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This treatment manual encompasses diverse approaches to substance abuse treatment and incorporates cognitive remediation strategies more commonly used with individuals with mild head injury. The techniques and treatment approaches used in this manual were adapted from a number of sources including those listed below:

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OVERVIEW OF HHRP+

An Introduction to the Holistic Health Recovery Program (HHRP+) for HIV-Positive Drug Users

A manual-guided Holistic Health Recovery Program to

Reduce Harm,
Promote Health,
Improve Quality of Life

The primary goals of the Holistic Health Recovery Program (HHRP+) are as follows:

1. **Harm Reduction.** HIV-positive drug users are viewed as autonomous individuals responsible for making personal choices concerning behaviors that pose varying degrees of risk to self and others.
   - The primary goal of HHRP+ is to provide HIV-positive drug users with the resources (knowledge, motivation, and skills) they need to make informed choices that will result in reducing harm to self and others.
   - Continued high risk behavior is addressed clinically, without judgment, but in accordance with Federal, State, and local laws.

2. **Health Promotion.** HIV-positive drug users have unique medical and psychosocial problems that may contribute to illicit drug use and other high risk behaviors. Furthermore, chronic drug users with HIV infection may enter treatment with some degree of neuropsychological and/or psychiatric impairment that can prevent them from benefiting optimally from traditional cognitively-based risk reduction and relapse prevention techniques. Addressing these problems may help clients make healthy lifestyle choices that reduce harm to self and others.
   - In addition to providing substance abuse treatment, HHRP+ addresses medical, emotional, and social problems that may impede harm reduction. Abstinence from illicit drugs is viewed as just one of several treatment goals. Others include reduced drug use, reduced risk of HIV transmission, and improved medical, psychological, and social functioning.
   - To further facilitate harm reduction, HHRP+ uses cognitive-remediation strategies to improve knowledge, increase motivation, and teach skills needed for harm reduction and health promotion.

3. **Quality of Life.** Being well involves living well. For most people, living well includes being able to experience serenity in the expression of their lives. Helping individuals to experience an intrinsic sense of well-being may contribute to this and consequently to a reduction in behaviors that cause harm to self and others.

- HHRP+ uses a holistic approach to treatment in that it views clients not as "addicts" primarily in need of drug counseling, but as complex human beings in search of physical, emotional, social, and spiritual well-being.
- Sessions include relaxation strategies to help achieve inner peace amidst a sometimes chaotic environment.
- Clients' spiritual and religious beliefs are respected and integrated with treatment to facilitate risk reduction, health promotion, and improved quality of life.

Association between Cognitive Functioning and Treatment Outcome

Role of Cognitive Functioning in Acquisition and Retention of Risk Reduction and Relapse Prevention Skills

Traditional cognitive-behavioral treatments for substance abusers focus on the acquisition of skills needed to prevent relapse. These include:

- Identifying high risk situations
- Understanding the antecedents and consequences of events
- Learning alternative coping strategies
- Correcting maladaptive thinking patterns
- Improving decision making and problem solving abilities
- Planning for and coping adaptively with "slips"

Learning, retaining, and generalizing these skills to daily life requires a wide array of cognitive capabilities that may be compromised in chronic drug users infected with HIV.

Effect of Cognitive Dysfunction on Harm Reduction

The following areas of cognitive dysfunction may impede HIV-positive substance abusers from benefiting optimally from this traditional cognitive-behavioral approach.

Memory Deficits:
- Difficulty learning and retrieving new skills
- Difficulty recalling details of high risk situations
- Difficulty remembering treatment recommendations

Attention/Concentration Deficits:
- Distractibility during skill acquisition
- Poor listening skills
- Decreased ability to shift attention
- Attention limited to possibly tangential aspects of a situation

Deficits in Executive Functions:
- Difficulty initiating action
- Difficulty self-correcting, self-regulating

Concreteness and Mental Inflexibility:
- Decreased ability to appropriately generalize across experiences
- Decreased empathy
- Difficulty identifying alternative solutions to problems

Deficits in Insight, Reasoning, and Judgment:
- Poor judgment in high risk situations
- Development of unrealistic goals
- Decreased ability to predict consequences of actions
- Decreased ability for sequential concept formation and "logical" reasoning

Cognitive Remediation Strategies Employed by HHRP+

To address the potential for cognitive dysfunction in HIV-positive substance abusers, HHRP+ employs the following cognitive remediation strategies in all its treatment sessions:

1. Multimodal presentation of material:

Presentation of material using a variety of modalities stimulates interests and facilitates learning.

- HHRP+ group material is presented in the following modalities:
  - Verbal (didactic and discussion)
  - Visual (slides, videos, charts, written material)
  - Experiential (games, practice, role-plays)

2. Frequent review:

Summarization and review of material facilitates learning and retention.

- HHRP+ counselors provide a thorough review of presented material.
- HHRP+ games and quizzes provide opportunity for additional review using different modalities.

3. Reduce fatigue and distraction, and improve concentration:

Fatigue, distractibility, and poor concentration impede learning and may be particularly problematic for cognitively impaired clients when they are attempting to learn new skills.

- HHRP+ provides breaks during treatment sessions to prevent fatigue.
- HHRP+'s multimodal presentation of material helps to prevent fatigue and aids concentration by maintaining clients' interest in the material.
- HHRP+ groups are held in a quiet room with no outside distractions.

4. Provide consistency:

Consistency is a crucial component of a successful treatment program for cognitively impaired individuals.

- HHRP+ groups meet at the same time and place each week, and follow the same structured format.

- Care is taken to begin and end HHRP+ groups on time.
- Each HHRP+ group begins by distributing a written agenda for that day's group to help group members remain focused.
- One HHRP+ group member is asked to serve as time-keeper to keep the group on track and on time.

5. Assessment and feedback:

Assessment of knowledge and skill acquisition provides cognitively-impaired individuals with the opportunity to evaluate the effectiveness of various learning strategies and to receive feedback. Assessment also provides the opportunity for additional review of important material.

- All HHRP+ groups end with a post-session quiz to assess acquisition of basic concepts covered in the group.
- HHRP+ counselors provide immediate feedback to group members on their performance on the quiz.
- A comprehensive post-program quiz is administered to assess longer-term skill acquisition.

6. Generalizability:

Knowledge and skills acquired in treatment need to generalize to the cognitively impaired individual's daily life.

- To facilitate transfer of learned skills to daily life, HHRP+ provides real-world examples when group material is presented experientially.
- HHRP+ clients are encouraged to complete at-home exercises.
- HHRP+ counselors seek the cooperation of clients' other health care providers and family and friends in order to provide an integrated team approach to improving clients' functioning in daily life.

7. Memory book system:

A memory book system is a practical approach to helping individuals compensate for memory deficits.

- The HHRP+ Client Workbook is based on a memory book system; it is designed not only to improve memory for group material, but also for organizing and remembering activities required for living a healthy lifestyle.

8. Learning by doing:

Games provide a non-threatening context in which cognitively-impaired individuals can practice skills. Immediate feedback during game playing can reinforce appropriate behavior and increase self-esteem and self-confidence.

- Each HHRP+ group includes a game appropriate to the group topic to aid in skill acquisition, retention, and generalization.
- HHRP+ team games were designed to discourage self-centered behavior and impulsivity and to require attention to and interpretation of the behavior of others.
- HHRP+ games also provide a context in which the ability to follow rules can improve, and flexibility in thinking and adaptability in behavior can be strengthened.
- HHRP+ games also reinforce prosocial behaviors such as listening, regulating emotion, providing and receiving feedback, and working as a team.

- Appropriate participation in HHRP+ games is encouraged through a system of earned points that can be exchanged for prizes.

9. Management of stress:

Stress can impair concentration, increase cognitive dysfunction, and potentially lead to relapse.

- Each HHRP+ group ends with a 10 minute stress management technique—a visualization strategy focusing on relaxation and health promotion. The script can be read aloud by a counselor or played to the group via audio tape.
- Management of stress and connection with an inner source of serenity is a topic covered in various contexts in several HHRP+ group sessions.

