

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](#) and/or [HIV Info's 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.

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.

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