

## **Antiretroviral Treatment and Access to Services (ARTAS)**

An individual-level, multi-session intervention for persons who are recently  
diagnosed with HIV

# **Client Session Guide**

July 2022

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## Client Session Guide Overview

The Client Session Guide contains step-by-step instructions to facilitate each of the five client sessions, helpful tips, and the forms and documents needed to conduct and track each client session. This guide is written for the LC implementing ARTAS.

The goal of ARTAS is to link people who are recently diagnosed with HIV, or out-of-care, to medical care. To advocate for linkage to medical care with the client, you will help the client identify benefits and resolve barriers to linkage. The client may have other objectives they would like to address; these objectives should be achievable in a short time frame and should not conflict with the core elements of ARTAS. Accomplishing the client's other objectives may strengthen the relationship between you and the client and/or eliminate a source of stress for the client.

In addition, many clients identify system-level barriers, such as restrictive service application hours, biases against persons with HIV (PWH), and a lack of childcare. Addressing these barriers will facilitate linkage to medical care. Therefore, you should be skilled in finding solutions to common system-level barriers.

### How to Use the Client Session Guide

ARTAS is an individual-level intervention. As such, the content, timing, and structure of each client session will differ greatly depending on the client and their needs, barriers, and strengths. You should be prepared to adjust the session content, timing, and structure depending on the client. The Client Session Guide provides a basic structure for each client session.

The five client sessions are:

Session One: Building the Relationship

Session Two: Emphasizing Personal Strengths

Session Three: Learning to Make Contact

Session Four: Reviewing Progress

Close-Out Session (Session Five): Completing the Work

**Format of this Guide:** A cover page with the overall activities for the session, an agenda, forms and documents needed, and an estimated length of time are provided for each client session.

While you should attempt to complete every activity listed for each session, since ARTAS is client-centered and the sessions are client-driven, you must remain flexible. It is more important to be consistent with the client's needs, strengths-focused, and client-driven than it is to complete all session activities. As such, the agenda, time, content, and forms must be adjusted to each client's needs.

After the cover page, each session is organized by agenda items, which correspond to one or two activities for the session. For each agenda item, you will find the following subheadings:

**Purpose:** The purpose of the activity or activities you should accomplish by the end of this discussion.

**Forms and Documents:** The forms and documents that you should have on hand to review and/or complete with the client. Some forms will be completed after the session ends, and they are listed within the step-by-step procedure. Please remember, you may not use every form or document with each client. It depends on where the client is in their decision to link to medical care.

**Advanced Preparation:** A list of activities you should do before starting a client session and that typically relate to the key considerations.

**Key Considerations:** The key considerations are reminders for you, such as information on what to expect from the client (e.g., a client may be ambivalent about the first session).

**Procedure:** The procedure is a step-by-step description of how to conduct each activity of the session. **Because this is an individual-level intervention, the structure of this section will differ greatly depending on the client.** Within this section, you will find guidelines on what to cover and what to skip based on where the client is at a given point in the session.

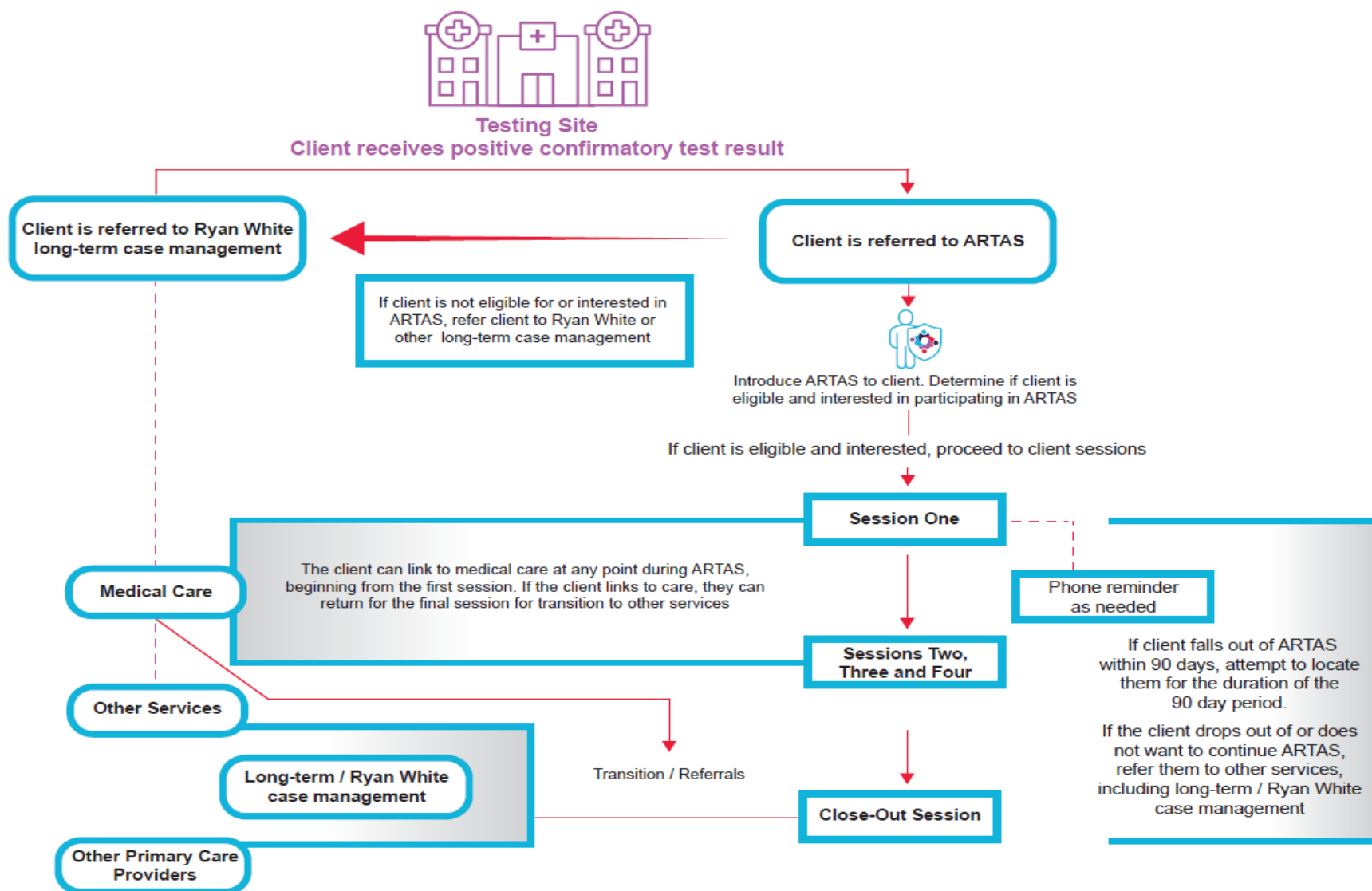
Finally, it is important to note that the content within each of the five sessions is intentionally redundant in places. Because a client may be under a great deal of stress and/or at different stages of decision-making from one session to the next, repeating information and key points is important to ensure they understand and retain the information. As you progress from one session to the next with the client, you will also note subtle differences in the step-by-step procedures and key considerations. These differences are reminders for you to check in with the client on unresolved barriers and further explore why they are not ready to link to medical care. The differences are noted throughout the Client Session Guide.

Some forms in the Client Session Guide will be completed with the client, and others will be completed after the client session. This information will be provided as part of the step-by-step instructions. Finally, the guide provides an overview of helpful tips to consider when implementing ARTAS, such as how to integrate an assessment of client readiness for rapid linkage to HIV care within the ARTAS model.

See **Figure 1: ARTAS Client Session Flow Process** on the next page for a visual representation of the client sessions. The figure depicts how a client flows into ARTAS and through the client sessions, linkage to medical care, and referral to other programs upon

completion of ARTAS. It also shows how ARTAS complements long-term / Ryan White case management. A client can be referred from long-term / Ryan White case management into ARTAS to provide more intensive, individualized work to link them to medical care. Or a client can be referred to these programs if they are not interested in or eligible for ARTAS, or if they have already completed ARTAS.

Figure 1: ARTAS Client Session Flow Process



## Session One: Building the Relationship

Approximately: 1.5–2 hours

### Session One Activities:

- A. Introduce the goals of case management and ARTAS.
- B. Discuss concerns about recent HIV diagnosis.
- C. Begin to identify personal strengths, abilities, and skills and assess the role of others in impeding or promoting access to services.
- D. Encourage linkage to medical care.
- E. Summarize the session, the client's strengths, and agreed-upon next steps.
- F. Plan for the next session(s), with the medical care provider and/or you.

### Session One Guide Agenda

- 1A. Introduction
- 1B. Guided Discussion
- 1C. Linkage to Medical Care
- 1D. Client Assessment
- 1E. Review and Summarize the Session
- 1F. Schedule Medical Appointment and/or Next Session

### Forms and Documents Needed for Session One:

- *Overview of ARTAS Document*
- *Educational material about living with HIV*
- *Strengths Assessment Form*
- *ARTAS Session Plan*
- *Resource directory*
  - *A listing of medical and psychiatric service providers and local social service providers (e.g., housing, food, insurance)*
- *Fact sheet on current treatment options and their side effects*
- *Appointment cards*
- *Incentives, if provided*
- *Session Notes*
- *Session Notes Summary Sheet*
- *Case Review Form*
- *Life Domains List*

Remember: The sessions are client-driven. As such, **the agenda, time, content, and forms must be adjusted to the client's needs.**

## 1A: Introduction

**Purpose:** Introduce yourself and ensure the client understands the goals of case management, ARTAS, and the strengths model used to guide the process.

**Forms and Documents:** *Overview of ARTAS Document*

### **Advanced Preparation:**

- Review the Overview of ARTAS Document.
- Familiarize yourself with HIV care clinics in the area, including hours, average new patient wait times, and availability of treatment.
- Be familiar with insurance and benefits navigation in your state or jurisdiction.
- Be prepared to talk about the benefits of linkage to care and starting treatment.

### **Key Considerations:**

Remember that:

- A client may be ambivalent about the first session.
- Each client begins from a different place. Some may have just learned of their HIV status; others may have been living with HIV for some time.
- The client may have already overcome some barriers by attending this session.
- The client may have experienced a wide range of emotions leading up to this session, including fear, anger, distrust, helplessness, and fatalism.
- The client might have had negative personal experiences with medical providers in the past.

Caution should be exercised to not self-disclose at this point. At this early stage, it is not possible to know what shared life experiences will enhance or impede your relationship with the client. This applies to issues such as personal faith, HIV status, relationships with others living with HIV, or past substance use.

### **Procedure:**

#### **For all clients:**

1. Introduce yourself to the client. Describe your professional background, especially as it applies to working with persons with HIV (PWH). Emphasize your training, interest in assisting PWH, and/or knowledge of HIV- specific healthcare services.
2. Give the client an overview of ARTAS and information on the importance of linkage. (Note: During the pre-implementation phase, you should have created a brief ARTAS summary for reaching out to community partners., you can access information on linkage on [CDC's Effective Interventions website](#)). Either read the overview or paraphrase its key points. It is important that you confidently convey the key points to the client. The key points for the **Overview of ARTAS Document** can be found on [page 117](#) in the Session Forms section.
3. Next step, continue to 1B: Guided Discussion.