10. Group treatment modality:

Group treatment is a preferred treatment modality when working with neuropsychologically impaired individuals because it permits generalizable prosocial behaviors to be practiced and strengthened. Group treatment can also reduce the isolation often experienced by individuals with HIV, and can provide a source of interpersonal support from individuals with similar problems and life circumstances. Group treatment is also cost-effective and readily incorporated into community-based drug treatment programs.

- HHRP+ places a strong emphasis on group treatment.
- Group attendance is required and attendance records maintained.

Role of Others in Treatment

Role of Significant Other in Treatment

Participation of the client's significant other (S.O.) or close friend/family member who is supportive of the client's recovery is recommended, but not required. If the client identifies a S.O., a signed release of information is obtained in order to involve the S.O. in treatment. Involvement includes a joint meeting with the client and the S.O. and the client's counselor at least once during treatment with the following goals: (a) education of S.O. concerning principles of harm reduction; (b) identification of problems that may impede client's continued recovery upon completion of the program (e.g., S.O.'s drug use or negative attitudes towards harm reduction); and (c) referral to additional services. S.O.s identified as sexual or needle sharing partners are also encouraged to attend an additional joint session during which relevant harm reduction strategies are taught.

Role of Rehabilitated Peers in Treatment

Because rehabilitated peers can provide appropriate modeling of desired behaviors, it is recommended that HHRP+ groups include "peer guides" whenever possible. "Peer guides" should be HIV-positive individuals who are "in recovery" from addiction and who have been abstinent from all illicit substances for at least 60 days. They should be able and willing to demonstrate their knowledge and support of harm reduction strategies and have an interest in sharing this knowledge with others. "Peer guides" can be invited to every group meeting to deliver announcements (e.g., concerning NA meetings and community activities) and can provide assistance to the counselors with games and experiential segments.

Target Client Population, Common Clinical Problems Working with This Population, and Compatibility with Other Treatments

Target Client Population

HHRP+ was developed for use with HIV-positive injection drug users maintained on methadone. However, it can be readily adapted for use with non-methadone maintained, non-injecting drug users as well.

Common Clinical Problems

1. **Continued high risk behavior.** Although harm reduction is emphasized in HHRP+, some clients may continue to engage in high risk behavior. Counselors need to be familiar with Federal, State, and local laws concerning partner notification if an HIV-infected client continues to engage in behaviors that place others at risk. If the client continues to risk his or her own health, counselors may also need to communicate with other members of the client's health care team in order to intervene appropriately.

2. **Medical deterioration.** Absences from the program due to medical problems (e.g., hospitalizations) should be anticipated, and group time allotted, when needed, to process the group's response to a member's absence due to HIV-related illness or death.

3. **Psychiatric deterioration.** Psychiatric status should be monitored. Clients who exhibit significant deterioration in functioning should be referred for appropriate care (e.g., in-patient care, psychotropic medication).

4. **Change in cognitive functioning.** Because change in cognitive functioning (improvement or decline) during treatment is possible (e.g., due to drug use, abstinence, or HIV disease progression), clients should be monitored closely and treatment strategies modified, as necessary, to match clients' needs and cognitive abilities. Furthermore, when the treatment team is faced with treatment issues such as poor compliance or missed appointments, the client's cognitive status should be considered carefully, and treatment plans made accordingly.

Compatibility with Other Treatments

HHRP+ can be used alone or in combination with pharmacotherapy or complementary and alternative medicine (CAM) therapies, such as acupuncture. Concurrent participation in self-help groups (e.g., NA meetings, AIDS support groups, etc.) is encouraged. Receipt of concurrent medical, psychosocial, and CAM treatment should be monitored, and written permission should be obtained for HHRP+ clinical staff members to communicate with other health care providers, in order to facilitate a comprehensive team approach to the client's health care.

Similarities and Differences between HHRP+ and Other Approaches

	Relapse Prevention (RP)	Motivational Enhancement (MET)	Holistic Health Recovery Program for HIV-Positive Drug Users (HHRP+)
Treatment Goals	Master the skills necessary to maintain abstinence from drugs of abuse.	Enhance intrinsic motivation for initiating and maintaining abstinence from drugs of abuse.	Enhance motivation and teach skills needed for physical, emotional, social, and spiritual health, including, but not limited to, abstinence from drugs of abuse and reduction of HIV transmission.
Assumptions of Treatment	Abstinence initiated; client motivated to prevent relapse; has the cognitive ability to acquire/retain needed skills, is capable of self-awareness, cognitive restructuring, future planning.	May or may not be abstinent; behavior sustained by an approach avoidance conflict; client solely responsible for, and capable of, changing behavior; client's own strategies for change are elicited.	Client not abstinent; behavior sustained by hopelessness in the face of a life-threatening illness; high levels of stress; comorbid psychiatric disorders; and medical and social problems. In addition, the ability to acquire and retain the skills needed for change is impeded by HIV-and drug-related cognitive deficits.
Core Content Areas of Treatment	*8 core sessions plus 4 electives:* • Intro to coping skills • Coping with craving • Thoughts about drugs • Problem solving • Drug refusal skills • Lapses: planning & coping • Seemingly irrelevant decisions (SIDs) • Termination	*Extensive assessment battery plus 4 core sessions:* • Assessment feedback • Cost-benefit analysis • Support/encourage choices • Termination	*12 Core sessions addressing the special needs of HIV-positive drug users, including:* • Setting and reaching health goals • Increasing motivation for change •Improving harm reduction and relapse prevention skills • Participating in health care and making healthy lifestyle choices • Overcoming stigma and helplessness associated with HIV • Moving beyond grief • HIV and spirituality • Healthy social activities and support
Core Treatment Techniques	• Didactic approach to skills training • Modeling by counselors • Directed practice • Role playing • Feedback • Assigned homework	• No instruction, modeling, practice, or homework • Inclusion of S.O. • Empathic listening • Perceptions explored, not labeled or corrected	*Cognitive remediation approach to skills training:* • Multimodal presentation of material • Repetition and practice • Behavioral games and role playing • Stress and grief management • Minimize fatigue/distractibility • Assessment with feedback • Involve rehabilitated peers and SO • Referral to community resources
Therapeutic Style	Directive Didactic	Non-directive Empathic	Empathic, directive, non-confrontational, structure and consistency emphasized

Recommended Treatment Duration

HHRP+ can be administered over a period of 12 or 24 weeks. Twelve 2-hour group sessions are provided in this treatment manual, and permit the following options:

- Provide one 2-hour group weekly for 12 weeks (as provided in the manual)
- Provide two 1-hour groups weekly for 12 weeks (the group can readily be divided into two 1-hour groups, if desired).
- Provide one 2-hour group weekly for 24 weeks (An additional 12 groups can be added to the manual by alternating the structured, manual-guided, groups with open-discussion groups during which group members can review and discuss material covered in the previous manual-guided group session).

Regardless of treatment duration, an individual treatment orientation session is provided prior to the client beginning group treatment and individual case management sessions are provided as needed (at least monthly).

Recommended: A six-month treatment program providing alternating structured and unstructured groups is optimal. A closed group, with a cohort of clients going through the group together, is also preferable, but in many settings impractical. Therefore, the content of each group is designed to be independent of the content of the other groups, permitting new clients to be admitted to the program at any time. However, in treatment programs where manual-guided groups are alternated with open-discussion groups, clients should be admitted such that their first group is manual-guided, not discussion.

Recommended Counselor Characteristics, Therapeutic Approach, and Training

Counselor Characteristics and Roles

HHRP+ groups are co-facilitated by two substance abuse counselors, at least one of whom should be a masters' level clinician with experience working with HIV-positive substance abusers. A male/female team is recommended. Both counselors should be comfortable with the concept of harm reduction among HIV-positive drugs users and able to discuss sensitive material candidly and non-judgmentally. Although the two counselors work closely as a team to facilitate all aspects of the group, one counselor is primarily responsible for ensuring that all material is presented in accordance with the manual, including presenting material in the verbal and visual modalities. The second counselor is primarily responsible for all experiential aspects of the group. This includes facilitating client participation, gauging group members' reception and understanding of the material, providing clarification and review of material, keeping the group focused, facilitating group discussion, and taking the lead in demonstrations, games, quizzes, and relaxation exercises.

