

RISK REDUCTION OBSERVATION: FOLLOW-UP SESSION POSITIVE HCV RESULT (REQUIRED)

Risk Reduction Specialist:		Observer:	
Session Date:		Site/Location:	
Start Time:	End Time:	Total Time:	

Did this Risk Reduction Specialist (RRS) also do the initial counseling for this client? Yes No

Instructions: Using your *Session Evaluation Notes*, please check the *Met* column to show that the area was covered satisfactorily during the session. Check the *Part Met* column to show that the RRS tried to cover a topic but needs improvement, and check the *Not Met* column to show that the RRS did not try to cover the topic at all. Check the *N/A* column if the topic was not applicable. Use the *Comments* area to give more detail.

1. Orient To Session and Provide Test Result	Met	Part Met	Not Met	N/A
1. Introduce yourself to client (<i>if first meeting with client</i>).				
2. Re-explain confidentiality.				
3. Verify that the result belongs to the client.				
4. Assess client's readiness to receive result.				
5. Provide result clearly and simply.				
6. Allow the client time to absorb the meaning of the result.				
7. Explore the client's understanding of the result.				
8. Assess how the client is coping with the result.				
9. Address immediate concerns and fears.				
10. Acknowledge the challenges of dealing with a positive HCV result.				
11. <i>If applicable</i> , assess result with feelings about any other STD/HIV tests performed.				

Did the RRS provide the result according to standards?
 Yes Tried to, but needs improvement Didn't try

Comments:

2. Identify Sources of Support and Provide Referrals	Met	Part Met	Not Met	N/A
1. Assess who the client would like to tell about his/her positive test result.				
2. Discuss wellness strategies or "living positively." (If the client is not prepared for this, offer him/her printed materials for later review)				
3. Identify a family member or friend to help the client deal with HCV.				
4. Address the need for health care providers to know client's test result.				
5. Identify current health care resources.				
6. Assess the client's receptiveness to referrals.				
7. Provide referral to confirm HCV presence.				
8. If applicable, address HCV ambiguity for clients who defer referral to confirm ongoing HCV infection.				
9. If applicable, help the client access the referral services.				
Comments:				

3. Address Risk Reduction Issues	Met	Part Met	Not Met
1. Refer to client's RR step.			
2. Assess client's plan to reduce risk of transmission.			
3. Encourage client to protect him/herself from additional liver damage.			
4. Address disclosure of HCV status to current and future partners.			
5. Revise or develop a new SMART step.			
6. Document the revised RR step with a copy to the client.			
Did the RRS help the client develop a realistic RR step? ___ Yes ___ Tried to, but needs improvement ___ Didn't try Did the step address HIV/STD/HCV risk? ___ Yes ___ No Was the step appropriate to the client's risk? ___ Yes ___ No Was the step SMART? ___ Yes ___ No Did the step work from the client's strengths? ___ Yes ___ No Comments:			

4. Summarize and Close the Session	Met	Part Met	Not Met	N/A
1. Validate client feelings.				
2. Summarize key issues addressed.				
3. Review client and RRS contact information.				
4. Get the client's immediate plans.				
5. Close the session.				
Comments:				

Instructions: For the following section, mark those elements and components the RRS used well in the first column, the skills she/he used adequately in the second column, the skills she/he needs improvement on in the third column, and those that did not apply in the last column.

5. Use of Counseling Elements and Components	Met	Part Met	Not Met	N/A
1. Kept client's emotional status in mind.				
2. Maintained focus on RR.				
3. Redirected client when necessary.				
4. Used open-ended questions.				
5. Used active listening techniques.				
6. Gave information simply.				
7. Was nonjudgemental.				
8. Offered options, not directives.				
9. Provided opportunities for client to build skills.				
10. Supported client.				
11. Summarized and closed the session.				
Comments:				

1. What things interfered with or supported the RR session (e.g. setting, interruptions)?

2. What did the RRS do that enhanced the quality and outcome of the session?

3. What could be improved about the RRS's work in this session?

4. Describe the RRS's use of the protocol.

5. Did the RRS follow the goals in the correct order? Yes No If not, why not?

6. Is there a need for an action plan for further improvement of the RRS's work? Yes No If yes, please describe.