iVY

Comprehensive, tailored, technology-based intervention to improve virologic suppression among youth and young adults living with HIV

Telehealth Intervention Manual

UCSF Center for AIDS Prevention Studies

September 2023

Authors

Intervention Developers: Parya Saberi, PharmD, MAS; Caravella McCuistian, PhD; Valerie Gruber, PhD; Angie Wootton, PhD; Carol Dawson Rose, RN, PhD; Mallory Johnson, PhD

Funding

This study was funded by NIMH (National Institute of Mental Health) under grant number IR01MH131415 and project number P0558871.

Table of Contents

Introduction to the **iVY** Study and Intervention

Study Aim, Purpose, and Significance

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

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

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

This manual was designed to guide clinicians on telehealth counseling to address these two of the main barriers to engagement in care and medication adherence for YWH, substance use and mental health challenges.

Our goal is to test the effect of a technology-based intervention in a randomized clinical trial (RCT) with an Adaptive Treatment Strategy (ATS) among youth with HIV (18–29 years old). Using pre-defined algorithms, ATSs adapt a treatment to an individual's unique and changing needs as opposed to a one-size-fits-all approach. This piloted and protocolized intervention combines: brief weekly sessions with a counselor via a video-chat platform (video-counseling) to discuss mental health (MH), substance use (SU), HIV care engagement, and other barriers to care; and a mobile health application (app) to address barriers such as ART forgetfulness and social isolation. Individuals who are not virologically suppressed will be randomized to video-counseling+app or standard of care (SOC). Through this study, we will be able to:

Aim 1: Test the efficacy of video-counseling+app vs SOC on virologic suppression in YWH. We will compare HIV virologic suppression of those randomized to the intervention vs control arms at 16 weeks via an RCT.

Aim 2: Assess the impact of video-counseling+app vs SOC on MH and SU in YWH. We will evaluate the MH and SU differences between the intervention vs control arms at 16 weeks via an RCT.

Aim 3: Explore an ATS to individualize the intervention by assigning the: (a) virologic "non-responders" in the intervention arm to focused video-counseling+app for 16 more weeks, (b) virologic "responders" in the intervention arm to continue only app use for 16 more weeks.

Video-counseling will be delivered by clinical social workers trained to provide MH and SU counseling to YWH. Video-counseling sessions will focus on the needs of the participant and potential linkage to further MH and SU treatment, as needed. The app will allow for medication management, identification of community resources, and online networking with other YWH. Therefore, the primary goal of this approach is to address important, distinct, and changing barriers to HIV care engagement (e.g., MH, SU, forgetting, social isolation) among YWH. HIV virologic suppression (primary outcome) will be evaluated using home-collected Hemaspot test. To increase generalizability and geographic, demographic, and economic diversity and decrease logistics- or stigma-related barriers to research participation, all study activities will be conducted remotely with methods successfully used by our team. This study will provide valuable data about the characteristics of virologic responders and non-responders to the intervention, individualization of the intervention based on these variables, and linkage to MH and SU treatment services among those in need.

Background on Technology-Based Interventions

The benefit of technology-based interventions is that they can decrease specific barriers to engagement in care at a lower cost and burden to patients and providers. The disparate rate of HIV infection and HIV-associated morbidity and mortality among youth in conjunction with the growth of mobile phone use highlight potential benefits of using mobile phones as a treatment delivery system and the importance of research in this area. To date, several technology-based interventions to reach, engage, retain, and promote ART adherence among YLWH have been examined. These have included interventions delivered via text messaging[1], the internet (via a computer or mobile phone)[2], and social media[3].

Youth and young adults are the largest group of consumers of technology,[4] so internet use and technology-based interventions easily fit into their daily lives.[5] Due to growing up in a technology-dominated era, youth may be more comfortable with technology-mediated forms of communication than face-to-face interactions and more apt to appreciate the strengths of technology to eliminate geographic barriers to communication and increase access to information.[6]

---

[1] Sheoran B, Braun RA, Gaarde JP, Levine DK. The Hookup: Collaborative Evaluation of a Youth Sexual Health Program Using Text Messaging Technology. *Journal of medical Internet research.* Nov 2014;16(11).

[2] Hightow-Weidman LB, Muessig KE, Pike EC, et al. HealthMpowerment.org: Building Community Through a Mobile-Optimized, Online Health Promotion Intervention. *Health Educ Behav.* Aug 2015;42(4):493-499.

[3] Yonker LM, Zan SY, Scirica CV, Jethwani K, Kinane TB. "Friending" Teens: Systematic Review of Social Media in Adolescent and Young Adult Health Care. *Journal of medical Internet research.* Jan 2015;17(1)

[4] Lenhart A, Ling R, Campbell S, Purcell K. Teens and mobile phones. 2010; http://www.pewinternet.org/2010/04/20/teens-and-mobile-phones/. Accessed 2/18/2014.

[5] Smith A. 17% of cell phone owner do most of their online browsing on their phone, rather than a computer or other device. 2012; http://www.pewinternet.org/2012/06/26/cell-internet-use-2012/. Accessed 2/18/2014.

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

Telehealth Pilot Studies

Since 2012, to minimize transportation costs, time constraints, stigma due to participation in HIV research, missing data, and increasing generalizability of study findings, Dr. Saberi and her research team have conducted several studies that were 100% remote. Through an R21 grant (MH108414), we evaluated adherence based on text-messaged photos of refill dates for pharmacy-refill-based adherence, text-messaged photos of pills remaining for pill-count-based adherence, and home-collected hair samples for pharmacologic-based adherence among 93 PLWH over 24 weeks. 95.7% of participants were retained until the end of the study (24 weeks) and 90.3% of participants noted excellent to good study experience. The WYZ and Y2TEC pilots were also conducted remotely. Additionally, in the wake of the pandemic, many clinics and labs had limited services and many patients were reluctant to go to medical establishments for fear of exposure. This resulted in difficulties in the clinical management of patients who required lab monitoring for PrEP. Through an NIH COVID-19 supplement, we worked with Molecular Testing Labs to conduct PrEP labs using DBS (for 4th generation HIV test, serum creatinine, hepatitis C, syphilis), swabbing (for STIs), and nasal swabbing (for SARS-CoV-2 PCR). We enrolled 94 patients on PrEP to examine the feasibility and acceptability of conducting home-collected lab tests. Participants noted high satisfaction with home-collected lab tests. This study helps to justify the critical need for home-based care for those with healthcare access challenges (due to financial burdens, stigma, disability) and for future pandemic preparedness response.

Dr. Saberi and team also engaged in a prior study assessing the feasibility and acceptability of telehealth medication counseling as a way of addressing antiretroviral non-adherence.[7] Participating African American YLWH (N= 14) expressed high levels of satisfaction with a test telehealth session and described it as a convenient, efficient, and private mode of communication. Over 64% stated that the single telehealth session they received improved their HIV-related knowledge, increased their motivation to adhere to ART, and provided them with skills to minimize non-adherence. All stated that telehealth was more convenient than in-person clinic visits because they did not have to wait a long time in clinic waiting rooms, did not have additional travel time or cost, and reduced the risk of encountering anyone from their community. Without probing, the majority of the participants noted that telehealth provided a way for them to interact with the provider and that it was less intimidating than in-person visits. They stated that because they weren't necessarily speaking in-person to the provider, they felt more at ease about discussing issues that they may not feel comfortable discussing in a medical office and could communicate more efficiently about issues regarding HIV and living situation.

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

Formative Research

In response to health care disparities among youth living with HIV, we created the WYZ app (see figure 5)—a mobile application for engagement in care among youth living with HIV. Separately, we also conducted a pilot study Youth to Text and Telehealth for Engagement in Care (Y2TEC). The iVY intervention combines these two interventions. From 8/2018–4/2019, we conducted a pilot RCT examining the feasibility and acceptability of a 12- session weekly video-counseling (20–30 minutes per session) intervention and accompanying text messages delivered over 16 weeks, to improve engagement in HIV care, MH, and SU outcomes among YWH (18–29 years old) in the San Francisco Bay Area. The Y2TEC intervention was developed based on formative research with YLWH and used the Information Motivation Behavioral Skills (IMB) Model. Sessions were delivered by trained behavioral health professionals (social worker and post-doctoral psychology fellow) who were supervised by Dr. Gruber (Co-I). From 7/2019–5/2020, we conducted a single-arm pilot study examining the feasibility and acceptability of a mobile health app, called WYZ, among 79 YLWH in the San Francisco Bay Area who used the app for 24 weeks. WYZ was designed and developed using an human-centered design (HCD) approach with the Youth Advisory Panel (YAP), formative research with YWH, and using the IMB model.

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

Additionally, we collected quantitative surveys of 101 YWH ages 18-29 living or receiving care in the San Francisco Bay Area. From the 101 YLWH, we conducted qualitative in-depth interviews with 29 who were selected to be representative of various race/ethnicity, gender, sexual orientation, and virologic suppression status.[9]

Many of the YWH interviewed disclosed that they currently or previously experienced depression, anxiety, and trauma. These participants highlighted three areas that are important to them and necessary for their engagement with mental health care: 1) believing in the benefits of mental health services and being willing to access them; 2) attaining connected interpersonal relationships with their mental health providers; and 3) stability in their access to care services—both to their individual providers and health plans with service coverage. In each of these domains, barriers arise that deter them from actively seeking and maintaining mental health support.

---

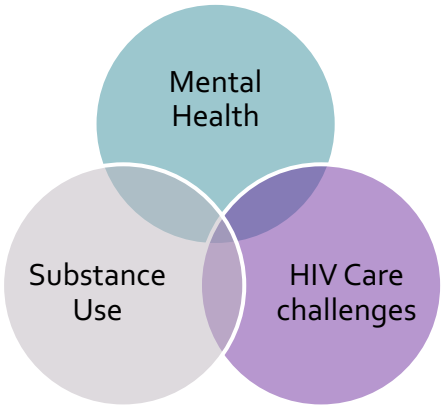
[8] Saberi P, Ming K, Dawson-Rose C. (2018). What does it mean to be youth-friendly? Results from qualitative interviews with healthcare providers and clinic staff serving youth and young adults living with HIV. Journal of Adolescent Health, Medicine and Therapeutics.

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

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

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

The iVY telehealth intervention takes an integrated behavioral health approach to counseling (Figure 1). The initial session focuses on rapport-building and general bio-psycho-social assessment. The series then sets initial groundwork in HIV care, mental health, and substance use (including both drugs and alcohol). The subsequent menu option modules also take an integrated approach by discussing these three areas across all sessions. This integration helps increase participant's awareness of the interplay between these concerns, as many YWH experience co-occurring mental health, substance use, and health-related challenges.



Target HIV-Related Behaviors

The iVY telehealth intervention uses psychoeducation and health education, motivational interviewing, and problem-solving therapy to help participants identify and resolve potential barriers (often related to mental health and substance use issues) to engagement in HIV care and other barriers to overall wellness (Figure 2). These concepts will be defined below. The curriculum is designed with the intention to increase engagement in HIV care and reduce HIV viral load. To achieve these outcomes, the behaviors most commonly targeted through the problem-solving activities will be related to medication adherence/persistence (or medication initiation), attending clinic visits, and completing labs (as a way for the provider and individual to monitor the effects of treatment).

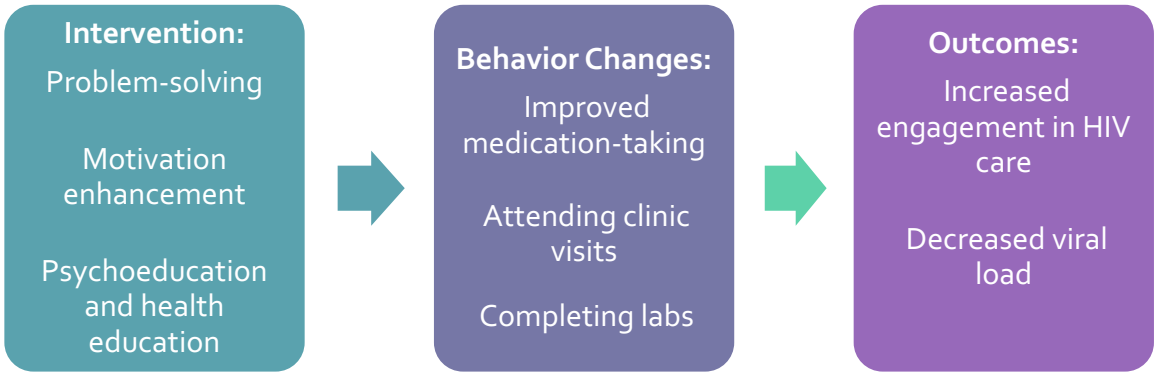


Figure 2. iVY Telehealth Intervention to Outcomes Model

Intervention Along the HIV Treatment Cascade

YWH have disparities along the HIV cascade of care compared to adults. According to the most recent HIV Surveillance Supplemental Report (2019), 13-24-year old individuals who are living with HIV have the lowest percentages of all age groups to receive a diagnosis, receive HIV medical care, to be retained in HIV medical care and were the lowest age group to be virally suppressed at most recent test (Figure 3).[10]

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

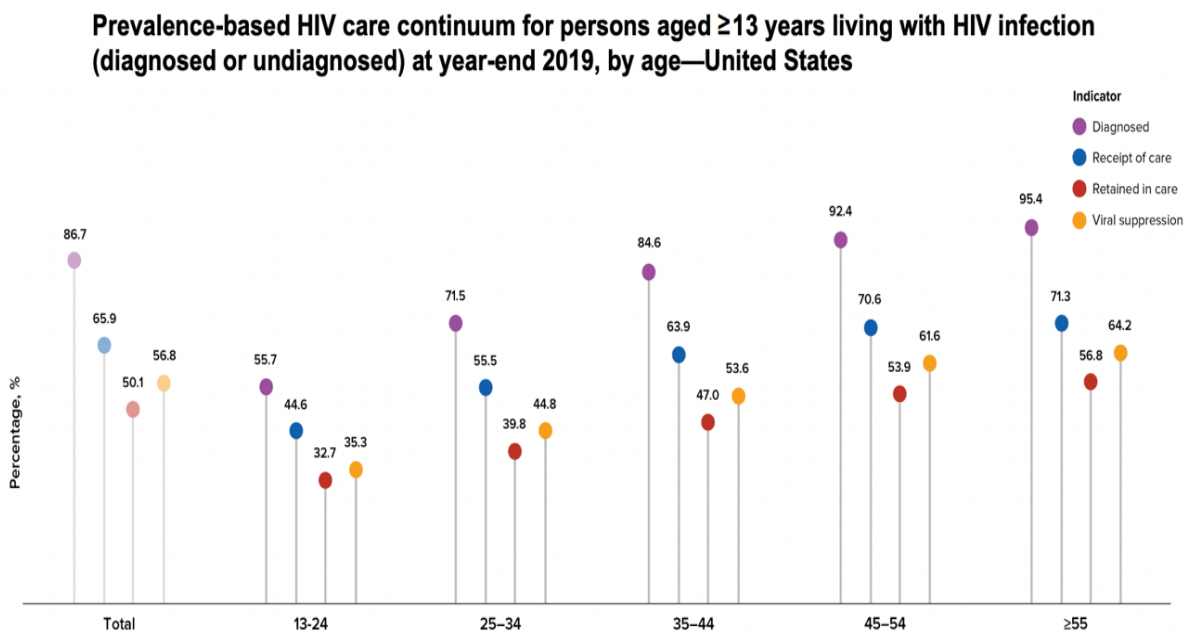


Figure 3. CDC data for Prevalence-based HIV care continuum by age, 2019

[10] Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021;26(No. 2). http://www.cdc.gov/hiv/library/reports/ hiv-surveillance.html. Published May 2021.

Theoretical Background

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

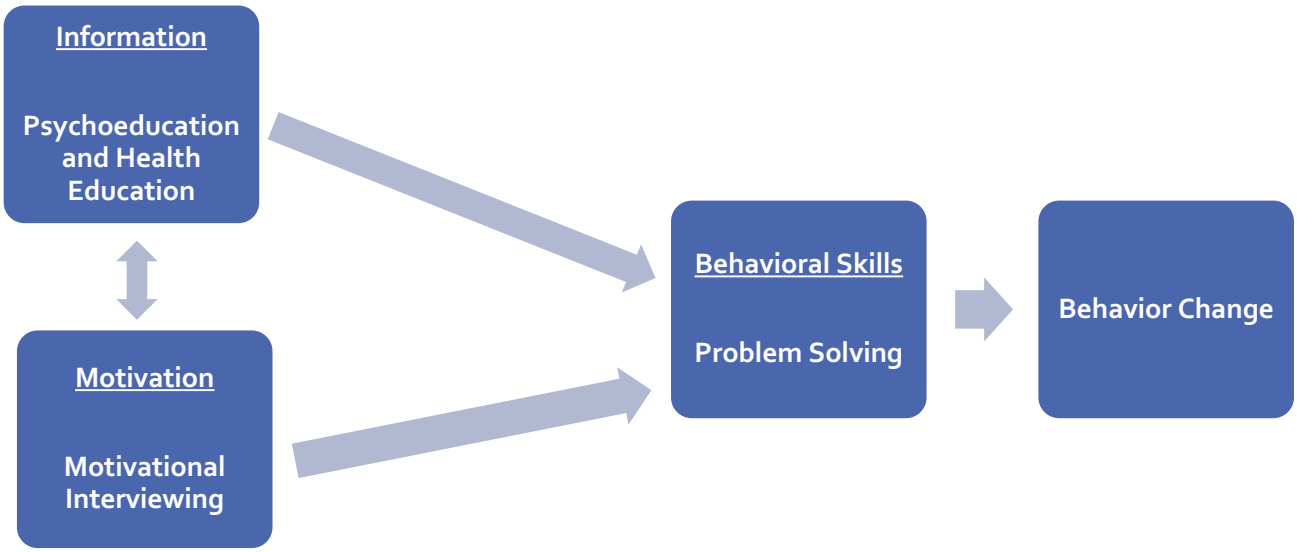


Figure 4. iVY Intervention IMB Theoretical Framework Model

Psychoeducation and Health Education

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

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

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

"Psychoeducation, whether administered in a clinical, school, or hospital setting or through the telephone or Internet, often leads to increased compliance with treatment regimens. When people who have been diagnosed with a mental health condition are able to understand what the diagnosis means, they are more likely to view their illnesses as treatable conditions rather than shameful diagnoses indicating they are "crazy." [11]

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

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

Motivational Interviewing

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

Below are the four basic principles of motivational interviewing: [12]

> **"Express Empathy:** Empathy involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, sharing in the client's experiences. Expression of empathy is critical to the MI approach. When clients feel they are understood, they are more able to open up about their own experiences with others. Having clients share those experiences with the counselor in depth allows the counselor to assess when and where they need support and what potential pitfalls need to be focused on in

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

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

the change planning process. Importantly, when clients perceive empathy on a counselor's part, they become more open to gentle challenges by the counselor about lifestyle issues and beliefs about substance use. Clients become more comfortable fully examining their ambivalence about change and less likely to defend ideas like their denial of problems, reducing use vs. abstaining, etc. In short, the counselor's accurate understanding of the client's experience facilitates change.

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

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

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

see how some of their current ways of being may lead them away from, rather than toward, their eventual goals."[13]

Assessing and Enhancing Motivation

There are several motivational interviewing-based methods for assessing a participant's motivation to make changes. The "readiness ruler"[14] is a way of eliciting a participant's thoughts about the importance of making a change and their commitment to change. The readiness ruler can be imagined as a standard measurement ruler with two sides and ten marks (0-10) on each side.

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

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

Problem-Solving Therapy

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

What is Problem-Solving Therapy?[15]

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

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

[15] APA fact sheet originally developed for therapy clients, nearly verbatim but adapted slightly for this audience.

American Psychological Association, Division 12. (n.d.). What is Problem-Solving Therapy? http://www.div12.org/sites/default/files/WhatIsProblemSolvingTherapy.pdf

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

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

- Major depressive disorder
- Generalized anxiety disorder
- Emotional distress
- Suicidal ideation
- Relationship difficulties
- Certain personality disorders
- Poor quality of life and emotional distress related to medical illness, such as cancer or diabetes

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

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

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

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

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

emotional difficulties, as well as improve the quality of life of individuals suffering from a major medical illness.

SMART Goals[16]

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

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

WYZ App and Integrative Behavioral Health Focus

WYZ was designed and developed using a human-centered design (HCD) approach with the Youth Advisory Panel (YAP), formative research with YWH, and using the IMB (information, motivation, and behavior) model.

WYZ contains 3 main features: my health, my community and my team (Figure 5). These features were based on the IMB model, developed with guidance from the Youth Advisory Panel (YAP) and YWH, and further refined through focus groups with YLWH and field-testing with the YAP. Tailoring is achieved based on the individual's needs at a given time (e.g., My Community may be used more if social isolation is a barrier).

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

For the My Community feature, all original posts must be approved by research staff before being posted to the forum. On a weekly basis, research staff will review new responses to all posts to ensure that there aren't any critical issues that need to be addressed. Any issues will be brought to the study teams attention and referred to a clinical psychologist on the team if needed. Monthly check-ins will help improve engagement through checking contact information and answering any questions about the app.

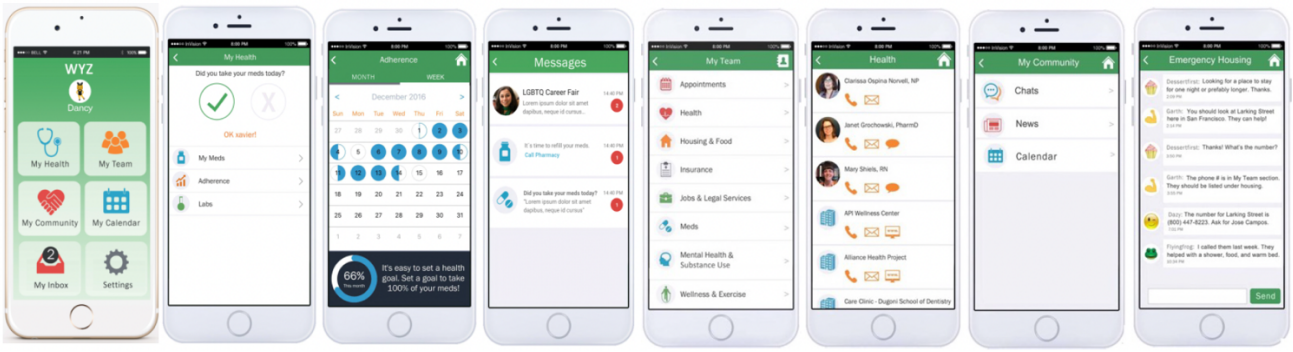


Figure 5. Mobile App Screenshots

Identify Core Staff

Staffing depends on each organization's unique structure and needs. Roles and activities can be delegated according to different staff members' professional backgrounds and skills. Recommendations for staffing roles are provided below.

Core Staff Roles

At minimum, the team consists of:

iVY counselor(s)

- Role*:* Responsible for delivering i2TEC sessions; may also support the program manager with i2TEC program logistics; the i2TEC counselor's role is separate from the roles of a client's therapist or case manager
- Qualifications*:* Trained mental health professionals, such as clinical psychologists, other psychotherapists, social workers (MSW, ASW, LCSW), or clinical psychology trainees
- Counselors should understand and have competence in psychoeducation,13 motivational interviewing,14 and problem-solving therapy methods.15
- Counselors also need to have knowledge of HIV-related clinical and psychosocial issues.
- Ideally, the counselor also shares some of the same age, gender, and racial/ethnic characteristics, or lived experiences, as the priority population.
- Depending on the expected number of new clients, organizations may be able to identify existing staff counselor(s) who can add clients into their current work schedule, or they may need to hire new counselor(s) to manage the expected increase in clients.

Clinical supervisor

- Role*:* Provides supervision and support to the counselors
- Qualifications*:* Trained mental health professionals (i.e., clinical psychologists with experience working with people with HIV)

Program supervisor/manager

- Role: Provides administrative supervision to the counselor(s), oversees program planning and integration into the department and organization, and administers non-counseling aspects of the intervention, including setting up automated text messages, rescheduling appointments, helping clients with technology needs, providing incentives, and fielding client resource questions.

Information technology (IT) liaison

- Role: Advises on the selection of a vendor for the texting and videoconferencing platforms; tailors and troubleshoots the platforms; and serves as a liaison with vendors' technical support teams. This role may be served by a tech-savvy program manager/supervisor, with support from the IT department as needed.

Additional Recommended Staff

To successfully implement, organizations may also need support from:

- ***Case managers:*** Refer clients
- ***Peer navigators:*** Refer clients
- ***Medical providers:*** Refer clients

Train Staff in Counseling Session Delivery

Each counselor and their clinical supervisor requires training in the iVY intervention and using the *iVY Counselor's Facilitation Manual*. Training is provided by the original intervention developers at the University of California San Francisco and may take a minimum of 25 hours.

The following are the training phases:

Phase 1 – General orientation

Phase 2 – Introduction to session outlines - completed alongside clinical supervisor

Phase 3 – Session demonstrations and paired practice

Phase 4 – Session review and feedback by supervisor

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

The iVY Counselor's Role and Responsibilities

The primary role of the counselor is to deliver sessions in an ethical and effective manner. The counselor is like a coach who helps clients to achieve goals, make changes in their lives, and manage their health. Counselors are not expected to diagnose or treat psychiatric disorders beyond the scope of the intervention; nor are they expected to provide ongoing case management for clients. Instead, the counselor's role is to assist the client in increasing their motivation and capacity to access long-term community-based supports. Note that counselors should not be the one to call any agencies or medical providers on behalf of a client, except in the event of a crisis that requires follow-up for the client's safety.

To ensure that iVY is delivered as intended, counselors need to closely follow the program as detailed here and during the training. A checklist for each session is provided below to help the counselor adhere to the session content. At the same time, iVY is flexible enough so that counselors can use their individual style and clinical experience to connect with clients.

Intervention Series Overview

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

Delivery Process: The process for delivering iVY intervention involves screening and enrolling clients and randomly assigning them to video-counseling plus app or standard of care arm. In the video-counseling plus app they receive 12 sessions over 16 weeks. At the 16 week mark their viral loads are measured by home collected Hemaspot (see Figure 7). Those virally unsuppressed will get a focused counseling intervention consisting of 12 more sessions over 16 weeks. Those who are virally suppressed will continue the study with WYZ app support only (see Figure 6 below). The process of delivering the iVY intervention first 12 weeks video-counseling involves screening and enrolling clients, performing the baseline assessment, and delivering the counseling sessions is seen in figure 8 below.

