A couples-level intervention for heterosexual couples at risk for HIV/STIs

Technical Assistance Guide
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Important Information for Users

This HIV/STD risk-reduction intervention is intended for use with persons who are at high risk for acquiring or transmitting HIV/STD and who are voluntarily participating in the intervention. The materials in this intervention package are not intended for general audiences.

The intervention package includes implementation manuals, training and technical assistance materials, and other items used in intervention delivery. Also included in the packages are: 1) the Centers for Disease Control and Prevention (CDC) factsheet on male latex condoms, 2) the CDC Statement on Study Results of Products Containing Nonoxynol-9, 3) the Morbidity and Mortality Weekly Report (MMWR) article “Nonoxynol-9, Spermicide Contraception Use—United States, 1999,” 4) the ABC’s of Smart Behavior, and 5) the CDC guidelines on the content of HIV educational materials prepared or purchased by CDC grantees (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs).

Before conducting this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators when implementing the intervention.

Connect is one in a series of products sponsored by CDC’s Prevention Research Branch—Replicating Effective Programs—which also includes: For the complete list of these products, please visit the CDC’s website at: www.cdc.gov/hiv/prev_prog/rep/index.htm

Special thanks to AIDS Related Community Services in Hawthorne, New York for testing the Connect intervention package.

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Appendix I - Stakerholder's Checklist
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SECTION 1: How to Use This Guide

The Technical Assistance Guide was developed as a resource for the provision of technical assistance (TA) to agencies that are implementing the Connect intervention. The manual provides a review of key information regarding Connect, such as the Core Elements and implementation activities, and addresses common questions that agencies may have regarding planning for and implementing the intervention.

1.1 Intended Audience

This manual is intended to be a tool for TA providers who are helping agencies implement Connect effectively, appropriately, and with fidelity to the Core Elements. There are also many Connect expert trainers and implementation specialists that can, as necessary, provide valuable guidance on the intervention. Further discussion on TA for Connect, including how to request and access TA, is contained in this “How to” section.

TA providers can use the manual to respond to specific questions posed by the implementing agency or as a guide in providing a pro-active assessment of and response to overall TA needs.

While the manual is geared toward TA providers, it can also be a valuable resource for implementing agencies as a guide during the planning and implementing process. The content of this manual was developed from the experiences of one agency that tested the implementation package, questions raised during the training of two agencies, as well as feedback from the community advisory board. Agencies may use this guide to supplement information provided in the Implementation Manual and training materials. However, this guide is most effective when combined with assistance by TA providers.

1.2 Content

This manual comprises eight sections. Section One introduces the manual. Section Two lists the contents of the Connect package. Section Three covers science-based interventions and includes a section of commonly asked questions. Section Four is a description of the intervention’s goals and objectives, core health education/risk reduction messages, core elements, key characteristics, stakeholder’s checklist, and commonly asked questions. This section also describes the appropriate target population, risk factors, and a checklist to help an agency in determining the appropriateness of the Connect intervention for their setting and population. Section Five covers planning the implementation of the intervention and includes information on staffing, training, and information on how to integrate Connect at your agency. Section Six addresses maximizing cost effectiveness of the intervention including a
sample plan, a cost sheet, timeline, and commonly asked questions. Section Seven describes adapting Connect and consists of questions concerning fidelity, adaptation/tailoring, and examples from the field. Section Eight describes the evaluation process. Section Nine includes a checklist for appropriateness of Connect, and Section Ten includes contact information. This guide includes three appendices: a stakeholder's checklist which can be used during the planning of the implementation; information on the Centers for Disease Control and Prevention’s Advancing HIV Prevention Initiative; Handling Challenging Situations appendix which can be used as a resource during supervision or when facilitators experience challenging situations during Connect; and a Recruitment poster, which is a generic marketing information sheet that can be tailored (with the assistance of the advisory board) and used to recruit potential couples.
SECTION 2: Connect Intervention Package

The contents of the intervention package consist of:

- Implementation Manual (3-D Ring binder; sectioned)
  - Getting Started
  - Pre-Implementation
  - Implementation (Facilitators’ Handbook – overview and five sessions)
  - Maintenance
  - Reference Materials
  - Session Implementation Materials
  - Participant and Facilitator Forms
  - Evaluation Forms
    - Process monitoring and evaluation forms
    - Outcome monitoring form
  - Disk containing electronic version of forms and handouts
    - Quality Assurance forms for managers
    - Generic marketing information sheet
    - Supporting print materials (goal cards, posters, myth/fact cards, handouts, commitment contract)
  - Reference Article(s)
- Video vignettes on one master video or DVD:
  - Connect marketing video
  - STIs
  - Modeling the Speaker/Listener Technique
  - Female condom use demonstration
  - Triggers
  - Problem-Solving
- TA Guide (pdf on CD-Rom)
- Training self-refresher, including training video vignettes (on one video or DVD)
SECTION 3: Science-Based Interventions

3.1 Theoretical Concepts

The Connect intervention is based on AIDS Risk Reduction Model (ARRM), which was developed as a conceptual framework to organize HIV risk reduction behavior change information and skills. This model joins pieces from a number of cognitive and behaviorally-based health behavior change theories, including Social Cognitive Theory\(^1\). The ARRM has three stages. The first is recognizing and labeling one’s sexual behaviors as high risk for contracting HIV. The second stage is making a commitment to reduce high risk sexual behaviors and increase low risk activities. The third stage is seeking and carrying out strategies to reach these goals, such as talking with one’s sex partner about change, starting condom use, and seeking help from one’s network of family, friends, and community for changing risk behaviors. Although separated for conceptual purposes, these stages may occur at the same time. For Connect, we modified the ARRM by adding an additional stage: the “maintenance” of behavioral change. While ARRM focuses on changing individual behavior, in combination with family therapy techniques and a couple-based format, the emphasis on improving communication and negotiation skills for behavior change may best occur with partners together in relationship-based sessions.

According to the AIDS Risk Reduction Model, these stages can be achieved by:

- Identifying ones’ own risk behaviors and situations that may lead to unsafe sex
- Discussing and negotiating strategies with one’s partner to avoid situations leading to risky behavior
- Identifying positive reasons to stay healthy and to practice safer sex
- Stating a commitment to keep ones’ relationship safer and healthy
- Anticipating having sex so that one is prepared to use condoms
- Observing healthy communication and safer behaviors being modeled
- Having guided practice or rehearsal of new behaviors and skills
- Receiving corrective feedback on one’s performance of the behavior or skill
- Gaining personal experience with new behavior and skills
- Developing and maintaining relationships that support safer sex behaviors

Structured, skill-based, experience-based strategies enable individuals to anticipate problem or high-risk situations and to develop specific behavioral skills in solving problems, overcoming challenges, or avoiding risks. Skill

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training includes introduction and definition, modeling, and behavior rehearsal with coaching and feedback. Goal-setting helps apply skills to other areas of life. Positive reinforcement and social support make “trying out” new behaviors easier and help maintain commitment to change over time.

Many factors affect a person’s ability to change. The ARRM considers that behaviors, environment, attitudes, and beliefs influence and depend on each other. Therefore, in order for persons to successfully change their behavior, they need:

- Information—Such as awareness of risk and knowledge of techniques for reducing risk and communicating with one’s partner
- Self-efficacy—Belief in one’s ability to control one’s own motivations, thoughts, emotions, and specific behaviors, particularly when communicating with a sex partner
- Outcome expectations—Belief that good things will happen as a result of new relationship behaviors
- Outcome expectancies—Belief that the results of new relationship behaviors are valuable and important
- Social skills within interpersonal relationships—Such as the ability to communicate effectively, to negotiate, and to resist pressures from others
- Self-regulating skills—Such as the ability to communicate, negotiate, and problem solve successfully with one’s partner
- Reinforcement—“Rewards” received and experienced by oneself and by the relationship as a result of successfully performing and maintaining new behaviors

In Connect, all of the above information and skills are nested within an Ecological Perspective, which means that the intervention addresses multiple levels that influence risky and safer behaviors. This approach combines some context and relationship issues that have been shown to be significant barriers to HIV risk reduction for individuals. Examples include imbalances in gender and power and perceived negative reactions from partners, including rejection, mistrust, or conflict. Connect activities address:

- Personal factors and experiences which may help or hinder HIV risk reduction, such as trauma, self-efficacy, or communication skills
- Relationship factors, such as power imbalances, intimacy, trust and communication among partners
- Family and peer couple factors, such identifying and developing social supports for safe and healthy relationship behaviors
- Awareness of community factors, such as pressures or norms, including gender and sexual stereotypes that challenge risk reduction behavior change

Connect intervention components were designed to address mainly the relationship and family-based factors described above. The implementation of
**Connect** is heavily influenced by techniques and strategies used in the practice of **Family Therapy**, particularly those developed with the Ackerman Institute for the Family, based in New York City. Ackerman Family Therapy is a form of psychotherapy that brings families together to solve their shared problems. Problems are lessened by allowing couples to harness their strengths and resources, and to work together. The activities in **Connect** guide facilitators to focus on the couple’s relationship as the target of change, and work with the couple (family) to readapt themselves in response to an external event or circumstance (here, HIV/STI risk) in a safer and healthier way by communicating and working together.

Examples of Family Therapy facilitation methods include:

- Joining with the couple, and focusing on their relationship as the target of change
- Externalizing (Identifying) HIV and other STIs as outside threats to the health and safety of the relationship
- Emphasizing the importance of good communication, including teaching the Speaker/Listener technique, to improve the relationship and the relationship change process
- Pointing out observed positive interactions between partners to increase couple unity and ability to change risk behaviors
- Maintaining a neutral “observer stance,” presenting information or skills and coaching when appropriate, but emphasizing the couple as experts in their own relationship
- Allowing time and space for the couple to talk, listen and learn from each other

### 3.2 Commonly Asked Questions

**Q.** What are the concepts of the AIDS Risk Reduction Model?

**A.** As mentioned above, the concepts of this model state that in order for persons to successfully change their behavior they need:

- Information—Such as awareness of risk and knowledge of techniques for coping with the environment
- Self-efficacy—Belief in their ability to control their own motivations, thoughts, emotions, and specific behaviors
- Outcome expectations—Belief that good things will happen as a result of the new behavior
- Outcome expectancies—Belief that the results of the new behavior are valuable and important
- Social skills within interpersonal relationships—Such as the ability to communicate effectively, to negotiate, and to resist pressures from others
- Self-regulating skills—Such as abilities to motivate, guide, and encourage oneself and to problem-solve
Reinforcement value—“Rewards” produced by attempts at a new behavior, as opposed to “costs”

Q. Is there evidence that the AIDS Risk Reduction Model has worked in other interventions?

A. There are five evidence-based interventions that were based on ARRM. Some of them are based on multiple theories and ARRM is just one of them. Below is the list.

- Project Connect (Couples or Women-alone)
- Project FIO (The Future is Ours)
- Project SAFE
- Cognitive Behavioral STD/HIV Risk Reduction
- Insights

Q. With whom, when, and where was the original intervention tested?

A. Between 1997 and 2001, Connect was developed and tested by the investigative team at the Social Intervention Group at the Columbia University School of Social Work. Connect was the first relationship-based HIV/STI prevention intervention for heterosexual couples. Connect was comprised of six weekly sessions lasting 120 minutes each and conducted by one facilitator. The intervention was targeted to heterosexual couples who had been in a relationship for at least 6 months and were committed to remaining in relationship for the next year. The couples also met additional criteria for being at high risk for sexual transmission of HIV due to their own or their partner’s suspected risk behaviors (e.g., sex outside of the relationship, injection drug use). The study was based in a New York City primary care health services facility in a community with high rates of HIV and mainly lower income African-American and Latina participants. Connect was tested with 217 couples. In 68% of the couples neither partner was living with HIV. In 17% both partners were living with HIV. In the remaining 15% one partner was living with HIV.

In the original Connect study, the 217 couples were recruited and randomly assigned to 1) six sessions of the relationship-based intervention provided to couples together, 2) the same intervention provided to the woman alone, or 3) a 1-session control condition provided to the woman alone. At both 3 months and 12 months post-intervention, the intervention showed positive effects in reducing the proportion of

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unprotected sex acts and increasing the proportion of protected sex acts. No significant differences in effects were observed between couples receiving the intervention together and those in which the woman received it alone. While both the protocols for couples and women alone were shown to be effective, this package is the protocol used for couples and not women alone.

Q. What were the results of the research project?

A. At 3 and 12 months after participating in the Connect intervention, significant numbers of participants in both the woman-alone and the couples-based condition reported:

- Fewer acts of unprotected sex within the prior 90 days
- Greater proportion of protected sexual acts within the prior 90 days

These results showed that the study couple participants who were randomly assigned to the intervention – either to the couple or woman-alone condition reported less unprotected intercourse and more protected intercourse than the control participants at both the 3- and 12-month follow-up. These short term results were published in the *American Journal of Public Health*\(^3\) and *AIDS and Behavior*\(^4\).

Q. What types of agencies have used Connect?

A. Many different types of agencies have used Connect. The agency involved in testing the intervention package was an HIV services agency in New York State, serving a diverse community of individuals at high risk for HIV/STI infection. The agency implemented Connect in a methadone maintenance service clinic and homeless shelters. During the original research, Connect was used within an ambulatory care outpatient clinic setting. These organizations implemented the intervention with heterosexual couples, mainly African-American and Latino couples including couples where both are HIV negative or HIV positive, or where one partner is HIV negative and the other is HIV positive.

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Q. Why is it necessary to conduct all the sessions?

A. **Connect** sessions were developed so participants can achieve all of the behavioral change stages specified by the intervention’s theory-base. The sessions do this by including exercises that build on each other to develop participants’ self-efficacy and skills. The efficacy of **Connect** was measured based on implementation of all 6 sessions. To get results consistent with the original research, all sessions should be conducted.
SECTION 4: Intervention Description

4.1 Goals of Connect

The first goal of Connect is to teach couples communication techniques and HIV/STI risk reduction knowledge and skills. The second goal is to explore with the couple the gender and power dynamics in their relationship that may be barriers to safer sex behaviors. These goals are achieved through fidelity to the Core Elements.

4.2 Benefits of HIV/STI Prevention with Heterosexual Couples

Providing HIV/STI risk-reduction interventions to heterosexual couples together encourages collaboration to address mutual needs, which may be more effective for some people than reaching that person alone. In Connect, the relationship, and not just the individual, is the target for change. The emphasis is on the fact that it takes two people, not just one, for shared behaviors to change. Having both partners engaged in the process allows the facilitator to address stumbling blocks or barriers in the relationship. Both partners are invited to share their perspectives and are encouraged to develop understanding of each other and a sense of unity. There is value in strengthening couple-level support, satisfaction, and unity to reduce distress and increase individual feelings of well-being. It is also important to help couples increase their sexual satisfaction within the relationship without incurring increased risk for transmission of HIV and other STIs. Sex is an intimate behavior that can influence and be influenced by other modes of emotional intimacy within a relationship.

The couple-based counseling literature suggests that relationship-based interventions can be provided either to one partner alone or to the couple together, but that interventions delivered to the couple together may be more effective for several reasons. First, individuals acting alone to introduce safer sex practices may face negative reactions from their partners including isolation, threats to end the relationship, or physical or emotional violence. Second, the expectation that individuals can teach new knowledge and skills to their partners assumes that they have the necessary communication skills. Third, the supportive environment of a couple-based intervention may enable intimate partners to feel safer disclosing highly personal information (e.g., sex outside of the relationships, STI histories) to their partners that will enable them to gain a more realistic sense of their risks for HIV/STI as a couple.

4.3 Core Elements of Connect

Core Elements are required components that represent the theory and internal logic of the intervention and most likely produce the intervention’s main effects. Core Elements define an intervention and must be implemented
with fidelity to increase the likelihood that prevention providers will have program outcomes that are similar to those in the original research. **Connect**’s seven Core Elements are as follows:

- **Working with male and female partners together in three to five facilitated sessions.**
- **Emphasizing the relationship as the target of change:** redefining sexual risk reduction from individual protection to protecting and preserving the relationship between two intimate partners: “protecting us.”
- **Discussing ideas about relationship fidelity and the need to reduce HIV/STI risk among couples.**
- **Identifying how gender differences, stereotypes, and power imbalances influence safer sex** decision-making and behaviors.
- **Using video-based scenarios to model good communication** and negotiation of safer sex to stimulate discussions and role-plays.
- **Using modeling, role-play, and feedback to teach, practice, and promote mastery** in couple communication, negotiation, and problem-solving, and social support enhancement.
- **Applying couple communication, negotiation, problem-solving, and goal-setting skills** to the learning, performance, and maintenance of behaviors to reduce HIV/STI risk.

These seven Core Elements must be maintained without alteration to ensure fidelity to the intervention and its effectiveness. **Fidelity** is conducting and continuing an intervention by following the Core Elements, protocols, procedures, and content set by the research study that determined its effectiveness.

### 4.4 Key Characteristics of Connect

While the Core Elements cannot be altered, implementing agencies can tailor **Key Characteristics**. Key Characteristics are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the outcome of the intervention. These activities and delivery methods can be tailored and adapted for different agencies and at-risk populations. **Tailoring** describes the process of customizing delivery of interventions to agency circumstances and ensuring that messages are appropriate for target populations without altering, deleting, or adding to the intervention’s Core Elements. Some Key Characteristics identified from the original research for **Connect** are:

- Couples meet in sessions lasting 90-120 minutes.
- Sessions are held three to five days apart so that participants can meet their goals and practice skills to build self-efficacy.
- The facilitator has experience working with couples.
The individual orientation sessions are conducted by a facilitator who is not the same person who conducts Sessions One to Five with the couple. The same facilitator conducts all Sessions One to Five with the same couple. At each session couples receive a take-home condom packet with assorted male and female condoms and lubricants. (Contents may be locally adapted.) The facilitator asks couples for the terms they use for sexual behaviors and to refer to each other, and uses these terms in the sessions, as appropriate.