## 1B: Guided Discussion

**Purpose:** To give the client an opportunity to talk about their feelings and thoughts related to their recent HIV diagnosis.

**Forms and Documents:** Review information on current treatment options and their side effects: [HIV.gov's HIV Treatment Overview](https://www.hiv.gov/hiv-treatment-overview) and/or [HIV Info's HIV Treatment webpage](https://www.hivinfo.org/hiv-treatment-webpage).

### Advanced Preparation:

- Review the fact sheet on current treatment options and their side effects.

### Key Considerations:

You should:

- Possess comprehensive and in-depth knowledge about HIV and AIDS (the medical, psychological, and social aspects) and be able to answer the client's detailed questions.
- Refer to current resources to answer the client's questions.
- Promote the personal and partner benefits of risk reduction and detail the value of seeking medical care early, medication adherence, viral suppression, [undetectable=untransmittable \(U=U\)](#), and treatment as prevention (TasP).
- Diminish fears or concerns the client might have about treatment, visiting a doctor, their sex life, and/or personal relationships.
- Be realistic about the limitations of treatment: there is no cure for HIV; but persons should remain on medications to achieve healthy outcomes.
- Help the client explore personal resources to help them to be successful.
- Be careful to neither directly confront nor reinforce the client's statements at this time.

### Procedure:

#### For all clients:

1. Start the discussion with a statement that lets the client know you understand and are aware that it is natural to have many feelings and unanswered questions after receiving an HIV-positive diagnosis. Start the discussion like this:
  - *"When a person is first diagnosed with HIV, a lot of things go through their mind. How have you been feeling since you found out?"*

Possible open-ended follow-up questions include:

- *"What resources did the health department tell you about when you received your test results?"*
- *"What were your biggest worries when you received your positive test results?"*

2. Ask the client what materials about HIV the testing site gave them, if any.

Possible open-ended follow-up questions include:

- *"What did you think about the material you received?"*

- “What additional questions do you have about HIV?”
3. Clarify any questions the client has about HIV (specifically about symptoms, care and treatment options, support services, and counseling). Possible open-ended follow-up questions include:
- “What other questions do you have?”
  - “Have you discussed your HIV status with a doctor or nurse since you received your test results? If so, what did you talk about? Do you have additional questions?”
  - “What are your concerns about seeking treatment or medical care?”
4. Next step, continue to 1C: Linkage to Medical Care.

## 1C: Linkage to Medical Care

**Purpose:** Encourage the client to seek immediate medical care, and, if interested, assist them with same-day linkage.

**Forms and Documents:** *ARTAS Session Plan*  
*Resource directory*  
*Session Notes*  
*Session Notes Summary Sheet*  
*Case Review Form*

### Advanced Preparation:

- Review any specific requirements, characteristics/traits, agency policies, and required paperwork of the health care providers.
- Review any local, state, or federal policies such as eligibility requirements for services, Medicaid, AIDS Drug Assistance Programs (ADAP), Ryan White services, waitlists, mandatory disclosure laws.

### Key Considerations:

Inform the client about the following:

- Care and treatment services provided by your agency and/or your community partners.
- Specific requirements, such as timeliness, rescheduling policies, or paperwork required for health care providers in the area.
- Characteristics or traits of a particular clinic(s) or community partner(s) that match the client’s needs. For example, a clinic with bilingual staff or interpreters for a non-English-speaking / limited-English-proficient client.
- Relevant policies (at the agency, local, state, and/or federal levels), issues, or potential barriers, such as eligibility requirements for services, Medicaid, ADAP, Ryan White services, waitlists, mandatory disclosure laws. Focus on policies with the most immediate effect on the client.

### Procedure:

**For all clients:**

1. Ask the client about their expectations and concerns about seeking medical care and treatment for HIV, including their interest and readiness for rapid linkage. Be sensitive to the client's stated and unstated reasons for not wanting to seek medical treatment. Begin the discussion with these questions:
  1. *"What are your thoughts about linking to medical care?"*
  2. *"What barriers or problems might get in the way of your going to a doctor or medical clinic?"*
2. Discuss the benefits of linkage, early HIV treatment, and medication adherence with the client. If the client expresses interest and readiness for rapid linkage, implement your organization's rapid linkage protocol. If not, continue to #3.
3. Assess the client's tangible and perceived barriers. The client may have a multitude of personal barriers that impede their ability to seek services. Check in with the client about the following:
  1. What is their housing situation? Will homelessness or insecure housing pose a barrier to linking to care?
  2. How will they get to their medical appointment? Do they anticipate any transportation issues?
  3. What financial considerations may pose a barrier to linkage to care?
  4. Will active drug or alcohol addiction pose a barrier to linkage to care?

Some of the perceived barriers could be fears about family, friends, and community members discovering their HIV status or health care needs.

4. Engage the client in a discussion about medical options, provide information, and help them clarify concerns, issues, and barriers. **Remember, it is not your role to make the decision to link to medical care for the client.**
5. Demonstrate your thorough knowledge of the medical care environment and requirements and provide information based on available resources. This includes:
  1. Providers and their specialties and personalities.
  2. How to navigate the system to apply for and access Ryan White, Medicaid, or other services.
  3. All the background research you did in the pre-implementation section to become familiar with community partners.

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At this point, one of four things is likely to happen. Based on where the client is in their decision, follow these instructions:

**If the client decides to link to medical care at this point,** continue with step 5.

**If the client is not ready to make this decision,** skip to 1E: Review and Summarize

the Session.

**If the client (a) wants to drop out of ARTAS or (b) does not want to link to medical care, skip to step 8.**

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**For clients who wish to link to medical care at this point, but are either not willing or not able to follow your organization's rapid linkage protocols:**

6. Introduce the ARTAS Session Plan:

*"Our goal is to help you get connected to a doctor. As you may recall, we will have up to five sessions in 90 days to help you link to care by identifying your strengths and overcoming barriers.*

*The ARTAS Session Plan is one of the activities that can guide us to accomplish your goal(s). This plan will help us organize our work together and make sure that we identify everything we need to work on. We'll write down the goals to remind us of what we're doing, and you will always have a copy of your most recent ARTAS Session Plan, if you want it."*

7. Follow the **ARTAS Session Plan** instructions on [page 112](#) of the Session Forms section. The ARTAS Session Plan helps the client identify objectives and possible barriers, activities to accomplish the objective(s), the person responsible, target dates to complete each activity, and related strength(s). It is recommended that the plan be committed to in writing to allow you and the client to easily track progress and pinpoint activities that may need to be adjusted over time.
  8. Next step, continue to 1E: Review and Summarize the Session.
- 

**For clients who want to drop out of ARTAS or do not want to link to medical care now or in the near future:**

9. Keep the conversation positive! Cover the following topics:
  - a. Engage the client in a discussion about (1) their reasons for attending the first ARTAS session and (2) their reasons for deciding not to continue with ARTAS / seeking medical care.
  - b. Let the client know that ambivalence and reluctance about linking to medical care are normal.
  - c. Review the client's strengths discussed during the session.
  - d. Discuss their accomplishments made during the session and ask how, if at all, the session has been helpful.
  - e. Keep the door open. Remind the client that your sessions together can continue as long as they think ARTAS can help clarify and remove barriers to seeking treatment before the end of the 90 days.
  - f. Offer the client your business card and end the session.

**(Note: If at any point the client decides to link to medical care and/or not drop out of ARTAS, continue to 1E: Review and Summarize the Session.)**

10. Next step, end the session and complete paperwork:

1. Depending on your agency's procedures and/or schedule for the day, you may want to take a few minutes to complete all the required paperwork before moving on to the next client and/or task. Recommended paperwork to complete includes:
  - Session Notes
  - Session Notes Summary Sheet (if the client dropped out)
  - Case Review Form

## **1D: Client Assessment**

**Purpose:** Begin to identify personal strengths, abilities, and skills and assess the role of others in impeding or promoting access to medical and/or social services.

**Forms and Documents:** *Strengths Assessment Form*

### **Advanced Preparation:**

- Review the state/local legal requirements regarding HIV disclosure.

### **Key Considerations:**

You should:

- Use effective communication skills.
- Know the state/local legal requirements regarding disclosing one's HIV status.
- Have natural conversations with the client to identify additional strengths.
- Ask open-ended questions that encourage the client to identify strengths.
- Show the client genuine respect and concern, as this is the starting point of a helping relationship.

### **Procedure:**

#### **For all clients:**

1. Identify and explore reasons why the client may be hesitant to link to medical care. Provide information that may help alleviate client concerns and/or address any misinformation.
2. Explain how identifying the client's strengths, abilities, and skills relates to their ability to stay healthy and link to medical care. For example:

*"Often times, when you see ways that you've been successful in the past, it helps you to be successful again. Knowing how you've been successful helps you plan how to deal with barriers or problems you may have getting the medical care you need or achieving other goals."*
3. Ask the client to talk about their personal experiences. Guide the client to speak

from a strengths perspective and about their abilities, rather than putting themselves down. While the strengths assessment is formally introduced in Session Two, it is important to start talking about strengths from the very beginning and recording them in the Strengths Assessment Form.

4. Cite examples of the client's strengths and abilities that have already become apparent in your conversation or during this session. This will help the client think about personal strengths, resources, and skills. Some common examples include:
  - The courage to get tested for HIV.
  - The wisdom to come to Session One of ARTAS.
  - The ability or desire to live independently.
  - Being punctual, if they arrived on time.
5. Help the client assess the role others have in supporting or impeding their access to medical care. Ask the client:
  - *"Who do you think could support or help you get to the doctor? Think about friends, family, neighbors, significant others, anyone. These are people you feel can take you to appointments, let you borrow their car, provide financial assistance, watch your kids, give emotional support, and help with other things you might need."*
6. Discuss the advantages or disadvantages of telling a significant other or sexual partner(s) about testing positive.

If the client is currently involved in a sexual relationship(s), ask them:

- *"Does your significant other/sexual partner(s) know you've been diagnosed with HIV?"*

If yes, follow up with:

- *"How do you think [insert name of significant other/partner] could help you get into medical care?"*

If no, follow up with:

- *"What do you think are some of the advantages to telling [insert name of significant other/partner]?"*
- *"What are some of the disadvantages?"*

Discuss any important advantages or disadvantages that the client did not mention, including health considerations, such as U=U and PrEP for the partner, and any state laws or legal requirements to disclose one's HIV status to sexual partners (regardless of condom use or other protective measures taken) and/or to health care providers. It is important that you be familiar with these requirements and be able to clearly articulate them to the client.

7. Next step, continue to 1E: Review and Summarize the Session.

## 1E: Review and Summarize the Session

**Purpose:** To review what was discussed with the client during the session and summarize the agreed-upon next steps.

**Forms and Documents:** *ARTAS Session Plan*

**Advanced Preparation:** *None.*

### **Key Considerations:**

You should:

- Review the ARTAS Session Plan activities and discuss/revise anything that was documented incorrectly, if a plan was developed.