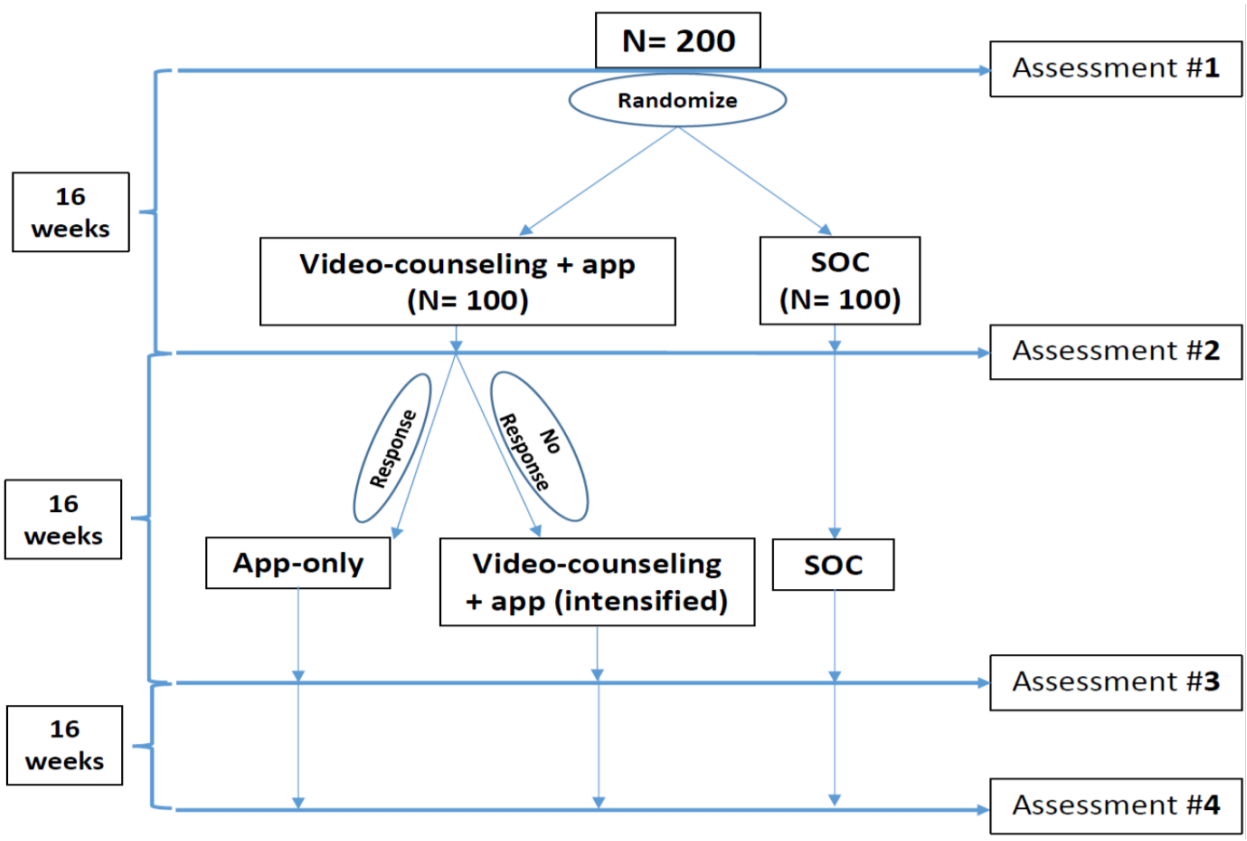


Figure 6. iVY Intervention Randomization Model

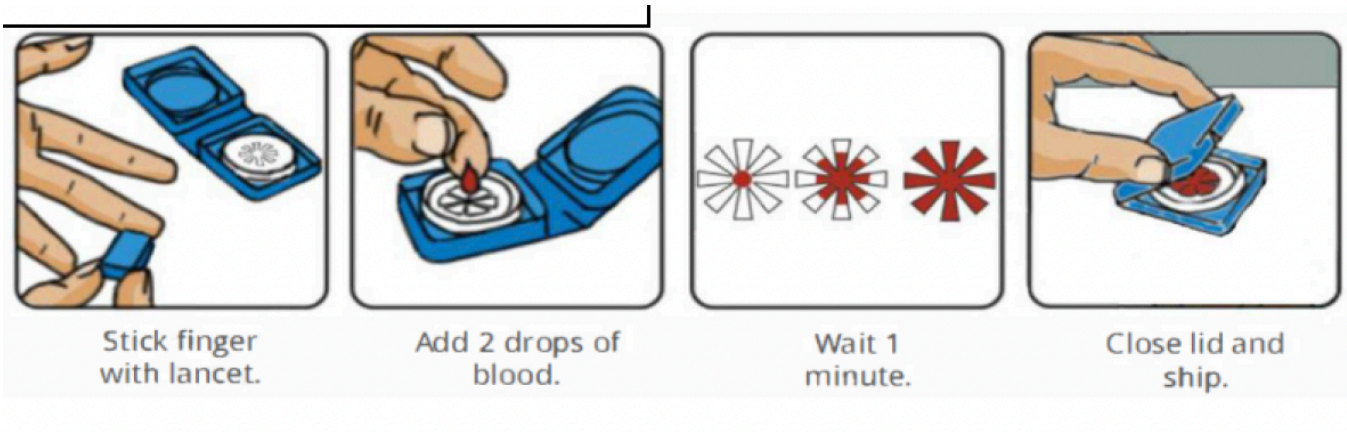


Figure 7. Hemaspot HF Device

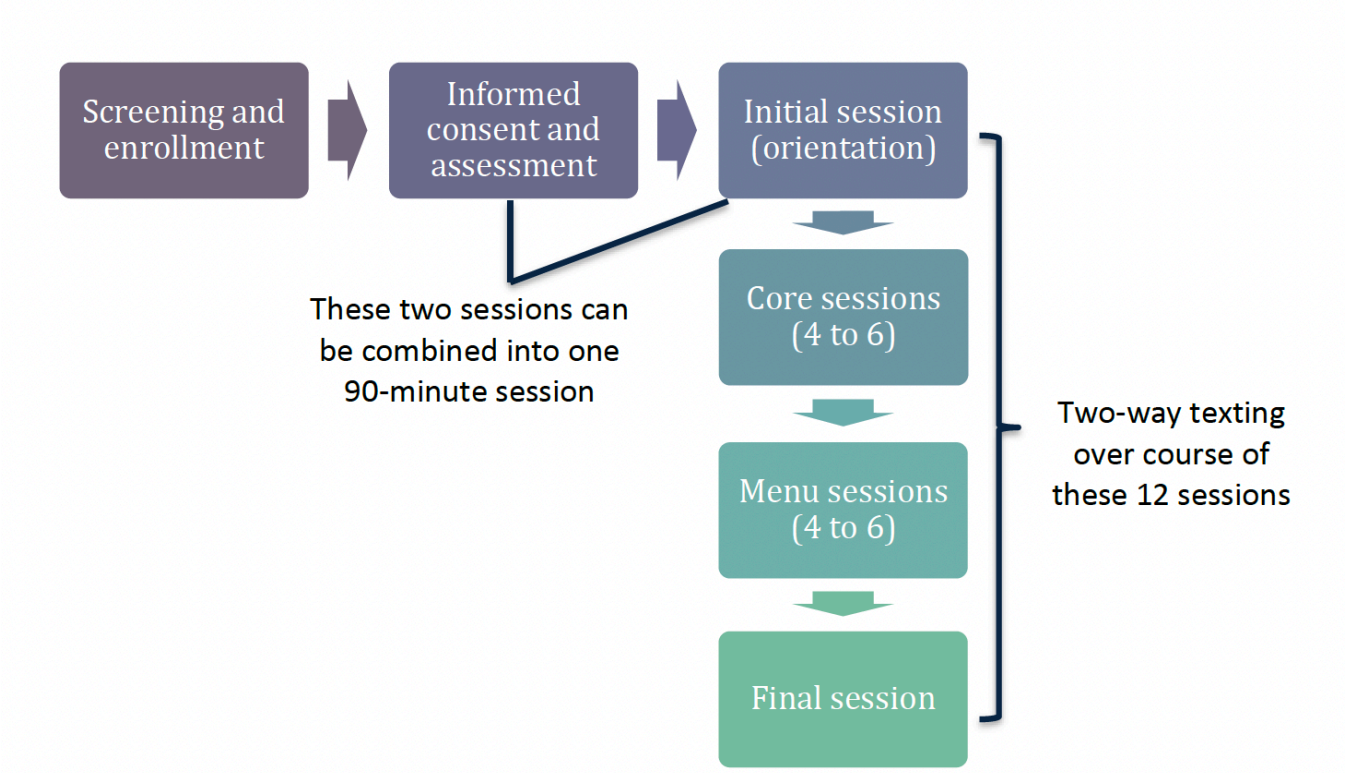


Figure 8: Delivery Process for First 16 Weeks Counseling iVY Intervention

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

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

Participants randomized to receive the counseling series begin immediately. Those randomized to receive standard of care—what they are already receiving—will receive monthly check-ins without videocounseling+app intervention.

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

Initial Intervention Session: The counselor meets with the participant individually for 30 minutes to build rapport and complete a brief bio-psycho-social assessment. The counselor and participant also identify topics to address during the upcoming sessions. The counselor considers the baseline survey responses in this process.

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

Response Time: Counselors should establish a process for responding to client messages in a timely manner. This may include elements such as:

- Acknowledging receipt of client messages as soon as possible

- Responding fully to client messages within one business day
- Using automated responses (offered by some texting platforms) for messages outside of business hours that note: 1) when the counselor will respond; and 2) what to do in case of an emergency

Protecting Confidentiality During Texting: The counselor should provide clients with additional tips and strategies to protect confidentiality and privacy during texting, such as:

- Deleting messages once a question is answered or once a provided resource has been saved
- Turning off message previews in text notifications
- Always using a passcode or other measure to lock their device
- Avoiding words that may carry stigma or disclose personal health information, such as HIV, substance use, and mental health.

Core Counseling Sessions:

After the initial session, counselors and clients proceed through a series of core sessions focused on psychoeducation and building health literacy related to HIV care engagement, mental health, and substance use. Counselors receive training and use **Appendix A** to support delivery of these sessions. See Figure 9 below for flow chart.

<u>HIV Care Engagement Sessions</u>

- All Participants will receive 2 core sessions focused on HIV care engagement.
  - *Session 1A: HIV Care Barriers.* In this session, the counselor asks the client about barriers to HIV treatment. Based on client responses, the counselor then reviews information that can be applied to address these barriers. The counselor and the client also discuss how the client might address these barriers and build motivation for change. Following this, the counselor leads a discussion with the client about how to build motivation to address these barriers. The counselor also reviews the HIV Treatment Knowledge scale with the client to build client understanding about HIV treatment.
  - *Session 1B: HIV and Health Education*. In this session, the counselor goes through a series of questions with the client that relate to topics such as:
    - Current acceptability/understanding of HIV diagnosis
    - Stigma-related beliefs related to HIV
    - Past experiences and thoughts related to healthcare
    - Current medications
    - Strengths and challenges related to HIV care

<u>Mental Health Sessions</u>

- Clients who demonstrate high acuity in any of the mental health measures from the baseline assessment receive an introductory core session focused on identifying mental health-related barriers and building motivation to address these barriers (2A).

• All clients receive a mental health session focused on health barriers and mental health education (2B).

Substance Use Sessions

• Clients who demonstrate high acuity in any of the substance use measures from the baseline assessment receive an additional core session focused on identifying substance use-related challenges and building motivation to address these challenges (3A).
• All clients receive a substance use-focused session on health barriers and substance use education (3B).

Figure 9. HIV, MH, and SU acuity.

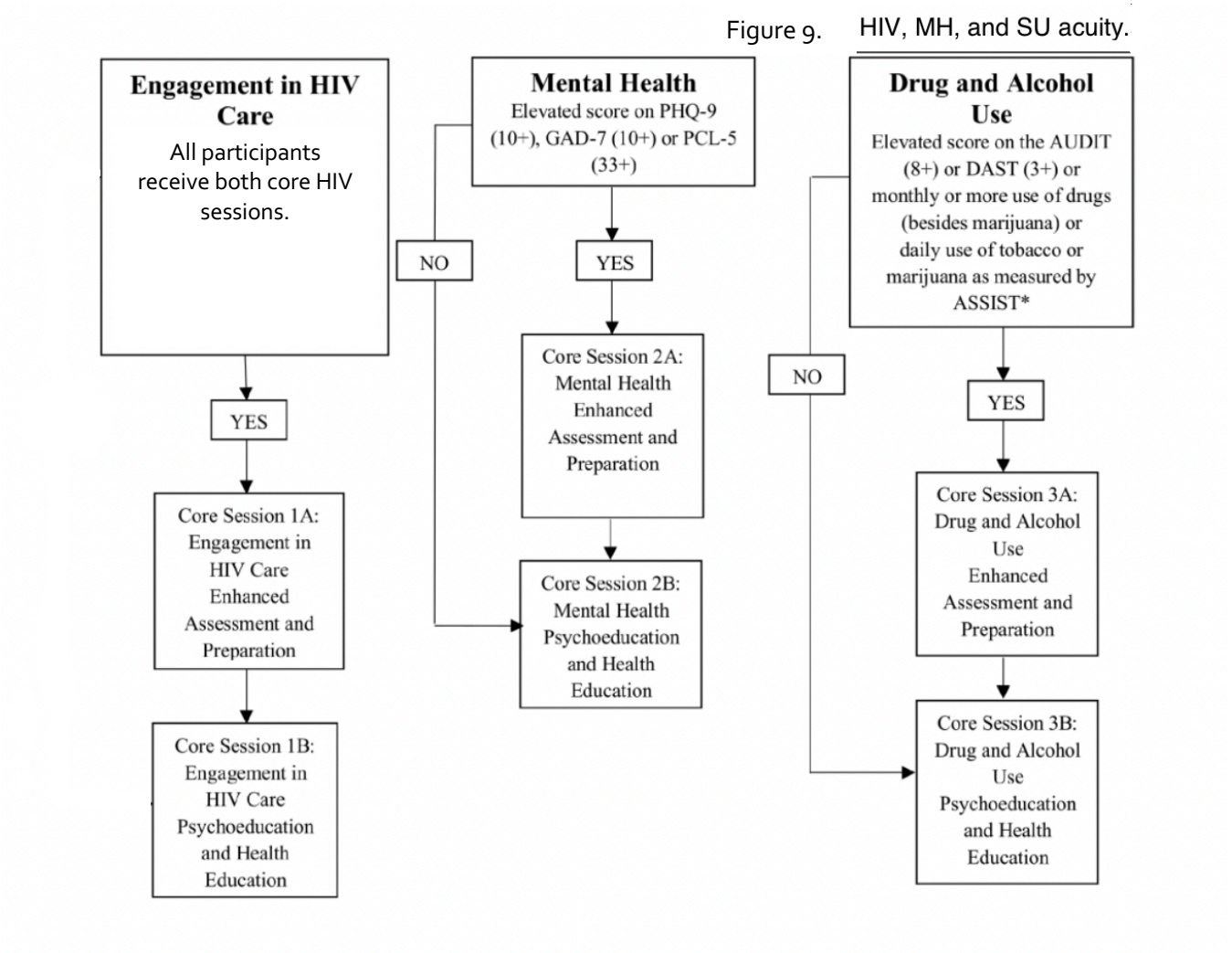


Figure 9. Flowchart for tailoring the core sessions based on mental health and substance use assessment scores.

Menu Sessions:

Following the core session series, counselors ask clients to select a session topic at the start of each additional session from a menu of options. Each session lasts 20 to 30 minutes. The minimum amount of time that clients need to actively engage with the counselor for the session to be considered complete is 15 minutes. If a client requires risk assessment and safety planning, the counselor will converse with the client as long as needed. If the session exceeds 30 minutes, the counselor will document the reasons for the extended length in the session summary notes. They will also inform their clinical supervisor of the situation.

- The number of "menu sessions" depends on the number of sessions the client received in the core series. The total number of core sessions and menu sessions together should equal 10. For example, a client who received 4 core sessions will receive 6 menu sessions; a client who received 5 core sessions will receive 5 menu sessions.
- Menu session topic options can be tailored based on the needs of the client population (see Planning Activities section). Examples of menu sessions topics include:
    - HIV care (in depth)
    - Mental health (in depth)
    - Substance use (in depth)
    - Lifestyle health
    - Social support
    - Family of origin
    - Romantic and sexual relationships
    - Self-identity and disclosure
    - Subsistence needs
    - Education and vocation
    - Societal Current and Future Concerns
    - Wildcard (intensive barrier/safety support)1
- Clients may repeat topics multiple times, if desired, unless the counselor believes the client would be better served by choosing a diversity of topics.
- Once the client selects a menu topic for the session, the counselor asks the client to provide information about their chosen topic and helps the client to identify barriers to HIV care or overall health related to this topic. The counselor then provides education and/or resources to help the client address these barriers.

Wildcard Sessions

- Clients will occasionally arrive at a session with a concern or crisis that makes them unable to focus on the topic they were scheduled to discuss. Whenever possible, the counselor should address the client's concerns by picking the closest menu option.
- If the needs of the client go beyond what is covered by any of the menu options, the counselor may use a wildcard session.
- During the wildcard session, the counselor can focus on supporting the client with their pressing concerns.

- The counselor should let their supervisor know that the client needed a wildcard session, and should discuss the session at the next clinical supervision meeting.
- Clients should use no more than two wildcard sessions. If the client requires more than two wildcard sessions, the counselor should consult with their supervisor, as this may evidence the need for a higher level of care.
- Note: If 90% or more of a session topic is covered, that topic should be selected instead of a wildcard session. For example, if a client has a substance use relapse and about 90% of the content or more of a menu Substance Use (in depth) session is covered, this is a menu session.

Final Sessions

- The final session of the first 12 sessions of counseling series focuses on building motivation and self- efficacy.
- In this session, the counselor reviews material from previous sessions based on what the client found to be most helpful.
- The counselor and the client also discuss life changes and goal setting.
- Lastly, the counselor provides the client with any additional resources that would help the client connect to needed services or treatments.
- ***Note**: While not a part of the study protocol, if a participant experiences difficulty with retention, it may be necessary to compete an abbreviated final session via telephone. This decision should be made with clinical judgement and after consulting supervisor and PI.*

Missed Sessions

- If a client misses a session without contacting the counselor, the counselor should contact them, using their preferred method of contact, to reschedule.
- If a client misses several sessions and/or does not return messages, the counselor should attempt to contact them, engage them in a discussion of their reservations, and encourage them to schedule a session to discuss this further.
- If the client is not willing, the counselor should inform the team and discuss whether and how to continue to reach out to the client.

Focused Sessions

Non-responders in the intervention arm will continue with video-counseling+app for 16 more weeks. The additional 16 weeks aims to reinforce counseling points by further intensifying the intervention and targeting participant-specific barriers to virologic suppression based on the needs of non-responders. The intervention tailors the counseling according to the individual's needs. Tailoring occurs based on the participant's baseline MH, SU, and HIV knowledge/outcomes and assessment responses inform the sessions on these topics.

Focused sessions follow the same format as the first 12 weeks sessions, with an increased focus on re-enforcing and applying behavioral skills. Core sessions each participant receives in the focused modules includes: Pros and Cons, SMART Goals, Action Plan, Monitor and Evaluate Outcomes, and Seven Steps of Problem-Solving. Menu session options based on individual needs includes: Pleasant Activities, Stress and Triggers, Assertive Communication, Practicing Acceptance, Thought-Emotion-

Behavior Connection, Values, Triggers, and Motivation Enhancement. See **Appendix A**, Focused Sessions section for Focused Intervention Manual.

Session Structure Overview

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

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

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

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

APPENDICES

APPENDIX A: First 12 Weeks Counselor's Facilitation Manual

Table of Contents

Counselor Training Plan-First 12 Weeks

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

Phase 1 – General orientation (6 hours)

- ☐ Trainee should independently review the following publications (contained in Appendix A):
  - Saberi P, Stoner MCD, McCuistian CL, *et al.* iVY: protocol for a randomised clinical trial to test the effect of a technology-based intervention to improve virological suppression among young adults with HIV in the USA. (Protocol Paper for iVY)
  - iVY Grant: located in Box here
  - McCuistian, C., Wootton, A.R., Legnitto, D.A., Gruber, V.A., Dawson Rose, C., Johnson, M.O., Saberi, P. (2021). Addressing HIV care, mental health, and substance use among youth and young adults in the Bay Area: Description of an intervention to improve information, motivation, and behavioral skills. BMJ Open, 11(e042713), 1-9.
  - Saberi, P., McCuistian, C., Agnew, E., Wootton, A.R., Legnitto, D.A., Dawson Rose, C., Johnson, M.O., Gruber, V.A., Neilands, T.B. (2021). Video-counseling intervention to address HIV care engagement, mental health, and substance use challenges: A pilot randomized clinical trial for youth and young adults living with HIV. Telemedicine Reports, 2, 14-25.
  - Wootton AR, McCuistian C, Legnitto DA, Gruber VA, Saberi P. (2019). Overcoming technological challenges: Lessons learned from a telehealth counseling study. Telemedicine and e-Health.
  - Wootton A, Legnitto D, Gruber VA, Dawson Rose C, Neilands TB, Johnson MO, Saberi P. (2019). A Telehealth and Texting Intervention to Improve HIV Care Adherence, Mental Health, and Substance Use Outcomes in Youth Living with HIV: A Pilot Study Protocol. BMJ Open.
  - Saberi P, Dawson Rose C, Wootton A, Ming K, Legnitto D, Jeske M, Pollack LM, Johnson MO, Gruber VA, Neilands TB. (2019). Use of Technology for Delivery of Mental Health and Substance Use Services to Youth and Young Adults Living with HIV: A Mixed Methods Perspective. AIDS Care.
  - Saberi P, Lisha NE, Erguera XA, et al. A Mobile Health App (WYZ) for Engagement in Care and Antiretroviral Therapy Adherence Among Youth and Young Adults Living With HIV: Single- Arm Pilot Intervention Study. 2021;5(8):e26861. *JMIR Form Res.*
  - Saberi P, Ming K, Dawson-Rose C. (2018). What does it mean to be youth-friendly? Results from qualitative interviews with healthcare providers and clinic staff serving youth and young adults living with HIV. Journal of Adolescent Health, Medicine and Therapeutics.

- Reeder C, Neilands TB, Palar K, Saberi P. (2019). Food Insecurity and Unmet Needs among Youth and Young Adults Living with HIV in the San Francisco Bay Area. Journal of Adolescent Health.

- ☐ Trainee should independently review "Introduction to iVY Study and Intervention" section iVY manual
- ☐ Alongside training counselor, review "Intervention Series Overview" section of manual, with time to clarify and answer questions about the intervention's focus and structure
- ☐ Training counselor or study's support staff provide trainee with overview of technological tools used for telehealth, including video chat program, text messaging platform, study incentive platform, session documentation platform, etc.
- ☐ Training counselor provides information and access to the supplemental digital resources to support the intervention, such as resource guides, participant handouts folder, common referrals, and information guides that can be provided to participants as needed (see examples here:https://ucsfonline.sharepoint.com/:f:/r/sites/i2TEC/Shared%20Documents/General/Y2TEC%20Participant%20Handouts?csf=1&web=1&e=TyrquI)
- ☐ Training counselor provides information about HIV knowledge and pharmacology resources for the trainee's reference

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

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

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

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

For roleplay case examples, see Appendix _.

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

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

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

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

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

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

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

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

Telehealth-Specific Guidelines

It is the responsibility of all staff to protect the confidentiality of participants. There are several guidelines for maintaining telehealth participant safety and information security. The following guidelines are from the California law and the National Association of Social Workers' "Standards for Technology in Social Work Practice".[17]

At the beginning of each video counseling session, the counselor will ask the participant for their location and if they are alone. The participant's location is required for the participant's safety and data collected for the study.[18] The participant may choose the level of detail to provide about their location, from a generic description like "a friend's house" to the name and address of a library. However, the participant must confirm, at minimum, that they are currently in the jurisdiction (e.g., state) where the counselor and/or clinical supervisor is licensed to practice.[19]

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

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

---

[17]The NASW, ASWB, CSWE, and CSWA's "Standards for Technology in Social Work Practice" provides guidance around confidentiality, safety, and risk management for telehealth. The guidelines above were adapted from these standards.

https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

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

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

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

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

Troubleshooting Technical Issues

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

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

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

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

For more information on overcoming technical challenges during telehealth visits, consult the iVY protocol paper[20] and technical challenges paper[21].

[20] Wootton A, Legnitto D, Gruber VA, Dawson Rose C, Neilands TB, Johnson MO, Saberi P. (2019). A Telehealth and Texting Intervention to Improve HIV Care Adherence, Mental Health, and Substance Use Outcomes in Youth Living with HIV: A Pilot Study Protocol. BMJ Open.

[21] Wootton, A.R., McCuistian, C., Legnitto, D., Gruber, V., Saberi, P. (2019). Overcoming technological challenges: Lessons learned from a telehealth counseling study. Telemedicine and e-Health, 1-5.

Participant Responsibilities in Counseling

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

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

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

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

Participant Retention in Counseling

Youth with HIV face unique obstacles to accessing behavioral health services and building rapport with their providers. Additionally, there can be challenges to retaining participants in services and studies, even if rapport is effectively built. Some participants may decide to withdraw from the project and others may become out of touch with staff. The following are some strategies for building rapport, and preventing participant drop-out and loss of contact:

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

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

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

Be flexible, never express irritation with participant, and address your frustration before contacting them. Since many of our participant's lives are chaotic, it would be unrealistic to expect them to be able to adhere to a rigid session schedule. If someone's life is in constant transition, it is almost impossible to know what is going to be happening in one day, let alone a week from now. One major goal of the iVY study is to provide more flexibility for participants by providing remote counseling via videoconferencing platforms. Therefore, one of the keys to helping participants complete the intervention is to be as flexible as possible. Build in time for the participant to be late, be understanding, and do not express irritation with a participant when he/she misses sessions. While it is helpful and necessary to have boundaries, remember to view challenges to completing sessions through the context of the participant.

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

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

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

Participants with suspected cognitive difficulty

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

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

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

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

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

Participants who are pregnant or are planning to become pregnant

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

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

Crisis Response

There are several types of crisis situations that may arise for clients during or between sessions, such as suicidal ideation, homicidal ideation, intimate partner abuse, elder or child abuse, or entering a significantly impaired mental state. Refer to *Appendix C* for more specific crisis protocol recommendations and local resources examples.

- Counselors should be aware of and follow your organization's clinical protocols for addressing these situations with clients (e.g., reporting, referrals, and safety plans).
- Organizations should also develop and distribute to clients a list of local resources that clients can access if they are suicidal, experiencing abuse, etc.

General Safety Considerations

The safety of the counselor is critical. Counselors should be aware of and follow your organization's safety protocols for interactions with clients. Examples of safety considerations include:

- Limit the amount of personal information shared with clients.
- If a client contacts the counselor on social media, the counselor should decline the request and/or block the client's access to their profile.
- If a client approaches the counselor in the community, they may say hello and a few words, but should keep the interaction brief and not indicate how they know the client (to prevent accidental breaches of confidentiality).
- Counselors should trust their instincts. If something does not feel right or if a client makes the counselor feel especially nervous, the counselor should check with the clinical supervisor before continuing. Note: If a client is unable to control their anger or stop shouting, end the session. Let a supervisor know what happened.

Guidelines for meeting with a participant who travels to another state from their state of residence:

- Requirements already a part of the study that will continue:
    - Primary state of residence is in CA or FL
    - An established care provider in the primary state of residence
    - The research coordinators will ensure pt has a reachable emergency contact who is aware of the whereabouts and the addresses of participant locations
- Counselor tasks:
    - The counselor and/or research coordinator will document emergency services for the location (city and state) where the participant has addresses/resides currently
    - The counselor will make every effort first to double up sessions and see the participant when in their primary state of residence
    - The counselor will continue to obtain and document the participant's current location at the beginning of sessions

Session Checklist

In preparation for each session, have the following materials available to ensure sessions go smoothly:

- Printed or electronic copy of this document (*Counselor's Facilitation Manual*)
- Notebook for quick clinical note taking along with pens/pencils
- Headphones for troubleshooting any issues with audio transmission
- Telephone for a back-up method of conducting the session if technological issues occur
- Access to your schedule for scheduling next appointment
- Local crisis resources (as outlined above)

After each session, complete the checklist below (on paper or in online survey software, such as Qualtrics). This information can also be useful for ensuring fidelity to the intervention.

Your name_____

Client ID_____

Client first name and last initial _____

Session date ___/___/___

Session status (completion, partial completion, other) _____

Session length (minutes) _____

Client location (e.g., home, someone else's home, car, workplace, school campus, outdoors/in community, other)_____

Client currently in [state] (yes or no)

Private location, with no one else in earshot or eyeshot (yes or no)

Session platform (Zoom, other video platform, phone call, in-person visit)

Video quality (rated 0-10)_____

Sound quality (rated 0-10) _____

Number of disconnections (0-10) _____

Session type (Initial, Core, Menu Session, Wildcard, Final)

Topic:_____

Session specific information:

Core Sessions

- ☐ Consent obtained
- ☐ Check in
- ☐ Education/Information provided
- ☐ Motivation assessed and enhanced
- ☐ Check out
- ☐ Any other information

Menu Sessions

- ☐ Consent obtained
- ☐ Check in
- ☐ Focus area identified for this session
- ☐ Barrier identified for this session
- ☐ Feedback and education provided
- ☐ Motivation and self-efficacy addressed
- ☐ Problem-solving initiated
- ☐ Goal/Plan of action developed

Additional relevant clinical information:_____

Initial Session

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

1.Review of counseling series

- ☐ Technology, internet, and private space requirements for intervention sessions
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Information on how to ensure privacy during sessions (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Information on consenting and disclosing location at beginning of each session
- ☐ Clarify purpose and scope of telehealth intervention as specific to HIV care
- ☐ Intention of series and how it works to improve overall health
- ☐ Series structure, session lengths, and session content (core sessions, menu sessions, final session). Let client know about 2 way texting and ensure they are ok with receiving resources via text (or email if preferred).

2.Counselor introduction and general information

- ☐ Describe counselor role, including difference between intervention and therapy *(short-term supportive coach focused on helping improve health and HIV care)*
- ☐ Describe counselor availability, contact methods, and communication turnaround times (including work hours and days off)
- ☐ How to re-schedule and no-show procedures
- ☐ Boundaries for social media contact *(cannot "friend" or interact via social media)*
- ☐ Review information on confidentiality and limits to confidentiality
- ☐ Acknowledge possible differences (of counselor and participant) in identities and provide space for participant to share any thoughts, experiences, concerns, or possible foreseen challenges. Explore which parts of participant's identity/intersectionalities are most salient to them.