4.5 Intended Target Populations

Connect was originally tested with the following populations: heterosexual men or women along with their main sex partners, who have been together at least 6 months. The target population for this intervention is heterosexual couples.

4.6 Risk Factors

The primary risk factors for appropriate participants are the following:
- Lack of condom use and the inability to use condoms correctly
- Low self-efficacy to practice and negotiate safer sex
- Poor communication and negotiation skills

Persons experiencing violence in their relationship should not participate in Connect and should be referred to providers equipped to work with relationship violence.

4.7 The Behavioral Change Logic Model for Connect

The Connect Behavioral Change Logic Model is presented on the next page. Logic models are systematic and visual ways to present the internal logic of an intervention, which begins with its theoretical foundation. The model shows the relationships among:
- The intent of Connect (what behavioral problem is to be changed)
- The risk of context factors from behavioral theory that impact a risk behavior (behavioral determinants).
- The intervention activities of Connect that are meant to at on those behavioral determinants.
- The expected outcomes, or changes in behavioral risk, that are a result of the activities targeting the behavioral determinants.
# Connect Behavioral Change Logic Model

Connect is designed for adult heterosexual couples who have been together for at least 6 months and who are committed to staying together for at least another year. This population is at risk of transmitting or acquiring HIV due to having unprotected sex outside of the relationship. Major risk factors include membership in a demographic group highly impacted by HIV, limited communication skills, limited self-efficacy in condom use, and limited awareness of risk.

<table>
<thead>
<tr>
<th>Behavioral Determinants</th>
<th>Activities To address behavioral determinants</th>
<th>Outcomes Expected changes as a result of activities targeting behavioral determinants</th>
</tr>
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<tbody>
<tr>
<td>HIV/STI knowledge</td>
<td>Motivate participation within a safe environment</td>
<td>Increased knowledge of HIV/STI transmission and prevention</td>
</tr>
<tr>
<td>Risk perception regarding self</td>
<td>Provide HIV/STI transmission and prevention information</td>
<td>Increased awareness of risk</td>
</tr>
<tr>
<td>Outcome expectations and expectations for new behaviors</td>
<td>Identify personal risk and strategies to reduce risk in long-term relationship</td>
<td>Increased ability to realistically assess personal and relationship risk</td>
</tr>
<tr>
<td>Gender and power dynamics</td>
<td>Facilitate Speaker/Listener Technique</td>
<td>Intention to reduce risk</td>
</tr>
<tr>
<td>Intentions regarding risk reduction options</td>
<td>Discuss gender and sexual differences</td>
<td>Improved correct condom use skills</td>
</tr>
<tr>
<td>Identifying triggers to unsafe sex</td>
<td>Conduct male and female condom use activities</td>
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</tr>
<tr>
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<td>Discuss unwritten rules</td>
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<tr>
<td>Communication and negotiation skills self-efficacy</td>
<td>Identify triggers to risky behaviors</td>
<td>Enhanced couple problem-solving and decision-making skills</td>
</tr>
<tr>
<td>Communication and negotiation skills</td>
<td>Develop and practice problem-solving and decision-making skills</td>
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<td>Condom use skills</td>
<td>Enhance social networks and supports</td>
<td>Enhanced awareness of gender roles and power dynamics</td>
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<td>Condom use self-efficacy</td>
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<td>Problem-solving and decision-making skills</td>
<td>Facilitate goal setting</td>
<td>Increase in frequency of condom use</td>
</tr>
<tr>
<td>Problem-solving and decision-making self-efficacy</td>
<td>Increase in frequency of HIV/STI testing</td>
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<tr>
<td>Social relationships that support safer sex</td>
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</table>

**Problem Statement**

- Connect is designed for adult heterosexual couples who have been together for at least 6 months and who are committed to staying together for at least another year.
- This population is at risk of transmitting or acquiring HIV due to having unprotected sex outside of the relationship.
- Major risk factors include membership in a demographic group highly impacted by HIV, limited communication skills, limited self-efficacy in condom use, and limited awareness of risk.
4.8 Implementation Summary

The Implementation Summary is a framework to visually present a summary of how Connect is put into practice.

- The inputs (resources) that must be gotten, or developed, and used by Connect’s implementation activities.
- The implementation activities of Connect.
- The outputs (programmatic deliverables or products) that result when the implementation activities are conducted.
Connect Implementation Summary

**Inputs**
- Facilitator training and training materials
- Recruitment strategies and materials
- Connect intervention package and design
- Agency capacity, including space and staff
- Funding
- External technical assistance
- Support from external "authorities" on HIV prevention

**Implementation Activities**
- Train facilitators
- Recruit participants
- Motivate participation within safe environment
- Provide HIV/STI transmission and prevention information
- Identify personal risk and strategies to reduce risk in long-term relationship
- Facilitate Speaker/Listener Technique
- Discuss gender and power differences
- Conduct male and female condom use activities
- Discuss unwritten rules
- Identify triggers to risky behaviors
- Develop and practice problem-solving and decision-making skills
- Enhance social networks and supports
- Provide relapse prevention
- Facilitate goal setting

**Outputs**
- Participants recruited
- 5 sessions facilitated for each couple
- Follow-up provided as needed
4.9 Checklist of Appropriateness of Intervention

The purpose of this checklist is to stimulate thinking and engage key people in dialogue, so they might ask each other the right questions to determine if they wish to adopt Connect. The checklist also provides questions agencies need to explore when thinking about adapting the intervention and any organizational changes required to implement the intervention. This checklist is not exhaustive. An expanded list can be found in Section Nine on page 75.

- Is providing Connect a good fit for your agency?
- Does your agency serve heterosexual couples who are not experiencing violence as one of your target populations?
- Does providing couple-level HIV/STI education and prevention programming fit with the mission and vision for the agency?
- Does your agency have the administrative and staff support and capacity to provide the Connect intervention?
- Does your agency have the resources necessary for the intervention?
- Will implementing Connect change your agency’s relationship with prevention or service agencies?

4.10 Commonly Asked Questions

Q. What is Connect?

A. Connect is a six-session, relationship-based intervention, provided to heterosexual men or women together with their main, sex partners. Each partner takes part in a separate Orientation Session, which includes a Connect Readiness Assessment (CRA) to determine whether the partnership is safe enough to complete Connect. The couple then attends five sessions together. The first goal of the intervention is to teach couples communication techniques and HIV/STI risk reduction knowledge and skills. The second goal is to explore with the couple the gender and power dynamics in their relationship that may be barriers to safer sex behaviors. Connect is based on two theories, the AIDS Risk Reduction Model (ARRM)\(^5\) and the Ecological Perspective\(^6\). Connect is strongly influenced by Family Therapy and counseling techniques, specifically those used at and recommended by the Ackerman Institute for the Family.

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Q. What happens in a **Connect** session?

A. **Connect** addresses couples’ HIV/STI risk behaviors, knowledge, relationship communication, gender and power dynamics, and safer sex negotiation skills. Sessions involve the introduction of modeling, review and practice of communication (Speaker/Listener Technique) and risk reduction skills, and goal setting. Risk reduction skills include male and female condom use, identifying alternatives to high or moderate risk behaviors, trigger identification, problem-solving, social support and types of support mapping. Participants explore existing behaviors, see new behaviors modeled for them, practice those skills, receive feedback, and reevaluate their behaviors. The goal of the intervention’s relationship-based approach is to reframe safer sex not as individual “protection,” but rather as a way to preserve relationship and community, as an act of love, commitment, and intimacy. It emphasizes the importance of communication, negotiation, and problem-solving skills, and highlights how relationship dynamics may be affected by gender roles and expectations. The session content emphasizes the contribution each participant and their partner makes towards enhancing the future health of their partnership, family, and community.

Consistent with the U.S. National HIV Prevention Plan the intervention also can be used with individuals and couples living with HIV without changing its core elements. However, minor adjustments in the language used in some of the sessions would need to be made. For example, the intervention emphasizes reducing risk for any new STIs, including HIV, so for HIV-infected individuals, highlight newer, drug-resistant strains of HIV and the damage STIs do to an HIV-positive person’s immune system. Also, misperceptions of posing no transmission risk if one’s viral load is undetectable, should be corrected.

Q. How are **Connect** sessions different from couples therapy?

A. **Connect** is a series of five, structured, skills-building sessions. Couple therapy sessions are on-going counseling sessions that present free-flowing ideas and issues. **Connect** sessions have an agenda and objectives to accomplish for each session, but couple therapy usually does not.
Q. What is an appropriate age of participants for **Connect**?

A. **Connect** is designed to be implemented with adult participants, aged 18 and over. The subject matter of **Connect** is geared towards mature audiences. The discussions and several of the exercises discuss sexual activities and behaviors, and the conversations can be very candid. Participants should be sexually active and old enough to discuss sex and sexual experiences in a mature and responsible manner.
SECTION 5: Planning the Implementation of the Intervention

This section will advise an implementing agency on delivering the Connect intervention. It is during this pre-implementation period that your agency can make any necessary organizational changes, access needed resources, and develop marketing and evaluation plans. Before getting started, agencies must understand how, where, and for whom a new intervention will be implemented, and mobilize the support necessary for smooth implementation.

5.1 Staffing

In order for Connect to run smoothly you will need a program coordinator; and at least one, but preferably two trained facilitators (one male and one female), preferably mental health professionals.

Program Coordinator

The list of items below contains some of the program coordinator’s primary responsibilities. The program coordinator may be responsible for additional tasks during the course of the intervention.

<table>
<thead>
<tr>
<th>The program coordinator is primarily responsible for the following tasks:</th>
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<tbody>
<tr>
<td>❖ Preparing the agency for the intervention</td>
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<tr>
<td>❖ Collaborating with other agencies</td>
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<tr>
<td>❖ Securing the intervention needs</td>
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<tr>
<td>❖ Preparing intervention materials</td>
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<tr>
<td>❖ Hiring and managing the intervention team</td>
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<tr>
<td>❖ Setting up training and technical assistance</td>
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<tr>
<td>❖ Recruiting participants</td>
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<tr>
<td>❖ Establishing and overseeing the evaluation plan</td>
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<tr>
<td>❖ Overseeing the intervention and facilitators</td>
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<tr>
<td>❖ Conducting supervision sessions</td>
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<tr>
<td>❖ Managing the budget</td>
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<tr>
<td>❖ Assuring quality</td>
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<tr>
<td>❖ Monitoring fidelity</td>
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Facilitators

The trained facilitators need to be clear that Connect is a behavioral risk reduction intervention; the sessions are not counseling sessions.

<table>
<thead>
<tr>
<th>Roles and Responsibilities of Facilitator:</th>
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<tbody>
<tr>
<td>❖ Prepare for sessions</td>
</tr>
<tr>
<td>❖ Balance the needs of the participants and the structure of the sessions</td>
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<tr>
<td>❖ Facilitate discussion between participants while following the session's curriculum</td>
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<tr>
<td>❖ Practice and review materials</td>
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<tr>
<td>❖ Build couple unity</td>
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<tr>
<td>❖ Inform participants of the duty to warn, confidentiality, and other relevant laws</td>
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<tr>
<td>❖ Guide the couple sessions</td>
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<tr>
<td>❖ Handle emotional issues</td>
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<tr>
<td>❖ Balance attention to both partners in the couple</td>
</tr>
<tr>
<td>❖ Emphasize the relationship as the unit of change</td>
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<tr>
<td>❖ Create safe, welcoming, and non-judgmental environment for couples (e.g., session agreements)</td>
</tr>
<tr>
<td>❖ Affirm past experiences while communicating an expectation for safer, healthier future experiences</td>
</tr>
<tr>
<td>❖ Create a Resource Manual which provides information about other local and accessible services offered to couples at risk for HIV/STIs</td>
</tr>
<tr>
<td>❖ Deal with inappropriate behavior problems</td>
</tr>
<tr>
<td>❖ Allow couple dialogue to occur</td>
</tr>
<tr>
<td>❖ Probe for clarity and understanding</td>
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The intervention (at any points or all the way through) could be emotionally moving or life changing for some participants. The facilitator needs to be aware and sensitive at all times. Persons with experience providing counseling to individuals or couples may be more comfortable with Connect than person experienced in facilitating groups.

Where to Find Effective Facilitators

The following are some suggestions on how to find effective facilitators:
❖ Social work programs at local colleges and universities
❖ Network within your own organization or other similar organizations for recommendations
❖ Ask your advisory board to make recommendations
❖ Contact local AIDS service organizations
❖ Couples counseling or family therapy programs
❖ Attend support meetings for people living with HIV/AIDS
Characteristics and Skills of Facilitators

The facilitators will direct the intervention sessions, guiding the participants through the content of Connect. Refer to page 20 of the Implementation Manual for a list of characteristics and skills.

5.2 Staff Training

An important component of facilitator training is facilitation practice. The facilitation practice is a specially scheduled time where facilitators practice by holding mock Connect sessions. One of the goals of the practice is to give the facilitators an opportunity to spend time learning the implementation section of the IM; session handouts, posters, and other materials; and the intervention forms before the intervention begins.

During facilitation practice, facilitators can develop a better understanding of complicated couple dynamics that may influence Connect implementation and develop strategies for dealing with them. Many of these are highlighted and illustrated using video vignettes in the Training of Facilitators Curriculum/CD-ROM. Facilitators can actively practice managing conflict and providing referrals to meet the participants’ needs. The practice sessions will increase facilitators’ comfort-level with the couple facilitation process and promote flexibility in adjusting the Connect session agenda to the needs of the participants. In addition, practice will help facilitators assess strengths and weaknesses in their facilitation skills. Program coordinators and relevant staff members may want to observe the practice sessions and provide facilitators with feedback as needed. Some potential self-evaluation questions are:

- How did the session facilitation go?
- What went well? Why did it go well?
- What did not go well? Why did it not go well?
- How can I address issues that did not go well?
- What should I make sure to cover or raise in the next session?

Additionally, practice will provide the facilitators an opportunity to assess and evaluate their knowledge of the intervention content. Some sample evaluation questions are:

- Does the couple understand the session’s goals and activities?
- What did the participants learn? What should they have learned?

Facilitation practice should promote learning, improve facilitation skills, and develop strategies for dealing with difficult situations and adhering to session content while providing good quality facilitation to the couple.
5.3 Staff Supervision

**Connect** deals with issues that may cause varied emotional responses for both the participants and the facilitators. Working with couples can be a very challenging experience. Working with couples around issues of HIV prevention and communication about sensitive topics, including safer sex, can be especially challenging. Supervision with a clinical supervisor is ideal for facilitators of **Connect**. If individual supervision is not possible, then group supervision, or a debriefing, will at least allow facilitators a time to release emotions related to implementing **Connect** in a supportive space. Your agency may have some specific methods for supervision; the following is designed to add to your agency’s existing procedures.

Either the program coordinator or one of your agency’s clinical supervisors, such as an Education Supervisor, Prevention Supervisor, or Participant/Client Services Supervisor, would be well-suited to lead supervision sessions for facilitators. These sessions are an opportunity for facilitators to express their feelings about the intervention sessions. Supervision Sessions also can be used to explore what is and is not engaging participants and what changes in delivery need to be made. Facilitators can seek advice or brainstorm solutions to issues or questions that came up during sessions with couples. They can make plans on how to deal with situations that are likely to repeat, such as a participant who does not let his/her partner talk.

Here are some specific questions that can be asked in supervision sessions with facilitators:

- **Session Content and Process Notes:**
  - Does the couple have balanced participation or does one dominate?
  - Does the couple need referral appointments made for them?
  - Does the couple need help with transportation? Child-care?
  - What went well?
  - What did not go well?
  - How could delivery of the next session be improved?
  - What concepts did participants have trouble grasping?
  - What concepts need to be reinforced next time?

- **Facilitator Skills to Acknowledge and Reinforce:**
  - Did the facilitator join with the couples and focus on the relationship as the target of change?
  - Did the facilitator externalize (present as outside threats) HIV and other STIs as threats to the health and safety of the relationship, motivating behavior change to protect the relationship?
  - Did the facilitator emphasize and reinforce good communication, including teaching the Speaker/Listener technique to improve the relationship and the process of relationship change?
Did the facilitator praise positive interactions between partners to increase couple unity and ability to change risk behaviors?
Did the facilitator maintain a neutral “observer stance,” presenting information or skills and coaching when appropriate, but emphasizing the couple as experts in their own relationship?
Did the facilitator allow time and space for the couple to talk, listen, and learn from each other?

Environment/Space Considerations:
- Was the room too hot/cold?
- Was the space quiet?
- Could the participants be overheard?
- Were there enough snacks?

5.4 Integrating Connect in your agency

To follow are some ways in which Connect may be integrated into your existing agency programming:

- Based on your most recent needs assessment, consider changes in service needs and new client composition. Is there a need for couple-based services? Do you have enough staffing to support incorporating Connect into existing services?

- Identify agencies that currently make referrals to your agency and let them know that you now provide an HIV/STI risk reduction prevention program for heterosexual couples. They may increase referrals specifically to the Connect program.

