: The participant will continue to explore psychosocial barriers that impede change by having an individual or cumulative effect on readiness or commitment to HIV, mental health, and/or substance use care. Collaborate goal-setting will occur.

MOTIVATIONAL INTERVIEWING TOOLS:

- Express Empathy
- Avoid Conflict and Confrontation
- Ask Open-ended Questions
- Ask Evoking Questions
- Collaboration
- Develop Discrepancy
- Roll with Resistance
- Paraphrase
- Pausing
- Process Comments
- Provide Reflecting Listening
- Explore Decisional Balance
- Rate Importance and Confidence (utilize the ruler)
- Reframe
- Third-Personing
- Elicit Change Talk
- Summarize

Session 3: Continue to explore change state and assist participant in increasing readiness for change or commitment to change. Primary areas of exploration will include barriers to change and participation in clinic-based HIV, mental health, and/or substance use care.

MOTIVATIONAL INTERVIEWING TOOLS:

- Express Empathy
- Avoid Conflict and Confrontation
- Ask Open-ended Questions
- Ask Evoking Questions
- Collaboration
- Develop Discrepancy
- Roll with Resistance
- Paraphrase
- Pausing
- Process Comments
- Provide Reflecting Listening
- Explore Decisional Balance

- Rate Importance and Confidence (utilize the ruler)
- Reframe
- Third-Personing
- Elicit Change Talk
- Summarize

Session 4: The final session will review the progress made towards treatment goals and include additional discussion about the relationship between the participant's psychosocial barriers and readiness to enter or regularly engage in HIV, mental health, and/or substance use care. The session will also address termination issues and transition to clinic-based mental and/or substance use services. Discharge goals will also be discussed as well as an exploration of self-efficacy to meet goals.

MOTIVATIONAL INTERVIEWING TOOLS:

- Support Self-efficacy
- Support Optimism
- Reframe
- Pausing
- Summarize

STYLE 2.0 Healthcare Navigator Protocol Manual

(Adapted from CLEAR)

General Notes

- *For the first few interventions, you may need to use the manual until you are familiar with it.*
- *During check-ins, be sure to gauge where clients are. If they want to talk about something that is not directly related to the session for the day, make space for that conversation.*
- *In getting to know your client, ask them everything about them (i.e., if they are in school, if they have children, etc.)*
- *“What’s Next” Activities are meant to wrap-up the session and prepare for the next core session.*
- *Counselors should take notes on what the client shares for future references.*

Core Skill Session 1: Introduction to CLEAR

Notes

- *Try to schedule the next meeting between 5 days and 2 weeks to allow you to check in with your client and their short-term goal progress.*

Activity 1: How do I Feel About Living with HIV?

Counselor Note: Explain the Feeling Thermometer and use it to identify body sensations that accompany different levels of discomfort. Introduce the concept of living with HIV, and identify feelings/attitudes toward HIV that encourage trying to stay healthy and improve the quality of one’s life.

Activity Materials:

- Worksheet: Feeling Thermometer
- Worksheet: Distress Screening Tool

Introducing the Feeling Thermometer

X We’re going to talk about feelings connected to living with HIV today. Before we do that, I want to introduce you to the feeling thermometer. This is something that you can use with me, with your doctors, and anybody else on your care team.

Give client a copy of the Feeling Thermometer worksheet.

X Some of the things we will talk about during these sessions will make you feel uncomfortable.

X The Feeling Thermometer makes us get a sense of just how uncomfortable we are in different situations.

X On the Feeling Thermometer a reading of 100, the top of the scale, means extreme discomfort— as uncomfortable as you can imagine something being.

X A reading of zero, the bottom of the scale, means you have no discomfort at all.

X Where we are on the Feeling Thermometer at a given moment depends on who we are and the situation.

- Give examples of how to use the Feeling Thermometer. (ex. meeting the client for the first time and how your comfort level may have changed since talking with the client.)
- Ask client to give examples of situations that made him feel extreme discomfort or at 100 on the Feeling Thermometer. Then ask him to give examples of situations that made him feel at level 75, 50, 25, and 0 on the Feeling Thermometer. (*Appendix 1*)

Discomfort and Physical Sensations

- Discuss physical discomfort based on feelings. If they have physical discomfort, ask them to share their level of discomfort at level 100, 75, 50, 25, and 0 of the Feeling Thermometer. (ex. What kind of physical discomfort do you experience at level 100? Do you start to sweat, does your throat close up, etc.)?

** Note: Some people have few physical symptoms that made be hard to notice at level 25 but they are there.*

X I will always ask you how you are feeling using the Feeling Thermometer every time we meet.

- Discuss how people may feel differently on the Feeling Thermometer in different situations.

X Getting in the habit of identifying your Feeling Thermometer reading and the physical symptoms that happen, is important and helpful for several reasons.

X The first reason is that by understanding and knowing ahead of time what situation makes us uncomfortable, we can plan ahead about how we would like to handle those situations. For example, if I know that driving in traffic makes me uncomfortable and puts me at <state level> on the Feeling Thermometer, then I can pay attention to my thoughts before I get on the road or while I'm sitting in traffic to help stay at a comfortable level. I can also do some deep breathing or put on my favorite radio station as a way of keeping myself comfortable. If I stay at a comfortable level, I will have a peaceful and enjoyable drive. On the other hand, feeling comfortable and having negative thoughts racing through my mind would lead to a frustrating driving experience.

Appendix 1: Can use the stress topics in this worksheet to practice using the Feeling Thermometer on Day 1 or address stress topics as they come up with client.

X Do you have any questions?

Assessing Level of Comfort with Living with HIV

- Discuss how comfortable the client is living with HIV. For example, seeing one's health care provider may be easy, and disclosing one's HIV status may be difficult.

X Think about what it's like for you personally to live with HIV. What aspects of living with HIV make you comfortable and uncomfortable? Give me three examples. One for each level between 75-100, 40-60, 0-25.

Activity 2: What Are Good Goals?

Counselor Note: This activity introduces goal setting. It continues the rapport-building process and creates a positive expectation for the next session.

Activity Materials:

- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log
- Goal Card

Guidelines for Goal Setting

- Explain why goals are important and explain that during your time together you will be setting long- and short-term goals. Address how client may have to address their life depending on the goals.

Give client Goal Setting Handout.

- Talk about what short-term goals are and set short-term goals using Goal Setting handout. Set a goal that the client can do by your next meeting.
- Answer questions if necessary.

X To succeed in your goal, you'll have to remember to do it!

What do you usually do to remember tasks or goals? What works for you

- If the client already has an effective technique for remembering tasks or goals, then suggest using the same technique for accomplishing their weekly goal.

Give client Goal Card.

X The Goal Card can be used to help you remember your goal. Keep it somewhere that you can look at it regularly to remind you of your goal. I will keep a Goal Log so we can measure your goal progress.

Wrap Up

- Ask the client how they feel on the Feeling Thermometer.
- Remind them about the next meeting date, time, and location.

Core Skill Session 2: Creating a Vision for the Future

Activity 1: Check-In

Activity Materials:

- Goal Log

Counselor Note: The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

- Review the goal that was set in the last session.

If client met the goal: spend some time celebrating. Then ask how they felt once they accomplished the goal, using the Feeling Thermometer.

If client did not meet the goal: In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).

Encourage them and find out why they did not accomplish the goal. After identifying the barriers to goal accomplishment, ask how they felt about not accomplishing their goal, using the Feeling Thermometer.

- Record progress in Goal Log

Activity 2: What is My Ideal Self?

Activity Materials:

- Handout: Possible Ideal Self Characteristics
- Worksheet: My Ideal Self

Counselor Note: Bring out values and thoughts of what is important to the client. Explore how one’s concept of the Ideal Self might impact living a healthy life. The concept of the Ideal Self is used to help the client pinpoint his or her values as they relate to how he would like to behave. Identification of the Ideal Self serves as a guideline for behavioral decision-making. The client will likely understand that he or she already has the values of their Ideal Self. The purpose of the Ideal Self is to have clients use these values to make smart decisions about healthy behaviors.

Introduction of the Ideal Self

- Discuss what is the Ideal Self using positive traits and strengths, what we strive to be, and traits that we used to have.

X The decisions and thoughts in our lives can be guided by our Ideal Self. For example, if your Ideal Self is someone who is self-loving, you may be more motivated to take better care of your health. Another example would be if your Ideal Self is someone who is responsible, you might be more likely to keep all of your appointments. So as you can see, our Ideal Self can dictate the choices we make, the thoughts we have, the type of life we live.

Identifying Your Ideal Self

Give client copy of Possible Ideal Self Characteristics Handout

X Your Ideal Self consists of any characteristics that you value, ones that are especially important to you.

- Ask client to read through the list and see which words describe the kind of person they want to be.

Give client the My Ideal Self worksheet.

X I want you to write down five words that you believe best describe what you see as your Ideal Self. It doesn't necessarily have to be the words on the list.

- Encourage the client to share but do not force him if he doesn't wish to share. You can store the Ideal Self worksheet with the Goal Log.
- Ask the client to identify a recent situation where the client's thoughts and actions were guided by his or her Ideal Self.

X How do you think your feelings, thoughts, and actions were affected by each other? How do you think your Ideal Self impacted your comfort level, thoughts, and actions?

X Let's think of situation where your thoughts and actions were against your Ideal Self and where were you on the Feeling Thermometer? What were your thoughts?

X Where would you need to be on the Feeling Thermometer for you to be able to think and act based on your Ideal Self?

Activity 3: What Do I Want in the Future?

Activity Materials:

- Goal Card
- Worksheet: Life Goals: What is Important to Me? (Appendix 7)

Counselor Note: The life goals discussed in this session may be referred back to throughout STYLE 2.0 as a way of reminding the client why he is participating in STYLE 2.0.

Life goals

X Why do you think it is important for us to talk about your goals for the future?

- Possible discussions:
 1. People with goals are usually more interested in taking care of themselves.
 2. People who work toward goals are often happier and more likely to have the future they want.
 3. People with goals in mind have a powerful reason for sticking around and living a long, healthy life.

Give client the Life Goals worksheet.

X Our first activity involves completing this Life Goals worksheet. There are different types of goals and dreams that people have; for example: education, work, romance/marriage, friends, achievements, and feeling good about oneself. Some suggestions of life goals are listed on the handout, but they are just examples. I want to emphasize that what is important to one person won't be important to someone else. Each person's life goals are valuable. I want you to write down your goals. You can make new categories or use some of the categories on the sheet. You don't have to share your goal sheet with me if you don't feel comfortable.

X Keep two things in mind as you complete this handout: 1) your Ideal Self, and 2) the guidelines for goal setting we talked about in our last session.

Allow client a few minutes to start working on the Life Goals worksheet. Ask if he would want to share what he's come up with.

Counselor Note: The purpose of the goals discussion is to inspire the client to reduce risky behaviors and enhance emotional and physical well-being. For example, if a goal of the client is to obtain a college degree, taking care of his health is an important step toward being able to attend classes. And, to stay healthy, the client will need to practice safer substance use and sexual behavior. This is a good time to discuss how and from whom the client receives emotional support and encouragement.

- Ask client what is one goal that he wants to work on first and refer to resource guide to help him get started.

How Can I Relax?

- Talk with the client about different ways of relaxing and how that reads on the Feeling Thermometer. (e.g., breathing exercises, taking a walk, etc.) The goal is to find a relaxation technique that is more comfortable for the client but helps them become their Ideal Self.

What's Next?

- If the client has completed their first goal, they should choose another goal to work on. If the client has not completed their first goal, they should continue to work on that goal.

Core Skill Session 3: Stressors and SMART Problem-Solving

Check-In

- Review the goal that was set in the last session.

If client met the goal: spend some time celebrating. Then ask how they felt once they accomplished the goal, using the Feeling Thermometer.

If client did not meet the goal: In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).

Encourage them and find out why they did not accomplish the goal. After identifying the barriers to goal accomplishment, ask how they felt about not accomplishing their goal, using the Feeling Thermometer.

X Today we will be looking at some of the stressors or problems that you have experienced recently. We will then talk about some helpful ways to cope with your stressors.

What Are My Current Stressors?

- Ask the client to write down stressors in his life and use the Feeling Thermometer to rate each stressor.

X How are these stressors getting in the way of reaching your goal of living a positive life?

X Let's choose a stressor that you would like to work on with me today.

How Do I Cope with Stressors?

- After the client identifies the stressor, ask him how he copes with the stressor. Give examples if he is unsure what you are asking for.

CLEAR Thinking

X CLEAR Thinking is thinking differently, i.e., seeing the situation in a different way; saying more positive and helpful things to yourself; and shutting out the negative and unhelpful thoughts you have.

SMART Problem-Solving

X Another way to cope is SMART Problem-Solving. SMART Problem-Solving is acting differently, and thinking of different choices and selecting the best one.

What is CLEAR Thinking?

Counselor Note: The purpose of this exercise is to introduce CLEAR Thinking. CLEAR Thinking consists of three techniques: (1) self-talk— saying more positive and helpful things to one's self; (2) reframing— seeing a situation in a different way; (3) shutting out the negative and unhelpful thoughts someone has.

CLEAR Thinking

X CLEAR Thinking is thinking differently. For example, sometimes you can't change the situation but you can make the most of it.

X For instance, you are not able to change the fact that you have HIV. However; you can focus on the positive aspects of living with HIV and reframing the situation. For example, sometimes people appreciate life more because of having HIV. They are motivated to work towards their goals.

X Let's use your Feeling Thermometer for a few scenarios that I am going to read to you.

X First Scenario: You are on your way to an interview and you tell yourself: “I am confident and I am going to do really well in this interview.” How would you feel on the Feeling Thermometer?

X Second Scenario: you are on your way to the interview and you tell yourself “This is going to be very hard and I might blow it.”

X Third Scenario: you are on your way to the interview and you tell yourself: “If I don’t do well, this means I will never find a job.”

X How do different things you say to yourself change your Feeling Thermometer reading?

X Which thought do you think will set you up best for an interview?

X Let’s look at one of the stressful situations you listed. In that situation, what are some unhelpful things you might say to yourself?

X Where are you on the Feeling Thermometer with those unhelpful thoughts?

X How could you use CLEAR Thinking in this situation?

X Keeping your Ideal Self in mind, how could you see the situation in a different way?

X What are some helpful things you could say to yourself?

X Is there a more positive way you could look at this situation?

X Where does CLEAR thinking put you on the Feeling Thermometer?

X How could the outcome of a situation be different based on your CLEAR Thinking and a lower Feeling Thermometer reading?

What is SMART Problem-Solving?

Materials:

- Worksheet: Problem-Solving Guidelines
- Worksheet: Applying the SMART Problem-Solving

Counselor Note: The SMART Problem-Solving method is introduced. A problem identified by the client is used to illustrate the method. This skill is intended to create behavior change. It slows down reaction speed by encouraging the client to think before they act. The impact of how skipping “thinking” about various choices might negatively impact an outcome is discussed.

Problem Solving

X SMART Problem Solving is another way to cope with stressors. Sometimes you can change your situation if you look at the different choices that you have in handling it and then choose the best option.

- Include an example to help your client understand.

X Now let's continue with the stressor that you chose earlier.

Give client copy of Problem-Solving Guidelines handout.

Counselor Note: The points below each step are intended to help explain SMART Problem Solving. You will go through each step and its related prompts using the client's chosen stressor, per the handout.

X We are going to go over the steps of SMART Problem Solving to be sure we are clear on all of them. We will use the stressor you talked about before to give you an example on how SMART Problem Solving works.

Step 1: S = State the Problem

- * Is the problem stated clearly? (Writing it down will help you define it clearly.) *
- Is it complete?
- * What's your reading on the Feeling Thermometer when you think about the problem?

Step 2: M = Make A Goal

- * Exactly what do you want to accomplish? What do you want to change from the way it is now?
- * Is the goal stated clearly?
- * Is it specific, so you can tell for sure when you have achieved it? (Again, writing it down will help)
- * Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions – List the Actions You Might Take

- * Are these all of the actions you could reasonably take that would achieve your goal? *
- Is each action stated clearly?
- * Do the actions specify just one thing to do, as opposed to several things at the same time?

- * Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R= Reach a Decision About Which Actions You Could Take

- * Have you picked the best course of action, the one with the most pros and the fewest cons?
- * Are there any skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- * How will you get the skills that you need, if you don't have them already?
- * How will you get the resources that you need, if you don't have them already?
- * What is going to be your plan for taking the action? What are the specific steps?
- * What things can get in the way of taking this action and being successful with it? Is there anything you know for sure that will make it difficult? Is there anything that might go wrong?
- * What are your plans for dealing with these barriers so they don't keep you from taking the action you want to?

Step 5: T= Try It and Review It

- * Did the action work out as you expected?
- * Were you successful in taking your action? Completely? Partly?
- * Would you do anything differently if you were starting again?
- * Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?
- * Do you need to make a new plan in order to be successful in taking this action?
- * Do you need to find a new action that will move you forward toward achieving your goal?

Break Time

- Take a moment to have a break to relax.

What's Next?

- Use the Feeling Thermometer to check in.

- If the client has completed their previous goal, they should choose another goal to work on. If the client has not completed their previous goal, they should continue to work on that goal.

Core Skill Session 4: Communication

*** Intended for group session with healthcare navigator and individually for those who missed the group session ***

Core Skill Session 5: Putting it All Together

*** Only go over Core Skill Session 5 if you know the client went through the fourth Core Skill Session either in a group or in-person. At this time, you are going to review the progress report of the client. ***

Activity Materials:

- Worksheet: Prevention Goals

Check-In

- Review the goal that was set in the last session.