Therapeutic Approach

Therapeutic tasks and techniques include an emphasis on structure and consistency and use of a non-judgmental and non-confrontational therapeutic style, as follows:

1. **Establish group structure.** Structure and consistency is emphasized. Groups should begin and end on time, and meet in the same room for each session. The structure of each group is the same, with material broken down into short, manageable segments using multimodal presentation of material and frequent reviews.

2. **Provide a consistent model of behavior and behavior change.** The counselor's task is to help clients engage in a healthy lifestyle. Counselors help clients identify what can and cannot be controlled in their lives, and they help clients increase the knowledge, motivation, and skill needed to attain their treatment goals. Use of illicit drugs is interpreted as maladaptive coping or "self-medication." The counselor's task is to help the client identify and employ more adaptive ways of coping with stress, and while working towards this goal, to reduce the harm of illicit drug use and other high risk behaviors.

3. **Provide a consistent therapeutic style.** Counselors are viewed as integral members of their clients' health care team. The counselor's role is one of "guide" or "navigator" assisting clients in their journey of recovery. As such, they support their clients in reaching their own destination/treatment goals non- judgmentally (using reflective listening and eliciting self-motivational statements), but they can also provide direction when the client appears to be "going off course". Counselors are also aware of their clients' potential for cognitive impairment, and they use appropriate cognitive remediation strategies to help their clients benefit optimally from treatment.

Counselor Training and Supervision

1. Recommended counselor training includes completion of a training workshop, participation in practice sessions, and observed co-facilitation of groups.

2. Prior to conducting groups, it is recommended that counselors become competent in key concepts of HHRP$^+$, including multimodal presentation of material, role-playing, use of behavioral games as teaching aids, and comfort with a non-judgmental, non-confrontational approach to treatment.

3. Weekly supervision of counselors by a clinically-trained professional experienced in the use of harm reduction approaches with HIV-positive drug users is recommended for the following purposes: (a) to ensure that treatment continues to be provided in accordance with the HHRP$^+$ manual, (b) to discuss ways in which the HHRP$^+$ manual may need to be modified for use in that particular treatment context, and (c) to process counselor concerns and prevent "burn-out."

Overview of the Manual-guided Groups and Tips for Counselors

Overview of the Manual-guided Groups

The specific format and content of each group is provided in detail in this manual. The following provides an overview:

Each group presents material in three modalities:

- Verbal (e.g., didactic presentation of material by counselor and group discussion)
- Visual (e.g., handouts, slides, videos, group responses written on flipcharts)
- Experiential (e.g., demonstrations, behavioral games, role plays, and practice exercises)

The manual provides the counselors with the following aids for presenting each group:

- Counselor toolbox (including a list of materials needed for that group)
- Special instructions to counselors are provided in this typeface
- Group agenda (to be copied and distributed to each group member)
- Recommended amount of time to spend on each visual, verbal, experiential segment
- Detailed script for all verbally-presented material
- Slides and video segments for all visually-presented material
- Materials for all experiential segments (except prizes)
- Quiz material indicated in the text by **QUIZ ITEM**
- Post-session quiz with correct responses
- Stress management technique: script/audiotape
- Certificate of Achievement for HHRP$^+$ graduates

Each 2-hour group has the same basic structure:

1. Greetings, announcements, review of ground rules and selection of timekeeper
2. Counselor provides brief introduction to group topic
3. Topic material is covered as shown in detail in the manual
4. Break provided mid-way
5. Review of material covered before break
6. Continued multimodal presentation of group material according to the manual
7. Team game
8. Quiz with immediate feedback
9. Stress management technique
10. End of group (post-group celebration of any graduations, e.g., with refreshments; graduation certificate, etc.)

Tips for Counselors

Keep abreast of changing harm reduction recommendations.

Information presented in this manual is consistent with guidelines available at the time of writing. However, knowledge about how best to reduce transmission of HIV, and how to delay or prevent progression to AIDS, is constantly evolving. For example, based on recent research, the current version of the HHRP$^+$ manual no longer recommends the use of products containing nonoxynol-9 for reducing sexual transmission of HIV. Future research may also demonstrate that the length of time required to clean a needle/syringe with bleach is actually shorter than the 30 seconds recommended in this manual. Therefore, counselors need to keep abreast of changing CDC recommendations and research findings, and make revisions to the material in this treatment manual as needed.

Create a positive image of HHRP+ membership.

Immediately introduce group members to HHRP+'s concept of self-autonomy by emphasizing membership in the HHRP+ program, rather than assignment to the program. When clients enter treatment, ask them if they are "requesting membership in HHRP+ and whether [they] understand that HHRP+ is only for individuals who have made the decision to commit themselves to their recovery." Congratulate them for their decision to seek membership in the program, and reinforce the perception that choosing to reduce risk and promote health is something to be proud of and is expected of an HHRP+ member.

Be prepared.

HHRP+ groups require preparation. Before group begins, be sure that you have all necessary materials, equipment, prizes, and group handouts. Every group requires a slide projector and slides, a chalk board or flipchart with markers, copies of the group agenda and group quiz, game materials and prizes, relaxation script or audio tape and equipment, handouts, and so forth. Several groups also require video equipment. Be sure to cue video and audio tapes to the appropriate segments **before** the group.

Be good time managers.

It is essential that groups begin and end on time, for many reasons. It is therapeutic to model appropriate behavior for cognitively impaired individuals who may have difficulty being on time. It also demonstrates respect for your clients' time as well as your own. Providing a written group agenda at the beginning of each group and having a group member volunteer as time-keeper helps keep the group, and the counselors, focused, and gives group members responsibility for keeping their group on track. Depending on your treatment program's policies, you might consider refusing admittance to any clients who are more than 5 minutes late for group. If you do this, be sure to follow-up with these clients to help them be on time for future groups.

Reinterpret "non-compliance" as being "conflicted" or potentially "cognitively impaired".

Resist the temptation to interpret missed appointments or lack of punctuality as wanton non-compliance. Instead, recognize that your clients may have cognitive difficulties that impede their ability to engage in treatment effectively. Assist them to adhere to your treatment recommendations and referrals by providing appointment cards, telephone reminders, and maps, and, with the client's written permission, by soliciting the aid of non-drug-using family members and friends to help the client participate optimally in the recovery process. Also recognize that an individual faced with a potentially fatal disease may be conflicted as to the relative costs and benefits of behavior change. It is the counselor's task to help clients identify reasons for changing their behavior, rather than reproaching clients for non-adherence.

Refocus clients.

When working with individuals who are cognitively impaired, it is therapeutic to help the individual to remain focused and to interact in socially appropriate ways. Therefore, do not be afraid to interrupt if a group member appears to ramble or monopolize group discussion. Inform group members that you will do this as necessary during the group to keep the group on track. Remember, if you do not help the client refocus, you can inadvertently reinforce inappropriate behaviors that can impede the client's recovery.

Cover the material included in the quiz.

Review the quiz before the group to ensure that you cover well all the material that is included in the quiz. It can be extremely disconcerting and discouraging for a cognitively impaired client to be tested on material not covered. To assist you, the material that will be covered on the quiz is highlighted in the manual when it is initially presented.

Encourage use of Client Workbooks.

Clients need to be reminded to bring their Client Workbooks to every group. By helping clients to use their Client Workbooks in treatment, you are preparing them to use similar memory book systems in their daily lives (e.g., for medication adherence, and so forth). When clients forget to bring their Workbooks to group, ask the group to brainstorm ways to help the group members remember to bring their Workbooks next time. When in-group exercises require use of worksheets included in the Client Workbook, be sure to have available additional copies of these worksheets for those clients who forgot to bring their Workbooks. Instruct them to insert worksheets completed during group into the appropriate sections of their Workbooks at home. Lost workbooks should be replaced promptly.

Create a context conducive to stress management.

Before engaging in the relaxation exercise at the end of each group, ensure that the atmosphere is conducive to relaxation. For example, dim the lights and request that no one speak or move about during the exercise. Cell phones should be turned off. Restlessness can be reduced by informing the group that the exercise lasts just ten minutes, and that at its completion they will be free to leave. Providing a meaningful rationale for participating in the relaxation exercise also reduces restlessness and improves active participation. Remind group members that this quiet time is a gift they give to themselves and to other group members.

Reinforce appropriate behavior with prizes.