Consider your existing services and whether existing clients participating in those services may be referred to Connect. An example would be if a woman has participated in another HIV/STI prevention program targeting women only, but decides that she would gain additional benefit from bringing her main partner to Connect sessions.
5.5 Commonly Asked Questions

Preparations

Q. What resources (beyond those included in the package) are necessary to conduct the Connect intervention?

A. In order to implement Connect agencies will need to acquire the following list of supplies and electronic equipment before starting the couple sessions:

- TV/VCR or DVD player with remote control
- Red, Yellow, and Green stickers
- Video monitor
- Push pins
- Poster putty and/or masking tape
- Participant incentives (optional)
- Food/snacks (optional)
- Male and female anatomical models for condom demonstration
- Condoms (male and female)
- Lubricant (“lube”)
- Latex barriers (for male and female oral sex)
- Tissues or Hand Sanitizer wipes
- Resource Manual
- Computer with printer (optional, for ease of tailoring intervention materials/non-tailored forms could be photocopied from the Intervention Manual)

Q. How do I obtain “buy in” by others in my agency to implement Connect?

A. Securing “buy-in” is crucial because it assures the support of agency administration and allows for agency resources to be utilized for intervention implementation. Obtaining “buy-in” is most effectively accomplished by identifying at least one agency administrator or staff person to “champion” the intervention, that is, to advocate for its integration into existing service provision at the agency. A Connect champion could be an individual or a group of people. The champion should be selected by an agency administrator. Regardless of the number of champions, the central issue is convincing the agency that implementing Connect would enhance the quality of its prevention services and that the agency is capable of implementing Connect. A champion is someone within the agency generally who is a mid-to-upper level administrator who serves as a link between administration and staff. The champion needs to be adept at answering questions and mediating any changes in organizational structure; they can serve as a negotiator of any necessary trade-offs or compromises. The champion becomes the intervention’s spokesperson, anticipating the reservations of
staff, answering questions about the intervention needs and resources. The champion must have an excellent knowledge of the intervention including its costs, Core Elements, and Key Characteristics. In addition, the champion can use the marketing materials available in the intervention package. The champion can use the information presented in this manual and the rest of the package to further field any questions or concerns about Connect.

Your agency’s intervention champion can use the stakeholder’s checklist, found on page 11 of the Implementation Manual, to obtain support for implementing Connect. The stakeholders are those people on your Board of Directors/Executive Board, in your community, agency, your staff, or your funding source who have a stake in the successful implementation of an intervention. The stakeholder’s checklist contains those items the champion can use to convince the stakeholders that Connect is an intervention that your agency can and should implement because it meets the needs of the community your agency serves.

Q. Who are my community stakeholders?

A. Your stakeholders are those people on your Board of Directors/Executive Board, in your community, agency, your staff, or your funding source who have a stake in the successful implementation of an intervention. The stakeholder’s checklist on page 11 of the Implementation Manual contains those items the champion can use to convince the stakeholders that Connect is an intervention that your agency can and should implement because it meets the needs of the community your agency serves.

Q. How does an advisory board help with implementing Connect, and how do I select one?

A. Because of the members’ unique insight into the target population, an advisory board can be helpful in tailoring Connect activities, by helping make the language culturally appropriate. In addition, you can try out the intervention sessions with the advisory board, and their feedback can help your agency improve the quality of its delivery. Some other ways that the advisory board can assist your agency is by providing marketing, recruiting, and retention ideas. The advisory board is a potentially valuable resource in making Connect a culturally appropriate intervention.

Assembling an advisory board is not a long or extensive process, and the size of the board is not important. The advisory board is composed of people in the community who understand the various needs of the
community and know the best ways to effectively communicate with the target population.

**Staffing**

Q. Why are male and female facilitators used to facilitate the sessions?

A. Ideally, each agency getting ready to implement Connect should have at least two facilitators available, one female and one male. This allows the couple the option of a male or female facilitator. Feedback from case study agencies indicated that couples requested either a male or female facilitator based on the comfort level or situation of the couple. For example, experiences in delivering the intervention have found that women may feel more comfortable and safe discussing issues of sex and sexuality with women facilitators. If any of the women have been victims of domestic violence or any crimes against women, the presence of a female facilitator will help to create a safe and supportive environment. Some men prefer male facilitators in the belief that a female facilitator would side with the woman in the couple. Couples have refused to participate in Connect because of the sex of the available facilitator. Thus, it is highly desirable to make available a female and male facilitator depending on the needs of the couple.

Q. How can you tell if someone will be a good facilitator?

A. Facilitators will likely be good if they possess specific skills and abilities that include, but are not limited to, the following:

- Have an understanding of couple dynamics
- Be comfortable working alone with two participants
- Be able to promote communication among participants
- Be able to practice and review materials for sessions
- Be able to deal with inappropriate behaviors

See page 20 of the Implementation Manual for characteristics of facilitators. Each agency should develop criteria before starting the recruitment process.

Q. If a facilitator or participant is ill, should the session be held?

A. Your agency should establish attendance policies to deal with the absences or the cancellation of sessions. In the event that one or both participants is sick, the session should be rescheduled. Connect
sessions should be provided to both partners together, so if one partner cannot make it to a session, it is best to reschedule the session for a time when both partners can be there. If the facilitator is sick, it may be possible for another Connect facilitator to fill in. It would be best to identify whether the couple would choose to reschedule, or keep the next session appointment knowing they would have a substitute facilitator.

Q. How do you handle mental health professionals who are mandated reporters in their state of jurisdiction?

A. If, during the course of conducting a Connect session, information related to mandatory reporting is shared, the facilitator should speak with their agency supervisors and follow the agency’s (or state) established protocols.

Each state has their own set of laws and statutes regarding mandatory reporting requirements related to disclosure of STIs to sex partners, and agencies may be obligated to inform participants of any duty to warn spouses or sex/needle sharing partners. Agencies should know their state laws regarding disclosure of HIV status to sex partners. Your agency needs to have a consent form which explains carefully and clearly, in accessible language, your agency’s responsibilities and the participants’ rights.

Agencies also need to inform participants about state laws regarding the reporting of domestic violence, child abuse and elder abuse. In the event that a mental health professional encounters such information, they should be aware of his/her duty to report such issues according to their state of jurisdiction.

If health information is shared by participants, this information should not be documented with identifying information. Documenting health information with identifying information is a violation of Health Insurance Portability and Accountability Act (HIPAA) regulations.

Training

Q. If a potential facilitator does not have couple facilitation experience, how can they get training?

A. There are several methods individuals can use to gain an understanding of couple facilitation as well as obtain some practice facilitating couples. Individuals can take courses at a local college or university on couple dynamics and couple facilitation. This will provide participants with a
sound understanding of the concepts of couple facilitation as well as provide an opportunity to practice concepts and skills learned.

Q. How can the implementing agency train staff members who were not able to attend the Connect training?

A. It is strongly recommended that individuals only receive training through one of two methods:
   - Training by official Connect staff who have been trained, or
   - Training by individuals who have gone through the Training of Trainers Training (TOT) for Connect.

Q. How can I request training for my agency?

A. To request or register for a training, visit the following website: www.effectiveinterventions.org

Logistics

Q. What type of location is most appropriate for Connect?

A. Connect is designed to be delivered in a private and secure location. The following are suggestions for selecting a location:
   - Central location along major transit routes so participants with limited or no access to transportation can reach the location easily and readily
   - Consider avoiding venues that advertise services provided to people living with HIV/AIDS (PLWHA) due to the stigma associated with HIV/AIDS, if that is important to your population
   - A location that is handicapped accessible
   - Private space that can accommodate the facilitator and couple

The agency that tested the intervention package used a variety of venues to hold their sessions. The agency reported that the following were good venues:
   - Homeless shelters
   - Methadone clinics
   - On-site (using existing office space after hours or during lunch times when staff and/or other clients are out of the office)

Several agencies reported that the following problems made other venues less than ideal:
   - Interruptions (not a private space)
Small space or troublesome room configurations that did not allow equipment to be set up or the facilitator and couple to sit without a table between them
- Bad geographic locations
- High noise levels
- No childcare available on the premises

According to facilitator feedback, the ability to be flexible and available greatly contributed to the engagement and retention of couples.

Q. What are the steps for scheduling sessions for Connect?

A. Some suggestions for scheduling sessions are:

- Identify as many potential venues as you can that can handle the couple sessions.
- Choose venues that:
  - Have private meeting rooms which can allow flexible seating arrangement and an additional table for snacks or materials set-up
  - Are easily accessible via various transportation methods
  - Are wheelchair/handicapped accessible
- Consider the length of time for which you can reserve the room in case the intervention runs longer than five weeks or two hours per session.
- Recruit your participants through a variety of methods. When recruiting participants, the implementing agency should keep in mind the days and times participants will be available as well as any additional needs the participants may have. It also is important to assess the participants’ preference of male/female facilitators and the availability of the identified Connect facilitators.
- Confirm a venue that can accommodate all your needs/requirements.
- Schedule Connect sessions on a day and time that is convenient for participants and facilitators.

Q. What if the session runs longer or shorter than the suggested two hours?

A. It is important that implementing agencies understand that the two hour time recommendation is a Key Characteristic. Implementing agencies are not limited to two hours per sessions. In the event that an agency/facilitator will need more than two hours, it is suggested that the agency tailor the session length to fit the needs of their communities in
one of two ways: either breaking up the longer session into two parts or allowing a session to run longer than two hours.

These are some practical tips that can be done to manage the delivery of the intervention to fit in two hours.

- Use a room with a clock on the wall, or have the facilitator bring a large clock that can be placed where the facilitator and participants can see it easily. This will help the facilitator keep track of time.
- Re-direct participants when they have strayed from the topic of conversation. Connect may be the first time many participants have had the opportunity to discuss their HIV/STI risks and personal sexual behaviors with their partner and/or an outside person (the facilitator). The resulting discussions can take on a life of their own, taking the couple away from the intervention focus. It is important to remember that Connect is a protocol-driven intervention, and there are objectives that must be covered during each session.
- Inform participants at the beginning of the intervention cycle that the sessions are packed with great and informative content, and that there may be times when the session length needs to be extended or broken into two parts. Ask participants which option they would prefer.
- Use the facilitation practice to estimate the amount of time needed to introduce, explain, and practice important concepts.
- Prioritize which concepts are the most important to the couple.

Q. What kind of refreshments are appropriate to offer during the session, and how do we get them?

A. It is important for implementing agencies to be very cautious and deliberate when planning for the needs of their participants. We recommend that agencies provide some type of refreshments for their participants. Some of the participants may be on a treatment regimen that requires food frequently. Also, the time of the day the intervention is conducted will determine the type of snacks provided. It is important to avoid serving heavy meals because this may make participants sleepy and interfere with their ability to concentrate on the intervention.

Also, implementing agencies should consider the dietary restrictions of their participants. For example, participants who are diabetic may not be able to eat sugary snacks or fruit with high fructose content. Participants with food allergies, such as peanuts, should not be served foods containing the allergen. Participants whose belief systems prohibit consuming certain foods should not be offered these foods.
If implementing agencies decide to provide a meal for their participants, it is recommended that the meal be served either before or after the session. Eating meals during the sessions interferes with full participation in the session.

Implementing agencies that cannot afford to offer refreshments may want to seek donations within their community. Local AIDS service organizations, food pantries/banks, and community merchants are great places from which to solicit donations.

Recruitment

Q. How should and where can Connect be marketed?

A. Included in the package is a generic marketing information sheet that agencies can use to advertise Connect to heterosexual couples. Your agency may consider advertising the program to other agencies that traditionally provide client referrals so they are aware of your new programming for couples. Your advisory board is another useful marketing tool because the members can advise implementing agencies where to distribute the marketing information sheet and identify other ways to generate interest. Advertising can go beyond AIDS service organizations to other organizations that serve heterosexual men and women who have main sex partners.

Q. How should couples be recruited for Connect?

A. Each agency should create a plan that details how couples will be recruited, recruitment venues and locations, recruitment/marketing tools, and the number of couples to be recruited. Your advisory board can provide your agency with some ideas, including the best places to recruit and the best recruiting strategies for your populations. In the Appendix IV of this document there is a generic marketing information sheet that can be tailored (with the assistance of the advisory board) and used to recruit potential couples.

Additionally, Connect needs an agency Champion, or someone who will take responsibility for assuring that Connect is implemented. Ideally, this would be the Connect program coordinator, but it does not have to be. The Champion would be responsible for coordinating recruitment efforts and retention efforts for facilitators.
Q. Do we have to recruit women first, and then the women recruit their male partners?

A. While in the original research we recruited women first and then these women recruited their main, male sex partners, Connect is targeted to heterosexual couples. Any individual, male or female, with a main sex partner of the opposite sex who is interested in participating in Connect, may bring in their partner to complete the Readiness Assessment and assure that, as a couple, Connect is right for them.

Q. Is Connect for any heterosexual couple?

A. Connect is intended to reduce sexual HIV/STI risk behaviors and increase communication and negotiation skills among sexually active, heterosexual couples. The original research was conducted with couples who had been together at least 6 months and intended to stay together for another year. Any individual who indicates an interest in participating in the 6 sessions of Connect with their partner likely has a vested interest in their relationship and will take attendance seriously.

Q. Can Connect be provided to couples where one partner is living with HIV? Can Connect be provided to couples where both partners are living with HIV?

A. Connect was tested with 217 couples of mixed HIV status. The content is directed at STI risk reduction, including HIV risk reduction, with an emphasis on the importance of avoiding all new STI infections. For HIV-positive individuals or couples, the content addresses the importance of avoiding re-infection with other strains of HIV, and also avoiding any new STI infection that would further damage their immune system, particularly if an individual is living with HIV.

It is important for facilitators to emphasize the importance of condom use among partners where there is already HIV or an incurable STI infection, since alternatives, like mutual monogamy, will not protect the uninfected partner.

Also, it is important for facilitators working with HIV-positive individuals to emphasize all the progress that has been made in the past decades in HIV treatments. Facilitators should stress consulting with one’s physician to follow best practices for healthy living with HIV infection.
Q. Can **Connect** be done with a group of couples rather than with individual couples?

A. **Connect** is a heterosexual couple intervention. In the original research couples did not participate in the sessions as a group. We expect that if **Connect** were done for groups of couples, it would be difficult for the facilitator to establish rapport with all participants and to give all the couples enough practice time and feedback in a two-hour session. Some couples may be unwilling to reveal their most sensitive problems in front of other people.

Q. Would **Connect** be appropriate for men or women who have completed other HIV/STI prevention programs or DEBIs?

A. **Connect** would be appropriate for men and women who have completed other HIV/STI prevention programs. **Connect** was developed as a relationship-based program, targeting the couple as the unit of change. For many heterosexual men and women who have successfully completed other STI/HIV risk reduction programs, there remains the challenge of sharing new information and skills with their main sex partner who did not attend the program.

Q. What kind of tools can be used to screen potential participants?

A. The **Connect** package includes a **Connect** Readiness Assessment, which contains a list of questions that can be used by implementing agencies to determine the appropriateness of potential participants. This instrument is intended to be administered individually to each client using an interview format. The assessment form can be found in Appendix II of the Implementation Manual.

**Pre-Implementation**

Q. What is the **Connect** Readiness Assessment?

A. The **Connect** Readiness Assessment (CRA) is an opportunity for your agency to interview potential **Connect** participants and assess their readiness to participate in the intervention. The CRA is scripted into the beginning of the **Connect** Orientation. For efficiency, it may be simplest to schedule the orientation sessions, and complete the CRA at the beginning. If the CRA determines the couple not ready for **Connect**, the session language guides the facilitator on what to say and do to end the
session. We recommend that the **Connect** Readiness Assessment and the individual orientations be conducted by one facilitator – ideally a different facilitator than the one who will provide the couple sessions to the partners together. The assessment and orientations should be conducted in a private room where the potential participant can freely answer the questions in a welcoming and supportive environment. These individual orientation sessions should be scheduled during the same appointment (if two facilitators are available), or one facilitator can do the two 1-hour sessions back-to-back. During the session, the facilitator asks a series of questions to explore the potential participant’s experience with their partner and conflict. Couples experiencing severe physical or sexual conflict should not participate in **Connect**, but instead should be referred to more appropriate support and counseling, such as a program that addresses issues of partner violence.

Q. Do you refer the couple for domestic violence counseling or just for the abused partner?

A. Agencies are encouraged to follow the agency protocol when making referrals. Supervision is encouraged when facilitators are challenged with issues such as domestic violence.

Q. What is the **Connect** Risk Behavior and Skills Assessment?

A. The **Connect** Risk Behavior and Skills Assessment (RBSA) is an evaluation tool. When used as a pre-test, it must be completed by the participants before the first session that they attended together as a couple. This can be done at the end of the Orientation Session or at another time.

We suggest using identification (ID) codes instead of names on the RBSA to ensure the privacy of participants/couples. A participant ID code can be created from any information you get from the participant, such as birth month plus the first three letters of their first name, from a list of random numbers/letters, or in any other manner your agency prefers. If using ID codes is not possible, your agency must ensure that if any health-related information is gathered, that the participant’s name is in no way linked with the answers on the form. The RBSA can also be used as a post-test to assess changes in risk behaviors among individuals from before the intervention. If used to assess changes, it is recommended to use the same pre-test ID for a given individual and to collect data at some time on month or later after the intervention.

For more information on the RBSA, see Implementation Manual Appendices II and V.
Q. What forms are parts of the implementation package, and how are they used?

A. The following section is an explanation of the forms in the package, their location, and how they are used in implementing Connect.

**Connect Readiness Assessment (CRA)**

The Connect Readiness Assessment (CRA) is an opportunity for your agency to interview potential Connect participants and assess their readiness to participate in the Intervention. The CRA is scripted into the beginning of the Connect Orientation.