If client met the goal: spend some time celebrating. Then ask how they felt once they accomplished the goal, using the Feeling Thermometer.

If client did not meet the goal: In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.).

Encourage them and find out why they did not accomplish the goal. After identifying the barriers to goal accomplishment, ask how they felt about not accomplishing their goal, using the Feeling Thermometer.

Activity 1: Check-In and Review

- Review everything that the client has done in CLEAR-STYLE 2.0.

Activity 2: What's Next?

- Work together with the client to decide what supplemental sessions would benefit him.

Supplemental Sessions

Adherence 1

** Make sure the client has started ART. If not, postpone this session until they have started to take them. **

Check In

- Review the goal that was set in the last session.

If client met the goal: spend some time celebrating. Then ask how they felt once they accomplished the goal, using the Feeling Thermometer.

If client did not meet the goal: In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).

Encourage them and find out why they did not accomplish the goal. After identifying the barriers to goal accomplishment, ask how they felt about not accomplishing their goal, using the Feeling Thermometer.

Introduction to Today's Session

X Today we are going to spend some time talking about your current medication regimen. We are also going to talk about what it's like for you to take medications, and your comfort level with taking them. Taking medications is part of life for most people with HIV. Medication can help you live a long life with HIV. However, they only work if people take them exactly as prescribed. People living with HIV may not take their medications as prescribed because of certain feelings, thoughts, and situations associated with their treatment. Today, we will identify some of the thoughts that may get in the way of your perfect adherence and come up with ways to replace those unhelpful thoughts with CLEAR Thought so you can become more adherent.

X Any questions before we get started?

Activity 2: What is My Current Medication Regime?

Activity Materials:

- Worksheet: What Are My Current Medications?

Counselor Note: The purpose of this activity is to gain an understanding of client's current medication regimen. A series of questions are asked to assess the client's history with HIV medication and his current regimen.

- Go over what medication the client is currently taking.
- Discuss the importance of HIV medication and that it is not a cure but it does stop or slow the virus down.
- Discuss the importance of taking HIV medication as prescribed. Explain why a doctor might stop them from taking the medication. (ex. adverse reaction to one brand of medication, a better medication available)
- Discuss how unsafe behaviors can still transmit HIV even if a person's taking antiretroviral medication as a newly diagnosed person and how U=U can prevent the spread of HIV.

X Only a patient and a health care provider working as a team can determine if medications are appropriate, which ones to take, and how often to take them.

- Medical questions should be addressed to a doctor. If the client has specific questions regarding medication, encourage him to ask his doctor. If the client cannot formulate a question, help him formulate questions to take to his doctor for his next appointment.
- Discuss how it may be difficult to take medications every day for the remainder of your life but it is necessary.

Give the client the Current Medications worksheet and ask the following questions.

1. What medications do you currently take?
2. How many pills do you take? How often a day (e.g., morning and evening)? Are there any dosage restrictions (e.g., only take medication with food)?
3. Have you been experiencing any side effects? If yes, which ones and for how long? Have you addressed the side effects with your doctor?
4. What aspects of your medication regimen put you on 0-25 on the Feeling Thermometer?

5. What aspects of your medication regimen put you on 40-60 on the Feeling Thermometer?
6. What aspects of your medication regimen put you on 70-100 on the Feeling Thermometer?

Activity 3: How is My Adherence?

Activity Materials:

- Worksheet: How's My Adherence?

Counselor Note: The purpose of this activity is to understand the client's current level of medication adherence. It can be used for the client's other medications besides ART.

X Now I would like to have an open discussion about how you're doing with adhering to your medication.

X Remember, adherence means taking your medications exactly as prescribed.

X Let's talk about what your adherence has been like. Let's just look at today and the two days prior. How many days did you have perfect adherence? Perfect adherence means that you weren't late or didn't skip any doses.

- At this time record anything that the client says for further discussion about adherence. Write down key words that the client says are the reasons why he said he did not have perfect adherence.

Activity 4: What Affects the Way I Take My Medications?

Activity Materials:

- Worksheet: F-T-D Grid

Give the client the F-T-D Grid.

- Use the F-T-D Grid to create a list of situations, feelings, and thoughts that lead the client to perfect adherence. Possible questions to start the question:
 - Has there been a recent day when you achieved perfect adherence? What do you think it was about that day that allowed you to achieve perfect adherence?
Overall, where were you on the Feeling Thermometer that day? What were your thoughts about your medications for that day? (Repeat these questions for every day of an entire week.)

X Now let's brainstorm a list of situations, feelings, and thoughts that lead you to skip, stop or delay taking your medications. Let's talk about what was going on.

Activity 5: How Can I Use CLEAR Thinking to Improve My Adherence?

Activity Materials:

- Worksheet: Using CLEAR Thinking to Help with My Medication Adherence
- Worksheet: F-T-D Grid (from previous activity)

Counselor Note: The purpose of this activity is to increase the client's motivation to improve adherence by replacing unhelpful thoughts with CLEAR thoughts.

Give client the CLEAR Thinking to Help with My Medication Adherence worksheet.

- Discuss how CLEAR Thinking can help with medication adherence.
- Have the client list their unhelpful thoughts about taking their medication.
- Use the four examples of unhelpful thoughts in the "Practice" section of the handout and have the client develop CLEAR Thoughts (reframing, self-talk, and shutting out negative thoughts) to replace the unhelpful thoughts.

X How can CLEAR Thoughts support you to become your Ideal Self?

Activity 6: What's Next?

- Use the Feeling Thermometer to check in.
- Have client set a goal to become medically adherent.

Adherence 2: What Affects the Way I Take My Medication

Check-In

Activity Materials

- Worksheet: Individual Prevention Plan
- Check-in using the Feeling Thermometer and review goals from last week.
- Review the goal that was set in the last session.

If client met the goal: spend some time celebrating. Then ask how they felt once they accomplished the goal, using the Feeling Thermometer.

If client did not meet the goal: In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).

- Encourage them and find out why they did not accomplish the goal. After identifying the barriers to goal accomplishment, ask how they felt about not accomplishing their goal, using the Feeling Thermometer.

X Today we are going to review some basic information about HIV and how medications interact with HIV in your body. By understanding how medications work to stop HIV from multiplying in your body, you can better understand why it is important that you take your medications exactly how they are prescribed. We will talk about how medication can help you live a long life with HIV. However, they only work if people take them exactly as prescribed. As we talked about last time, people living with HIV may not take their medications as prescribed because of certain feelings, thoughts, and situations associated with their treatment. Today, we will identify some of the barriers that may get in the way of your perfect adherence and come up with ways to problem solve those barriers so you can become more adherent. Finally, we will come up with a reward system to keep you motivated to stay on your treatment schedule.

X Any questions before we get started?

Activity 2: What Are My HIV Medications All About?

Activity Materials:

- Handout: HIV Medications Information Sheet

Counselor Note: The purposes of this activity are to clarify basic information and reduce misconceptions about HIV replication and antiretroviral therapy, to provide a rationale for medication adherence, and to standardize terminology used in the intervention. Reviewing and discussing points of information is the method used.

X Medication can help someone living with HIV live longer than someone who is not taking medication. Last time, we talked about your medication regimen, your medication adherence, and your barriers to achieving perfect adherence. Now it is time to discuss why the medications are necessary and why it is important to be perfectly adherent to your medication.

Give the client a copy of the HIV Medications Information Sheet.

- Take turns reading each of the four sections of the HIV Medications Information Sheet handout. Answer any questions the client may have. If you do not know the answer to the

client's questions then write them down and encourage the client to get the answers from his healthcare provider by using the assertive communication skills taught in CLEAR. (You write down the questions to keep for yourself as a note of what questions the client has concerning his medication(s).)

X I have a sheet here with information about HIV and medication that I would like for us to review. Together we will read each point. Jump in any time with questions you may have. Remember to use that assertive communication to get your questions answered.

X What do you think are the important messages in the information we reviewed?

- If the client has specific questions about his regimen or health, do not attempt to answer it. Instead, refer the client to his healthcare provider. Acknowledge the client's questions. Make sure to include the following two points, if not mentioned by the client:
 - * HIV medication is important for keeping the virus from replication
 - * It is important to take HIV medication exactly as they are prescribed to get the most of out of the treatment and to keep from developing resistance.

X Talking about HIV and medication can bring up a lot of different emotions and thoughts. I would like to know what came up for you as we reviewed this information. Where are you on the Feeling Thermometer?

X The last point that I would like you to remember is that by staying adherent with your medications it gets tough, but you are worth it!

Activity 3: How can I Use SMART Problem-Solving to Improve My Adherence?

Activity Materials:

- Worksheet: F-T-D Grid (completed in Adherence Session 1)
- Worksheet: Applying SMART Problem-Solving
- Handout: SMART Problem-Solving

Counselor Note: The purpose of this activity is to increase client's motivation to improve adherence by applying SMART Problem-Solving to identified barriers. Simple strategies to promote adherence are discussed.

Barriers to Adherence

X In our previous session, we talked about some of the thoughts and situations that may get in the way of perfect adherence. What is tricky about HIV medications is that they need to be taken exactly as prescribed.

Use F-T-D grid from last session for this discussion.

- Choose a moderately uncomfortable barrier for the client that keeps the client from achieving perfect adherence. If the list is small, create a new list.

If the client is having difficulty identifying barriers, probe with the following questions:

- * Are there certain times of the day when it's harder to remember to take your medications?
- * Is it harder to be adherent on the weekends versus weekdays?
- * Are there certain people that affect your adherence?
- * Are you adherent when high or drunk?
- * Do you keep your prescription filled so you don't run out of your medications?

X Now we are going to use SMART Problem-Solving to come up with options for handling these barriers.

Give client copy of the SMART Problem-Solving Guidelines handout and review it.

- Come up with a solution for the problem the client identifies using SMART Problem-Solving.

Give client Applying SMART Problem-Solving worksheet to work through the problem identified.

Counselor's Note

If the client identifies "forgetting" as one of the barriers to perfect medication adherence, generate the following options:

- * MyTherapy/ Medisafe (or any other phone app)
- * Alarm clocks
- * Pagers
- * Cell phone alarms
- * Watch alarms
- * Post-it notes
- * Calendar
- * Trigger objects (e.g., medication container on the counter, stickers, symbols)

Activity 4: How Can I Plan to Meet My Adherence Goals?

Activity Materials

- Blank notebook paper

Counselor Note: The purposes of this activity are to develop a back-up plan for unexpected life situations that may challenge perfect adherence and to increase the client's motivation to achieve perfect adherence by setting up a reward system.

Developing a Back-Up Plan

X Now that you have a few options to help you achieve perfect adherence, let's talk about a back-up plan.

X For example, if your boss asks you to stay later and you're waiting to go home to take medication with dinner, one back-up plan is to keep it in a safe place at work where you can be adherent even if something unexpected happens.

X Can you think of a situation where having a back-up plan will prevent you from missing a dose? Where could you keep your medicine?

X If a life challenge were to present itself, like if you were to lose your housing, where would taking your medications be on your list of priorities? What strategies do you think would help you keep perfect adherence?

- If the client is having difficulty coming up with ideas, help them come up with ideas for their situation. If you think it would be helpful for the client to write it down, use the notebook paper to write it down.

X It's important to think through an adherence plan for the barriers most difficult for you, and to put them in place quickly. Of course, the more strategies you use in your plan the more successful your plan is likely to be.

X If you think it's important to set up a rewards system, you should do so. For example, after you have been completely adherent for a day, you could eat your favorite dessert on days you've had perfect adherence. Or you can set the rewards up on a week-to-week basis. If you have perfect adherence all week, you get to buy a new outfit for the weekend.

X Another option is a rewards agreement with someone who wants to be supportive. When you are completely adherent, your friend will give you the reward for reaching your goal. The rewards don't have to cost money. They can be doing a load of your laundry, taking you for a drive, or spending a morning going for a walk with you.

X What are some rewards that would keep you motivated through the day or week? *
Be open to the rewards that the client identifies might incentivize them.

X Do you think there is someone who would want to be part of an award agreement?

Wrap-Up

- Use the Feeling Thermometer to check in.

- If the client has completed their previous goal, they should choose another goal to work on. If the client has not completed their previous goal, they should continue to work on that goal.

Adherence 3: How Can I discuss Medications with My Health Care Provider?

Activity 1: Check in

Activity Materials

- Worksheet: Individual Prevention Plan

Check-In

- Check-in using the Feeling Thermometer and review goals from last week.
- Review the goal that was set in the last session.

If client met the goal: spend some time celebrating. Then ask how they felt once they accomplished the goal, using the Feeling Thermometer.

If client did not meet the goal: In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).

- Encourage them and find out why they did not accomplish the goal. After identifying the barriers to goal accomplishment, ask how they felt about not accomplishing their goal, using the Feeling Thermometer.

Give the client the Individual Prevention Plan worksheet.

- Review the prevention plan worksheet with the client.

Activity 2: How Should I Talk to My Healthcare Provider About My HIV Medication?

Activity Materials

- Handout: Guidelines on Discussing Medications with Your Health Care Provider

- Handout: Treatment Information Resources (To be prepared in advance)

Counselor Note: In this activity, the client develops a better understanding of the level of communication he currently has with his health care provider regarding prescription HIV medications. Guidelines to improve patient-provider communication are reviewed and practiced through role-playing. Prior to the start of this session, prepare the Treatment Information Resources handout. This is a list of local and national resources (e.g., treatment advocate, adherence nurses, or counselors) that the client may access to find answers to treatment questions or adherence challenges.

Communicating with Your Health Care Providers About Your Medications

X In this activity, we're going to talk about communicating with your health care providers about your medications. As we have discussed, there are a lot of feelings and thoughts that come with taking medications, so sometimes the communication with providers about medications may not always go the way we would like.

- Use the Feeling Thermometer to assess the client's comfort level communicating with health care providers.

X How's your experience been with communicating with your health care providers about your prescription medicines? When you think about your discussions with health care providers, where are you on the Feeling Thermometer?

- Use the following questions to engage the client in a discussion about his experiences with discussing medications with his healthcare providers.

X What is one thing about your communication that you like or you are comfortable with?

X What is one thing about your communication you haven't liked or you are uncomfortable with?

X Do you think that your healthcare provider is good at explaining how to take the medication you receive? I mean information like how much, how often, with what food or beverage, for how long, and what to do if you miss a dose?

X Does he or she explain what side effects to look for?

X Do you tell your provider all the medications and/or drugs you are taking, including alcohol, party drugs, vitamins, traditional medicines, or over-the-counter drugs?

X Thank you for sharing your experiences with me.

Give client a copy of the Guidelines on Discussing Medications with Your Healthcare Provider handout.

X Here are some guidelines on what to tell your physician and what he or she should tell you.

X These guidelines are divided into three sections. As we go through the first two sections, I'd like you to circle the points you already do well. For the third section, I'd like you to circle the points that you think your health care providers do well.

X There are four basic things to do when discussing medication with a healthcare provider.

- 1. Listen carefully.**
- 2. Give information.**
- 3. Ask questions.**
- 4. Double check by stating your understanding of what the healthcare provider said.**

- Ask the client to circle the points he already does well.

Guidelines on Discussing Medications with Your Healthcare Provider

What should you tell your healthcare provider when you are being prescribed a medication?

1. Tell your provider any concerns or reservations you have about taking the medication.
2. Tell your provider all the medications you are taking, including alcohol, over-the-counter drugs, recreational or party drugs, vitamins, and other complementary therapies.
3. If you use alcohol or recreational or party drugs, it is essential that your healthcare provider know this. HIV medications can have fatal or extremely serious interactions with some of these substances.
4. Tell your provider if you have had any bad reactions to medications in the past.
5. Tell your provider if you have had any significant allergies or illnesses.

- Ask the client to circle the points he or she already does well.

What should your doctor tell you when you are being prescribed a medication?

- Ask the client to circle the points he or she already does well.
 1. The doctor should tell you the name of the medication.

Most medications have a generic name and a brand name. Many HIV medications also have a popular name. For example, the antiretroviral lamivudine (generic name) is known both as Epivir® (its brand name) and 3TC (its popular name).

2. Your doctor should tell you why he or she is prescribing the medication. You should know what benefits you may receive and when.
3. Your doctor should tell you how to take the medication, that is, how much, how often, with what, for how long, and what to do if you miss a dose.
4. Your doctor should tell you about possible side effects to your medication and how to recognize and deal with them.

In a few rare cases, side effects can be extremely dangerous and need immediate medical attention. Your provider should inform you of this. If you have questions, ask them!

5. Your doctor should tell you if there are any precautions you should follow (that is, if there are any foods, beverages, activities, other medications, or recreational or party drugs to avoid while on medication).
- Ask the client to circle the points he or she already does well.

X Sometimes, questions about medications don't surface until you've left the clinic and started taking the drugs. A good source of information about the drugs you are taking is the pharmacist from whom you receive them. Pharmacists may be more accessible than other healthcare providers. They have special training that allows them to give you reliable information.

X If you feel the pharmacy does not provide enough privacy for you to ask your question, telephone the pharmacist with your question.

X If you receive your medication in the mail, you will also receive a toll-free number (800 number) for you to call if you wish to speak to a pharmacist.

X Do you have any questions or thoughts?

- Answer any questions and clarify any issues. Review the strategies circled by the client. Take some time to celebrate with the client about their active engagement in dialogue with his healthcare providers.