3. Assessment of Needs/Areas to Explore [22]

A. Physical/medical history

- ☐ Strengths and challenges related to personal health
- ☐ Significant health conditions impacting daily life

[22] Adapted from the Healthy Living Project: *Life Context Form*

- [ ] Current strategies used to manage health conditions

B. HIV and HIV treatment history
   - [ ] Date of HIV diagnosis
   - [ ] Individuals in client's life who know about HIV diagnosis
   - [ ] HIV medications started, stopped, and missed
   - [ ] Relationship quality and frequency of contact with primary care provider

C. Psychiatric history
   - [ ] Current mental health supports and history of accessing mental health treatment
   - [ ] Mental health diagnoses and current severity of symptoms
   - [ ] Psychiatric medications (current and history)
   - [ ] Suicidal ideation (current and history) and suicide attempts (history)

D. Substance use history
   - [ ] Substance use (current and history)
   - [ ] Substance use supports and access to substance use treatment (current and history)

E. Housing situation
   - [ ] Type of housing situation, others lived with, and safety/stability of housing
   - [ ] History of unstable housing or homelessness

F. Work, school, and financial situation
   - [ ] Occupational or student status and goals (current and history)
   - [ ] Financial status, sources of income, and financial concerns

G. Social and romantic relationships
   - [ ] Friends and social supports
   - [ ] Romantic and sexual relationships
   - [ ] Other supports: health care providers, service providers, spiritual supports

H. Family relationships
   - [ ] Family of origin (members, location, and quality of relationship)
   - [ ] Chosen family and close supports who are not family of origin

I. Stigma/discrimination experiences
   - [ ] Other areas of stigma/discrimination experienced (by sexual orientation, gender identity, disability, immigration history, race/ethnicity, etc.)

J. Strengths and skills
   - [ ] Personal strengths and skills

4. Identification of priority areas

- [ ] Assessment of priority challenges and needs

- [ ] Assessment of motivation and stage of change for main issues identified
- [ ] Mutual agenda-setting for menu option sessions (identify 4-6 key topics)
    - Option A: HIV Care (in depth)
    - Option B: Mental Health (in depth)
    - Option C: Drug and Alcohol Use (in depth)
    - Option D: Lifestyle Health (general aspects of wellness)
    - Option E: Social Support
    - Option F: Family of Origin
    - Option G: Romantic & Sexual Relationships
    - Option H: Self-Identity and Disclosure
    - Option I: Money, Food, Housing, and Resources
    - Option J: Purpose and the Future (including work, school, life goals)
    - Option K: Societal Current and Future Concerns

5. Check out and next steps

- [ ] Answer any client questions about the intervention series and what to expect
- [ ] Schedule first core session
- [ ] Provide information about weekly reminder texts between sessions
- [ ] Provide a positive reflection to the client related to a strength they possess or their willingness to participate in the conversation

Core Sessions

Core Session 1A: Engagement in HIV Care

Enhanced Assessment and Preparation

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assessment

- ☐ Current acceptance and understanding of HIV diagnosis

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

- ☐ Stigma-related beliefs about HIV and HIV care

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

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

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

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

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

- ☐ Strengths and challenges related to current HIV care routines

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

3. Review HIV treatment knowledge assessment

The counselor can review the client's assessment answers prior to the session.

- ☐ Discuss incorrect answers and provide correct information and supporting information behind each
- ☐ Ask whether the client has any additional questions about HIV or HIV care and provide additional education as needed

4. Assess and enhance motivation

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

- ☐ Identify HIV care-related barriers that if resolved would have the most positive impact on health and overall life satisfaction
- ☐ Discuss client motivators, including personal goals, values, social support, etc. and apply them to the barriers at hand

5. Check out

- ☐ Provide information about second core session (follow-up on today's session)
- ☐ Elicit client's thoughts about the session, identifying any issues or concerns
- ☐ Provide a positive reflection to the client related to a strength they possess or their willingness to participate in the conversation

Core Session 1B: Engagement in HIV Care

Psychoeducation and Health Education

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

Feel free to share relevant information about HIV care during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: HIV treatment, medication adherence, or lab work. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Any information or content from the previous week that stood out or that the client would like to focus on in more depth
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Psychoeducation and health education

As described below, assess the client's level of knowledge about the basics of HIV and HIV care. Then work with clients to fill in their knowledge gaps. The following are suggested topics that could be helpful. The counselor can also offer to email written information as needed to supplement the information provided verbally. Assess and educate on WYZ App use for supporting the following health education topics. Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community

A. Attending clinic visits

"How do you fit your HIV care into your schedule? How do you get the best medical care possible for your HIV? How do you deal with stress related to HIV appointments, prescriptions, or insurance coverage? How do you prepare emotionally for your appointments?"

- ☐ Fitting clinic appointments into schedule and how to cancel/re-schedule
- ☐ Choosing and sticking with a primary care provider, clinic, and/or medical group
- ☐ Constructively responding to issues with medical team, medical group, or insurance

- [ ] Managing health appointment-related anxiety

B. HIV pharmacology

"Which HIV medications are you taking? What's your understanding of how your HIV medications work? What's your understanding about the different types of HIV medications?"

- [ ] Review client's HIV medications using this resource as needed: www.poz.com/article/2022-hiv-drug-chart
- [ ] Types of HIV medications and their interventions on different stages of the HIV life cycle
- [ ] Purpose of HIV combination medications
- [ ] HIV drug resistance and medication resistance testing C.

C. Medication-taking

"What have your experiences with HIV medications been? What challenges have you had getting or taking HIV medications, and how have you worked around them? What's your understanding of the consequences if you miss a dose or stop taking your medications? What is your understanding of what you should do instead?"

- [ ] Requesting and troubleshooting insurance, co-pays, and refill
- [ ] Finding and staying with a convenient pharmacy with good services (pill boxes, delivery, etc.) and pricing
- [ ] Systems for remembering to take medication
- [ ] Common side effects of ART and how to work around them
- [ ] Consequences of interrupting or stopping medications completely

D. Getting labs done

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

- [ ] Viral load testing and detectable/undetectable status
- [ ] CD4 testing and result ranges (500-1800 is average range for healthy adults)
- [ ] Dealing with anxieties around lab results that are out of range
- [ ] Dealing with difficulties getting blood drawn due to injection drug use

E. Medical literacy

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

- [ ] Health insurance (where to get it and how to maintain it) and ADAP benefits
- [ ] Levels and types of health care (primary care provider vs. specialists vs. advice nurse vs. urgent care vs. emergency services) and when to seek each type of care. PrEP for sexual partners of people with HIV

5. Assessing and enhancing motivation

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

- [ ] Identify HIV care-related barriers that if resolved would have the most positive impact on health and overall life satisfaction
- [ ] Discuss client motivators, including personal goals, values, social support, etc. and apply them to the barriers at hand
- [ ] Encourage client to follow up with the counselor about these barriers at a separate session (menu option A or other applicable options)

6. Check out

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

Core Session 2: Mental Health

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

Clients who meet one or more of the following criteria will receive two separate mental health-focused core sessions: 2A, "Enhanced Assessment and Preparation" and then 2B, "Psychoeducation and Health Education."

Criteria:

Criteria A- score of 10+ on PHQ-9 (measure of depression)

Criteria B- score of 33+ on PCL-C (measure of PTSD)

Criteria C- score of 10+ on GAD-7 (measure of generalized anxiety)

Those not meeting any of the above criteria will receive one mental health core session, 2B, "Psychoeducation and Health Education."

Note: Not every client will report mental health challenges. The counselor can inform the client that everyone in iVY receives at least one session on mental health regardless of their own mental health status. The session information may be generally helpful for anyone.

Core Session 2A: Mental Health

Enhanced Assessment and Preparation

1. Check in

- ☐ Consent for session and description of current location
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assessment

- ☐ Ask whether client would like to know their scores on the mental health questionnaires (PHQ-8, PCL-5, GAD-7, etc.)
- ☐ Provide feedback about severity of challenges disclosed in the questionnaires, normalizing and de-stigmatizing mental health concerns described
- ☐ Conduct brief risk assessment if client disclosed any suicidal ideation
- ☐ Explore client's current self-awareness, understanding, and acceptance of any existing mental health challenges, and their treatment history

  "*What kinds of challenges with mental health have you had in your life? What mental health diagnoses (if any) have you been given by a doctor, therapist, or other professional?"* Provide information about the higher prevalence of mental health challenges in people with HIV.

3. Assessing and enhancing motivation

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

- ☐ Identify mental health-related barriers that if resolved would have the most positive impact on health and overall life satisfaction
- ☐ Discuss client motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand

4. Check out

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

Core Session 2B: Mental Health

Psychoeducation and Health Education

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

Feel free to share relevant information about mental health during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: psychoeducation about mental health and HIV, types of mental health diagnoses, prevalence rates of mental health diagnoses among people with HIV. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Any information or content from the previous week that stood out or that the client would like to focus on in more depth (if client received 2A)
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Brief assessment (if client did not receive 2A)

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

  "What kinds of challenges with mental health have you had in your life? What mental health diagnoses (if any) have you been given by a doctor, therapist, or other professional?"
- ☐ Provide information about the higher prevalence of mental health challenges in people with HIV

3. Psychoeducation and health education

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

A. Recognizing mental health challenges in self and others

- ☐ How to identify depression, anxiety, trauma response challenges, and other mental health challenges

  "How do you know when you or others are depressed, anxious, or experiencing other mental health concerns?"

- ☐ How to identify serious mental health concerns (bipolar disorder, schizophrenia, personality disorders, etc.)

  "How would you know if you or others were experiencing a serious mental health concern that needed ongoing treatment? What would you do to respond?"

- ☐ How to identify triggers or signs of new or escalating mental health challenges

  "How would you know when you or others are close to having a mental health crisis if things didn't improve?"

B. Considering impacts of mental health challenges on own life and others' lives
   - ☐ Prevalence of mental health challenges in people with HIV
   - ☐ Impacts of mental health challenges on HIV care and general wellness

     "How do mental health challenges affect your daily life and overall wellbeing? How have these challenges affected what it's like to deal with having HIV?"

C. Overview of available treatments
   - ☐ Overview of mental health treatment options

     "What methods have you heard of or considered for getting mental health support?"

   - ☐ Self-help and lifestyle (sleep, exercise, diet, etc.)

     "What methods for supporting your mental health have you heard about besides counseling or medications? Which of these have you tried, and what would you like to try?"

   - ☐ Social, peer supports, and life coaches (WYZ app My Community is a resource)

     "What people in your life know about these mental health challenges you face? What have they done or said that has been helpful for you?"

   - ☐ Psychotherapy and trained counseling professionals

     "What experiences have you or other people in your life had with seeing a counselor or psychotherapist?"

   - ☐ Prescribing professionals and psychiatric medications

     "What experiences have you or other people in your life had with taking medications for mental health challenges or seeing a psychiatrist or psychiatric nurse practitioner to talk about medications?"

   - ☐ Insurance coverage for mental health services

     "What do you know about what insurance plans cover for mental health services?"

4. Assessing and enhancing motivation

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

- ☐ Identify mental health-related barriers that if resolved would have the most positive impact on health and overall life satisfaction
- ☐ Discuss client motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand
- ☐ Encourage client to follow up with the counselor about these barriers through a separate session (menu option B or other applicable options)

5. Check out

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

Core Session 3: Drug and Alcohol Use

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

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

Criteria:

Criteria A- score of 8+ on AUDIT (measure of alcohol use)

Criteria B- score of 3+ on DAST (measure of drug use)

Criteria C- monthly or more frequent use of drugs (*not* including those in Criteria D) on ASSIST (measure of drug use)

Criteria D- daily use of tobacco, marijuana, or alcohol on ASSIST (measure of drug use)

Those not meeting any of the above criteria will receive one drug and alcohol core session, 3B, "Psychoeducation and Health Education".

Note: Not every client will report drug or alcohol use challenges. The counselor can inform the client that everyone in iVY will receive at least one session on this topic regardless of their own substance use. The session information may be generally helpful for anyone.

Core Session 3A: Drug and Alcohol Use

Enhanced Assessment and Preparation

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assessment of drug and alcohol use

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

3. Assessing and enhancing motivation

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

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

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

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

4. Check out

- ☐ Provide information about second core session (follow-up on today's session)
- ☐ Elicit client's thoughts about the session, identifying any issues or concerns
- ☐ Provide a positive reflection to the client related to a strength they possess or their willingness to participate in the conversation

Core Session 3B: Drug and Alcohol Use

Psychoeducation and Health Education

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

Feel free to share relevant information about substance use during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: interaction between HIV medication and drugs/alcohol, how drug use relates to HIV transmission. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Any information or content from the previous week that stood out or that the client would like to focus on in more depth (if client received 3A)
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

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

- ☐ Explore client's current self-awareness, understanding, and acceptance of any existing drug or alcohol use challenges
- ☐ Ask whether client would like to know their scores on the drug and alcohol use screening questionnaires (AUDIT, DAST, etc.)
- ☐ Provide feedback about severity of challenges disclosed in the questionnaires, normalizing and de-stigmatizing substance use concerns described
- ☐ Conduct brief risk assessment if client disclosed any high-risk drug or alcohol use in the screener
- ☐ Provide information about the higher prevalence of drug and alcohol use challenges in people with HIV

3. Psychoeducation and health education

As described below, assess the client's level of knowledge about the basics of drug and alcohol use. Then work with the client to fill in their knowledge gaps. The following are suggested topics that could be helpful based on the client's current knowledge level. The counselor can also offer to email written information as needed to supplement the information provided verbally.

A. Drug and alcohol use and HIV

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

- ☐ Impact of substance use on immune health and HIV

B. Drug and alcohol use resources for self and others
"What methods of support for substance use challenges have you heard about? Which of these do you have experience with, and what would you choose to use if you needed it? What do you know about what insurance plans cover for substance use treatment?"
   - ☐ Types of drug and alcohol use resources available (self-help, recovery support groups, counseling, medications, outpatient, detox, residential)
   - ☐ Insurance coverage for drug and alcohol use treatment services

C. Managing drug and alcohol use risks for self and others
"What methods for reducing risk of drug overdose or unsafe drug interactions have you heard of? What's your familiarity with ways to keep yourself and others safe if you inject drugs?"
   - ☐ Taking medications while using drugs or drinking
   - ☐ Opioid overdose signs and Narcan basics
   - ☐ Stimulant over-amping
   - ☐ Safer injection drug use and syringe access programs
   - ☐ Managing alcohol and tobacco use

D. Exploring the use of drugs/alcohol for ineffective coping
"What is your relationship to drugs/alcohol during times of stress?" "Many people rely on drugs/alcohol to cope with stress, is this true for you?"

4. Assessing and enhancing motivation

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

- ☐ Identify drug or alcohol use related barriers that if resolved would have the most positive impact on health and overall life satisfaction
- ☐ Discuss client motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand
- ☐ Encourage client to follow up with the counselor about these barriers through a separate session (menu option C or other applicable options)

5. Check out

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

Menu Sessions

Each participant receives their remaining sessions from a menu of topics, with each session focused on a different topic. At the beginning of each session, the counselor will collaboratively decide with the client which menu option to focus on.

To pick a topic, the counselor and participant will discuss priority issues that need resolution, ongoing concerns causing stress, and priority areas identified by the participant. Additionally, the counselor will consider the information provided by the participant in their initial session and baseline assessment.

These sessions can be done in any order. Not every menu topic needs to be selected.

If a participant identifies pressing issues related to Options A-C during a core session 1, 2, or 3 that need immediate attention in order to prevent crisis or a break in rapport or trust, the counselor may opt to follow-up with a session on this topic before returning to finish the core session series. These menu options may be repeated up to 4 times. All other menu options may be repeated twice.

If the participant would like to talk about a topic not included in the menu because they are experiencing a crisis in that area and are unable to focus on one of the menu options at the time, a "wildcard" session may be held.

Menu of topics

Option A: HIV Care (in depth)
Option B: Mental Health (in depth)
Option C: Drug and Alcohol Use (in depth)
Option D: Lifestyle Health (general aspects of wellness)
Option E: Social Support
Option F: Family of Origin
Option G: Romantic & Sexual Relationships
Option H: Self-Identity and Disclosure
Option I: Subsistence Needs (money, food, housing, and resources)
Option J: Education and Vocation
Option K: Societal Future and Current Concerns
Option L: Wildcard

Menu session structure

Each menu session will follow a set structure of key activities, listed below.

1. **Intro and Check-in** on previous week (1-2 min)
    a. Greet client and identify current location
    b. Ensure adequate connection with video conferencing platform or troubleshoot
    c. Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
    d. Check in on previous session goal (if applicable) and whether it was successfully met; create a modified follow-up plan if needed

2. ***Assess and elicit information*** *on focus area (2-5 min)*
    a. Explore areas of strengths and challenges
3. **Identify/verbalize a barrier** to treatment adherence and overall health in the context of the module topic (2-5 min)
4. **Provide feedback and education** about the topic (2-5 min)
5. **Enhance motivation** and self-efficacy (2-5 min)
6. **Problem-solve** (2-5 min)
    a. Brainstorm potential solutions, evaluate and compare, then select the best option
7. **Develop a goal and make a plan** (5 min)
    a. Measure motivation and confidence to achieve goal (e.g., confidence ruler)
    b. Identify internal resource(s) or strength(s) or past success(s) that to draw on
8. **Check out** (1-2 min)
    a. Thoughts about session (identify any issues/concerns)
    b. Provide a positive reflection to the client related to a strength they possess or their willingness to participate in the conversation

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

Option A: HIV Care (in depth)

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

Feel free to share relevant information about HIV care during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: HIV treatment, medication adherence, or lab work. Counselors can also provide resources such as local treatment agencies, ADAP eligibility workers, or places to access PrEP. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

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

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

Sample information elicited: Access to or willingness to utilize HIV care services, HIV care routine and

HIV medications, concerns and challenges related to attending HIV care appointments

- ☐ Identify one or multiple current HIV care challenge(s) impacting health and overall wellbeing *"What would be most helpful to talk about today? What would have the biggest impact on your health today?"*
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the client's daily life

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

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

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

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

4. Provide feedback and education as needed

Assess and educate on WYZ App use for supporting the following health education topics. Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community.

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

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

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

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

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

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

- [ ] Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
- [ ] Encourage the client to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

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

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

8. Check out

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

Option B: Mental Health (in depth)

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

Feel free to share relevant information about mental health during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: psychoeducation about mental health and HIV, types of mental health diagnoses, prevalence rates of mental health diagnoses among people with HIV. Counselors can also provide resources such as local mental health agencies, hotlines, or support groups. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

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

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

<u>Sample information elicited</u>: Past experiences with mental health care; current mental health challenges; current mental health diagnoses or medications; current access to or willingness to utilize mental health services

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

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

- [ ] Elicit information about the frequency, severity, and impact of the challenge(s) on the client's daily life
- [ ] Explore areas of strengths and difficulties related to the mental health challenge(s)

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

Sample barriers: cancelling clinic appointments due to depression; missing medication doses due to going to bed early when feeling anxious and overwhelmed; cancelling clinic appointments due to social anxiety and not wanting to talk to others; not taking HIV and psych medications while manic due to feeling like they're not necessary; lacking motivation due to depression

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

4. Provide feedback and education as needed

Mental health 101: how to identify depression and anxiety symptoms in self; how to identify trauma response challenges/PTSD in self; impact of depression or anxiety on daily activities; the interplay of anxiety and depression; how to identify and manage stressors; impacts of trauma on trust and communication

Mental health treatment options: different types and levels of mental health care; types of mental health professionals and how to choose the right type (psychiatrists and psychiatric nurse practitioners; psychotherapists –(board licensed or registered); substance use counselors (registered or certified); health coaches; life coaches; clergy; other healers); insurance coverage for mental health services; tools for coping with depression and anxiety; long-term maintenance strategies for serious mental illnesses

- [ ] Normalize concerns and the existence of the barrier (as appropriate)
- [ ] Provide feedback about the importance of addressing the mental health barrier and help the client identify the impact of the barrier on their health
- [ ] Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
- [ ] Encourage the client to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

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

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

8. Check out

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

Option C: Drug and Alcohol Use (in depth)

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

Feel free to share relevant information about substance use during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: interaction between HIV medication and drugs/alcohol, how drug use relates to HIV transmission. Counselors can also provide resources such as local substance use treatment agencies, or the location of local recovery groups. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

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

1. Check in
   - ☐ Consent for session and description of current location
   - ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
   - ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
   - ☐ Check in on how the previous week went (challenging and/or positive experiences)
   - ☐ Check in on previous session goal and degree to which it was successful
   - ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
   - ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

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

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

  "What would be most helpful to talk about today? What would have the biggest impact on your health today?"
- [ ] Elicit information about the frequency, severity, and impact of the substance use challenge(s) on the client's daily life
- [ ] Explore areas of strengths and difficulties related to the substance use challenge(s), including experiences with treatment or recovery supports

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

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

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

4. Provide feedback and education as needed

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

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

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

- [ ] Normalize concerns and the existence of the barrier (as appropriate)
- [ ] Provide feedback about the importance of addressing the substance use barrier and help the client identify the impact of the barrier on their health Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

7. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier

- [ ] Encourage the client to choose the best option for them to focus on over the next week

6. Develop a goal and make a plan

   Sample goals: smoking cessation or cutting back; substance cessation or cutting back; alcohol cessation or cutting back; switch to less risky methods of drug use; access substance use treatment; identify and manage impact of use on health and engagement in HIV care

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

7. Check out

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

Option D: Lifestyle Health (general aspects of wellness)

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

Feel free to share relevant information about lifestyle health during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: recommended sleep for adults and nutrition/dietary plans. Counselors can also provide resources such as local nutrition programs or community wellness centers. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

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

1. Check in
   - ☐ Consent for session and description of current location
   - ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
   - ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
   - ☐ Check in on how the previous week went (challenging and/or positive experiences)
   - ☐ Check in on previous session goal and degree to which it was successful
   - ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
   - ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

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

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

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

- [ ] Elicit information about the frequency, severity, and impact of the challenge(s) on the client's daily life
- [ ] Explore areas of strengths and difficulties related to the challenge(s)

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

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

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

4. Provide feedback and education

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

- [ ] Normalize concerns and the existence of the barrier (as appropriate)
- [ ] Provide feedback about the importance of addressing the barrier and help the client identify the impact of the barrier on their health
- [ ] Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
- [ ] Encourage the client to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

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

- [ ] Develop a goal for the week (ideally using the SMART goal format) based on the client's chosen way of addressing the barrier
- [ ] If the client is unable to identify a goal without prompting, suggest several options to help the client start brainstorming goals that feel relevant to them
- [ ] If the client declines to set a goal after brainstorming and encouragement, skip the next two steps and move on to check out
- [ ] Assess self-efficacy using the confidence ruler

- [ ] Identify internal resources, external resources, strengths, or past successes that the client can draw on to achieve their goal

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

Option E: Social Support (non-family support)

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

Feel free to share relevant information about social support during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: how to build relationships, how to set boundaries. Counselors can also provide resources such as local social networking opportunities at community organizations. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section. WYZ app has the My Community feature to connect with others in a similar space.

Topics falling into this category include:

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

1. Check in
   - ☐ Consent for session and description of current location
   - ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
   - ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
   - ☐ Check in on how the previous week went (challenging and/or positive experiences)
   - ☐ Check in on previous session goal and degree to which it was successful
   - ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
   - ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

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

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

- ☐ Elicit information about the frequency; severity; and impact of the challenge(s) on the client's daily life
- ☐ Explore areas of strengths and difficulties related to the social challenge(s)

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

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

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

4. Provide feedback and education

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

- ☐ Normalize concerns and the existence of the barrier (as appropriate)
- ☐ Provide feedback about the importance of addressing the social barrier and help the client identify the impact of the barrier on their health
- ☐ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

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

7. Develop a goal and make a plan

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

- ☐ Develop a goal for the week (ideally using the SMART goal format) based on the client's chosen way of addressing the barrier
- ☐ If the client is unable to identify a goal without prompting, suggest several options to help the client start brainstorming goals that feel relevant to them

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

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

Option F: Family of Origin

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

Feel free to share relevant information about family of origin during (via screenshare) or after the session
(via email/text). This could include educational handouts on topics such as: disclosure, effective communication, and interpersonal effectiveness. Counselors can also provide resources such as local family resource centers. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

- Relationships with family
- Disclosure to family
- Living with family
- Communication with family
- Family support
- Challenges related to family
- Family violence
- Family stressors
- Raising children and relationships with children
- Relationship with personal values related to culture, spirituality, etc.

1. Check in
   - ☐ Consent for session and description of current location
   - ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
   - ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
   - ☐ Check in on how the previous week went (challenging and/or positive experiences)
   - ☐ Check in on previous session goal and degree to which it was successful
   - ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
   - ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

   <u>Sample information elicited</u>: relationship with parents; siblings or extended family; current challenges faced by the family; client's role in their family; ongoing and new conflicts with family; level of self-disclosure to family; level of family support for range of personal issues

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

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to family *Sample barriers: lack disclosure of HIV status to family leading to lack of support; lack of disclosure of HIV status to family leading to needing secret ways to handle medications and appointments; negative family influences leading to less HIV care received; family stressors escalating existing mental health challenges; negative messages about self from family impacting self-care*

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

4. Provide feedback and education

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

- [ ] Normalize concerns and the existence of the barrier (as appropriate)
- [ ] Provide feedback about the importance of addressing the family barrier and help the client identify the impact of the barrier on their health
- [ ] Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
- [ ] Encourage the client to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

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

- [ ] Develop a goal for the week (ideally using the SMART goal format) based on the client's chosen way of addressing the barrier

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

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

Option G: Romantic & Sexual Relationships

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

Feel free to share relevant information about romantic/sexual relationships during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: sexual negotiation, disclosure, boundary setting, PrEP, and intimate partner violence. Counselors can also provide resources such as local polyamorous/open-relationship support groups. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

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

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

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

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

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

- [ ] Elicit information about the frequency, severity, and impact of the challenge(s) on the client's daily life
- [ ] Explore areas of strengths and difficulties related to hookup or relationship challenge(s)

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

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

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

4. Provide feedback and education

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

- [ ] Normalize concerns and the existence of the barrier (as appropriate)
- [ ] Provide feedback about the importance of addressing the barrier and help the client identify the impact of the barrier on their health
- [ ] Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
- [ ] Encourage the client to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

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

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

8. Check out

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

Option H: Self-Identity and Disclosure

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

Feel free to share relevant information about self-identity and disclosure during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: disclosure discrimination. Counselors can also provide resources such as local identity-affirming centers (e.g., LGBTQ+ centers). The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

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

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

Sample information elicited: information about personal identities (sexual; gender; ethnicity; etc.); past experiences with self-disclosure; fears about self-disclosure; experiences with and sources of stigma and negative messages about own identity and HIV status

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

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

- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the client's daily life
- ☐ Explore areas of strengths and difficulties related to the self-identity or disclosure challenge(s)

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

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

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

4. Provide feedback and education

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

- ☐ Normalize concerns and the existence of the barrier (as appropriate)
- ☐ Provide feedback about the importance of addressing the self-identity or disclosure barrier and help the client identify the impact of the barrier on their health ☐ Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

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

7. Develop a goal and make a plan

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

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

8. Check out

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

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

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

Feel free to share relevant information about subsistence needs during (via screenshare) or after the session (via email/text). Counselors can also provide resources such as local transportation options, food banks, shelters, etc. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

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

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

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

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

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

- [ ] Elicit information about the frequency; severity; and impact of the challenge(s) on the client's daily life
- [ ] Explore areas of strengths and difficulties related to the mental health challenge(s)

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to finances or resources

Sample barriers: cancelling clinic appointments due to not having enough money for co-pays or transportation; not refilling medications due to not having enough money for co-pays; not having a safe place to store HIV medications if homeless; cancelling clinic appointments due to not being able to get time off work; lack of consistent access to phone or computer if homeless

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

4. Provide feedback and education

Sample educational topics: impact of unstable housing situation on health; availability of transportation; financial; employment; and other resources; information about affordable health insurance options and medical financial assistance programs for HIV

- [ ] Normalize concerns and the existence of the barrier (as appropriate)
- [ ] Provide feedback about the importance of addressing the financial or resource-related barrier and help the client identify the impact of the barrier on their health
- [ ] Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
- [ ] Encourage the client to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample goals: increase access to needed material resources; increase stability of income or insurance; increase access and awareness of reliable transportation; increase motivation to address legal issues and resources to do so; increase problem-solving around ways of addressing issues with benefits; increase confidence and problem-solving around finding work

- [ ] Develop a goal for the week (ideally using the SMART goal format) based on the client's chosen way of addressing the barrier
- [ ] If the client is unable to identify a goal without prompting, suggest several options to help the client start brainstorming goals that feel relevant to them

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

8. Check out

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

Option J: Education and Vocation

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

Feel free to share relevant information about substance use during (via screenshare) or after the session (via email/text). This could include educational handouts on topics such as: setting short-term vs. long-term goals. Counselors can also provide resources such as local educational or vocational training opportunities. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

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

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

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

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

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

- [ ] Elicit information about the frequency; severity; and impact of the challenge(s) on the client's daily life
- [ ] Explore areas of strengths and difficulties related to the future or purpose-related challenge(s)

3. Identify/verbalize a barrier to treatment adherence and overall health that is related to the client's education or vocation

Sample barriers: cancelling clinic appointments due to feeling out of control to manage own care; not following through with HIV care due to lack of care about the impact on future health and wellness; feeling aimless and not motivated to take care of self or work towards goals; prioritizing other activities over attending to HIV care needs; lack of future orientation and goals for self; disconnection between own goals and family's goals for them

- [ ] Identify and verbalize one mutually agreed upon educational or vocational barrier to engagement in HIV care or promotion of own health

4. Provide feedback and education

Sample educational topics: impact of trauma on future-orientation and hopefulness; how to identify own values and goals; ways to determine whether own values and goals are in alignment with current actions; cognitive strategies for increasing positive thoughts and hopefulness; information about educational and vocational resources

- [ ] Normalize concerns and the existence of the barrier (as appropriate)
- [ ] Provide feedback about the importance of addressing the educational or vocational barrier and help the client identify the impact of the barrier on their health Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
- [ ] Encourage the client to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample goals: increase awareness of resources around meeting future goals; increase motivation to continue school or vocational training to help increase future stability; increase positive future orientation to decrease depression and risk of suicidality; increase awareness of strengths and resources available for handling future challenges

- [ ] Develop a goal for the week (ideally using the SMART goal format) based on the client's chosen way of addressing the barrier
- [ ] If the client is unable to identify a goal without prompting, suggest several options to help the client start brainstorming goals that feel relevant to them

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

8. Check out

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

Option K: Societal Current and Future Concerns

Overarching session goal: participants have the space to process through current and future social issues affecting their health and identify positive ways to navigate through, contributing to increased overall wellbeing.