### **Procedure:**

**For clients who wish to link to medical care at this point, or clients who are not ready to make this decision:**

1. Provide a summary of the session or ask the client to summarize the session and the client's strengths. During the first session, the client may be very emotional and upset, particularly if they have been recently diagnosed. Therefore, summarizing the session is extremely important to help the client remember the key points.
2. Review the ARTAS Session Plan activities, person responsible, and target date to complete the items with the client, if a plan was developed. Remember, some of these are activities you are committing to complete prior to the session.
3. Next step, continue to 1F: Schedule Medical Appointment and/or Next Session.

## 1F: Schedule Medical Appointment and/or Next Session

**Purpose:** To schedule appointments with you, medical providers, and other support services as needed.

**Forms and Documents:** *ARTAS Session Plan*  
*Resource directory*  
*Appointment cards*  
*Incentive, if provided*  
*Session Notes*  
*Session Notes Summary Sheet*  
*Case Review Form*

### **Advanced Preparation:**

- Review your availability for the next session and/or medical appointment.



- Review the resource directory for medical providers, clinics, and other services as needed.
- Bring the transportation vouchers/tokens/schedules.

**Key Considerations:**

You should:

- Refer the client to services as needed. The client may present with other needs that are related to their recent diagnosis or existing HIV status.
- If the client wishes to schedule a medical appointment, provide them with detailed information about the clinic hours and services they provide.
- Make sure all paperwork is completed and discuss how client information will be used. Stress privacy and confidentiality.
- Arrange and confirm all appointments with or for the client, including medical as well as other services as needed.
- Offer to take the client or provide transportation to all scheduled appointments.
- Work on all identified barriers to following through with scheduled appointments.

**Procedure:****For clients who wish to link to medical care at this point:**

1. Clarify whether the client would like you to accompany them to the medical appointment.
2. If the initial appointment is a telehealth appointment, make sure the client has the technology needed to attend the appointment.
3. Discuss the best time and date to schedule the appointment.
  - If the ARTAS Session Plan has activities that must be completed before the medical appointment that may take some time, schedule the appointment further out or wait until the next session to schedule the medical appointment. Examples of activities that might take more time to complete are arranging for transportation and processing Medicaid enrollment forms.
4. Call the clinic or community partner (or have the client call) to schedule an appointment.
  - If the next time you see the client will be at the medical visit:
    - Give them information about the staff and doctor and required documents.
    - Discuss in detail what the client should expect at each stage of the appointment.
    - Help the client write down questions they would like to ask the healthcare provider and/or other clinic staff. Depending on the



client, practice asking and answering questions with them, so they feel comfortable with the list of prepared questions.

- Ask the client if they would like for you to call them before the medical appointment, as a reminder.

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**For all clients:**

5. Schedule and/or make arrangements for the client to access needed social services, such as temporary housing and food banks.
6. Schedule a day, time, and meeting location for the next ARTAS session. Make sure accommodations are compatible with agency safety guidelines.
  - If the next session is **before the medical appointment or the client is not linking to medical care at this point**, offer to write down these details and to call the client before your next session as a reminder. The topics covered will follow the format for Session Two.
  - If the next session is scheduled for **after the medical appointment**, the next session will be the Close-Out Session (completing the work with the client).
7. Offer the client an **appointment card** (see samples on [page 118](#) of the Session Forms section) to document the time, location, and agency name.
8. Give the client transportation tokens or vouchers to get home and/or to the next session or appointment. Offer to pick the client up, if that is an allowable activity at your agency.
9. Gather any contact and/or locator information from the client before they leave. Locator information will allow you to locate the client through family, friends, or other individuals who know how to reach them if the client's address changes, phone is disconnected, or the client is not reachable through the means provided in the initial intake (conducted within the agreed-upon rules for communicating with the client). Remind the client that you will attempt to contact them through these means only after a missed appointment.
  - To gather this information, discuss how the locator information will be used and be sure to inform the client that none of their personal information will be shared with the contacts provided. Information collected from the contact persons includes the following: usual place of residence, telephone number or address of someone who usually knows where the client can be found, places where they pick up mail or messages.
  - Ask the client if the contacts are aware of their HIV status and assure the client that their contacts will not be told the reason for the call. You can say

you are a friend trying to reach the client.

10. End the session by thanking the client for coming and congratulate them for a productive session. Remind the client that linking to medical care is important to their overall health, and that you are there to help them attain services needed so that they are ready to access medical care and treatment.

11. Next step, complete paperwork:

- Depending on your agency's procedures and/or schedule for the day, you may want to take a few minutes to complete all the required paperwork before moving on to the next client and/or task. Recommended paperwork to complete includes:
  - Session Notes
  - Session Notes Summary Sheet (if the client dropped out)
  - Case Review Form

## **Sessions Two, Three, and Four: Emphasizing Personal Strengths**

Approximately: 1.5–2 hours

### **Sessions Two, Three, and Four Activities:**

- A. Solicit client issues and questions from the initial session.
- B. Continue identifying personal strengths, abilities, and skills.
- C. Encourage linkage to medical care.
- D. Identify and address personal needs and barriers to linkage.
- E. Summarize the session, the client's strengths, and agreed-upon next steps.
- F. Plan for the next session(s), with the medical care provider and/or you.

### **Sessions Two, Three, and Four Guide Agenda**

2A. Review of Session One

2B. Client Assessment

2C. Linkage to Medical Care

2D. Review and Summarize the Session

2E. Schedule Medical Appointment and/or Next Session

### **Forms and Documents Needed for Sessions Two, Three, and Four:**

- *ARTAS Session Plan*
- *Strengths Assessment Form*
- *Resource directory*
- *Appointment cards*
- *Incentive, if provided*
- *Session Notes*
- *Session Notes Summary Sheet*
- *Case Review Form*
- *Life Domains List*

Remember: The sessions are client-driven. As such, **the agenda, time, content, and forms must be adjusted to the client's needs.**

## **2A: Review of Session One (and Two and Three, if appropriate)**

**Purpose:** To clarify and address any questions or areas of confusion the client has from the initial contact or previous session.

**Forms and Documents:** *ARTAS Session Plan*

### **Advanced Preparation:**

- Review the client's ARTAS Session Plan, if one was developed in the previous session.

### **Key Considerations:**

Remember that the client:

- Needs support and resources to effectively link to medical care. Be sure to review the client's needs and refer them to needed services to assist in accessing medical care.
- Often needs assistance to identify personal strengths and abilities to facilitate their linkage to medical care.
- May need to reflect on their HIV status and barriers encountered in disclosing their status to others and in accessing social services.

### **Procedure:**

#### **For all clients:**

1. Welcome the client back for Session Two (or Three or Four) and congratulate them on following up successfully with today's session. Recognize the many demands the client has and state how much you appreciate their taking time to meet with you.
2. Ask the client what questions, concerns, or new insights they have as a result of the previous session. You may also want to ask about their thoughts about linking to medical care since your last session and any reactions they have to the focus on strengths, which will help you to assess whether they are starting to adopt the approach.
3. Summarize any additional points made during the discussion.

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#### **For clients who have not decided to link to medical care:**

4. Next step, continue to 2B: Client Assessment.

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#### **For clients who have decided to link to medical care but have not yet attended their appointment:**

5. Review the outcomes of all activities listed on the ARTAS Session Plan for both you and the client. If necessary, revise the plan.

6. Ask the client about any new barriers and/or strengths discovered as a result of completing the ARTAS Session Plan activities. If necessary, revise the plan.
7. Next step, skip to section 2D: Review and Summarize the Session.

## 2B: Client Assessment

**Purpose:** Assess readiness to link to medical care and to help the client self-identify personal strengths, abilities, and skills.

**Forms and Documents:** *Resource directory*  
*Strengths Assessment Form*

### Advanced Preparation:

- Review the state/local legal requirements regarding HIV disclosure.
- Review the client's strengths assessment, if one was started in the previous session.

### Key Considerations:

You should:

- Use effective communication skills.
- Know the state/local legal requirements regarding disclosing one's HIV status.
- Have natural conversations with the client to identify additional strengths.
- Ask open-ended questions that encourage the client to provide more substantive information to build on the list of strengths developed in Session One.
- Show the client genuine respect and concern, as this is the starting point of a helping relationship.

### Procedure:

#### For clients who have not yet decided to link to medical care:

1. Remind the client about the benefits of linkage, early HIV treatment, and medication adherence.
2. Identify and explore reasons why the client may be hesitant to link to medical care. Provide information that may help alleviate client concerns and/or address any misinformation.
3. Remind the client how identifying strengths, abilities, and skills relates to their ability to stay healthy and link to medical care. For example:  
*"Often times, when you see ways that you've been successful in the past, it helps you to be successful again. Knowing how you've been successful helps you plan how to deal with barriers or problems you may have getting the medical care you need or achieving other goals."*
4. Remind the client of examples of their strengths and abilities that have already become apparent in the previous session. This will help the client think about

personal strengths, resources, and skills. Some common examples include:

- The courage to get tested for HIV
- The wisdom to come to ARTAS
- The ability or desire to live independently
- Being punctual, if they arrived on time

5. **This is a new activity started in Session Two.** Conduct the strengths assessment by following the instructions and introduction script starting on [page 106](#) of the Session Forms section.
6. Next step, continue to 2C: Linkage to Medical Care.

## 2C: Linkage to Medical Care

**Purpose:** Encourage the client to seek medical care and, if the client is interested, assist them in the process to make that linkage.

**Forms and Documents:**     *ARTAS Session Plan*  
                                      *Resource directory*  
                                      *Session Notes*  
                                      *Session Notes Summary Sheet*  
                                      *Case Review Form*

### Advanced Preparation:

- Review any specific requirements, characteristics/traits, agency policies, and required paperwork of the healthcare providers.
- Review any local, state, or federal policies such as eligibility requirements for services, Medicaid, ADAP, Ryan White services, waitlists, mandatory disclosure laws.
- Review the client's ARTAS Session Plan, if one was developed in the previous session.

### Key Considerations:

Inform the client about the following:

- Care and treatment services provided by your agency and/or your community partners.
- Specific requirements, such as timeliness, rescheduling policies, or paperwork required for healthcare providers in the area.
- Characteristics or traits of a particular clinic(s) or community partner(s) that match the client's needs. For example, a clinic with bilingual staff or interpreters for a non-English-speaking / limited-English-proficient client.
- Relevant policies (at the agency, local, state, and/or federal levels), issues, or potential barriers, such as eligibility requirements for services, Medicaid, ADAP, Ryan White services, waitlists, mandatory disclosure laws. Focus on policies with the most immediate effect on the client.

**Procedure:****For clients who have not decided to link to medical care:**

1. Ask the client about their expectations and concerns about seeking medical care and treatment for HIV. Be sensitive to the client's stated and unstated reasons for not wanting to seek medical treatment. Begin the discussion with these questions:
  - *"What are your thoughts about linking to medical care?"*
  - *"What barriers or problems might get in the way of your going to a doctor or medical clinic?"*
2. Assess the client's tangible and perceived barriers. The client may have a multitude of personal barriers that impede their ability to seek services. Check in with the client about the following:
  - What is their housing situation? Will homelessness or insecure housing pose a barrier to linking to care?
  - How will they get to their medical appointment? Do they anticipate any transportation issues?
  - What financial considerations may pose a barrier to linkage to care?
  - Will active drug or alcohol addiction pose a barrier to linkage to care (if applicable)?

