Session III is the mid-point of the counseling. The participant tends to be calmer by the third session having received the negative result from the week before. The participant has had a couple of weeks to try out the risk reduction plans and the counselor can pick up from the relative successes and challenges of these efforts the degree of ambivalence or difficulty the participant faces in changing behavior.

In this session we can use the decisional balance sheet to provide an opportunity to look at both the costs and benefits of two courses of action. Pulled from motivational interviewing this allows the counselor with the participant to identify the costs and benefits of continuing with the current behavior and the costs and benefits of changing the behavior.

### Techniques of MI
**Eliciting Self-Motivation Statements**

1. Ask evocative questions
2. Exploring pros and cons
3. Imagining extremes
4. Elaboration
5. Looking forward
6. Looking back
The following topics may be covered during the course of this session:

1. Review of prevention plan from preceding week
2. Decisional Balance
3. Communication and limit setting in sexual situations
4. What is the plan?
5. Alcohol and drugs
1. **Review of prevention plan from preceding week**

Here the counselor mainly wants to get a second look at how committed the participant seems to be around taking steps to change behavior. If there appears ambivalence from the participant either in words or action the counselor may feel the participant is at higher risk for a re-exposure. The counselor can reflect such concern and further explore the ambivalence.

**Protocol and Content**

**Reconnect with participant**

- Good to see you again. How have things been going for you?

**Review week**

- How was your week? Did anything come up for you from the last session?

**Discuss how participant coped with the prevention plan (challenges, barriers etc)**

- Last week we came up with a plan for you. Were you able to carry it out?
- So it sounds like you were able to carry out part of the plan and not the other part. Let's first talk about the piece you could implement and then look at what did not work for you.
- What do you think was going on that you decided not to follow-through on the plan?

**Solution-focused approach**

Our approach with the risk reduction plans needs not to be all or nothing. In other words some of our patients will implement some of the plan but not all of the steps. You can explore with them their successful implementation as well as what they did not do. Draw comparisons between these situations to identify strengths, build hope and to empower.
Techniques in MI
Eliciting Self-Motivation Statements

**Ask evocative Questions**

- Ask the person to tell you “In what ways has this been a problem for you?” “What are your concerns?” “What things worry you about this?”

**Exploring pros and cons**

- Examination of ambivalence. “What do you like about it – what about the other side?”
- “What else” “What are the not so good things?” “So the not so things include…”

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**Review the participant’s attitude to the plans over the two weeks**

- We have made two plans and both have been difficult for you to carry out during the week.
- Last week you said (whatever it was he said) and this week you felt that (whatever he said this week).
- What do you think is not working for you? *

*Make sure you understand the reason the participant gives for not completing the plan. This is important. Perhaps the participant does not buy into the value of these plans, perhaps the plan was more counselor-driven and therefore the participant was just “going along”. Perhaps the participant does not feel ready to change behavior. Where is the participant in the stages of change? How is the participant’s ambivalence towards risk?

2. **Decisional Balance**

The counselor can work with the participant looking at the costs and benefits of continuing with the current behavior versus changing the behavior. This is a gateway into the heart of the ambivalence, and offers an opportunity that can reveal competing motivations and encourage the individual to make changes.

**Protocol & Content**

**Decisional balance**

**Discuss decisional balance and identify the cost/benefits of change**

- It may be useful to look at the benefits and costs of both changing your behavior and keeping things as they are.
3. Communication and limit setting in sexual situations

This topic has come up already in the assessment in Session 1. However, when discussed here it is an opportunity to talk in more depth. Remember, that although the content is stated in form much of this information can be elicited from the participant using reflective listening.

Disclosure of serostatus

- What are your thoughts about disclosing serostatus?
- What value do you see to disclosing your serostatus?
- What are the difficulties in discussing serostatus?
- What impact would knowing your partner's serostatus have on your sexual decisions?
- What has been your experience in trying to have such a discussion with a potential sex partner?

Explore the meaning of the unspoken exposure

- What message do you think is conveyed to each person when neither you nor your partner speaks to each other about protection and no condom is used?
- What do you think is being communicated when nothing is spoken and a condom is used?
Considerations:

- The individuals you are talking to may have different cultural perspectives than you do.
- The meaning ascribed to discussing sex and serostatus in sections or settings of their sub-culture may not be the meaning ascribed in your sub-culture.
- For you condom use may mean remaining HIV negative being assertive and healthy whereas for some of the participants bringing up serostatus may mean being rejected, emphasizing difference and acting against the cultural norm.
- How important do you believe it is to disclose serostatus?
- Is talking about serostatus “useful”? Why?
- Can you understand why the subject might be avoided?

**Explore safer sex discussions**

- Do you have a sense of how you would initiate a discussion about protective behavior during sex?
- Have you ever had such a discussion in a non-sexual situation?
- Sounds like you want to be safer in your practices but you don’t feel comfortable actually bringing up the discussion.
- You want to remain HIV negative but you don’t feel that you can ask someone to use condoms.

**4. What is the plan?**

Having gone through the session it is important that a plan be made for the coming week that addresses something spoken about today. Deciding what that next step will be is the planning phase of the session. The counselor and participant should discuss and decide on a plan of action that is small incremental and concrete. Preferably there should be an action involved as opposed to “I’ll think about what we have discussed” or “I’m so overwhelmed by this, I can’t think about what I should do now”. We would like the participant to leave with something to do as well as something to think about. If plans have not worked in the past then examine how and why this plan will work out differently. Provide support and belief that small changes are the building blocks of longer-term change. Keep the bigger picture in mind, because with only 2 sessions left, longer term plans and goals will need to be looked at next week in preparation for the termination of the counseling.
**Protocol and Content Plan**

**APPRAOCH:**

- You want to understand what motivates the participant to make the decisions he makes.
- Validate his decisions that make sense based on his experience which may be different from yours.
- Acknowledge that trying to make changes to reduce risk of HIV infection may be challenging and difficult.
- Discuss the types of communication he thinks may be important and that may influence his decisions to take greater precautions.

**Decide with participant what plan of action should be taken next**

- Having said all this, what do you think needs to happen next?
- You want to make changes but thinking about a concrete plan of change seems too difficult now.
- You want to make different choices but you don’t want to think about how to make those different choices.
5. **Alcohol and Drugs**

The counselor should know by now the participant’s attitude towards his substance use and his own perception of its role in his risk behavior. Substance use will emerge during the decisional balance if it is an issue. The purpose here is to look in more detail at the role of substances in HIV risk for the participant.

**Protocol and Content**

**Substance Use**

**Bringing up the topic**

• You spoke last week about using drugs when you are having sex. Can you perhaps talk a little more about that?

**Review participant’s thoughts and perceptions about substance use**

• What things worry you about this?
• What are some of things you like about using speed?
• What are some of the not so things?
• If you were to do something about it, what would you do?

**Explore what obstacles prevent steps to reduce his risk**

• Sounds like you have concerns about your use, but are not really interested in making changes?
• It seems that it is difficult for you to think about making changes of this sort.
• You want to remain negative and are concerned that your drug use puts you at risk, but you can’t imagine cutting back.