X Let's review the points you have circled in the first two sections. Tell me more about these strategies you already use to communicate more assertively with your healthcare providers.

X Do you think these are effective strategies for you? In other words, do they work for you?

X How about the points you have circled in the last section. Do you think your healthcare providers are giving you enough information about these points?

X Let's spend some more time talking about communicating with providers about medication.

Distribute a copy of the Treatment Information Resources handout.

Activity 3: What are the Barriers to Discussing Medication with My Healthcare Provider

Activity Materials

- Handout: Guidelines for Discussing Medications with Your Healthcare Provider (from Activity 2)
- Worksheet: Applying SMART Problem-Solving
- Worksheet: Applying CLEAR Thinking in My Community with My Healthcare Provider

Counselor note: The purpose of this activity is for the client to identify and cope with barriers to communicating with his healthcare provider about HIV Medication. SMART Problem-Solving and CLEAR Thinking are used to help client effectively cope with potential barriers.

- Use the Feeling Thermometer to assess the client's comfort level.

X Let's look at the points you did not circle in the first two sections of the Guidelines for Discussing Medications with Your Healthcare Provider handout. Where is your Feeling Thermometer when you think about doing these things with your healthcare provider?

- Ask client to rank order their comfort level with each of the points that are not circled. Choose a point that makes the client moderately uncomfortable. Ask what the barriers are to carrying out the behaviors.

X What makes it uncomfortable to carry out this point?

X Keep your Ideal Self in mind as we figure out how you can overcome this barrier.

- Make a list of the barriers. Identify whether the barriers are thoughts or specific actions.

Counselor note: Distribute the Applying SMART Problem-Solving worksheet if the barriers are specific actions and work with the client to complete it. If the barriers are thoughts, distribute the Applying CLEAR Thinking in MY Communication with My Healthcare Provider Worksheet and work with the client to complete it.

Activity 4: Practice Discussing Medications with My Healthcare Provider

Counselor note: The client uses a role-play to practice using guidelines to improve the patient/provider communication while discussing medications.

Role-play

X Now we are going to practice role playing what it's like to talk to your doctor about your medication.

X Your goals are to find out why the doctor wants to give you the medicine and what its side effects are. Then decide if you are willing to take it. Make sure you use "I" statements — what you need or don't want— and provide helpful information by staying positive, not being hostile, and asking necessary questions to make sure that you understand what you're being told.

- The goal of the provider is to change the client's combination therapy. Role-play for a few minutes. Then give feedback. Use the Feeling Thermometer to assess the client's comfort level.

X How was it being the patient? Where were you on the Feeling Thermometer?

X What was one thing you did that you liked and what was one thing you would have done differently?

X Did you follow the guidelines about discussing HIV medications with a healthcare provider that we discussed earlier?

- Give the client feedback and find out if they have a better understanding of taking the medication and how it would affect them. Find out if the client feels better about communication with their healthcare provider and if they see how it affects them taking their medication.

X Now, for our next role play, let's practice with the barrier that we just discussed and the plan you came up with in terms of how you would like to cope with the situation next time.

X What would be your goal in this situation?

- Role-play for a few minutes. Then get feedback on how they are feeling on the Feeling Thermometer, what they liked or what they would do differently, and if they followed the guidelines about discussing HIV medications with a healthcare provider as discussed earlier.

Activity 5: What's Next?

Activity Materials:

- Goals Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

X Today we talked about some of your experiences with discussing medications with your healthcare providers, and then reviewed tips on making that communication more productive. We also identified barriers to communicating with your healthcare provider about HIV medication and found ways to cope with such barriers. Finally, we practiced discussing medications with your healthcare providers.

- Use the Feeling Thermometer to check in.
- If the client has completed their previous goal, they should choose another goal to work on. If the client has not completed their previous goal, they should continue to work on that goal.

Disclosure

** Covered in group session**

Healthcare and Selfcare 1

Activity 1: Check In

Activity Materials:

- Worksheet: Individual Prevention Plan
- Check-in using the Feeling Thermometer and review goals from last week.
- Review the goal that was set in the last session.

If client met the goal: spend some time celebrating. Then ask how they felt once they accomplished the goal, using the Feeling Thermometer.

If client did not meet the goal: In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).

- Encourage them and find out why they did not accomplish the goal. After identifying the barriers to goal accomplishment, ask how they felt about not accomplishing their goal, using the Feeling Thermometer.

X Today we are going to look at some of the valuable assets that you bring to other’s lives. I want to understand your contributions to this world, especially when you are feeling physically or emotionally healthy. Then we will discuss what you are currently doing to stay healthy. We will also identify some of the barriers to engaging in healthy activities and discuss ways to cope with such barriers.

X Any questions before we get started?

Activity 2: Why Should I Stay Healthy?

Activity Materials

- Worksheet: My Contribution to Others

Contribution to Others

X Much of the work we do together is focused on HIV, but there is much more to you than just HIV.

X Everyone is different. Each of us makes a unique contribution to the people we love, our work place, our community, and ultimately, the world. I would like for us to spend some time thinking about the positive things that you bring to people’s lives, your community, and the world.

- Give some examples of the positive contributions you make to the world. For example: * I can make my friends laugh.
 - * I am creative and can express myself in different ways, like drawing, music, and words.
 - * I am innovative and can come up with solutions to life’s challenges.

Give the client a copy of the My Contribution to Others worksheet.

X I would like for you to take a few minutes and write down what you bring to people's lives, your community, and the world. Let me know if you need any help with wording some of your thoughts.

- Give the client a few minutes to complete the worksheet.
- Discuss the client's uniqueness. If the client is struggling with generating ideas, support him by identifying things shared in previous sessions. The counselor should give the client a new way of looking at some of the client's activities in order to praise contributions he or she has made. Look for connections to the characteristics of the client's Ideal Self.

X While it may seem that these actions are small or just brief moments in life, they can make a big impact on others. Accepting a friend's apology and giving him or her forgiveness can make a big impact on how that person feels about him or herself, and how he or she will interact with others.

X When you think about these contributions you make, where are you on the Feeling Thermometer?

Activity 3: What Does It Mean to Stay Healthy?

Activity Material

- Blank notebook paper

Counselor note: This activity is to review how the client views health and how it relates to feelings, thoughts, and actions.

Thinking About Health

X HIV requires ongoing attention to one's health.

X Since we're talking about health, let's take a look at what we mean by that.

- For the following instructions, find out from the client what it means to them to be healthy and ask them to give you a few examples by writing them down on blank notebook paper.

X Health is related to some sort of action. Which activities do you already engage in to stay healthy based on what you said before?

X What are your thoughts about engaging in these activities? Does your ideal self support you while engaging in these activities?

X When you look at the activities on the list that you don't engage in, where are you on the Feeling Thermometer? Which ones cause you the most discomfort?

X What thoughts go through your mind about engaging in these activities?

- Reflect on the client's Feeling Thermometer about the things that they do and do not do and how that makes them feel.

Activity 4: What Are My Barriers to Staying Healthy and How Can I Cope with Them?

Activity Materials

- Blank notebook paper
- Handout: SMART Problem-Solving Guidelines
- Worksheet: Using CLEAR Thinking to Help with Staying Healthy

Counselor note: the purposes of this activity is to identify barriers to health-promoting activities and to apply SMART Problem-Solving and/or CLEAR Thinking to overcome them.

- Choose an activity where the client felt very uncomfortable (40-60 on Feeling Thermometer) to work on.

X You just shared with me your Feeling Thermometer reading in response to the health-related activities that you do not currently engage in. Let's choose an activity that you are moderately uncomfortable with and figure out what keeps you from engaging in the activity. What is a health-related activity that you would like to improve on?

X What are the barriers to engaging in this activity?

- List the client's barriers to engaging in the healthy activity on a blank sheet of notebook paper. Have the client choose between SMART Problem-Solving and CLEAR Thinking to find the solution.

For SMART Problem-Solving:

X We are going to use SMART Problem-Solving to help us find solutions for these barriers. Here's a copy of the guidelines that we will use.

*** Note: see if client needs to review SMART Problem-Solving. Review if necessary.*

Give the client copy of SMART Problem-Solving Guidelines handout.

For CLEAR Thinking

X We are going to use CLEAR Thinking to help us find solutions for these barriers. Let's take a look at the thoughts that are associated with this barrier. How can we replace these unhelpful or negative thoughts with CLEAR Thoughts?

Give the client the CLEAR Thinking to Help with Staying Healthy worksheet.

X For example, an unhealthy thought would be, "it's too hard to take a walk every day." A CLEAR thought would be, "I'm just starting my workout routine. Even if I can walk just one or two times a week, it would be a great start."

- Review the CLEAR Thinking or the SMART Problem-Solving to come up with a solution.

Activity 5: What Weighs on My Decision to Keep or Skip Appointments?

Activity Materials

- Blank notebook paper

Counselor note: The purpose of this activity is to explore the factors that affect the client's decision to keep or skip his healthcare appointments. Special attention is paid to the feelings and thoughts that affect the client's decision.

X In this section, we're going to talk about keeping medical appointments. We will explore the various factors that contribute to your decision to attend or not attend appointments, identify barriers that keep you from attending appointments, and then come up with solutions to those barriers.

- Ask the client to write on the blank notebook paper all of their doctors that he sees' and ask him to use a scale from 1-10 to rate whether they always make it to their appointments (TEN) and if they never make it to their appointments (ONE). Ask them to rate themselves for each provider.

X What do you think are reasons that you are more likely to keep appointments with certain providers but not others?

- See how the client feels about each provider is feeling using the Feeling Thermometer.
- Brainstorm with the client a few reasons why he goes to his appointments and a few barriers that keep him from going to his appointments. Write these down on the piece of notebook paper. Measure the reasons on the Feeling Thermometer.

F-T-D Grid

X I noticed that some of the barriers we talked about are feelings or thoughts, or situations or people with strong feelings or thoughts attached to them.

X I would like to spend a few minutes talking about these feelings, thoughts, people, and situations.

Give client the F-T-D Grid worksheet.

- List the barriers in the appropriate box in the F-T-D grid. For example, if the client expresses the thought “I can’t stand my doctor – he’s so judgmental. I can’t stand it when he lectures me.”, list it in the “Thoughts” column of the grid.

Follow up questions:

- * When do you have these thoughts?
 - * Where are you on the Feeling Thermometer when you’re having these thoughts?
 - * What body sensations do you experience?
 - * Are you more likely to skip or attend the appointment when you have these thoughts and feelings?
- Ask the client questions to help complete the rest of the grid.

X Take a look at this grid we filled in. What do you notice? Do you see a relationship between your feelings, thoughts, and actions?

X What situations gave you a high reading on the Feeling Thermometer? What gave you a low reading?

- Engage the client in a brief discussion highlighting the relationship between his feelings, thoughts, and actions.

Activity 6: Attending Medical Appointments: Breaking Down Barriers

- Use CLEAR Thinking and SMART Problem-Solving to create solutions to the barriers that client identified.

SMART Problem-Solving

- For the Action step of SMART Problem-Solving, possible examples include:
 - * *Ask my case manager to recommend a good doctor who is experienced with HIV.*
 - * *Call a recommended clinic to see if there is someone there who speaks my language and understands my situation.*
 - * *Visit a recommended clinic and see if the staff is friendly and helpful.*

- * *Speak with the recommended clinic receptionist and find out what I need to do to transfer to that clinic.*
- * *Fill out any appropriate forms.*
- * *Assess my feelings and thoughts about my medical care. Is my doctor the problem or do I just not like getting medical care?*
- * *Replace my negative thoughts with CLEAR Thoughts.*

CLEAR Thinking

X Let's take a look at the thoughts that are associated with this barrier. How can we replace these unhelpful or negative thoughts with CLEAR Thoughts?

Activity 7: What's Next?

- Use the Feeling Thermometer to check in.
- If the client has completed their previous goal, they should choose another goal to work on. If the client has not completed their previous goal, they should continue to work on that goal.

Healthcare and Selfcare 2

Activity 1: Check in

- Check-in using the Feeling Thermometer and review goals from last week.
- Review the goal that was set in the last session.

If client met the goal: spend some time celebrating. Then ask how they felt once they accomplished the goal, using the Feeling Thermometer.

If client did not meet the goal: In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., "You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.).

- Encourage them and find out why they did not accomplish the goal. After identifying the barriers to goal accomplishment, ask how they felt about not accomplishing their goal, using the Feeling Thermometer.

X Today we are going to focus on establishing and maintaining productive relationship with health care providers. We will review what you have learned already about Assertive Communication and use it to help you articulate your needs and obtain the results you want from your health care providers. Then we will focus on other ways to build strong working relationships with your health care providers. We will also have brief discussion about the rights and responsibilities of people living with HIV.

Activity 2: How Do I Communicate What I Need to My Healthcare Provider

Activity Materials

- Handout: Assertive Communication
- Worksheet: Characteristics of Communication

Counselor note: The client applies assertive communication to improve communication with his or her healthcare provider. Assertive communication is then practiced through role-playing.

Communicating with Healthcare Providers

X In a prior session we discussed the different styles of communication: aggressive, assertive, and passive communication. We talked about how each style of communication has an appropriate use.

X Aggressive communication is communication that is disrespectful of other people. It's a communication style in which you stand up for your rights but violate the rights of others.

X Passive communication is a style in which you put the rights of others before your own, minimizing your own self-worth. A passive communicator will often go without having his needs met rather than rock the boat by expressing his needs.

X Assertive communication is communication in which you stand up for your own needs while also being concerned and respectful about the needs of the other person.

X Today we want to talk about communicating with healthcare providers. To start off our session, let's talk about the last time you met with a healthcare provider. Please describe the situation for me. How did it go?

- Encourage the client to give a complete description of his last visit to a healthcare provider. Ask probing questions as necessary. Note that different styles of communication can occur throughout a visit. Pay attention to see if the client's style shifts. For example, the client may be assertive up until the time he receives his medications and is being provided a summary of what each medication is for. He may be too intimidated to ask questions and thus revert to passive communication.

X What type(s) of communication did you use during the visit?

X What made you choose this particular style?

X Did you get what you need from that appointment?

X What do you think you might have done differently before or during the appointment to have a different outcome?

- Have the client go over situation where they have used aggressive, passive, and assertive communication. Ask them for their feelings on the Feeling Thermometer for each situation and if they know the reason why they used that kind of communication in that situation.
- Review assertive communication by role playing. You can give the client a scenario and then ask them to create one. Make sure you use the Feeling Thermometer.

Activity 3: How Can I Promote Productive Relationships with My Healthcare Providers?

Activity Materials

- Worksheet: Guidelines for Being a Partner in Your Medical Care

Counselor note: the purpose of this activity is to increase the client's ability to develop productive relationships and interactions with his healthcare providers. Guidelines for effective partnering are reviewed and practiced through role-playing.

X We've talked about assertive communication, now let's think of additional strategies that will help promote positive relationships with your healthcare providers.

Distribute the Partner Guide worksheet.

X What can you do to improve your partnerships with your providers? What can you do to make sure you are getting the highest level of care?

X You know best what your relationships with your healthcare providers are like, and therefore how best to improve those relationships.

- Review the additional suggestions on the worksheet. Encourage the client that changes take time so keep trying to improve the relationship even if it seems difficult or awkward right now.

X Let's practice what we have learned today. I would like for you to use a current or past situation where assertive communication and the Guidelines for Being a Partner in Your Medical Care would be useful.

X Give me a scenario for role play and tell me the outcome that you are expecting. For example: asking to stop medications because you didn't like the side effects. Another example: following up on a viral load test result with a nurse who is too busy to check your chart.

- When the role-play is finished, use the following questions to assess whether the patient modeled the guidelines:
 - * Did the patient ask questions?
 - * Did the patient clarify?
 - * Did the patient stick with it?
 - * Did the patient stay firm?
 - * Did the patient make it clear that he wanted to be a partner in making decisions? X

How do you think communicating assertively and applying these tips could improve the quality of your healthcare?

Activity 4: Rights and Responsibilities of People Living with HIV

Activity Materials:

- Handout: Rights and Responsibilities of People Living with HIV

Counselor note: Give the client a set of guidelines to review the rights and responsibilities of people living with HIV who are in medical care. Make sure you are aware of your state laws concerning people living with HIV and provide a copy to the client.

Healthcare Rights and Responsibilities of People Living with HIV

- Introduce healthcare rights and responsibilities of people living with HIV.

X People living with HIV and in medical care have rights and responsibilities. I'd like us to discuss some of them with you.

X What do you think are some of the rights and responsibilities of people living with HIV?

- Encourage the client's feedback.
- Distribute a copy of the Rights and Responsibilities of People Living with HIV handout and review it with the client.

X That was a great discussion. Here is a handout that highlights some of what we already discussed and some additional points about the rights and responsibilities of people living with HIV. Let's review it together.

- Engage in a discussion with the client.

X What bullet points are new to you?

X Is there any information that surprised you?

- Use the Feeling Thermometer to assess the client's comfort level with the information in the handout.

X What bullet point(s) cause you to have the best Feeling Thermometer reading?

X How confident are you about your ability to incorporate this information into your life?

Activity 5: What's Next?

- Use the Feeling Thermometer to check in.
- Discuss what you and the client have gone over.
- Set up the CLEAR closure meeting.

Closure

Activity 1: What do I feel and Think About Maintaining the Changes I've Made?