The CRA is used to assess potential Connect couples for possible severe physical or sexual abuse in the prior 6 months, which we believe warrants more specifically targeted and professional intervention. Such couples are not good candidates for the Connect intervention and should be provided referrals for couple support or counseling, or partner violence services.

When a couple has been identified as interested in participating in Connect, they should be scheduled to complete an Orientation Session, which includes a CRA. If Connect is found to be appropriate for the couple through the CRA, each partner will complete the individual Orientation Session, and then five sessions together as a couple. Preferably, one facilitator conducts the individual CRAs, and a different facilitator conducts the couple sessions.

The CRA should be done at the beginning of the Orientation Session. The CRA and the Orientation Session can be provided at the same time to both partners individually if two facilitators are available, or they can be done at different times. Ideally, your agency would have both a male and female facilitator who are experienced and skilled counselors, preferably mental health professionals (MHPs). If both male and female facilitators are available, then the Orientation Session can be offered with gender-matched facilitators, as they were in the original intervention study.

**Connect Risk Behavior and Skills Assessment (RBSA)**

The Connect Risk Behavior and Skills Assessment (RBSA) is an evaluation tool used to provide baseline data on the knowledge and skill level of Connect participants related to HIV/STI risk behaviors and risk reduction. When used as a pre- and post-test, it should be completed before Session One, such as at the end of the Orientation Session, and
again at the end of the intervention, preferably at least, one month, or three months, following the last session.

The RBSA quickly assesses the current status of Connect participant’s adoption of behavioral strategies to reduce their risk of acquiring or transmitting HIV and other STIs. The behaviors assessed on this instrument are consistent with specific core elements covered within the Connect intervention. Nine sexual risk reduction behaviors are included on the measure, with six attitudes about each of the behaviors. Current risk reduction status in each of the nine areas assessed is expressed numerically on a scale of 0-12. Lower numbers indicate more risky attitudes and fewer safer sexual behaviors. In addition, programs can decide whether to use the supplemental questions (1a, 1b, 2a, 2b) to more rigorously assess occasions of unprotected sex.

The instrument should take about 10 minutes to administer. It should be completed before Session One of Connect, such as at the end of the Orientation Sessions, and again after the completion of the final session, ideally on a different day. The best format for administration is to have a staff member, other than the facilitator, administer the assessment in an interview, rather than have each participant complete the assessment on their own. This format enables the interviewer to assess the internal consistency of the participant’s responses and provide corrective guidance as needed. Instructions for conducting the RBSA are provided on the assessment form. Additional details are provided in the evaluation plan in Appendix V of the Implementation Manual.

Along with enrollment and immediately following the completion of the intervention, it is advised that the couple be asked to complete the assessment 3 to 6 months after the completing Connect, as well. This will allow your program to assess the maintenance of changed behaviors and would be quite informative for ways to improve delivery of the Connect intervention.

The RBSA can be used to demonstrate the success of the intervention to your funders. Depending on your program’s needs and requirements from your funding source, you may choose to use the RBSA a pre- and post-test evaluation to monitor the progress of clients. The assessment before Session One and the assessment after the final Connect session can be compared to assess whether and how much the clients’ attitudes shifted.

**Connect Participant Feedback Form (PFF)**

The Connect Participant Feedback Form is a participant evaluation form that provides feedback from the individual participants/clients who
attend **Connect** sessions to find out what they liked best about and learned from attending **Connect** sessions.

The PFF is a means of assessing satisfaction with the **Connect** sessions and simple reports of behavior change among participants. It should be filled out by each participant at the end of the last session. It consists of a series of multiple choice and open-ended questions and takes approximately 10 minutes to complete.

The PFF can be used to demonstrate satisfaction with the program to your funders and to your staff, as well as provide indications of areas for improvement.

**Connect Supervision Checklist**

The **Connect** Supervision Checklist should be filled out by the facilitators at the end of each **Connect** session. The **Connect** Supervision Checklist can be used to guide supervision sessions with the program coordinator and to inform the process evaluation. The session monitoring form includes a checklist of activities that should be completed in each session and goal progress for each couple week-to-week.

Additionally, the **Connect** Supervision Checklist includes a series of questions related to the process of the sessions, which is also a helpful discussion guide for meetings between the facilitator and the program coordinator or a designated clinical supervisor.

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Q. When do I use anatomical models to properly demonstrate the use of condoms?

A. The proper use of condoms (both male and female) is demonstrated in Session Three. In Session Three participants will discuss the pros and cons of condom use as well as practice the proper use of condoms. Inform participants that they will view a condom demonstration video(s) because there is always something new to learn about condoms. It is important that implementing agencies are teaching skills that are in accordance with current CDC guidelines found at [http://www.cdc.gov/nchstp/od/latex.htm](http://www.cdc.gov/nchstp/od/latex.htm). Also see Appendix IV of the Implementation Manual.

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Q. What is the Resource Manual, and how is it used?

A. Participants in **Connect** may have questions and needs that cannot be addressed during the actual sessions. Because of this, each facilitator
should have a Resource Manual available during all sessions. The Resource Manual should contain information on a variety of local health and human services providers that would benefit any of your agency’s clientele, but including Connect participants. These providers may include:

- Social services offices
- HIV/AIDS testing and services programs
- Public sexually transmitted infections (STI) clinics
- Housing
- Drug and/or alcohol treatment programs
- Homeless shelters
- Domestic violence shelters
- Hospitals
- Medical and mental health clinics

Each entry in the Resource Manual should include: the name of the agency, address, phone number, contact person, hours of operation, services provided, fees/fee scale, and other information needed to achieve a successful referral. As necessary and appropriate, the facilitators should encourage participants to make use of these resources.

Your agency should compile the Resource Manual and make copies for each facilitator during pre-implementation. Providers included in the manual should be those that offer services or resources that complement those provided at your agency. Your agency should verify the information and update the Resource Manual at least once a year.

Implementation

Q. Is there a Connect attendance policy?

Connect includes an orientation and five additional sessions, for a total of six sessions. Attending all sessions is what makes the experience most valuable for each couple. To implement Connect adequately, your agency should have an attendance policy that clearly explains your agency’s expectation that participants attend every session and that they attend the sessions together. The attendance policy also should address tardiness and the notification process for absences. Each session builds on the previous session, so missing sessions undermines the ability of couples to fully participate in the intervention. Sessions ideally are provided with at least 3-5 days in between, giving participants a chance to practice skills and achieve goals between sessions. In some circumstances, however, facilitators may decide to adapt the intervention by providing two sessions back-to-back in order to provide the intervention in a briefer overall time period.
Q. How is participant fatigue avoided?

A. One way to prevent participant fatigue is to have frequent breaks that will allow the participants to stretch, get some water, or grab a snack, etc. Another method is to make the sessions very interactive and fun, allowing participants the opportunity to participate/practice the content being delivered. Facilitators may also want to consider using humor appropriately, so participants can laugh and enjoy themselves and the intervention.

Q. What are some ways to keep the sessions fun?

A. Remember, making the sessions fun and avoiding participant fatigue are important. Session One promises that fun will occur during the cycle of sessions, and, with that in mind, here are some suggestions:

- Look for ways to incorporate humor at the appropriate times during the sessions.
- During the couple discussions add humorous life experiences.
- Make the condom demonstration fun and exciting.
- Include humorous tidbits in the welcome back and check-in.

Remember, the subject matter discussed in Connect can be intense, so including humor appropriately can be a way to relax the tense moments that can occur in the sessions.

Q. How can I retain participants in the Connect intervention?

A. Participants return if they enjoy the sessions and are learning something they value. However, keeping participants engaged in the learning process can be challenging. Facilitators should make sure that both participants:

- Have a chance to contribute to the discussion with their partner
- Have a chance to participate in activities
- Have a chance to have their thoughts heard
- Feel welcomed, safe, and supported

Facilitators also should make the content meaningful, interesting, and fun. To aid the learning process we suggest having snacks available before, during, or after the sessions. Providing the participants with frequent breaks is a way to keep their attention. Providing child care may solve a barrier to attendance or to a couple bringing a child with
them to a session. Incentives, while optional, will keep participants involved in the sessions. Also, the appropriate use of humor and positive reinforcement are ways to keep participants engaged.

The facilitator’s ability to be flexible and available will increase the likelihood of couple retention. For example, one agency commented that their ability to go to the couple rather than having the couple always coming to them, permitted the retention of the couple.

Q. Where do I find the materials needed for the sessions and videos to use in the intervention?

A. The session materials, such as handouts and goal cards, can be found in Appendix I of the Implementation Manual (IM). The facilitator or project coordinator should print the materials in advance and arrange them for ease of use. Agencies have stated that using an accordion folder to store materials together by session allows for easy access as well as preventing loss or damage while traveling with the materials and IM. In addition, previous Connect facilitators inserted tabs between each session in the IM to clearly set each session apart.

All videos used in the intervention can be found in the Connect interface under resource materials and are on a CD-ROM in the intervention package.

Q. How does an advisory board help with implementing Connect, and how do I select one?

A. Because of the members’ unique insight into the target population, an advisory board can be helpful in tailoring Connect activities, by helping make the language culturally appropriate. In addition, you can try out the intervention sessions with the advisory board, and their feedback can help your agency improve the quality of its delivery. Some other ways that the advisory board can assist your agency is by providing marketing, recruiting, and retention ideas. The advisory board is a potentially valuable resource in making Connect a culturally appropriate intervention.

Assembling an advisory board is not a long or extensive process, and the size of the board is not important. The advisory board is composed of people in the community who understand the various needs of the community and know the best ways to effectively communicate with the target population.
Q. Are there legal and ethical issues tied to implementing the Connect intervention?

A. Ready to implement Connect is a good time to review with staff your agency’s policies regarding confidentiality and safety. Agencies need to have a consent form which carefully and clearly explains in accessible language the agency’s responsibilities to participants, and the participants’ rights. The consent forms should contain at least the following components: explanation of what confidentiality means, information on what is inappropriate relationship/behavior between participants and the facilitator while the series of sessions is going on, and that all information will be kept under lock and key. Agencies also need to inform participants about state laws regarding how to respond to reports of domestic violence, child abuse, and elder abuse and what the reportable/duty-to-warn behaviors are.

Q. What kind of supervision is recommended for Connect facilitators?

A. Supervision of Connect facilitators should be provided on a weekly basis in either an individual or group format, lasting at least one hour. During a facilitator’s first 4 weeks delivering Connect, he/she should receive individual supervision. In addition, the supervisor should make every effort to review audiotapes of each session of the first set of sessions conducted by a facilitator, providing detailed feedback on how to adhere to session content, and how to best support the participant couple (e.g., how to be sure that the facilitator is joining well, balancing attention to both partners, etc.). Supervisors should be familiar with the Connect content themselves, and ideally, have some clinical experience providing individual or couples-based interventions.

Q. Who conducts a Supervision Session? And how?

The purpose for the supervision session is to provide support and feedback to the facilitator, as well as to prepare the facilitator for the next session with their couple.

1. Supervision may be provided by the Program Coordinator or an Educational Supervisor or Participant Services Supervisor familiar with the Connect content.

2. The supervision session should be conducted in an environment where the facilitator(s) can relax and voice their opinions, ask
questions, and learn how to more effectively facilitate Connect session content and process.

3. The facilitator(s) should be given between 10 and 20 minutes to express both negative and positive feelings about the session, including content and process. The amount of time spent sharing may vary if more than one facilitator attends and there are multiple couples or sessions to discuss.

4. The Program Coordinator ideally should have some working knowledge of couple counseling, but it is not necessary. Program Coordinators should be given a copy of the Connect Implementation Manual and the Training of Facilitators (TOF) curriculum and understand which Core Elements are influenced by Family Therapy techniques, so they can strengthen facilitators’ skills.

5. The challenge of working with couples, and special issues such as conflict, variety of relationships, number of previous and current relationships, disclosures, or gender and power imbalances in the relationship should be emphasized as issues that normally occur.

6. Supervisors can use the following questions to help elicit feelings and opinions so that the facilitators can express and explain their emotions, thoughts, and actions.

   a. How did you identify with or feel about the couple in the session?

   b. What made you uncomfortable during the session?

   c. What was the highlight of the session?

   d. What was the low point of the session?

   c. What would you like to be sure and do in the next session to make the experience more personal and relevant for the couple?

7. Supervision should be focused on ensuring that facilitators are able to get support, have questions answered, get direction about how to better engage the couple and balance their facilitation, how to remain neutral, and how to plan and/or brainstorm ways to handle session activities more effectively for their individual couple participants.

Q. What are some of the more challenging situations that might arise while conducting Connect sessions, and how should they be handled?
A. There are a number of challenging situations that can arise when conducting Connect. Some are typical of HIV/STI interventions, such as if a participant becomes distressed at sharing difficult or sensitive information. Some are specific to couples-level interventions, such as one partner discloses information that is painful for the other partner to hear. Facilitators from the original research and from the field testing of Connect have listed these situations, and we have developed recommendations for how to handle them. See Appendix III of this guide.

Q. How do I respond to a question when I am unsure of the answer?

A. When you are unsure of an answer to a question, inform the participant that you “do not know” the answer to the question. Reassure the participant that you will research an answer and get back with him/her at a later time, preferably by the next session.

Q. How is literacy concerns dealt with in the intervention?

A. Connect is a low literacy intervention. Videos are used to convey information, and text for participants to read is written at the 7th grade level. The few times reading is required can be managed to meet various literacy levels. The participant forms (Connect Readiness Assessment and Connect Participant Feedback Form) and session materials can be read to participants. For example, the Connect Readiness Assessment can be completed with the assistance of the facilitators reading the questions and completing the survey for the participants. If the participant requires the material to be read to them during the session, do so in a way that maintains the participant’s dignity and privacy. Make the language accessible by avoiding big words, complicated syntax, or complicated explanations. Use simple terms and short sentences.

Q. How much preparation time is needed before each session?

A. We recommend that facilitators dedicate 45 minutes to one hour to prepare before each couple session. This time should be spent considering a number of things. First, review session objectives and practice delivering the content so that you can estimate the amount of time needed. Second, plan out the logistics of the session, for example, the location of the electronic equipment, easel, resource materials, participants’ handouts and other intervention materials. Third, review the videos for that particular session. Finally, ensure that the electronic equipment is working properly, and DVDs are bookmarked or videos are cued to their starting point.
Q. How do I deal with disruptive participants?

A. There are several methods that can be used for dealing with disruptive participants:
   - Call for a short break, and address the issue with the disruptive participant
   - The facilitator could excuse him/herself along with the participant and discuss the issue in another private setting
   - Redirect/refocus the couple without singling out any one individual
   - Refer back to couple’s rules, which should contain agreed upon appropriate behaviors of both participants
   - Stop all action, and direct all attention to the disruptive participant
   - If action continues or repeats, the couple can be asked to leave and reschedule the session as a result of their disruptive actions.

Violent outbursts should not be tolerated in sessions. If a violent outburst occurs, facilitators should remind participants of the couple rules and what behaviors are appropriate during the course of a session. If the outburst disrupts the session, use a break to speak with the participant causing the outburst. If the situation cannot be dealt with during a break, asking the couple to not return and to reschedule the session may be an option. If the participant can control their outburst and participate in the remainder of the session, speak with the participant privately after the session. It is important to not allow the outburst to negatively impact the session and dramatically alter the session’s dynamics. Lastly, agencies should have referrals that can be given to the participants so they can access services where those situations can be fully explored. Remember, Connect is not couple’s therapy. Facilitators and agencies should have an established plan to deal with unexpected events such as violent outbursts, suicidal ideation, and threats of physical violence. These are some examples of situations that should be covered in the adverse events policies. Please refer to Appendix III: Handling Challenging Situations and Behaviors.

Q. What are some of the pitfalls in the intervention and places where the facilitator may need to be prepared to intervene?

A. Some things to watch for in each session are:

   Orientation Session
   - Determine whether Connect is a useful program or a “good fit” for the individual
   - Engage the participant as a partner
Motivate the participant to attend couples sessions

Session One
- The facilitator provides a lot of HIV/AIDS and other STIs information in this session. Make session upbeat and positive.
- This session can contain pictures that are explicit when reviewing different types of STIs. Be sure that participants in the sessions know that they can remain sitting and do not have to touch one another.
- The facilitator introduces the Speaker/Listener Technique for the first time. Be sure to make the technique fun and interesting for the couple. Complement the couple as much as possible when they practice the technique. Remind them that problem-solving comes later.
- Make sure to end session on a positive, upbeat, or humorous note.

Session Two
- The first two sessions are the most difficult as participants master the Speaker/Listener Technique and come to realize what they can accomplish. Give encouragement.
- The content begins discussions about sex, and the level of tension increases.
- Facilitators need to remind participants during this session that inappropriate touching of any kind is not permitted during the cycle of sessions. It is important to reaffirm boundaries between participants and facilitators.
- This is an emotional session, and it is not appropriate for observers to attend.
- Facilitators should have the most recent information about the inter-relationship between HIV and other STI infections and be prepared to answer difficult and challenging questions.

Session Three
- This can be a long session, especially when the facilitator reviews female and male anatomy with the couple. Try to keep couple as engaged as possible. Use humor when appropriate to make the session fun!
- Again, the facilitator needs to share his/her knowledge of risk behaviors and the inter-relationships of HIV and other STIs.
- When reviewing the Connection Café Menu, participants should feel welcome to communicate about sex and personal desires. The facilitator should encourage participants to discuss these topics with each other outside the session.

Session Four
- The facilitator should be sensitive to participant emotions in this session. The couple is asked to discuss personal triggers, which
sometimes can stimulate memories from difficult times, such as when they were actively using drugs or engaging in sex work.