Do not underestimate the importance of awarding prizes for game participation. Even small, inexpensive prizes increase participation and enjoyment of games, and therefore facilitate learning. Giving inexpensive recovery-related items, such as refrigerator magnets with health-promoting messages, novelty latex condoms, serenity prayer bookmarks, reinforces the core message of that week's group, increases group members' interest in the treatment goal, and encourages teamwork.

Reframe problems as solutions.

Attempt to incorporate any inappropriate behavior encountered during the group into the group topic. For example, if a group member is disruptive during a group, then, without reproach, help the group member, and the other group members, understand and process the behavior in the context of the group topic (e.g., if the topic is developing healthy social relationships, the group to brainstorm ways in which that particular behavior might aid or impede social relationships). This approach can prevent the disruptive behavior from distracting the group from the topic and can be therapeutic for both the disruptive group member and the group.

Celebrate successes.

Celebrate each group member's successful completion of the program as a major accomplishment. Award a completion Certificate of Achievement, provide a cake or other refresh-

ments that can be shared with remaining group members after group. Celebrations enhance the "graduating" client's self-esteem and self-efficacy, and encourage other group members to work towards successful program completion.

Become a skilled navigator or coach.

For a brief time you will be accompanying your clients on their journey of recovery. Each journey is slightly different and may proceed at a different pace. Remember, it is the client's journey, not yours. Help your clients reach their own goals, not your goals for them. Become a trusted and skilled navigator or coach, not a traffic cop or judge.

Don't be afraid to say "I don't know; I'll find out."

If a group members asks a question and you do not know the answer, do not guess. Instead inform the client that you will attempt to get that information in time for the next group, or ask the group to brainstorm how that question could be answered (e.g., by visiting a library, making a telephone call.) Always follow up. Test your own knowledge of the material covered in all 12 HHRP$^+$ groups by taking the post-program quiz provided at the end of the assessment section.

Establish a working relationship with your clients' other health care providers.

Treatment of addicted individuals with HIV warrants a team approach and a good working relationship among the client's various health care providers. Obtain signed release of information forms from your clients to communicate with their other health care providers, and discuss common treatment issues with these health care providers. When you refer clients for alternative or adjunctive treatment, notify the health care provider that you have referred a client and request verification that the client received the recommended treatment.

Assessment Approaches

During Treatment Assessments

The following brief, easily-administered assessments are not meant to replace comprehensive assessment batteries provided by trained professionals, however, they may be useful for counselors in community-based substance abuse treatment facilities for screening and monitoring their clients' self-reported level of functioning and for making referrals as needed for more comprehensive assessment and treatment.

Cognitive status.

Client's self-reported cognitive impairment can help the counselor understand clients' perceived difficulties, and can guide counselors in the use of appropriate cognitive remediation strategies and in the development of individualized treatment plans. Instruments, such as the Neuropsychological Impairment Scale (O'Donnell, DeSoto, DeSoto, & Reynolds, 1994), which assess emotional as well as cognitive difficulties, can be useful in this regard when administered at entry into treatment and periodically throughout treatment.

Psychiatric status.

There are instruments available, such as the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), that are brief and easily administered, and can be useful in monitoring depressive symptoms and suicidality during treatment. Clients who report severe symptoms should be referred immediately for appropriate care.

Medical status.

At every individual case management session, counselors should monitor client's adherence to medical regimens, medical appointments, and prescribed medications, by reviewing adherence to each medication systematically with the client. Counselors should maintain a good working relationship with the client's primary health care provider so that prescribed medical regimens can be verified and updated as needed.

Assessment of Treatment Outcome

Knowledge acquisition and retention.

Post-session quizzes are administered at the end of every group. In addition, a comprehensive quiz covering the content of each of the 12 core sessions is included in the manual and can be administered at completion of treatment. Copies of the post-session quizzes can be found in this manual at the end of each group. A copy of the post-treatment quiz can be found at the end of this section. Additional tests of HIV/AIDS knowledge are also widely available.

Abstinence status.

Illicit drug use should be monitored objectively, by urine analysis, preferably one or more times weekly. Results should be communicated to clients as soon as possible and should be discussed in individual case management sessions. Self-report of drug use should also be encouraged and discussed in each individual session.

Drug- and sex-related high risk behavior.

Assess drug- and sex-related high risk behavior at every individual case management session by asking your clients about the frequency of unprotected sex and sharing of drug paraphernalia since your last session. Be non-judgmental, but be knowledgeable as to your own State's regulations concerning notification of partners. Use this assessment to help your client identify triggers for risky behavior and brainstorm ways to reduce risk in the future.

Harm reduction skills.

Behavioral skills can be assessed by asking clients to demonstrate the correct method for cleaning a needle with bleach and selecting and using condoms and other latex protection. Have available needle/syringe, bleach, rinse water, cups, timer, condoms, lubricants, dental dams, as well as penis and vagina replicas.

Attendance and Satisfaction with Treatment

Keeping accurate attendance records permits you to monitor your client's engagement in treatment and helps you to evaluate your program's results. Use evidence of poor attendance as feedback that your program may be failing to engage clients in treatment. Evaluate the efficacy of your program in terms of receipt of an adequate amount of treatment. At treatment completion, also assess your clients' satisfaction with various components of the treatment program, and use this information to guide program reform.

References

Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry,* 4, 561-571.

O'Donnell, W. E., DeSoto, C. B., DeSoto, J. L., & Reynolds, D. M. (1994). The *Neuropsychological Impairment Scale Manual.* Los Angeles, CA: Western Psychological Services.

Post-treatment Quiz

Participant's first name: _____ Date: _____

(covers all group material; to be administered at discharge from the program)

1. Which of the following is an example of a memory aid?

a. a relaxation exercise
b. a grocery list
c. your HHRP+ client workbook
d. all of the above

2. When you schedule an activity that will help you accomplish an important goal, you should:

a. write it on your "To-Do" list
b. set a realistic deadline
c. block out time on your calendar
d. all of the above

3. Establishing priorities means listing goals in order of importance.

a. True b. False

4. When you have several large goals to achieve, you should do the following:

a. combine all your goals
b. keep your goals a secret from others in your life
c. motivate yourself by setting deadlines that are difficult to meet
d. break down each large goal into small, manageable tasks

5. If you can't get started on an activity, you should do the following:

a. aim for perfection
b. always start at the beginning
c. relax and visualize yourself engaging in the activity
d. decide not to stop until you have completely finished

6. The *best* way to protect yourself from the harm of injection drug use is:

a. abstinence – don't inject drugs
b. clean your needle with boiling water
c. share needles only with friends
d. none of the above

7. To reduce the harm of injection drug use you should:

a. always use new needles
b. if no new needle, clean the needle with bleach
c. never share needles or works
d. all of the above

8. **Someone who is infected with the HIV virus could possibly become reinfected with a mutation of the HIV virus that does not respond to treatment.**

   a. True b. False

9. **When cleaning a needle with bleach, you should leave the bleach in the syringe for *at least*:**

   a. 5 seconds
   b. 10 seconds
   c. 30 seconds
   d. 10 minutes

10. **Craving in response to seeing a needle, syringe, or other "works":**

    a. is an automatic conditioned response
    b. is a signal to engage in a non-drug-using activity
    c. will decrease over time if you stop injecting drugs
    d. all of the above

11. **HIV can be sexually-transmitted by exchanging which of the following body fluids?**

    a. semen
    b. vaginal secretions
    c. blood
    d. all of the above

12. **An HIV-positive drug user should use a condom even if his or her sexual partner is also HIV-positive.**

    a. True b. False

13. **Which of the following is a reason why a drug user who is HIV-positive should care about practicing safer sex?**

    a. compromised immune system (increased vulnerability to infection)
    b. altruism (concern for the welfare of others)
    c. re-infection with HIV (a strain that may be resistant to medication)
    d. all of the above

14. **The "three little words" to remember before having sex are:**

    a. I love you
    b. people, places, things
    c. latex, latex, latex
    d. location, location, location

15. **Unsafe sexual practices include:**

    a. using oil based lubricants with condoms
    b. using lambskin condoms
    c. opening condom package with teeth
    d. all of the above