Activity Materials:

- F-T-D Grid

X We've learned some powerful concepts, skills, and techniques in our meetings together:

- * Ideal Self
- * Feeling Thermometer
- * Goal Setting
- * SMART Problem-Solving
- * CLEAR Thinking
- * Understanding the link between feelings, thoughts, and actions
- * Assessing the pros and cons of making changes
- * Relaxation

X These are now part of your personal resources. You can use them whenever you want to handle difficult situations or to make changes in your life.

X I'd like to discuss your level of confidence for maintaining each of your new behaviors. A good indication of your confidence is your Feeling Thermometer reading and thoughts about maintain each behavior.

- Have the client complete an F-T-D grid on their new behaviors. If the client has a high Feeling Thermometer readings for any new behavior, ask how they can change that.

X What are some CLEAR thoughts that you can use to make you comfortable with using this new behavior?

Activity 2: How Can Maintain the Changes I've Made?

Activity Materials:

- Blank notebook paper
- Worksheet: How Do I Maintain My New Behavior?

Counselor note: The purpose of this activity is to develop strategies to maintain new behaviors for the long term.

X We talked about replacing unhelpful thoughts with CLEAR Thoughts. What else do you think you can do to help maintain the changes you have made?

- Write down client's suggestion on blank sheet of notebook paper. Include the following if the client doesn't suggest them himself:
 - * Remind myself of the positive outcomes of making this behavior change.
 - * Learn how to handle people who do not reinforce my new behavior.

X Let's discuss things, situations, and people that encourage your new changed behavior.

X Let's discuss ways of handling people who do not encourage your new changed behavior.

Reminders

- Help the client determine the following:
 - * The positive outcomes of the change(s) that the client has made.
 - * Things and people that reinforce the new behavior *
 - Situations that promote this new behavior

Give the client a copy of the How Do I Maintain My New Behavior worksheet. Use a fresh worksheet for each behavior.

Handling People Who Do Not Support Your Change

X When we make changes in our lives it affects our relationships with others. For example, a person has decided to no longer have unprotected sex when high and therefore no longer attends parties where that behavior is encouraged. He found that some of his friends were resistant to this change, and no longer invited him to any parties. Some of these friends have come around to support his decision but still there are others who continue to not support his new behavior.

X I would like to know, has anything like this happened to you? Who has reinforced the changes you have made and who has not?

X Let's use CLEAR Thinking on how to handle those who do not support your change using assertive communication.

- Suggest to the client that if someone does not totally agree with your new changes, that you might have to avoid that person. Remind them that not everyone can be the supportive friend that they need.

Closure

X In these last moments that we have together, I'd like to give you the opportunity to ask me any questions that you might have or to share your thoughts about our sessions.

~ CONGRATULATIONS! ~

Appendix

1. Feeling Thermometer

1a. American Cancer Society: Distress Screening Tool

Practical Problems

- * Housing
- * Insurance/financial
- * Work/school
- * Transportation *
- Child care

Family Problems

- * Dealing with partner
- * Dealing with children **Emotional**

Problems

- * Worry
- * Fears
- * Sadness
- * Depression

2. Guidelines for Goal Setting

Group Session Core 4: Types of Communication

X Today we will talk about communication and how well we do it with others. Really good communication can help us solve problems, stand up for what we need and get what we want. It definitely plays a role in the different type of relationships that we have with (e.g., your family, friends, coworkers).

X But we must also talk about how our feelings, thoughts, and actions are not only related to each other but understand how they affect each other with the choices we make and how we view ourselves. Looking at these relationships will also determine how much stress we will have in our lives and how we can protect ourselves and other people from things. In this case HIV or other STI's.

X Today we will spend time looking at three types of communication and when it is appropriate to use them. We will also go over ways that you can stand up for your needs that will help you maintain a healthy lifestyle and reach your life goals.

Group Activity 1:

X I would like everyone to think about a situation where what you were communicating with someone didn't go so well. This is a conversation or situation that made you feel uncomfortable. So, between 60-100 on your feeling thermometer (Show F-T-D Grid worksheet).

X I want you to think about where you were on the Feeling Thermometer in the beginning of the situation or conversation. What types of things was your body doing and what you were thinking? Who would like to share their story?

*It is important that whoever share's their story to access to see what type of negative thinking, or expectations they had going into the conversation. Also take into account the feeling thermometer. A high reading may lead to passive or aggressive communication. So, access the conversation with the Feeling Thermometer from the beginning, the middle, and the end. This shows how uncomfortable or comfortable the participant was as the conversation progressed.

X Ways of communicating to people can be in three different forms; aggressive, assertive, or passive. Who can tell me what Aggressive communication is? (Answer: communication that is disrespectful of other people. It is a communication style where you can get what you want while dismissing what the other person wants or needs from you. (e.g., you want someone to understand your point of view but will not listen to their point of view).

X Let's discuss some characteristics of aggressive communication on the Board.

- Points of discussion:
 - How can you tell when someone is being aggressive?

- Tone of voice ○
Volume
- Posture ○
Breathing ○ Eye
contact? ○ Non-
verbal signs?

X Now let's talk about Passive Communication. Who can give me a definition of Passive communication? (This is the type of communication where you put the rights of others before your own, and you make your needs or self-worth small. This is where the person will "do without" because they are afraid to ask.

X Let's discuss some characteristics of passive communication on the Board.

- Points of discussion are the same as aggressive communication.

X Now let's talk about assertive communication. Can anyone give me the definition of assertive communication? (This is the type of communication where you stand up for your needs while being respectful about the needs of the other person.)

X Let's discuss some characteristics of assertive communication on the Board.

- Points of discussion are the same as aggressive and passive communication.

X So going back to the stories that you all shared earlier or even if you did not share, what type of communication can you say you used?

- Use the same points of discussion from the characteristics list to see if the participant was aware of his actions, thoughts, and feelings.
- You can also ask him if he noticed the actions, or body posture of the person he was talking to.

Group Activity 2:

X I have a list of Assertive communication statements that I can and will give you if you would like.

- Read over the list of statements with the group. After discussion answer any questions that the group may have.
- Create a scenario where group members could practice assertive communication and ask questions that reinforce what to look for and hear during an assertive conversation.

X Are there any times when aggressive and or passive conversations appropriate?

X Where should you be on the feeling thermometer for you to use assertive communication?

What can you do to keep you at that level?

X Can you use Clear thinking in this situation? If so, what kinds of thoughts can you say to yourself to keep your levels from going up?

Group Activity 3:

X What are some situations where you can apply assertive communication in your life? And if possible, state a goal that you wish to accomplish while you are having that conversation.

- If the participants cannot come up with one, have some prepared. (I.e waiting in the doctor’s office longer than expected) After each example, role play with different members of the group based on the scenario they gave.

Group Activity 4: Relaxing

X We know that being at the right level on your feeling thermometer can help you be assertive instead of passive and aggressive. But we also know that that means you must be in a relaxed state of mind. If you are one to get worked up you should use different techniques to bring you at a calm state of mind.

- Use a technique of your choice to help the group understand how to control their emotions and feelings. Most relaxation techniques are concentrated on breathing exercises that someone can do. Teach the group the technique of choice.

Group Session Disclosure: Part 1

“Should you Disclose your status?”

*If you have not given a copy of the local laws make sure that each participant has a copy.

*Consider adding to the STYLE 2.0 app.

Group Activity 1: Introduction

X Today we’re are going to discuss a topic that everyone is very familiar with. Disclosing your HIV status. This is something that you will face throughout your life. Yes, it can be scary and cause you to have anxiety. But at the same time, it could give you extra support with whatever you need. It gives you a sense of relief and sometimes the reactions you thought you were going to get can surprise you.

X A big part of living with HIV and staying healthy is dealing with uncomfortable situations. Feeling confident about how to make disclosure decisions is a very powerful skill for making sure that you are in control of your life.

X Would anyone like to share their story when they disclosed to someone? This can be a good or bad story.

- If nobody would like to share or if none has ever disclosed, ask them to share a story where they disclosed something to someone outside of HIV. (ie: coming out, losing a job, being homeless)
- Afterwards use the F-T-D grid to break down the story: Before, During, After.

X By understanding your feelings and thoughts you can prepare a way of disclosing to other people.

Group Activity 2: Advantages & Disadvantages

X Now we are going to take some time and think about some advantages and disadvantages of disclosing your status. It can be different for each of you depending on who you are disclosing your status to.

- Write on the board Pros and Cons and go over what are some advantages and disadvantages of disclosure. You can go back to whoever shared their story or let the group come up with them on their own.
- Feel free to use the Possible Advantage and Disadvantage sheet for topics to discuss.

X Remember that these advantages and disadvantages vary depending on the situation and who you are talking to. When you think about disclosing your status in the future, remember to weigh the pros and cons. Do not disclose your status to just anyone but to people who hold significant value to your well-being and life.

Group Activity 3: Who Needs to Know

X Think for a minute about your life now compared to how you want to live in the future. Write down a list of people who you think you will need to disclose your HIV status with. I'm not talking about specific people but the types of people. (e.g., Friend, co-worker, pastor etc.)

X You do not have to share the who the person is unless you want to, but think about where you are on your feeling thermometer when you think of each person on your list.

- Go over the next few questions with them in this discussion
 - What is it about disclosing your status to that person makes you feel uncomfortable?
 - How could you make it comfortable with telling them?
 - Is it important that you tell these people? Why, is it personal or important for your health?

X For those of you who have some discomfort on your Feeling Thermometer with certain people, let's create an advantage and disadvantage list for disclosing to this person (those people). If anyone would like to share, you may do so.

- The purpose of this next section is to provide important information that clients need to know. Presenting this information in a matter-of-fact manner without adding your bias comment may advance the process. Some participants may have a strong negative reaction to some of these laws. They may see them as stigmatizing or unfair. If this occurs, you should empathize with any feelings expressed and then refocus the participants energy on the next activity (Again, this is where you should familiarize yourself with your local and state laws regarding disclosure of HIV status to sexual and or needle-sharing partners).

X For those of you who are dating or have casual sex. It is important that you know there are legal issues related to disclosing your status to these people. Some states, about half, have laws

that make not telling your partner a crime under certain conditions. They are known as “willful exposure” This means that you knowingly exposed someone to HIV without telling the person. X You could have a civil lawsuit against you if you did not disclose your status to your sexual partner. They don’t happen a lot but they do exist and it is something that you should keep in mind.

- Make sure you state you know if your state has a willful exposure law and be able to describe it clearly.

X When it comes to your job. You should not disclose unless it is absolutely necessary. If you tell them because you want to just let everyone know, you have the chance of being discriminated against. Especially if it is a new job. If it’s at a job where you have been working for a while you may get support and encouragement but still face stigma.

X Now if you are working at a job and they will not let you off because you keep having to go to appointments, or you have to get your medication, or even take your medication at certain times. You still do not have to disclose but you can get your doctor to write you a note without your doctor disclosing your status.

X People living with HIV meet the definition of disability in the Americans with Disabilities Act (ADA). This means that your job has to make certain reasonable accommodations for you, but that means you have to make a formal request to be off or to step away for a few minutes. This is where your doctor’s note comes in handy because they can say that you are being treated for a disabling condition that requires you to do specific types of things at certain times.

- Check in with everyone to see if they have any questions. Then prepare them for the next group session on disclosure.

X I want everyone to tell me one thing that they learned or one thing that they will apply to their lives concerning disclosure. I want you to make it a goal to revisit your list of people and see if you want to disclose to them. You don’t have to disclose, but weigh your pros and cons. X Reflect on reasons why you want to. You can even write down a disclosure story that you have and break it down as to why you think it went well or did not go well. Compare it to how you wish to disclose your status in the future.

X Next Group meeting we will talk about when and how you should disclose your HIV status. If you would like for me to help you with that because you want to disclose to someone before next group. Call me and I can help you with that.

Group Session Disclosure: Part 2

“When and How You should Disclose your HIV status?”

X Last time in Group we talked about should you disclose your HIV status to anyone. Would anyone like to reflect on that? Was there anything that happened when you did yourself reflection and weighed your pros and cons? Or if anyone disclosed their status, would you like to share how that went?

X I have a guideline that I will give to each of you about disclosing. If you would not like to have a physical copy, I can make sure that you have access to an electronic copy. We will go over the guidelines together but here are a few main questions that you should ask when you want to disclose.

- Go over the following:
 - Who they want to tell?
 - Who they think needs to know?
 - Things to consider before telling and how they can prepare
 - Will the person keep it to themselves’?
 - Can they make your life difficult ▪ Could they cause you bodily harm etc.

X Remember you do not have to tell anyone, but the two obligations that you do have is to take care of your health and not to put other people at risk.

X When you do decide to tell someone you also have to think about: why do you want the person to know, are you prepared for the possible response you could get, are you prepared for being rejected, are you prepared for feeling even closer to the person, are you prepared for any emotion that may come with it?

X sometimes you may have to give the person you are telling support even when you are the one needing the support for them. The thing is they are just finding out about your status even though you have been dealing with it for a few days, months, years.

- Go over the next following topics:
 - Things to consider while they are telling
 - The time is right: Don’t rush as soon as you find out. Give yourself time to process what you are going through. Or don’t tell around a special-occasions, holidays, birthdays etc.
 - The place is right.
 - How you are feeling: If you are feeling sick, reschedule.
 - The best approach for telling someone
 - Let them know beforehand you have something important to tell them.
 - Rehearse what you want to say before you say it.
 - Be direct.

- Check on how they are feeling afterwards and let them know your next steps so that you can reinforce why you disclosed to them and need their support.
- Ask if anyone wants to do a role play. If not let them know that you are willing to do a role-playing exercise if they are interested in practicing how they would disclose to someone. In any case make sure that participant is aware of how they are feeling on the feeling thermometer. You can ask the following questions to get it started.
 - What is one thing that you like about the disclosure?
 - What is one thing that you would do differently?
 - What was comfortable and what was uncomfortable?
- Remind the participants that the guidelines for disclosure are intended to help them feel more prepared and comfortable about disclosure. Let them know that there are no guarantees about the outcome of the disclosure experience.

X Keep in mind that no matter how well-prepared and comfortable you are, the experience may still not turn out how you would want it to be. But, know that it is ok. YOU will be ok. X Remember to do breathing exercises if you ever feel like you are in a panic. Even in the middle of you telling someone, take a breather break and set yourself at ease. How you react in front of the person may contribute to how they react to the news.

X Again, if you would like to practice with someone before you tell the next person on your list you should. I am here, if you know someone outside of here that you can practice with do so. Just remember to make sure it's the right time, and place, and that you are really prepared to do so.



STYLE 2.0 Mobile App Onboarding Guide

Message to the study team:

THANK YOU for working on this study and enrolling participants in STYLE 2.0. At this point in the study YOU are our most valuable asset. Without you, we could not do this. YOU are our portal to participants and YOU will be introducing them to the STYLE 2.0 app.

In order for participants to have the most useful experience with STYLE 2.0 it is very important that you guide them in setting up the app.

PLEASE, PLEASE encourage participants to take their time as they go through the onboarding process and be excited about the app and all of its features. **YOU** are the selling point for the app and how exciting you make this will directly affect how engaged the participants are.

We are so grateful for your time and effort. Now let's get this onboarding started!

