CLEAR:
Choosing Life: Empowerment, Action, Results!

A one-on-one intervention with youth and adults living with HIV/AIDS or at High Risk for HIV Infection

Implementation Manual

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Intended Audience for the Implementation Manual

This Implementation Manual was developed as a guide for agencies implementing CLEAR, an intervention with people ages 16 and older, living with HIV/AIDS or at high-risk for HIV infection. The staff of agencies implementing CLEAR, including the Program Manager, Clinical Supervisor, and Counselors, can use this manual to help them conduct the intervention.

Organization of the Implementation Manual

The CLEAR Implementation Manual contains the essential material for conducting the intervention with people ages 16 and older, living with HIV/AIDS or at high-risk for HIV infection. The Implementation Manual begins with an Introduction and Overview, which serves as an orientation to CLEAR. In this section, we briefly describe how the intervention was developed and how research determined its effectiveness. We also explain how CLEAR was modified during the translation and packaging process, discuss underlying theory and principles of the intervention and explain the core elements and key characteristics. Additionally, the Introduction and Overview describes how to conduct the intervention sessions, including: advice on preparing for sessions, specific guidelines for Counselors, progression of clients through the CLEAR program, distinction between core skill sessions versus menu sessions, and recommendations regarding selection of menu sessions. Information on evaluating the intervention, including an evaluation plan, process and outcome monitoring methods, and sample instruments, are also addressed.

The Introduction and Overview is followed by the five core skill session guides and the 21 menu session guides, respectively, concluding with the wrap-up session. Both the core skill and menu sessions have the same format. Session guides are prominently labeled with the session name and session number. Each session guide contains a statement of the aims for that session and a summary of the activities conducted in the session, along with the estimated duration of each activity. Session guides contain a full script and detailed instructions for the specific activities in that session. Instructions to the Counselor appear in regular text. In each session script, bold text indicates that the Counselor should read or convey the information to the clients. The appendix of each script contains the handouts used in that session.

The appendices in the Implementation Manual contain citations of research on CLEAR in professional journals, information on recruitment of clients, suggestions for handling challenging behaviors, a sample outcome monitoring form, pre- and post-intervention surveys, and CDC Information and Guidelines.

Agencies will need to provide additional materials to implement CLEAR. These include male and female condoms for demonstrating their correct use, a client workbook, and an assortment of collage materials. Session guides contain lists of required materials for each meeting.
CLEAR Implementation Manual – At a Glance

Introduction and Overview

- A brief overview of the intervention, the science behind it, its core elements, and its key characteristics.
- A discussion of capacity issues related to implementing agencies, including a stakeholder’s checklist, and a budget with cost sheet.
- Guidelines on implementing the intervention.
- Information on evaluating the intervention, including an evaluation plan, process and outcome monitoring methods, and sample instruments.

Core Skill Sessions

- Session guides and Counselors’ notes.
- Implementation materials.

Menu Sessions

- Session guides and Counselors’ notes.
- Implementation materials.

Wrap-Up Session

- Session guides and Counselors’ notes.
- Implementation materials.

Appendices

- Several appendices with helpful implementation materials and CDC guidelines.
Icons Used in the Implementation Manual

**Feeling Thermometer**
This icon signals to the Counselors that the Feeling Thermometer should be used.

**F-T-D Grid**
The F-T-D grid is applied in the session when this icon appears.

**SMART Problem-Solving**
SMART problem-solving is used in the session when this icon appears.

**Goal Setting**
Goal setting occurs in the session when this icon appears.

**Relaxation Activity**
A relaxation activity is used when this icon appears.

**Role-Play**
When this icon appears, a role-play occurs in the session.
Benefits of Prevention

Prevention is necessary to reduce the transmission of HIV. This intervention provides additional benefits to clients such as:

- Enhancing their quality of life by providing them with the skills to prevent infection, re-infection or superinfection and to be pro-active about their health maintenance.
- Teaching them the negotiation and practice of safer sex skills.
- Supporting them in making healthier choices that promote a longer life span.
- Helping them adhere to medical care including drug regimens and doctor visits.
- Helping them adhere to substance abuse treatment and maintenance of sobriety.

Introduction to CLEAR

Background

CLEAR: Choosing Life: Empowerment, Action, Results! is an evidence-based HIV prevention and health promotion intervention with people ages 16 and older, living with HIV/AIDS or at high-risk for HIV infection. CLEAR is a client-centered program delivered one-on-one using cognitive-behavioral techniques to change behavior. It provides clients with the skills necessary to live their best life and to be able to make healthy choices. The goal of the intervention is to help clients maintain health, reduce transmission of HIV and other sexually transmitted diseases, and improve their quality of life. The CDC’s guidelines on Comprehensive Risk Counseling and Services (CRCS), formerly known as Prevention Case Management (PCM), has identified CLEAR as a structured intervention that may be integrated into the CRCS programs. CLEAR is a product of extensive collaboration among researchers, youth living with HIV/AIDS from diverse backgrounds and perspectives, and staff from public and private agencies that serve them.

Originally CLEAR consisted of three sequential modules and totaled 18 sessions. The Staying Healthy module encouraged healthy living by focusing on health maintenance and forging effective partnerships with health care providers.

The Acting Safe module was dedicated to primary and secondary HIV prevention by addressing sex and substance use-related risk behaviors. The Being Together module emphasized emotional well-being and improving quality of life. CLEAR is now structured to enable Counselors to individually tailor the program to address the unique needs of each client. CLEAR now consists of five core skill sessions, 21 menu sessions and a wrap-up session. The core elements of the intervention are introduced in the five core skill sessions. The core skill sessions teach the essential cognitive and behavioral skills of the program (i.e., positive self-talk, reframing, countering against negative thoughts, relaxation). Within these core skill sessions, clients also develop a personal life goal and an individual prevention plan that direct the focus and selection of subsequent menu sessions. The Counselor selects sessions from a menu of six domains to assist the client in achieving his or her prevention goal(s). The six domains address sexual risk, substance use risk, health care and self-care,
treatment adherence, disclosure, and HIV stigma. Each domain consists of sessions that help the client apply and practice the intervention’s essential strategies, which were initially introduced in the core skill sessions. The menu sessions provide additional opportunities for clients to learn, practice, and internalize the cognitive and behavioral techniques of the intervention, with the ultimate goal of creating long-term behavior change. The final wrap-up session addresses the maintenance of behavior changes made in the program.
Research on CLEAR

The original CLEAR intervention was evaluated with 175 HIV-positive youth living in Los Angeles, San Francisco, and New York over a 15-month period. Participants were: aged 16 to 29; 26% black and 42% Latino; and 69% gay men. They were assigned to a three-module intervention totaling 18 sessions, delivered by telephone, in person, or a delayed-intervention condition.

Following the CLEAR intervention, there was an increase in the proportion of protected sexual acts with all partners and with HIV-negative partners for those in the in-person condition. Moreover, youth in the in-person condition reported a significantly higher proportion of protected sexual acts than youth in the control condition. Specifically, youth in the in-person condition used condoms for 58% of sexual acts with all partners compared to youth in the control condition, who used condoms for 22% of sexual acts with all partners. Also, youth in the in-person condition used condoms for 73% of sexual acts with HIV-negative partners; youth in the control condition used condoms for 32% of sexual acts with these partners. Finally, the number of HIV-negative partners decreased from 4.0 to 1.4 in the in-person condition, versus from 4.3 to 2.5 in the control condition. All these outcomes were statistically significant.