16. Your success in negotiating safer sexual practices with your partner depends on:

a. mutual **trust**
b. the strength of your **intention** to be safer
c. your ability to **persuade** your partner
d. all of the above

17. If your partner refuses to use latex protection for penetrative sex, you should:

a. refuse to have unsafe sex
b. suggest oral sex without latex
c. suggest vaginal or anal sex without ejaculation (no coming inside partner)
d. none of the above

18. You are more likely to persuade your partner to use latex protection if:

a. you show respect for your partner's concerns
b. you know how to eroticize latex products
c. you have accurate information about risks and risk reduction
d. all of the above

19. Safer sex negotiation discussions should begin:

a. in bed, just before you have sex
b. after you discover that your partner is HIV-positive
c. when you are sober
d. after your partner discovers that you are HIV-positive

20. If both you and your sexual partner are HIV-positive, condom use is unnecessary.

a. True b. False

21. The road to recovery:

a. is a journey made of many steps or decisions
b. is a single step or decision
c. has no warning signs
d. all of the above

22. How do you prepare for a journey of recovery?

a. acquire the necessary tools and skills
b. learn how to interpret early warning signs
c. develop an emergency plan
d. all of the above

23. Some internal warning signs to attend to on the road to recovery include:

a. people, places, or things
b. hungry, angry, lonely, tired
c. bells, whistles, or horns
d. all of the above

24. What does SID stand for (Don't worry about your spelling)?

S _____
I _____
D _____

25. Relapse doesn't just happen; it begins with a decision that at the time may seem to have had nothing to do with drug use or other risky behaviors.

a. True b. False

26. Cocaine use may speed progression of HIV.

a. True b. False

27. Patient communication skills include:

a. preparing a list of issues to discuss
b. asking for information to be written down
c. body language that shows you are an active partner in your health care
d. all of the above

28. What is the first thing you should do if you develop side effects when taking a medication?

a. take a "drug holiday"
b. take less of the medication
c. inform your health care provider
d. take another drug to help you feel better

29. Which of the following statements is true?

a. medication resistance can develop if you don't take medication as prescribed
b. if you are already HIV-positive, you cannot be reinfected
c. if your viral load is reduced to undetectable level you can no longer infect anyone
d. all of the above

30. Which of the following is a memory aid that can help you adhere to your medication regimen?

a. using a pill organizer
b. setting an alarm clock
c. placing a "post-it" reminder note on the refrigerator.
d. all of the above.

31. What is the essential *first* step to a healthier lifestyle?

a. taking more vitamins
b. making the decision to be abstinent from street drugs
c. exercising regularly to the point of exhaustion
d. none of the above

32. If you don't cope well with stress, it can:

a. increase your susceptibility to infection
b. increase your risk for heart disease
c. interfere with good decision making
d. all of the above

33. Even if the cause of what is stressing you is out of your control, you know that:

a. you always have control over your response to the stress
b. you can protect your health by doing relaxation exercises
c. you may be able to redefine it as something you can control
d. all of the above

34. To prevent food borne illnesses:

a. eat only raw meat, fish, and eggs
b. eat canned food even if the cans have bulges or dents
c. wash everything thoroughly—hands, utensils, cutting boards
d. always thaw frozen food at room temperature

35. Complete this sentence: People with HIV should...

a. increase the number of calories and protein in their meals
b. reduce calorie intake to avoid nausea and diarrhea
c. eat hot greasy foods when feeling nauseated
d. all of the above

36. In the Serenity Prayer you ask for:

a. serenity to accept the things you cannot change
b. courage to change the things you can
c. wisdom to know the difference
d. all of the above

37. Step One of the Twelve Steps says that you are powerless over your addiction; this means:

a. you cannot change your life
b. the drug is in control; you cannot change the effect of drugs
c. you should leave your recovery in your sponsor's hands
d. you cannot change your dealer's behavior

38. You need to be religious in order to benefit from the 12-steps:

a. True b. False

39. A person's "higher power" is:

a. God
b. nature, loving energy, life force
c. an inner source of strength and healing
d. any of the above

40. Steps Eight and Nine refer to making amends to those you have harmed. Making amends includes:

a. forgiving yourself for any pain you caused yourself or others
b. being honest with yourself and others about the harm you caused
c. acknowledging past harm, not necessarily fixing it, and then letting it go
d. all of the above

41. If you behave as predicted by a label placed on you, your behavior is an example of a self-fulfilling prophecy.

a. True b. False

42. Being stigmatized can influence:

a. how you think
b. how you feel
c. how you behave
d. all of the above

43. Fulfilling your potential (identifying with your "core" self) can result in:

a. low self-esteem, depression, anxiety
b. stress and stress-related illnesses
c. substance abuse
d. none of the above

44. Positive, health-promoting forms of "brainwashing" are called "self-affirmations."

a. True b. False

45. Getting in touch with your "core" self beneath all the labels *begins* with which of the following?

a. identifying "ideal" characteristics and creating a mental image of your "ideal" self
b. peeling an onion
c. acting "as if" you are your "addict" self-image
d. all of the above

46. "Learned Helplessness" refers to feeling powerless to help yourself now and in the future due to an experience of being powerless in the past.

a. True b. False

47. Which of the following decisions are under your control?

a. not using drugs
b. not exchanging body fluids
c. participating actively in your health care
d. all of the above

48. If you are already HIV-positive, why should you bother changing your behavior?

a. compromised immune system—you are vulnerable to other infections
b. altruism—desire to protect others
c. reinfection—you can be infected with a different strain of HIV
d. evidence from research—you are not powerless to protect your health
e. all of the above

49. If you feel "ambivalent" about using condoms:

a. you are not normal
b. you will never use condoms
c. you should weigh the costs and benefits of using condoms
d. none of the above

50. Your friend is still using drugs, says he doesn't have a problem, and has no intention to stop. He is in the:

a. contemplation stage of change
b. action stage of change
c. maintenance stage of change
d. none of the above

51. Grief is a normal human response to loss of any kind.

a. True b. False

52. The stages of grief include:

a. denial and anger
b. bargaining and depression
c. acceptance and hope
d. all of the above

53. Which of the following statements about fear is true?

a. Fear can ultimately lead to self-fulfilling prophecies that are harmful.
b. Fears may not accurately reflect reality.
c. Fear can prevent you from protecting your health.
d. All of the above statements are true.

54. Healthy steps to reduce the power of fear about HIV include:

a. pretend you are not infected with HIV
b. use drugs or alcohol whenever you feel the fear coming on
c. become knowledgeable about HIV and its treatment
d. all of the above

55. Ways to grow spiritually include:

a. prayer
b. meditation
c. imagery
d. ritual
e. all of the above

56. Social relationships reflect shared values, attitudes, and activities.

a. True b. False

57. To heal a relationship that was harmed by your addiction, you should:

a. expect to be trusted immediately
b. deny that your addiction caused any harm to others
c. put the other person on the defensive
d. demonstrate your commitment to healing the relationship

58. When you need help from someone on your social support team:

a. always ask the same person
b. ask for help indirectly (hint at what you need)
c. ask for help when the person is busy
d. none of the above

59. Health-promoting work-related activity includes:

a. continued education
b. volunteerism
c. paid employment
d. all of the above

60. Healthy addictions are different from drug addiction in which of the following ways?

a. They always feel good immediately.
b. They have long-term positive effects.
c. They don't provide any "feel-good" chemicals.
d. All of the above.