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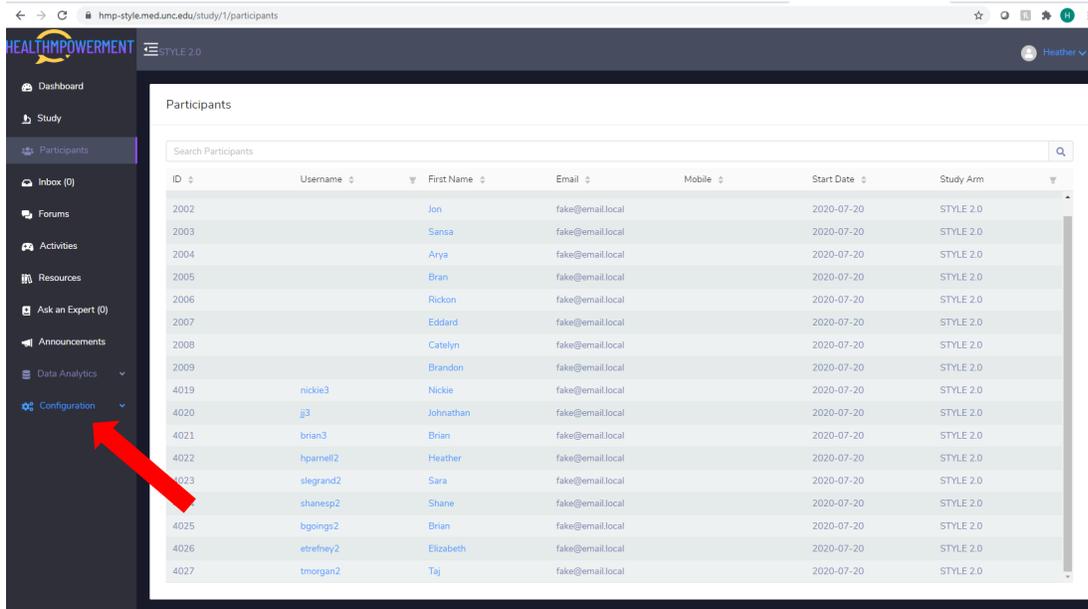
Adding Participants

Setup

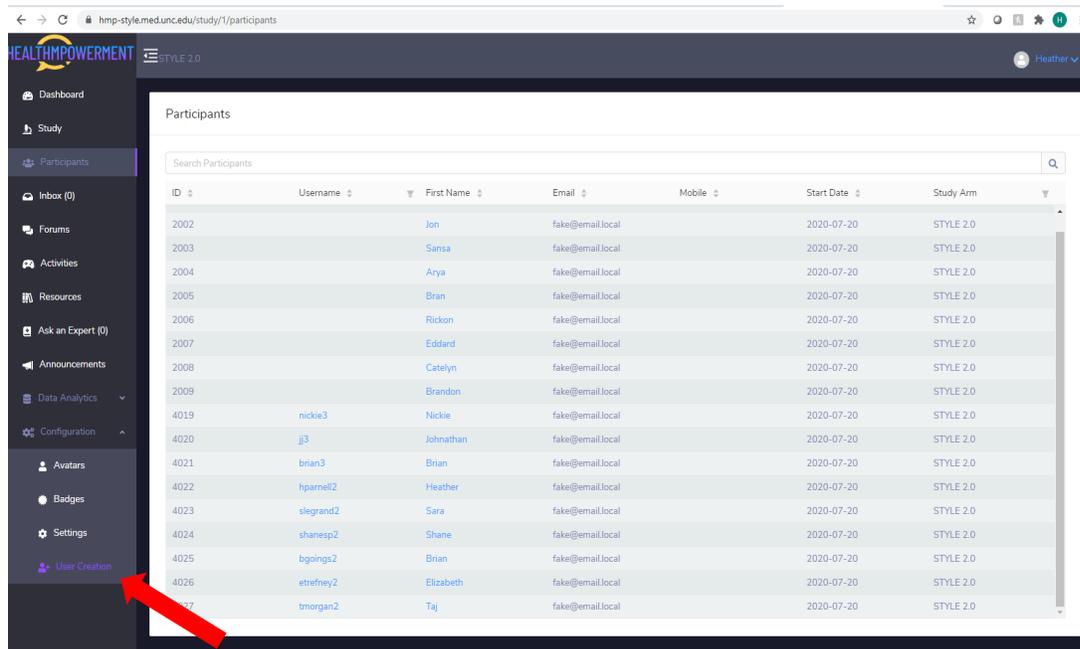
Welcome Screens

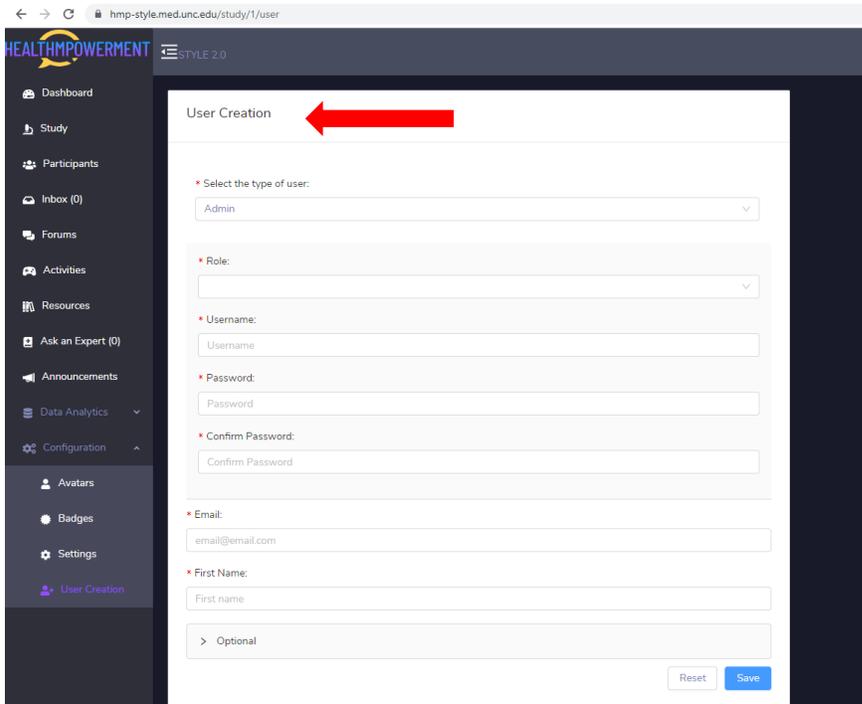
Adding Participants

- Log in to the STYLE 2.0 Admin interface: <https://hmp-style.med.unc.edu/>
- Sign in with your admin username and password
- Go to the far left bottom and click on “Configuration”

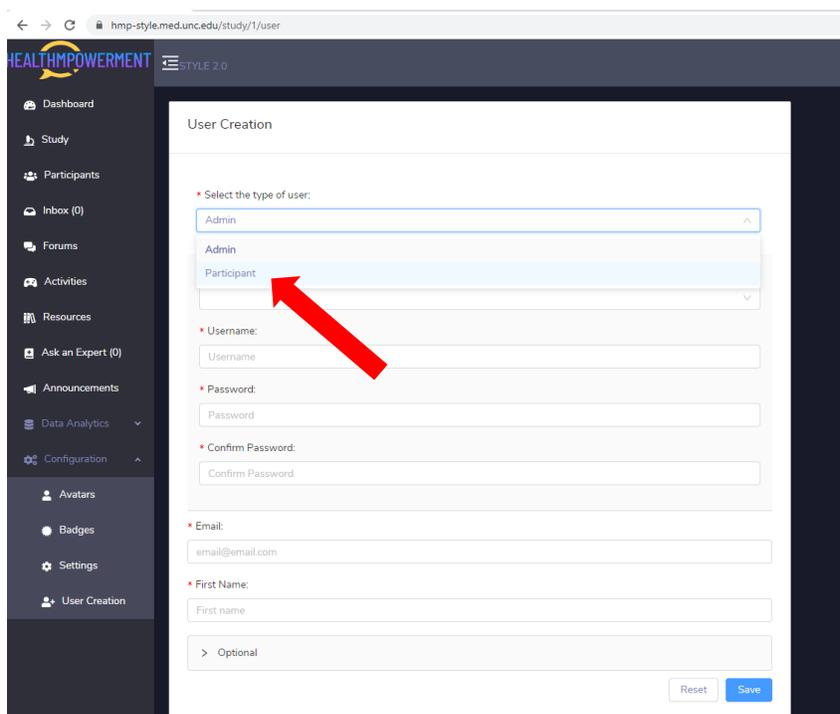


- Click on “User Creation”

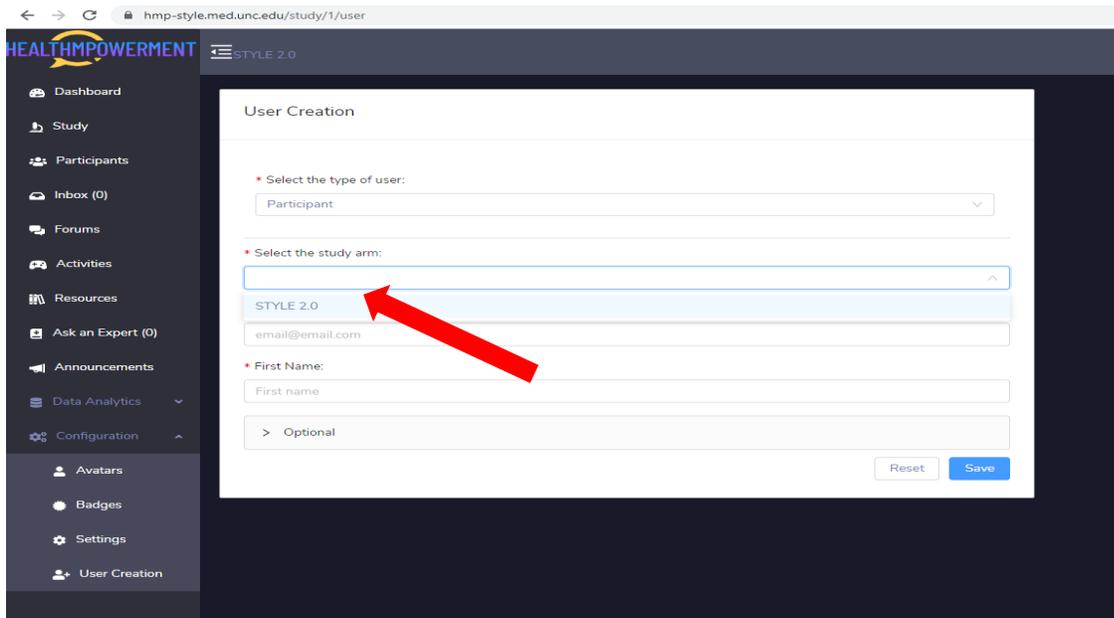




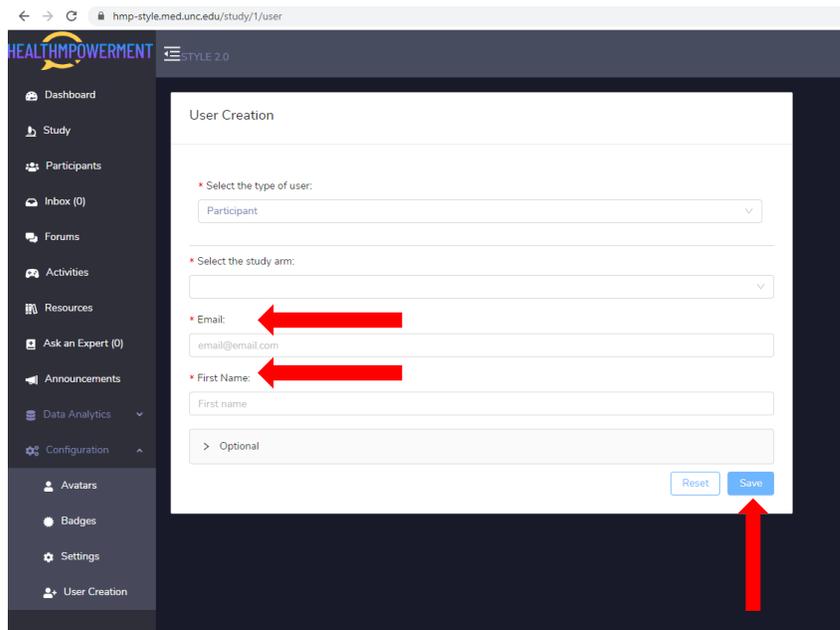
- Select Type of User – “Participant”



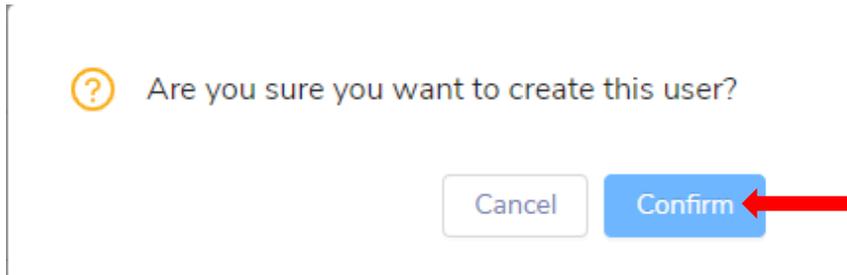
- Select the Study Arm – “STYLE 2.0”



- Add participant’s **EMAIL** and **FIRST NAME**
- Click “Save”



- Click on “Confirm”



- This will generate the onboarding email below and send it to the email address entered for the participant.

Dear [Name],

*Thank you for participating in STYLE 2.0! We are excited to inform you that you are a part of HealthMpowerment's STYLE 2.0! **Before we can send you your baseline incentive, you'll need to download the STYLE 2.0 app and complete the sign-up process.** Follow these instructions to get started (should only take a few minutes):*

1. *Download and install the app. Tap the link for your phone type:*
 - iPhone: [STYLE 2.0 in the App Store](#)
 - Android: [STYLE 2.0 in the Play Store](#)
2. *Once the app is installed, open it and tap "Sign Up"*
3. *Copy the access code below and paste it into the first step of the signup process.*

Your access code is: ae72294946

4. *Complete the remaining setup steps.*

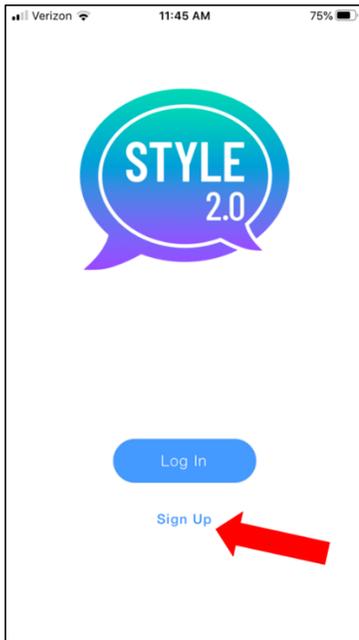
That's it! Now you can explore all that STYLE 2.0 has to offer!

If you have any trouble downloading the app or signing up, please reply to this email or contact us by phone at 919-813-0268.

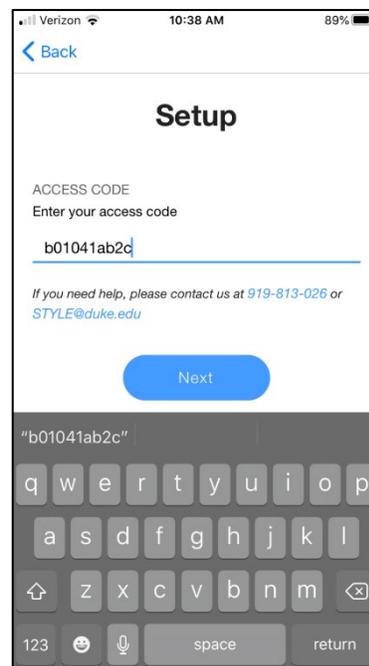
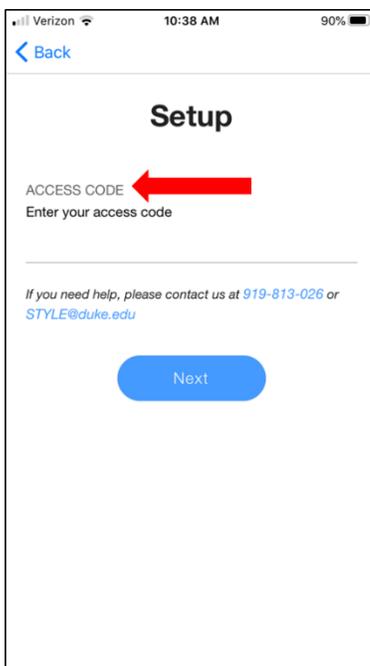
*Get Mpowered,
The STYLE 2.0 Team*

Setup

- The STYLE 2.0 app will walk participants through the set up process page by page, see steps and screenshots below to help guide them
- Once the app is installed, open it and tap "Sign Up"



- Copy the access code below and paste it into the first step of the signup process.



- Username: Remind participants to create a username that does not include their name or any part of their name, location, birthdate, social media handle or ID, or any other personal information in it.
- ****They will need to log into the app on a regular basis, try to pick a username that they will easily remember***

Verizon 10:39 AM 89%

< Back

Setup

Step 1 of 6

Your username is your STYLE 2.0 identity throughout the study. Usernames cannot be changed, so choose wisely!

We advise you to protect your privacy by choosing a username that does not include personal info like your name, birthdate, or other social media handle.

USERNAME

PASSWORD
Must be at least 8 characters

CONFIRM PASSWORD

Verizon 10:39 AM 89%

< Back

Setup

Step 1 of 6

Your username is your STYLE 2.0 identity throughout the study. Usernames cannot be changed, so choose wisely!

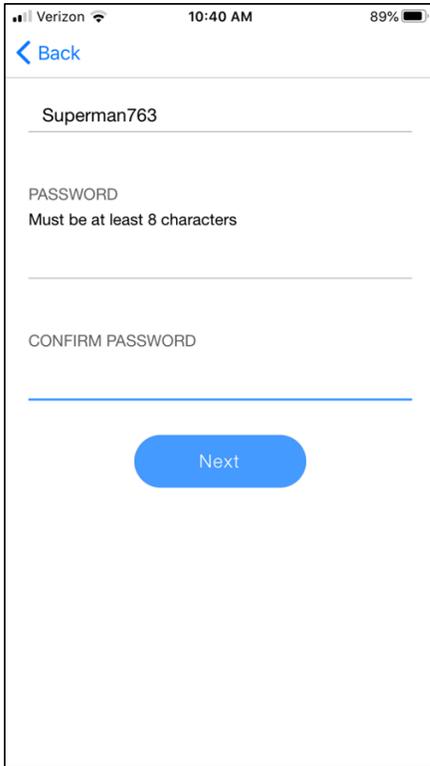
We advise you to protect your privacy by choosing a username that does not include personal info like your name, birthdate, or other social media handle.