Modifications to CLEAR

During its preparation for use in the field, CLEAR was modified in the following ways to make implementation easier:

- The number of intervention sessions was reduced to five core skill sessions and additional menu sessions, instead of the 18 sessions that were originally offered. This change in the number of sessions did not result in reduction or change to the content of the intervention. This modification is also responsive to the CRCS Implementation Manual’s emphasis on a client-centered approach, in which Counselors individually tailor prevention counseling intervention programs to address the unique needs of each client.

Other changes made to the original protocol include:

- Elimination of redundant concepts and activities.
- Addition of updated information on prevention technology, medical management of HIV, and common “club drugs.”
- Integration of a perspective that treats HIV as a chronic disease.
- Incorporation of a Feel-Think-Do Framework that more explicitly highlights the intervention’s underlying theory and the link among feelings, thoughts, and actions.

Note: All of the core elements shown to be responsible for CLEAR’s effectiveness were maintained.
Goals of CLEAR

The overall goal of CLEAR is to increase behaviors that promote:

- Healthy living.
- Effectively facing the challenges of daily living.
- Positive feelings, thoughts, and actions.
- Developing daily routines to stay healthy.

These goals are achieved through CLEAR’s core elements (see discussion of core elements below).

Underlying Theory and Principles

The CLEAR intervention is based on Social Action Theory. Social Action Theory asserts that a person’s ability to change behaviors that endanger his or her health is influenced by the individual’s cognitive capability (ability to think, reason, imagine, etc.), as well as environmental factors and social interactions that encourage or discourage the change process. Social Action Theory incorporates the principles that are expressed in traditional social-cognitive models of health-behavior change. These models include social-cognitive theory, the health belief model, and the transtheoretical model (stages of change), as well as theories related to social context, interpersonal relationships, and environmental influences.

With Social Action Theory as its foundation, CLEAR applies cognitive-behavioral techniques to maintaining health, reducing the risk for HIV and STI transmission or re-infection, and improving the quality of life of youth and adults living with HIV/AIDS. Strategies in the intervention include role-playing as a means of learning new skills and improving old ones, building client’s belief that he or she can change a behavior (self-efficacy); and instilling the belief that changing behaviors will result in a desired outcome (response efficacy). The cognitive-behavioral techniques used in the intervention are introduced within the framework of the intervention’s core elements.
Core Elements of CLEAR

Core elements are critical features of an intervention’s intent and design and are responsible for its effectiveness. They must be maintained without alteration.

The following are core elements of CLEAR.

1. Development of emotional awareness through use of a Feeling Thermometer and identification of the link between feelings, thoughts, and actions (F-T-D Framework).

2. Identification of one’s Ideal Self to help motivate and personalize behavior change.

3. Teaching, modeling, and practicing Short-and Long-Term Goal Setting.

4. Teaching, modeling, and practicing SMART Problem-Solving.

5. Teaching, modeling, and practicing Assertive Behavior and Communication.

The core elements are introduced in the five core skill sessions and are repeated throughout the menu sessions. Through CLEAR’s core elements, clients develop specific skills that give them a sense of control over their emotions, thoughts, and actions. These skills are repeated and modeled in every session to provide clients with the opportunity to practice the skills, internalize them, and ultimately apply them in everyday situations in order to create behavior change.

Below is a detailed description of the core elements.

**Feel-Think-Do (F-T-D) Framework**

CLEAR applies the Social Action Theory by emphasizing awareness and identification of one’s emotions, thoughts, and actions, which we refer to as the Feel-Think-Do Framework (F-T-D). F-T-D is a simple, low-literacy means of introducing more complex cognitive-behavioral concepts (e.g., emotional regulation, reframing, positive self-talk, countering negative thoughts, problem-solving, assertive behavior and communication, triggers). It describes an interactive process. F-T-D is based on the idea that when we encounter a situation, we have a feeling about it (expressed through a reading on the Feeling Thermometer that is used throughout the intervention and associated physical/body reactions), a thought about it (what we say to ourselves), and what we do about it (the actions we take as a result of our feelings and thoughts). CLEAR clients are guided by the F-T-D framework to recognize the connections among their thoughts, feelings, and the behavioral choices they make, enabling them to more easily make behavioral changes. The F-T-D framework is introduced in core skill session one and integrated throughout the intervention thereafter.
Feeling Thermometer

The Feeling Thermometer helps clients assess and discuss their feelings of discomfort more effectively during the session. The Feeling Thermometer is a graphic element resembling a fever thermometer. The highest measurement on the Feeling Thermometer is 100, representing the most discomfort one can imagine feeling. That discomfort may be related to extreme anger, anxiety, excitement, nervousness, depression, or any other emotion, person, plan or situation that is experienced as discomfort. The bottom measurement is zero, and this represents a total lack of discomfort, whether the associated feeling is happiness or calm or something else. Linking Feeling Thermometer levels with situations being discussed in CLEAR sessions or with recent external experiences helps clients identify when their emotions are or have been highly charged and what situations are likely to result in those high extremes of feelings. The “temperature” on the Feeling Thermometer at which a client operates at his or her best will vary. Typically, however, the person at or near 100 on the thermometer will find that his or her discomfort interferes with good judgment and sound decision-making. The person at or near zero on the thermometer is better able to think and make decisions regardless of how he or she labels the particular feeling or emotion. The purpose of the Feeling Thermometer is to increase clients’ emotional awareness and self-regulation. The Feeling Thermometer is also used in Street SMART, another evidence-based intervention available from CDC’s Capacity Building Branch-Diffusion of Effective Behavioral Interventions. The same technique is used in both interventions; however, its explanation in this manual is more detailed.

The F-T-D Framework integrates various cognitive behavioral therapy techniques. For example, relaxation is applied throughout sessions in order to help clients achieve a comfortable state on the Feeling Thermometer. This impacts their ability to think clearly and act effectively. In addition, cognitive techniques such as reframing, positive self-talk, and arguing against negative thoughts are applied throughout the sessions to support clients in effectively managing distorted/irrational thoughts that may increase their level of discomfort and contribute to unhealthy choices.

The F-T-D Framework creates emotional awareness and regulation. When young people are not able to identify their feelings accurately, they are less able to deal with those feelings effectively. For instance, many young people describe feeling angry when they are, in fact, hurt. Their attendant responses are more likely to be acts of lashing out than acknowledgements of the pain or hurt feelings, and negotiation of a solution to what has caused the hurt. Instead of labeling feelings, which can often lead to a “mislaveling” of feelings, CLEAR encourages clients to utilize the Feeling Thermometer as a way of measuring their comfort level and to examine how their thoughts, comfort level, and actions influence each other. This awareness, and the techniques learned in CLEAR sessions, help clients confront their state of discomfort and replace irrational/unhealthy thoughts with rational/healthy thoughts, which leads to more positive and effective actions.
Ideal Self

Identification of the characteristics of one’s Ideal Self helps clients pinpoint their values as they relate to desired behaviors. Clients are asked to consider those values as they think about the ways they would like to act in specific situations. The Ideal Self is used as a decision-making guide to help motivate and personalize behavior change. Appeals to one’s Ideal Self occur throughout the sessions. For example, clients are asked to keep their Ideal Self characteristics in mind as they set weekly goals. The Ideal Self is introduced in core skill session two and integrated throughout the intervention thereafter.