- This is a session that has possible areas for mental health intervention. It is also a session in which “shaming” may occur. The facilitator needs to be aware of these possibilities.

Session Five

- The facilitator should empower and congratulate the couple with enthusiasm and gratitude. This session can be exciting and at the same time sad for participants since it is the last session. Use positive reinforcement.
SECTION 6: Maximizing Cost-Effectiveness

To conduct Connect, an agency will ideally have a 100 percent FTE paid, experienced counselor to serve as a facilitator (or two 50 percent FTE, one male and one female). The cost sheet assumes that your agency already has access to intervention participants. If this is not the case, you will need to add recruitment costs. The cost sheet provides estimates for providing the Connect intervention at your agency assuming there are no donations or in-kind contributions.

6.1 Cost Sheet

Categories for Provider Costs to Implement the Connect Intervention

<table>
<thead>
<tr>
<th>Categories</th>
<th>Pre-Implementation (start-up)</th>
<th>Implementation (intervention delivery)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
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<td>1 x 25% =</td>
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<tr>
<td>Admin. Asst.</td>
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<tr>
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<td>Fringe benefits</td>
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<td></td>
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<td><strong>Facility(ies)</strong></td>
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<tr>
<td>Small meeting space</td>
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<tr>
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<tr>
<td>Telephone/fax</td>
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<td></td>
</tr>
<tr>
<td>Maintenance</td>
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<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>$ x % =</td>
<td></td>
</tr>
</tbody>
</table>

7 Based on conducting a minimum of 5 Connect interventions, which would serve 5 couples or 10 total participants.
8 Intervention delivery costs are based on 10 participants (five couples) times six sessions. The six sessions are figured as follows: one orientation meeting for each participant (can be scheduled simultaneously, but separately), and the five Connect sessions provided to the couple together. Numbers of printed and other materials are calculated as follows: for the complete intervention you will need two Connect Risk Behavior and Skills Assessments (RBSA), five Connect Supervision Checklists, two participant feedback forms, and 10 novelty/incentives (5 each for each participant). One incentive is provided to each participant at each session. For each session you also will need two “refreshments” or snacks per couple.
9 The facilitator, a Mental Health Professional (MHP) or skilled counselor, will need to be paid for their time spent interviewing participants, training (two days), and practicing during pre-implementation. Intervention delivery time includes review before each session, travel to the sessions, session time, and debriefing time and assumes weekly sessions for six weeks, plus a week for preparation and wrap-up.
<table>
<thead>
<tr>
<th>Categories</th>
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<th>Implementation</th>
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<td>(% time used for intervention)</td>
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<td>1 doz. x $ /doz. =</td>
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10 This budget lists a dual TV/VCR player with remote control. Your agency may also use a television with a separate VCR and/or DVD player. If DVDs are to be used, you may substitute a DVD player, which may also be on a computer.
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### 6.2 Timeline

A suggested timeline for action steps follows. The timeline starts when funding is received.

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### 6.3 Sample Plan

A sample plan for Connect implementation follows:

#### Planning and Preliminary Steps

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<th>Person(s) Responsible</th>
<th>Timeline</th>
<th>Notes</th>
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<tr>
<td>Assess agency capacity for implementing Connect</td>
<td>♦ experience with couples ♦ access to couples and adequate private space for sessions ♦ required material resources ♦ time for all required sessions</td>
<td>Agency administrator</td>
<td>52-49 weeks before implementation</td>
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<td>Secure agency “buy-in”</td>
<td>♦ determine Connect is a good fit with current agency services ♦ determine that intervention is acceptable to target audience</td>
<td>Agency administrator, Agency staff</td>
<td>48-36 weeks before implementation</td>
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<tr>
<td>Establish infrastructural support</td>
<td>♦ form a diverse community advisory board (CAB) ♦ develop a budget and support mechanisms ♦ develop plan to prepare for staff attrition ♦ identify social services for referrals ♦ select intervention “champion”</td>
<td>Agency administrator, CAB</td>
<td>35-28 weeks before implementation</td>
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<td>Step</td>
<td>Capacity and Knowledge Needed</td>
<td>Person(s) Responsible</td>
<td>Timeline</td>
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<td>Network with other agencies and community organizations to determine their support for <strong>Connect</strong></td>
<td>♦ knowledge of intervention ♦ marketing skills ♦ ability to answer questions ♦ knowledge of community and agencies working with heterosexual couples</td>
<td>Agency administrator, Agency partners</td>
<td>27-15 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Identify and involve stakeholders</td>
<td>♦ knowledge of intervention ♦ marketing skills ♦ organizational skills ♦ ability to answer questions</td>
<td>Agency administrator, Agency staff, stakeholders</td>
<td>18-15 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Create Community Advisory Board (CAB) and hold meetings to obtain information on recruitment, venues, incentives, and marketing</td>
<td>♦ knowledge of intervention ♦ marketing skills ♦ ability to answer questions ♦ ability to establish connections with community persons</td>
<td>Agency administrator, Agency staff, CAB, stakeholders</td>
<td>14-9 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Identify possible venues for sessions</td>
<td>♦ knowledge of locations frequented by target population ♦ ability to access them ♦ ability to establish trust with people</td>
<td>Agency staff, CAB</td>
<td>14-9 weeks before implementation</td>
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<tr>
<td>Step</td>
<td>Capacity and Knowledge Needed</td>
<td>Person(s) Responsible</td>
<td>Timeline</td>
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<tr>
<td>Identify members of the <strong>Connect</strong> intervention team (Program Coordinator, admin. staff)</td>
<td>♦ knowledge of internal staff capacity and skills  ♦ knowledge of staff persons’ interest in taking leadership with <strong>Connect</strong> program</td>
<td>Agency administrator, Agency staff</td>
<td>7-8 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Recruit and hire at least 2 mental health facilitators</td>
<td>♦ knowledge of HIV/STI intervention and/or experience with couple-based facilitation skills  ♦ knowledge of special needs of heterosexual partners at risk for or living with STIs, including HIV/AIDS</td>
<td>Agency administrator</td>
<td>7-8 weeks before implementation</td>
<td></td>
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<tr>
<td>Assemble resource manual, and create referral system</td>
<td>♦ knowledge of target population needs  ♦ knowledge of agency resources  ♦ knowledge of and familiarity with local resources, including personal contacts</td>
<td>Agency staff</td>
<td>5-6 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Develop marketing plan, tailor marketing information sheet, identify recruitment sites, begin marketing</td>
<td>♦ knowledge of target population, places to recruit participants, target populations members’ preferences  ♦ ability to design a marketing plan</td>
<td>Agency staff, CAB</td>
<td>5-6 weeks before implementation</td>
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<tr>
<td>Step</td>
<td>Capacity and Knowledge Needed</td>
<td>Person(s) Responsible</td>
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<tr>
<td>Send all mental health counselors/ facilitators to <strong>Connect</strong> training</td>
<td>♦ knowledge of tasks and skills required to implement <strong>Connect</strong>&lt;br&gt;♦ trained on background to <strong>Connect</strong> intervention, couple facilitation skills, adapting and tailoring, and facilitating the orientation plus five sessions</td>
<td>Agency administrator, Facilitators</td>
<td>5-6 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Obtain intervention resources</td>
<td>♦ knowledge of the intervention and required materials&lt;br&gt;♦ knowledge of existing local and agency resources</td>
<td>Agency administrator</td>
<td>5-6 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Conduct facilitation practice</td>
<td>♦ knowledge of the intervention materials and Implementation Manual</td>
<td>Supervisor, Facilitators</td>
<td>3-6 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Recruit potential participants</td>
<td>♦ knowledge of intervention, target population, and places/methods to recruit participants&lt;br&gt;♦ skills to explain the program&lt;br&gt;♦ ability to interact with strangers&lt;br&gt;♦ ability to create trust and elicit information</td>
<td>Agency staff, Facilitators</td>
<td>Begin 3-4 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Adapt intervention materials</td>
<td>♦ knowledge of intervention, target population members’ preferences</td>
<td>Agency staff, Facilitators</td>
<td>3-4 weeks before implementation</td>
<td></td>
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<tr>
<td>Step</td>
<td>Capacity and Knowledge Needed</td>
<td>Person(s) Responsible</td>
<td>Timeline</td>
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<tr>
<td>Select, secure, and schedule venue for conducting sessions</td>
<td>♦ ability to access location frequented by target population</td>
<td>Agency staff, stakeholders</td>
<td>3-4 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Develop an evaluation plan</td>
<td>♦ knowledge of the evaluation forms required by a funding agency and those desired by the implementing agency&lt;br&gt;♦ knowledge of the purposes of the evaluation process</td>
<td>Agency administrator, Agency staff,</td>
<td>3-4 weeks before implementation</td>
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<tr>
<td>Schedule orientation sessions, during which the <strong>Connect</strong> Readiness Assessments (CRA) and Risk Behavior and Skills Assessments (RBSA) are conducted</td>
<td>♦ ability to communicate with potential participants&lt;br&gt;♦ familiarity with the information to obtain during the initial interviews&lt;br&gt;♦ knowledge of the content and purposes of the orientation, CRA and RBSA</td>
<td>Agency staff, Supervisor, Facilitators</td>
<td>1-2 weeks before implementation</td>
<td></td>
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<tr>
<td>Schedule debriefing/supervision sessions for facilitators with Program Supervisor</td>
<td>♦ knowledge of facilitator session implementation schedule&lt;br&gt;♦ coordination of schedules to identify consistent meeting time</td>
<td>Supervisor, Facilitators</td>
<td>1-2 weeks before implementation</td>
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<td>Step</td>
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<td>Person(s) Responsible</td>
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<tr>
<td>Obtain incentives and refreshments</td>
<td>♦ knowledge of local resources and target population preferences</td>
<td>Agency staff</td>
<td>1-2 weeks before implementation</td>
<td></td>
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<tr>
<td>Confirm participants and inform them of</td>
<td>♦ ability to communicate with potential participants</td>
<td>Agency staff, Facilitators</td>
<td>1-2 weeks before implementation</td>
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<td>venue and time</td>
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### Implementation Steps

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<thead>
<tr>
<th>Step</th>
<th>Capacity and Knowledge Needed</th>
<th>Person(s) Responsible</th>
<th>Timeline</th>
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</table>
| Practice, prepare, and conduct Orientation Session | ♦ knowledge of session content and materials needed  
♦ training on **Connect** intervention facilitation  
♦ high level of facilitation skills                                                                    | Facilitators             | Weeks 1-2 of implementation |                                            |
| Debrief and receive supervision on Orientation Session | ♦ knowledge of session content and materials needed  
♦ ability to provide supervision discussion                                                                                                                      | Facilitators, Supervisors | Weeks 1-2 of implementation |                                            |
| Practice, prepare, and conduct Session One     | ♦ knowledge of session content and materials needed  
♦ training on **Connect** intervention facilitation  
♦ high level of facilitation skills                                                                    | Facilitators             | Weeks 1-2 of implementation |                                            |
| Debrief and receive supervision on Session One | ♦ knowledge of session content and materials needed  
♦ ability to provide supervision discussion                                                                                                                      | Facilitators, Supervisors | Weeks 1-2 of implementation |                                            |
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<tr>
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<tbody>
<tr>
<td>Practice, prepare, and conduct Session Two</td>
<td>♦ knowledge of session content and materials needed ♦ training on <strong>Connect</strong> intervention facilitation ♦ high level of facilitation skills</td>
<td>Facilitators</td>
<td>Weeks 3-4 of implementation</td>
<td></td>
</tr>
<tr>
<td>Debrief and receive supervision on Session Two</td>
<td>♦ knowledge of session content and materials needed ♦ ability to provide supervision discussion</td>
<td>Facilitators, Supervisors</td>
<td>Weeks 3-4 of implementation</td>
<td></td>
</tr>
<tr>
<td>Practice, prepare, and conduct Session Three</td>
<td>♦ knowledge of session content and materials needed ♦ training on <strong>Connect</strong> intervention facilitation ♦ high level of facilitation skills</td>
<td>Facilitators</td>
<td>Weeks 3-4 of implementation</td>
<td></td>
</tr>
<tr>
<td>Debrief and receive supervision on Session Three</td>
<td>♦ knowledge of session content and materials needed ♦ ability to provide supervision discussion</td>
<td>Facilitators, Supervisors</td>
<td>Weeks 3-4 of implementation</td>
<td></td>
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<tr>
<td>Practice, prepare, and conduct</td>
<td>knowledge of session content and materials needed</td>
<td>Facilitators</td>
<td>Weeks 5-6 of implementation</td>
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<td>Session Four</td>
<td>training on <strong>Connect</strong> intervention facilitation</td>
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<tr>
<td></td>
<td>high level of facilitation skills</td>
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<tr>
<td>Debrief and receive supervision on</td>
<td>knowledge of session content and materials needed</td>
<td>Facilitators, Supervisors</td>
<td>Weeks 5-6 of implementation</td>
<td></td>
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<tr>
<td>Session Four</td>
<td>ability to provide supervision discussion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice, prepare, and conduct</td>
<td>knowledge of session content and materials needed</td>
<td>Facilitators</td>
<td>Weeks 7-8 of implementation</td>
<td></td>
</tr>
<tr>
<td>Session Five</td>
<td>training on <strong>Connect</strong> intervention facilitation</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>high level of facilitation skills</td>
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<tr>
<td>Debrief and receive supervision on</td>
<td>knowledge of session content and materials needed</td>
<td>Facilitators, Supervisors</td>
<td>Weeks 7-8 of implementation</td>
<td></td>
</tr>
<tr>
<td>Session Five</td>
<td>ability to provide supervision discussion</td>
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## Evaluation Steps

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<tr>
<th>Step</th>
<th>Capacity and Knowledge Needed</th>
<th>Person(s) Responsible</th>
<th>Timeline</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Generate database for data to be collected</td>
<td>♦ knowledge of data management techniques and software (e.g., Microsoft Access, Microsoft Excel, SPSS, SAS)</td>
<td>Agency staff</td>
<td>1-2 weeks before implementation</td>
<td></td>
</tr>
<tr>
<td>Collect necessary evaluation forms</td>
<td>♦ knowledge of <strong>Connect</strong> evaluation forms, purpose, intent, and usage&lt;br&gt;♦ instrument design experience&lt;br&gt;♦ ability to motivate staff to complete forms&lt;br&gt;♦ ability to communicate need for evaluation to staff</td>
<td>Agency staff, Agency administrator</td>
<td>Begin 1-2 weeks before implementation, continue throughout</td>
<td></td>
</tr>
<tr>
<td>Manage database</td>
<td>♦ knowledge of data management techniques and software (e.g., Microsoft Access, Microsoft Excel, SPSS, SAS)</td>
<td>Agency staff</td>
<td>Begin 1-2 weeks before implementation, continue throughout</td>
<td></td>
</tr>
<tr>
<td>Summarize data from evaluation forms</td>
<td>♦ ability to use basic commands for aggregating and reporting data</td>
<td>Agency staff</td>
<td>Weeks 9-10 of implementation, repeat quarterly</td>
<td></td>
</tr>
<tr>
<td>Analyze and report collected data</td>
<td>♦ knowledge of analysis techniques&lt;br&gt;♦ knowledge about how organization and funding agency define success</td>
<td>Agency staff</td>
<td>Weeks 9-10 of implementation, repeat quarterly</td>
<td></td>
</tr>
</tbody>
</table>
6.4 Commonly Asked Questions

Q. Are incentives a requirement for Connect?

A. In the original research, incentives were used to encourage intervention participants to arrive on time. Incentives are not a Core Element or Key Characteristic of Connect, so agencies are not required to provide them. It is critical that the couple return for all 6 sessions, so we recommend that agencies consider using incentives for the same reasons they were used in the original research. We also encourage agencies to be creative with how incentives are used and delivered. If your agency does not have the funds available to purchase incentives, you could consider soliciting donations from various merchants. Possible suggestions are fast food coupons, music or grocery store gift cards, movie rental cards, bus/trolley/subway tokens, and movie passes. Snacks or refreshments before, during, or after sessions may serve as incentives. Your community advisory board can help identify small incentives that your target population would like.
SECTION 7: Adapting Connect

7.1 Adapting the Intervention

Adapting Connect involves customizing delivery of the intervention and ensuring that messages are appropriate for heterosexual couples served by your agency or within your community without altering, deleting, or adding to the intervention’s Core Elements. When adapting the intervention, remember to consider the needs of the population to be served, the resources and capabilities of your agency, and the Core Elements of the intervention. Adaptation refers to the “who,” “what,” “how,” “when,” and “where” of Connect, as it will be implemented at your agency.

An example of an adaptation is deciding on the frequency of the Connect sessions. In the original research couples met once a week over six weeks, but as long as time is allotted between sessions for the couple to complete goals, the sessions could be provided twice a week over three weeks. Attempting to do the entire intervention in one or two long days, however, is not recommended. Couples need time to integrate the information and skills in a meaningful way. Marathon sessions do not provide that opportunity and may be unproductive.

Adaptations should not affect the Core Elements of the intervention. Instead, they should enhance delivery of the intervention at your agency, and allow your staff to be creative and to develop ownership of the program. As mentioned above, the seven Core Elements of Connect must be maintained without alteration to ensure fidelity to the intervention and its effectiveness. Fidelity is conducting and continuing an intervention by following the Core Elements, protocols, procedures, and content set by the research study that determined its efficacy.