Some of the perceived barriers could be fears about family, friends, and community members discovering their HIV status or healthcare needs.

3. Engage the client in a discussion about medical options, provide information, and help them clarify concerns, issues, and barriers. **Remember, it is not your role to make the decision to link to medical care for the client.**
4. Demonstrate your thorough knowledge of the medical care environment and requirements and provide information based on available resources. This includes:
  - Providers and their specialties and personalities
  - How to navigate the system to apply for and access Ryan White, Medicaid, or other services
  - In other words, all the background research you did in the pre-implementation section to become familiar with community partners

---

At this point, one of four things is likely to happen. Based on where the client is in their decision, follow these instructions:

**If the client decides to link to medical care at this point,** continue to the Close-Out Session.

**If the client is not ready to make this decision,** skip to 2D: Review and Summarize

the Session.

**If the client (a) wants to drop out of ARTAS or (b) does not want to link to medical care, skip to step 8.**

---

**For clients who wish to link to medical care at this point:**

5. Introduce the ARTAS Session Plan:

*“Our goal is to help you get connected to a doctor. As you may recall, we will have up to five sessions in 90 days to help you achieve this and other objectives by identifying your strengths and overcoming barriers.”*

*“The ARTAS Session Plan is one of the activities that can guide us to accomplish your goal(s). This plan will help us organize our work together and make sure that we identify everything we need to work on. We’ll write down the goals to remind us of what we’re doing, and you will always have a copy of your most recent ARTAS Session Plan, if you want it.”*

6. Follow the **ARTAS Session Plan** instructions on [page 112](#) of the Session Forms section. The ARTAS Session Plan helps the client identify objectives and possible barriers, activities to accomplish the objective(s), the person responsible, target dates to complete each activity, and related strength(s). It is recommended to commit to the plan in writing, allowing you and the client to easily track progress and pinpoint activities that may need to be adjusted over time.

7. Next step, continue to 2D: Review and Summarize the Session.

---

**For clients who want to drop out of ARTAS or do not want to link to medical care now or in the near future:**

8. Keep the conversation positive! Cover the following topics:

- a. Engage the client in a discussion about: (1) their reasons for attending the second (third or fourth) ARTAS session and (2) their reasons for deciding not to continue with ARTAS / seek medical care.
- b. Let the client know that reluctance to link to medical care is normal.
- c. Review the client’s strengths discussed during the session.
- d. Discuss their accomplishments made during the session and ask how, if at all, the session has been helpful.
- e. Keep the door open. Remind the client that your sessions together can continue as long as they think it can help clarify and remove barriers to seeking treatment before the end of the 90 days.
- f. Offer the client your business card and end the session.



(Note: If at any point the client decides to link to medical care and/or not drop out of ARTAS, continue to 2E: Review and Summarize the Session.)

**9. Next step, end the session and complete paperwork:**

- Depending on your agency's procedures and/or schedule for the day, you may want to take a few minutes to complete all the required paperwork before moving on to the next client and/or task. Recommended paperwork to complete includes:
  - Session Notes
  - Session Notes Summary Sheet (if the client dropped out)
  - Case Review Form

## **2D: Review and Summarize the Session**

**Purpose:** To review what was discussed with the client during the session and summarize the agreed-upon next steps.

**Forms and Documents:** *ARTAS Session Plan*

**Advanced Preparation:** *None.*

**Key Considerations:**

You should:

- Review the ARTAS Session Plan activities and discuss/revise anything that was documented incorrectly, if a plan was developed.

**Procedure:**

**For clients who wish to link to medical care at this point or clients who are not ready to make this decision:**

1. Provide a summary of the session or ask the client to summarize the session and the client's strengths. During the session, the client may be very emotional and upset, particularly if they have been recently diagnosed. Therefore, summarizing the session and the client's strengths is extremely important to help the client remember the key points.
2. Review the ARTAS Session Plan activities, person responsible, and target date to complete the items with the client, if a plan was developed. Remember, some of these are activities you are committing to complete prior to the session.
3. Next step, continue to 2E: Schedule Medical Appointment and/or Next Session.

## **2E: Schedule Medical Appointment and/or Next Session**

**Purpose:** To schedule appointments with you, medical providers, and support services as needed.

**Forms and Documents:** *ARTAS Session Plan*  
*Resource directory*  
*Appointment cards*  
*Incentive, if provided*  
*Session Notes*  
*Session Notes Summary Sheet*  
*Case Review Form*

**Advanced Preparation:**

- Review your availability for the next session and/or medical appointment.
- Review the resource directory for medical providers, clinics, and other services as needed.
- Bring the transportation vouchers/tokens/schedules.

**Key Considerations:**

You should:

- Refer the client to services as needed. The client may present with other needs that are related to their recent diagnosis or existing HIV status.
- If the client wishes to schedule a medical appointment, then provide them with detailed information about the clinic hours and services they provide.
- Make sure all paperwork is completed and discuss how client information will be used. Stress privacy and confidentiality.
- Arrange and confirm all appointments with or for the client, including medical as well as other services as needed.
- Offer to take the client or provide transportation to all scheduled appointments.
- Work on all identified barriers to following through with scheduled appointments.

**Procedure:**

**For clients who wish to link to medical care at this point:**

1. Clarify whether the client would like you to accompany them to the medical appointment.
2. Discuss the best time and date to schedule the appointment.
  - If the ARTAS Session Plan has activities that must be completed before the medical appointment that may take some time, schedule the appointment further out or wait until the next session to schedule the medical appointment. Examples of activities that might take more time to complete are arranging for transportation and processing Medicaid enrollment forms.
3. Call the clinic or community partner (or have the client call) to schedule an appointment.
  - **If the next time you see the client will be at the medical visit:**

- Give them information about the staff and doctor and any required documents.
  - Discuss in detail what the client should expect at each stage of the appointment.
  - Help the client write down questions they would like to ask the health care provider and/or other clinic staff. Depending on the client, practice asking and answering questions with them so they feel comfortable with the list of prepared questions.
  - Ask the client if they would like for you to call them before the medical appointment, as a reminder.
- 

#### **For all clients:**

4. Schedule and/or make arrangements for the client to access needed social services, such as temporary housing and food banks.
5. Schedule a day, time, and meeting location for the next ARTAS session. Make sure accommodations are compatible with agency safety guidelines.
  - If the next session is **before the medical appointment or the client is not linking to medical care at this point**, offer to write down these details and to call the client before your next session as a reminder. The topics covered will follow the format for Session Three.
  - If the next session is scheduled for **after the medical appointment**, the next session will be the Close-Out Session (completing the work with the client).
6. Offer the client an **appointment card** (see samples on [page 118](#) of the Session Forms section) to document the time, location, and agency name.
7. Give the client transportation tokens or vouchers to get home and/or to the next session or appointment. Offer to pick the client up, if that is an allowable activity at your agency.
8. Gather any contact and/or locator information from the client before they leave. Locator information will allow you to locate the client through family, friends, or other individuals who know how to reach them if the client's address changes, phone is disconnected, or the client is not reachable through the means provided in the initial intake (conducted within the agreed-upon rules for communicating with the client). Remind the client that you will attempt to contact them through these means only after a missed appointment.
  - To gather this information, discuss how the locator information will be used and be sure to inform the client that none of their personal information will be shared with the contacts provided. Information collected from the

contact persons includes the following: usual place of residence, telephone number or address of someone who usually knows where the client can be found, places where they pick up mail or messages.

- Ask the client if the contacts are aware of their HIV status and assure the client that their contacts will not be told the reason for the call. You can say you are a friend trying to reach the client.
9. End the session by thanking the client for coming and congratulate them for a productive session. Remind the client that linking to medical care is important to their overall health and that you are there to help them attain services needed so that they are ready to access medical care and treatment.
10. Next step, complete paperwork:
- Depending on your agency's procedures and/or schedule for the day, you may want to take a few minutes to complete all the required paperwork before moving on to the next client and/or task. Recommended paperwork to complete includes:
    - Session Notes
    - Session Notes Summary Sheet (if the client dropped out)
    - Case Review Form

## Close-Out Session: Completing the Work

Approximately: 1.5–2 hours

### Session Five Activities:

- A. Review the transition process for clients linked to medical care.
- B. Review the transition process for clients not yet linked to medical care.
- C. Transition to long-term / Ryan White case manager or other providers.

### Close-Out Session Guide Agenda

5A. Review the Transition Process: Linked Clients

5B. Review the Transition Process: Non-Linked Clients

5C. Transition to Long-Term / Ryan White Case Manager (CM) or Other Case Management Services

### Forms and Documents Needed for Close-Out Session:

- *ARTAS Session Plan*
- *Resource directory*
- *Contact information for long-term / Ryan White CM and agency*
- *Paperwork for long-term / Ryan White CM*
- *Session Notes*
- *Session Notes Summary Sheet*
- *Case Review Form*
- *Client Satisfaction Questionnaire*

(Note: For the Close-Out Session, you do not conduct all three agenda items for each client.)

**For clients linked to medical care, conduct agenda items 5A and 5C.**

**For clients who have not linked to medical care (non-linked clients), conduct agenda items 5B and 5C.**

Remember: The sessions are client-driven. As such, **the agenda, time, content, and forms must be adjusted to the client's needs.**

## 5A: Review the Transition Process: Linked Clients

**Purpose:** To review the client's progress made during ARTAS and discuss the client's visit with the medical provider.

**Forms and Documents:** *ARTAS Session Plan*  
*Resource directory*

- *List of medical providers*
- *List of community service providers (e.g., substance abuse, mental health, housing, food, and insurance)*

### Advanced Preparation:

- Review the client's ARTAS Session Plan, if one was developed in a previous session.

### Key Considerations:

Remember that the client:

- May not be ready to transition from ARTAS and/or end your relationship.

### Procedure:

#### For all clients:

1. Welcome the client back for the last session and congratulate them on following up successfully with today's session. Recognize the many demands the client has and state how much you appreciate them taking time to meet with you.
2. Ask the client what questions, concerns, or new insights they have as a result of the previous session(s).
3. Summarize any additional points made during the discussion.