Feel free to share relevant information about current social issues during (via screenshare) or after the session (via email/text). Counselors can also provide resources such as local community activist groups. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.

Topics falling into this category include:

- Pandemic related concerns
- Pathogen and vaccines
- Inflation and economic burden challenges
- Recent court decisions
- Political Climate
- Day to day social issues
- Other: _____

1. Check in

- ☐ Consent for session and description of current location
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Check in on previous session goal and degree to which it was successful
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

Sample information elicited: concerns of Monkey Pox and other vaccine availability and disparities; pre, post, and current pandemic concerns, impact of increased grocery prices, effect on LGBTQ+ community of recent court decisions and those upcoming that are impacting experience of HIV

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

  "What would be most helpful to talk about today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the client's daily life

- [ ] Explore areas of strengths and difficulties related to the challenge(s)

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

Sample barriers: health/social anxiety from pandemic, stigma and discrimination burden from courts getting in the way of attending clinic appointments, structural issues increasing burden and pressure causing increased social isolation-not going out and connecting with community

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

4. Provide feedback and education

Sample educational topics: : impact of societal and structural burdens; checking in with self and seeking support

- [ ] Normalize concerns and the existence of the barrier (as appropriate)
- [ ] Provide feedback about the importance of addressing the barrier and help the client identify the impact of the barrier on their health
- [ ] Provide psychoeducation and health education as needed

5. Enhance motivation and self-efficacy

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

6. Problem-solve

- [ ] Collaboratively brainstorm several ways of addressing and decreasing the identified barrier
- [ ] Encourage the client to choose the best option for them to focus on over the next week

7. Develop a goal and make a plan

Sample goals: decrease unhealthy habits like watching the news when waking up or only looking at the setbacks; improve self care and support connections by community and political engagement

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

8. Check out

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

Option L: Wildcard Session

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

Topics falling into this category include:

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

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

1. Check in

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

2. Assess and elicit information on focus area

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

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

- [ ] Elicit information about the frequency, severity, and impact of the challenge(s) on the client's daily life

3. Risk assessment

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

4. *If high risk:* Safety planning

- [ ] Collaboratively develop a safety plan for the client (1-week timeframe). *Safety plans are more informational than protective. Inability to commit to a safety plan indicates extremely high risk; if they develop a safety plan, this does not ensure they will follow through on it.*
- [ ] If the client is a serious danger to themselves or others (e.g., unable/unwilling to develop a safety plan), initiate the 5150-evaluation process
- [ ] Schedule a timely check-in (e.g., next business day) with client to follow-up on the safety plan and reassess risk

5. Linkage to community or personal resources

- [ ] Assess client's existing resources or social support who could be helpful to contact at this time
- [ ] Provide information about additional community resources as needed

6. Check out

- [ ] Re-assess the client's risk level (and continue with support and assessment if still at a high level of risk)
- [ ] Remind client of counselor's and community-based crisis response contact information to use if in need of support before the next session

Final Session

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

1. Check in

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

2. Review

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

3. Identifying and reinforcing changes

- ☐ Review of life changes, successes, and challenges that occurred during intervention
- ☐ Provide positive feedback and encouragement about the changes made
- ☐ Provide information about change management strategies
- ☐ Assess and enhance motivation related to the changes made

4. Identify continuing goals and resources

- ☐ Collaboratively identify continuing goals and unfinished projects related to the intervention content
- ☐ Identify any persistent, unmet needs that would benefit from continued care
- ☐ Help client identify sources of information, resources, and support to utilize when continuing to work on goals
- ☐ Provide or remind of community-based resources to provide ongoing support

5. Check out and goodbye

- ☐ Provide a positive reflection to the client related to a strength they possess or their willingness to participate in the conversation
- ☐ Check in on WYZ App use and explore how App can be used moving forward
- ☐ Say goodbye to client and give best wishes for the future

iVY

Comprehensive, tailored, technology-based intervention to improve virologic suppression among youth and young adults living with HIV

2nd 12 Sessions

Focused Telehealth Intervention Manual

UCSF Center for AIDS Prevention Studies

September 2023

Table of Contents

Study Aim, Purpose, and Significance

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

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

Our goal is to test the effect of a technology-based intervention in a randomized clinical trial (RCT) with an Adaptive Treatment Strategy (ATS) among youth with HIV (18–29 years old). Using pre-defined algorithms, ATSs adapt a treatment to an individual's unique and changing needs as opposed to a one-size-fits-all approach. This piloted and protocolized intervention combines: brief weekly sessions with a counselor via a video-chat platform (video-counseling) to discuss HIV care engagement, mental health (MH), substance use (SU), and other barriers to care; and a mobile health application (app) to address barriers such as ART forgetfulness and social isolation. Individuals who are not virologically suppressed will be randomized to video-counseling+app or standard of care (SOC). Through this study, we will be able to:

Aim 1: Test the efficacy of video-counseling+app vs SOC on virologic suppression in YWH. We will compare HIV virologic suppression of those randomized to the intervention vs control arms at 16 weeks via an RCT.

Aim 2: Assess the impact of video-counseling+app vs SOC on MH and SU in YWH. We will evaluate the MH and SU differences between the intervention vs control arms at 16 weeks via an RCT.

Aim 3: (Focus of this 2nd 12 weeks *"Focused"* manual; see Figure 1 below) Explore an ATS to individualize the intervention by assigning the: (a) virologic "non-responders" in the intervention arm to focused video-counseling+app for 16 more weeks, (b) virologic "responders" in the intervention arm to continue only app use for 16 more weeks.

Video-counseling will be delivered by clinical social workers trained to provide MH and SU counseling to YWH. Video-counseling sessions will focus on the needs of the participant and potential linkage to further MH and SU treatment, as needed. The app will allow for medication management, identification of community resources, and online networking with other YWH. Therefore, the primary goal of the video-counseling approach is to address important, distinct, and changing barriers to HIV care engagement (e.g., MH, SU, forgetting, social isolation) among YWH. HIV virologic suppression (primary outcome) will be evaluated using home-collected Hemaspot test. To increase generalizability and geographic, demographic, and economic diversity and decrease logistics- or stigma-related barriers to research participation, all study activities will be conducted remotely with methods successfully used by our team. This study will provide valuable data about the characteristics of virologic responders and non-responders to the intervention, individualization of the intervention based on these variables, and linkage to MH and SU treatment services among those in need.

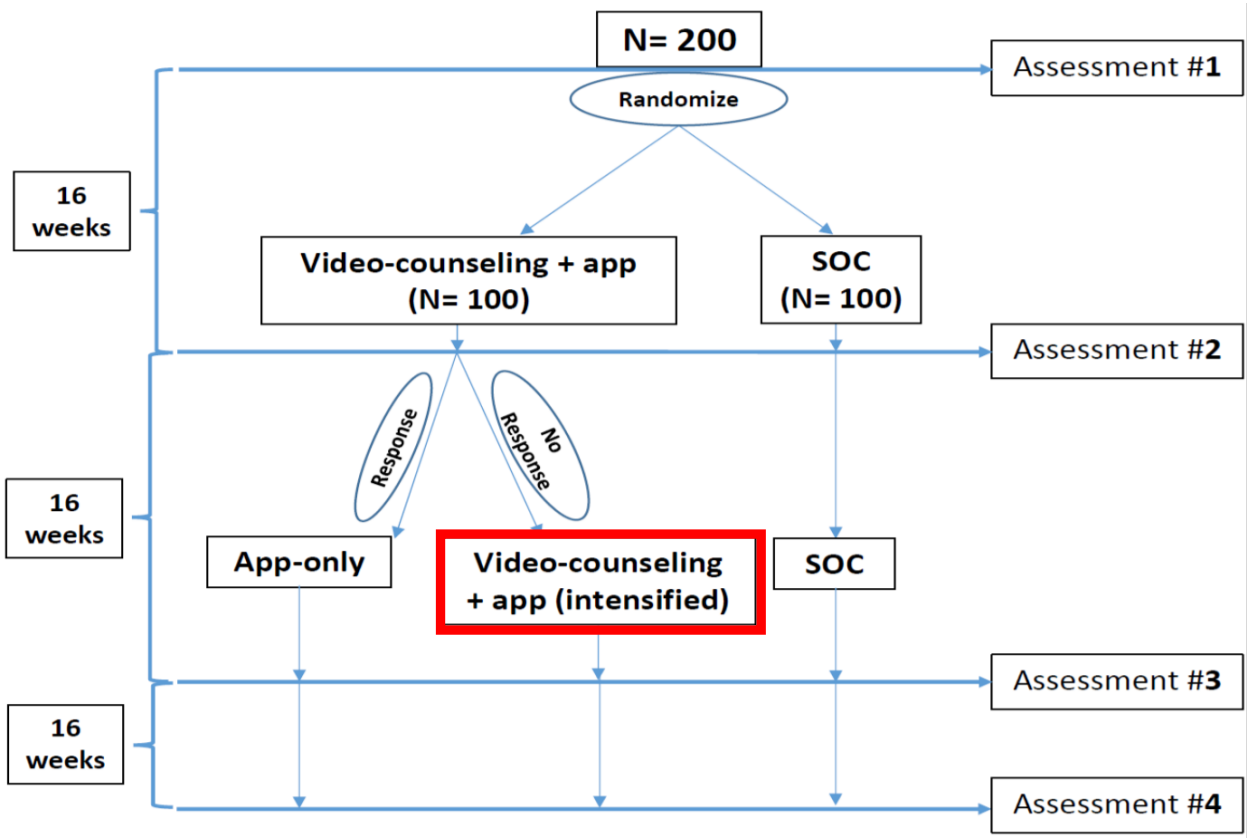
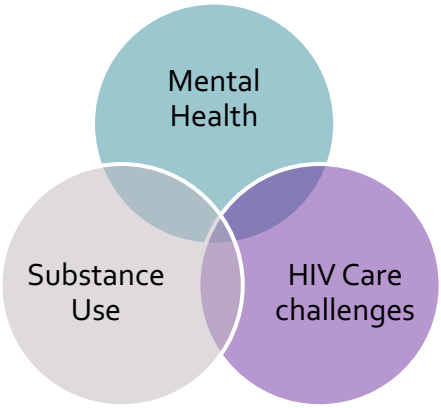


Figure 1. iVY Intervention Randomization Model

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

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



Target HIV-Related Behaviors

The iVY telehealth intervention uses psychoeducation and health education, motivational interviewing, and problem-solving therapy to help participants identify and resolve potential barriers (often related to mental health and substance use issues) to engagement in HIV care and other barriers to overall wellness (Figure 2). These concepts will be defined below. The curriculum is designed with the intention to increase engagement in HIV care and reduce HIV viral load. To achieve these outcomes, the behaviors most commonly targeted through the problem-solving activities will be related to medication adherence/persistence (or medication initiation), attending clinic visits, and completing labs (as a way for the provider and individual to monitor the effects of treatment).

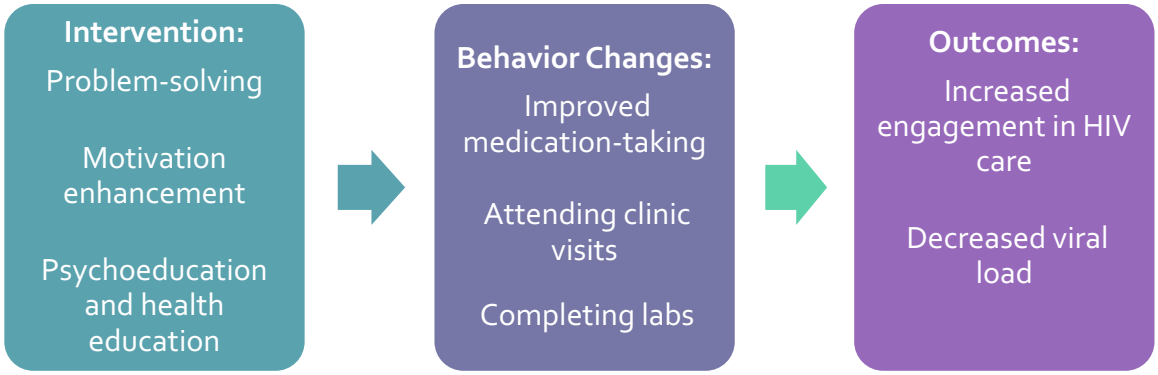


Figure 2. iVY Telehealth Intervention to Outcomes Model

Theoretical Background

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

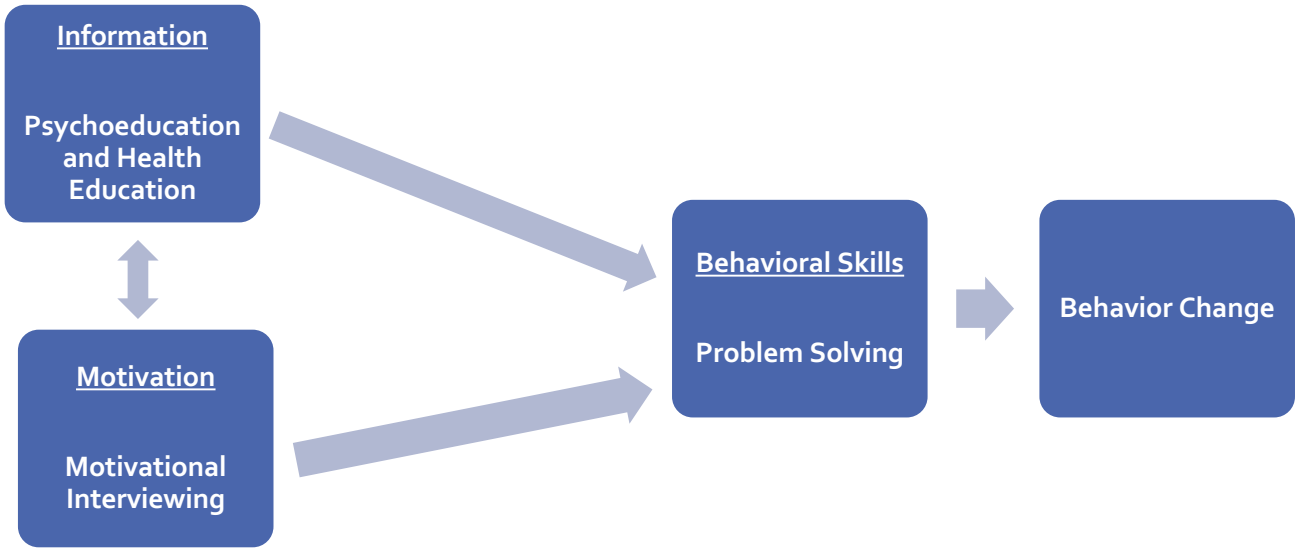


Figure 3. iVY Intervention IMB Theoretical Framework Model

Psychoeducation and Health Education

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

"Psychoeducation refers to the process of providing education and information to those seeking or receiving mental health services, such as people diagnosed with mental health conditions (or life-threatening/terminal illnesses) and their family members…. Psychoeducation, the goal of which is to help people better understand (and become accustomed to living with) mental health conditions, is considered to be an essential aspect of all therapy programs."

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

"Psychoeducation, whether administered in a clinical, school, or hospital setting or through the telephone or Internet, often leads to increased compliance with treatment regimens. When people who have been diagnosed with a mental health condition are able to understand what the diagnosis means,

they are more likely to view their illnesses as treatable conditions rather than shameful diagnoses indicating they are "crazy." [23]

Motivational Interviewing

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

Below are the four basic principles of motivational interviewing: [24]

"Express Empathy: Empathy involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, sharing in the client's experiences. Expression of empathy is critical to the MI approach. When clients feel they are understood, they are more able to open up about their own experiences with others. Having clients share those experiences with the counselor in depth allows the counselor to assess when and where they need support and what potential pitfalls need to be focused on in the change planning process.

Support Self-Efficacy: As noted above, a client's belief that change is possible is an important motivator to succeeding in making change. As clients are held responsible for choosing and carrying out actions to change in the MI approach, counselors focus their efforts on helping the clients stay motivated and supporting their sense of self-efficacy is a great way to do that. One source of hope for clients using the MI approach is that there is no "right way" to change, and if a given plan for change does not work, clients are only limited by their own creativity as to the number of other plans that might be tried.

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

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

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

Develop Discrepancies: "Motivation" for change occurs when people perceive a discrepancy between where they are and where they want to be" (Miller, Zweben, DiClemente, & Rychtarik, 1992, p.8). MI counselors work to develop this situation through helping clients examine the discrepancies between their current behaviors and future goals. When clients perceive that their current behaviors are not leading toward some important future goal, they become motivated to make important life changes. Of course, MI counselors do not develop discrepancy at the expense of other MI principles, but gently and gradually help the clients to see how some of their current ways of being may lead them away from, rather than toward, their eventual goals."[25]

Assessing and Enhancing Motivation

There are several motivational interviewing-based methods for assessing a participant's motivation to make changes. The "readiness ruler"[26] is a way of eliciting a participant's thoughts about the importance of making a change and their commitment to change. The readiness ruler can be imagined as a standard measurement ruler with two sides and ten marks (0-10) on each side.

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

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

Problem-Solving Therapy

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

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

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

What is Problem-Solving Therapy?[27]

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

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

- Major depressive disorder
- Generalized anxiety disorder
- Emotional distress
- Suicidal ideation
- Relationship difficulties
- Certain personality disorders
- Poor quality of life and emotional distress related to medical illness, such as cancer or diabetes

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

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

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

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

Problem-solving therapy is thought to be an effective therapy approach because it helps clients deal more effectively with the wide range of difficulties and stressful problems that occur in everyday living.

---

[27] APA fact sheet originally developed for therapy clients, nearly verbatim but adapted slightly for this audience.

American Psychological Association, Division 12. (n.d.). What is Problem-Solving Therapy? http://www.div12.org/sites/default/files/WhatIsProblemSolvingTherapy.pdf

A large body of scientific evidence indicates that negative, stressful events are a significant contributor to health and mental health disorders. Problem-solving therapy aims to assist individuals in coping more effectively with stressful life problems and can therefore decrease psychological and emotional difficulties, as well as improve the quality of life of individuals suffering from a major medical illness.

SMART Goals[28]

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

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

Focused Intervention Series Content Guide

Non-responders in the intervention arm will continue with 2nd 12 Sessions Focused video-counseling+app of 12 additional sessions over 16 weeks. Second 12 session modules follow a similar format as the first 12 sessions, with an increased focus on addressing participant-specific barriers to virologic suppression and applying behavioral skills so that participants use the skills on their own when challenges arise. Each module has accompanying interactive worksheets designed to keep the participants engaged for the additional 12 sessions (over 16 weeks). Additional worksheets are organized by skill topic and can be sent after the session as a resource to facilitate independent skill application. Following an initial session, all participants receive the core modules.

Core modules center on problem-solving to apply *previously learned skills* from the first 16 weeks of sessions (see Appendix D for corresponding skill topics from the First 16 Weeks Intervention manual). Menu modules center on *complementary skills* and can be done in any order and repeated as helpful—some may not be covered. The intervention additionally includes a Menu module (H) focused on Motivation Enhancement for when engagement is low. There is also a wildcard session for any issues that occur outside of the core and menu sessions (e.g., crisis response). The intervention ends with a final session.

Focused Skills Sessions
Initial Session for 2nd 12 Sessions Intervention - Assessment review (changes from biopsychosocial and assessment 2 from baseline) - Client feedback on initial 12 weeks intervention - Identification of (continuing, new) barriers - Motivational Interviewing addressing barriers (confidence ruler, decisional balance, etc.)
Core Module 1: Weighing Decisions with Pros and Cons (motivation focused)
Core Module 2: Goal Setting with SMART Goals
Core Module 3: Create an Action Plan
Core Module 4: Monitor and Evaluate Outcomes
Core Module 5: 7 Steps of Problem Solving
Menu Module A: Pleasant Activities
Menu Module B: Stress and Coping
Menu Module C: Effective Communication
Menu Module D: Boundaries with Self and Others
Menu Module E: Practicing Acceptance
Menu Module F: CBT Thought-Emotion-Behavior Connection
Menu Module G: Identifying Values
Menu Module H: Recognizing and Responding to External and Internal Triggers
Menu Module I: Motivation Enhancement
Wild Card Session
Final session - Reassessment of motivation (to illuminate areas of progress)

Focused Intervention Content Overview

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

Delivery Process: The process for delivering iVY intervention involves screening and enrolling clients and randomly assigning them to video-counseling plus app or standard of care arm. In the video-counseling plus app they receive 12 sessions over 16 weeks. At the 16 week mark their viral loads are measured by home collected Hemaspot. *Those virally unsuppressed will get a "focused" counseling intervention consisting of 12 more sessions over 16 weeks.* Those who are virally suppressed will continue the study with WYZ app support only (see Figure 1 above).

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

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

Response Time: Counselors should remind participants of the established process for responding to client messages in a timely manner. This may include elements such as:

- Acknowledging receipt of client messages as soon as possible
- Responding fully to client messages within one business day
- Using automated responses (offered by some texting platforms) for messages outside of business hours that note: 1) when the counselor will respond; and 2) what to do in case of an emergency

Protecting Confidentiality During Texting: The counselor should provide clients with additional tips and strategies to protect confidentiality and privacy during texting, such as:

- Deleting messages once a question is answered or once a provided resource has been saved
- Turning off message previews in text notifications

- Always using a passcode or other measure to lock their device
- Avoiding words that may carry stigma or disclose personal health information, such as HIV, substance use, and mental health.

Session Structure Overview

Initial Session:

The counselor meets with the participant individually for 30 minutes to briefly update the bio-psycho-social assessment as necessary. The counselor and participant also identify topics to focus on where the participant may still be facing challenges during the upcoming sessions. The counselor discusses the skills focus of the 2nd 12 Focused Sessions and answers any questions.

Core Modules:

After the initial session, counselors and participants proceed through a series of core sessions focused on deepening the work done in the First 12 Weeks of iVY Counseling Intervention, by reinforcing and applying behavioral skills introduced in the first 12 weeks (linked in Box here). Focus on building motivation and self-efficacy is continued.

- **Core sessions identify a continued barrier to healthcare engagement or overall health, provide a refresh on knowledge of a skill as needed, apply the skill to the chosen barrier, and enhance motivation for using the skill on their own and for applying the skill to the barrier.**
- **All participants receive all 5 core sessions and core modules *are conducted consecutively in order* from 1-5.**
- Helpful hint: When selecting a barrier to apply the specific skill in each core session, consider the appropriateness of applying the skill to the chosen barrier. It may be best to select a different barrier if it doesn't fit in with the skill for that week or select a wildcard session (if the barrier doesn't fit within the skill topic and it is important to discuss that week). There's also flexibility to get creative in applying the skill to a barrier. (ADD EXAMPLE…if someone is waiting/needs housing but we are on the week for pros/cons, it could be pros/cons of using coping while waiting or …)

Core Module Structure Outline (20-30 minutes):

9. **Intro and Check-in** on previous week (1-2 min)
    a. Greeting and identifying current location
    b. Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see Appendix E on Troubleshooting Technical Issues)
    c. Confirming level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
    d. Check in on previous session goal (if applicable) and whether it was successfully met; create a modified follow-up plan if needed
10. **Provide psychoeducation on skill as needed** (4-5 min)
11. **Skill Application** (4-5 min)
    a. Collaboratively select a barrier impacting treatment adherence and/or overall health
    b. Apply skill to barrier
    c. Choose an area to focus on over the next week
12. **Enhance motivation and self-efficacy** (2-5 min)

a. Measure motivation (e.g. importance ruler) and confidence to utilize skill independently (e.g., confidence ruler)
b. Identify internal resource(s) or strength(s) or past success(s) to draw on

13. **Check out** (1-2 min)
    a. Thoughts about session (identify any issues/concerns)
    b. Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Menu Modules:

Following the core module series, the counselor selects a menu module based on the participant's identified focus area and barrier for that week.

- Menu Modules can be selected based on estimation of what skill would be most helpful for the participant's barrier to HIV care/overall health for that week.
- Menu modules follow the same format as the core modules (outlined above), with the main difference being the counselor provides psychoeducation on a complementary skill that may have been briefly mentioned but was not explicitly covered in the First 12 Weeks Intervention (A list of topics and examples from the First 12 Weeks Intervention are in Appendix C.).
- There are 9 total menu modules: 8 skills-focused menu modules and 1 motivation-focused menu module. The modules can go in any order.
- *Motivation Enhancement Menu Module*: Use this module when the participant is having difficulty with motivation or engagement for addressing their barriers to healthcare. The module focuses on building motivation through increasing self-awareness through enhanced motivational interviewing techniques.

Menu Module structure outline (20-30 minutes):

1. **Intro and Check-in** on previous week (1-2 min)
    a. Greeting and identifying current location
    b. Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see Appendix E on Troubleshooting Technical Issues)
    c. Confirming level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
    d. Check in on previous session goal (if applicable) and whether it was successfully met; create a modified follow-up plan if needed
2. **Assess and elicit information** on focus area (2-3 min)
    e. Explore areas of strengths and challenges
3. **Identify/verbalize a barrier** to treatment adherence and overall health in the context of the module skill focus (2-3 min)
4. **Provide psychoeducation on skill as needed** (4-5 min)
5. **Skill Application** (4-5 min)
    f. Apply skill to barrier
    g. Choose an area to focus on over the next week
14. **Enhance motivation and self-efficacy** (2-5 min)
    a. Measure motivation (e.g. importance ruler) and confidence to utilize skill independently (e.g., confidence ruler)
    b. Identify internal resource(s) or strength(s) or past success(s) to draw on
15. **Check out** (1-2 min)

a. Thoughts about session (identify any issues/concerns)
b. Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation

Final Session

The final session of the 12-session counseling series focuses on building motivation and self-efficacy.

- In this session, the counselor reviews material from previous sessions based on what the client found to be most helpful.
- The counselor and the client also discuss life changes and goal setting.
- Lastly, the counselor provides the client with any additional resources that would help the client connect to needed services or treatments.
- ***Note**: While not a part of the study protocol, if a participant experiences difficulty with retention for the entire 12 sessions, it may be necessary to complete an abbreviated final session early via telephone. This decision should be made with clinical judgment and after consulting the supervisor and PI.*

Missed Sessions

- If a client misses a session without contacting the counselor, the counselor should contact them, using their preferred method of contact, to reschedule.
- If a client misses several sessions and/or does not return messages, the counselor should attempt to contact them, engage them in a discussion of their reservations, and encourage them to schedule a session to discuss this further.
- If the client is not willing, the counselor should inform the team and discuss whether and how to continue to reach out to the client.

Wildcard Sessions

- Clients will occasionally arrive at a session with a concern or crisis that makes them unable to focus on the topic they were scheduled to discuss. Whenever possible, the counselor should address the client's concerns by picking the closest menu option.
- If the needs of the client go beyond what is covered by any of the menu options, the counselor may use a wildcard session.
- During the wildcard session, the counselor can focus on supporting the client with their pressing concerns.
- The counselor should let their supervisor know that the client needed a wildcard session, and should discuss the session at the next clinical supervision meeting.
- Clients should use no more than two wildcard sessions. If the client requires more than two wildcard sessions, the counselor should consult with their supervisor, as this may evidence the need for a higher level of care.