Score: _____ /60 = _____ %

Post-treatment Quiz Answer Sheet

1. **d**
2. **d**
3. **a**
4. **d**
5. **c**
6. **a**
7. **d**
8. **a**
9. **c**
10. **d**
11. **d**
12. **a**
13. **d**
14. **c**
15. **d**
16. **d**
17. **a**
18. **d**
19. **c**
20. **b**
21. **a**
22. **d**
23. **b**
24. **Seemingly Irrelevant Decisions**
25. **a**
26. **a**
27. **d**
28. **c**
29. **a**
30. **d**
31. **b**
32. **d**
33. **d**
34. **c**
35. **a**
36. **d**
37. **b**
38. **b**
39. **d**
40. **d**
41. **a**
42. **d**
43. **d**
44. **a**
45. **a**
46. **a**
47. **d**
48. **e**
49. **c**
50. **d**
51. **a**
52. **d**
53. **d**
54. **c**
55. **e**
56. **a**
57. **d**
58. **d**
59. **d**
60. **b**

Stress Management / Imagery Script

Get comfortable and ready yourself for the gift of healing meditation that for the next ten minutes you will give to yourself and to those around you. Sit with your legs uncrossed, hands resting comfortably on your thighs. Now take a deep breath, inhale as deeply as you can, and as you exhale, close your eyes. And now, with your eyes closed, take another deep breath, breathing in healing relaxation…hold the breath…and now breathe out tension and fear. And as you focus on your slow, rhythmic breathing, just allow yourself to relax more deeply. And as you allow yourself to relax, deeper and deeper, just imagine that right above your head is a ball of light. This ball of light is your healing energy. See it now above your head, give it a color that is healing to you, and as you do so just acknowledge its source—whatever you know its source to be—and invite this healing energy into your body. Feel the healing energy enter through the top of your head, feel its relaxing warmth as it moves down your forehead relaxing the muscles in your forehead. Down now through your entire face and head and into your neck, as your head and neck now feel bathed in the light. Feel the healing light penetrating your shoulders now and feel the muscles letting go, relieving you of the heavy burden you carry on those shoulders. Feel the relaxation as it moves down your arms now and into your hands. Feel your arms and hands totally immersed in the relaxing light. Now visualize the light moving down from your shoulders into your chest, and into your stomach, and now into your pelvic region. Feel its relaxing warmth permeating your torso relaxing all the muscles, and bathing all your internal organs in its healing energy. The light is moving down now into your legs. Down, down, down your legs into your knees, your calves, your ankles, your feet, your toes. Feel the relaxation in your legs and feet now as they are bathed in the relaxing warmth of the light. Now spend a moment experiencing your entire body immersed in the healing light—feel it as it penetrates every pore, feel it as it bathes every organ, feel it as it relaxes every muscle. Just allowing it to surround you and fill you with its peace and serenity. Knowing that this peace and serenity is available to you whenever you need it.

And now we are going to take a journey to your own healing place. In just a moment, I am going to ask you to count backward, to yourself, from five to one, and when you reach the number one you imagine yourself in your special place. Perhaps your special place is a beach with golden sand and gentle rolling waves, or perhaps it is the feeling of floating carefree on a cloud high above the earth. Your special place is whatever scene or feeling in your imagination that represents total relaxation, serenity, and peace for you. Whatever this peaceful place or image is, it is yours alone. It is your special corner of the universe where you can relax completely and feel safe and at peace.

Okay begin counting slowly to yourself now; I'll count with you…five…four…three…two…one. You are now in your special healing place where no outside noises distract you; you just allow any outside noises to move you deeper and deeper into your own quiet corner of the universe. Imagine yourself there now. Feel yourself there with all your senses. Imagine the colors, the feel of the air on your skin, the sounds that you hear around you, the scent in the air. And now, here in the safety and serenity of your special healing place, you feel yourself connected with your Higher Power, however you experience this creative healing life force in your life. Feel yourself making this connection. No effort is needed on your part, just allow it to happen. Letting go of any barriers now and just feeling yourself quietly, easily, calmly, surrendering yourself to your healing power, trusting that you are

safe and secure in the healing light. And as you surrender yourself to the light, you can feel yourself moving beyond any denial or anger, moving beyond any fear or grief, moving now into a place of hope and healing, that place deep inside where your wisdom resides. Feeling both protected and empowered now, knowing, with confidence, that you have the ability to make positive changes in your life.

Now visualize yourself in your special healing place seeing yourself as you desire to be after you make the positive changes in your life. See a clear image of yourself drug-free. See yourself in every detail. Just as an actor might research a role, study this person that you see before you in every detail. Imagine what you would look like drug-free, imagine what you would be doing, what you would be thinking, what you would be saying, how you would be feeling if you were drug-free. And now take on this role of being drug-free, and in your daily life, begin acting "as if" you are this person. And as this image of yourself gets stronger and stronger, you find you are no longer an actor playing a role, instead you are becoming this person. And now imagine that you can see the heavy chains of addiction that have bound you and kept you enslaved for so long just fall away. See the chains of addiction fall away and see yourself free, no longer enslaved. Free. No longer needing to take harmful chemicals into your body. Knowing now that you have your own internal source of well-being. Knowing now that with practice, you are increasing your ability to access your own internal source of well-being. As you surrender to your Higher Power—your source of healing energy—you actually become more and more empowered to make changes in your life that move you closer towards your goals. You realize now that your ability to relax and connect with your source of healing energy is your key to good health, and you practice your visualization and relaxation daily, and every day your skills improve. Every time you say to yourself the word "relax" you feel the light swirling around you and within you and you enter your special healing place where you are safe, serene, and free of anxiety, free of craving, free of the chains of addiction and in connection with your Higher Power. Every time you say to yourself the word "relax" you reaffirm your strong commitment to being drug-free, to reducing harm, to promoting health, and to improving the quality of life for yourself and for others.

In just a moment I am going to ask you to return your awareness to the room once again. But before you do, concentrate once again on the light that fills you and surrounds you with its healing energy. And remember that this healing light—your higher power—is available to you whenever you need it. And now you are going to count, to yourself, from one to five, and when you reach the number five, your awareness returns to the room once again, and perhaps you will find that you feel surprisingly relaxed and at peace, knowing that you are doing your very best, knowing that every day in every way healing is occurring in some way on every level. Okay, begin counting slowly to five, and I'll count with you…one…two…three…four…on the next number your eyes open and your awareness is returned to the room—five. Open your eyes, take a deep breath, stretch and be safe, be well.

THE HOLISTIC HEALTH RECOVERY PROGRAM HHRP+

Dedicated to Reducing Harm, Promoting Health, and Improving Quality of Life

Certificate of Achievement

HHRP+

This certificate is presented to

_____

In recognition of successful program completion,
HHRP+ applauds your commitment
to Harm Reduction, Health Promotion, and Quality of Life

_____ _____

Signature **Date**

CORE ELEMENTS

Core elements are those components that are critical features of an intervention's intent and design and that are thought to be responsible for its effectiveness and that consequently must be maintained without alteration to ensure program effectiveness. Core elements are derived from the behavioral theory upon which the intervention or strategy is based. They are essential to the implementation of the program and cannot be ignored, added to, or changed. Holistic Health Recovery Program has 8 core elements.

- Teaches skills to reduce harm of injection drug use and unprotected sexual activities.
- Teaches negotiation skills to reduce unsafe sexual behaviors with sexual partners and teaches skills to heal social relationships.
- Teaches decision making and problem solving skills using cognitive remediation strategies.
- Teaches goal setting skills including developing action plans to achieve goals.
- Teaches skills to manage stress, including relaxation exercises and understanding what aspects of the stressful situation can, and cannot, be controlled.
- Teaches skills to improve health, health care participation, and adherence to medical treatments.
- Teaches skills to increase clients' access to their own self-defined spiritual beliefs, in order to increase motivation to engage in harm reduction behaviors.
- Teaches skills to increase awareness of how different senses of self can affect self-efficacy and hopelessness.

KEY CHARACTERISTICS

Key characteristics are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the outcome of the intervention. These activities can be adapted and tailored for different agencies and at-risk populations.

- **Group Size: 3-15**
  HHRP$^+$ is delivered only in a group modality.

- **Facilitator Characteristics**
  HHRP$^+$ groups are co-facilitated by 2 substance abuse counselors, at least one of whom should be a masters' level clinician with experience. A male/female team is recommended.

- **Group Structure & Duration**
  There are several ways that HHRP$^+$ can be implemented.
  - 1 two-hour session for 12 weeks (e.g. 9:30-11:30 every Wed.)
  - 2 weekly one-hour sessions for 12 weeks (e.g. 9:30-10:30 every Tues. & Thurs.)
  - 1 two-hour session alternating with discussion groups weekly for 24 weeks (e.g., Week 1- Group 1-Wed. 9:30-11:30/Week 2- Group 1 DISCUSSION Wed. 9:30-11:30)

- **Enrollment**
  There are two enrollment options available to agencies. There are pros and cons to each. Each organization will decide which it is best from it to utilize:
  - **Open-enrollment:** New clients start in any week (this option can be used only if HHRP$^+$ program is offered on an ongoing basis).
  - **Cohort enrollment:** Clients start together and proceed through all 12 groups as a group.
  - If using the cohort recruitment method, it is recommended that you start with at least 12 clients to allow for attrition.