---

#### For clients who have decided to link to medical care but have not yet attended their appointment:

4. Review the outcomes of all activities listed on the ARTAS Session Plan for both you and the client. If necessary, revise the plan.
  5. Ask the client about any new barriers and/or strengths discovered as a result of completing the ARTAS Session Plan activities. If necessary, revise the plan.
  6. **This is a new step added to the Close-Out Session.** Discuss how the client can continue to use this plan to achieve their goals and objectives after ARTAS.
  7. **This is a new step added to the Close-Out Session.** Complete the steps listed under 4F: Schedule Medical Appointment and/or Next Session. Then, skip to step 9 in this section.
-

**For clients who attended a medical appointment:**

8. Discuss the client's appointment with the medical provider, including their reactions and any questions they may have. Review with the client what happened during the medical visit and ask what the client thought went well and what could be improved.
- 

**For all clients:**

- a. Discuss the barriers that the client identified and overcame during ARTAS. Review strategies that they identified as successful. Point out any additional strategies that you noticed that they may not have noted.
- b. Discuss any remaining barriers that could interfere with the client attending their next medical appointment or linking to other support services. Strategize with the client to identify ways that they can overcome these. If there are items in the ARTAS Session Plan that the client has yet to complete, obtain a commitment from them that they will continue to work on these.
- c. Ask the client what questions, concerns, or insights they have now that they have completed the intervention. Address any additional issues that arise.
- d. Encourage self-help through HIV support groups and linkage to long-term social services. Review the community resources discussed during earlier sessions. Also review the important role the client's family, friends, social groups, and other informal networks can play in supporting their continued use of medical care and other services. Provide verbal and written information regarding community services available.
- e. Next step, skip to 5C: Transition to Long-Term / Ryan White CM or Other Providers.

**5B: Review the Transition Process: Non-linked Clients**

**Purpose:** To review the client's progress made during ARTAS and discuss how the client will link to medical care.

**Forms and Documents:** *ARTAS Session Plan*  
*Resource directory*

- *List of medical providers*
- *List of community service providers (e.g., substance abuse, mental health, housing, food, and insurance)*
- *Paperwork for long-term / Ryan White case management*

**Advanced Preparation:**

- Review the client's ARTAS Session Plan, if one was developed in the previous

session.

**Key Considerations:**

Remember that the client:

- May not be ready to transition from ARTAS and/or end your relationship.
- May feel discouraged or that they have failed by not linking to medical care during ARTAS.

**Procedure:****For all non-linked clients:**

1. Welcome the client back for the last session and congratulate them on following up successfully with today's session. Recognize the many demands the client has and state how much you appreciate them taking time to meet with you.
2. Ask the client what questions, concerns, or new insights they have as a result of the previous session(s). You may also want to ask about how the client's thoughts about linking to medical care may have evolved since your last session. In addition, you may ask about any reactions they have to ARTAS's focus on strengths.
3. Summarize any additional points made during the discussion.
4. Using the ARTAS Session Plan, review the client's progress over the course of the intervention. Discuss the client's strengths and how they used these to complete the tasks listed in their plan. Emphasize the client's accomplishments during ARTAS.
5. Discuss the barriers that the client identified and overcame during ARTAS. Review strategies that they identify as being successful. Point out any additional strategies that you have noticed they may not have noted.
6. Discuss the client's hesitance to link to medical care. Review the psychological and/or physical barriers that are preventing the client from accessing medical care. Discuss with the client how they can overcome these barriers. If the client desires, revise the ARTAS Session Plan to reflect concrete steps they can take, post-ARTAS, to link to medical care.
7. Remind the client about the benefits of early entry into medical care. Provide them with contact information for community medical providers and promote the client's independent contact with the clinic. Offer them the opportunity to call you one additional time following their independent clinic visit.
8. Ask the client what questions, concerns, or insights they have now that they have completed the intervention. Address any additional issues that arise.



9. Encourage self-help and linkage to medical and long-term social services. Review the community resources discussed during earlier sessions. Also review the important role the client's family, friends, social groups, and other informal networks can play in supporting their linkage to medical care and other services. Provide verbal and written information regarding other community services available.
10. Next step, continue to 5C: Transition to Long-Term / Ryan White CM or Other Providers.

## **5C: Transition to Long-Term / Ryan White CM or Other Case Management Services**

**Purpose:** Explain to client the purpose of long-term / Ryan White case management services and how they differ from ARTAS. Facilitate the transition to the new CM.

**Forms and Documents:** *Contact information for long-term / Ryan White CM*  
*Session Notes*  
*Session Notes Summary Sheet*  
*Case Review Form*  
*Client Satisfaction Questionnaire*

### **Advanced Preparation:**

- Ask the new long-term / Ryan White CM to be available during the client session so they can meet the client.
- Bring the name and contact information of the long-term / Ryan White CM.

### **Key Considerations:**

Remember:

- The client may be unsure about what to expect from long-term / Ryan White case management.
- The client may be hesitant to connect with a new CM.
- Ask the long-term / Ryan White CM to join the session, if the client agrees.

### **Procedure:**

#### **For all clients:**

1. Explain what the client can and cannot expect from long-term / Ryan White case management and how it differs from ARTAS, as follows:
  - While ARTAS focuses mainly on overcoming short-term barriers to linking to medical care, the long-term / Ryan White CM can work with the client on more general issues such as housing, employment, and other treatment needs.
  - The relationship with the long-term / Ryan White CM will not be as intensive as their relationship with you. As a result, the CM may not be able to accompany the client to appointments.

- The relationship between the client and long-term / Ryan White CM will not be restricted to 90 days or five sessions.
  - The client will still be expected to actively participate in their care.
2. Emphasize how the client can use the strengths identified during their participation in ARTAS to overcome barriers to services provided by the new CM. Validate the client's concerns by saying, *"This kind of case management is different and you won't be working with me. But you can have a similar working relationship with your new CM."*
  3. Answer any questions and address any concerns the client has about this new form of case management.
  4. Ask the client if they would be open to having the long-term / Ryan White CM join the session, if they are available. (Note: Plan in advance with the new CM and ensure they are available.)
    - a. **If the client would like to meet the new CM**, then bring them into the session and introduce them to each other. Ask the client to tell their story and share the work they have done in ARTAS and the strengths they have identified. Ask the client to discuss the barriers that they identified through ARTAS and what they have done to overcome them. Review any other barriers to accessing medical care or support services that will need to be addressed. Discuss any other issues that have arisen during ARTAS that the client will need to address during long-term / Ryan White case management.
    - b. **If the client is not comfortable having the long-term / Ryan White CM join the session**, then discuss their reluctance. Discuss how the client will access case management on their own and how they can overcome barriers or discomfort associated with doing so. Review the benefits of case management and what the client can gain from participating. Provide the client with the contact information for their long-term / Ryan White CM, and ask their permission to give their contact information to the new CM.
  5. Complete all paperwork necessary to transfer the client to another agency and/or CM, if this is in the memorandum of agreement between your agency and community partner. This could include discharge forms for your agency, intake/referral forms for the partner agency, and updates on client progress/status.
  6. Thank the client for coming and congratulate them on completing the intervention and working with you. Remind the client that linking to medical care is important to their overall health, and that you hope they use the skills you talked about to obtain services needed so they can access medical care and treatment.
  7. End the session by asking the client to complete the **Client Satisfaction**

**Questionnaire** on [page 130](#) in the Session Forms section.

8. Next step, end the session and complete paperwork:
  - Depending on your agency's procedures and/or schedule for the day, you may want to take a few minutes to complete all the required paperwork before moving on to the next client and/or task. Recommended paperwork to complete includes:
    - Session Notes
    - Session Notes Summary Sheet (if the client dropped out)
    - Case Review Form

## Session Forms

This section contains all the forms and additional documents you will use to conduct each client session. Each form or document is referenced throughout the Client Session Guide in bold and includes the page number where the form/document can be found in this section. Before each form, you will find the instructions on how to introduce and/or use it with the client.

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## Strengths Assessment Instructions

1. Clearly introduce the intent of the strengths assessment. The exact introduction you choose should be tailored to your personal style and the client's reading level or cognitive ability. Below is a sample introduction to the strengths assessment process:

*“One of the activities that we will complete together to help you identify your needs is a strengths assessment. This assessment is different from past assessments that you may have completed with another CM. The design of this assessment helps you to recognize your **strengths, skills, abilities, and things that you’re good at doing**. We have found that when people can recognize what they are good at, it helps them accomplish new or difficult goals. By recognizing areas where you’ve been successful, you can use those examples to put you in a better position to accomplish your personal goals and to take the necessary steps to seek treatment. You may already be aware of these strengths. Or, they may be things you haven’t thought about for a long time or things you’ve never thought about.*

*Some people find it hard at first to focus on their personal strengths because most of us were taught that it is bragging to talk about what we’ve done right. I don’t think that at all. I think focusing on our personal strengths reminds each of us how we all have talents and abilities that help us do what we need to do for ourselves.”*

2. Choose one of two options to complete the assessment with a client. Both options accomplish the same things: building an effective relationship, gathering information, and engaging the client.

**Option 1:** Simply talk to the client about their life. This option occurs in a natural, but guided, conversation designed to help the client think about and identify strengths and abilities. Pick up on the stories told that reflect the client's *abilities*. Summarize or use open-ended questions to encourage clients to talk about positive rather than negative experiences. For example, *“Earlier you noted something about a job at the corner market. Tell me more about what you did to find that job and to get hired.”*

**OR**

**Option 2:** Start the conversation about strengths using very general, but direct questions, such as:

- *What strengths do you think you have?*

- *What are your abilities?*
  - *When have you successfully faced barriers, and what did you do to overcome them?*
  - *What are you good at?*
  - *Tell me about a time when you felt like most things were going well. What were you doing to make them go well?*
3. During the conversation (regardless of which option you choose), listen for examples where the client identifies their strengths. Focus on what the client says, and remember these examples by using reflection, summarizing, and affirmations to reinforce the ideas for you and the client (if necessary, jot down a *quick* note). This is important because many of the ideas and examples will apply to the client's goals.
  4. Make a list of the strengths, abilities, and skills identified by the client in their stories during the conversation. Use the client's own words. What is most important is giving the client an opportunity to see, in writing, a list of their personal, positive attributes. Therefore, you can choose a format for the assessment that suits your agency. A suggested format for the strengths assessment is on page 110.
  5. Copy the list for the client, if they would like to take it home.

While the above strengths assessment exercise is designed to solicit examples of previous successes from the client, you should *never* view the assessment process as static. That is to say, it is an ongoing process, rather than a one-time, discrete activity. Because the intervention is client-driven, a client may not be ready to share their personal stories immediately or may not be able to share strengths right away. They will choose to share on their terms. Therefore, it is important for you to continually search for strengths, skills, and abilities during each client session, brief phone call, general conversation, or other contact with the client. By doing so, you provide an opportunity for the client to choose the right time to share and to help the client see the day-to-day presence and connection of their strengths.

**Collecting information that is not strengths-based:** While the emphasis of ARTAS is on identifying strengths and abilities, it is always appropriate and necessary to incorporate sound clinical practice into each session. Therefore, it is also essential to collect information that is not strengths-based. Examples of non-strengths information that must be collected include:

- Suicidal ideation or attempts
- Risk to do harm to others
- Physical problems associated with substance abuse, including overdose risk, delirium tremens, or drug withdrawal
- Inherent limitations, such as not being able to read, having a learning disability, or

having physical impairments that may affect the client's ability to link to medical care

By having knowledge of and sensitivity to inherent limitations, you will be able to identify valuable resources for the client.

When collecting this non-strengths information, you should remember to treat the client as an individual and to not make assumptions.