The iVY Counselor's Role and Responsibilities

The primary role of the counselor is to deliver sessions in an ethical and effective manner. The counselor is like a coach who helps clients to achieve goals, make changes in their lives, and manage their health. Counselors are not expected to diagnose or treat psychiatric disorders beyond the scope of the intervention; nor are they expected to provide ongoing case management for clients. Instead, the counselor's role is to assist the client in increasing their motivation and capacity to access long-term community-based supports. Note that counselors should not be the one to call any agencies or medical providers on behalf of a client, except in the event of a crisis that requires follow-up for the client's safety.

To ensure that iVY is delivered as intended, counselors need to closely follow the program as detailed here and during the training. A checklist for each session is provided below to help the counselor adhere to the session content. At the same time, iVY is flexible enough so that counselors can use their individual style and clinical experience to connect with clients.

Focused Sessions Counselor Training Plan

Prior to providing the Focused Intervention, each counselor should receive training. The plan closely follows the structure of the training plan for the iVY First 12 Weeks Intervention.

Phase 1 – General orientation (2 hours)

- ☐ Trainee should independently review iVY Focused Intervention Manual in it's entirety, including accompanying handouts
- ☐ Alongside training counselor, review "Intervention Series Overview" section of manual, with time to clarify and answer questions about the intervention's focus and structure
- ☐ Training counselor provides information and access to the supplemental digital resources to support the intervention, such as resource guides, participant handouts folder, common referrals, and information guides that can be provided to participants as needed

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

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

- ☐ Read and discuss the Initial Session content guide together
- ☐ Read and discuss Core Session content together
- ☐ Read and discuss each of the Menu Topic Session content guides together
- ☐ Read and discuss the Final Session content guide together

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

For roleplay case examples, see Appendix F.

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

- ☐ Role play (or watch role play recordings) each of these sessions, with the trainee playing the client and the training counselor playing the counselor role:
  - Initial Session
  - Core Modules A-E
- ☐ Role play each of these sessions, with the training counselor playing a client and the trainee playing the counselor role:
  - Initial Session (including 15 min feedback session to training counselor)
  - Core Modules A-E (including 15 min feedback session)

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

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

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

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

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

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

Focused Sessions Preparation Checklist

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

- ☐ Printed or electronic copy of entire manual, including intervention series content guides outlined below
- ☐ Fillable PDF accompanying worksheets and/or Box folder pulled up for easy access
- ☐ Notebook for quick clinical note taking
- ☐ Pens/Pencils
- ☐ Headphones for troubleshooting any issues with audio transmission
- ☐ Telephone for a back-up method of conducting the session if technological issues occur
- ☐ Access to your schedule for scheduling next appointment
- ☐ Local crisis resources

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

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

Core Sessions

- ☐ Consent Obtained
- ☐ Check In
- ☐ Focus area and Barrier Identification
- ☐ Education/Information for Skill Refresh Provided
- ☐ Participant-led Skill Application
- ☐ Motivation Assessed and Enhanced
- ☐ Check Out

Menu Sessions

- ☐ Consent Obtained
- ☐ Check In
- ☐ Focus area and Barrier Identification
- ☐ Education/Information on Skill Provided
- ☐ Participant-led Skill Application
- ☐ Motivation and self-efficacy addressed
- ☐ Skill-based Goal/plan of action developed
- ☐ Check Out

Focused Intervention Sessions

Prior to Initial Session:

The counselor reviews the participant's most recent survey responses from Assessment 2 (taken at 16 weeks) before holding the first 2nd 12 Sessions Focused intervention session. The counselor reviews the scoring report generated by Redcap, which provides scores from assessment tools such as the PHQ-8, AUDIT, and DAST. The scores provide information about the participant's level of acuity in several areas and any significant or relevant changes that may have occurred from the Baseline Assessment Survey that need to be addressed. The counselor also reviews the participant's Hemaspot result to provide transparency of receiving the 2nd 12 weeks Focused intervention.

Initial Session

Initial Session Topics:

- Overview of 2nd 12 Sessions
- Bio-Psycho-Social Assessment responses at Assessment 2 at 16 weeks, and any changes from the Baseline Survey
- Participant Feedback from first 12 weeks
- Identifying barriers to healthcare engagement
- Motivational interviewing to assess and enhance motivation

Overarching session goal: Participants collaborate with counselor to identify barriers that continue to impact their health to focus on during the rest of the 2nd 12 Sessions counseling series.

1. **Overview of Counseling Series**
    - ☐ Technology, internet, and private space requirements for intervention sessions
        - Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
        - Information on how to ensure privacy during sessions (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
    - ☐ Reminder information on consenting and disclosing location at beginning of each session
    - ☐ Clarify purpose and scope of telehealth intervention as specific to HIV care
        - Intention of series and how it works to improve overall health.
        - *Let the participant know we got the Hemaspot results back and they are detectable. Share that the focus stays the same to continue supporting to improve overall health and sense of wellbeing. Inquire about their thoughts/feelings/reactions on getting the 2nd 12 week intervention.
    - ☐ Similarities to 1st 12 Weeks Intervention (session length, session format, weekly frequency, core and menus, goal setting as in menus)

- Differences in Skills focus for 2nd 12 Sessions
    - Differences include application of skills for identified barriers to wellbeing, with 5 core sessions focus on previously learned skills (such as pros/cons and SMART goals) and menus focus on newer complimentary skills
- **Hemaspot result:** Explain the selection process for Focused sessions to the participant using wording below:
    - "You have been selected to get the 2nd 12 weeks of iVY sessions; we are calling these the "Focused" sessions. This selection is based on your home test kit result that measures presence of viral load. It does so differently from the viral load test done in your clinic and can have different results. *Even if the results show some amount of virus, it DOES NOT necessarily mean you are detectable (or transmittable). The test kit is not diagnostic and is used for study purposes only to determine folks who may benefit from additional sessions and continued support. We encourage you to reach out to your provider for diagnostic labs.
    - What are your thoughts (questions) on this?
    - What further support would be helpful for you on your healthcare journey?
    - *For this sentence, if the participant Hemaspot result in Redcap is <850, then we will say this starred sentence. If the result is >850, we will instead omit this sentence (as they are more likely to be detectable) and move to the next sentence, emphasizing the importance of receiving labs from their clinic for further testing.

- Check in on WYZ App use (has it been helpful throughout the first 16 weeks, how do they plan to use it or would like to for 2nd 16 weeks and refer any technical issues to research coordinator)
    - If needed remind participants the ways App can be utilized (MyHealth, MyCommunity and MyTeam features)

2. General Information

- Review procedures, *as needed* (along with any questions):
    - Counselor availability, contact methods, and communication turnaround times (including work hours and days off)
    - How to re-schedule and no-show procedures
    - Boundaries for social media contact *(cannot "friend" or interact via social media)*
    - Review information on confidentiality and limits to confidentiality

3. Bio-Psycho-Social Assessment and Changes

The Assessment 2 survey uses the same HIV, mental health, and substance use measures as the Baseline survey taken at enrollment. Review the participant's Assessment 2 bio-psycho-social assessment, along with *changes* from the Baseline Assessment that may be important/helpful to discuss, such as updates on job, housing situation, medications, etc. Ensure to cover areas of the biopsychosocial assessment that may not have been covered in first 12 weeks sessions.

Initial Session – Areas to Explore

Physical/Medical History

- ☐ Strong areas and challenges in personal health
- ☐ Significant health conditions impacting daily life
- ☐ Current strategies used to manage health conditions

HIV and HIV Treatment History

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

Psychiatric History

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

Substance Use History

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

Housing Situation

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

Work, School, and Financial Situation

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

Social and Romantic Relationships

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

Family Relationships

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

Stigma/Discrimination Experiences

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

Strengths and Skills

- ☐ Personal strengths and skills

4. Barrier Identification and Motivation Enhancement

- ☐ Assessment of priority challenges and needs
- ☐ Identify barriers to engaging in healthcare to focus skills on
- ☐ Create a list of the barriers and rank in order of importance to refer to (though priorities may change based on current week experiences)

- *Note: create a top barriers list together to refer back to and to facilitate engagement and learning (see Appendix C for examples by category based on previous 12 weeks' sessions). A fillable PDF of topic categories can be found here.*

5. Check Out and Next Steps

- ☐ Answer participant questions about the intervention series and what to expect
- ☐ Schedule the next telehealth session, weekly repeating when possible
- ☐ Provide information about weekly reminder texts between sessions
- ☐ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation and continue the counseling

Core Module A: Weighing Decisions with Pros and Cons

Overarching session goal: participants gain confidence using the pros and cons decisional balance tool to evaluate the costs and benefits of making a change related to their well-being or continuing in their current behavior.

*Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in **Appendix A** (fillable version linked in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Identify focus area and barrier where behavior change is being considered
- Overview of using pro/cons to evaluate a best course of action (or making a change)
- Participant-led application of pros/cons chart (decisional balance) for identified focus area
- Assess and enhance self-efficacy and motivation

1. Check in

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

2. Provide psychoeducation refresh on skill

Conduct a refresh on using Pros/cons Chart (decisional balance) when considering making a change or feeling stuck regarding a decision. Pull up Pros/Cons handout here to prompt any lingering participant questions or areas of uncertainty. Going over the included example can be helpful.

- ☐ Normalize having concerns and ambivalence ("mixed feelings") when making a change
- ☐ Discuss how evaluating the consequences of current behavior and of changing before making a decision can be helpful
    - To change, the scale needs to tip so costs outweigh benefits
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice
- ☐ Walk through example as needed

3. Skill application

Using the barrier identified in steps above, walk through evaluating the pros/cons of the desired change. Bring up the pros/cons decisional balance worksheet (here) to fill out if you haven't already. Let the client

take the lead if they feel ready. Otherwise, begin by collaboratively walking through the evaluation process.

- ☐ Identify and verbalize one mutually agreed upon HIV care-related barrier to engagement in HIV care or promotion of own health appropriate to apply decisional balance tool for
- ☐ Collaborate with the participant to walk through using the pros/cons chart to identify and evaluate costs and benefits of making a change for the barrier (problem)
  "Now that we have refreshed, would you like to take the lead (practice) on how you would like to use the pro/con chart for your problem (or goal)?"
- ☐ Encourage the participant to choose the best option for them to focus on over the next week
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal or practice their skill
  - Assess and educate on WYZ App use for facilitating reaching goals when applicable. *Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community.*

4. Enhance motivation and self-efficacy

- ☐ Assess current stage of change using the importance ruler both for the client's chosen goal and for using the pros/cons skill on their own (interactive willingness, confidence, and readiness rulers are located here).
  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

  "How confident are you about making this change?"
- ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

5. Check out

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

Core Module B: Goal Setting with SMART Goals

Overarching session goal: participants gain confidence using the SMART goals tool by taking the lead on application of the tool for their chosen goal.

*Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in **Appendix A** (access fillable PDF here in Box) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Identify and clarify a goal related to barrier
- Overview of SMART goal format
- Participant-led application of SMART goal skill format to barrier
- Assess and enhancing self-efficacy and motivation

1. Check in

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

4. Provide psychoeducation to refresh knowledge of the skill as needed

Conduct a refresh on SMART goals. Pull up SMART goals fillable PDF here to prompt any lingering participant questions or areas of uncertainty. You can find handouts with brainstorming prompts and an example here.

- ☐ Normalize getting stuck in problems and share how using the tool adds structure and facilitates taking a step back to try to solve from a new angle
- ☐ Provide an overview of SMART goal breakdown (objective, current, specific, solvable)
    - Realistic-can reasonably be completed
    - Clear-exactly what steps to take identified
    - Not too easy, not too hard-challenging but not impossible or too global
    - Clear end point-set time for when it's completed
- ☐ Break large problems into small steps
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

5. **Skill application**

Using the barrier identified above, begin to walk through developing a SMART goal. Bring up the SMART Goals fillable PDF to fill out. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the goal setting process.

- ☐ Identify and verbalize one mutually agreed upon barrier to engagement in HIV care or promotion of health
- ☐ Collaborate with participant to walk through using the SMART skill tool for the barrier *"Now that we have refreshed, would you like to take the lead (practice) on how you would like to use the SMART tool for your identified goal?"*
- ☐ Collaborate with the participant to identify the impact of working on the problem on their health (identify the difference it will make – the Relevance section of the goal worksheet)
- ☐ Encourage the participant to choose the best option for them to focus on over the next week
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal
    - Assess and educate on WYZ App use for facilitating reaching goals when applicable. *Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community.*

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

- ☐ Assess current stage of change using the importance ruler both for the client's set goal and for using the SMART goals skill on their own (willingness, confidence, and readiness rulers are located here).

"How comfortable/confident do you feel doing this on your own?"

"How important is this change to you now?"

"How confident are you about making this change?"

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

7. **Check out**

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

Core Module C: Create an Action Plan

Overarching session goal: participants gain confidence in creating an action plan for an identified goal/solution

Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in ***Appendix A*** *(access fillable PDF version in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Select a solution related to reaching a goal re: increasing engagement in healthcare
- Overview of action plan steps
- Participant-led application of creating an action plan for goal related to identified barrier
- Assess and enhance self-efficacy and motivation

1. **Check in**
    - ☐ Consent for session and description of current location
    - ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
    - ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
    - ☐ Check in on how the previous week went (challenging and/or positive experiences)
    - ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
    - ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. **Provide psychoeducation to refresh knowledge on the skill as needed**

Conduct a refresh on action plan steps. Pull up Action Plan tool to prompt any lingering participant questions or areas of uncertainty. Also going over example/s can be helpful.

- ☐ Overview of action plan steps process-Identify simple, relevant, achievable, specific tasks
- ☐ Identify potential obstacles and solutions
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

3. **Skill application**

Using the goal/solution identified above, begin to walk through listing out the steps in the action plan. Bring up the action plan accompanying worksheet to fill out. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the planning process.

- ☐ Identify and verbalize one mutually agreed upon barrier to engagement in HIV care or promotion of health
- ☐ Collaborate with participant to walk through using the Action Plan Steps tool for the solution/goal
  "Now that we have refreshed, would you like to take the lead (practice) on how you would like to use the action plan steps for your identified goal?"
- ☐ Encourage the participant to choose the best option for them to focus on over the next week
- ☐ Identify potential obstacles, potential solutions, internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal
  - Assess and educate on WYZ App use for facilitating reaching goals when applicable. *Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community.*

4. Enhance motivation and self-efficacy

- ☐ Assess current stage of change using the importance ruler both for the client's set action plan and for using the Action Plan worksheet on their own (willingness, confidence, and readiness rulers are located here).
  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

  "How confident are you about making this change?"
- ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

5. Check out

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

Core Module D: Monitor and Evaluate Outcomes

Overarching session goal: participants gain confidence monitoring and evaluating outcomes by taking the lead on the application of using this skill on a previously set goal.

Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in ***Appendix A*** *(access fillable version here in Box) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Identify a previous goal, action plan, or solution related to a well-being barrier
- Overview of monitoring and evaluation skills for an action plan and/or goal
- Participant-led application of monitoring and evaluation steps for their identified action plan and/or goal
- Assess and enhance self-efficacy and motivation

1. Check in

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

2. Provide psychoeducation to refresh knowledge on skill as needed

Conduct a refresh on monitoring and evaluating outcomes. Pull up accompanying worksheet to prompt any lingering participant questions or areas of uncertainty. Also going over example/s can be helpful (such as: participant created a goal/action plan around missing medication doses due to an irregular sleep schedule and is still struggling with some aspects of the plan; the participant made a SMART goal to improve conditions that impact immune health, but is finding it difficult to meet it and would like to re-assess; the participant is lacking motivation due to depression and is having a challenging time meeting set goals/action plans).

- ☐ Review all tasks related to action plan, goal, and solutions
- ☐ Check in with yourself:
  - satisfaction with your effort
  - impact on your mood, behavior, functioning, relationships
- ☐ Reframe "failures" as difficulties and opportunities to grow; maintain curiosity
- ☐ Redefine and simplify if not reached

- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

3. Skill application

Using the goal or action plan identified above, begin to walk through the monitoring and evaluation process. Bring up accompanying worksheet *to fill out. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the evaluation process.*

- ☐ Identify a previous goal, action plan or solution related to well-being barrier
- ☐ Collaborate with participant to walk through using monitoring and evaluation skills for identified action plan/goal
  "Now that we have refreshed, would you like to take the lead (practice) using these monitoring and evaluation skills on your action plan?"
- ☐ Encourage the participant to choose how they would like to use monitoring and evaluation of their action plan to refine their action plan and put it into practice over the next week
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to work on their refined action plan (it's always a work in progress!)
  - Assess and educate on WYZ App use for facilitating reaching goals when applicable. *Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community.*

4. Enhance motivation and self-efficacy

- ☐ Assess current stage of change using the importance ruler both for the client's action plan and for using the monitoring and evaluation skills on their own (willingness, confidence, and readiness rulers located here).
  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

  "How confident are you about making this change?"
- ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

5. Check out

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

Core Module E: 7 Steps of Problem-Solving

Overarching session goal: participants gain confidence using the seven steps of problem solving by taking the lead on application of the steps for an identified barrier

Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in ***Appendix A*** *(access fillable version here in Box) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Overview of the 7 steps of problem solving
- Participant-led application of 7 problem solving steps to identified well-being barrier
- Assess and enhance self-efficacy and motivation

1. Check in

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

2. Provide psychoeducation to refresh knowledge on the skill as needed

Conduct a refresh on the seven steps of problem solving. Pull up Seven Steps of Problem Solving tool to prompt any lingering participant questions or areas of uncertainty. Also going over example/s can be helpful.

- ☐ Overview of 7 steps tool—how it brings together all steps in the previous core modules A-D related to goal formation and implementation:
  - Step 1-Clarify the problem (clear vs. unclear)
  - Step 2-Set a realistic, achievable goal (SMART goal)
  - Step 3-Brainstorm solutions
  - Step 4-Compare solutions (evaluating pros/cons)
  - Step 5-Choose the solution (MI/decisional balance)
  - Step 6-Make an action plan (implement solution)
  - Step 7-Monitor and evaluate outcome
- ☐ Collaborate with the participant to identify the impact of working on the problem on their health
- ☐ Address questions and lingering area/s of uncertainty

- ☐ Emphasize skills become easier with practice

3. Skill application

Using the barrier identified above, begin to walk through the steps of problem-solving. Bring up the accompanying worksheet to fill out together. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the problem solving steps.

- ☐ Identify and verbalize one mutually agreed on barrier related to engagement in HIV or promotion of own health
- ☐ Collaborate with participant to walk through using the seven steps of problem solving for identified barrier
  "Now that we have gone over the problem solving steps, would you like to take the lead (practice) on how you would like to use the 7 steps of problem solving for your identified barrier?"
- ☐ Encourage the participant to choose the best option to focus on over the next week
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal
  - Assess and educate on WYZ App use for facilitating reaching goals when applicable. *Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community.*

4. Enhance motivation and self-efficacy

- ☐ Assess current stage of change using the importance ruler both for the client's set goal and for using the steps on their own (willingness, confidence, and readiness rulers located here).
  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

  "How confident are you about making this change?"
- ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

5. Check out

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

Menu Module A: Pleasurable Activities

Overarching session goal: participants gain confidence identifying rewarding activities to facilitate and support reaching goals

*Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in **Appendix A** (access interactive PDF here in Box) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Brief behavioral activation overview
- Collaboratively identify pleasurable activities and connection to mood
- Participant-led application of identifying and scheduling pleasurable and mastery activities for an identified goal
- Assess and enhance self-efficacy and motivation

1. Check in

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

2. Assess and elicit information on focus area

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Explore areas of strengths and difficulties related to the challenge

3. Identify/verbalize a barrier to treatment adherence and overall health

- ☐ Identify and verbalize mutually agreed on barriers related to engagement in HIV or promotion of own health

4. Provide psychoeducation on skill as needed

Conduct a discussion on the connection between rewarding activities and mood; along with how adding pleasurable and mastery activities can assist with reaching goals. Pull up Identifying Pleasurable Activities worksheet here *as a helpful tool.*

- ☐ Provide psychoeducation on behavioral activation with a brief description of how behaviors influence emotions. *Use a concrete example such as listening to sad music and feeling sad for a bit afterward or going for a walk even when you don't "feel" like it and noticing an increase in mood afterward.*
- ☐ Identify enjoyable and mastery activities in different areas of life by pulling up pleasure and mastery worksheets in Appendix A (focus on those related to client's barriers)
- ☐ Pleasurable activities can also be tied to values, increasing their usefulness (*for example, if they highly value friendships they can schedule in time to call a friend)*
- ☐ Discuss how improved mood (through pleasurable activities and mastery) might impact overall mood and in turn support reaching goals
- ☐ Address questions and lingering area/s of uncertainty

5. Skill application

Using the pleasurable activities determined above, participants begin to identify specific rewarding activities at concrete times related to their identified barrier. Bring up the pleasurable activities list here *to review. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the process.*

- ☐ Collaborate with participant to walk through adding in pleasurable activities related to their identified barrier/focus area
  "Now that we have gone over the importance of pleasurable and mastery activities, would you like to take the lead (practice) identifying pleasurable activities that may impact your barrier?"
- ☐ Generate measurable, observable pleasurable activities related to participant's barrier *(such as taking a walk or listening to positive music when they wake up, in turn increasing their likelihood of making it to their mid-morning clinic appointment and their overall sense of well-being)*
- ☐ Consider supporting participant in scheduling activities into the day at concrete times
- ☐ Encourage the participant to pick a specific goal and accompanying pleasurable activities most helpful to focus on for the upcoming week
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal
    - Assess and educate on WYZ App use for facilitating reaching goals when applicable. *Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community.*

6. **Enhance motivation and self-efficacy**
    - ☐ Assess current stage of change using the importance ruler for identifying rewarding activities for set goals on their own (willingness, confidence, and readiness rulers are located here).
      "How comfortable/confident do you feel doing this on your own?"
      "How important is this change to you now?"
      "How confident are you about making this change?"
    - ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

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

Menu Module B: Stress and Coping

Overarching session goal: participants gain confidence in identifying stressors impacting their sense of well-being along with corresponding emotion-focused and problem-focused coping skills

Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in ***Appendix A*** *(fillable PDF version in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into category include:

- Create list of stressors associated with barrier to healthcare engagement or well-being
- Psychoeducation on identifying *specific* stressors for health-related barriers and/or goals
- Overview on selecting appropriate coping skills—emotion-focused and/or problem-focused
- Participant-led identification of stressors for their identified barrier to healthcare engagement along with the appropriate corresponding coping skills
- Assess and enhance self-efficacy and motivation

1. Check in

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

2. Assess and elicit information on focus area

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Explore areas of strengths and difficulties related to the challenge

3. Identify/verbalize a barrier to treatment adherence and overall health

- ☐ Identify and verbalize a mutually agreed on barrier related to engagement in HIV or promotion of own health

4. Provide psychoeducation on skill as needed

Conduct psychoeducation on stressor identification. Pull up interactive accompanying worksheet (fillable PDF here) for identifying a general stressor, breaking it into specific parts, and selecting corresponding emotion-focused or problem-focused coping strategies.

- ☐ Provide psychoeducation on breaking a [general] stressor down into smaller specific parts (use an example if helpful)
- ☐ Define changeable versus unchangeable *aspects* of stressors using an example of what is in someone's control and what is not
- ☐ Introduce emotion-focused and problem-focused coping strategies and when to apply them for each specific *aspect* of the stressor
    - Emotion-focused strategies for unchangeable *aspects*: journaling, getting out in nature, exercise/walk, focus on positive aspects, talk it out with trusted person, let go of negativity, re-frame thoughts, mindfulness, practice acceptance (access a handout with emotion-focused coping strategies here)
    - Problem-focused strategies for changeable *aspects*: core modules above—7 steps of problem solving, SMART goal, etc.
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

5. Skill application

Using the barrier identified above, encourage the participant to begin to walk through application of identifying coping skills for their barrier-related stressors. Bring up the fillable PDF to fill out. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the process.

- ☐ Collaborate with participant to walk through identifying whether emotion-focused or problem-focused coping (or a combination of both) would be most helpful for identified stressors
  "Now that we have gone over stressors and coping strategies, would you like to take the lead (practice) on identifying your stressors and corresponding coping strategies?"
- ☐ Encourage the participant to choose one area to focus on over the next week
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal
    - Assess and educate on WYZ App use for facilitating reaching goals when applicable. *Reminder: The App can support through medication regimen input in My Health, discreet appointment reminders, keeping up with labs, connecting with community resources in My Team, looking up latest information on HIV in the news section, and chatting with others in the study via aliases in My Community.*

6. Enhance motivation and self-efficacy

- ☐ Assess current stage of change using the importance ruler for selecting and using emotion and problem focused coping with stressors on their own (willingness, confidence, and readiness rulers are located here).
  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

“How confident are you about making this change?”

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

7. Check out

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

Menu Module C: Effective Communication

Overarching session goal: participants gain confidence practicing communication skills to facilitate reaching health goals and a sense of well-being

*Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in **Appendix A** (fillable version linked in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Selecting a barrier or goal related to health (or areas that get in the way of effective communication for health goals)
- Effective communication skills overview
- Participant-led application of applying assertive communication steps
- Assess and enhance self-efficacy and motivation

1. Check in

- ☐ Consent for session and description of current location.
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Explore areas of strengths and difficulties related to the challenge

3. Identify/verbalize a barrier to treatment adherence and overall health

- ☐ Identify and verbalize a mutually agreed on barrier related to engagement in HIV or promotion of own health

4. Provide psychoeducation as needed

Conduct an overview of effective communication skills. Pull up accompanying worksheet here *in Appendix A as visuals to go over skills and have helpful topics to refer to.*

- ☐ Normalize having difficulty at times expressing needs confidently and clearly (especially given stigma and structural issues)
- ☐ Overview of communication styles
- ☐ Psychoeducation on effective communication steps
- ☐ Assess current experience communicating with providers or in relationships affecting well-being
- ☐ Explore areas of strength and challenge
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

5. Skill application

Using the area identified above, begin to walk through communication steps. Bring up the Assertive Communication Steps worksheet*. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the process of communicating effectively.*

- ☐ Collaborate with participant to walk through the communication steps that would be most helpful for the identified area
  "Now that we have discussed effective communication, would you like to take the lead (practice) on using communication steps for the barrier/situation for _____?"
- ☐ Encourage the participant to choose the best option for them to focus on over the next week
- ☐ Role-play or talk through what it would look like to practice effective communication steps for their situation/identified barrier

6. Enhance motivation and self-efficacy

- ☐ Assess current stage of change using the importance ruler for using communication steps (for barrier) on their own (willingness, confidence, and readiness rulers are located here).
  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

  "How confident are you about making this change?"
- ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

7. Check out

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

Menu Module D: Setting Healthy Boundaries with Self and Others

Overarching session goal: participants gain confidence practicing boundary setting skills with self and others to facilitate reaching health goals

*Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in **Appendix A** (fillable version linked in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Select a barrier or goal related to health (or areas that get in the way of healthy boundary setting in relation to health goals/overall well-being)
- Overview of boundary setting skills, including times to say "yes" and times to say "no"
- Participant-led application of boundary setting to identified goal/barrier
- Assess and enhance self-efficacy and motivation

1. Check in

- ☐ Consent for session and description of current location.
- ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
- ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
- ☐ Check in on how the previous week went (challenging and/or positive experiences)
- ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
- ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. Assess and elicit information on focus area

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Explore areas of strengths and difficulties related to the challenge

3. Identify/verbalize a barrier to treatment adherence and overall health

- Identify and verbalize a mutually agreed on barrier related to engagement in HIV or promotion of own health

4. Provide Psychoeducation as needed

Conduct an overview on boundary setting skills. Pull up Boundaries and Safe Coping handout here to assist in identifying areas of when to say "no" and "yes".

- Normalize how mental health challenges and/or substance use can result in unhealthy boundaries (depending on the individual's situation)
- Discuss what healthy boundaries look like and signs for when boundaries are a problem (i.e. too close or too distant)
- Assess areas of strength and challenge
- Address questions and lingering area/s of uncertainty
- Emphasize skills become easier with practice

5. Skill application

Using the area identified barrier/focus above, begin to walk through applying boundary setting skills using accompanying fillable PDF. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the boundary setting process for the participant's situation.

- Collaborate with participant to walk through which boundary setting skills would be most helpful for the area identified

"Now that we discussed healthy boundaries, would you like to take the lead (practice) on using boundary setting for the barrier/situation for _____?"