USERNAME
Superman763

PASSWORD
Must be at least 8 characters

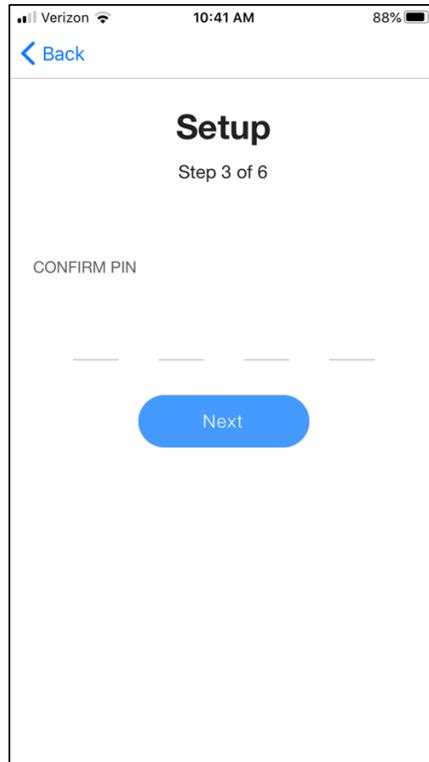
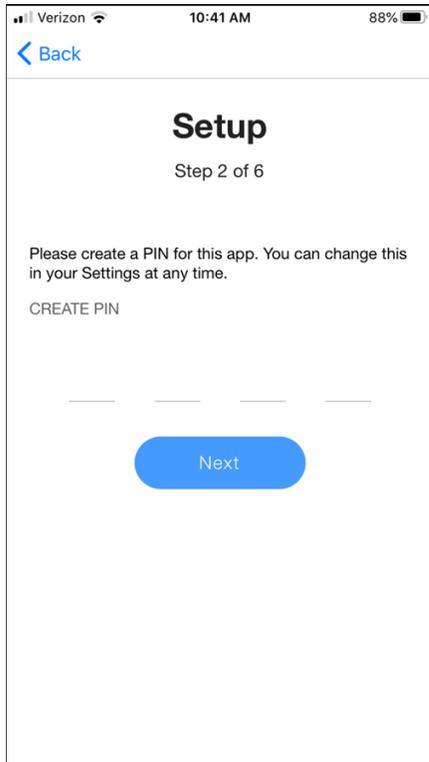
CONFIRM PASSWORD

- Create and confirm password: Remind participants that it must be at least 8 characters
- ****They will need to log into the app on a regular basis, try to pick a password that they will easily remember***

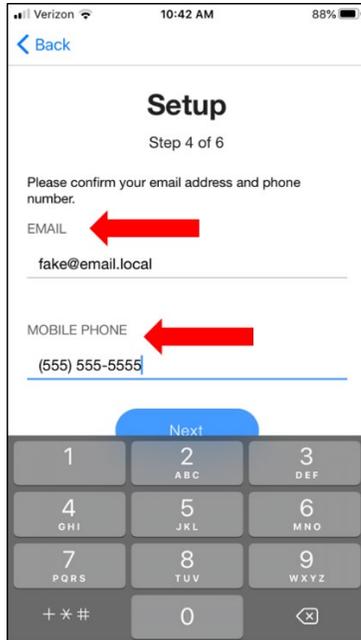


The screenshot shows a mobile app interface for creating a password. At the top, the status bar displays 'Verizon', '10:40 AM', and '89%' battery. Below the status bar is a blue '< Back' link. The main content area has a white background with a light gray border. It contains a text input field with the text 'Superman763'. Below this is a label 'PASSWORD' followed by the instruction 'Must be at least 8 characters'. There is an empty text input field below the instruction. Further down is a label 'CONFIRM PASSWORD' followed by another empty text input field. At the bottom center, there is a blue rounded rectangular button with the text 'Next'.

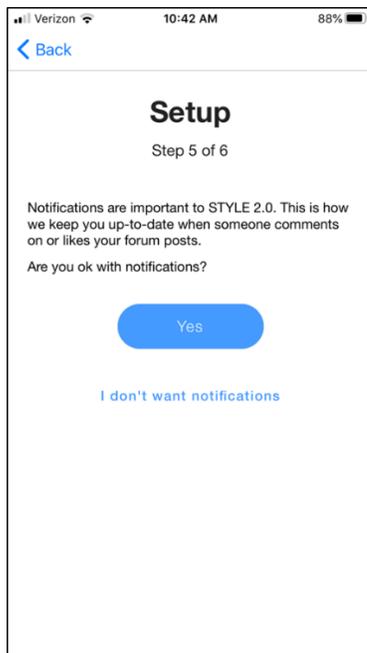
- Create and confirm PIN number that will be used to re-enter app after switching to another app on the phone. Please choose something you will remember as this will be entered often.
- ****Please note this is a privacy feature so that if someone else uses your phone while you have the app running in the background they will not be able to view the app content.***



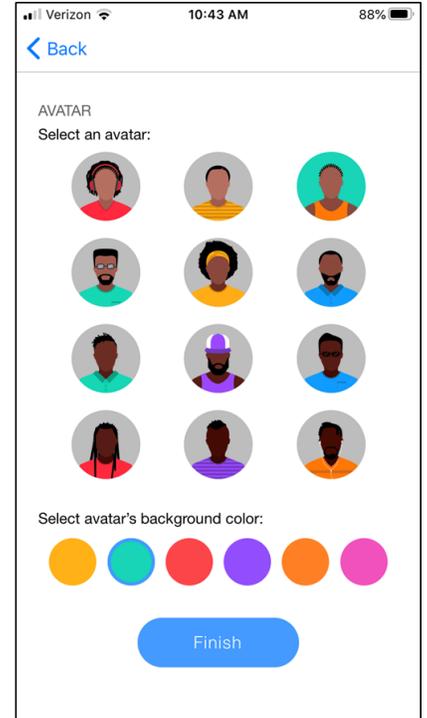
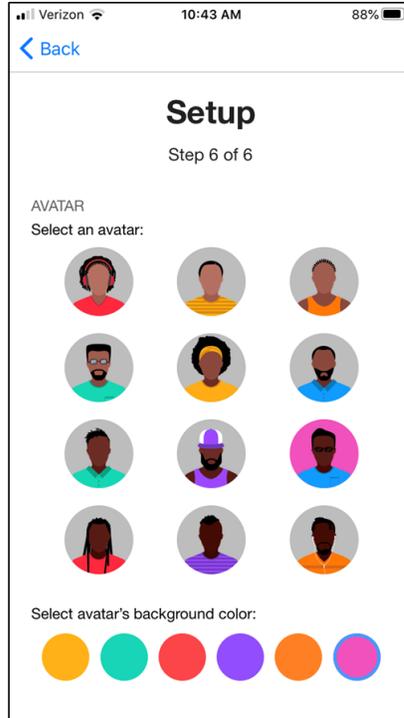
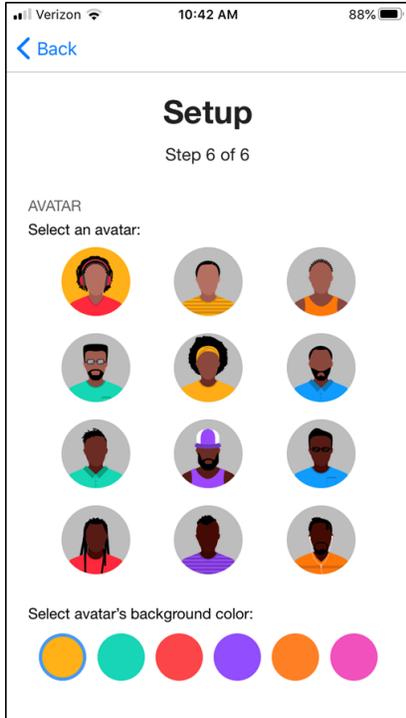
- Confirm email address and phone number – be sure to remind participant that this will be how the app will send notifications so please use an email and phone number that is checked often



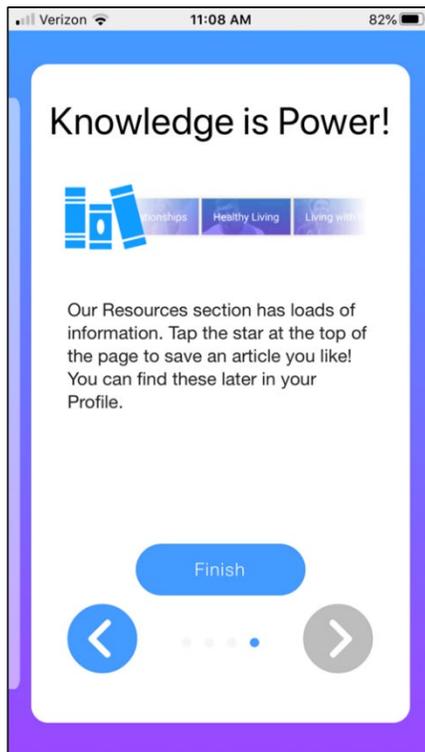
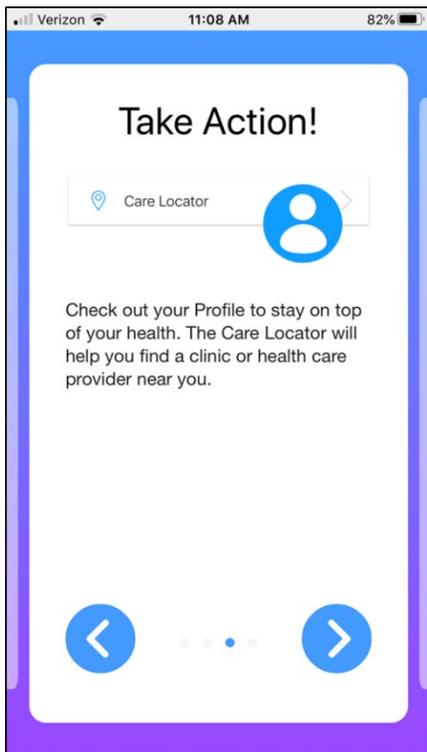
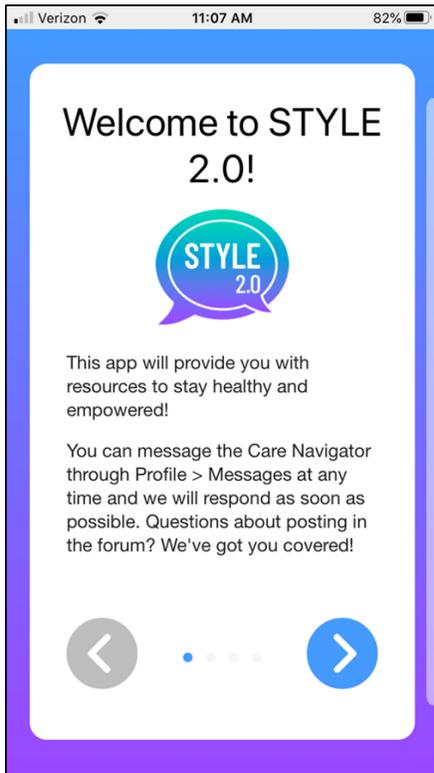
- Notifications agreement – please encourage participants to receive notifications, this will help with app engagement and they will receive notifications when we communicate with them through the app



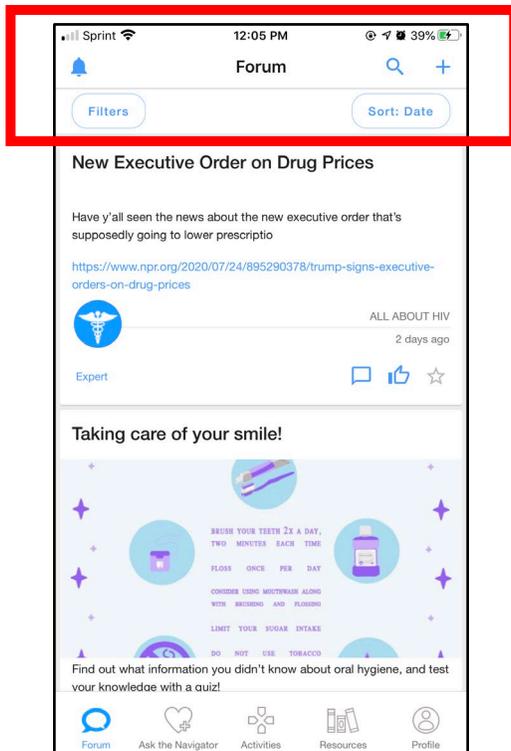
- Avatar Selection: Choose an avatar and a background color and then click “Finish”
- *They can change this as often as they want in the setting tab once they are enrolled***



Welcome Screens



Forum Tab/ Feed/ Home page



Notifications Bell: Shows new badges earned, as well as new activity from post interactions and resources.

Magnifying Glass: Search for specific content through filter and sort

Plus: Create a new post

Creating Posts & Post Engagement

The Forum page serves as your “feed” for posts and interactions within the community. This is how you will connect and share information with other participants! You can share anything from news to pop culture, interesting articles or even just wanting to spark a conversation. With the ability to comment and like posts, you are able to engage with participants. This also allows participants to earn certain badges, which can then increase the level of engagement even more.

Commenting on a post

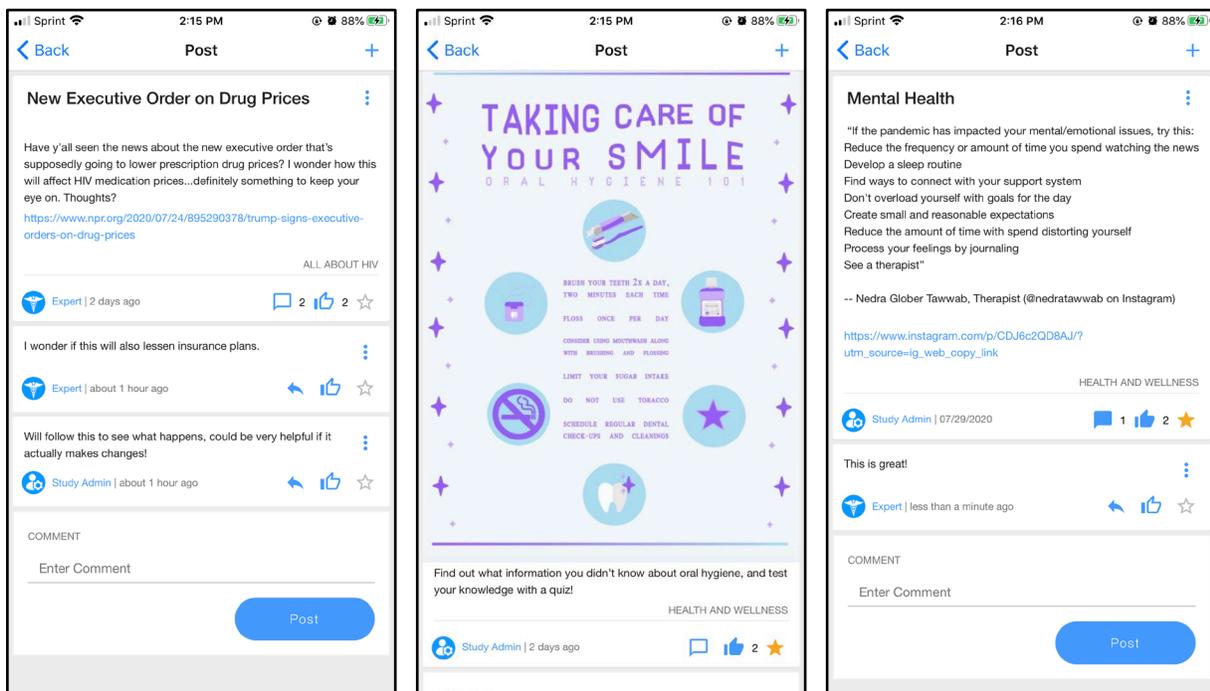
Press the comment button to leave a message under the post. You can use comments to share ideas, opinions, and other thoughts.

Liking a post

Press the “thumbs up” button to like a post. Liking posts can show support, or just lets the poster know that you enjoyed reading their content.

Favoriting a post

You can use the star to save a post or question you may have liked and want to easily find again. You can find your saved posts in the Profile Tab under “Saved Content.”

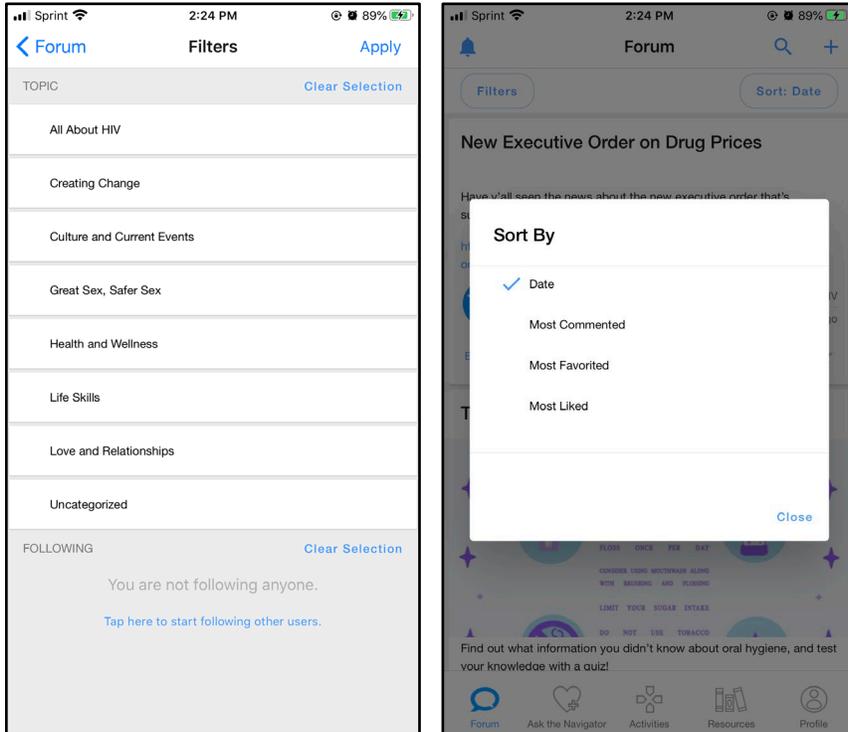


Filters

Filters are used to find specific content that may have been posted on the app. You can filter by a certain topic or people that you follow.