Additional key points to remember when conducting the strengths assessment are listed below:

- Believe in the power of strengths and abilities and believe that every client possesses strengths and abilities. Many clients, because of their previous contact with services providers, are adept at spotting someone who is being phony, condescending, or patronizing.
- From time to time, it may be necessary to gently refocus a client on their strengths and away from a discussion of problems and deficiencies. A strengths assessment stands out as a *significantly different approach to addressing a client's needs*, as many ARTAS clients have confronted numerous negative events in their lives.
- Remind yourself and your clients that important problems are not being ignored by completing a strengths assessment. More accurately, the focus on strengths and abilities prepares the client to deal with barriers to accessing medical care and other challenges they might face.
- Be careful about reaching too far to find strengths. For example, suggesting to a client, "*You've been a successful sex worker. Let's talk about your strengths in that area.*" While this situation includes some strengths, such as negotiating skills around price, the emphasis should be on the specific characteristic—being resourceful—and not on the larger role—being a sex worker. Encourage clients to identify how these characteristics can be readily adapted to a healthier lifestyle.
- Emphasize *the client's role* in making things go right and help them explore how they personally influenced the positive outcome. A client may attempt to give someone else the credit for their strengths and/or for times when things were going well.
- Often you will hear a client discuss certain actions but then not directly describe them as strengths. If you think those actions, thoughts, or feelings are strengths, use responsive listening techniques to encourage the client to consider them as such. Ultimately it is your client's perceptions of something as a positive in their life that will enable them to mobilize to solve current problems/barriers.
- Periodically summarize strengths that have been identified by the client. This will help them identify patterns that exist.

- Avoid acting as an investigator. It is better to assume a facilitator role in the search for abilities.
- Keep the goal of linkage to care as an honest part of the strengths assessment and all discussions. Do not try to covertly or overtly steer the client in a desired direction.



## STRENGTHS ASSESSMENT FORM

Linkage Coordinator's

Copy

Client ID: \_\_\_\_\_

LC's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Session Number: \_\_\_\_\_

Is this the first assessment completed for the client or is it an amendment? \_\_\_\_\_

**1. What strengths, skills, or abilities did the client identify (either directly or indirectly)?**

a. Strengths:

b. Skills:

c. Abilities:

d. Which items from the Life Domains List, if needed, prompted the client?

**2. What examples did the client give about a time when they successfully faced barriers?**

a. What did they do to overcome the barrier(s)?

**3. What did the client explicitly say they were good at?**

**4. What did the client implicitly say they were good at, i.e., what did you hear them say?**

a. Did the client agree with what you heard as something they are good at once you repeated it back?

**5. What example(s) did the client give about a time/experience when they felt like most things were going well in their life? What were they doing to make them go well?**

## STRENGTHS ASSESSMENT FORM

Client's Copy

Date: \_\_\_\_\_ Session Number \_\_\_\_\_

New Assessment or Updated Assessment? (Circle one)

**1. My strengths, skills, or abilities identified:**

a. Strengths:

b. Skills:

c. Abilities:

**2. Examples I gave about a time(s) that I successfully faced barrier(s) in my life:**

d. Example of barrier(s):

e. Things I did to overcome the barrier(s):

**3. Things I am good at:**

**4. Example(s) of when I felt like most things in my life were going well:**

f. Things I did to make them go well:

## ARTAS Session Plan Instructions

Introduce the ARTAS Session Plan in a way that demonstrates how easy it is to use and how it provides a way for the client to maintain ownership of the plan.

While the format is less important than the content captured, a sample form to use as a guide for the **ARTAS Session Plan** is on **page 115**. It is useful for the plan to be organized by objectives, activities, related strengths, potential barriers, person responsible, and target dates for each objective and activity.

- **Identifying Goals:** In keeping with a strengths-based perspective, all goals should reflect the client's wishes, not your or the agency's wishes. Take great care not to impose your own goals on a client. Even the goal of linking to medical care should not be imposed on the client.

Throughout the ARTAS sessions, the LC will advocate for linking to medical care, while being careful not to force this goal or any others onto the client. LCs must consider the objectives identified by the client during the intervention and ensure that the efforts put toward these objectives do not restrict the client's ability to reach the ultimate goal of linkage to care.

Goals are written as broad statements and **always in the client's exact words**. Using a client's own words decreases the distance between the client and the goal and places the responsibility for accomplishing the goal squarely on the client. Further, it eliminates the possibility that you inadvertently alter the goal to something you believe is more important. In the end, the client must embrace their goals if they are to be successful.

- **Creating Objectives and Activities:** Objectives will be appropriate and effective if you follow the SMART technique for writing objectives. The components of a SMART objective are Specific, Measurable, Achievable, Relevant, and Time-bound. For more details on writing SMART objectives, please see "[Setting Objectives](#)" on [page 60](#) in the Implementation section.

Activities are the smaller steps toward accomplishing a client's objectives. Below is an example of a client goal, the objectives, and the activities they need to complete to accomplish their goal. The establishment of target dates for each objective and activity allows for periodic review of the client's progress and the opportunity to make adjustments as necessary.

**GOAL:** Find a job I enjoy.

**OBJECTIVE 1:** Take the General Equivalency Diploma (GED) exam by the end of the year.

**ACTIVITIES:** (1) Obtain a GED application by April 1; (2) study a GED work guide 10 hours each week from April 1 to June 30; and (3) schedule an appointment to take the GED exam in July.

**OBJECTIVE 2:** Complete a course on identifying job interests at Smith Vocational School by August 1.

**ACTIVITIES:** (1) Identify courses available, the dates, and the cost; (2) save \$10 a month until I've saved enough money; and (3) sign up and attend the course.

Creating objectives and activities requires detailed attention and must be taken seriously. Goal-setting is important because it helps the client to:

1. Learn a problem-solving approach that is transferable to other areas of life.
2. Evaluate progress in very personal and specific terms.

Even if the client does not complete every identified activity, they will receive support and feedback, allowing them to learn from the experience. One client from the ARTAS study described his work with the LC as follows: *"I had a [LC] who had me write every little step down, plan out every day what I was gonna do. I was so used to planning on big things and never seein' 'em get done. It was great to see some progress every day."*

**The overall result of the goal-setting process and ARTAS is to position each client to take responsibility for their medical care.**

- **Your Role in Developing the ARTAS Session Plan:** You have multiple responsibilities in developing the ARTAS Session Plan with each client and helping them accomplish the plan successfully. These responsibilities include helping the client to:
  - Create SMART objectives.
  - Identify activities for each objective.
  - Prioritize objectives.
  - Identify alternative activities to accomplish objectives.
  - Weigh the advantages and disadvantages of different actions.
  - Connect the client's strengths and assets to the objectives and activities created.
  - Become knowledgeable about existing resources to help the client achieve

their objectives.

You or the client should write down the plan. Offer the client a copy of the ARTAS Session Plan. Make a copy and give it to the client if they would like one. While planning could merely be a verbal agreement between you and the client, it is valuable to commit the plan in writing. Doing so provides the client with a tangible, visual document that identifies the goal, their objectives and the activities necessary to accomplish them. A written plan provides each client with a firm record of their accomplishments and serves as a reminder once the five client sessions are finished.

It is important for you and the client to review the ARTAS Session Plan during each client session to (1) assess progress made and (2) make any necessary adjustments to the plan based on newly identified strengths, objectives, or barriers.

General points about the ARTAS Session Plan are listed below:

- Be attentive to the client's ability to effectively think through a plan, commit to it, and then successfully carry it out. While some clients may be very competent at achieving goals, others may engage in wishful thinking, procrastination, and other thought processes that interfere with moving forward.
- Be precise in helping each client define measurable objectives and the activities necessary to accomplish each objective. The more specific a client is, the more likely they are to think through the alternative solutions.
- Maintain professional boundaries. Assume the facilitator role in helping your clients accomplish their objectives to reach the goal of linkage to care.
- Be creative with clients and, when possible, help them to come up with a solution that addresses several barriers at once. The fact that clients frequently have multiple barriers may be overwhelming. Your ability to help them deal with several issues at once will be greatly appreciated.
- Remember to encourage clients to use their strengths as a starting point to accomplish their goals and objectives. Periodically summarize strengths you have heard. For instance, if a client has shared that they used to deal drugs, you may help the client to see that their strengths may be in the areas of talking to people, time management, handling money, and organizational skills. By recognizing their strengths, the client can use these same strengths to link to care through organizing appointments, seeing the doctor, talking to the pharmacist about medication, and managing money for housing and other expenses.

Check in with clients to ask if they see particular actions, thoughts, or feelings as strengths. Do not impose your view but assist clients in making those linkages.

Ultimately, the client's perception of something as a positive in their life will mobilize them to solve current problems.

# ARTAS SESSION PLAN

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Linkage Coordinator: \_\_\_\_\_

## Goal 1: Link to Medical Care

Objective 1: \_\_\_\_\_

Activity	Related Strengths	Potential Barriers	Target Date	Person(s) Responsible
1				
2				
3				

Objective 2: \_\_\_\_\_

Activity	Related Strengths	Potential Barriers	Target Date	Person(s) Responsible
1				
2				
3				

Objective 3: \_\_\_\_\_

Activity	Related Strengths	Potential Barriers	Target Date	Person(s) Responsible
1				
2				
3				

Objective 4: \_\_\_\_\_

Activity	Related Strengths	Potential Barriers	Target Date	Person(s) Responsible
1				
2				
3				

## Overview of ARTAS Document

**Instructions:** During the first client session, if your agency has prepared an overview, either read the overview verbatim or paraphrase its key points. It is important that you confidently convey the key points to the client. Below are the main points that should be conveyed to the client and included in the Overview of ARTAS Document.

- **The goal of ARTAS is to assist people in linking with medical care soon after receiving a positive test result for HIV.** ARTAS considers this goal important because persons with HIV who promptly seek medical care have better health outcomes than those who do not. Early linkage with medical care can also reduce transmission of HIV to other people.
- **ARTAS can provide practical assistance to the client,** including arranging transportation to a clinic, contacting the clinic, discussing disclosure with a partner, getting housing, and identifying other barriers to following through with medical care.
- **ARTAS can help the client identify and overcome barriers to achieving goals, including linking to medical care, by identifying and accessing resources and personal strengths.**
- **ARTAS is time- and session-limited,** provided across one to five sessions and over, at most, a 90-day period.
- **The ARTAS Session Plan will be created to guide the process and track the client's work.** The client can have a copy of any information recorded during these sessions.
- **Sessions can take place at a location, time, and day of the client's choice.**
- **A significant other or important person in the client's life can assist them with accessing medical care.** If the client chooses, they can bring a significant other or important person to the client sessions and/or medical appointment to assist with linkage to medical care.



## Appointment Cards

Below are sample appointment cards that you can use to remind your clients of upcoming appointments with you, a medical provider, or other services. At a minimum, the card should include the date, time, and location of the appointment as well as the agency/provider name.

<div><b>Appointment</b></div> <p><i>Your appointment is on</i></p> <p>_____ at _____ a.m./p.m.</p> <p>(Date) (Time)</p> <p><i>with</i></p> <p>_____</p> <p>(Name)</p> <p>_____</p> <p>(Agency address)</p>
--

## Email Reminder / Voice Message

Hello---,

This is ----. This message is to remind you of your upcoming appointment on -----.