The Core Elements in Action – A Case Study

The following case study illustrates the application of the core elements.

George is a young man living with HIV. His health is excellent and he intends to keep it that way. He returns to the HIV clinic every three months for a check-up. The visits consistently cause George to have strong feelings of discomfort. His discomfort manifests itself as a rapid pulse and flushed face. It causes him to lose patience with the clinic staff and he often glares at them. He also forgets questions he has and has difficulty expressing himself with his health care provider. His thinking can become negative: “This clinic will make my viral load come back and I’ll never be able to control it.” By the end of the visit, George is usually tense, embarrassed by his behavior, and unsure of how to gain control of the situation.

If George were a client in CLEAR, he would learn how F-T-D can help him gain control over this situation. George would first learn how to rate his feelings and emotions in terms of their likelihood to cause him discomfort. Then he would learn to distinguish different situations that lead to discomfort, and how his body reacts to different levels of discomfort (e.g., flushed face, sweaty palms, pounding head, etc.). Awareness that a certain event causes him discomfort can help George better prepare to deal with the situation.

For example, when he knows that a doctor’s visit increases his feelings of discomfort, George can prepare by engaging in a relaxation exercise or positive self-talk prior to his visit to lower feelings of discomfort. He can also write down all his questions for his provider so he is able to remember them even if his discomfort level increases.

A relaxation activity and/or positive self-talk can reduce the physical discomfort George’s anxiety is causing. Self-talk and relaxation techniques, as well as reframing and countering negative thoughts, are some of the skills taught in CLEAR to control or stop negative or unhelpful thoughts. The SMART problem-solving skills taught in CLEAR can help him identify a way to get his questions answered, such as writing down his questions as mentioned above. As a client in CLEAR, George would also learn that his high discomfort level and distorted/irrational thoughts lead him to act
in an aggressive manner. In the intervention, he would not only learn to deal effectively with his discomfort, but also learn and practice more productive responses, such as assertive communication. Since George feels less discomfort, he is more likely to think rationally and behave in a constructive manner; hence he can function within his Ideal Self. CLEAR would teach George the skills he needs to be in control of this situation.

For example, prior to returning to the HIV clinic for his three-month check-up, George now does three things. First, he makes a list of all the questions he has for his provider. Second, he says to himself, “This clinic visit is an investment in my health.” Before leaving, he spends three minutes breathing deeply to relax himself. At the clinic, George smiles to the staff and states what he needs in an assertive manner. If he starts feeling uncomfortable about his viral load, he says to himself, “Whatever my viral load, we’re all one team working to keep me healthy,” instead of, “My viral load is back and can’t be controlled.” He calmly and assertively discusses his health with his provider and receives answers to all of his questions. George leaves the clinic feeling in control of his clinic visit.

After participating in CLEAR, George will be able to gain control of this situation and handle it more effectively, creating positive outcomes. By taking control of the situation, George’s sense of self-efficacy is enhanced. George will feel good about himself and others will feel better about their interactions with him.

**Feel-Think-Do (F-T-D) Framework - continued**

Goal setting occurs during the conclusion of each session. Short-term goal setting refers to weekly goals related to that session’s topic, as well as clients’ life goals. Long-term goal setting refers to general life goals and prevention goals. A long-term life goal is identified during the second core skill session. Long-term prevention goals are determined during the fifth core skill session. Clients set short-term weekly goals toward their identified long-term goals throughout the menu sessions.

Clients are taught the characteristics of good goals: important, realistic, specific, clear, and easy to tell when accomplished. Once clients choose a goal, they identify the steps they will take before the next session to achieve that goal. A check-in period occurs in the first few minutes of the following week’s session to discuss what happened. Not only is there the intrinsic reward of achieving one’s goal (for those who do), but Counselors reward (with praise) the attempts that have been made. For those clients who did not achieve their goals, the check-in period allows them to analyze the reasons they were not successful.

Goal setting relates to the F-T-D framework in various ways. For instance, in identifying a realistic goal, clients are asked to choose a goal with which they are moderately uncomfortable (i.e., 40-60 on the Feeling Thermometer). In addition, clients may be asked to identify helpful thoughts that they can say to themselves that will support them in accomplishing their goal. Goal setting is introduced in core skill session one and integrated throughout the intervention thereafter.
SMART Problem-Solving

SMART problem-solving is presented using a structured model called SMART, which involves five steps: 1. **S**tate the problem, 2. **M**ake a goal, 3. **A**chieve a list of all possible actions, 4. **R**each a decision, 5. **T**ry it and review it. Through this model, clients learn to analyze and identify different actions they might take toward solving a real-life problem. Clients are invited to bring up general problems to which they may be seeking solutions, or a difficult problem related to one of the session topics. Clients apply the problem-solving format, select a goal, identify barriers, and plan the next steps. This newly learned life skill can be applied to a broad range of problems within and outside the context of HIV prevention. SMART problem-solving relates to the F-T-D framework in various ways. For instance, clients’ Feeling Thermometer rating may impact their ability to engage in effective SMART problem-solving. It may be challenging to walk through this systematic approach when clients are at a high state of discomfort. In such a situation, clients may engage in positive self-talk or reframing in order to lower their discomfort and effectively engage in SMART problem-solving. SMART problem-solving is introduced in core skill session three and integrated throughout the intervention thereafter.

Assertive Behavior and Communication

Assertive behavior and communication is vital for effective and successful interactions with others. Verbal and non-verbal assertiveness facilitate the implementation of the skills taught in this intervention. As a part of the behavior choices we all have, we can choose to be passive, assertive, or aggressive. Clients are introduced to verbal and non-verbal assertiveness related to various life contexts (i.e., condom negotiation, interactions with health care providers, family members, etc.). Role-plays are often utilized to provide clients with the opportunity to practice assertiveness. Assertive behavior and communication relates to the F-T-D framework in various ways. For instance, as a part of the behavior choices we all face, we can choose to be passive, assertive, or aggressive. In addition, clients are encouraged to reflect on where they need to be on the Feeling Thermometer in order for them to be assertive, and how they can achieve their ideal comfort level (i.e., apply relaxation, positive self-talk, etc.). Counselors repeatedly tie in verbal and non-verbal assertiveness skills with various session topics and model assertiveness skills whenever the opportunity arises. Assertive behavior and communication are introduced in core skill session four and integrated throughout the intervention thereafter.
Use of Role-Plays in CLEAR

Role-plays are used throughout the CLEAR sessions in order to create an opportunity for clients to practice positive responses to potentially problematic situations in an instructive and supportive environment. The CLEAR manual contains different types of role-plays. A few are scripted and are used to introduce a particular session or topic. These scripted role-plays should be practiced ahead of time. Other role-plays are not scripted, but a scenario is described and the client is asked to act it out without preparation. These role-plays give clients an opportunity to explore new ways of dealing with high-risk situations. Instructions for each role-play are found within the session guides. Counselors should monitor each one to ensure that the client understands it and keeps to the point.