Sort

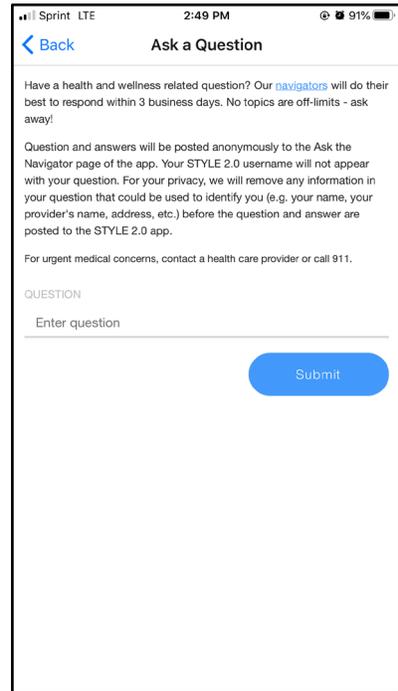
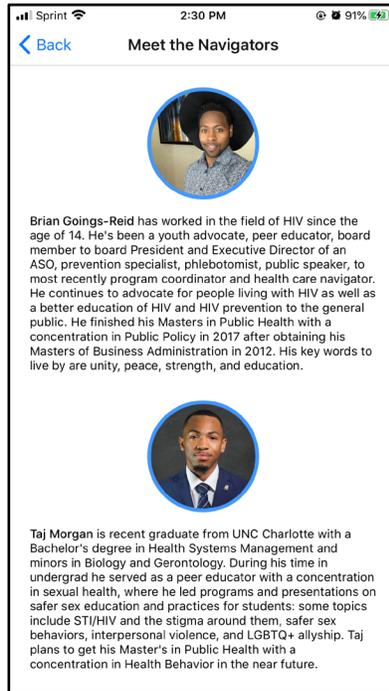
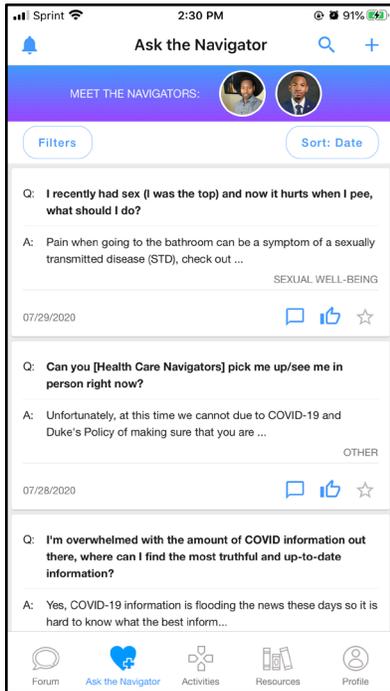
You can also search for content by different items including “Date” and “Most Liked”



Ask the Navigator Tab

The Health Care Navigators are here to answer any questions the participants may have —no matter how open or private they may be. If the question happens to be very helpful or informative, they will share that question with the entire community, on the “Ask the Navigator” board. The participants personal information will always be kept private.

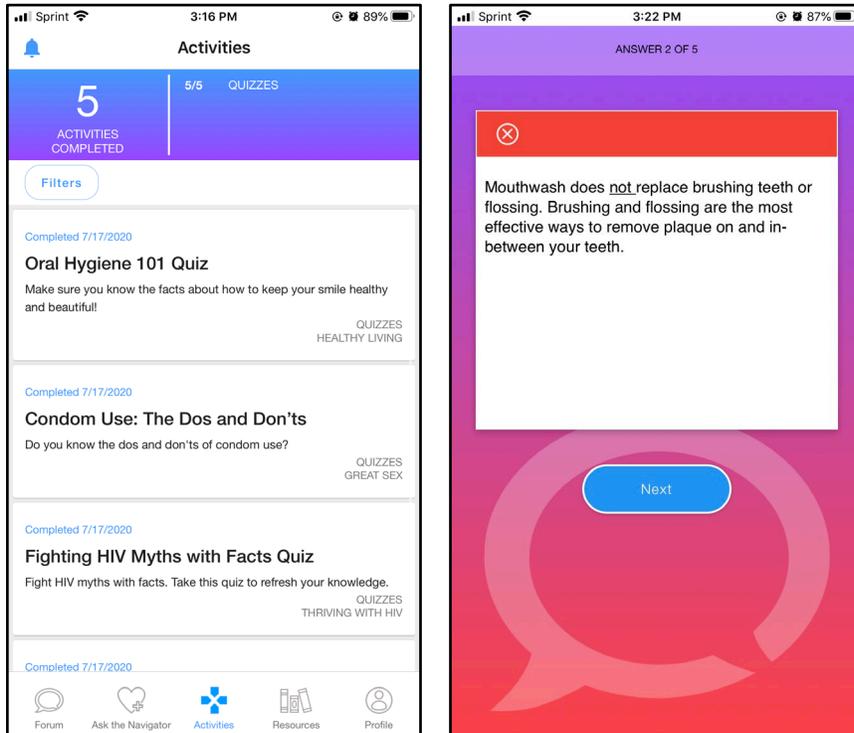
Check out Brian and Taj’s bio by clicking on the purple bar titled “Meet the Navigators.” At the bottom of the page, participants can submit questions that they would like to ask.



Activities Tab

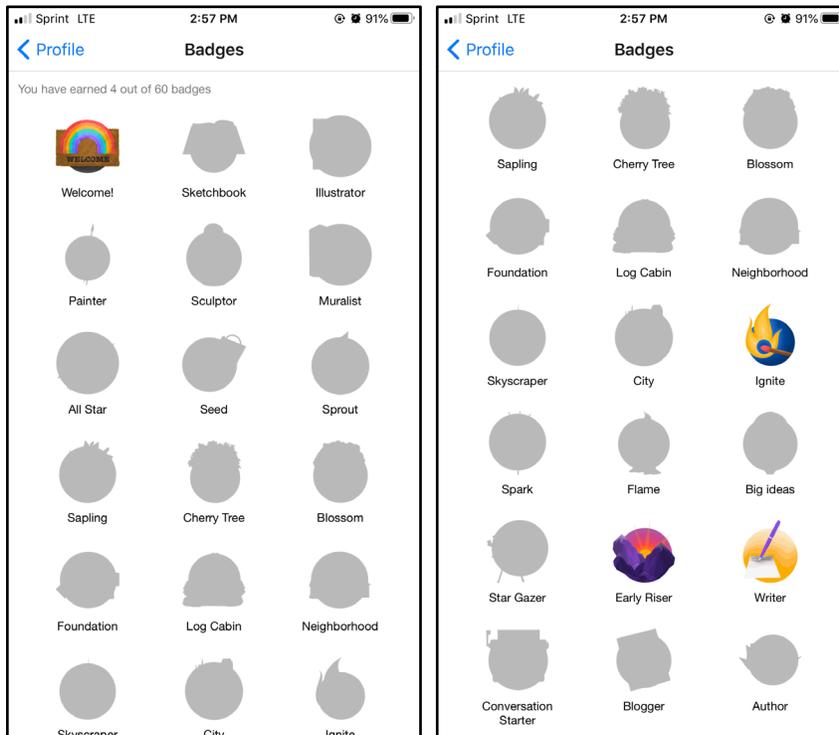
Engagement on the STYLE 2.0 app goes beyond posts and interactions. In the activities page, there are many different quizzes to test the participant's knowledge in various topics.

After a question is answered, sometimes it will give you feedback or extra information about the question.



Badges

Badges are a fun way engage participants in using in the app because they can earn them by doing different things on it. From making a post to taking a quiz, getting them can be very easy at first. The fun challenge of getting all the badges happens as you go from being a Newbie to a STYLE 2.0 Pro. There are 60 different badges that you can possibly earn, with the first one being the “Welcome!’ badge. All earned badges can be accessed by going to the “Badges” section in the Profile Tab.

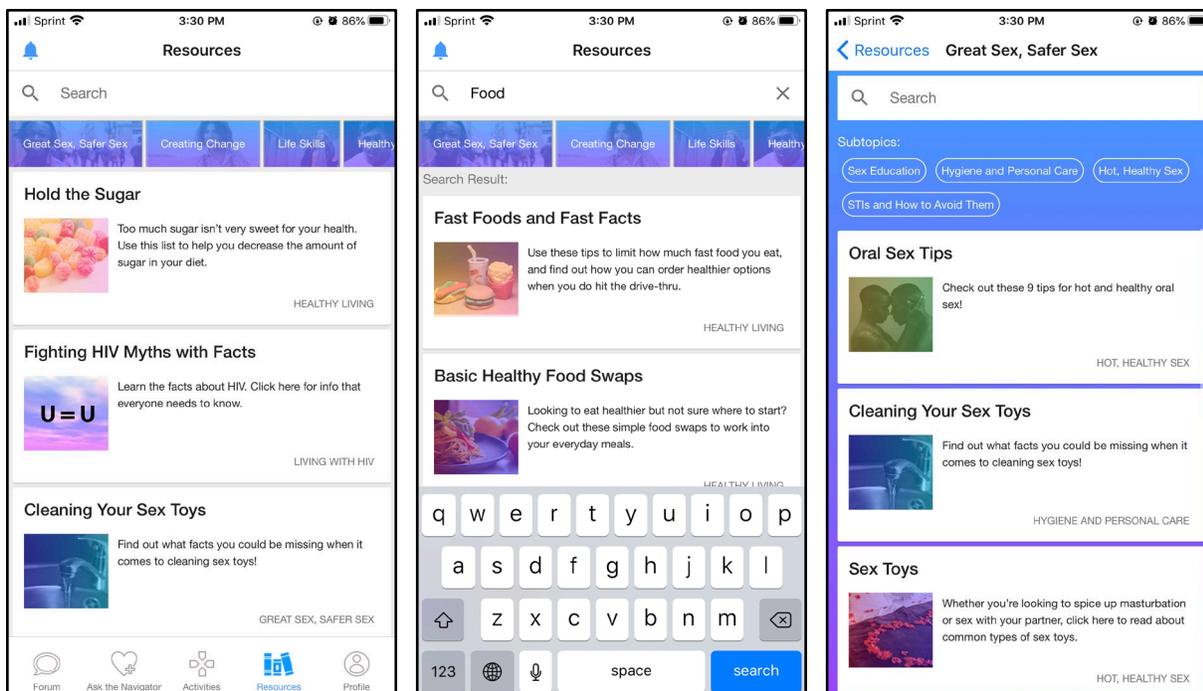


Resources Tab

The resources tab is full of short and easy to read articles on different topics including relationships, health & wellness, and life skills. Check them out and share a post on something interesting you’ve learned with the community!

Search Bar and Categories

Use the search bar to type in key words to find a specific type of article. You also have the option to choose from the different labeled categories.



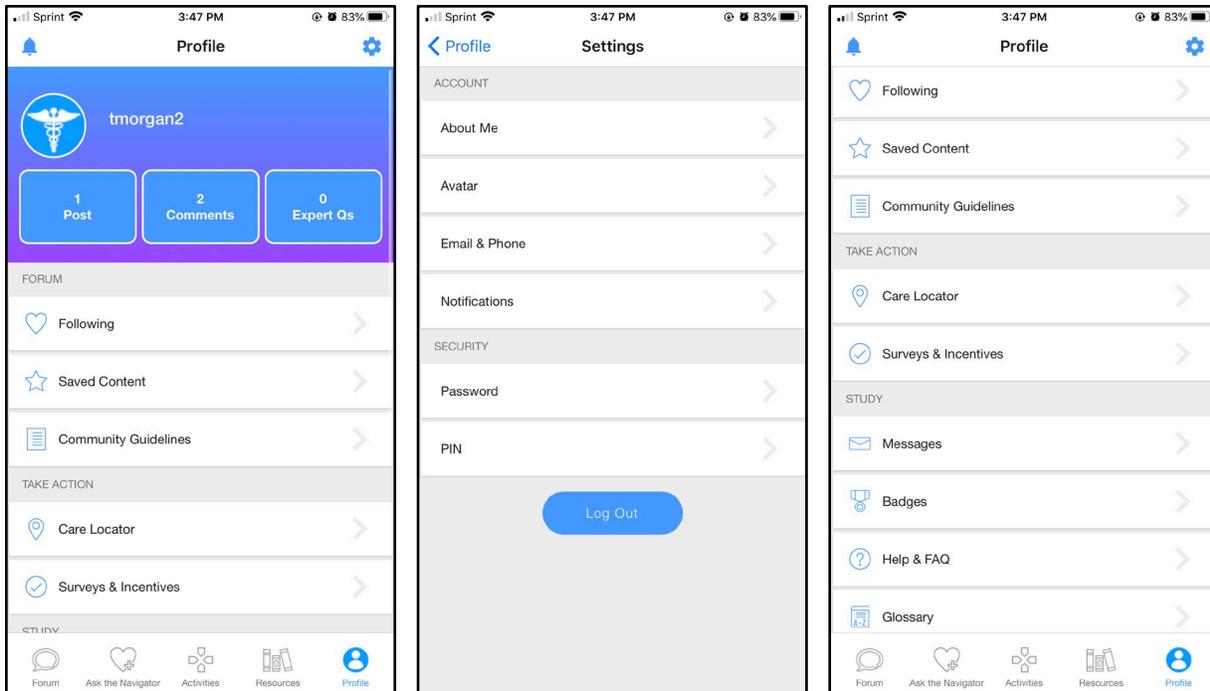
Profile Tab

The profile page allows you to monitor your account and make edits to your profile. It also gives you access to important information. You can see:

- What you have posted and who has commented
- What you have commented on and other comments
- Questions you have asked the navigator
- Content you have saved
- People you are following

Settings Gear: Allows you to add a biography in the about me section, create and personalize your avatar, and update your email, phone number, and other security information.

- The **Care Locator** helps you identify local HIV care centers.
- **Messages** can be used for direct contact with Brian and Taj.
- **FAQ** is provided for answers to our most commonly asked questions.
- **Glossary** is provided for unknown terms you may come across.
- **Survey and Incentives** shows the reason/timeline for e-gift cards



How to Follow Someone

Click Following on the Profile Tab

we need fake users or something, can't really do it right now so not sure of full steps

Community Guidelines

The STYLE 2.0 app is designed to share information and resources to help you lead a healthy, empowered life. It is also meant to be a space to connect with others, exchange ideas, and find community. In that spirit, we have the following community guidelines to create a safe, enriching experience for everyone:

- No pornography or sexually explicit material. Don't even bother because it will be flagged and removed.
- We encourage free speech and defend everyone's right to express their point of view. We also recognize that we all have implicit biases to work through. But we don't allow hate speech, bullying, racism, sexism, transphobia, or any other form of stigmatizing or discriminatory language.
- Any predatory behavior, stalking, threats, harassment, intimidation, invading privacy, revealing other people's personal information, encouraging others to commit violent acts or to violate these rules is taken very seriously. Just don't do it.
- Material encouraging or condoning illegal activities like under-age drinking, drug abuse, etc. is not allowed.
- Be thoughtful about what you post and how it may impact others on the app.

We all uphold and practice the guidelines We all take these rules seriously. They are in place to protect and respect each person on the app. We want HMP to be a place where you can be authentic, share your voice, and make connections. With great opportunity comes great responsibility! We ask that you alert the HMP team if you see something that goes against the community guidelines or that you find concerning. You can do this by "flagging" a post. Once a post is flagged, the HMP team will review it. If we agree that it violates community guidelines, we will remove the post and follow up with the user who posted it. Repeated offenses will result in that participant's removal from the app.

Flags should only be used for content that violates the guidelines not for content you disagree with. Sometimes a disagreement can be the start of a great conversation – respectfully share your opinion in a comment. Who knows what may come out of it!

Mpowerment for You This is your community! Every person that accesses STYLE 2.0 makes this app what it is – so don't be afraid to dig in and get involved.

- Have fun! There's a lot to see here, and lots of folks sharing amazing stuff—one of them might be you! Feel free to add your own creative spark to the community.
- Let folks know what you think. Feedback's part of the experience. When feedback is given with respect and an open mind, it can be a great way to make friends, share stories, and make your time on STYLE 2.0 richer.
- You may not always agree with everything on the app, but the material is here for you. If there is something missing, or if you think something should be changed, let us know! You can always contact us through the app. If you want to add your own material to the app, please feel free!

That's it! Thanks for reading.

-The STYLE 2.0 Team

STYLE 2.0 Patient Qualitative Interview Guide

Thank you for taking part in this interview. We want to hear about your experiences with the STYLE 2.0 program. We are recording this interview, but your answers will remain confidential and your name will never be connected to your answers. Your answers will not be used in a way that can identify you. To maintain confidentiality, please try not to use any names when we talk about your experiences.

Notes to interviewer: The purpose of this interview in general is to make the client feel comfortable so that they can comprehensively and authentically walk you through their experiences.

Section 1. Background: Social History and History as Patient

Tell me a little bit about yourself.

Potential Probes:

- Where are you from?
- What is your current living situation?
- Who are some of the people you are close to? (who do you turn to when you have a problem?)
- What do you do for transportation?

Talk about your experiences with getting medical care.

Potential Probes:

- In the past, before you tested HIV-positive, what brought you in to medical care?
- *For out-of-care clients:* Think back to a time when you weren't coming into the clinic. What was going on in your life then?
Probe: How did these events impact your health care?
- How are your previous experiences with non-HIV related medical care different from your experiences with HIV-related medical care (if any)?