Please let me know if you need to reschedule or if you have any questions before our next appointment.

Looking forward to seeing you again soon. Take care.

## Session Notes Instructions

The Session Notes form serves as case notes for each client session. You should record all client session information on the form below. One Session Notes form should be completed promptly after meeting with a client and placed in the client's file. You may also find it useful to complete a form following a telephone conversation or when a client cancels or misses an appointment. There are three sections to the Session Notes form: (1) general information about the session, (2) narrative about the session, and (3) the type of referrals made during the session.

**Code listings for the Session Notes form:** The following are suggested codes for completing each of the sections on the Session Notes form. These numerical codes will simplify the data entry and data analysis processes and will allow your agency to input uniform numerical codes rather than words for each field.

### Section I

**Session number:** Fill in the session number, 1–5. If this is a telephone communication, use numbers starting with “6” for the first phone communication and then increase the numbering from there. For example, the first phone communication is 6, the second is 7, and so on. If the phone communication is with someone other than the client (e.g., you are contacting a person on the client's locator form), do not complete a session form for this communication.

**Persons involved in the session:** Multiple codes may be used to describe who participated in each client session. (Note: Not all codes will be used for each session.)

- |                                      |  |
|--------------------------------------|--|
| (1) Client                           | (5) Friend                             |
| (2) LC                               | (6) Medical care staff                 |
| (3) Family member, such as a sibling | (7) Other clinical staff (non-medical) |
| (4) Significant other—partner/spouse | (8) Other agency personnel             |

**Session location(s):** Multiple codes may be used if the session takes place in more than one location.

- |  |                                  |
|--|----------------------------------|
| (1) Agency office                          | (5) Community partner agency     |
| (2) Client's residence                     | (6) Telephone                    |
| (3) Medical care clinic or hospital        | (7) Car/vehicle                  |
| (4) Public location _____ (please specify) | (8) Virtual meeting              |
|  | (9) Other _____ (please specify) |

**Client transportation to and from the session:** Multiple codes may be used to identify how the client was able to get to and from the session with the LC.

- |                    |                           |
|--------------------|---------------------------|
| (1) Client vehicle | (2) Public transportation |
|--------------------|---------------------------|

- (3) LC or agency's vehicle
- (4) Friend or family
- (5) Walked
- (6) Taxi

- (7) None (session took place at client residence)
- (8) Other \_\_\_\_\_ (please specify)

## Section II

**Narrative:** This section should cover, at a minimum, the following areas:

- Objectives and activities for the session that were or were not accomplished, and why.
- Notable client reactions to completing or not completing the objectives and activities.
- Client's threats to self or others or pressing medical/psychological problems to be followed up on immediately.

Record what parts of the ARTAS Session Plan were discussed.

## Section III

**Referrals:** This section should include information about all non-medical referrals made during the session. If a referral was made to a community partner(s) (resource, agency, or service provider), enter the code(s) below in the field labeled "Referred to." (Note: Please customize the referral categories as your agency sees fit.)

- |                             |                       |                              |
|-----------------------------|-----------------------|------------------------------|
| (1) Mental Health Treatment | (7) Employment        | (13) Job Center              |
| (2) HIV Testing Site        | (8) Child/Day Care    | (14) Viral Statistics Bureau |
| (3) Food Pantry             | (9) Immigration       | (15) Children's Services     |
| (4) Social Security Admin.  | (10) Legal Services   | (16) Clothing/Hygiene        |
| (5) State License Bureau    | (11) Faith Community  | (17) Other (please specify)  |
| (6) Housing                 | (12) Self Help Groups |                              |

In the "Method of Referral" field, use the following code(s) to record how the referral was handled:

1: LC provided the client with the name and contact information for a referral site(s) and left it up to the client to make the connection.

2: LC called the resource and asked questions on the client's behalf. When appropriate, the LC advocated for the client's involvement with the referral site.

3: LC accompanied the client to the referral site.

(Note: Referrals to medical care should not be recorded here.)

The code (1, 2, or 3) should be recorded on the “Method of Referral” row under the corresponding “Referral to” column.

Session Notes need not be completed for telephone calls where no new or significant discussions take place. Examples of this might include reminding a client of an appointment or clarifying transportation needs.

## Session Notes

Client ID: \_\_\_\_\_

Date of Session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

LC Name: \_\_\_\_\_  
\_\_\_\_\_

Session Start Time: \_\_\_\_ : \_\_\_\_ AM/PM (circle one) End Time: \_\_\_\_ : \_\_\_\_ AM/PM (circle one)  
Total Time: \_\_\_\_\_ (in minutes)

Session Number (1–5): \_\_\_\_\_

Persons Involved in Session: \_\_\_\_\_ (From code list above)

Primary Session Location(s): \_\_\_\_\_ (From code list above)

Client Transportation to/from Session: \_\_\_\_\_ (From code list above)

Narrative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Non-Clinic Referrals

Was a referral(s) made to a community partner (whether another agency, resource, or service provider) during this session? Yes (1) or No (2) If yes, where was referral made and how assertive was the referral?

Referred to:						
Method of Referral:						

Linkage Coordinator Signature: \_\_\_\_\_

## Session Notes Summary Sheet Instructions

During the implementation phase, your agency may find it important to summarize non-clinical client information and track a client's overall progress. This Session Notes Summary Sheet is a condensed summary of all the notes recorded on the individual Session Notes forms. (Remember: one Session Notes form should be completed per client session.)

The information requested in the sheet on the next page can be found in the individual Session Notes and recorded here. This information can be summarized for the monitoring and evaluation plan (process monitoring) and/or to help you track a client's progress. The summary sheet should be completed **after** the last client session.

**Did the client link to medical care?** This question captures information about whether or not a client followed through with the referral to medical care. You may have this information directly because you accompanied the client to the medical appointment. If you did not attend the medical appointment with the client, all efforts should be made to follow up with the client (even if the last session has already occurred). This question should be completed based on your personal knowledge, follow-up contact with the client, or a telephone call from the client or clinic.

**Code listings for the Session Notes Summary Sheet:** The code listings for the referrals section of the Session Notes Summary Sheet are the same as those suggested codes used on the Session Notes form. These numerical codes will simplify the data entry and data analysis processes and will allow your agency to input uniform numerical codes rather than words for each field.

## Session Notes Summary Sheet

Client ID: \_\_\_\_\_ Date Summary Sheet Completed \_\_\_/\_\_\_/\_\_\_ LC Name: \_\_\_\_\_

Contacts			General Information			Referrals		
	Date	Total Time	Persons Involved	Session Location	Transportation (if required, what type was provided)	Referral Made (Yes or No)?	To?	Method of Referral
Session 1								
Session 2								
Session 3								
Session 4								
Session 5								
Phone contact								
Phone contact								
Mail contact								
E-mail contact								

Total number of scheduled sessions the client missed: No show \_\_\_\_\_ Canceled \_\_\_\_\_

Did the client link with a medical care provider? Yes (1) No (2) Don't Know (3)

If yes (1), where did the client link? \_\_\_\_\_

General comments (NOT required for data entry): \_\_\_\_\_

## Case Review Form Instructions

The Case Review Form is designed to encourage you, your supervisor, and your colleagues to adhere to a strengths-based approach during the case review. Moreover, the form serves as a reminder to **always** view your clients from a strengths-based perspective, not only when the client is present.

After each client session, please complete or update the questions below. The *first* question gives you an opportunity to record efforts to meet—both yours and the client's. The *second* question is a summary of what encouraged the client to participate in the intervention and follow through with the client session after being diagnosed with HIV. This summary should provide you with insights into the strengths and abilities of the client.

*Question 3* asks about the client's strengths. This is not just an exercise to be undertaken. It also serves as a reminder to always view the client from a strengths-based perspective—regardless of whether or not the client is present. Furthermore, the discussion will help you understand the client's past or current abilities that will serve the client in their attempt to achieve the goal of linkage to medical care.

*Question 4* should include a discussion of the client's barriers—both personal and structural—that they see as interfering with linkage to care. It is important to cast a potential deficit or short-coming simply as a "barrier," or something that interferes with attaining a goal. The discussion of barriers—rather than problems or pathology—assumes that the client is responsible for and capable of solving them. An emphasis on problems or pathology may create resistance. It is important to check the language you use when speaking to and about your clients, as that may contribute to problems. This Case Review Form is designed to help you get to the source of problems and assist the client in achieving their goal of linkage to care, among other goals.



## Case Review Form

**Client ID:** \_\_\_\_\_

**Referred to ARTAS by:** \_\_\_\_\_

**Date Assigned to ARTAS (month/date/year):** \_\_\_\_\_

**LC Name:** \_\_\_\_\_

**LC Referred Client to:** \_\_\_\_\_

**Method of Referral:** \_\_\_\_\_

**Date Referred (month/date/year):** \_\_\_\_\_

- Describe your early attempts to make contact with the client:

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- Why did the client decide to participate in ARTAS?

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- Describe at least three of the client's most significant strengths:

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- Describe the client's barriers to medical care linkage (individual and system level):

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- What are the client's objectives that will help them link to medical care?

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- Did the client link to medical care or express a desire to link to medical care?

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## Life Domains List

**Introduction:** The linkage coordinator can use the Life Domains List questions as a refresher about various life domains and ways that clients show strengths in those areas. Use these questions only as a reference or stimulus to help the client when they may be having difficulties identifying strengths. You do not want the exercise to become a catalog of past failures. (Please note: **Using this list while the client is present and writing down the “answers” is not appropriate.**)

### General Life Skills

Do you:

- Cook meals for yourself and/or others?
- Help others cook meals?
- Shop for groceries or other necessities?
- Ride public transportation?
- Wash your own clothes?
- Keep up to date on current events?
- Arrive to your appointments on time?
- Seek out information using the Internet, phone book, or other resources?
- Read the newspaper?
- Take care of others—maybe your kids, parents?

### Relationships

Do you:

- Trust others easily?
- Have relationships with other people (either sexual or non-sexual)?
- Have realistic expectations of relationships?
- Resolve conflicts assertively?
- Have a good relationship with family members?
- Have positive relationships with friends?
- Seek out community groups?
- Have a spouse or significant other?
- Have flexibility in your interactions with others?
- Function independently?
- Generally respect other people?

### Living Arrangements

Do you:

- Live by yourself and take care of the place (apartment, house) on your own?
- Clean and/or provide maintenance on your place?
- Feel as if your living arrangement supports your overall well-being?
- Take pride in your home?

## Health

Do you:

- Generally get enough sleep?
- Exercise regularly? If so, what do you like to do?
- Go for regular medical/dental check-ups? Have you in the past?
- Generally address any health problems as they arise?
- Generally feel comfortable asking questions of your doctor or other health providers?
- Generally take your medicine on time and as prescribed?
- Practice safe sex with your partner(s)?
- Maintain a healthy diet?
- What are some things you do to reduce/manage stress in your life?
- Have you attempted to change an unhealthy behavior before? If yes, what was it?  
How did you feel about it?