Key Characteristics of CLEAR

The following key characteristics are crucial activities and delivery methods for conducting CLEAR. However, they may be tailored to meet the needs of different agencies and at-risk populations. Key characteristics of CLEAR include:

Use of incentives. We recommend using incentives to encourage clients to return to sessions, but it is up to each implementing agency to decide whether or not to use incentives, what kind to use, and the estimated value of an incentive. The most appropriate incentive strategies are those that your community advisory group and your client pool think will work best to encourage attendance and participation.

Time. With practice, all sessions can be finished in the 60- to 75-minute time period indicated in the script of each session. It is recommended that the sessions be kept to the amount of time allocated for each session as often as possible.

Intervals between sessions can be tailored to the needs and capacity of your agency and population. A general rule of thumb is to conduct sessions once a week. A biweekly schedule may also work for you, but we do not recommend monthly sessions except in very unusual situations. Counselors want to allow clients enough time to practice the skills learned in the sessions and make progress on their goals, but not so much time that they forget lessons or lose interest. When planning for the session frequency, there are several things to consider:

- Time for clients to think about what they have experienced.
- Ability to retain clients.
- Availability of both clients and Counselors.
- It is not recommended that an agency conduct all core or menu sessions in one day or a weekend.

Location: CLEAR can be held anywhere there is a private room. The venue and room should be handicapped accessible. For some communities, venues that advertise services for people living with HIV/AIDS are not good places to hold CLEAR sessions. Some clients have not disclosed their status and therefore would not attend sessions at a place that would compromise their privacy.
Pre-Implementation

This section describes what agencies must have in place to effectively implement CLEAR. Please note that these tasks do not necessarily have to take place in a sequential order; they may take place simultaneously.

Developing a Community Advisory Group

It is suggested that agencies wanting to implement CLEAR form a community advisory group recruited from community members, members of the target population, members of the agency’s Board of Directors, and agency staff members. This group’s role will be to inform and assist with all aspects of the pre-implementation and implementation process described below.

Conducting a Needs Assessment

Conducting a needs assessment is the process of collecting information that describes the factors that put a population at risk and the resources they lack to address those factors. This type of assessment is conducted before implementing the CLEAR intervention and will provide important data on the need for CLEAR in a particular community or at a particular agency. A needs assessment can also provide insight into how CLEAR may be tailored to best serve your audience.

Agency Capacity Issues

Agency capacity issues such as “buy in,” stakeholders, and developing an implementation budget are central getting started activities. It is important to note that these activities do not need to happen strictly in the order they appear in this manual; they may happen simultaneously.

Buy-In

Securing “buy-in” is crucial because it assures the support of agency administration and facilitates the allocation of agency resources for implementing the intervention. Obtaining “buy-in” is most effectively accomplished with an intervention champion. A champion is a mid- to upper-level administrator within the agency who serves as the intervention’s spokesperson, anticipates and answers questions about the need for the intervention, and is familiar with the resources needed to implement the intervention. The champion can be an individual or a group of people, but regardless of the number of champions, their central purpose is convincing agency staff and others that implementing CLEAR would enhance the quality of prevention services provided by the agency and that the agency is capable of implementing the intervention. The champion must have excellent knowledge of the intervention, including its costs, core elements, and key characteristics. The champion can use the information presented in the intervention package to assess the community to determine whether they will support the core elements of CLEAR, to gain the support of stakeholders, and to answer any questions or concerns they might have about CLEAR.
Stakeholders

Stakeholders refer to individuals or organizations whose decisions and actions could impact the successful implementation of this intervention. The following tasks have been identified to guide agencies and the intervention champions in obtaining support to successfully implement CLEAR:

1. Identify your stakeholders:
   a. Your agency’s Board of Directors/Executive Board.
   b. Staff members from your agency who will have a role in the operation of the intervention:
      - Administrators who will obtain support.
      - Program managers who will monitor the administrative aspect of the intervention.
      - Clinical Supervisor who will monitor the clinical aspect of the intervention.
      - Counselors who will deliver the intervention. (Review the upcoming sections on Counselor guidelines and Counselor responsibilities. In identifying Counselors, it is important for agencies to identify and select Counselors who meet the guidelines and responsibilities specific to CLEAR).
      - Staff who will interact with clients at any level.
   c. Local agencies from which you could recruit clients, Counselors or both:
      - Agencies offering support groups for young people living with HIV/AIDS.
      - Health care providers and mental health professionals serving people living with HIV/AIDS.
      - Social service agencies reaching people living with HIV/AIDS.
      - Organizations of people living with HIV/AIDS and organizations that may have members who are living with HIV/AIDS.
   d. Organizations that could provide assistance or other resources:
      - Vendors for incentives.
      - Agencies, vendors, printers, publishers, broadcasters, and others who can advertise the intervention.
      - Agencies that can provide a venue for the intervention.
      - Agencies that can provide child care.
Stakeholders - continued

- Agencies that can provide transportation.
- Agencies that can provide informed volunteers for your community advisory group to help tailor the intervention.
- Other collaborating agencies to provide information for Resource Packets.

e. Agencies with which your organization needs to maintain good community or professional relationships:
   - Local health department.
   - Local medical and mental health associations.
   - Your funding source(s).
   - Others.

2. Get stakeholders informed.
   • Send letters that tell stakeholders about CLEAR, its importance, that your agency will be making the intervention available, the specific role(s) you think that they may play in the success of the intervention, and invite them to learn more.
   • Call in two weeks to assess their interest. If they are interested, schedule a time to meet (e.g., one-on-one, lunch-and-learn at your agency with a group of other stakeholders, presentation at their agency for several of their staff or association members).
   • Hold the meeting, share the information on CLEAR if time allows, and answer questions.
   • To increase buy-in, make sure the presentation includes the uniqueness of CLEAR: What sets this intervention apart from other HIV prevention interventions.
   • Soon after meeting, send a thank-you letter that specifies the role(s) to which they committed.
   • If they did not commit, send a letter thanking them for their time and interest and ask them to keep the letter on file in case they reconsider later.

3. Decide in advance what specific roles you want each stakeholder to play.
   • Who you will ask to:
     - Provide financial support.
     - Refer people living with HIV/AIDS or at high risk to the intervention.
– Serve as an intervention Counselor.
– Be a resource to whom you can refer clients.

¶ Join your community advisory group.
¶ Assist in advertising the intervention.
¶ Provide a room in which the sessions can be held.
¶ Donate small incentives or prizes for clients.
¶ Speak supportively about CLEAR in conversations with their associates.

4. Get stakeholders support.

¶ Describe several specific roles they could play.
¶ Emphasize the benefits of their involvement to themselves, their agency, the community, and people living with HIV/AIDS, or at high risk, and answer questions.
¶ Invite them to commit to supporting CLEAR by taking on one or more roles.
¶ Keep track of commitments.

5. Get stakeholders involved.

¶ Provide immediate and specific work assignments to people who have committed to a key role in pre-implementation.
¶ For people who committed to roles that begin later in the process, provide progress updates and a projected timeframe for their involvement.
¶ Hold periodic celebratory meetings for supporters to acknowledge the value of their contributions, update them on the intervention’s progress, and keep them engaged.
Budget

Another getting started activity is determining the cost of implementing the intervention. Implementing CLEAR requires the allocation of resources for: a 25% Full Time Equivalent (FTE) paid, experienced Program Manager, two (2) 50% FTE Counselors, a 10% FTE licensed Clinical Supervisor, and one optional 50% FTE Program Assistant for a case load of 20 active clients (10 clients per Counselor.) Please note that agencies may also choose to select one 100% FTE counselor who would be responsible for all 20 active clients.