- **Threshold for Discontinuation**
  Membership in HHRP$^+$ takes commitment. HHRP$^+$ members are to attend all group and individual sessions without fail. Members are to be discontinued (and are to start over, if they indicate that they want to participate) if 6 sessions are missed.

- **Eligibility Requirements**
  The standard eligibility criteria are as follows:
  Clients must be:
  - HIV-positive
  - have recently used (within the last 30 days) or are actively using drugs
  - either in drug treatment or have expressed a desire to enter drug treatment.

  Note: a version of the HHRP$^+$ manual has already been adapted by Avants and Margolin (the developers of the HHRP$^+$ manual) for HIV-negative and status unknown clients and shown to be effective. The CDC supports the negative/status

unknown version of the manual (HHRP) as a valid and acceptable adaptation. The manual is available at www.3-S.us. The eligibility criteria for this manual are:

- HIV-negative or HIV status unknown
- have recently used (within the last 30 days) or are actively using drugs
- either in drug treatment or have expressed a desire to enter drug treatment.

The eligibility requirements may be adapted or tailored in other ways to make the intervention more appropriate for other populations, such as a group of mixed HIV status members.

- **Slide Images**
  HHRP$^+$ slides are meant to be 1.) visually engaging, 2.) gender neutral, and 3.) race/ethnic neutral.

- **Video Segments**
  The presentation of information through HHRP$^+$ video segments are meant to teach skills and enhance the learning process.

- **Experiential Activities (Games, exercises, & role-plays)**
  Experiential activities provide a non-threatening context in which members of HHRP$^+$ can practice skills. Immediate feedback during games, role-plays, and exercises can reinforce appropriate behavior and increase self-esteem and self-confidence.

KEY CHARACTERISTICS (Abbreviated)

- Group size
- Facilitator Characteristics
- Group Structure & Duration
- Recruitment
- Threshold for Discontinuation
- Eligibility Requirements
- Slide Images
- Video Segments
- Experiential Activities

AGENCY REQUIREMENTS

Agency requirements are aspects of the intervention that must be in place for the program to be effectively and safely implemented.

- Provide Individual Sessions (Orientation & Closing)
- Provide and adhere to all 12 of the Manual Guided Group Sessions of HHRP^{+}
- Maintain a Program Manager/Director
- Maintain an Administrative Manager/Interviewer
- Maintain two group facilitators
- Agency must have preexisting counseling and referral capabilities
- Access to audio-visual equipment
- Maintain a private and secure space to conduct intervention sessions

EVALUATION OF HHRP+: RESULTS FROM A RANDOMIZED CLINICAL TRIAL

The following summarizes findings from our research team that provide evidence for the need for specialized treatment programs for HIV-positive drug users as well as findings in support of the efficacy of HHRP+ in improving risk reduction knowledge, motivation, and behavioral skills, and in reducing high risk behavior.

Our research with this patient population has suggested that drug users tend to rely on avoidant coping strategies when faced with stressful life events (Avants, Warburton, & Margolin, 2000). Avoidant coping includes cognitive avoidance (trying not to think about the problem), resigned acceptance (feeling helpless to do anything about the problem), seeking alternative rewards (engaging in distracting activities such as drug use), and emotional discharge (emotional outbursts). It was not surprising therefore to find that continued high risk behavior among injection drug users following notification of an HIV-positive test result is significantly related to avoidance coping and that this style of coping is related to behaviors that increase risk of HIV transmission. In fact, avoidance coping accounted for a significant proportion of the variance in HIV risk behavior over and above that accounted for by other demographic and psychosocial variables, and risk reduction knowledge, motivation, and skill (Avants, Warburton, & Margolin, in press).

The consequences of maladaptive coping with an HIV-positive test result, both to the HIV-positive individual and to society, are not insignificant. Individuals who cope by avoiding thinking about being infected are unlikely to change their behavior or to attempt to learn skills necessary for reducing the risk of HIV transmission. Indeed, a disconcertingly high proportion of HIV-positive injection drug users (66%) report engaging in HIV risk behavior subsequent to learning their HIV-seropositive status. Furthermore, continuation of high risk behavior is significantly associated with poor harm reduction skills (e.g., needle cleaning and use of latex protection) (Avants, Warburton, Hawkins, & Margolin, 2000).

Thus, interventions that teach HIV-positive drug users more adaptive coping strategies, including teaching specific harm reduction skills, are clearly needed. One impediment to teaching skills to this patient population is the high rates of cognitive impairment among HIV-positive drug users (Avants, Margolin, DePhilippis, & Kosten, 1998; Avants, Margolin, McMahon, & Kosten, 1997; Margolin, Avants, DePhilippis, & Kosten, 1996). Cognitive difficulties can make it especially difficult for these individuals to learn the skills needed to benefit optimally from treatment. For example, we have found that poor performance on neuropsychological tests of problem solving ability and cognitive flexibility predicts poor adherence to complex medication regimens prescribed to HIV-positive drug users (Avants, Margolin, Warburton, Hawkins, & Shi, 2001). Psychiatric difficulties, which are also experienced by many HIV-positive drug users, also predict poor outcome (Avants, Warburton, Hawkins et al., 2000). Thus, interventions need to address the potential for cognitive and psychiatric impairment. Interventions also need to identify and strengthen any factors that may serve some protective function for the HIV-positive drug user. For example, perceived spiritual support has been found to be a significant independent predictor of abstinence from illicit drug use, controlling for the influence of demographic, medical, and psychosocial variables. HIV-positive drug users who report high levels of perceived spiritual or religious support at entry into substance abuse treatment are able to achieve longer periods of abstinence during treatment than are patients who report lower level of spiritual support

(Avants, Warburton, & Margolin, 2001). Thus, in addition to addressing psychiatric and cognitive impairment, it is important to tap into clients' personal belief systems, such as perceived spiritual/religious support, in order to facilitate more adaptive coping and engagement in harm reduction strategies.

Evaluation

In view of the above considerations HHRP$^+$ was developed and evaluated in a randomized clinical trial (manuscript in preparation). 90 HIV-positive injection drug users were randomly assigned to receive either HHRP$^+$ with group and individual counseling (as shown in this manual) or enhanced standard treatment (EST). EST included weekly individual counseling that included basic harm reduction training (demonstration/practice of harm reduction skills [i.e., needle cleaning with bleach and use of latex products] and client/counselor role-play of how to negotiate harm reduction with a partner).

Treatment retention was good; 65% completed the 6-month program. Eighty percent completed 12 or more weeks. There was no difference in retention between the two types of treatment. Significant improvements were found on measures of addiction severity, harm reduction behaviors, harm reduction knowledge, motivation, and behavioral skills, and quality of life following both types of treatment (p's < .05). However, individuals receiving HHRP$^+$ showed significantly greater improvement in the behavioral skills needed to engage in harm reduction than did individuals receiving only individual counseling. Furthermore, group patients showed a continued decrease in addiction severity and risk behavior three months following treatment completion, whereas individuals who did not receive HHRP$^+$ did not show continued improvement.

Thus, results of a randomized clinical trial support the efficacy of HHRP$^+$ for reducing high risk behavior among HIV-infected drug users.

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OUTLINE OF INDIVIDUAL SESSIONS

Individual Sessions: Frequency and Content

Depending upon the resources of the facility and the needs of the clients, individual treatment sessions may be provided to clients on the following schedule:

a) at entry into treatment (prior to client's attendance at the first group) for the purpose of orienting the client to the program and developing the client's individualized treatment plan (if substantial case management is needed, the initial session should be provided in two meetings to avoid fatigue);

b) at least monthly thereafter to review progress with the treatment plan and make modifications as needed, and to provide ongoing case management (note: at least one of these sessions should include the client's significant other/social support in order to facilitate transfer of treatment gains to the client's home environment);

c) at treatment completion, to facilitate transition to the next phase of treatment or discharge.