- Assist the participant in filling out the Boundaries Commitment worksheet for new ways of coping with a problem by setting a boundary differently along with the effect this could have
- Role-play or talk through what it would look like to practice a new boundary (saying yes or no) for their situation/identified barrier

6. Enhance motivation and self-efficacy

- Assess current stage of change using the importance ruler for using boundary setting skills (for barrier) on their own (willingness, confidence, and readiness rulers are located here).

  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

  "How confident are you about making this change?"

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

7. Check out

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

Menu Module E: Practicing Acceptance

Overarching session goal: participants gain confidence in identifying and accepting problems that are not solvable.

Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in ***Appendix A*** *(fillable version linked in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Identify immediate problems that cannot be changed right now
- Psychoeducation on accepting unchangeable problems skills
- Participant-led application of acceptance skills for identified current unchangeable problem/barrier
- Assess and enhance self-efficacy and motivation

1. Check in

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

2. Assess and elicit information on focus area

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Explore areas of strengths and difficulties related to the challenge

3. Identify/verbalize a barrier to treatment adherence and overall health

- ☐ Identify and verbalize a mutually agreed on barrier related to engagement in HIV or promotion of own health

4. Provide psychoeducation as needed

Provide an overview of accepting unchangeable problems. Bring up Accepting Reality-Choices We Can Make handout here.

- ☐ Overview on deciding which aspects of a problem are unsolvable
  "What can I do to change the situation?" "What can someone else do to change the situation?" or "What can be done to avoid or eliminate the situation?" (will reveal changeable or unchangeable aspects)
- ☐ Walk through optional ways of responding when a serious problem arises
- ☐ Discuss what the practice of acceptance is and how doing so helps with coping effectively and moving forward rather than staying stuck. It may also be important here to discuss times using radical acceptance may not be appropriate
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

5. Skill Application

Using the unchangeable problem identified above, begin to walk through practicing acceptance in this area. Bring up the Accepting Reality fillable worksheet to fill out. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the practicing acceptance process.

- ☐ Identify unchangeable aspects of a situation and apply acceptance and coping skills
  "Walk me through how you would identify your unchangeable problem and practice acceptance and coping for your situation."
- ☐ Assist the participant in deciding which aspects are unsolvable and how to practice acceptance in their given situation
- ☐ Encourage the participant to choose the best option for them to focus on over the next week
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

6. Enhance motivation and self-efficacy

- ☐ Assess current stage of change using the importance ruler for practicing acceptance skills on their own (willingness, confidence, and readiness rulers are located here).
  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

  "How confident are you about making this change?"
- ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

7. Check out

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

Menu Module F: Thought, Emotion, Behavior Connection

Overarching session goal: participants gain confidence applying the thought, emotion, behavior connection (CBT) model for an identified barrier to healthcare engagement

Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in ***Appendix A*** *(fillable version linked in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Select a barrier leading to depression/anxiety re: healthcare or well-being
- Psychoeducation of CBT thought, emotion, behavior triangle
- Overview of using evidence to create a re-frame
- Participant-led application of thought, emotion, behavior connection to identified barrier
- Assess and enhance self-efficacy and motivation

1. Check in

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

2. Assess and elicit information on focus area

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Explore areas of strengths and difficulties related to the challenge

3. Identify/verbalize a barrier to treatment adherence and overall health

- ☐ Identify and verbalize a mutually agreed on barrier related to engagement in HIV or promotion of own health

4. Provide psychoeducation as needed

Conduct psychoeducation on CBT triangle. Pull up CBT model worksheet to prompt participant questions or areas of uncertainty. Also going over example/s can be helpful.

- ☐ Provide psychoeducation on the connection between thoughts, emotions, and behaviors along with the benefits of recognizing automatic thoughts and breaking the cycle by examining evidence and creating a re-frame
- ☐ Review an example of the CBT connection (examples for evidence/re-frame provided in Appendix A), such as waving at a friend you see out on a walk who doesn't wave back, or getting cut off in traffic
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

5. Skill Application

Apply the cognitive model using the barrier identified above. Bring up the accompanying worksheet to use as reference. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the thought, behavior, emotion connection.

- ☐ Collaborate with participant to walk through using the CBT model on identified barrier
  "Now that we have gone over the connection between thoughts, emotions, and behaviors, would you like to take the lead (practice) on applying it to your identified barrier?"
- ☐ Identify a triggering situation based on the barrier, along with automatic thoughts, emotions, sensations, and behaviors
- ☐ Assist the participant in identifying connections between thought, emotion, and behavior, including how they will use it this next week for their triggering situation related to life satisfaction/wellbeing
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

6. Enhance motivation and self-efficacy

- ☐ Assess current stage of change using the importance ruler for using the CBT model on their own (willingness, confidence, and readiness rulers are located here).
  "How comfortable/confident do you feel doing this on your own?"

  "How important is this change to you now?"

  "How confident are you about making this change?"
- ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

7. Check out

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

Menu Module G: Identifying Values

Overarching session goal: participants identify their values and how these values can be applied to an identified barrier to increase engagement in health care and/or to help meet a goal

Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in ***Appendix A*** *(fillable version linked in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Overview of the definition of values, common values, identifying top values, and on how using top values to direct goals can increase wellbeing
- Participant-led application of identifying top values and areas of values discrepancy in behaviors related to their identified barrier
- Assess and enhance self-efficacy and motivation

1. Check in

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

2. Assess and elicit information on focus area

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Explore areas of strengths and difficulties related to the challenge

3. **Identify/verbalize a barrier to treatment adherence and overall health**
    - ☐ Identify and verbalize a mutually agreed on barrier related to engagement in HIV or promotion of own health

4. **Provide psychoeducation on skill as needed**

Discuss values definition, importance, and identification. Pull up the Values Identification worksheets *(also seen in Appendix A).*

- ☐ Discuss values definition -what we find most meaningful and important; give purpose
- ☐ Overview of common values and discussion of how values influence behavior
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

5. **Skill Application**

Collaboratively create a summary of top values and identify where values do and do not align with behaviors related to the participant's identified barrier regarding well-being.

- ☐ Collaborate with participant to walk through how current behaviors (or expectations) are aligned and not aligned with identified most important values

"Now that we have discussed values, would you like to take the lead (practice) on how you would like to use your identified values to think about any areas/behaviors that are not aligned with your most important values (as is related to _____ wellbeing barrier you identified)?"

- ☐ Assist participants in identifying top values
- ☐ Recognize behaviors that support values and those that are outside of values
- ☐ Encourage the participant to create a values-directed goal related to their barrier
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their solution

6. **Enhance motivation and self-efficacy**
    - ☐ Assess current stage of change using the importance ruler for using the skill of the values and values discrepancy identification on their own (willingness, confidence, and readiness rulers are located here).

      "How comfortable/confident do you feel doing this on your own?"

      "How important is this change to you now?"

      "How confident are you about making this change?"
    - ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

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

Menu Module H: Recognizing and Responding to Internal and External Triggers

Overarching session goal: participants gain confidence identifying and responding to "triggers" that are impacting health and well-being

Share relevant information about skills during (via screen share) and after the session (via email/text). Pull up the accompanying worksheet in ***Appendix A*** *(fillable version linked in Box here) to make the session more interactive and provide participant-centered prompts! Additional supportive resources organized by skill topic can be found in this Box folder. The WYZ App also includes relevant location-specific resources in the My Team section and up-to-date news articles in the My Community section.*

Topics falling into this category include:

- Identify a situation where a problematic behavior occurred (triggering situation)
- Psychoeducation on recognizing and responding to "triggering" situations for health-related barriers and/or goals
- Participant-led identification of a trigger and desired values-based behavior response
- Assess and enhance self-efficacy and motivation

1. **Check in**
    - ☐ Consent for session and description of current location
    - ☐ Ensure adequate connection with video conferencing platform or troubleshoot, if necessary (see section on **Troubleshooting Technical Issues**)
    - ☐ Confirm level of privacy (using headphones, being in a private location without others around, re-scheduling if unable to get to a private location)
    - ☐ Check in on how the previous week went (challenging and/or positive experiences)
    - ☐ Create a modified follow-up plan if goal was not attempted or was unsuccessful
    - ☐ Check in on WYZ App use (how use is going, how they are using, refer for any technical issues to research coordinator)

2. **Assess and elicit information on focus area**

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Explore areas of strengths and difficulties related to the challenge

3. **Identify/verbalize a barrier to treatment adherence and overall health**
    - ☐ Identify and verbalize a mutually agreed on barrier related to engagement in HIV or

4. **Provide psychoeducation on skill as needed**

Conduct psychoeducation on "triggers" identification. Pull up interactive accompanying Internal and External Triggers worksheet for identifying a situation where problematic behavior occurs, the accompanying experience that triggered the behavior (emotions, thoughts, sensations…), and the ideal values-based response).

- ☐ Provide psychoeducation on recognizing triggers
- ☐ Discuss triggering thoughts, emotions, and sensations that led to problematic behavior/response and how to identify a different response
- ☐ Address questions and lingering area/s of uncertainty
- ☐ Emphasize skills become easier with practice

5. **Skill application**

Using the barrier identified above, encourage the participant to begin to walk through identifying their hook and response for their barrier-related problematic behavior. Bring up the fillable PDF to fill out. Let the client take the lead if they feel ready. Otherwise, begin by collaboratively walking through the process.

- ☐ Collaborate with participant to walk through identifying a hook for situation that prompted problematic behavior
  "Now that we have gone over triggers, would you like to take the lead (practice) on walking through the steps to notice your trigger?"
- ☐ Assist participant in walking through the "trigger" identification steps:
    - problematic situation
    - private experiences triggering a problematic response
    - recognizing the trigger
    - responding differently
- ☐ Encourage the participant to choose one area to focus on over the next week
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

6. **Enhance motivation and self-efficacy**
    - ☐ Assess current stage of change using the importance ruler for identifying and coping with triggers on their own (willingness, confidence, and readiness rulers are located here).
      "How comfortable/confident do you feel doing this on your own?"

      "How important is this change to you now?"

      "How confident are you about making this change?"
    - ☐ Use motivational interviewing techniques to enhance motivation and self-efficacy

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

Menu Module I: Motivation Enhancement

Enhanced Assessment and Preparation

1. Check in

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

2. Assess and elicit information on focus area

Conduct a conversation on identifying an area of focus related to the participant's engagement in healthcare or sense of well-being. Bring up priority list created from initial session or check in on current challenges.

- ☐ Brainstorm together! Identify most helpful barrier to focus on in regard to engaging in healthcare/treatment adherence from first session
  "Which barrier would be most helpful to focus on today? What would have the biggest impact on your health today?"
- ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life
- ☐ Identify barriers that if resolved would have the most positive impact on health and overall life satisfaction
- ☐ Discuss participant motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand

3. Identify/verbalize a barrier to treatment adherence and overall health

- ☐ Identify and verbalize a mutually agreed on barrier related to engagement in HIV or promotion of own health

4. Assess and Enhance Motivation

The discussion topics below may be helpful to assess and enhance motivation. The goal is for the participant to gain self-awareness and identify motivations for addressing barriers to engagement in healthcare and/or well-being.

- ☐ Engage participant by starting with MI magic wand question:
  *"If you had a **magic wand** and your healthcare (well-being) was exactly as you wanted it to be (without a change in things as they are - diagnoses, etc.), what would it look like?"*
- ☐ *Assess current motivation using rulers (will ask this again at the end)*
- ☐ Ask evoking questions, use DARN (desire, ability, reasons, need) questions, highlight "change talk"
  - How would you like for things to change?
  - Tell me what you don't like about how things are now.

- What do you hope our work together will accomplish?
- What ideas do you have for how you could _____?
- How likely are you to be able to _____?
- What is the downside of how things are now?
- What could be some advantages of ____?
- How serious or urgent does this feel to you?
- What do you think has to change? What needs to happen?

- ☐ Roll with resistance - discuss advantages and disadvantages of making a change (decisional balance)
- ☐ Use values and goals exploration to highlight benefits of making a change to well-being or life satisfaction

5. Problem-solve (if ready/open)

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

6. Develop a goal and make a plan

"What would you need to accomplish this/follow through?"

- ☐ Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier
- ☐ If the participant is unable to identify a goal without prompting, suggest several options to help the participant start brainstorming goals that feel relevant to them
- ☐ If the participant declines to set a goal after brainstorming and encouragement, move on to check out
- ☐ *Assess self-efficacy using the confidence and importance* rulers *and discuss any changes from the beginning of the session using the "why higher" approach*
- ☐ Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal

7. Check out

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

Wildcard session

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

Topics falling into this category include:

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

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

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

2. **Assess and elicit information on focus area**

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

   - ☐ Identify one or multiple current challenge(s) severely impacting current health or safety - *"What would be most helpful to talk about today? What would have the biggest impact on your health today?"*
   - ☐ Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life

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

4. *If high risk:* **Safety Planning**
    - ☐ Collaboratively develop a safety plan for the participant (1-week timeframe). *Safety plans are more informational than protective. Inability to commit to a safety plan indicates extremely high risk; if they develop a safety plan, this does not ensure they will follow through on it.*
    - ☐ If the participant is a serious danger to themselves or others (e.g., unable/unwilling to develop a safety plan), initiate the involuntary commitment evaluation process (5150 in California) and if necessary identify local transport (law enforcement is the last resort i.e. if there is an elopement risk)
    - ☐ Schedule a timely check-in (e.g., next business day) with participant to follow-up on the safety plan and reassess risk

5. **Linkage to Community or Personal Resources**
    - ☐ Assess participant's existing resources or social support who could be helpful to contact at this time
    - ☐ Provide information about additional community resources as needed

6. **Check out**
    - ☐ Re-assess the participant's risk level (and continue with support and assessment if still at a high level of risk)
    - ☐ Remind participant of counselor's and community-based crisis response contact information to use if in need of support before the next session

Final Session

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

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

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

3. **Identifying and Reinforcing Changes**
   - ☐ Review of life changes, successes, and challenges that occurred during intervention
   - ☐ Provide positive feedback and encouragement about the changes made
   - ☐ Provide information about change management strategies
   - ☐ Assess and enhance motivation related to the changes made

4. **Identify Continuing Goals and Resources**
   - ☐ Collaboratively identify continuing goals and unfinished projects related to the intervention content
   - ☐ Identify any persistent, unmet needs that would benefit from continued care
   - ☐ Help participant identify sources of information, resources, and support to utilize when continuing to work on goals
   - ☐ Provide or remind of community-based resources to provide ongoing support

5. **Check out and Goodbye**
   - ☐ Provide a positive reflection to the participant related to a strength they possess or their willingness to participate in the conversation
   - ☐ Say goodbye to participant and give best wishes for the future

Appendix A: Accompanying Worksheets by Module

Core Module A: Weighing Decisions with Pros and Cons Accompanying Handouts:

Decisional Balance

It's common to have mixed feelings or feel stuck when thinking about making a change. Identifying and weighing the benefits and costs (or pros and cons!) can help provide clarity. It can also serve as a reminder when we find ourselves feeling confused, overwhelmed, or just wanting to give up. In order for a change to be made, the costs need to outweigh the benefits.

	Benefits/Pros	Costs/Cons
Continuing/ Staying the same		
Making a Change		

Helpful Questions for Reflection:

1. What stood out to you as you went through this exercise:
2. What needs are being met by the behavior that you are contemplating changing (e.g. safety, satisfaction, connection, etc.)
3. If you were to reduce or stop the behavior, what are some healthy replacement behaviors to continue meeting the needs you listed above?
4. What is the smallest amount of change you are comfortable with?
5. If you choose to make a change, what are your first steps? (questions adapted from: cerebral.com)

SMART Goal

Initial Goal	Write your goal here.
S Specific	Your goal should be well defined, detailed and clear.
M Measurable	Is your goal measurable? You should be able to tell when you reach your goal.
A Achievable	Can you reach the goal, taking into account your available time, skills, and financial status?
R Relevant	Is this goal worth accomplishing? How is it meaningful to you?
T Timely	Set a start and finish date for your goal.
	Start Date: _____ Finish Date: _____
	Revise your goal based on the answers to the questions above.

SMART Goal	

REFERENCE: Jimenez, L. (2023, June 21). *Smart Goals Template*. 101planners.com. Retrieved September 11, 2023, from https://www.101planners.com/smart-goals-template/

SMART GOAL EXAMPLE:

SPECIFIC	• Describe your goal, and be as specific as possible • Who, what, where, when, why, and how? • Example: *My goal is to drink 6 cups of water every day.*
MEASURABLE	• How can you track your progress? • How will you know when you've completed your goal? • Example: *I will track my progress by logging how many glasses of water I drink each day on my cell phone or in my planner.*
ATTAINABLE	• Is this goal realistic? • Who can help you? How can they help? • Example: *I will achieve this goal by keeping a clear water bottle with me, so I can tell how much water I have drunk, and I will also set alarms throughout the day to remind myself to drink!*
RELEVANT	• How does this goal fit into your life right now? • Is this goal worth accomplishing? How is it meaningful to you? • How does this goal fit into your larger objectives? • *This goal will help me to be healthier and will also help with my energy levels and skin!*
TIME-BOUND	☐ When will you achieve your goal? ☐ How will you track progress? ☐ Example: *I will be drinking 8 cups of water per day consistently by February 15th!*

Core Module C: Create an Action Plan Accompanying Handouts

Action Plan

What steps do you need to take to get you to your goal?

Action Items	Expected Completion Date	Actual Completion Date

Potential Obstacles and Solutions

Potential Obstacles	Potential Solutions

Goal Achievement Supports

Internal Resources (i.e. determination, sense of humor, patience)	External Resources (i.e. support system, fun healthy activities, providers)	Strengths	Past Successes

REFERENCE: Jimenez, L. (2023, June 21). *Action Plan Template*. 101planners.com. Retrieved September 11, 2023, from https://www.101planners.com/smart-goals-template/

Monitor and Evaluate the Outcome

- Review all tasks on action plan/SMART goal on a set pre-determined schedule: Don't wait until the end date
- Think
  - Satisfaction with efforts
  - Impact on mood, behavior, functioning, relationships, etc.
- Reframe "failures" as difficulties and opportunities to learn more
  - What *exactly* happened when you tried to implement the plan?
  - What did you learn that you didn't know before?
  - Is the goal realistic? Should it be more clear?
  - Have new obstacles come up?
  - Are the steps difficult? Why?
- When not reached, it is usually a poorly defined problem/goal, not truly relevant or within your control, or too large: Redefine and simplify
- Redefine the problem, modify the goal, simplify the action steps or choose a new problem/goal to implement

7 Steps of Problem Solving

Problem Solving Skills Worksheet

1. Define the problem you are having

_____

2. What do you want to change /What is your goal/ desired outcome?

_____

3. What can you do? Brainstorm for alternative solutions (No answer is good or bad here).

a.

_____

b.

_____

c.

_____

d.

_____

4. What are consequences of each choice? Weigh out your options (what has the most "pro's" and the least "con's")

Solutions	Pros	Cons
a.		
b.		
c.		
d.		

5. Choose the best solution for you at this time

_____

6. How are you going to implement and carry out the solution (what are the steps/objectives to reaching your goal)

_____

7. Monitor your goal and evaluate the outcome. Do you need to change solutions? Do you need to modify your plan? Do you need to change your time frame?

_____

REFERENCE: https://www.miccsi.org/wp-content/uploads/2021/07/03a-Problem-Solving-Therapy.pdf

Menu Module A: Pleasant Activities Accompanying Handouts

Pleasure

Pleasure involves activities that we enjoy for the sake of the activity itself. There are many different kinds of pleasure. Those that are most sustainable involve "play" such as hobbies and other recreational activities. Social activities can also involve pleasure. Other types of pleasure, such as sensory experiences (food, drink, images, touch, etc.) can also be enjoyable if done in moderation.

Below are examples of enjoyable activities that are enjoyed by many. Circle the ones that apply to you, and add others that aren't included below.

Hobbies, Interests, and other "play"

- Reading
- TV, movies, plays
- Dancing
- Playing or listening to music
- Board games or cards
- Arts and crafts, sewing, painting
- Cooking
- Walking, hiking, enjoying nature, fishing
- Sports (basketball, softball, swimming, etc.) or going as a spectator
- Martial arts (karate, etc.)
- Museums/zoos
- Video games
- Traveling, sightseeing, going to the beach, sunbathing

<u>Social activities</u>

- Spending time with family
- Shopping
- Gardening/decorating
- Photography
- Enjoying own children and/or young relatives
- Enjoying close friends
- Hanging out with large groups of friends/acquaintances
- Parties, meeting new people
- Romance
- Pets
- Clubs: meeting people with similar interests
- Enjoying food and drink with others
- Comedy: TV, recordings, live

Sensory Experiences

- Pleasant images, sounds, physical touch, tastes, smells
- Taking a bath
- Listening to soothing music
- Mindful tasting

<u>Other?</u>

_____

_____

_____

Mastery

Mastery involves activities, such as work or sports, that involve the development of skills; we are able to accomplish things and feel a sense of mastery over our environment. When enjoyed

in moderation and diversified well with other activities, they can increase positive emotions and improve how we feel about ourselves.

Here are some examples of how people experience mastery to experience fulfillment in their lives. Circle the ones that apply to you and add others that aren't included below.

Job or Meaningful Daytime Activity

Look for or attempt to develop some of these qualities in your occupation, volunteer work, or other meaningful daytime activity:

- Enjoyment
- Creativity
- Feelings of competence (able to accomplish tasks satisfactorily)
- Developing skills
- Ability to "move up" in the organization or take on more responsibility, if this is desired
    - Social contact with coworkers, Colleagues, and others in the field

Other skill-based activities

- Sports
- Music practice and performance
- Home improvement/building
- Woodworking
- Visual art (painting, drawing, pottery, sewing, knitting)
- Learning about interests (history, politics, food, language, culture, etc.)
- Crafting, pottery, and other creative skills

Other?

_____

_____

Activities List: Pleasure and Mastery

Here are some examples of activities that tend to increase pleasure and mastery. You might think of more that are not listed. Circle the ones that you think could lead to enjoyment or mastery for yourself.

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells, etc.)
4. Going for a vacation
5. Recycling old items
6. Relaxing
7. Going on a date
8. Going to a movie
9. Jogging, walking
10. Listening to music
11. Thinking I have done a full day's work
12. Recalling past parties
13. Buying household gadgets
14. Lying in the sun
15. Planning a career change
16. Laughing
17. Thinking about my past trips
18. Listening to others
19. Reading magazines or newspapers
20. Hobbies (stamp collecting, model building, etc.)
21. Spending an evening with good friends
22. Planning a day's activities
23. Meeting new people
24. Remembering beautiful scenery
25. Saving money
26. Gambling (in moderation)
27. Going to the gym, exercising
28. Eating
29. Thinking how it will be when I finish school
30. Getting out of debt/paying debts
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car (bicycle)
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants
39. Buying, selling stocks and shares
40. Going swimming
41. Doodling
42. Exercising
43. Collecting old things
44. Going to a party
45. Thinking about buying things
46. Playing golf
47. Playing soccer
48. Flying kites
49. Having discussions with friends
50. Having family get-togethers
51. Riding a motorbike
52. Sex
53. Playing squash
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Going to church, praying (practicing religious or spiritual-based activities)
58. Losing weight
59. Going to the beach
60. Thinking I'm an OK person
61. A day with nothing to do
62. Having class reunions
63. Skating/blading, skateboarding
64. Going sailing
65. Travelling abroad, interstate or within the state
66. Sketching, painting
67. Blowing bubbles
68. Doing embroidery, cross stitching
69. Sleeping
70. Driving

71. Entertaining
72. Going to clubs
73. Thinking about getting married
74. Going bird watching
75. Singing with groups
76. Flirting
77. Playing musical instruments
78. Doing arts and crafts
79. Making a gift for someone
80. Buying music
81. Watching boxing, wrestling
82. Planning parties
83. Cooking, baking
84. Going hiking, bush walking
85. Writing books (poems, articles)
86. Sewing
87. Buying clothes
88. Working
89. Going out to dinner
90. Discussing books
91. Sightseeing
92. Gardening
93. Going to the beauty salon
94. Early morning coffee and newspaper
95. Playing tennis
96. Kissing
97. Watching my children (play)
98. Thinking I have a lot going for me
99. Going to plays and concerts
100. Daydreaming
101. Planning to go to college or university
102. Going for a drive
103. Listening to a stereo
104. Refinishing furniture
105. Watching videos
106. Making lists of tasks
107. Going bike riding
108. Walks on the riverfront/shoreline
109. Buying gifts
110. Travelling to national parks
111. Completing a task
112. Thinking about my achievements
113. Going to a sporting event
114. Eating gooey, fattening foods
115. Exchanging emails, chatting on social media
116. Photography
117. Going fishing
118. Thinking about pleasant events
119. Staying on a diet
120. Star gazing
121. Flying a plane
122. Reading fiction
123. Acting
124. Being alone
125. Writing diary/journal entries or letters
126. Cleaning
127. Reading non-fiction
128. Taking children places
129. Dancing
130. Going on a picnic
131. Thinking “I did that pretty well” after doing something
132. Meditating/ Mindfulness exercises
133. Playing volleyball
134. Having lunch with a friend
135. Making a gratitude list
136. Thinking about having a family
137. Thoughts about happy moments in my childhood
138. Splurging
139. Playing cards
140. Having a political discussion
141. Solving riddles mentally
142. Playing tennis
143. Seeing and/or showing photos
144. Knitting/crocheting/quilting
145. Doing crossword puzzles
146. Shooting pool/Playing billiards
147. Dressing up and looking nice
148. Reflecting on how I’ve improved
149. Buying things for myself
150. Talking on the phone
151. Going to museums, art galleries
152. Thinking religious thoughts
153. Surfing the internet

154. Lighting candles
155. Listening to the radio
156. Spending time in nature
157. Having coffee at a cafe
158. Getting/giving a massage
159. Saying “I love you”
160. Thinking about my good qualities
161. Buying books
162. Having a spa, or sauna
163. Going skiing
164. Going canoeing or white-water rafting
165. Going bowling
166. Doing woodworking
167. Fantasizing about the future
168. Doing dance classes or performances
169. Debating
170. Playing games on my phone or computer
171. Having an aquarium
172. Erotica (sex books, movies)
173. Going horseback riding
174. Going rock climbing
175. Thinking about becoming active in the community
176. Doing something new
177. Making jigsaw puzzles
178. Thinking I’m a person who can cope
179. Playing with my pets
180. Having a barbecue
181. Rearranging the furniture in my house
182. Buying new furniture
183. Going window shopping
184. Saying yes to an opportunity

REFERENCE:
https://medicine.umich.edu/sites/default/files/content/downloads/Behavioral-Activation-for-Depression.pdf

STRESSORS AND COPING

STRESSOR	CHANGEABLE: Problem-Solving Focused Coping	UNCHANGEABLE: Emotion Focused Coping	REASON
General:			
Specific Aspects:			
A.			A.
B.			B.
C.			C.

COPING STRATEGIES:

A.

B.

C.

Adapted from Healthy Living Project, Medical College of Wisconsin

REFERENCE – Access Healthy Living Project, developed by Medical College of Wisconsin for CAIR (2000-2004): https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/ma/hlp_best_rr_good_ma.pdf

Passive	Assertive	Passive-Aggressive	Aggressive
"I hope someone comes to my aid on this project."	"I would really appreciate your help on the project."	"I'll get right on it." (But they won't.)	"You must do this right now."
"I know you are probably busy and don't have time to talk, so you can call me back if you want."	"I'm not available to help you today, but I can help you tomorrow."	"I would have told you about the meeting if you would have called."	"How could you be so stupid and have forgotten?"
"I wish I could share my opinion, but I am going to just agree with everything they say."	"I felt sad when you cancelled our plans. Let's set another date right now."	"Oops, I must have forgotten to give you that important message from your boss."	"I need you to stop what you are doing and do what I am asking you right now."

Based on CBT Communication Styles, Beck, 2011

ASSERTIVE COMMUNICATION STEPS

1. **State the facts**: What happened (or didn't happen) or what was said (or not said).
2. **Express how you feel**: Describe your emotions about the situation.
3. **State what you would like**: State what you would *like*, *prefer*, or *wish*. No demands!
4. **Acknowledge the other person**: Use active listening and hear them out.
5. **Consider a compromise**: Find a place on the continuum that works for both of you.

Be mindful: Refrain from yelling, whys, expecting other person to read your mind, "shoulds"

Based on CBT Communication Styles, Beck, 2011

Boundaries and Safe Coping

	Old Way	New Way
Trigger Situation:	My mother keeps criticizing my decisions.	My mother keeps criticizing my decisions.
Your Coping:	I get overwhelmed and resentful. I just let her talk at me until she's done. Sometimes I turn off my phone and binge-watch until 2AM.	I set a boundary by asking her to stop criticizing me—it is hurting me. And a can't listen to it right now and will leave the room (or hang up and take some space) if necessary.
Consequence:	I feel walked over. I know staying up won't make me feel better in the long term- I am tired the next day and don't feel like doing anything.	I feel better like I have taken control. She seemed surprised and didn't like hearing it, but it was OK.