In estimating the budget, it is also helpful to consider costs associated with training. We estimate that the Counselor will need to attend 40 hours or five days of training on CLEAR. It is recommended that the Program Manager and especially the Clinical Supervisor attend the 40-hour training in its entirety. This will ensure that the Program Managers and the Clinical Supervisor set realistic expectations for the program and the Counselor and will support the program evaluation and quality assurance process. At minimum, it is recommended that the Program Manager attend the first two days of the training in order to become familiar with the uniqueness of the intervention, its structure, core elements and Counselor responsibilities and requirements.

Moreover, agencies may choose to ask the Counselor to attend additional trainings that would support the Counselor’s role in implementing CLEAR. Such trainings could address the following topic areas: CRCS, substance use, medication adherence, cognitive behavior therapy, and clinical skills.

Cost Sheet

A detailed cost sheet has been provided to highlight possible costs associated with implementing CLEAR. This is meant only as a guide. Depending on the number of times you implement the intervention or the specific needs of your agency, these figures will vary. The cost sheet assumes that your agency already has access to intervention clients. If this is not the case, you will need to add recruitment costs. It also assumes that there will be no donations, volunteers or in-kind contributions, and includes costs/values as if everything will need to be paid for by the agency.
## Categories for Provider Costs to Implement the CLEAR Intervention

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### Introduction and Overview

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Notes on Categories for Provider Costs

Intervention delivery costs are based on an average of 50 clients per year. Numbers of printed and other materials are calculated as follows: for each session implemented, you will need approximately 10 sheets of paper (forms, handouts, evaluation) per person.

Counselors will need to be compensated for their time spent recruiting, screening clients, training (40 hours or five days), and practicing during pre-implementation. Intervention delivery time includes review before each session, travel to the sessions, session time, and attending clinical supervision. It also assumes weekly sessions for five weeks of core skill sessions, plus additional weekly menu sessions. There is also a week dedicated to preparation and delivery of the wrap-up session.

Counselor Selection

Selection of Counselors for CLEAR is essential to the getting started process and the success of the intervention.

The intervention was originally delivered by individuals who either held a master’s degree or were enrolled in a doctoral program in psychology, social work, or public health. Counselors possessed a solid understanding of cognitive behavior therapy and had previous direct clinical experience. All Counselors in the original intervention study participated in weekly group clinical supervision. During this time, Counselors discussed current client case load, were provided with written and verbal feedback regarding audio-taped intervention sessions, addressed imminent clinical issues, and received quality assurance feedback regarding the delivery of sessions (i.e., delivering session exercises and core elements with fidelity).

We believe that Counselors with the following combination of skills and experience will be most successful in delivering CLEAR.

- Knowledge of HIV/AIDS.
- Knowledge of the target population.
- Past direct experience with target population.
- Previous clinical training. This means receiving structured training from licensed clinicians in counseling. Clinical training typically occurs as a part of master’s or doctoral graduate programs. It may also occur as part of employment in agencies which offer programs (i.e., didactics, workshops) intended to enhance one’s counseling experience.
- Understanding of and experience working from a cognitive behavior theoretical orientation. Various theoretical orientations (i.e., family systems, psychodynamic, etc.) exist. Since CLEAR utilizes mainly cognitive behavior skills, it is imperative that Counselors have a solid understanding of cognitive behavior theory and feel comfortable with working within this framework.
- Previous experience in delivering structured interventions.
• Bachelor’s or graduate degree in psychology, social work, or related field.

• Cultural sensitivity.

In assessing a potential Counselor, it is helpful to consider the Counselor responsibilities discussed in this manual. If the Program Manager or Clinical Supervisor has serious concerns about a Counselor’s ability to comply with the responsibilities outlined in this manual, it may be an indication that the Counselor may not be an appropriate match for CLEAR.

Clinical Supervision

It is highly recommended that Counselors participate in weekly group or individual clinical supervision in order to debrief about existing clients in the CLEAR program. Clinical supervision is facilitated by a licensed clinician (i.e., clinical psychologist, marriage and family therapist, or a social worker). It is imperative for the Clinical Supervisor to have a strong background in cognitive behavior therapy. In addition, the Clinical Supervisor is strongly encouraged to attend the CLEAR training in its entirety in order to ensure that he or she has a solid understanding of the content, goal, structure, and core elements of the intervention.

Counselors may be asked to audiotape their sessions and provide a copy to the Clinical Supervisor. This may be done consistently or on a random basis. Typically, Counselors are asked to provide the Clinical Supervisor with a session that they believe went well and a session that was challenging. The Clinical Supervisor may provide written and verbal feedback to the Counselor. If clinical supervision is in a group setting, it may be advisable to also provide feedback individually. Clinical Supervisors may also ask Counselors to play a specific segment of their session (i.e., a segment that was challenging or effective) during supervision to discuss as a group.

Clinical supervision typically addresses the following areas:

1. Counselors’ personal feelings that may have surfaced during the session with client.

   CLEAR addresses issues that may cause emotional responses for both the clients and the Counselors. For example, guilt may be a common emotion expressed by the Counselors. The Counselors may experience guilt when recognizing similar behavior patterns or risky behaviors in themselves while listening to the client’s testimonials. The Counselors may experience guilt for not being infected with HIV. The feeling of guilt could be a result of surviving and not understanding why or how. Counselors living with HIV/AIDS may still be dealing with the same issues presented in the intervention. It is important for them to identify those personal issues and not allow them to impact how they facilitate the session.

   Clinical supervision creates a safe environment in which Counselors may release emotions in a supportive space. At times, the Clinical Supervisor may refer the Counselor to counseling services if needed, and the Counselor should be allowed to discontinue his or her role if the sessions become too emotionally overwhelming.

   In addition, Counselors may experience discomfort in response to clients’ disclosures, thoughts, feelings, or choices that may counter the Counselor’s personal beliefs or values. Such dissonance needs to be addressed within the context of clinical supervision in order to
Clinical Supervision - continued

ensure that it does not negatively impact the Counselor’s relationship with the client and the effective delivery of the sessions.

A Clinical Supervisor may ask:

- What parts of the session were uncomfortable to deliver?
- What went well?
- What did not go well?
- How could delivery of the next session be improved?
- Which clients put you high on the Feeling Thermometer? Why?

2. Clinical issues that arise during the session.

Clinical supervision also provides an opportunity for Counselors to discuss clinical issues that may impact the session. For instance, clients may be dealing with various disorders (i.e., depression, anxiety, bipolar), history of trauma, or serious family of origin concerns (i.e., abandonment or attachment issues.) All these variables may surface during CLEAR sessions, impact the content of the session, and influence the client-Counselor relationship. Clinical supervision will provide Counselors with the support needed to deal with such possible clinical factors and to ensure that Counselors do not assume the role of a therapist and provide therapy to clients in response to such clinical issues. A general recommendation would be for the Counselor to provide the client with a referral to a therapist.

