

COMPREHENSIVE RISK COUNSELING AND SERVICES

CRCS Session Observation Form (Required)

CRCS Name:		Observer:	
Session Date:		Site/Location:	
Start Time:	End Time:	Total Time:	
Check Session Type:	Engagement (first 3):	Enrollment (4 or more):	

Instructions: Please check the MET column to show that the area was covered satisfactorily during the session. Put a check in the PART MET (partially met) column to show the staff member tried to cover a topic but did not do it adequately. Put a check in the NOT MET column if the topic should have been covered but was not. Check the N/A column if staff member did not need to cover the topic in this session. Use the Comments space to provide more detail, as needed. Specific comments should include strengths and areas of improvement for the CRCS.

Important Note: Not all tasks will be applicable to all clients. The goals and tasks do not have to be provided in a specific order.

1.	Use of Counseling Skills, Concepts, and Components	Met	Part Met	Not Met	N/A
A.	Used appropriate voice volume and tone, eye contact, body language				
B.	Demonstrated warmth/ability to put client at ease				
C.	Used active listening techniques (attending, paraphrasing)				
D.	Used Open-ended Questions				
E.	Gave information and asked questions simply and clearly				
F.	Provided opportunities for client to build skills				
G.	Offered buffet of options when needed				
H.	Demonstrated comfort discussing client's risk, not directive				
I.	Set boundaries with client				
J.	Kept client's emotional status in mind				
K.	Encouraged and supported client				
L.	Maintained focus on risk reduction				
M.	Redirected client when necessary				
N.	Exhibited nonjudgmental behavior				
O.	Helped the client define problems				
P.	Summarized client information				
Q.	Presented him / herself as professional				

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Comments about Counseling Skills:

2.	Introduce and Orient Client to the Session	Met	Part Met	Not Met	N/A
A.	Introduced and oriented client to session				
B.	Addressed immediate concerns and questions				
C.	Discussed reason for visit/outline content of session				
D.	Discussed/ reinforced confidentiality				

Comments about Introduction:

3.	Explore Risk Reduction needs/experiences	Met	Part Met	Not Met	N/A
A.	Listened for and identified behaviors that are putting the client at risk for HIV/STD/HCV transmission				
B.	Assessed client's patterns of risk behavior (chronic, episodic, incident)				
C.	Explored triggers/situations/vulnerabilities that increase the likelihood of high risk behavior				
D.	Explored client's communication with friends/partners about risk				
E.	Explored client's perception of community and peer norms related to risk reduction and encourage the client to state his/her attitudes and beliefs about risk behaviors				
F.	Discussed client's level of acceptable risk				
G.	Provided feedback to client concerning his/her risk				

Comments about ability to explore Risk Reduction with client:

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4.	Screening/Assessment/ Reassessment of Client	Met	Part Met	Not Met	N/A
A.	Screened client for appropriate risks and interest in CRCS				
B.	Determined appropriateness of client for CRCS				
C.	Offered prevention counseling to HIV-negative clients				
D.	Used agency behavioral assessment tool to determine client risks				
E.	Referred to behavioral tool when needed				
F.	Reassessed client when needed				
G.	Provided formal 3-6 month reassessment				
H.	Provided formal discharge assessment if graduating				
I.	Clearly explained any forms for session				

Comments:

5.	Review/ Negotiate a *SMART Risk Reduction Plan/Step	Met	Part Met	Not Met	N/A
A.	Explored behaviors that the client is both motivated and capable to change				
B.	Developed, revised, or referred to the SMART risk reduction plan				
C.	Reviewed prior risk reduction action steps				
D.	Assessed client's success in trying prior step				
E.	Problem-solved issues concerning attempted/completed steps				
F.	Negotiated new SMART risk reduction step(s) towards accomplishing the short-term behavioral goal				
G.	Identified supports or barriers to the RR action step(s)				
H.	Problem-solved issues concerning the step, identifying strengths and weaknesses in the step(s)				
I.	Confirmed with client that the step is reasonable and acceptable				
J.	Offered copy of RR step to client, if desired				

*SMART= Specific, Measurable, Appropriate, Realistic, Time-Based

Comments about Risk Reduction Planning/ SMART Steps:

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6.	Education/Skills Building/Activities	Met	Part Met	Not Met	N/A
A.	Provided HIV/STD education (including benefits of knowing status), cleared up client's misconceptions				
B.	Increased client perception of risk				
C.	Reviewed media (video, brochure, etc)				
D.	Conducted condom demonstration and encouraged client to practice				
E.	Provided education on eroticizing safer sex and encouraged client to practice				
F.	Provided needle bleaching demonstration and encouraged client to practice				
G.	Practiced condom negotiation (role play)				
H.	Practiced assertiveness (role play)				
I.	Practiced disclosure/ discussion of HIV status (role play)				
J.	Other role play and practice. Topic:				
K.	Reviewed journaling				
L.	Provided self-esteem/ self efficacy building				
M.	Other skills building/ education: Topic:				

Comments about Skills Building with Client:

7.	Coordination of Services/ Referrals	Met	Part Met	Not Met	N/A
A.	Assessed client's support system				
B.	Assessed client's need for referral				
C.	Assessed the client's willingness to use a referral				
D.	Provided appropriate referrals to meet client's needs				
E.	Determined barriers to referrals				
F.	Problem-solved barriers, such as transportation, translation, etc				
G.	Followed-up on referral from prior session(s)				
H.	Addressed successes/ barriers to accessing prior referral				
I.	Provided support for attempt at referral				

Comments:

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8.	Partner elicitation/referral/disclosure (Required of HIV-positive clients)	Met	Part Met	Not Met	N/A
A.	Asked about new sex/ needle-sharing partners				
B.	Discussed disclosure options/ discussion of HIV status				
C.	Discussed client's decision to self-disclose (or not self-disclose)				
D.	Offered partner services as appropriate				

Comments:

9.	Secondary HIV Prevention/ Coordination with Ryan White Case Management (Required of HIV-positive clients)	Met	Part Met	Not Met	N/A
A.	Discussed appointments with RWCM				
B.	Coordinated with RWCM to ensure non-duplication of services				
C.	Addressed adherence to doctor's visits				
D.	Discussed importance of adherence to medication regimen				

Comments:

10.	Summarize and Close the Session	Met	Part Met	Not Met	N/A
A.	Summarized the RR Session				
B.	Reinforced risk reduction steps				
C.	Scheduled follow up session and confirmed client responsibility/ availability				
D.	Reviewed client contact information				
E.	Offered incentive consistently and appropriately				
F.	Conducted discharge planning upon attainment and maintenance of CRCS risk-reduction goals				
G.	Validated client's participation in CRCS				
H.	Closed the session				

Comments:

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Additional Notes Regarding Session:

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

2. What things enhanced the quality and outcome of the session?

3. What things could have been done better during the session?

4. Additional comments about the CRCS session:

Staff Signature _____ Date _____

Observer Signature _____ Date _____