## Internal Resources

Do you:

- Often set goals for yourself?
- Understand how your behavior affects you and others?
- Verbalize your wishes and desires directly?
- Value your strengths and talents?
- Consider the consequences of your actions/behaviors before acting?
- Follow your beliefs and values?
- Value/acknowledge your accomplishments?
- Attend to your spiritual needs (through church, house of worship, etc.)?
- Seek help as needed for personal problems?
- Articulate your interests?
- Have good decision-making skills?
- Accept responsibility for your actions?
- Express your emotions regularly and appropriately?
- Feel in control of your life?
- Effectively delay gratification or seek instant gratification?
- Generally cope with uncomfortable emotions in a positive way?

## For active or past drug users: **Recovery**

Have you:

- Sought drug treatment?
- Explored your past/current drug use during treatment?
- Avoided people/places where drug use was prevalent?
- Followed through with aftercare?
- Maintained sobriety in the past?
- Attempted to change drug use behavior in the past?
- Attended support groups?
- Found a sponsor?
- Maintained contact with your sponsor?

## ARTAS Client Satisfaction Questionnaire

Linkage Coordinator's Name: \_\_\_\_\_

Your Name or Client ID (optional): \_\_\_\_\_

Please circle the best answer to the questions below:

1. How satisfied are you with your experience participating in the ARTAS intervention?

**Very Satisfied**      **Satisfied**      **Neutral**      **Dissatisfied**      **Very Dissatisfied**

2. How satisfied are you with the services, if any, you were linked to during ARTAS?

**Very Satisfied**      **Satisfied**      **Neutral**      **Dissatisfied**      **Very Dissatisfied**

3. How satisfied are you with the skills you learned and/or enhanced by participating in the intervention?

**Very Satisfied**      **Satisfied**      **Neutral**      **Dissatisfied**      **Very Dissatisfied**

4. How satisfied are you with the linkage coordinator you worked with over the course of the intervention?

**Very Satisfied**      **Satisfied**      **Neutral**      **Dissatisfied**      **Very Dissatisfied**

Please write in your answers to the questions below.

5. What did you *like most* about participating in the intervention?

6. What would you *change* about the intervention?

7. Would you recommend ARTAS to anyone you know?

**Yes**      **No**      **Please explain why or why not? \_\_\_\_\_**

**Thank you for your feedback.**

## Client Session Guide Helpful Tips

As a supplement to the Client Session Guide, the following are additional helpful tips to consider when implementing ARTAS.

### 1. Attending a Medical Appointment with the Client

If the client agrees, plan to attend the first medical appointment with them. The client should take the lead in the conversation with the health care provider and advocate for themselves during the appointment. **It is not your role to control the conversation during the appointment.** Unfortunately, there is no prescribed recipe to balance client involvement with you advocating on their behalf. However, two extreme scenarios to be avoided under all circumstances are:

- a. You and the medical staff talk about a client, their circumstances, or treatment as if the client was not present.
- b. You allow the client to struggle significantly while dealing with the provider and let critical issues go unaddressed.

While the goal of ARTAS is to link individuals to medical care, the desired outcome is for the medical appointment to be successful and for the client to feel comfortable and empowered to continue medical services. The client will judge your status as an effective and trustworthy ally based on the success or failure of the first medical appointment. To be seen as a trustworthy ally, prepare the client to increase the likelihood of a successful outcome.

### 2. Preparing the Client for a Medical Appointment

Inform the client in advance about what to expect during the visit. This information should be discussed in detail as soon as a client expresses interest in rapid linkage to care, or during the client session prior to the medical appointment. You and the client can write down any questions the client would like to discuss during their appointment. Writing questions down in advance will ensure the client does not get anxious and forget to ask an important question.

Provide the client with detailed information about the clinic/agency and staff. Much of this information will be available on the appointment card and includes, but is not limited to, the clinic name, doctor's name, address, hours, phone number, and appointment time. Additional information to be provided to the client includes directions to and from the clinic, transportation options provided by your agency, a reminder of where and when to meet, the personalities of various staff, services provided, anticipated wait time, and any other relevant information.

If you accompany the client, the client should know that they are expected to participate fully in the medical appointment and represent themselves. You are there for support and will only interject if the client asks for assistance and/or appears to need your assistance.

### Tips for a Successful First Medical Appointment:

- Prior to the medical appointment, provide the client with detailed information about the provider they selected.
- Help the client prepare a set of questions, such as:
  - How often should I come visit you?
  - If I feel fine, do I still have to take my HIV medication?
- Discuss potential problems (such as the client forgetting what medications they are taking) that may occur during the appointment and brainstorm possible solutions with the client.
- Introduce the client to clinic staff, including screening staff, nurses, pharmacists, physicians, and social workers.
- Participate in all meetings between the client and clinic staff, if requested by the client.
- Explain the rationale behind different processes (administrative) during the appointment to the client.
- Interpret questions and/or information being given to the client, as necessary. If necessary, ask clarifying questions of clinic staff.
- After the appointment, review with the client what happened during the visit and how the client felt.
- Schedule a brief follow-up telephone call with the client to process the visit.
- Schedule an in-person session with the client to complete the transition process.

In conclusion, the client must attend the first medical appointment *thoroughly briefed* by you and *empowered to act on their own behalf*. During the appointment, you must continually assess the degree to which you should facilitate the client's involvement or act assertively on the client's behalf.

### 3. Structure of Client Session

You will have to adjust the time of each session to the individual ARTAS client. Due to the intensive, short-term nature of the intervention and the variation in time needed for each client session, you should schedule only two to three clients in a day until you become more familiar with the client and their needs. Because a client session may take a few hours, you may want to schedule one client in the morning and one client in the afternoon to allow sufficient time for the session. During the ARTAS-II study, the median number of sessions conducted per client was two sessions. The median time spent on all activities per client was 5.8 hours (the mean was 7.2 hours), and the range was from 0 to 36.7 hours per client.

Your caseload should be kept low (25–30 clients at a given time) to accommodate long sessions with each client and for extensive follow-up after missed appointments. If the client is late to a session, use it as an opportunity to identify a barrier to effectively linking with medical care as opposed to seeing it as a client weakness. Part of your work with the client can be to help them identify the source of their lateness and plan to solve the problem.

#### 4. Meeting Space

While meeting each client in their environment and outside the office whenever possible is a core element of the intervention, your agency may want to create and train you on general safety guidelines. If you are uncomfortable with a meeting place or meeting with a client at night, you may bring a colleague (if approved by the client) or change the meeting time or location while still ensuring the client is comfortable. Suggested locations include your agency's office, a clinic or hospital, a public library, a restaurant, a community partner's office, or a clinic.

#### 5. Telephone Contacts with the Client

If your primary method of ARTAS delivery is in-person, then telephone communications between you and the client are intended to be used in the following ways:

- Initiate the ARTAS intake process (e.g., to discuss the intervention with the client and determine whether they are interested and eligible to participate).
- Reinforce, review, or modify logistics for an upcoming client session (e.g., the meeting time).
- Identify any barriers that arose since the last client session and may affect the client's ability to attend the next session (e.g., childcare is now a barrier).
- Touch base between client sessions if it is an extended amount of time or if you feel the client needs encouragement or a reminder of the next client session.

If the primary method of ARTAS delivery is in-person, then telephone communications are **not** intended to:

- Replace in-person client sessions.
- Be lengthy.
- Be used to identify strengths.

If your agency is equipped and prepared to offer ARTAS using a virtual delivery, then telephone communications may be used to conduct what would otherwise be in-person client sessions, and the discussion topics and activities would be the same. Additional planning and logistics will need to be established before your agency can begin the provision of the ARTAS intervention virtually.

#### 6. Approaches to Completing Paperwork

Completing required paperwork for ARTAS and for your agency's regular administrative and enrollment processes places an additional burden on your time. Moreover, your agency's required paperwork may focus on *inabilities* and, therefore, not adhere to the core elements. If your agency's clinical forms are not adjusted in the pre-implementation phase to make them more strengths-focused, then the ARTAS program director/manager will have to negotiate possible solutions with the clinical director or executive director to ensure all required paperwork is completed. In the case of ARTAS paperwork, the strengths perspective must be maintained.

Below are two options available to complete paperwork with the client. Whenever



possible, your agency should try to make the paperwork for ARTAS and other programs as complementary as possible. Choose whichever option best fits your style and/or your agency's needs. The options are:

**Option 1: Clearly differentiate the agency-required documents from the ARTAS-required documents and complete the agency-required documents first.** Make it a point to differentiate the ARTAS paperwork from the agency-required paperwork during the first client session. By doing so, you clear up any confusion the client may have if the agency-required documents focus on deficiencies or inabilities.

When the agency-required paperwork is finished, tell the client you will now move in a new direction. Set aside the paperwork, and continue with the activities listed in Session One.

**OR**

**Option 2: Emphasize the ARTAS-required documents by addressing them first.** Begin the session by very quickly addressing any paperwork that is essential to complete first, such as consent forms. Continue with the activities listed in Session One. Whenever it feels appropriate, tell the client about the agency-required documents. Since these documents may highlight the client's deficiencies or inabilities, it is important to:

- Not overemphasize the client's deficiencies, inabilities, or weaknesses.
- Maintain good eye contact.
- Practice effective communication skills.
- End the session with a summary of the client's strengths.

Aside from the agency-required documents and forms that are to be completed together, complete paperwork after your session with the client.

## **7. Significant Others**

Explore the role of significant others (partners, family, friends, or someone else important in the client's life) in either promoting or interfering with a client's linkage to medical care and be prepared to discuss this issue with the client. Significant others can influence a client following through with their medical appointment in many ways. In some instances, significant others can assist with linkage; in others, their involvement could interfere with linkage and follow-through.

## **8. Providing Incentives for Clients**

Follow your agency's policies when deciding whether to provide incentives for clients, or create an ARTAS-specific policy around this issue. Incentives can be helpful in facilitating client involvement and connecting with them. Incentives are a great way to retain clients and keep them involved in the process. Your agency may want to consider creative strategies to get incentives donated. A few examples include (1) asking a local

grocery store to donate gift cards for food purchases, (2) asking a local gas station to donate gas cards, (3) asking a local restaurant to donate gift cards (this could be especially useful if you and the client meet for several hours and it is time for a meal), or (4) asking a phone company to donate calling cards. If the agency does not allow you to transport clients, it may be useful to provide them with transportation money or vouchers to enable clients to travel to each client session and medical appointment.

### **9. Finding Clients Who Drop Out**

Once you make initial contact with the client, the relationship will last for five sessions or 90 days, whichever comes first. If a client does not follow through with ARTAS or is unable to be reached, you should attempt to contact the client at least through the 90-day period. After this time, you should decide how and whether to pursue the client on a case-by-case basis. A client who has clearly indicated that they do not wish to be contacted should be asked why they are dropping out but not be pursued further.

This section has provided in-depth information on the activities and skills that help facilitate effective implementation of ARTAS. The next section will discuss ways to integrate ARTAS into the implementing agency's services and evaluate the intervention.