While the Core Elements cannot be altered, implementing agencies can alter Key Characteristics. Key Characteristics are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the outcome of the intervention. These activities and delivery methods can be tailored and adapted for different agencies and at-risk populations.
7.2 Ways to adapt Connect for your agency

Implementing agencies need to adapt Connect so it adequately meets the needs of the community. The following is a list of aspects of the intervention that can be adapted:

❖ **Marketing Information Sheet:** A generic marketing information sheet is in the intervention package. This information sheet was included so implementing agencies can have a marketing tool to advertise the intervention and recruit participants. Implementing agencies can add their contact information to the back. If implementing agencies have a community advisory board, this board can make suggestions about potential advertising venues, additions to the information sheet, marketing techniques, and other ways to use the information sheet. If making additions, remember to keep the reading level around 7th grade.

❖ **Building Couple Unity:** Building unity is essential to Connect because participants may disclose personal experiences, and they need to feel safe and supported as they do so. Building unity lays the foundation for building trust, and trust creates the safe and supportive environment necessary for Connect. It is important that the facilitator use couple facilitation techniques, such as the following: Joining; Externalizing; Observer Stance; and Positive Reinforcement. Refer to page 6 of the Implementation Manual.

❖ **Food/Snacks:** Implementing agencies are encouraged to provide refreshments for their participants. This is not a Core Element but strongly recommended. See the Q & A about refreshments on page 31 for ideas when planning refreshments for participants.

❖ **Time:** With practice, sessions can be finished within two hours. One of the agencies that tested the intervention package extended the length of their sessions or broke certain sessions into two when discussions ran longer. For example, Session Two often took longer than two hours, so facilitators either extended the time to three hours, or they stopped after two hours and held another session to finish the material. Their decision was based on what the participants stated would work for their schedules. Any tailoring of time should fit the needs of the participants and the facilitators.

❖ **Session Frequency:** Like the session lengths/time, the frequency of the sessions depends on the availability of the facilitator and the couple. The decision concerning the frequency of the sessions is something that should be made with the couple as long as Core Elements are kept intact. The sessions in the original research were held once a week for 6 weeks. When planning for the session frequency, there are several things to be considered:
  - ♦ Time for participants to think about and practice what they have learned
 Ability to retain participants
♦ Availability of both participants and facilitator
♦ Availability of the location and equipment

Participants need adequate time to practice and apply the skills the intervention teaches. With that in mind, sessions should be scheduled with at least 1-2 days in between so that there is time to achieve the goal set for the next session.

- **Language:** All materials are in English and not yet available in Spanish or other languages. If attempting to translate materials, they should be translated and then back-translated to be sure that the terms and concepts are accurately translated. Additionally, because it would be very difficult to find similar videos in other languages, video vignettes used for modeling, e.g., triggers, problem-solving, and Speaker/Listener Technique, would need to be re-filmed.

When implementing **Connect**, facilitators should also tailor language to their participant couple. For example, inquire about and listen for sexual terms and language that the couple uses to describe body parts and sexual behaviors in their relationship or culture. This language should be used throughout the sessions so that it is consistent with the participants’ language.

- **Location:** **Connect** can be held anywhere there is a private room big enough for the participants, the electronic equipment, and a refreshment table. The venue and room should be handicapped accessible. For some communities, venues that advertise services for people living with HIV/AIDS (PLWHA) may not be good places to hold **Connect** sessions. Some participants may be reluctant to receive HIV preventive services at an agency serving an HIV-positive clientele based on the stigma associated with the venue.

- **Videos:** The videos are the springboards for learning, discussion, and role-play. Several versions of the **Connect** intervention videos were made to portray a variety of cultures, behaviors, and contexts. Facilitators should review the vignettes for each subject, such as triggers, and choose the one that best fits the particular couple. If none of the videos are a good fit, the agency can make a video for their own use that more accurately reflects the couple’s cultural experience and context on the subject.

- **Population:** **Connect** was originally conducted in a community with a high rate of HIV and mainly lower income African-American and Latina participants. **Connect** was conducted with couples who had neither partner, one partner, or both partners living with HIV. When doing **Connect** with a couple affected by HIV, the facilitator should highlight avoiding newer drug-resistant strains of HIV and the damage STIs do to an HIV-positive person’s immune system. Also, the facilitator should address the misperception of posing no transmission risk of one’s viral load is undetectable.
7.3 Commonly Asked Questions

Q. Can sessions be added to Connect to cover additional topics?

A. Connect is a six-session intervention. If implementing agencies want to add another meeting time to finish a session’s content, such an addition is acceptable. If participants have identified something stressful and request more focused practice time, such a session could be added at the end. The content of the additional session has to be consistent with the Core Elements. Adding an additional session because participants do not want the intervention to end is not an acceptable reason to add sessions.

Q. Do you have to use videos for the intervention?

A. Yes, the Connect intervention includes five videos to view with participants, which are provided in the Connect package. Videos for the Connect intervention include:
   - Connect Session One: Sexually Transmitted Infections
   - Connect Session One: Speaker/Listener Technique Model
   - Connect Session Three: Female Condom Modeling
   - Connect Session Four: Triggers for Unsafe Sex
   - Connect Session Four: Problem Solving Modeling

Q. Were clinics used to test the Connect intervention package?

A. Yes, the original study was based in a New York City primary outpatient care health service facility. The units within the healthcare facility were able to provide participants, facilitators, and the support needed to implement Connect. These clinics reported great success in implementing the program.

Q. Can Connect be adapted for transgenders?

A. Adapting Connect involves customizing delivery of the intervention and ensuring that messages are appropriate for heterosexual couples served by your agency or within your community without altering, deleting, or adding to the intervention’s Core Elements. As mentioned, Connect targets heterosexual men or women along with their main sex partners, who have been together at least 6 months. The intervention focuses on gender roles and power issues in a heterosexual relationship. When conducting Connect
with couples where one or both partners are transgender, it is crucial for agencies implementing **Connect** to have an advisory board to assist with adapting the intervention to the couple. For example, when demonstrating correct condom use, referring to anatomical models as “penile” and “vaginal” models, rather than as “male” and “female” models, is more sensitive to transgender persons’ physical states and sexual identities.

Q. Can **Connect** be adapted for gay couples.

A. As mentioned, this **Connect** package is the protocol used with heterosexual couples. **Connect** would need to be adapted and tested with MSM and WSW participants before recommending implementation with these populations. An adaptation of **Connect** for an MSM population began in 2007 and results are expected by late 2009.
SECTION 8: Evaluating Connect

*Evaluation* can be defined as “the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improved program effectiveness, and/or inform decisions about future programming” (Patton, 1997). It can also be described as “collecting, analyzing, interpreting and communicating information about the effectiveness of social programs undertaken for the purpose of improving social conditions” (Rossi et al., 1999). There are three basic reasons for evaluating a “proven” intervention such as *Connect*:

1. Accountability – to the various stakeholders
2. Fidelity & Improvement – ensuring the intervention is being implemented correctly for maximum success and becoming aware of changes that could be made to enhance outcomes
3. Knowledge Development – for use in planning future projects

An implementing agency may conduct the following types of evaluation:

1) formative; 2) process monitoring; 3) process evaluation; and 4) outcome monitoring.

For *Connect*, your agency could look at whether the funds designated for this intervention were spent on its needs, such as: facilitator and program coordinator salaries, benefits and training, video equipment and clips, condoms, marketing materials, and meeting space. Evaluation can help improve the quality of the content and delivery of the intervention by looking at what worked and what did not work. The evaluation plan created by your agency should identify specific goals of the implementation, such as: number of sessions to be held, length of sessions, number of participants to be recruited, and number of participants to attend all sessions. The information gathered can then be used to help your agency fine-tune its program by addressing the areas where your agency plan encountered problems.

Should your agency intend to collect data that will be used for reporting or publication purposes, or for purposes of research, then the agency will need to obtain approval from a local Institutional Review Board (IRB) to engage in “research with human subjects.” If your agency does not have an IRB, IRBs are typically available through local universities or colleges, or you can go to the website of the Office for Human Research Protections (OHRP) at [http://www.hhs.gov/ohrp/](http://www.hhs.gov/ohrp/) to locate one nearest your agency. Each IRB has specific instructions for required elements when making application. This approval process can typically take several months.
8.1 Formative Evaluation

Formative evaluation is the first type of evaluation that your agency should conduct. Formative evaluation is defined as the process of collecting data that describes the needs of the population and the factors that put them at risk. Formative evaluation is the same as the agency “needs assessment” for Connect referred to on page 9 of the Implementation Manual. For example, the Connect Risk Behavior and Skills Assessment (RBSA), which is also used as a baseline of information for outcome monitoring, can be used as a tool that would provide formative evaluation data. There is a sample formative evaluation form in Appendix V of the Implementation Manual.

8.2 Process Monitoring

Process monitoring is the next type of evaluation that your agency can conduct. Process monitoring is defined as the process of collecting data that describes the characteristics of the population served, the services provided, and the resources used to deliver those services. Process monitoring answers such questions as: How many sessions did we conduct? How many couples attended how many sessions? What resources have we used to deliver the intervention?

There are sample process monitoring forms in Appendix V of the Implementation Manual.

8.3 Process Evaluation

Process evaluation is the third type of evaluation your agency can conduct. Process evaluation is defined as the process of collecting more detailed data about how the intervention was delivered, differences between the intended population and the population served, and access to the intervention.

Process evaluation looks at whether the agency maintained fidelity to the intervention’s Core Elements and what the Key Characteristics were that the agency adapted and how. Process evaluation is a quality assurance piece that ensures agencies are delivering Connect and not some unproven variation of the intervention. Some sample questions include:

- Was each Core Element presented as outlined in the manual?
- Was the intended target population enrolled?
- Were the chosen video vignettes appropriate for the target population?
There are sample process evaluation forms in Appendix V of the Implementation Manual.

8.4 Outcome Monitoring

The last type of evaluation your agency can conduct is called outcome monitoring. Outcome monitoring is defined as the process of collecting data about client outcomes before and after the intervention, such as knowledge, attitude, skills, or behaviors. Outcome monitoring cannot be done until your agency has done formative evaluation, process monitoring, and process evaluation, and the intervention is being delivered as planned. Outcome monitoring looks at an outcome or change in behavior, such as increased condom use, and answers the question “did the expected outcome occur?” It involves comparing participants’ responses on their Connect Risk Behavior and Skills Assessment (RSBA) before the program and after the program. Your agency may have an evaluation expert on your staff or may hire consultants to perform this analysis.

8.5 Commonly Asked Questions

Q. How do I effectively evaluate Connect at my agency?

A. Before your agency begins to implement Connect, your staff members need to review the sample evaluation forms in Appendix V of the Implementation Manual and tailor the forms to fit the planned implementation. It is recommended that the Program Coordinator review the forms filled out by facilitators to ensure that all forms are completed correctly.

The following questions need to be answered to plan the evaluation:

Formative Evaluation
   ◆ What are the prevention intervention needs of your target population?
   ◆ Do you provide education and prevention services to a heterosexual population?
   ◆ Do you have the staff, funding, and resources necessary to implement Connect?

Process Monitoring
   ◆ What process data are required by the funding agency and in what format?
   ◆ What other process data could be helpful to know and in what format will it be available?
What type of data collection form will be used?
How will the data be collected?
How will the data be compiled (a computerized data system, a single computer spreadsheet, or a written spreadsheet)?
Who is responsible for each step?
How will quality assurance of the evaluation occur?

Process Evaluation
All the same questions as process monitoring, plus by whom and how will activities and progress be compared and what actions will occur if discrepancies are found?
How will the results be used to improve intervention delivery?

Outcome Monitoring
What are the outcomes we expect from Connect?
What outcome data can be collected and in what format?
What type of data collection form will be used?
How will the data be collected?
How will the data be compiled (a computerized data system, a single computer spreadsheet or a written spreadsheet)?
Who is responsible for each step?
How will the analysis be conducted and by whom?
How will the results be reported and to whom?
How will the results be used to improve the program?

Q. Who will benefit from the kinds of information that are produced by evaluation of the Connect intervention?

A. There are many different stakeholders that will benefit from this information. Some may require that evaluation information be provided as a condition for continued funding. Your stakeholders may include:
- Staff who are implementing the intervention
- Clients who are participating in the intervention
- Community partners that have joined in supporting the intervention
- Funding agencies that are providing financial support for the intervention
- Prevention planning group that has made recommendations to the funding agencies
- Political bodies that may decide the fate of future funding for interventions such as Connect
Your staff who are working on the intervention will want the assurance that their work on Connect is making a difference for the people they are serving. Equally important are clients who are enrolled in Connect, who will want to be confident that your intervention is effective and appropriate in promoting their health and safety. Also interested will be the community partners that have assisted in making Connect a success by either referring new clients or serving clients referred by you. In addition, it is likely that residents of the broader community will want to know that you are implementing an intervention that will benefit the community as a whole. Finally, there are the funding agencies themselves and their adjuncts, which will want specific, ongoing assurance that you have implemented Connect as intended and that it is making a positive difference in terms of reducing the HIV and STI risks of participating clients.
SECTION 9: Checklist of Appropriateness of Connect

The purpose of this checklist is to stimulate thinking and engage key people in dialogue, so they might ask each other the right questions to determine if they wish to adopt Connect. This checklist is not exhaustive.

- Are Connect goals and objectives appropriate for your organization?
- Are Connect goals and objectives appropriate for your target population(s)?
- Are Connect’s risk reduction messages appropriate for and consistent with your organization’s norms and values?
- Are Connect’s risk reduction messages appropriate for your target population(s)’ norms and values?
- Are Connect’s risk reduction messages appropriate for (larger) community population norms and values?
- Does your organization have the capacity to implement each core element?
- Does your organization have a governance commitment to implement each core element with fidelity?
- Does your organization have a management commitment to implement each core element with fidelity?
- Does your organization have staff commitment to implement each core element with fidelity?
- Does your organization have sufficient resources to implement each core element with fidelity?
- Does your agency’s target population(s) include heterosexual couples, the population with which Connect was demonstrated to be efficacious?
- Do you have the capacity to recruit heterosexual couples to participate in Connect?
❖ Is **Connect** culturally appropriate for your organization’s target population(s)?

❖ Does **Connect** address or have the capacity to address risk factors within your agency’s target population(s)?
SECTION 10: Contact Information

For more information please contact the Susan S. Witte, PhD at the Social Intervention Group at Columbia University School of Social Work at 212-851-2394 or ssw12@columbia.edu.
Appendix I
Stakeholder’s Checklist
Stakeholder’s Checklist

1. Assess the community to determine whether they will support the Core Elements of Connect

2. Identify your stakeholders
   a. Your agency’s Board of Directors/Executive Board
   b. Staff members from your agency who will have a role in the operation of the intervention
      i. Administrators who will obtain support
      ii. Supervisors who will monitor the intervention
      iii. Staff who will interact with participants at any level
   c. Local agencies from which you could recruit participants, facilitators, or both
      i. Agencies offering education and prevention services for people affected or infected by HIV and other STIs, including public health, STI, or infectious disease clinics
      ii. Health care providers and mental health professionals serving people affected or infected by HIV or other STIs
      iii. Social service agencies reaching people affected or infected by HIV or other STIs
      iv. Organizations of people living with HIV/AIDS and organizations which may have members who are living with HIV/AIDS
   d. Organizations that could provide assistance or other resources
      i. Merchants for incentives, refreshments
      ii. Agencies, merchants, printers, publishers, broadcasters, and others that can advertise the intervention
      iii. Agencies that can provide space to provide the intervention
      iv. Agencies that can provide child care
      v. Agencies that can provide transportation
      vi. Other collaborating agencies to provide information for the Resource Manual
   e. Agencies with which your agency maintains good community or professional relations
      i. Local health department
      ii. Local medical and mental health associations
      iii. Your funding source(s)
      iv. Others

3. Getting stakeholders informed, supportive, and involved
   a. Getting them informed about the intervention
i. Decide in advance what specific roles you want each stakeholder to play. Who will you ask to:
   (a) provide financial support?
   (b) refer couples at risk of HIV/STI infection to the intervention?
   (c) serve as an intervention facilitator?
   (d) be a resource to which you can refer participants?
   (e) assist in advertising the intervention?
   (f) provide a room in which the sessions can be held?
   (g) supply refreshments for participants?
   (h) donate small incentives or prizes for participants?
   (i) speak supportively about **Connect** in conversations with their associates?

ii. Send letters that tell stakeholders about **Connect**, its importance, when your agency will be making the intervention available, what specific role(s) you think that they might play in the success of the intervention. Offer an opportunity for them to learn more.

iii. Call in two weeks and assess their interest. If they are interested, schedule a time to meet (e.g., one-on-one, lunch-and-learn at your agency with a group of other stakeholders, or a presentation at their agency for several of their staff or association members).

iv. Hold the meeting, show **Connect** marketing materials if the setting and time allow, answer questions.

b. Getting them supportive
   i. Describe several specific roles they could play.
   ii. Emphasize the benefits of their involvement to themselves, their agency, the community, and persons living with or at risk for HIV/AIDS and answer questions.
   iii. Invite them to commit to supporting **Connect** by taking on one or more roles. Keep track of commitments.

c. Getting them involved
   i. Soon after meeting, send a thank you letter that specifies the role(s) to which they committed. If they did not commit, send a letter thanking them for their time and interest and ask them to keep the letter on file in case they reconsider later.
   ii. For persons who committed to a role that is important to pre-implementation, put them to work as soon as possible.
   iii. For persons who committed to involvement later in the process, send them brief progress updates and an idea of when you will be calling on their support.
   iv. Hold periodic celebratory meetings for supporters to acknowledge your appreciation for and the value of their contributions, update them on the intervention’s progress, and keep them engaged.
Appendix II

Handling Challenging Behaviors and Situations
Handling Challenging Behaviors and Situations within Connect Sessions

General Responses

1. Ignore inappropriate behavior
2. Redirect participant toward appropriate behavior
3. Reward even the slightest movement toward appropriate behavior.