Boundaries

Boundaries ARE:

- healthy, values-based limit setting
  - what is OK for you based on your wants, needs, and internal experience
- exist within a relationship to keep that relationship operating at it's best where both people feel safe and valued
- exist within self to promote a sense of trust and security within

Examples:

- Saying, "I will need to remove myself from this conversation if the name-calling continues" when a family member criticizes your decisions.
- Respecting and understanding when a friend is unable to hang out this evening because they need "me" time.
- Saying "no" when asked to pick up a shift at work and you are tired or already have plans
- Giving myself time to process, "Let me think about that and get back to you." before giving an immediate answer.

Consider: What are the *consequences* of setting or not a boundary?

- Example: Will I do something that is not OK with me, but be resentful or passive-aggressive--how does this affect me and my relationship with this person?
- Example:
  - Continuing without a boundary- a family member criticizes me, I don't say or do anything, and then engage in self-harm behavior.
  - Creating a boundary- a family member yells and calls me names, I ask them to please stop and let them know I will need to leave the room if they continue. The situation still feels bad, but I am able to act on my values. I cope by listening to music and going for a walk.

My Boundaries

Making Space

New boundaries with *others* I'd like to try:

_____

_____

_____

- What would happen if I made this change?

_____

- What would happen if things stay the same?

_____

- What coping can help me?

_____

New boundaries with *self* I'd like to try:

_____

_____

_____

- What would happen if I made this change?

_____

- What would happen if things stay the same?

_____

- What coping can help me?

_____

DISTRESS TOLERANCE HANDOUT 14

Accepting Reality: Choices We Can Make

Five optional ways of responding when a serious problem comes into your life:

1. Figure out how to solve the problem.
2. Change how you feel about the problem.
3. Accept it.
4. Stay miserable (no skill use).
5. Make things worse (act on your impulsive urges).

When you can't solve the problem or change your emotions about the problem, try acceptance as a way to reduce your suffering.

Why Bother Accepting Reality?

- ✓ Rejecting reality does not change reality.
- ✓ Changing reality requires first accepting reality.
- ✓ Rejecting reality turns pain into suffering.
- ✓ Refusing to accept reality can keep you stuck in unhappiness, anger, shame, sadness, bitterness, or other painful emotions.

Radical Acceptance

- ✓ RADICAL ACCEPTANCE is the skill of accepting the things you can't change.
- ✓ RADICAL = complete and total accepting in mind, heart, and body.
- ✓ ACCEPTANCE = seeing reality for what it is, even if you don't like it.
- ✓ ACCEPTANCE can mean to acknowledge, recognize, endure, not give up or give in.
- ✓ It's when you stop fighting reality, stop throwing tantrums about reality, and let go of bitterness. It is the opposite of "Why me?" It **is** "Things are as they are."
- ✓ Life can be worth living, even with painful events in it.

(continued)

DISTRESS TOLERANCE HANDOUT 18

Practice Exercise: Accepting Reality

Due Date _____

Describe a situation during the week in which you were distressed and there was no way to change the situation right away: _____

_____

_____

_____

Rate your distress from 1 to 10 (with 10 being the worst): _____

If you couldn't solve the problem right away or change how you felt about it, what did you choose to do (circle one of the remaining three possibilities)?:

~~1. Solve the problem.~~
~~2. Change how you feel about the problem.~~
3. ACCEPT the situation.
4. Stay miserable (refuse to accept situation).
5. Make the situation worse.

If you tried to radically accept the situation, what exactly did you do or say to yourself? _____

_____

_____

_____

Did you notice that you had to "turn your mind" back to radical acceptance? If yes, how? _____

_____

_____

_____

If you chose to stay miserable or make things worse, what did you do? _____

_____

_____

_____

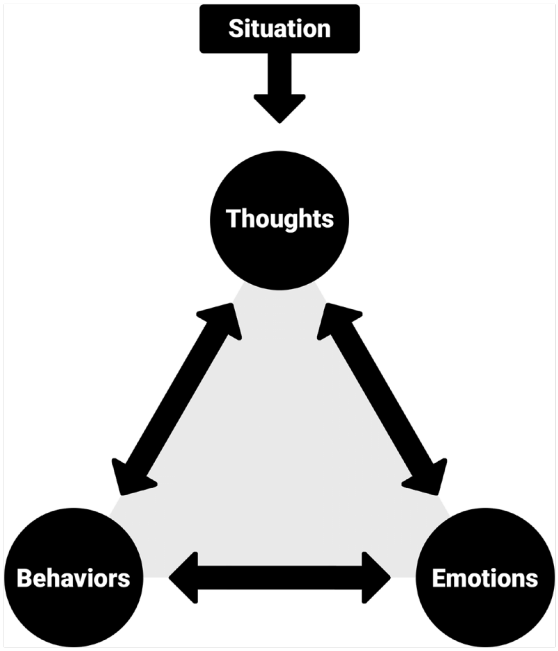
Rate your distress after you turned your mind toward acceptance (rate 0–10, with 10 being the worst distress): _____

Adapted from *DBT® Skills Training Handouts and Worksheets, Second Edition*. Copyright 2015 by Marsha M. Linehan. Adapted by permission.

REFERENCE: DBT Skills for Adolescents, 2015 by Jill Rathus and Alec Miller

The Cognitive Triangle

The **cognitive triangle** shows how thoughts, emotions, and behaviors affect one another. This means changing your *thoughts* will change how you *feel* and *behave*.



A **situation** is anything that happens in your life, which triggers the cognitive triangle.

Thoughts are your interpretations of a situation. For example, if a stranger looks at you with an angry expression, you could think: "Oh no, what did I do wrong?" or "Maybe they are having a bad day."

Emotions are feelings, such as happy, sad, angry, or worried. Emotions can have physical components as well as mental, such as low energy when feeling sad, or a stomachache when nervous.

Behaviors are your response to a situation. Behaviors include actions such as saying something or doing something (or, choosing not to do something).

© 2021 Therapist Aid LLC

Provided by **TherapistAid.com**

Values

As we mentioned earlier, "values" are what we find meaningful and important. These can be different for different people.

Values are important to explore, because much of our goal-directed activity comes from a foundation of what is valued. For example, one may value a healthy lifestyle, and a related goal may be to exercise daily. We may value family, and therefore choose to schedule in time with them. Or if we don't have a family, our activities could lead to getting married and starting one.

It is common to mistake certain wishes and feelings for values. Values are not internal states, how people treat us, or specific things to achieve.

Below are some of the common areas of life that people value and may lead to goal-directed activity.

On the next page is a list of values that are related to the categories below. Use them to start listing your own values on the following page.

Physical well-being

What kind of values do you have regarding your physical wellbeing? How do you want to look at yourself?

Family relationships

What kind of relationships do you want with your family? What kind of mother/father/ brother/sister/uncle/ aunt do you want to be? What is important to you about a good family?

Intimate relationships

What kind of partner do you want to be? What quality of relationship do you want to be part of? How do you want to spend time together?

Citizenship/Community

What kind of environment do you want to be a part of? How do you want to contribute to your community?

Mental/Emotional Health

What helps you maintain sound mental health? Why is this important to you? What issues would you like to address?

Spirituality

What kind of relationship do you want with God/nature/ the Earth/mankind? What does having a spiritual life mean to you? How can you exercise this?

Friendships/ social relations

What sort of friend do you want to be? How would you like to act towards your friends? How can these relationships be improved?

Hobbies/ Recreation

How would you like to enjoy yourself? What relaxes you? When are you most playful? Are there any special interests you would like to pursue?

Education/training/ personal growth

How would you like to grow? What kind of skills would you like to develop? What would you like to know more about?

Employment/career

What kind of work is valuable to you? What qualities do you want to bring as an employee? What kind of work relationships would you like to build?

5.12

Below is a list of general value categories, and some specific values that are common in each. See if any of them fit you, and use this page to fill out the values rating sheet on the next page.

Family relations
- •Work on current relationships
- •Spend time with family
- •Take an active role in raising my children
- •Maintain consistent healthy communication

Marriage/couples/intimate relationships
- •Establish a sense of safety and trust
- •Give and receive affection
- •Spend quality time with my partner
- •Show my partner how much I appreciate them

Friendships/Social Relationships
- •End destructive relationships
- •Reach out for new relationships
- •Feel a sense of belonging
- •Have and keep close friends
- •Spend time with friends
- •Have people to do things with

Mental/Emotional health
- •Seek fun and things that give me pleasure
- •Have free time
- •Be independent and take care of myself
- •Challenge my negative thinking
- •Make my own decisions
- •Engage in therapy
- •Take my medications
- •Stay active

Physical well-being
- •Live in secure and safe surroundings
- •Engage in regular exercise
- •Have a steady income to meet physical needs
- •Eat foods that are nourishing to my body
- •Maintain a balance between rest and activity
- •Get enough sleep

Citizenship/Community
- •Contribute to the larger community
- •Help people in need
- •Improve society
- •Be committed to a cause or group that has a larger purpose
- •Make sacrifices for others

Spirituality
- •Follow traditions and customs
- •Live according to spiritual principles
- •Practice my religion or faith
- •Grow in understanding myself, my personal calling, and life's purpose
- •Discern the will of God
- •Find meaning in life
- •Develop a personal philosophy of life
- •Spend time in nature
- •Focus on the greater good

Education/Training/Personal Growth
- •Be involved in undertakings I believe personally are significant
- •Try new and different things in life
- •Learn new things
- •Be daring and seek adventure
- •Have an exciting life
- •Learn to do challenging things that help me grow as a person

Employment
- •Be powerful and able to influence others, have authority
- •Make important decisions that affect the organization
- •Be a leader
- •Make a great deal of money
- •Be respected by others
- •Be seen by others as successful, be ambitious
- •Become well-known, obtain recognition and status
- •Be productive, work hard
- •Achieve significant goals
- •Enjoy the work I do
- •Do what I'm told and follow the rules

5.13

REFERENCE: https://medicine.umich.edu/sites/default/files/content/downloads/Behavioral-Activation-for-Depression.pdf

Triggers

Recognize and Respond

Recognize Trigger: **triggering situation, thought, emotion, and body sensation that led to the problematic response:**

_____

_____

_____

- Name it! What would you refer to this trigger as? For example “anger trigger”

_____

Respond to Trigger**: Think about your values and what is most important to you. How do you want to respond when you are practicing being your best self?**

_____

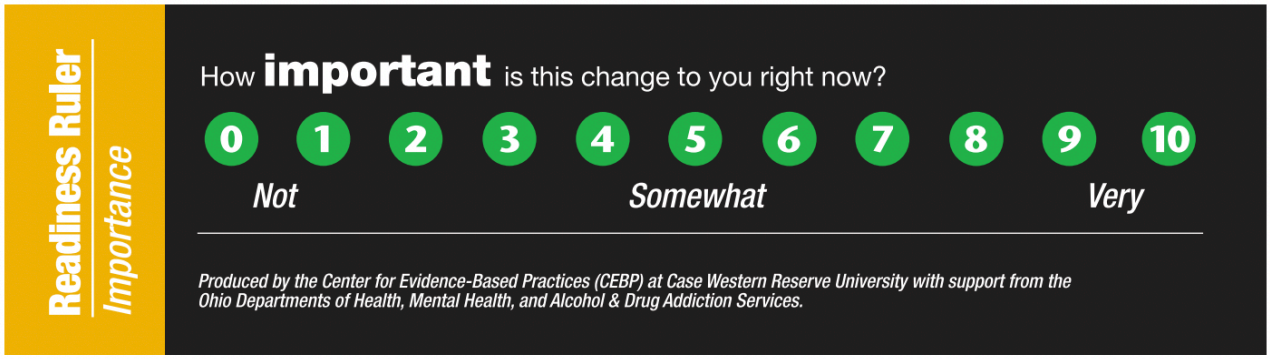
_____

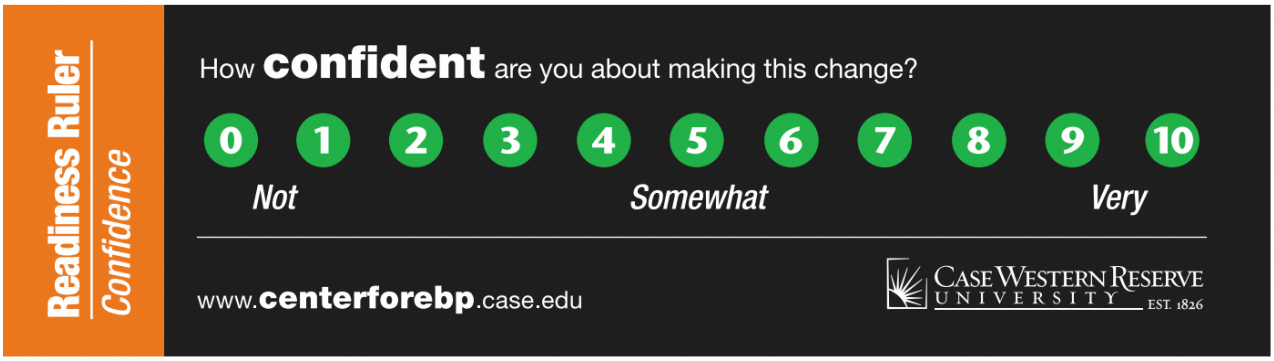
_____

- What difference would changing your response to your trigger have?

Noticing triggers is a life skill! We don’t get to choose if we have triggers, but we can choose how we respond and interact with our triggers.

Appendix B: Motivational Interviewing Rulers





measures how willing a person is to take an action

measures how confident a person is in his / her ability to perform or take the action

measures how ready the person is to take the action

Appendix C: Topic Ideas, Barrier, and Goal Examples by Category

Topic Ideas for sessions:

- ☐ ***HIV***
- ☐ Health insurance coverage for HIV care
- ☐ Associated conditions like Hep C, sexually transmitted infections (STIs), and opportunistic infections
- ☐ Accessing HIV care and types of resources available
- ☐ Relationships with HIV medical providers and service providers
- ☐ Medication side effects and other medication-related issues
- ☐ ***Mental Health***
- ☐ Current experiences of mental health challenges
- ☐ Current management of an existing mental health challenge
- ☐ Concerns about client's own mental health status
- ☐ Needs for additional mental health support for a new or existing mental health issue
- ☐ Relapse prevention for a mental health challenge in remission
- ☐ ***Substance Use***
- ☐ Obtaining and using drugs that are illegal or not prescribed
- ☐ Misuse of prescriptions, performance-enhancing drugs, etc.
- ☐ Safer drug use and overdose prevention
- ☐ Alcohol use
- ☐ Smoking and smoking methods
- ☐ Partying
- ☐ Use of substances in response to peer pressure and social factors
- ☐ Substance use in family impacting client
- ☐ Use of substances in response to mental health and social challenges
- ☐ Relapse prevention
- ☐ ***Lifestyle Health***
- ☐ Sleep
- ☐ Food/nutrition
- ☐ Exercise/physical activity
- ☐ Body image
- ☐ Alternative and complimentary treatments
- ☐ Co-occurring physical health issues
- ☐ ***Social Support (non-family)***
- ☐ Relationships with friends
- ☐ Relationships with classmates and co-workers
- ☐ Sources of positive and negative influence
- ☐ Sources of mutual support for wellness
- ☐ Needs for increased social supports
- ☐ ***Family of Origin***
- ☐ Relationships with family
- ☐ Disclosure to family
- ☐ Living with family
- ☐ Communication with family
- ☐ Family support

- ☐ Challenges related to family
- ☐ Family violence
- ☐ Family stressors
- ☐ Raising children and relationships with children
- ☐ Relationship with personal values related to culture, spirituality, etc.
- ☐ ***Romantic and Sexual Relationships***
- ☐ Romantic relationships, sexual partners, and hookups
- ☐ Relationship configurations (open, polyamorous, etc.)
- ☐ Break-ups
- ☐ Boundaries, assertiveness, and sexual negotiation
- ☐ STIs, re-infection, and safer sex
- ☐ Self-disclosure of HIV or STI status
- ☐ Triggers leading to riskier sex: emotional, communication, relational, substance use
- ☐ Communication in romantic and sexual relationships
- ☐ Intimate partner violence
- ☐ ***Self-Identity and Disclosure***
- ☐ HIV disclosure and other types of personal disclosures
- ☐ Decision-making about when and how to disclose
- ☐ Pros and cons of disclosure
- ☐ Calculating the risks of self-disclosure
- ☐ Keeping yourself safe during and after disclosure
- ☐ Views of self that impact care of self and motivation to engage in self-care
- ☐ Stigma and shame
- ☐ Self-esteem and self-worth
- ☐ LGBTQ+ identity
- ☐ Gender identity
- ☐ Other aspects of identity (ethnicity, education, occupation, disability, etc.)
- ☐ ***Subsistence Needs***
- ☐ Housing situation
- ☐ Health insurance
- ☐ Work
- ☐ Financial aid
- ☐ Disability or other forms of income
- ☐ Legal issues
- ☐ Transportation
- ☐ ***Education and Vocation***
- ☐ Work
- ☐ School
- ☐ Vocational goals
- ☐ Values and motivators
- ☐ Goals for the future
- ☐ ***Societal and Other Concerns***
- ☐ Pandemic related concerns
- ☐ Pathogens and vaccines
- ☐ Inflation and economic burden challenges
- ☐ Recent court decisions

- ☐ Political Climate
- ☐ Day to day social issues

Barrier Examples by category:

- ☐ HIV care
  - *Sample barriers: cancelling clinic appointments due to not liking or trusting provider; having difficulty expressing needs and concerns to provider; not following up with HIV healthcare providers; not taking medications except when feeling sick; stopping medications doses due to not understanding how they work or why they matter; anxiety about getting blood draws done if condition of veins isn't ideal; stopping medications due to changes in insurance coverage; stigma/shame preventing care access*
- ☐ Mental Health
  - *Sample barriers: cancelling clinic appointments due to depression or anxiety; missing medication doses due to going to bed early when feeling anxious and overwhelmed; cancelling clinic appointments due to social anxiety and not wanting to talk to others; not taking HIV and psych medications while manic due to feeling like they're not necessary; lacking motivation due to depression*
- ☐ Substance Use
  - *Sample barriers: canceling clinic appointments due to feeling physically unwell after using substances; missing medication doses while under the influence or due to irregular sleep schedules; canceling blood work due to fears of being drug tested*
- ☐ Lifestyle Health
  - *Sample barriers: sleep loss or poor sleep quality impacting memory or energy levels; poor nutrition impacting energy levels or self-esteem; generalized stress leading to a hard time remembering to take medications; low energy and physical limitations due to a poorly managed co-occurring health issue; lack of exercise impacting overall health status*
- ☐ Social Support
  - *Sample barriers: lack of social supports around health; reluctance to seek support for health issues as needed; difficulty finding new sources of social support related to health; difficulty maintaining mutually supportive relationships with others; challenges around boundaries with social supports; social anxiety or distrust of others impacting social relationships*
- ☐ Family of Origin
  - *Sample barriers: lack disclosure of HIV status to family leading to lack of support; lack of disclosure of HIV status to family leading to needing secret ways to handle medications and appointments; negative family influences leading to less HIV care received; family stressors escalating existing mental health challenges; negative messages about self from family impacting self-care*
- ☐ Romantic and Sexual Relationships
  - *Sample barriers: not attending HIV care appointments due to not wanting partner to know about HIV status; difficulty disclosing HIV status to sexual partners; dealing with partner's lack of support around client's health; missing doses of medications when going out partying and waking up at someone else's house; poor adherence due to depression after a break-up; concerns about infecting romantic or hookup partners with HIV*
- ☐ Self Identity and Disclosure
  - *Sample barriers: poor self-esteem leading to poor self-care; poor self-esteem leading to depression and low motivation; sources of HIV-related stigma leading to difficulty disclosing status to support*

people and healthcare providers; shame about HIV status leading client to avoid HIV care and resources; difficulty coming out to others as LGBTQ; micro-aggressions and disparate treatment related to identity

☐ Subsistence Needs
- *Sample barriers: cancelling clinic appointments due to not having enough money for co-pays or transportation; not refilling medications due to not having enough money for co-pays; not having a safe place to store HIV medications if unhoused; cancelling clinic appointments due to not being able to get time off work; lack of consistent access to phone or computer*

☐ Education and Vocation
- *Sample barriers: unpredictable work schedules interfering with making and keeping clinic appointments; cancelling clinic appointments due to feeling unable to manage own care; not following through with HIV care due to lack of care about the impact on future health and wellness; feeling aimless and not motivated to take care of self or work towards goals; prioritizing other activities over attending to HIV care needs; lack of future orientation and goals for self; disconnection between own goals and family's goals for them*

☐ Societal Concerns
- *Sample barriers: health/social anxiety from pandemic, stigma and discrimination burden from courts getting in the way of attending clinic appointments, structural issues increasing burden and pressure causing increased social isolation -not going out and connecting with community*

Goals Examples by Category:

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

☐ Mental Health
- *Sample goals: seek treatment for a mental health issue; identify and try out self-help strategies (e.g. apps) or support groups; seek additional information on a mental health concern; find a support person to help cope with a mental health issue; learn more about psychiatric medications and speak with primary care provider to determine whether appropriate; consider whether therapy could help and initiate if appropriate; reduce 1 or 2 identified stressors*

☐ Substance Use
- *Sample goals: smoking cessation or cutting back; substance cessation or cutting back; alcohol cessation or cutting back; switch to less risky methods of drug use; access substance use treatment; identify and manage impact of use on health and engagement in HIV care*

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

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

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

☐ Romantic and Sexual Relationships
- *Sample goals: reduce a sexual risk behavior; increase ability to safely and appropriately self-disclose HIV or STI status; increase negotiation and assertiveness skills for sex; improve communication in relationship regarding needs around health; encourage sexual partner(s) to access pre-exposure propylaxis (PREP) medications; maintain undetectable viral load (undetectable = untransmissible); increase awareness of impact of intimate partner violence on health*

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

☐ Subsistence Needs
- *Sample goals: increase access to needed material resources; increase stability of income or insurance; increase access to and reliable transportation; address legal issues; increase problem-solving around issues with benefits; increase confidence and problem-solving around finding work*

☐ Education and Vocation
- *Sample goals: increase awareness of resources for meeting future goals; increase motivation to continue school or vocational training to help increase future stability; increase positive future orientation to decrease depression and risk of suicidality; increase awareness of strengths and resources available for handling future challenges*

Appendix D: Focused Sessions Skill Topics from Manual

Skills in Manual	Complimentary/Adjacent Skills
<u>Behavioral Skills:</u> • SMART goals Step 7: "Develop a goal for the week (ideally using the SMART goal format) based on the participant's chosen way of addressing the barrier." • Pros/Cons: Evaluating Solutions Step 6: "Collaboratively brainstorm several ways of addressing and decreasing the identified barrier." "Encourage the participant to choose the best option for them to focus on over the next week." • Action Plan Step 7: "Create a modified follow-up plan if goal was not attempted or was unsuccessful," "Identify internal resources, external resources, strengths, or past successes that the participant can draw on to achieve their goal." • Monitor and Evaluate the Outcome "Check in on previous session goal and degree to which it was successful." • 7 Steps of Problem Solving All menu sessions format. • Pleasant Activities and impact of on mood/satisfaction "Collaboratively brainstorm several ways of addressing and decreasing the identified barrier," "Elicit information about the frequency, severity, and impact of the challenge(s) on the participant's daily life," "Explore areas of strengths and difficulties related to the barrier." • Identify triggers and stressors that impact health (plus coping?) **"**help the participant identify the impact of the barrier on their health" (ex. from manual: family stressors, Triggers leading to riskier sex: emotional, communication, relational, substance use)	• Assertive communication/boundaries Topics under menu relationship option: "Boundaries, assertiveness, and sexual negotiation" • Coping with unsolvable problems Objectives from manual: **"**Be more accepting of problems that are unsolvable.**"** • CBT how thoughts affect emotions and behaviors - create coping card/re-frames From manual: **"**Better understand and manage distressing emotions" "Tools for coping with anxiety related to seeking and receiving HIV health care; managing health appointment-related anxiety." "…interplay between depression and negative beliefs about self" • Values "Discuss client motivators, including personal goals, *values*, social support, etc. and apply them to the barriers at hand." And "Discuss client motivators, including personal goals, social support, values, etc. and apply them to the barriers at hand." (from Core Sessions Steps 3-4. Assess and Enhance Motivation) It is also discussed in Menu session Education and Vocation, "values and motivators…values, and sense of purpose that is in alignment with effectively managing their health and staying well" and "Relationship with personal values related to culture, spirituality, etc." • Final session • Topics section

Appendix E: Telehealth-Specific Guidelines and Troubleshooting

Telehealth-Specific Guidelines

It is the responsibility of all staff to protect the confidentiality of participants. There are several guidelines for maintaining telehealth participant safety and information security. The following guidelines are from the California law and the National Association of Social Workers' "Standards for Technology in Social Work Practice".[29]

At the beginning of each video counseling session, the counselor will ask the participant for their location and if they are alone. The participant's location is required for the participant's safety and data collected for the study.[30] The participant may choose the level of detail to provide about their location, from a generic description like "a friend's house" to the name and address of a library. However, the participant must confirm, at minimum, that they are currently in the jurisdiction (e.g., state) where the counselor and/or clinical supervisor is licensed to practice.[31]

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

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

---

[29]The NASW, ASWB, CSWE, and CSWA's "Standards for Technology in Social Work Practice" provides guidance around confidentiality, safety, and risk management for telehealth. The guidelines above were adapted from these standards.

https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

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

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

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

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

Troubleshooting Technical Issues

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

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

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

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

For more information on overcoming technical challenges during telehealth visits, consult the iVY protocol paper[32] and technical challenges paper[33].

[32] Wootton A, Legnitto D, Gruber VA, Dawson Rose C, Neilands TB, Johnson MO, Saberi P. (2019). A Telehealth and Texting Intervention to Improve HIV Care Adherence, Mental Health, and Substance Use Outcomes in Youth Living with HIV: A Pilot Study Protocol. BMJ Open.

[33] Wootton, A.R., McCuistian, C., Legnitto, D., Gruber, V., Saberi, P. (2019). Overcoming technological challenges: Lessons learned from a telehealth counseling study. Telemedicine and e-Health, 1-5.

Appendix F: Participant Responsibilities and Retention

Participant Responsibilities in Counseling

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

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

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

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

Participant Retention in Counseling

Youth with HIV face unique obstacles to accessing behavioral health services and building rapport with their providers. Additionally, there can be challenges to retaining participants in services and studies, even if rapport is effectively built. Some participants may decide to withdraw from the project and others may become out of touch with staff. The following are some strategies for building rapport, and preventing participant drop-out and loss of contact:

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

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

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

Be flexible, never express irritation with participant, and address your frustration before contacting them. Since many of our participant's lives are chaotic, it would be unrealistic to expect them to be able to adhere to a rigid session schedule. If someone's life is in constant transition, it is almost impossible to know what is going to be happening in one day, let alone a week from now. One major goal of the iVY study is to provide more flexibility for participants by providing remote counseling via videoconferencing platforms. Therefore, one of the keys to helping participants complete the intervention is to be as flexible as possible. Build in time for the participant to be late, be understanding, and do not express irritation with a participant when he/she misses sessions. While it is helpful and necessary to have boundaries, remember to view challenges to completing sessions through the context of the participant.

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

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

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

Participants with suspected cognitive difficulty

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

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

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

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

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

Participants who are pregnant or are planning to become pregnant

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

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

Appendix G: Crisis Response Guide

There are several types of crisis situations that may arise during the telehealth sessions. The following is an overview of the crisis response procedure based on state and social work profession-specific telehealth guidelines[34] for the following situations: 1) Suicidal ideation, 2) Homicidal ideation, 3) Gravely disabled participants, 4) Child, elder and dependent adult abuse, 5) Intimate partner violence, and 6) General safety.