A Clinical Supervisor may ask:

- Which clients may need referrals?
- Which clients present with resistance toward the session content?

3. Delivery of the session from a clinical perspective.

It is helpful for a Clinical Supervisor to provide Counselors feedback regarding general clinical skills (i.e., reflective listening, empathizing, probing, and being non-judgmental.), especially in instances where Counselors may not have received clinical training.

A Clinical Supervisor may ask:

- Who needs to be coaxed to participate?
- What can you say to the client to make him or her feel heard and understood?
4. Adherence to the intervention and integration of core elements.

Clinical supervision also entails quality assurance of the delivery of the session. Clinical Supervisors should ask themselves, “Was the session delivered with fidelity?” “Did the Counselor take advantage of every opportunity to integrate the core elements of the intervention?”

A Clinical Supervisor may ask:

- What concepts or skills did the client have trouble grasping?
- What concepts need to be reinforced next time?
- How is the client progressing with his or her goals?
- Who has difficulty understanding, internalizing, and applying the core elements and cognitive behavioral skills of the session?

**Additional Tips on Conducting CLEAR Clinical Supervision**

- Remember that the purpose of clinical supervision is to allow the Counselors a time to release emotions from the sessions and to gain support from their Clinical Supervisor and colleagues (if clinical supervision takes place within a group modality).

- The role of the Clinical Supervisor is to facilitate the supervision meeting. The Clinical Supervisor does not act as a therapist during the debriefing.

- It is the Clinical Supervisor’s responsibility to create an environment in which the Counselor can relax and voice opinions without fear of retribution.

- If clinical supervision is conducted in a group modality, each Counselor should be given between five to seven minutes to express both negative and positive feelings about the CLEAR session.

- Questionnaires can be used to help elicit feelings, opinions, and behaviors so that the Counselors can express their emotions, thoughts, and actions. Questions could include:

  - How did you identify with the client today?
  - What made you uncomfortable during the session?
  - What was the highlight of today’s session?
  - What was the low point of today’s session?
  - What would you change about session activities?
  - What behavior indicated how uncomfortable you were with the session topic or an individual’s statement?
Additional Tips on Conducting CLEAR Clinical Supervision
- continued

- The debriefing topics should focus on the events of the job and not veer into personal issues. If personal issues become a problem and impede the session, it might be suggested that the Counselors utilize their Employee Assistance Program, if available.

- Administrative concerns such as incentives, transportation, child care, retention, or securing space for intervention delivery may also be addressed during clinical supervision. However, it may be more constructive if such topics are addressed during a separate meeting, perhaps with the Program Manager.

Counselor Responsibilities

The overall responsibility of the Counselor is to deliver the CLEAR sessions in an ethical and standardized manner. Counselors have specific functions and tasks to perform before and during the sessions. Responsibilities include:

Knowledge of the Intervention and Implementation Guidelines

1. Have a clear understanding of the sessions.
   - Know the material well enough that you are familiar with the concepts and do not need to read the text directly.
   - Have a clear understanding of the overall goal of the session as well as the goal of specific activities within each session. Ask yourself, “What is the purpose of this activity or role-play? What skill am I trying to teach this client?”
   - Have a solid understanding of the content of all core skill and menu sessions.
   - Translate material into your own words once you become skilled at facilitating the activities.

2. Have a solid understanding of the intervention’s core elements and cognitive behavior techniques (CBTs) and be creative in their repeated integration.
   - Be creative and consistent integrating the core elements and CBT in the session content. This means having the ability to improvise and “tie in” the core elements and CBT with any topic at hand, even if the core element or CBT is not specifically referenced to in the text, Counselors are responsible for integrating them repeatedly in order to optimize the client’s learning of new skills.

3. Adhere to intervention guidelines.
   - Deliver all core skill sessions in a sequential order.
   - Deliver sessions in each menu domain sequentially. The only exception would be if a specific menu session does not pertain to the client’s life context, prevention goal,
or expressed need (e.g., the substance use menu session related to needle use may be skipped if the client denies needle use).

- Although Counselors are encouraged to use their own language, the content of the session needs to be delivered “as is” in order to ensure fidelity to the intervention.
- It is imperative that Counselors do not skip any activities, sections, or role-plays.

4. Follow the script.
   - Counselors are encouraged to become very familiar with the content of the intervention.
   - Until Counselors feel confident with the intervention content, using the script as written is encouraged.
   - Once Counselors become comfortable with the intervention, they can summarize the material in their own words, making sure to use language consistent with the target population and including all the main points. Writing session notes on index cards is recommended.
   - The use of index cards and summarizing should only be undertaken only if Counselors have practiced the sessions multiple times and feel very comfortable with the intervention content.

5. Prepare before each session.
   - Review client’s goal from previous week.
   - Review client’s overall progress with weekly goals.
   - Be familiar with client’s long-term life goal and prevention goals.
   - Be familiar with client’s Ideal Self characteristics.
   - Have an understanding of client’s areas of strength and weakness. Ask yourself, “What are the barriers to the client’s progress with weekly short-term and long-term life and prevention goals?”
   - Make sure you have all session handouts copied and prepared.
Conduct Ongoing Assessment

1. “Get to know” the client using an ongoing, non-threatening manner.

- CLEAR is unique in that assessment is conducted in an informal, ongoing manner.
- Counselors are responsible for finding creative ways to gather information from clients in an informal, safe, and non-threatening manner throughout the intervention.
- This process informs the development of the prevention plan and menu selection.

Deliver the Intervention with a Client-Centered Approach

1. Advance the client’s agenda, not yours.

- CLEAR is unique such that it addresses clients’ overall life context, especially in the initial five core skill sessions.
- It is the Counselor’s responsibility to be comfortable with this perspective and to refrain from natural inclinations to “push for” HIV-related issues. It is helpful for Counselors to trust the process and remember that HIV prevention is explicitly addressed in the menu sessions.

2. Be flexible when appropriate.

- CLEAR is unique in that the intervention addresses the specific and unique needs of each client.
- While Counselors are required to adhere to the intervention, Counselors are also encouraged to be flexible in order to respond to a client’s unique needs.
- Clients may change or modify their life or prevention goal at any time.
- It is not appropriate for a Counselor to be flexible if the client asks to skip a role-play or exercise because it does not apply to him or her. The Counselor needs to assess whether this is an act of resistance (i.e., does the exercise create discomfort for the client?) Remember that the goal of each exercise is to create an opportunity for clients to practice new skills. Therefore, even if the content is not applicable to the client’s life, he or she will benefit from practicing the skill and applying the skill to other life areas.

Create “Buy-In” and Motivate Commitment to CLEAR and Behavior Change

1. Tie in the client’s concerns or areas of interest with CLEAR.

- In order to increase the client’s motivation to attend CLEAR sessions and follow through with weekly goals, Counselors are required to be creative in integrating what clients say with what CLEAR offers.
- For example, if the client arrives to a core skill session feeling uncomfortable about
a recent discussion with his or her health care provider, the Counselor may state that CLEAR offers additional sessions that address how to get your needs met with providers.

2. Create concern in clients about:
   - Unsafe sexual and substance use behaviors.
   - Other forms of unhealthy behavior and lack of adherence to health-promoting behavior.
   - Involvement in risky situations and with risky partners.