Challenging Participant Behaviors

For each situation, facilitators will need to decide which responses fit best using their own judgment. The suggested phrases are meant only to act as a guide, and each facilitator will want to think about how he or she might handle each situation.

Disruptive, Rambles, Overly Talkative, Complaining Frequently

Possible reasons for the behavior:
1. Desire for attention.
2. Angry about something and does not know another way to express it.
3. Hides feelings of insecurity/avoidance of sensitive material.
4. Looking for partner or facilitator respect.
5. Is in a lot of pain.
6. Under the influence of alcohol or drugs.
7. Is bothered by disorganized thoughts.

Facilitator’s responses:
1. Keep temper in check.
2. Reinforce appropriate behavior.
   a. “You know, John, I think it is really great the way you are focusing on what Mary has to say right now.”
3. Summarize, change focus, and move on.
   a. “You make some interesting points, I wonder though, if we can go back to a point that was made earlier, _______?”
   b. “I’m sorry that I interrupted you, unfortunately we only have a brief period of time and I really want to get to _______.”
4. Use problem solving or Speaker/Listener Technique to resolve conflicts.
   a. “This seems like an important issue, I wonder if we could work on this using one of our skills, the Speaker/Listener Technique?”
5. Actively involve participant in constructive participation, for example
ask the person to role-play with their partner.
   a. “Wow, you are really full of energy today. Maybe we can harness that and have you act out a role play with (partner’s name).”

**Participant Disengages from Session/Wants to Leave**

**Possible reasons for the behavior:**
1. Became uncomfortable participating.
2. No longer interested in participating.
3. Attending only to please partner.
4. Has other immediate concerns or issues.
5. Feels disrespected by facilitator or partner.
6. Has not understood other points of view.
7. Feels threatened.

**Facilitator’s responses:**
1. Explore reasons why the participant is not participating or wants to leave.
   a. “I’m hearing that you are not really comfortable with what is going on right now, John, but I wonder if you would be willing to stick it out for a few more minutes to let us know what’s happening with you right now.”
2. Emphasize their demonstrated interest in their relationship by attending in the first place.
   a. “You have already shown that you are committed to your relationship and your partner by even agreeing to be here, and I respect that.”
3. Explore barriers to participation.
   a. “I appreciate that you are able to express yourself. I wonder if you would be willing to talk a little about what you are thinking right now.”
   b. “Would you tell us what it is that makes you feel like leaving the session now?”
4. Explore benefits of continued participation.
   a. “Okay, I respect that. But before you go, let me ask you if you could talk a little about why you decided to come with (partner’s name) to begin with.”
   b. “I’d like to explore the pros and the cons of being here. What are the pros to attendance? What are the cons to attendance? Let’s review each and then see if you still want to leave.”
5. Ask them to remain until the end of the session and decide then whether to check in with them regarding the next session.
   a. “Sometimes if a partner or a couple feel as if they want to leave, it can mean that something, like change, is happening, but that it feels uncomfortable. We recommend waiting until the end of the whole session, and then deciding whether or not you feel like continuing
next session. Let’s keep going.”

6. Praise participant for believing strongly and for expressing other positions.
   a. “I respect your opinion and decision to leave, but hope that you would consider staying until the end of the session. You have every right to leave the sessions, but I hope you will consider continuing, or if there is something you want to talk about that would make you more comfortable to continue, then let’s talk about it.”

7. Use Speaker/Listener Technique with disengaged participant and partner.
   a. “Before anyone leaves, let’s try the Speaker/Listener technique. You’ve come this far and it shows just how important your relationship is. Let’s talk a few minutes to check-in before any major decision to stop the sessions is made. Would you humor me and try it?”

Breaking Session Agreements or Rules

Possible reasons for the behavior:
1. Desire for attention.
2. Angry about something and does not know another way to express it.
3. Forgot the rules.

Facilitator’s responses:
1. Address immediately so that it does not lead to significant damage.
   a. “I’d like to take a minute to remind all of us of the agreements/rules we agreed to before we got started. I feel as if we need to remind ourselves about…[state rule being broken]”
2. Remind the person about session rules.
   a. “John, I want to remind you about our group rules, because I am feeling as if what you just said [or did] goes against our agreed-upon rules.”
   b. “Is there another way you can say (or do) what you want to say (or do) without breaking the agreements/rules that you and your partner decided upon?”
3. If the behavior occurs again, it is important to check in with the person and partner to decide what course of action should be taken.
   a. “Do you, John, [or John’s partner] have an idea about how we should move forward with the session?”
Will Not Talk

Possible reasons for the behavior:
1. Insecure, indifferent, bored.
2. Feels superior.
3. Knows all the answers.
4. Desire for attention/wants to be drawn out.
5. Depressed.
6. Cultural or personal norms, topic is taboo.

Facilitator’s responses:
1. Point out what they have done well, thank the person for any small response.
   a. “Thanks for your participation; it’s great to hear from you.”
2. Ask for help in role-playing.
   a. “John, I’m wondering if you would help me do a role play? Here’s what I’d like to do…”
3. Ask the person how you can help them with the session materials; or in general, in order to open them up.
   a. “You know, everyone has their own style in how they participate, and that’s great. I just want to make sure that there isn’t anything I’m missing to help you get the most out of this experience. Is there anything I could do differently that would work better for you?”
4. Check in with the person periodically.
   a. “You’re really quiet today, how are things going?”
5. If the person is depressed, provide a chance to talk and make appropriate referrals.
   a. “You know, everyone has their own style in how they participate, and that’s great. I just want to make sure that there isn’t anything happening here or anything going on with you that is keeping you from participating today.”
   If the person does not want to talk, then follow up: “Let’s talk at the end of the session some more.”
6. Give space for the person to look away while talking.

Focuses on the Wrong Topic or Diverges into Content Not Covered in the Program

Possible reasons for the behavior:
1. Does not understand the direction of the session.
2. Concerned about the issue raised.
3. Has a personal agenda.
4. Needs to feel assertive.
5. Does not want to deal with the topic the session focused on.
Facilitator’s responses:
1. Beginning in the first session, let the couple know (enthusiastically) that they have a lot of material to cover, and that sometimes you will need to redirect the conversation.
   a. “I want to warn you now that from time to time I might interrupt what is happening and move on to new materials. This is not because I don’t think something we’re discussing is important. It’s all important. But we have to cover certain material in each session to make sure you have all the information you need to be safe and supportive to each other.”
2. Take the blame.
   a. “I’m sorry, I think I might have been unclear. What I wanted to talk about was _______.”
3. Validate the participant’s raising of the issue.
   a. “You are right, it is an important consideration, and I think it is great you are bringing it up. Unfortunately, we have a lot of material to get through, and we aren’t able to fit too much else in. If you want to stay for a minute after session, we can talk more about it and I can give you some more information.”
4. Try to assess if the topic the person is on has a personal significance.
   a. “I think you bring up a great point. I’m wondering if this has special meaning for you?”
5. Ask the person to think about the correct topic and then discuss their feelings about it.
   a. “I’d like to get back to _____. John, would you be willing to get our conversation going by talking about how ____ plays out in your relationship?”
   a. “I’m sensing that this is something you would rather not be discussing right now. Would you be open to talking about this more later?”
7. If the issue strays into content not addressed in the program, explain that the issue is out of the scope of Connect and time does not permit the issue to be discussed in depth. Check in at the end of the session and offer referrals if necessary.
   a. “That’s an interesting point, but because it is a little outside of what we have time to cover in Connect, I’m going to keep moving along because there is some important material for us to cover today.”
   b. “If you’d like more information on that, let’s talk at the end of the session. I can give you more information about it and where to get help.”
8. Stick as closely to the session activities as possible, yet allow the couple to feel as if they are an integral part of the agenda.
Makes an Incorrect Statement

Possible reasons for the behavior:
1. Does not know the facts.
2. Believes in certain myths about the topic.

Facilitator’s responses:
1. Say that belief in the statement is common and elicit response from partner, but keep discussion brief.
   a. “What you think about this issue? Do you agree or disagree?”
   b. “Let’s spend a few minutes on this, but then we need to move on to cover all of today’s material.”
2. Ask partner (if appropriate) to react to the statement.
   a. “Would you like to say more about what your partner said?”
3. Acknowledge if the person has a strong opinion about issue, but keep discussion brief.
   a. “I see you feel very strongly about this issue. Some people feel strongly about this. [To other partner:] Do you feel similarly? What does it mean to your relationship?”
   b. “Let’s spend a few minutes on this but then we need to move on to cover all of today’s material.”
4. Elicit correct information from other participant; invite participant to consider this information.
   a. “Many people feel that.....[myth or incorrect comment]... yet the fact is...”
   b. ”Would you consider this or these alternative idea(s) and let us know what you think next time?”

Cannot Read Well

Possible reasons for the behavior:
1. Never had the opportunity to learn.
2. Is dyslexic.
3. Has an eye ailment/needs eyeglasses/needs eyeglasses to read posters or handouts.
4. Is too far away from the print material.

Facilitator’s responses:
1. Do not call on people to read, ask for volunteers.
   a. “Our next exercise calls for someone to read sections. Who would like to read the next section?”
2. Do not push people if they pass on reading.
3. Respond to cues from participant, have the partner assist with prompting if the participant with trouble reading doesn’t seem to be hiding it.
a. “Jane, would you mind if I ask John to read this next section?”

4. Praise participant for trying.
   a. “Thank you, Jane. It is so helpful when others will read sections of the exercise for us.” Or “I like it when we all get to do a little bit of the reading, so we are all contributing or sharing the load, and it is truly a team effort.”

5. Adjust seating if necessary so that both participants can see well.

**Participant Coming On to Facilitator**

**Possible reasons for the behavior:**
1. Attracted to the facilitator.
2. Desire for attention.
3. Trying to put the facilitator on the spot.
4. Trying to make partner jealous or punish him/her for some reason.

**Facilitator’s responses:**
1. Ignore it.
2. Try to diffuse the situation, use humor if appropriate, being careful not to make fun of the participant.
   a. “Wow, it’s getting hot in here!”
   b. “Wow, Tracy, Jeff is quite outgoing, what is that like for you?”
3. Pointedly mention your boyfriend, girlfriend, or spouse. (Make them up if needed.)
4. Take the participant aside and talk with him/her, preferably with another staff person present in the room. Use “I” statements. Say it is common that when someone in a “helper” role shows attention, it is possible for a participant to misread this or feel strong feelings. Reinforce what the sessions are about. Emphasize caring/concern for the participant as a partner in **Connect**. Thank him/her for the interest and say that you are flattered. Then restate your role as a session facilitator. State that your contract for the job forbids socializing with participants, and doing so would cause you to lose your job.
   a. “I am feeling a little uncomfortable because it seems to me as if you might see me as more than a facilitator. Am I right? [allow participant to respond and continue whether acknowledges or denies attraction] I want you to know that it is not at all unusual for participants in the project to feel attracted to the facilitators. The reason is simply that we are listening carefully to you and that we are there for you; this is what strong, intimate relationships are all about. But we are here to help you have those feelings for your PARTNER. We’re here to help only...So if you do have those feelings, it’s normal, but remember that we are only facilitators.”
You and your partner have a strong, intimate relationship; we are here to support you.”

b. “I also want you to know that because my role here is as a facilitator, I need to maintain your trust. I cannot socialize with you or other participants outside of sessions. I could lose my job.”

**Facilitator is Attracted to Participant**

Facilitators should not see participants outside the sessions, even after the sessions are completed. (This includes establishing friendships with the participants.)

Although the facilitator is not conducting therapy, this is a professional relationship with power differences between the facilitator and participant. It is not uncommon for mental health professionals to feel attracted to their clients. So do not beat yourself up if you feel this at some point. However, clearly it is a problem if you were to want to act on your feelings. These desires to act on your feelings must be discussed with your clinical supervisor and ideally, with your fellow facilitators, in order for you to stay clear about your role and the boundaries of your role. According to the ethical principals established by the American Psychological Association (1992), “Psychologists are sensitive to real and ascribed differences in power between themselves and others, and do not exploit or mislead other people during or after professional relationships.” Similarly, the National Association of Social Work code of ethics (1996) forbids establishing intimate relationships with clients.

**Verbal Conflict Between Participants**

- **Possible reasons for the behavior:**
  1. Do not like each other.
  2. Lack of social problem-solving skills.
  3. Lack of tact or inability to be more diplomatic.
  4. Lack of assertiveness skills.
  5. Power struggle.
  6. Impaired by drugs or alcohol.

- **Facilitator’s responses:**
  1. Say that differences of opinion are normal and try to move on.
  a. “Thank you for disagreeing openly. **Connect** encourages open communication and dialogue to solve problems, and you have introduced one that we can work through. It’s okay to agree to disagree.”
  b. “It is normal and good to have differences of opinion. We can talk more about it, or we can agree now that you guys will simply disagree about this.”
2. Emphasize points of agreement and objectives that cut across both positions.
   a. “I’d like to point out that you both have strong opinions about this and that I notice that it must be important to you both. Let’s explore some other points of agreement and try to problem-solving this.”

3. Emphasize that relationships often have conflict, and with time they may find a way to compromise with each other.
   a. “Many relationships have conflict. The fact that you were willing to express your strong feelings is a really good thing. The trick is to do this within the boundaries of our session rules. Connect encourages positive resolution of differences, including agreeing to disagree if both people feel strongly.”
   b. “Many relationships have conflict. Sometimes conflict can be resolved with compromise, but sometimes you have to agree to disagree. What can we do next to get there?”

4. Praise positive behavior.
   a. “I liked the way that you each are trying to say positive things about the other.”
   b. “I appreciate that although you guys disagreed in the beginning, you have been willing to agree to disagree, or that you have come to some compromise about the issue.”

Physical Conflict Between Participants

Possible reasons for the behavior:
1. Do not like each other.
2. Lack of skills in social problem-solving.
3. Lack of assertiveness skills.
4. Aggression viewed as legitimate form of communication.
5. Power struggle within couple interaction.

Facilitator’s responses:
1. If possible and appropriate, you can put yourself physically between the participants to stop contact (if you need to contact security back-up, you should do so immediately).
2. Re-emphasize session agreements/rules to respect differences of opinion. Determine if partners should leave room or work with facilitators or other staff to resolve.
   a. “One of our established agreements/rules is respect, and respect includes respecting each other’s personal health and welfare. We cannot tolerate any physical conflict in this room.”
   b. “Would you both like to start over and see if we can help you discuss this problem without physical contact? If so, we can spend a few minutes on it.”
3. State that physical conflict cannot be tolerated. Ask participants if they will agree to stop physical contact and leave the room to resolve issue with another staff member.
   a. “I realize that people disagree sometimes, but here at our agency (or Connect) physical conflict over disagreement cannot be tolerated. We promote and encourage dialogue and communication. Are you both willing to talk this out or should we take it outside?”

4. If appropriate, participants may continue the session; otherwise they should leave until the next session.
   a. “I realize that you both feel strongly about what happened, and sometimes it is best not to try to deal with these things right away. Maybe you can each take a break to just cool off and let the whole thing pass, and then we can all start over next week. Do you want to try that? Would that work for you?”

5. Emphasize that relationships often have conflict, and part of Connect is to learn to compromise with each other.
   a. “Many relationships have conflict. The fact that you were willing to express your strong feelings is a really good thing but we don’t endorse physical conflict or fighting. The trick is to disagree respectfully, keeping to our own group rules. Connect encourages positive resolution of differences, including agreeing to disagree if both people feel strongly. How can you guys work this out peacefully?”
   b. “Many relationships have conflict. Sometimes conflict can be resolved with compromise, but sometimes you have to agree to disagree. What can we do next to get there?”

**Dealing with a Participant who is Drunk or Under the Influence of Drugs**

Possible reasons for behavior
1. Abuses drugs or alcohol.
2. Uses drugs or alcohol to cope.
3. Trying to escape feelings and circumstances.

Facilitator’s responses:
1. Intervene early on in the session, if not immediately.
2. Avoid confrontation if not necessary. Redirect the participant toward more appropriate (attentive, non-disruptive) behavior.
   a. “You seem to be a little distracted today, John. What do you think about what was just discussed?”
   b. “Are you ready to move on with the session?”
3. Reward the participant for movement toward more appropriate behavior.
   a. “I appreciate the way you’ve been listening just now.”
b. “I can see your participation means a lot to your partner.”

4. Express concern for participant and state why you are ending the session.
   a. “The reasons why I am concerned are that, first, if you have been drinking or using drugs, then showing up here high is against the session rules, and second, that just as drugs and alcohol hurt our ability to protect ourselves and our partners, they also keep you from getting as much out of the session as you would if you were sober and straight.”

5. When outside of the session, offer to provide a referral to alcohol or drug use treatment facilities or to local self-help group meetings (e.g., AA, NA).
   a. “I’d like to give you some information about some local groups that you might find helpful and also some facilities that can help you get clean and/or sober.”

**Challenging Couple Situations**

**One Partner Constantly Seeks Other Partner’s Point of View**

**Possible reasons for the behavior:**
1. Wants attention.
2. Looking for advice.
3. Trying to please partner.
4. Trying to model the facilitator’s behavior.
5. Does not understand what position is the best one to take.
6. Wants to challenge the facilitator.