1) Suicidal ideation

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

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

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

Action is imperative when the participant meets the following criteria:

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

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

- Has attempted suicide in the past (approximately 5% of those who attempt but do not complete suicide, do commit suicide at a later date)

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

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

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

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

<u>Useful Local Resources for Responding to Suicidal Participants:</u>

National/County	**Service**	**Contact**
National	Suicide Hotline *24/7 local referrals*	**(800) 273-8255** (888) 628-9454 (Espanol)
National	The TrevorLifeline provides support to LGBTQ youths and allies in crisis or in need of a safe and	800-788-7386

	judgment-free place to talk.	
National	988 Suicide and Crisis Lifeline, which is a national network of local crisis centers that provides free and confidential emotional support to people in a suicidal, mental health and/or substance use crisis, 24 hours a day, 7 days a week in the United States. 988 is accessible via telephone, chat, or text.	**Call or text:** **988**
Youth (12-24)-California	24/7 statewide emergency line for youth and families in crisis	Call or text: (800) 843-5200
San Diego	The San Diego Access and Crisis Line (ACL) is confidential and free of charge, the line is immediately answered 7 days a week, 24 hours a day by Master's-level and Licensed Clinicians. Also includes link to: Mobile Crisis Response Teams (MCRT) provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists.	Call or live chat: **888-724-7240** https://omnidigital.uhc.com/SDChat/ (Mon-Fri 4pm-10pm)

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

County	Name and Service Description	Phone Number

Los Angeles	Department of Mental Health: *Access Center-for 24/7 mental health screening, referral to service provider, crisis counseling, mobilizing field response teams, and linkages to other services and resources.*	**(800) 854-7771** *option 1
Los Angeles	Department of Mental Health: *Emotional support warm line-provides trained active listeners from 9am-9pm.*	(800) 854-7771 *option 2
Los Angeles	Didi Hirsch – Suicide Prevention Hotline -24/7 Bilingual crisis counselors. -24/7 Text Support for Deaf or Hard of Hearing: Text "HEARME" to 839863	(800) 273-8255 Crisis chat: https://didihirsch.org/chat/
LA County	211 LA County is the hub for all types of health, human and social services in Los Angeles County, providing callers with information and referrals to the services that best meet their needs.	211 LA County: Dial 2-1-1 within Los Angeles County

2) Homicidal Ideation:

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

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

Tips for gathering information:

Suggested Interviewer Style: Friendly (compassionate, warm, concerned, supportive, client-centered), Frank (direct, candid, unafraid to ask or talk about risks plainly), and Firm (asking in a confident tone and insisting that

this discussion is essential, imperative, and necessary). This helps establish therapeutic trust, clear expectations, and relational honesty.

Is there homicidal ideation (Normalize)

When someone feels as upset as you do, they may have thoughts about hurting the person who has upset or hurt them. What thoughts have you had like this?

Is there a Plan (Means)

If you decided to try to hurt _____, how would you do it? Tell me about the plans you've made.

Is there Access to Means?

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

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

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

Future Expectations

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

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

Useful Local Phone Numbers for Responding to Homicidal Participants:

County	Service Name and Description	Phone
Alameda	Alameda County Behavioral Health ACCESS Program *Acute crisis* care *and evaluation for system-wide services*	1-800-491-9099
Alameda	Berkeley Mental Health Mobile Crisis Team *Crisis response for residents of Berkeley and Albany* *10:30am-11pm 7 days a week*	510-981-5254
San Francisco	Mobile Crisis Unit *Crisis response services in the community for San Francisco residents. Available Mon-Fri 11am-11pm and Sat-Sun 12-7pm*	415-970-4000
San Francisco	Police Liaison *Mental health police liaison for crisis response*	415-255-3727
San Francisco	Psychiatric Emergency Services *Assessment and inpatient mental health crisis services serving San Francisco 24/7, run by San Francisco General Hospital*	415-206-8125
San Diego	The San Diego Access and Crisis Line (ACL) is confidential and free of charge, the line is immediately answered 7 days a week, 24 hours a day by Master's-level and Licensed Clinicians. Also includes linkage to: Mobile Crisis Response Teams (MCRT) provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists.	Call or live chat: 888-724-7240 https://omnidigital.uhc.com/SDChat/ (Mon-Fri 4pm-10pm)
Los Angeles	Department of Mental Health: *Access Center-for 24/7 mental health screening, referral* *to service provider, crisis counseling, mobilizing field response* *teams, and linkages to other services and resources.*	(800) 854-7771 *option 1

3) Gravely Disabled Participants:

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

4) Suspected Child and Elder/Dependent Adult Abuse:

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

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

If a participant reports past child abuse, the counselor should assess whether or not the perpetrator is still in contact with children whom he/she may be abusing. If he/she is either living with children or being left unsupervised with children, the counselor is required to file a report with CPS. If clinically appropriate, the participant should be involved in the reporting process.

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

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

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

5) Intimate Partner Violence:

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

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

National	Domestic Violence Hotline *Care, support and local referrals for those who have or are experiencing domestic violence.*	(800) 799-7233
Local Resources	This map is a useful tool for finding domestic violence organizations in your California community. Listings contain hotline numbers and websites for shelters, legal services, and more by location.	https://www.cpedv.org/domestic-violence-organizations-california

APPENDIX C: Sample Text Message Reminders for iVY

The following text reminders and messages were used by the original iVY intervention. Your organization can adapt the language, timing, and frequency of texts based on what works best for you, your clients, and your texting platform.

Type of Message	Frequency	When Received	Question & Response	Two-Way Logic
Monthly Check-in	1x monthly For a total of 2 messages	Weeks 5 and 9	Update or confirm your contact info for a chance to win a $25 e-Gift card to xx store (non-cash redeemable) by xx/xx/xx. Has your phone number or email address changed? Please reply 1 Yes 0 No	If Yes: Please send us your updated phone number and email address. Thank you! You have been entered in the raffle, good luck! If No: Thank you! You have been entered in the raffle, good luck!
Away Message	As needed	In response to text messages sent by clients when the office is closed and no staff are available to respond.	Thank you for your message! We are out of the office until XX/XX/XX and will respond after this date. If this is an emergency, please call 911.	

Type of Message	Frequency	When Received	Question & Response	Two-Way Logic
24 Hour Reminder	1x weekly for 12 weeks	24 Hours before scheduled appointment Weeks 2-12	Appointment Reminder: (Counselor first name) will see you on (date) at (time). Please reply Y to confirm or N to Reschedule your appt.	If Yes: Thank you for confirming! We look forward to seeing you. Please text us with any questions. If No: Thank you for replying. We will contact you to reschedule.
15 Minute Reminder	1x weekly for 12 weeks	15 minutes before scheduled appointment Weeks 2-12	Appointment Reminder: See you in 15 minutes! Here is the link (zoom link).	None
Resources	1x weekly	As needed after session Weeks 2-12	Resources: Here are the resources you requested (link to resources).	None
Goals	1x weekly	3 business days after session Weeks 2-12	Were you able to attempt your goal? Yes Or Not yet	Response: Got it! --Nudge— Include a nudge every 6 hours for a total of 2 nudges until response is sent
Session Rating	1x weekly for 12 weeks	After each completed telehealth session	Please tell us about the session today: 1. I felt heard, understood, and respected by the counselor: a. Strongly agree b. Agree c. Neither agree nor disagree d. Disagree e. Strongly disagree 2. Overall, today's session was right for me: a. Strongly agree b. Agree c. Neither agree nor disagree d. Disagree e. Strongly disagree	Response: Thanks for your responses! Please text us if you have additional comments.

APPENDIX D: Crisis Response

There are several types of crisis situations that may arise during the telehealth sessions. The following is an overview of the crisis response procedure based on state and social work profession-specific telehealth guidelines[35] for the following situations: 1) Suicidal ideation, 2) Homicidal ideation, 3) Gravely disabled participants, 4) Child, elder and dependent adult abuse, 5) Intimate partner violence, and 6) General safety.

Suicidal ideation

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

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

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

Action is imperative when the participant meets the following criteria:

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

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

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

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

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

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

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

Useful Local Resources for Responding to Suicidal Participants:

National/County	Service	Contact
National	Suicide Hotline *24/7 local referrals*	**(800) 273-8255** (888) 628-9454 (Espanol)
National	The TrevorLifeline provides support to LGBTQ youths and allies in crisis or in need of a safe and judgment-free place to talk.	800-788-7386
National	988 Suicide and Crisis Lifeline, which is a national network of local crisis centers that provides free and confidential emotional support to people in a suicidal, mental health and/or substance use crisis, 24 hours a day, 7 days a week in the United States. 988 is accessible via telephone, chat, or text.	**Call or text:** **988**
Youth (12-24)-California	24/7 statewide emergency line for youth and families in crisis	Call or text: (800) 843-5200
San Diego	The San Diego Access and Crisis Line (ACL) is confidential and free of charge, the line is immediately answered 7 days a week, 24 hours a day by Master's-level and Licensed Clinicians. Also includes link to:	Call or live chat: **888-724-7240** https://omnidigital.uhc.com/SDChat/ (Mon-Fri 4pm-10pm)

	Mobile Crisis Response Teams (MCRT) provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists.	

County	Service Name and Description	Phone
Alameda	Alameda County Behavioral Health ACCESS Program *Acute crisis care and evaluation for system-wide services*	1-800-491-9099
Alameda	Berkeley Mental Health Mobile Crisis Team *Crisis response for residents of Berkeley and Albany* *10:30am-11pm 7 days a week*	510-981-5254
Alameda	Crisis Support Services (CSS) of Alameda County *24 hr crisis line for Alameda County residents*	1-800-273-8255
Alameda	CSS Local Text Line *For Alameda County residents* *4pm-11pm 7 days a week*	Text "SAFE" to 20121
Alameda	Sausal Creek Outpatient Stabilization Clinic *Walk-ins accepted for adults who need crisis support* *2620 26th Ave, Oakland (East Oakland)* *Mon-Fri 8am-8pm, Sat 8am-4:30pm*	510-437-2363
Alameda	John George Psychiatric Hospital *Crisis services via phone and walk-in services* *2060 Fairmont Dr, San Leandro* *Available 24/7*	510-346-7500

San Francisco	Dore Urgent Care Clinic *Crisis assessment, triage, and basic support services for those experiencing a mental health crisis.* *52 Dore Street, San Francisco. Phone available 24/7.*	415-553-3100
San Francisco	Mobile Crisis Unit *Crisis response services in the community for San Francisco residents. Available Mon-Fri 11am-11pm and Sat-Sun 12-7pm*	415-970-4000
San Francisco	Psychiatric Emergency Services *Assessment and inpatient mental health crisis services serving San Francisco 24/7, run by San Francisco General Hospital*	415-206-8125
All	National Suicide Prevention Lifeline	1-800-273-TALK

County	**Name and Service Description**	**Phone Number**
Los Angeles	Department of Mental Health: *Access Center-for 24/7 mental health screening, referral to service provider, crisis counseling, mobilizing field response teams, and linkages to other services and resources.*	**(800) 854-7771** *option 1
Los Angeles	Department of Mental Health: *Emotional support warm line-provides trained active listeners from 9am-9pm.*	(800) 854-7771 *option 2
Los Angeles	Didi Hirsch – Suicide Prevention Hotline -24/7 Bilingual crisis counselors. -24/7 Text Support for Deaf or	(800) 273-8255 Crisis chat: https://didihirsch.org/chat/

	Hard of Hearing: Text "HEARME" to 839863	
LA County	211 LA County is the hub for all types of health, human and social services in Los Angeles County, providing callers with information and referrals to the services that best meet their needs.	211 LA County: Dial 2-1-1 within Los Angeles County

6) Homicidal Ideation:

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

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

Tips for gathering information:

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

Is there homicidal ideation (Normalize)

When someone feels as upset as you do, they may have thoughts about hurting the person who has upset or hurt them. What thoughts have you had like this?

Is there a Plan (Means)

If you decided to try to hurt _____, how would you do it? Tell me about the plans you've made.

Is there Access to Means?

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

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

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

Future Expectations

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

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

Useful Local Phone Numbers for Responding to Homicidal Participants:

County	Service Name and Description	Phone
Alameda	Alameda County Behavioral Health ACCESS Program *Acute crisis care and evaluation for system-wide services*	1-800-491-9099
Alameda	Berkeley Mental Health Mobile Crisis Team *Crisis response for residents of Berkeley and Albany* *10:30am-11pm 7 days a week*	510-981-5254
San Francisco	Mobile Crisis Unit *Crisis response services in the community for San Francisco residents. Available Mon-Fri 11am-11pm and Sat-Sun 12-7pm*	415-970-4000
San Francisco	Police Liaison *Mental health police liaison for crisis response*	415-255-3727
San Francisco	Psychiatric Emergency Services *Assessment and inpatient mental health crisis services serving San Francisco 24/7, run by San Francisco General Hospital*	415-206-8125
San Diego	The San Diego Access and Crisis Line (ACL) is confidential and free of charge, the line is immediately answered 7 days a week, 24 hours a day by Master's-level and Licensed Clinicians. Also includes linkage to: Mobile Crisis Response Teams (MCRT) provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists.	Call or live chat: 888-724-7240 https://omnidigital.uhc.com/SDChat/ (Mon-Fri 4pm-10pm)
Los Angeles	Department of Mental Health: *Access Center-for 24/7 mental health screening, referral* *to service provider, crisis counseling,*	(800) 854-7771 *option 1

	mobilizing field response teams, and linkages to other services and resources.	

7) Gravely Disabled Participants:

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

8) Suspected Child and Elder/Dependent Adult Abuse:

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

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

If a participant reports past child abuse, the counselor should assess whether or not the perpetrator is still in contact with children whom he/she may be abusing. If he/she is either living with children or being left unsupervised with children, the counselor is required to file a report with CPS. If clinically appropriate, the participant should be involved in the reporting process.

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

Useful Local Phone Numbers for Responding to Abuse and Neglect:

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

9) Intimate Partner Violence:

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

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

National	Domestic Violence Hotline *Care, support and referrals for those who have or are experiencing domestic violence.*	(800) 799-7233
Local Resources	This map is a useful tool for finding domestic violence organizations in your California community. Listings contain hotline numbers and websites for shelters, legal services, and more by location.	https://www.cpedv.org/domestic-violence-organizations-california

APPENDIX E: Additional Training

Counselors and clinical supervisors may also need to acquire general knowledge and training in:

- HIV infection and treatment basics
- Using the videoconferencing platform
- Using the text messaging platform, including multiple practice sessions
- Following the text messaging policies, including HIPAA compliance
- Scoring and interpreting biopsychosocial assessments
- Assessing and documenting client receptivity to i2TEC and client preferences for messaging, phrasing, and privacy
- Psychoeducation and health education13
- Motivational interviewing14
- Problem-solving therapy15
- SMART (specific, measurable, attainable, relevant, and time-bound) goal setting

All other staff involved in i2TEC could benefit from training in:

- Culturally responsive care for people with HIV, and mental health and substance use challenges
- Trauma-informed care

Organizations can bring in content experts to provide training programs in these areas, and can access free online resources, such as the following:

- AIDS Education and Training Centers
  - Cultural Humility & Reducing Stigma and Discrimination Provider Handbook
  - Combating Discrimination Based on HIV or Opioid Use Disorder
  - Social Determinants of HIV: Barriers Reaching Carriers
  - Harm Reduction in the Continuum of Care for Substance Use Disorders
  - Substance Use Disorder CurriculumMental Health and HIV Webinar Series Part 4: Trauma and Stressor-Related Disorders
- Health Resources and Services Administration HIV/AIDS Bureau
  - Trauma and HIV
- National LGBTQIA+ Health Education Center
  - Understanding and Addressing the Social Determinants of Health for Black LGBTQ People: An Example of the Way Forward for Health Centers
  - Social Determinants of Health for LGBTQIA+ People – Part 1
  - Trauma Informed Care for LGBTQIA+ People (2021)
  - Addressing Opioid Use Disorders among LGBT People through Trauma-informed Care and Behavioral Health Integration
  - Centering Safety: Partnering with Black Transgender and Gender Diverse (TGD) Communities to Promote Wellness
  - Addressing Unconscious and Implicit Bias
  - Structural Stigma and the Health of Lesbian, Gay, and Bisexual Populations

- Creating an Inclusive and Affirming Environment for Transgender and Gender-diverse Patients
- Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ People (2021)

- AIDS United:
  - Re-Entry, HIV Linkage, and Overdose Prevention
  - Meaningful Involvement of People with HIV/AIDS (MIPA)
  - Best Practices: Creating a Transgender-Affirming Organization
  - Stable Housing Means Stable HIV Care!
  - The Intersection of Women, Violence, and HIV
  - HIV Basics

APPENDIX F: Role Play Case Examples

Participant #1

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

Participant #2

- **Basics:** 19 y.o. straight Latina transwoman. Immigrated to San Francisco from Mexico w/ family at age 12 and has strong connections to the area via family who were already here.
- **HIV care:** Became HIV+ when dating an older man when 17 years old. Receives medical care at an HIV clinic through San Francisco's Medi-Cal program for immigrants (didn't have insurance or a PCP before her diagnosis and doesn't qualify for regular MediCal since she's undocumented) and is generally adherent with care when she is doing well with her mental health. She drops out of regular care when struggling.
- **Family and Disclosure:** Connected with her older sister who is supportive and lives locally. Estranged from her parents since she came out as trans at age 17. Family doesn't know she's HIV+ but some of her close friends do.
- **Mental health:** Experiences high generalized anxiety and depression and has considered (but not tried) anti-depressants. Saw a school counselor in high school but not since.
- **Substance Use:** Drinks heavily on the weekends and sometimes on weekdays, smokes marijuana socially. Drinking doesn't tend to get in the way except for occasional blackouts and losing things

- **Housing:** Living in a shared room in a house with several roommates who are about her age, who she is close friends with.
- **School/work:** Dropped out of high school at age 16 due to not being able to focus, being anxious around others, and not feeling like she fit in. Working for Lyft and Uber as a driver, but not making much money. Occasionally doing sex work (facilitated via online sites that her friends also use) if in need of extra money.
- **Dating/Sex:** Not currently dating anyone but open to it if someone comes along.

Participant #3

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

Participant #4

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

REFERENCES

Assessment Measures

1. Balfour L, Kowal J, Tasca GA, et al. Development and psychometric validation of the HIV Treatment Knowledge Scale. *AIDS Care*. 2007;19(9):1141-1148. doi:10.1080/09540120701352241
2. Bohn MJ, Babor TF, Kranzler HR. The Alcohol Use Disorders Identification Test (AUDIT): validation of a screening instrument for use in medical settings. *Journal of Studies on Alcohol*. 1995;56(4):423-432. doi:10.15288/jsa.1995.56.423
3. Humeniuk R, Ali R, Babor TF, et al. Validation of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). *Addiction*. 2008;103(6):1039-1047. doi:10.1111/j.1360-0443.2007.02114.x
4. Skinner HA. The Drug Abuse Screening Test. *Addictive Behaviors*. 1982;7(4):363-371. doi:10.1016/0306-4603(82)90005-3
5. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*. 2006;166(10):1092-1097.
6. doi:10.1001/archinte.166.10.1092
7. Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary care evaluation of mental disorders.
8. Weathers FW, Litz BT, Keane TM, Palmieri PA, Marx BP, Schnurr PP. The PTSD checklist for DSM-5 (PCL-5). 2013; Scale available from the National Center for PTSD at www.ptsd.va.gov

Mental Health and Substance Use

9. Fisher JD, Fisher WA. Changing AIDS-risk behavior. *Psychological Bulletin*. 1992;111(3):455-474. doi:10.1037/0033-2909.111.3.455
10. Kempf M-C, Huang C-H, Savage R, Safren SA. Technology-delivered mental health interventions for people living with HIV/AIDS (PLWHA): a review of recent advances. *Current HIV/AIDS Reports*. 2015;12(4):472-480. doi:10.1007/s11904-015-0292-6
11. Lukens EP, McFarlane WR. Psychoeducation as evidence-based practice: considerations for practice, research, and policy. *Brief Treatment and Crisis Intervention*. 2004;4(3):205225. doi:10.1093/brief-treatment/mhh019
12. Machtinger EL, Haberer JE, Wilson TC, Weiss DS. Recent trauma is associated with antiretroviral failure and HIV transmission risk behavior among HIV-positive women and female-identified transgenders. *AIDS and Behavior*. 2012;16(8):2160-2170. doi:10.1007/s10461-012-0158-5
13. Machtinger EL, Wilson TC, Haberer JE, Weiss DS. Psychological trauma and PTSD in HIV positive women: a meta-analysis. *AIDS and Behavior*. 2012;16(8):2091-2100. doi:10.1007/s10461-011-0127-4
14. McCuistian C, Wootton AR, Legnitto-Packard D, et al. Addressing HIV care, mental health and substance use among youth and young adults in the Bay Area: description of an intervention to improve information, motivation and behavioural skills. *BMJ Open*. 2021;11(4)doi:10.1136/bmjopen-2020-042713

15. Miller WR, Rollnick S. The spirit of motivational interviewing. *Motivational Interviewing: Helping People Change*. 3rd ed. 2013:14-24.
16. Nanni MG, Caruso R, Mitchell AJ, Meggiolaro E, Grassi L. Depression in HIV infected patients: a review. *Current Psychiatry Reports*. 2014;17(1):1-11. doi:10.1007/s11920014-0530-4
17. Nezu AM, Nezu CM, D'Zurilla TJ. *Problem-Solving Therapy: A Treatment Manual*. Springer Publishing Company; 2013.
18. O'Cleirigh CPD, Magidson JFPD, Skeer MRSD, Mayer KH, Safren SAPD. Prevalence of psychiatric and substance abuse symptomatology among HIV-infected gay and bisexual men in HIV primary care. *Psychosomatics*. 2015;56(5):470-478. doi:10.1016/j.psym.2014.08.004
19. Pence BW, Mills JC, Bengtson AM, et al. Association of increased chronicity of depression with HIV appointment attendance, treatment failure, and mortality among HIV-infected adults in the United States. *JAMA Psychiatry*. 2018;75(4):379-385. doi:10.1001/jamapsychiatry.2017.4726
20. Psihopaidas D, Cohen SM, West T, et al. Implementation science and the Health Resources and Services Administration's Ryan White HIV/AIDS Program's work towards ending the HIV epidemic in the United States. *PLoS Medicine*. 2020;17(11):e1003128e1003128. doi:10.1371/journal.pmed.1003128
21. Rooks-Peck CR, Adegbite AH, Wichser ME, et al. Mental health and retention in HIV care: a systematic review and meta-analysis. *Health Psychology*. 2018;37(6):574-585. doi:10.1037/hea0000606
22. Saberi P, Dawson Rose C, Wootton AR, et al. Use of technology for delivery of mental health and substance use services to youth living with HIV: a mixed-methods perspective. *AIDS Care*. 2020;32(8):931-939. doi:10.1080/09540121.2019.1622637
23. Wootton AR, Legnitto DA, Gruber VA, et al. Telehealth and texting intervention to improve HIV care engagement, mental health and substance use outcomes in youth living with HIV: a pilot feasibility and acceptability study protocol. *BMJ Open*. 2019;9(7):e028522-e028522. doi:10.1136/bmjopen-2018-028522

Information Motivation Behavioral (IMB) Model

Psychoeducation

24. GoodTherapy. (2016, September 09). Psychoeducation. Retrieved November 15, 2018, from https://www.goodtherapy.org/blog/psychpedia/psychoeducation (excerpts taken verbatim)
25. Healthy Living Project randomized controlled study. *Journal of Acquired Immune Deficiency Syndromes*. 2007;46(5):574-580. doi:10.1097/QAI.0b013e318158a474
26. Lukens EP, McFarlane WR. Psychoeducation as evidence-based practice: considerations for practice, research, and policy. *Brief Treatment and Crisis Intervention*. 2004;4(3):205225. doi:10.1093/brief-treatment/mhh019
27. Healthy Living Project. https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/uploads/tools/curricula/pdf/HLP_Intervention_Module1.pdf

Motivation

28. Miller WR, Rollnick S. The spirit of motivational interviewing. *Motivational Interviewing: Helping People Change*. 3rd ed. 2013:14-24.
29. Miller, W.R.; Rollnick, S. (2012). "*Motivational Interviewing: Helping People Change, 3rd Edition*". *Guilford press*.
30. Motivational Interviewing (resources for clinicians, researchers, and trainers) www.motivationalinterviewing.org (excerpts taken verbatim)
31. Information and quotes in this section derived from https://www.centerforebp.case.edu/resources/tools/readiness-ruler

Behavior

32. Adapted from the Healthy Living Project: *Life Context Form.* https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/uploads/tools/curricula/pdf/HLP_Reference_Guide.pdf
33. American Psychological Association, Division 12. (n.d.). What is Problem-Solving Therapy? http://www.div12.org/sites/default/files/WhatIsProblemSolvingTherapy.pdf
34. Doran, G. T. (1981). "There's a S.M.A.R.T. Way to Write Management's Goals and Objectives", *Management Review*, 70 (11), 35-36.
35. Nezu AM, Nezu CM, D'Zurilla TJ. *Problem-Solving Therapy: A Treatment Manual*. Springer Publishing Company; 2013.
36. Johnson MO, Charlebois E, Morin SF, Remien RH, Chesney MA. Effects of a behavioral intervention on antiretroviral medication adherence among people living with HIV : the

Technology

37. NASW, ASWB, CSWE, and CSWA's "Standards for Technology in Social Work Practice" provides guidance around confidentiality, safety, and risk management for telehealth. The guidelines above were adapted from these standards. https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf
38. Hightow-Weidman LB, Muessig KE, Pike EC, et al. HealthMpowerment.org: Building Community Through a Mobile-Optimized, Online Health Promotion Intervention. *Health Educ Behav.* Aug 2015;42(4):493-499.
39. Lenhart A, Ling R, Campbell S, Purcell K. Teens and mobile phones. 2010; http://www.pewinternet.org/2010/04/20/teens-and-mobile-phones/. Accessed 2/18/2014.
40. Saberi P, Ming K, Dawson-Rose C. (2018). What does it mean to be youth-friendly? Results from qualitative interviews with healthcare providers and clinic staff serving youth and young adults living with HIV. Journal of Adolescent Health, Medicine and Therapeutics.
41. Saberi, P., Dawson Rose, C., Wootton, A.R., Ming, K., Legnitto, D., Jeske, M., Pollack, L., Johnson, M.O., Gruber, V.A., Neilands, T.B. (2019) Use of Technology for Delivery of Mental Health and Substance Use Services to Youth Living with HIV: A Mixed Methods Perspective. AIDS Care.
42. Saberi P, Yuan P, John M, Sheon N, Johnson MO. A Pilot Study to Engage and Counsel HIV-Positive African American Youth Via Telehealth Technology. *Aids Patient Care St.* Sep 1 2013;27(9):529-532.

43. Sheoran B, Braun RA, Gaarde JP, Levine DK. The Hookup: Collaborative Evaluation of a Youth Sexual Health Program Using Text Messaging Technology. *Journal of medical Internet research.* Nov 2014;16(11).
44. Smith A. 17% of cell phone ownder do most of their online browsing on their phone, rather than a computer or other device. 2012; http://www.pewinternet.org/2012/06/26/cell-internet-use-2012/. Accessed 2/18/2014.
45. Standard 2.13 of the "Standards for Technology in Social Work Practice" requires that social workers "should take reasonable steps to determine the location of the client and emergency services in the jurisdiction" in the event that in-person crisis response services are required.
46. Wootton A, Legnitto D, Gruber VA, Dawson Rose C, Neilands TB, Johnson MO, Saberi P. (2019). A Telehealth and Texting Intervention to Improve HIV Care Adherence, Mental Health, and Substance Use Outcomes in Youth Living with HIV: A Pilot Study Protocol. BMJ Open.
47. Wootton, A.R., McCuistian, C., Legnitto, D., Gruber, V., Saberi, P. (2019). Overcoming technological challenges: Lessons learned from a telehealth counseling study. Telemedicine and e-Health, 1-5.
48. Yonker LM, Zan SY, Scirica CV, Jethwani K, Kinane TB. "Friending" Teens: Systematic Review of Social Media in Adolescent and Young Adult Health Care. *Journal of medical Internet research.* Jan 2015;17(1)

Young Adults with HIV

49. Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021;26(No. 2). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2021.

Acknowledgements

This intervention manual was developed by an interdisciplinary research team at the University of California, San Francisco's Center for AIDS Prevention Studies consisting of the following team members:

Parya Saberi, PharmD, MAS (Co-PI)
Carol Dawson-Rose, PhD, RN (Co-PI)
Angie Wootton, MSW (primary author of manual)
Caravella McCuistian, PhD
Valerie Gruber, PhD
Mallory Johnson, PhD
Dominique Legnitto
Marie Stoner
Celeste Balaban, ASW
Kristin Ming
Louis Smith

This work was supported by the NIMH (National Institute of Mental Health) under grant number IR01MH131415 and project number P0558871. California HIV/AIDS Research Program (CHRP) award number HD15-SF-060 (co-PIs Saberi and Dawson Rose) and the National Institutes of Health award number K24DA037034 (Johnson) funded the formative Y2TEC pilot study. NIMH also funded formative WYZ study under grant number P0520335.

Much of the material in the beginning of this manual, including the background on the counselor's role, crisis response procedure, and participant retention, were adapted from previous intervention manuals produced by the UCSF Center for AIDS Prevention Studies (CAPS). In particular, much of the background content was developed by David Olem, LMFT over the course of his many years developing HIV prevention and adherence interventions at CAPS.