3. Be comfortable with creating concern and moderate level of discomfort in clients in order to promote behavior change.
   - It is appropriate for clients to experience some level of discomfort in response to specific topics addressed in the intervention. Therefore, it is imperative for Counselors to avoid “saving the client.”
   - Some level of discomfort is essential to motivating behavior change. For example, learning about the consequences of mixing drugs and/or alcohol and HIV medication may create some discomfort for clients. It is important for Counselors to allow clients to “sit with” this discomfort. The discomfort is likely to encourage clients to think about alternative, healthier choices.
   - A moderate level of discomfort about current thought and behavior patterns may inspire clients to commit to CLEAR and work on behavioral change.

4. Recognize and reward positive behavior.
   - Use supportive statements when you “catch the client doing something good.”
   - Support the client’s efforts to move his or her behavior in the desired direction.

5. Encourage participation.
   - Be supportive.
   - Give compliments.
   - Be non-judgmental.
   - Build on clients’ strengths.
   - Listen.
   - Let the clients do the reacting, responding, thinking, and analyzing.

6. Be enthusiastic and optimistic, and communicate your belief in the intervention.
Establish Appropriate Boundaries

1. Counselors establish control from the beginning, indicating that they will:
   - Direct the activities.
   - Set the pace for the sessions.
   - Model and communicate that the sessions are structured.
   - Prevent self-harm by clients and destruction of property.

2. Be clear on your role as a Counselor.
   - Counselors need to have a clear understanding of their unique role and responsibility in delivering CLEAR.
   - Counselors are not case managers, therapists, medical experts, or spiritual advisers.
   - Counselors are expected to support clients in developing the skills needed to advocate for themselves, seek appropriate support, and be assertive in getting their needs met.
   - They should not provide medical information beyond the guidelines provided in the script of the sessions.
   - They cannot try to treat individuals with personality disorders or heal a history of dysfunctional family patterns.

3. When tempted to share personal information from your own life, ask yourself:
   - Is this information helpful to the client?
   - Is it directly relevant to the topic or skill being learned?
   - Is there time?
   - Am I comfortable disclosing this information to a client? Am I comfortable with others knowing this information about me?”
   - If the answer to any one of these questions is “no,” don’t share the information.
   - Overall, share personal experiences in a limited fashion.

4. You don’t have to be an expert and have all the answers.
   - It’s OK to say, “I don’t know.” You could also say that you will try to have an answer by the next session.

5. Be consistent.
   - Once you establish your role, be consistent in maintaining it. Clients will take you seriously once they observe that your actions support your words.
Overall, Counselors Should Have the Ability to Assess the Following Areas Regarding Clients

- Are they paying attention? Watch for clients’ non-verbal communications indicating interest or attention by observing eye contact, facial expressions, nodding head, body language open and toward speaker.

- Are they truly listening, not just looking as if they are? Listen for verbal cues indicating understanding, such as appropriate responses to questions and participation in discussion.

- Do they ask questions relevant to the content of the conversation?

- Do they make statements that reflect the content or emotion being expressed?

A Typical Counselor Workload

Counselor’s work responsibilities and expectations may vary from agency to agency. Typically, it is recommended that a full-time Counselor does not deliver more than approximately 20 CLEAR sessions per week. It is helpful to keep in mind that each 60-75 minute session also involves: reviewing and preparing for the session (i.e., reading the script or index cards, preparing all necessary handouts, etc), and reviewing the client file and workbook (i.e., assessing client’s progress with weekly goals, reviewing client’s life and prevention goals and ideal self characteristics.) This means that for every 60 – 75 minutes of direct face time with a client, the Counselor should plan for at least 20 – 30 minutes of prep and review time without a client. In addition, Counselors need time to participate in clinical supervision.
Determine Client Eligibility for Participation in CLEAR

Prior to implementing CLEAR, it is recommended that agencies determine client eligibility for participation in the program. We recommend that clients who are referred to CLEAR meet the following criteria:

Present with at least a “moderate level of motivation” toward making behavior change in response to high-risk behaviors in at least one of the following six domains:

1. Substance use risk,
2. Sexual risk,
3. Self-care and health care,
4. Medication adherence,
5. Disclosure, or
6. HIV-related stigma.

These domains correspond to CLEAR’s six sets of menu sessions. The menu sessions provide an opportunity for clients to gain additional support in HIV prevention areas that are unique to their needs. A “moderate level of motivation” may be assessed by examining a client’s overall profile and history. For instance, the referral source may assess: a client’s history of committing to goals and tasks, expressed desire to seek support for general life and/or HIV-related stressors, or past attempts to seek support or participate in therapy or intervention programs.

Agencies may vary their guidelines for appropriate clients for CLEAR. For example, agencies may require that clients engage in “high-risk” behaviors in order to qualify to participate in CLEAR. The definition of “high-risk” and other guidelines describing appropriate clients for CLEAR may vary from one jurisdiction to another.

Clients newly diagnosed with HIV/AIDS may not be ready for the intervention. They may require referrals to medical care or individualized counseling. Decisions should be made on an individual basis.

Educate Referral Sources on Who is Appropriate for CLEAR

Once each agency has defined its criteria for clients appropriate for CLEAR, this information should be communicated to potential referral sources. This will optimize identifying and recruiting clients who would most benefit from the program.

Recruit Clients

It is important for your agency to have a recruitment plan in place that details how clients will be recruited, including recruitment venues, recruitment/marketing tools, and number to be recruited. The plan should also draw upon ideas and techniques used in the past to successfully recruit and retain clients in programs. Your community advisory group should be able to provide your agency with the answers to some recruiting questions, such as:
- Where is the best place to recruit?
- What are the best recruiting strategies for your populations?
- What might motivate members of the target population(s) to attend CLEAR?

In Appendix B, you will find a generic marketing information sheet that can be tailored with the assistance of your community advisory group and used to recruit potential clients.

**Address Client Retention**

Keeping clients engaged in the intervention can be a difficult task. The Counselors bear much of the responsibility for making sure that all clients:

- Have a chance to contribute to discussion.
- Have a chance to participate in activities.
- Have a chance to have their thoughts heard.
- Feel welcome, safe, and supported.

Counselors also should work hard to maintain enthusiasm and sincerity when presenting CLEAR activities. The attitudes of the Counselors are important motivation for clients to return to the session. For example, if the Counselor presents a relaxed or indifferent attitude towards goal setting, the client is likely to not take goal setting seriously and thereby jeopardize the client’s commitment to behavior change. Likewise, some clients may be resistant toward participating in role-plays and not see the value of the exercise. It is imperative for the Counselor to not mirror back such an attitude and instead display great enthusiasm for the activity.

Ways to increase retention and attendance at CLEAR sessions can include reminders such as telephone calls, text messaging clients the day before a session, programming client’s phone alarm, etc. If the Counselor’s and client’s schedules permit, schedule the weekly sessions consistently on the same day and time. Establishing a routine increases retention and attendance. Counselors may want to discuss reminders with the client to find out what form of contact is best.