When and where were you first diagnosed with HIV?
Who knows about your HIV dx?

Tell me about what happened between the time you were diagnosed and the time you came in for HIV care.

Tell me the story of your connection to the agency/clinic where you are currently receiving care.

Potential Probes:

- How did you find this agency/clinic?
- How long have you been a client/patient at this agency/clinic?

- How often do you come in?
- What kinds of situations might cause you to come in?
- Who do you see when you come in?
- How do you get there? *Probe*, has that changed over time?
- What do you think of the services you get at this agency/clinic?
- How much do you think the agency/clinic care about patients here?
- Do you have any concerns when you're here – what are they?
- *Probe*: wait time, ease of making appts., caring staff, listening to patients.

What is it like for you receiving/being in care for HIV?

Tell me about your HIV treatment and care journey.

Potential Probes:

- Are you taking medication for HIV? *Probe*, How is it for you taking them?
- Thinking back to when you first went into care, has it been difficult to stay on track with treatment?
- Do you know your viral load and whether you are undetectable?

How has your medical care changed since COVID?

How has your life changed since COVID?

- Housing changed?
- Job changed?
- Social life changed?
- Stress level changed?
 - If so, what have you done to help with the increased stress?

Section 2. Intervention Experiences

We are interested in hearing experiences with STYLE 2.0.

Talk to me about your experience with working with the Health Care Navigator (HCN).

Potential Probes:

- Describe your first meeting with the HCN. *Probe*, what kind of goals did you set at this meeting, if any?
- What do/did you like about it?
- What were you concerned about, if anything?
- How helpful would you say it has been to work with the HCN?
- What kind of service/s did the HCN provide to you?

What kinds of things are you and the HCN doing together? Give me an example of what you worked on during the first part of your time with the HCN. Now what kinds of things are you working on.

Potential Probes:

- How is working with a HCN similar or different to working with a case manager?
- What kind of services have you received from them outside of the clinic? Probe, do you ever meet them outside the clinic?
- Can you give me an example of when you and the HCN worked on something together?
- What has worked well so far?
- What has been challenging?
- If you could change or improve anything about the program, what would it be?

What would you be doing if you didn't have the HCN to work with?

Overall, how has working with the HCN impacted you?

Have you attended any of the support groups?

- If yes, describe what that experience was like?
- Would you recommend group to other participants?
- What was your favorite part of group?
- How could group be improved?

Did you meet with the STYLE 2.0 Stylist, Amy, at all?

- How were you introduced to Amy? Can you talk about your experience of first meeting Amy?
- If yes, describe what that experience was like.
- Did they refer you to outside services? If so, did you attend?
- How many sessions did you attend?
- Did you think your sessions were helpful?

Did you utilize the healthMpowerment website/app?

- How are you using that program?
- What do you like/dislike about the program?
- Do you interact with other social media sites?
- How would you compare the STYLE app to other social media apps? Do you log on as much?

Wrap Up

We have talked about many aspects of your life and your experience receiving care for your HIV.

Are there any final thoughts that you would like to share with me?

Is there any topic that you thought we would discuss that I didn't ask you about?

STOP Audio-Recording
Thank interviewee for their time and for participating in the study.

Group Members Confidentiality Agreement

Confidentiality is a trust of privacy in communication and information. This agreement is an attempt to provide you and your fellow group members with as much confidentiality protection as possible. It is our expectation that the facilitator(s), you, and your fellow group members do not disclose any participant's identity including names, physical descriptions, or biological information or discuss any conversations that occur within this group. This means that this information should not be shared with friends, family, roommates, significant others or any other person that is not a member of this group. Additionally, no pictures, screen shots, recordings, or live feeds should be captured while participating in groups without expressed permission from 1) the facilitator, and 2) any participating group members. Even if permission is granted, these materials should not be posted on any social media platform or website.

While participating in the group we expect you to be respectful of each person in the group. We ask that you adhere to the following group rules:

- No physical contact of any kind is permitted within the group setting.
- Cell phones will be on silent while in group.
- No alcohol or drugs will be permitted at group locations.
- Respect each other's time by staying on topic.
- Give everyone an opportunity to voice their ideas, feedback, and opinion.
- Let people complete their thought process/ question before responding.
- It is ok to feel, so if you must excuse yourself for a few minutes please do so.

By signing this agreement, I agree that I have read carefully and understand everything in the Group Agreement and agree to the terms and conditions as written. I have asked and had answered any questions I have concerning the Group Agreement and am aware that signing the agreement is required for my admission to the group. Additionally, I agree that I will not disclose anyone's identity inside of this group or discuss any of the conversations that occur within this group. I understand that if I do so I will be removed from the group.

Participant ID: _____

Participant Signature

Date

Health Care Navigator Signature

Date

Weekly STYLE 2.0 Checklist

Start of Block: Default Question Block

Q1 Healthcare Navigator Name

- Brian Goings-Reid (1)
- Taj Morgan (2)



Q2

How many individuals were referred to you this week?

Q3

Did you interact with all of those referred to you this week (e.g., by phone, text, email, Zoom)?

- Yes (1)
- No (2)
- N/A , no referrals this week (3)

Display This Question:

If Q3 No

Q4

Please indicate how many referrals you did not interact with and what prevented the interaction(s).



Q5 How many different participants did you interact with this week?

Q6 Have you completed the DSAT for all of those participant interactions?

- Yes (1)
- No (2)

Display This Question:
If Q6 No

Q7 Please indicate which interactions you have not entered into DSAT and why:

Q8

Have you updated the Tracking Spreadsheet with the following information?

| | Yes (1) | No (2) | N/A (3) |
|------------------------------|-----------------------|-----------------------|-----------------------|
| Demographic Information (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinic Information (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HCN Name (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Date of Consent (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Date of Baseline Survey (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Date of Follow-up Survey (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| STYLE Username (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If Q8 = Demographic Information [No]

Or Q8 = Clinic Information [No]

Or Q8 = HCN Name [No]

Or Q8 = Date of Consent [No]

Or Q8 = Date of Baseline Survey [No]

Or Q8 = Date of Follow up Survey [No]

Or Q8 = STYLE Username [No]

Q8a Please indicate why the Tracking Spreadsheet was not updated with this tracking information.

Q9 Have you completed the Personal Disclosure Form for all participant payments this week?

- Yes (1)
- No (2)
- N/A, no payments this week (3)

Display This Question:

If Q9 No

Q10 Please indicate how many Personal Disclosure Forms you did not complete and why you were unable to do so.

Q11 Have the Group Tracking Spreadsheet/Notes been updated?

- Yes, by Brian (1)
- Yes, by Taj (2)
- No (3)

Display This Question:

If Q11 No

Q12 Please indicate why the Group Tracking Spreadsheet/Notes have not been updated:

Q13 Did you verify that all participants who submitted the Baseline Survey completed it in its entirety?

- Yes (1)
- No (2)
- N/A, none submitted (3)

Display This Question:

If Q13 No

Q14 Please indicate how many Baseline Surveys you did not verify and why you were unable to do so.



Q15 How many of your participants had open 6-month Survey windows this week?

Q16 Did you contact all of your participants with open 6-month Survey windows at least one time this week?

- Yes (1)
- No (2)
- N/A, no clients with open 6-month Survey windows this week (3)

Display This Question:
If Q16 No

Q17 Please indicate how many participants with open 6-month surveys you did not contact and what prevented the interaction(s).

Q18 Did you verify that all participants who submitted the 6-month Survey completed it in its entirety?

- Yes (1)
- No (2)
- N/A, none submitted (3)

Display This Question:

If Q18 No

Q19 Please indicate how many 6-month surveys you did not verify and why you were unable to do so.



Q20 How many of your participants had open 12-month Survey windows this week?

Q21 Did you contact all of your participants with open 12-month Survey windows at least one time this week?

- Yes (1)
- No (2)
- N/A, no clients with open 12-month Survey windows this week (3)

Display This Question:

If Q21 No

Q22

Please indicate how many participants with open 12-month surveys you did not contact and what prevented the interaction(s).

Q23 Did you verify that all participants who submitted the 12-month Survey completed it in its entirety?

- Yes (1)
- No (2)
- N/A, none submitted (3)

Display This Question:

If Q23 No

Q24 Please indicate how many you did not verify and why you were unable to do so.

Q25 Did you post in the STYLE 2.0 App at least 3 times this week?

Yes (1)

No (2)

Display This Question:

If Q25 No

Q26 Please indicate why you were unable to post in the STYLE 2.0 app:

Q27 Did you complete and Ask the Navigator post this week?

Yes (1)

No, but it was my week to post (2)

No, it was not my week to post (3)

Display This Question:

If Q27 No, but it was my week to post

Q28 Please indicate why you were unable to post:

Q29 Are there any questions or concerns that have come up this week that you would like to share with Sara & Heather?

End of Block: Default Question Block

STYLE 2.0 Activities Tracking (DSAT)

Start of Block: Client Level Tracking

1 Client ID

2 Is this an enrollment visit?

Yes (1)

No (2)

Skip To: 3 If 2 No

2a How was the client recruited to the study:

In person: (1) _____

Social media or Online Recruitment: (2)

Print media (includes poster/flyer advertisement): (7)

Street-or venue-based outreach: (8)

Friend/family referral (includes snowball sampling): (3)

Internal/In-Reach referral: (4)

External partner referral: (5)

Other (please specify): (6) _____



2b Date the client enrolled:

2c Clinic client currently or is planning to attend:

- Duke-ID (1)
- UNC-ID (2)
- Advance Community Health (ACH) (5)
- Early Intervention Clinic (EI) (3)
- Wake County Human Services (WCHS) (4)
- USC-ID (7)
- Other (please specify): (6) _____



3 Date of Intervention Service Encounter (ISE) (mm/dd/yyyy)

4 Duke Evaluation Service Category

- Intake assessment/Evaluation (1)
 - Care coordination/case management (2)
 - Referral to clinical services (3)
 - Referral to behavioral health care services (4)
 - Referral to general support services (5)
 - Referral to other (please specify) (6)
-

- Peer support group/session (7)
 - Motivational Interviewing (8)
 - Health education meeting (9)
 - CLEAR counseling session (10)
 - Other (please specify) (11)
-

- Not applicable (12)

Display This Question:

If If Duke Evaluation Service Category q://QID144/SelectedChoicesCount Is Greater Than or Equal to 2

4a-a Duke Evaluation Service Category follow-up

Please choose the one category that you spent the majority of the time working on during your client interaction

- Intake assessment/Evaluation (1)
 - Care coordination/case management (2)
 - Referral to clinical services (3)
 - Referral to behavioral health care services (4)
 - Referral to general support services (5)
 - Referral to other (please specify) (6)
-

- Peer support group/session (7)
- Motivational Interviewing (8)
- Health education meeting (9)
- CLEAR counseling session (10)
- Scheduling (12)

Display This Question:

If 4 Intake assessment/Evaluation

4a Type of Assessment/Evaluation

- SAMISS Screener (1)
 - Acuity Index (2)
 - BMSM-PS/Duke Evaluation Survey (3)
 - Qualitative Interview (4)
 - Other (please specify) (5)
-

Display This Question:

If 4 Care coordination/case management

4b Type of Care Coordination/Case Management

- Clinical appointment attendance (1)
 - HCN transport client (3)
 - Bus Pass/Routes (4)
 - Bus passes for discounted rate (5)
 - Transportation Other (please specify) (6)
-

- Medical provider (8)
 - Social worker (10)
 - Behavioral health provider (9)
 - Communication other (please specify) (11)
-

- Other (please specify) (12)
-

Display This Question:

If 4 Referral to general support services

4c Type of Referral to General Support Services

- Housing (1)
- Education (2)
- Employment (3)
- Child Care (4)
- Support groups (5)
- Alternative medicine (6)
- Other (please specify) (7) _____

Display This Question:

If 4 Motivational Interviewing

4d1 Type of Client Interaction

- Introductions/Scheduling first session (1)
- Scheduling/Rescheduling Appointment (3)
- Motivational Interviewing Session (2)
- Motivational Interviewing Session - no show (5)
- Continuing Behavioral Health Services (6)

Display This Question:

If 4d1 = Motivational Interviewing Session

4d2 Motivational Interviewing Tracking

- Session 1 Topic: (1) _____
- Session 2 Topic: (2) _____
- Session 3 Topic: (3) _____
- Session 4 Topic: (4) _____

Display This Question:
If 4d1 = Motivational Interviewing Session

4d3 Motivational Interviewing Notes
Please type notes for session in the box below

Display This Question:
If 4 Health education meeting

4e Health Education Topic Covered

Display This Question:
If 4 CLEAR counseling session

4f CLEAR Counseling Session

Session Number: (1)

Content: (2) _____

5 Type of ISE_Contact Type

Individual in person (1)

Individual on phone (2)

Group in person (3)

Group on the phone (7)

Email (4)

Text (5)

Mobile App (11)

Virtual visit (e.g., Web Chat (21)

Letter (12)

Electronic health record (EHR) (17)

Collateral (client not present) (18)

Other (please specify) (6) _____

6 Who provided the ISE

- Health Care Navigator (10)
 - Case Manager (1)
 - Peer Navigator (2)
 - Peer case manager (8)
 - Behavioral health therapist (3)
 - Social worker (4)
 - Clinician (6)
 - Project Coordinator (9)
 - Other (please specify) (7) _____
-

Display This Question:

If 6 Health Care Navigator

6a Which Health Care Navigator provided the ISE?

- Brian Goings-Reid (1)
 - Taj Morgan (2)
-

7 ISE provider of same race/ethnicity

- Yes (1)
 - No (2)
-

8 Duration of the ISE

- Less than 5 minutes (1)
- 5-15 minutes (9)
- 16-30 minutes (2)
- 31-45 minutes (3)
- 46-60 minutes (4)
- 61-90 minutes (8)
- More than 90 minutes (5)
- Other (please specify) (6) _____
- Not applicable (7)

End of Block: Client Level Tracking

Start of Block: Exit Questions

9 Is this an exit visit?

- Yes (1)
- No (2)

Display This Question:

If 9 Yes



9a Date of intervention exit

mm/dd/yyyy

Display This Question:

If 9 Yes

9b Recorded reason for client exit:

- Successfully completed intervention (1)
- Client declined to further participate (withdrawal) (2)
- Client was institutionalized (4)
- Client was incarcerated (5)
- Client death (6)
- Unknown (cannot locate) (7)
- Other (please specify): (8) _____

Display This Question:

If 4! Motivational Interviewing

10 Health Care Navigator Notes

End of Block: Exit Questions

Occupational Summary

Duke's Center for Health Policy and Inequalities Research (CHPIR) is looking for a Health Care Navigator (HCN) for the grant-funded Project STYLE 2.0 (Strength Through Youth Livin' Empowered). The goal of STYLE 2.0 is to improve HIV care continuum outcomes among HIV-positive young Black men who have sex with men (YBMSM) in the Triangle region (Durham County, Orange County, Wake County) of North Carolina (NC). The health care navigator will serve as a non-clinical care manager for the YBMSM who are enrolled in the study. In addition the HCN will coordinate and participate in the management of data collection and maintenance systems for the study.

Responsibilities

- Implement and coordinate systems designed to monitor the collection, storing, cleaning and dissemination of data related to STYLE 2.0 following the Health Care Navigator and data collection protocols
- Maintain a caseload of STYLE 2.0 participants while performing a range of non-clinical care management functions of outreach, health education, outreach, health education, informal counseling, social support, resource linkages, transportation coordination, and advocacy.
- Create and update non-clinical care plans for all STYLE 2.0 participants on caseload
- Update data collection systems in Qualtrics and Excel with every STYLE 2.0 participant interaction
- Represent the STYLE 2.0 team with community partners by attending community meetings and events to help recruit participants and offer information and answer questions about the STYLE 2.0 program.
- Respond to inquiries about the project according to established policies and procedures including phone calls, emails, and survey inquiries for the STYLE 2.0 program.
- Maintain liaison with faculty members, practicing professionals and representatives of related projects to coordinate the collection and dissemination of related data. This includes working with STYLE 2.0 study sites to ensure access to medical record reviews for data collection.
- Serve as liaison to health/social services providers to build and maintain effective relationships with physicians, site leadership, hospital staff and other community stakeholders to ensure timely and appropriate patient follow-up. Coordinates medical care visits and attends provider meetings to exchange data, policy and program information. This includes STYLE 2.0 study site medical providers as well ancillary care providers with which participants are actively engaging in care with.
- Prepare reports for team case conferences for STYLE 2.0 as well as local evaluation analysis. This includes data that the health care navigator will be responsible for tracking including care visits, research visits, and other pertinent information regarding their caseload.
- Perform other related duties incidental to the work described herein.

The above statements describe the general nature and level of work being performed by individuals assigned to this classification. This is not intended to be an exhaustive list of all responsibilities and duties required of personnel so classified.

Education and Experience:

Work requires communication and analytical skills normally acquired through a 4-year college education, preferably in a related discipline (e.g., nutrition, health education, epidemiology, sociology, psychology, social work, or public health). Work requires a general knowledge of research methods, procedures and activities normally acquired through 1 year of social science research experience; or an equivalent combination of education and/or experience.

Supervisory Relationships: The Research Project Manager will supervise the Project Coordinator.

Skills and Abilities:

- Extreme attention to detail
- Excellent interpersonal skills
- Excellent written and oral communication skills
- Self-motivation and efficiency
- Passion for addressing health inequalities
- Strong computer skills: Word, Excel, PowerPoint