Each individual session is anticipated to last approximately 45–50 minutes. To prevent fatigue and facilitate learning, only a few major points should be covered in each individual session, the client should be encouraged to take notes, and written hand-outs should be provided for inclusion in the Client Workbook.

Orientation Session

The following provides counselors with an outline of topics to be covered in the initial orientation session:

1. HHRP$^+$ Orientation

Counselor provides a thorough description of HHRP$^+$ emphasizing "membership in" vs "assignment to" HHRP$^+$ and describing counselor's role.

Before I ask you if you wish to be a member of this program, let me tell you a little about it. This treatment program is for individuals who are HIV-positive and who have a problem with drug addiction. Membership in this program is reserved for individuals who are ready to make a commitment to living a new healthier lifestyle.

The purpose of this treatment program is first of all to help you make certain decisions about your life, especially decisions about your health. Some people infected with HIV feel powerless; they think there is nothing they can do to stay healthy, and so continue to use drugs. In fact, there are many things you can do to lead a healthy, fulfilling life. You do have control over the choices you make. We are here to help you make healthy choices as you proceed on your journey of recovery. **You can think of us as**

your coaching team on your journey of recovery. We'll help you to figure out exactly where you want to go and how to get there, but we'll also let you know if we see you getting off track. If you have decided that you want to stop using drugs and to begin focusing on maintaining your health, then this treatment program is for you. Remember though that the road to recovery has many steps. The (weekly/twice weekly) HHRP+ groups that, as a **member,** you will be invited to participate in are also an essential part of your treatment and your recovery journey. The groups cover many topics designed to teach you skills that you will need to maintain your health, to regain a sense of control over your life, and to make healthy lifestyle choices. You may also be meeting with me individually at least monthly to assess your progress towards reaching your treatment goals, and I will be available to meet with you more frequently as the need arises.

The terms of membership in HHRP+ are as follows:

HHRP+ was developed specifically for individuals who are ready to work hard towards recovery. HHRP+ members are expected to attend all groups, to arrive on time, and to actively participate. All members are also encouraged to involve a significant other in their recovery, and you will be asked to give us permission to talk to this person about your progress. You will also be asked to give us permission to communicate with all your other health care providers. The purpose of involving others in your treatment is to bring all these people together to form a strong team around you, with all of us working together to help you to reach your recovery goals.

***Membership* in this program therefore takes commitment. Do you wish to become an HHRP+ member? Do you think you are ready to be a *member* of this program?**

2. Treatment Contract

If client says "yes," Counselor reviews "HHRP+ Membership Contract" (located at the end of this section), as follows:

You have taken a very important first step. Let's go over some of the terms of HHRP+ membership:

Attendance and promptness. HHRP+ members are expected to attend all groups. (*Optional:* Members arriving more than five minutes late for group will not be permitted to join the group.)

Confidentiality. Members are cautioned not to reveal the identity of other HHRP+ members nor to discuss what other members reveal in groups. However, members are encouraged to share the harm reduction skills they learn in group with others outside of group. (Counselor explains limits of confidentiality [e.g., harm to self, other, child, elderly, disabled]; refer to your State and local regulations.)

Drug use and other unhealthy behavior. This treatment is intended for people who have made the decision to abstain from all illicit drug use. However, we understand that "slips" can happen. Members are expected to talk about any drug use or other behaviors, including sexual activity, that may risk their health or the health of others.

Eating and smoking in group. Eating or smoking during the group is not permitted. (*Note:* Counselors make their own rules about coffee/tea drinking during group—however, to model healthy choices, decaffeinated beverages are recommended).

Counselor asks client to sign the HHRP+ membership contract and releases of information and places copies of all signed documents in the Client's Workbook (*see* #3 below).

3. Introduction to Memory Book System

Counselor provides client with his/her HHRP+ Client Workbook and explains its purpose.

Making healthy lifestyle choices requires being organized. Your Workbook helps you to organize your new healthy lifestyle, to remember what you need to do to improve your health, and how to do it. This is a very important part of your treatment program, and you will need to bring your Workbook with you to every session.

Counselor demonstrates how to use the Workbook by showing client the various sections. Counselor inserts copies of signed documents in the appropriate section. Counselor also writes in the names of client's other health care providers and counselor's own name and telephone number. Finally, counselor writes the times and locations of HHRP+ groups, individual sessions, and any other treatment program appointments in the client's Workbook (schedules section); in treatment facilities with complicated floor plans, a map should also be included in the Workbook.

4. Initial Treatment Plan (if applicable, depending upon clinic policies and procedures).

The counselor completes an initial treatment plan with the client (counselors use the standard forms required by their treatment facility); then, in the monthly case management sessions, the counselor reviews the treatment plan with the client and revises it as needed.

5. End of Session

Counselor congratulates the client on becoming a member of HHRP+. Counselor repeats the time and location of groups, again showing the client where this information can be found in the Workbook; reminds client to bring the Client Workbook to all sessions, and asks client if s/he has any questions.

Counselor checklist:

1. Signed treatment contract.
2. Signed releases of information for bilateral communication between the counselor and all of the client's other health care providers.
3. If applicable, signed release of information to communicate with client's significant other or a friend/family member who wishes to participate in, and be supportive of, the client's recovery.
4. Client Workbook provided; counselor's name and telephone number, and time and location of group and individual sessions written in Workbook; instructions provided to bring Workbook to every session.
5. Initial treatment plan completed (if applicable, as previously noted).

Monthly Individual Sessions (if applicable, depending upon clinic policies and procedures).

Individual sessions are held monthly for the following purposes:

1. To review the client's progress (including review of HHRP+ attendance, results of urine toxicology screens, continuation of high risk behavior, and medical/psychological status), to provide case management and needed referrals, to document actual receipt of additional treatment or services, and to revise client's treatment plan, as needed.
2. To conduct at least one joint session with the client and the client's significant other (if applicable) in order to determine the level of support for harm reduction and health promotion in the client's home environment, and, as appropriate, to teach harm reduction and health promotion skills to client's partner.

Final/Closing Individual Session

The following outlines the final individual session, the purpose of which is to assure the client's smooth transition from HHRP$^+$ to the next phase of treatment.

1. Review treatment plan and progress with client.
2. Assess psychosocial support (e.g., contact identified significant other to advise of impending discharge).
3. Assess cognitive and psychological functioning, and make treatment recommendations.
4. Facilitate client's entry into the next phase of treatment. During final individual session, ensure that client is told **Who, What, Where,** and **When** (the name of the contact, what program, where it is located, and when the meeting is scheduled). This information should be presented not only verbally, but also in writing and placed in the Client Workbook.

HHRP+ MEMBERSHIP CONTRACT

1. I understand that this phase of my treatment program will last _____ weeks, and I agree to participate for that length of time. Although I am free to withdraw from the program at any time, I agree to discuss this decision with my counselor prior to taking this action.

2. I agree to attend all group and individual sessions (if they are offered in my facility), to be on time, and to bring my Client Workbook with me to each session. I will also call if I am going to be late.

3. I agree not to disclose the identity of any other HHRP+ member, nor will I disclose the details of any personal information revealed by other HHRP+ members during groups.

4. I understand that this treatment is intended for people who are committed to being abstinent from all illicit drugs, and who want learn how to make healthy lifestyle choices. I understand that I must work hard on my recovery in order for this program to be helpful to me.

5. I understand that I will be expected to openly discuss with my counselor any other behavior that may risk my health or the health of others, including unsafe sexual behavior and sharing of drug paraphernalia ("works").

6. I understand that HHRP+ recommends a team approach to my treatment. If possible, I will involve my "significant other," friend, or family member in my recovery—someone who is willing to help me with my recovery plan outside of this treatment program, and I agree to permit my counselor to communicate with this person and with my other health care providers for the purpose of coordinating my treatment.

****

I have reviewed the above statements with my counselor and I request to be enrolled as a member of the Holistic Health Recovery Program (HHRP+).

Client signature _____ Date _____

Counselor signature _____ Date _____

Congratulations, you have been accepted for membership in HHRP+.

Your group sessions begin at _____ (time) and end at _____(time) on _____ (day) and meet at _____ (location). Your next individual session with your counselor is at _____ (time) on _____ (date)

Counselor's name _____(print) Telephone No. _____