**Utilize Incentives**

Incentives can also provide motivation for young people to keep attending CLEAR sessions. Incentives will vary by agency, based on resources, agency policy, and needs of the specific target group. Some agencies have been successful in soliciting incentives from local businesses. Seeking in-kind donations helps promote the mission of the agency in the community. It also gives local businesses an opportunity to participate in a larger HIV prevention effort.
Determine Attendance Policy

CLEAR is a structured program. Each session builds on the previous session. Weekly session attendance optimizes the client’s ability to fully grasp the skills, internalize the learning, and apply the strategies to their everyday life. However, clients may still benefit from participation despite inconsistent weekly attendance. Implementing agencies need to develop attendance policies that support the goals of CLEAR and clearly communicate these to clients and other stakeholders in the intervention.

Develop Resource Packet

Clients in CLEAR may have questions and needs that cannot be addressed during the intervention sessions. As a result, agencies may decide to create a Resource Packet to distribute to each client. Packets should describe services and other resources available in their community. Counselors should encourage clients to make use of these resources and remind them of the packet at the end of each session.

Following is a list of the types of materials that might be included in the Resource Packet:

- Business card or other contact information for the Counselor and the sponsoring agency.
- Information on the limits of confidentiality and relevant notification laws.
- An introduction to the CLEAR intervention and why it is being implemented by this agency.
- A list of key agencies providing services to youth and adults living with HIV/AIDS or at high risk.
- A list of agencies providing counseling/mental health services to youth and adults living with HIV/AIDS or at high risk.
- A variety of brochures from resources in the community (e.g., information about where in the immediate area to find HIV/AIDS services assistance with housing, food, medical treatments, prescriptions, etc.).
- Up-to-date information on transmission of HIV, HIV medications, and HIV therapy/treatment.
- Printouts from websites of interest to clients.
- List of contributors of any donated food, gift certificates, or coupons.
- Any other materials that might serve as a resource to clients.

Some agencies have reported that their CLEAR clients do not like to receive take-home materials that mention HIV or AIDS. Implementing agencies should assess the merits and feasibility of posting the Resources Packet on a website with a URL not associated with HIV/AIDS.
Secure Physical Space and Atmosphere

The atmosphere in a clinic or agency is a part of the intervention. Sessions should be conducted in a comfortable room protected from interruptions. In a safe atmosphere, clients are able to learn new skills and increase their sense of self-efficacy. The goal is for clients to build trust in themselves and the Counselors by asking questions and sharing their real-life experiences related to the session topics. Clients are more likely to do this if the sessions are held in a friendly, informal atmosphere where confidentiality is promised.

When possible, the space should include a table for taking notes and reviewing various handouts. Clients should sit adjacent to the Counselor, facing the table yet in a position that allows for eye contact. This arrangement, preferable to sitting across a table from each other, often creates a comfortable setting and reduces any potential power differential. This seating arrangement is also conducive to CLEAR as the majority of the sessions entail some reading and writing.

Materials

All supplies and materials must be gathered prior to intervention delivery. Session-specific materials are described in the beginning of each session guide. Some materials are used in all sessions and some materials are specific to particular sessions.

Items used across all sessions include:

- The Protect CLEAR workbook.
- Feeling Thermometer.
- F-T-D Grid
- Weekly Goal Cards.
- Guidelines for Good Goals.
- SMART Problem-Solving Steps.
- Individual Prevention Plan

Pre-Implementation Checklist

This pre-delivery checklist is a quick reference of items that should be in place before CLEAR is implemented.

- Client criteria for participation determined.
- Referral sources educated on client criteria.
- Clients recruited.
- Client retention addressed.
- Attendance policy determined.
Pre-Implementation Checklist - continued

- Resource Packets compiled and copied (if used).
- Physical space for intervention delivery secured.
- Supplies and intervention materials on-hand.

Implementation of Sessions

CLEAR is structured to ensure that each client’s experience of the program is unique and responsive to his or her individual prevention needs. Each client completes the five core skill sessions, during which the client assessment is carried out, the core elements and cognitive behavior therapy techniques of the program are learned, and the client-centered, individualized prevention plan is developed. CLEAR core skill sessions should be implemented sequentially, one through five. Based on the unique needs of the client and the prevention plan developed during core skill session five, the Counselor chooses from a menu of 21 sessions to create an individualized prevention plan. The wrap-up session is delivered as the final termination session.

Menu Selection

During core skill session five, clients are asked to identify one to six prevention goals, related to six domains: substance use risk, sexual risk, medication adherence, self-care and health care, disclosure, and HIV-related stigma. The client chooses the prevention goal that he or she would like to focus on first. The client is encouraged to choose a prevention goal that he or she feels moderately uncomfortable about (a 40 to 60 reading on the Feeling Thermometer). Then, the Counselor chooses the menu domain that responds to the client’s prevention goal. For example, if the client chooses to begin with a substance use prevention goal (i.e., “I want to stop using marijuana”), the Counselor begins with the menu sessions in the substance use domain. The sessions in each domain should be implemented sequentially. The only exception would be if a specific menu session does not pertain to the client’s life context, prevention goal, or expressed need (e.g., the substance use menu session related to needle use may be skipped if the client denies needle use).

Once the client has completed the menu sessions corresponding to his or her first selected prevention goal, the client may choose a second prevention goal to focus on. Again, the Counselor will implement the menu sessions responding to client’s second prevention goal. This procedure continues until all or as many of the client’s prevention goals are addressed. Progress in completing the prevention goals is monitored through completion of weekly goals.

Although prevention goals are identified during core skill session five, the client may change or modify his or her prevention goals at any time during participation in CLEAR. Counselors should be flexible in this process and ensure responsiveness to client’s needs.
Evaluating CLEAR

Agencies are strongly encouraged to have an evaluation plan in place before beginning implementation of CLEAR. There are two key reasons to evaluate a program or intervention such as CLEAR: accountability and improvement. Accountability could be to the community, staff, clients, or a funding source. Implementing agencies must also consider their ethical obligation to properly implement any program or intervention. Evaluation also helps improve the quality of the delivery of the intervention.

Evaluation informs the agency on what worked and what did not work, information valuable in helping agencies fine tune their programs. Agencies should consult funder requirements for evaluation as needed.

There are several different types of evaluation that an implementing agency may want to conduct depending on agency priorities and funder requirements: 1) process monitoring, 2) process evaluation, and 3) outcome monitoring.

Process Monitoring

Process monitoring is a method of collecting data that describes the services provided and the resources used to deliver those services. Process monitoring answers questions such as:

- How many sessions were delivered?
- What resources were used?
- What additional resources are needed?

Process monitoring serves as a supplement to the normal data collection of how many people attended, their gender, race/ethnicity, risk behavior, age, etc. It can also address recruitment and retention.

Process Evaluation

Process evaluation aids an agency in determining how closely the core elements were implemented and documents any adapting that was done for the population and agency. Process evaluation ensures that an agency is delivering CLEAR and not some variation of the intervention. Some sample questions include:

- Was each core element maintained?
- Were the sessions delivered as described in the Implementation Manual?
- Was the intended target population enrolled?
Outcome Monitoring

Outcome monitoring, when required and appropriate, is the process of collecting data about knowledge, attitude, skills, or behaviors before and after the intervention. Outcome monitoring answers the question:

- Were there any changes in the clients’ behaviors following the intervention?

Sample Outcome Monitoring and Evaluation Forms have been included in Appendix D to guide agencies.