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Psycho-Medical Intervention Model (PIM) (Seven Steps)

Reducing HIV risks and promoting drug treatment and health services for people who inject drugs

One of the main objectives of the USAID «RESPOND» Project is adaptation and implementation of effective behavioral interventions in the area of HIV/AIDS that are being successfully implemented internationally and are most relevant to Ukraine.

An Effective Behavioral Intervention (EBI) is an evidence- and theory-based method or procedure for delivering an HIV service. The U.S. Center for Disease Control and Prevention supported the testing, packaging and dissemination of over 75 EBIs; many interventions have been successfully adapted and implemented worldwide.

While selecting **EBIs** applicable to Ukraine, RESPOND team-members were guided by the analysis of HIV epidemic among key populations in Ukraine, regional profiles and consultations with partners. Along with **Project Start** (intervention for people soon to be released from a correctional facility), **mPowerment** (methodology to provide HIV prevention services for MSM), and **Street Smart** (intervention for street-based youth or other youth who may be engaged in risky behaviors) RESPOND selected **Psycho-Medical Intervention Model (PIM)** to be piloted in Ukraine as an intervention for people who inject drugs (**PWID**).

PIM is a cognitive-behavioral intervention to reduce HIV risks and promote drug treatment and health services through a combination of individualized counseling and comprehensive case management for **PWID** to maintain positive behavior change. **PIM** is delivered in 7 sessions during a 3 to 6 month period.

Through one-on-one sessions facilitated by a highly skilled counselor using motivational interviewing and complimentary case management by a trained case manager, participants:

- identify, learn, and practice strategies to reduce sex and drug-related HIV risk,
- are offered assistance to obtain health and other social services,
- may be prepared to enter drug treatment programs if services are appropriate and available,
- are supported in successfully completing drug treatment or disease treatment,
- receive HIV counseling and testing and/or referrals for Viral Hepatitis and other Sexual Transmitted Infections testing,
- identify triggers and practice relapse prevention skills,
- create a personal health-promotion action plan, and
- recognize critical supports for maintaining behavior change.

Core Elements

Each **EBI** has core elements or critical features thought to be responsible for intervention effectiveness. The core elements for **PIM**, which are essential to the implementation of the intervention and cannot be ignored, added to, or changed, are summarized below.

- 1. Community Assessment and Outreach** includes mapping of the community and identifying sites for potential participant recruitment; establishing relationships with existing community resources to ensure participants can secure services (primary health care services, drug treatment programs, housing); confirming if clients have health insurance, finances, or can access free care.
- 2. Induction Process** involves conducting the first fixed structured session; orienting participant to the PIM intervention and session topics; clarifying the participant and MIP team member roles and responsibilities; explaining services offered as part of the intervention; obtaining participant's consent, and soliciting important demographic and behavioral data from the participant to help inform an individualized behavior modification plan.
- 3. Motivational Interviewing Technique and Underlying Theories.** Motivational interviewing (**MI**) is the principal counseling technique the **MIP** team uses to help participants move through the stages of change. **MI** helps the participant arrive at the point where he/she is ready to change risky behaviors, enter drug treatment, and obtain health care and human services. The **MIP** team must either be trained on **MI** and familiar with other theories and approaches.
- 4. Continuous Stages of Readiness Assessment.** The participant and Counselor use a *Behavior Change Self-Assessment Instrument* at each session to affirm and reinforce the participant's risk reduction goals and increase participant self-efficacy. It evaluates the participant's on-going involvement in the intervention process and assesses his/her readiness to take meaningful action, change risk behaviors, enter drug treatment, and obtain health care and social services.
- 5. Counselor-Case Manager/Community Educator Interaction.** Critical role of the dyad—the Counselor and the Case Manager/Community Educator—working together in meaningful ways to encourage and support participants in: behavioral risk reduction goals; problems related to social support and integration into family, healthcare, and drug treatment systems; and successfully completing the **MIP** program. It requires on-going communication before, during, and after the structured sessions to enable a coordinated effort and to provide a larger dose of the intervention.
- 6. Minimum Number of Flexible Sessions and Scheduling.** Minimum of five (5) flexible sessions and two (2) fixed sessions are required for this intervention. After the Induction Session (a fixed session), the flexible sessions can occur in any order based on the topic the participant identifies as being most important at that particular time and may entail scheduling additional contacts for a particular structured session if the participant needs more time to process, absorb, and/or take meaningful action in a particular area.
- 7. Booster Session** is the last fixed session that summarizes and integrates all previous activities by reviewing the participant's achievements, needs, strengths, and outstanding issues. It includes an exit plan with specific strategies to overcome obstacles, maintain healthy behaviors, and enhance self-efficacy.

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID).
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