**Facilitator’s responses:**
1. Reward participation and paying attention.
   a. “John, it is so good to hear your opinion.”
   b. “We are always interested in the opinions of both partners in a couple.”
2. Throw questions back to them.
   a. “John, I really appreciate your participation. What do you think about ______?”
3. Give direct answers if appropriate.
4. Do not take away the person’s opportunity to solve his or her problem.
   a. “I wonder if, before we hear his/her response, if you want to give us your take first.”
5. Ask for situations that demonstrate the question and role-play them.
   a. “John what do you think you might do in this situation? I’d like to set up a role play where I’ll coach you both working this out in the way that John suggested. Let’s get started...”
Couple is Breaking Up

Possible reasons for behavior
1. Longstanding problems in the relationship.
2. Recent conflicts causing difficulty coping with the relationship.
3. New experience of couples sessions is intense, is highlighting problems, and making participants feel frustrated with the relationship.

Facilitator’s responses:
1. Check in with both partners about message being communicated.
   a. “It sounds as if you are saying that you want the relationship to be over. Did I get it right? Is this the first time you are telling your partner this?”
   b. “Is this the first time you are hearing that your partner wants to end the relationship?”
   c. “Is this something you both agree to? If it is, then would you like a referral for counseling that may help to support you both in this decision?”
2. Explore if threat is legitimate or an effort to get partner’s attention, or a call for help.
   b. “We take this kind of statement very seriously because we know that couples sometimes struggle to make their relationships work and Connect is about learning to communicate in order to strengthen the safety and health of the relationship.”
   c. “Sometimes threatening to break up is a sign of feeling unsatisfied in your relationship. It can be a shield to avoid intimacy. Do you feel as if this might be part of the problem?”
   c. “Would you like to take a few minutes to use the Speaker/Listener Technique to find out more about how you are each feeling?”
3. Explain that feelings of discomfort or confusion in relationships are normal when a couple has begun to do these sessions. Although meant to strengthen the relationship, opening up to one another can be intense and take some time to become comfortable with.
   a. “I’d like to talk to you both about this for a few minutes. It is not uncommon that when couples start to do sessions together, and start to talk more, they actually at first feel more confused about the relationship. This is only because talking openly about difficult issues is new for you. Instead of getting frightened, confused, or worried, I want to encourage you to keep going with the sessions and to keep talking through whatever feels uncomfortable. Most couples find that these feelings only last a short while, and then by the end of the sessions, they feel stronger and more solid in the relationship.”
4. Let couples know that **Connect** is for couples who are together and committed to staying together.
   a. “If you do decide to break up, although we can’t keep running these sessions together, we can meet with you individually to talk more about the session materials and to give you some follow-up referrals.”

**Suspicion or Witness that One or Both Partners Is Verbally, Physically or Sexually Abusive, Either During or Outside Sessions**

Facilitator’s responses:
1. Follow your agency’s protocol for dealing with such situations.

**Situations Related to Disclosure of New Information**

Various types of disclosure of new information may take place during these sessions. A disclosure may involve:
1. A person disclosing about himself or herself
2. A person disclosing about his or her partner
3. A facilitator disclosing information either voluntarily or at the request of participants

**Person Discloses Information About Himself or Herself**

There may be occasions when one partner in a couple reveals information that shocks or hurts the other partner. Examples might be secrets, such as disclosure of an affair, of injecting drugs, or of a sexually transmitted infection. While we advise during the first session that participants should only share information that they feel comfortable sharing, some may experience these sessions as a safe and appropriate place to share everything. In such cases, it is important for the facilitator to help the couple deal with the disclosure and open up lines of communication for future discussions and negotiation.

1. Check in with the participant who shared the information and ask if this is new information that they shared:
   a. “Is this the first time you are telling your partner this information?”
2. Check in with the other participant in a similar fashion.
   a. “Is this the first time you are hearing this information?”
3. Give each partner a chance to express what he or she is feeling at the time, using the Speaker/Listener Technique if appropriate.
4. Show that such disclosures are normal by validating feelings and responses.
   a. One example to validate the disclosing partner would be: “It seems
as if you wanted to be honest and tell your partner something that has been hard to share in the past. Sometimes we don’t realize how difficult it will be for our partners to hear.”

b. One example to validate the partner to whom the information was disclosed would be: “When you hear this from your partner for the first time, sometimes you may feel betrayed, angry, helpless, or other feelings.”

5. Use your judgment to determine if the couple should continue the session, or if it is best to have them suspend the session and reschedule the same session for the following week. If needed, you should check in with them following the “Distress Protocol” (insert hyperlink to your agency’s Distress Protocol here).

a. If you believe the couple should suspend the session, you might say: “Because this information is new, it might take some time to let it sink in and for you to talk more about it. It might be best if we stopped the session and rescheduled it for another day when you both are feeling better able to continue.”

6. Once you say that the problem is common and after each partner has had a chance to express feelings and concerns, you should endorse the Connect position that when couples experience difficulty, it is an opportunity to start fresh, and to be healthy and to protect one another as their relationship moves forward.

a. “Connect is about safety and building relationships and community. You demonstrated for us today that we can communicate difficult things to each other, and work through them. You support each other and we are here to support your relationship, as well. Good work!”

Person Discloses Information about His or Her Partner

There may be occasions when one partner in a couple reveals information about the other partner without permission, and that disclosure subsequently shocks or hurts the other partner. Examples might be secrets, such as disclosure of an affair, of injecting drugs, or of a sexually transmitted infection. For some couples, you will not notice any upset; they may have previously discussed talking about it. But for some, the disclosure might be experienced as an “outing” of information, or the sharing of an intimacy they did not wish to be disclosed. In such cases, it is important for the facilitator to help the couple deal with the disclosure and open up lines of communication for future discussions and negotiation.

1. Check in with the participant who shared the information and ask if he/she had asked his/her partner about sharing this information.

a. “Did your partner know that you were going to share this information with us?”

2. Check in with the other participant in a similar fashion.
a. “Did you know that your partner was going to share this information? Is it okay that he/she shared the information?”

3. Give each partner a chance to express what he or she is feeling at the time, using the Speaker/Listener Technique if appropriate.

4. Show that such disclosures are common for couples by validating feelings and responses.
   a. One example to validate the disclosing partner would be: “It seems as if you wanted us to know this information or that you wanted your partner to share this information because you thought it was important. Sometimes we choose to share information about our partners because we’re trying to communicate with them indirectly. In the process, though, our partners may experience this as being betrayed, and feel angry and untrusting.”
   b. One example to validate the partner who was “outed” would be: “When you hear your partner share things about you that you felt were private and only between the two of you, sometimes you may feel betrayed, angry, helpless, or other feelings.”

5. Use your judgment to determine if the couple should continue the session, or if it is best to have them suspend the session and reschedule the same session for the following week. Offer to walk them out and check in with them following the “Distress protocol.” (insert hyperlink to your agency’s Distress Protocol here).
   a. If you believe the couple should suspend the session, you might say: “We want you to be able to get the most out of these sessions, which means that you feel able to focus on the material we’re covering. When something especially upsetting happens, it is more difficult to do that. We feel that it would be best if we stopped the session and rescheduled it for another day when you both are feeling better able to continue. In the meantime, we can talk more about how you would like to handle this issue.”

6. Once you say that the problem is common and each partner has had a chance to express feelings and concerns, you should endorse the **Connect** position that couples experience difficulty, but that this is an opportunity to start fresh, be healthy and to protect one another as their relationship moves forward.
   a. **Connect** is about safety and building relationships and community. You demonstrated for us today that we can communicate difficult things to each other, and work through them. You support each other and we are here to support your relationship, as well. Good work!”
You are Asked a Question Requiring Disclosure of Personal Information

There may be occasions when participants ask you to answer a personal question. Often this is a way to determine what your level of experience or understanding is for the problems they are having, or it may simply be a way to get to know you better and build relationship.

If You are Asked Anything OTHER Than HIV Status

Participants may ask your age, marital status, preferences for music, whether you know someone, or whether or not you use condoms, among other things. Such questions must be handled on an individual basis, but your job is to keep the focus of the intervention on the participants. We encourage you to:

1. Answer questions directly (if you are comfortable doing so).
2. Follow the statement with a generalized statement indicating that “some” or “many” people have this same experience.
3. Qualify that we are all different.
4. State that you are interested in the participants’ feelings or views on this issue.

For example, a married couple is quarreling over an issue and asks if you are married. Answer the question, directly, make a generalized statement about the issue, state that everyone is different, and then immediately turn the focus and emphasis back to the participant.

a. “Yes, I am married. Many married couples feel that way, but everyone is different. I’m really interested in what you think about this issue”
b. “No, I am not married. I know that many married couples feel that way, but everyone is different. I’m really interested in what you think about this issue”

If you are asked about your HIV Status

Participants may be especially interested in whether or not you are living with HIV, or whether or not you are living with an HIV-positive spouse or partner. If you feel comfortable responding to this question, we encourage you to respond honestly.

1. After responding, reassure participants.
   a. “I want to let you know that our HIV educators and Connect facilitators are not selected based on their HIV status, but instead, have been trained to provide these sessions. Some are living with the virus and some are not. Most of us have worked in this field and know people living with the virus. Many of us also know how challenging relationships can be, so we bring our whole life
experience as well as our special Connect training.”

b. Then ask the participant if this information would change anything about their Connect participation. “Does knowing my HIV status change anything for you?”

2. Give the participant a chance to express what he/she is feeling at the time. Reflect back what he or she says using the Speaker/Listener Technique.

3. Say that you have found that some participants may feel that only HIV-affected people can understand the experience.
   a. “Sometimes participants feel that we can’t do this work if we are not directly affected by the virus. But our job as facilitators—regardless of our own HIV status—is to present the Connect skills and to support each couple to strengthen the love and safety in their own relationship by using these skills. You are the experts on how to strengthen your relationship. We are here to give you more tools and the support to do that.”

Challenging Situations Related to HIV Status

Dealing With a Participant Who Is Living With HIV

In the section on agreements/ground rules in the Session One, it is made clear that revealing any sensitive information, including HIV status is up to the participant. If a participant decides to reveal this information in session, the facilitator should respond as follows:
   a. “Thank you for feeling comfortable enough with us to share your experience and status.”
   b. “In Connect we believe that speaking openly with your partner about your HIV status and all issues that affect your health and relationship is a good thing. Not talking about how you feel can become a major issue in relationship and get in the way of caring for each other.”
   c. “The more you talk about these issues, the more you can learn to communicate and negotiate any concerns you may have together.”

New HIV Disclosures of Previously HIV-Negative Participant

Participants may test positive for HIV during the time they are in Connect. If a participant who was HIV-negative discloses in a session that they discovered that they are now HIV-positive, it is critical to quickly ascertain whether the other partner already knows or if this is new information (insert hyperlink to your agency’s Distress Protocol here). Also, be sure to follow up with anyone disclosing a new HIV infection to make sure they are under medical care.
and give appropriate referrals. At the next session, follow up to see if the participant contacted the referral resources.

a. “Thank you for feeling comfortable enough with us to share this important information about your HIV status. Is this the first time your partner is hearing that you are infected with HIV?”

b. “When did you learn that you have HIV? Have you spoken to anyone about it yet? Your partner? A physician? Other service providers? At Connect we are aware that being in touch with HIV-related service agencies is really important! There are many supportive services you can be involved in that are very helpful. Would you like to talk more at the end of the session about these, and I can give you some referrals?”

### Dealing With the Issue of Disclosing HIV Status to Children

One of the things parents often worry about is whether, how, and when to disclose their HIV infection to their children. This is an important and complicated issue, but one which should be thoroughly dealt with outside of the Connect setting. If a participant raises the question of disclosure to children, you should validate the importance of the issue and inquire of the participant what brought the issue up at that time and what feelings he/she might be having surrounding it. You should keep this discussion brief and explain to the participants that although this is an important consideration, it is out of the scope of the Connect program. Suggest that a referral might be useful and provide one if necessary.

a. “Many HIV-affected parents are concerned about how best to disclose their status to their children, and also what will happen to their children. This can be very difficult. Connect focuses on strengthening couples and having safe relationships, but disclosing to children is outside the scope of our program. There are many organizations and professionals who focus on disclosure to children and what is called ‘guardianship planning.’ Let’s talk at the end of the session about local agencies that may be able to help out with this and provide you with the support you need.”
**General Distress**

If, in the course of facilitating a session, a participant becomes distressed, the following protocol will help identify the participant’s level of distress and the appropriate facilitator response. If you are comfortable dealing with distress, we encourage you to work with the participant for a limited time as best you can to find a resource that will provide support in your absence.

**Defining Distress**

**Moderate/Mild Distress**
From time to time, you may see moderate or mild distress. A mildly or moderately distressed participant is emotional, but is able to maintain his/her composure. The moderately or mildly distressed participant may experience any of the following: crying but not uncontrollably, eyes tearing up, voice “choked up,” speaking very quietly, avoiding your glance, or being unwilling to stop talking to you and reluctant to leave.

**Acute Distress**
On rare occasions, you may have a participant who becomes overwhelmed emotionally, or is distracted by disturbing thoughts and/or feelings. Acute distress is manifested by uncontrollable crying, disorganized thinking, pressured speech (speaking in a fast and confused manner), or preoccupation with/repeated description of a disturbing incident or memory.

**Suicidality/Homicidality**
On rare occasions, you may have a participant who expresses desire to harm him/herself or others. Immediately seek a referral for an evaluation and clinical services as discussed below.

**Distress Protocol (Use your agency’s distress protocol.)**

**Moderately/Mildly Distressed Participant**
1. If the participant becomes moderately or mildly distressed during the session, attempt to manage the distress and continue the session. If it is not related to abuse by a partner, ask the participant if they want to step outside or to stay and discuss. Check in with participant to verify distress and ask them how they would like to proceed.

a. “I see that you are feeling sad (or angry, etc.) about something. Can you tell me what you are feeling right now? What made you feel that way?”

b. “Sometimes these sessions can cause you to remember or think about things that you do not want to, or that are painful in some way.”

c. “Would you like to take a short break and catch your breath, and
then decide if we can continue?” If needed, take a 5 minute break and check in.

d. Then ask “Are you all right” or “Is everything okay” or another probe to determine the person’s emotional state.

e. Give the person a few moments and the chance to compose him/herself; if the person seems all right, thank the person for his/her time.

2. If the person still seems somewhat distressed, say:

a. “We can either continue with the session and then talk at the end about some places I can refer you to for counseling and more support about this issue, or we can stop the session and reschedule it.”

3. If the person is able to continue, then at the end of the session say:

a. “Let’s take a few minutes to review the resource manual and find some counseling and support services for you...

b. Look through the table of contents, and identify with the person the kind of help he/she needs. Find up to three options that may be a fit based on:

i. Proximity

ii. Language requirement

iii. Insurance/ payment eligibility requirements

4. If the person wants to continue, but you assess that he or she is too overwhelmed and really needs to take a break, say:

a. “I want to be sure you get the most from the sessions, and sometimes upsetting feelings make it too hard to really hear new information and to really participate. I want to suggest that we reschedule this session for a time when you are feeling better.”

**Acutely Distressed Participant**

In the unlikely event that a participant becomes acutely distressed or expresses an urgent need for assistance at any time during or after the session, determine the cause of the distress. If it is not related to abuse by a partner, ask the participant if he or she wants to step outside or to stay and discuss.

1. State that “I can see that you could really use some help right now; there are a few things we can do right now to get you the help you need:

a. “I can sit and talk with you for a while.” (if at all possible, facilitator intervention is preferred.)

b. “We can contact [local or site-specific contact for handling distressed participants], who will be able to refer you to a social worker to talk to.”

c. “I can call my supervisor, and we can find another counselor or social worker for you to talk to.”

2. Determine the participant’s preferred course of action and obtain consent to contact one of the above resources.
3. If a participant does not accept one of these options, you are limited in your ability to help him/her. Encourage the participant again to accept some assistance from one of these sources. If he/she still refuses assistance and is unable to compose him/herself, call your supervisor to inform him or her of the situation. Add and implement your supervisor’s directions.

**Suicidal/Homicidal Participant**

If a participant expresses an intention to hurt himself/herself or someone else, the facilitator must:

1. Ask the participant to step outside the session with you.
2. Inform the participant that, as stated in the consent, you are required to notify [contact specific to your site], and that person will refer the participant to a social worker for counseling.
   a. Say, “You need to know that we take statements like that very seriously. Although sometimes people say things they do not mean, I would like to talk more about what you just said. When you joined the program, we explained that these are kinds of statements we cannot keep confidential. I need to be sure you get the help you need.”
3. Use the following set of questions to assess the degree of intent and lethality. Ask the questions directly without being judgmental.
   a. “Are you thinking about hurting or killing yourself? How strong is your intent to do this?”
      [Someone likely to hurt themselves or others will tell you that they are seriously thinking about it.]
   b. “Have you thought about how you would do it?”
      [This is an assessment for a specific plan, as well as the relative lethality of the plan. People likely to hurt themselves or others will have a specific idea about how to do it and will have the weapons or method in mind. Consider how specific and lethal the plan is.]
   c. “Have you thought about when you might do this?”
      [This is an assessment for imminent risk.]
   d. “What is keeping you from hurting/killing yourself?”
      [This gets the person thinking about potentially positive aspects of their life and reasons why they wouldn’t harm themselves.]

Also remember possible factors contributing to suicide risk include, past suicide attempts (e.g. lethality of method, circumstances), family history of suicide, intensity of current depressive symptoms, recent life stressors (e.g. partner separation, job loss, retirement, illness), alcohol or drug use patterns, and lack of social supports.

4. In the event the participant is actively thinking about killing him/herself, has an organized plan and means, then inform the participant that he/she needs special care and you will not leave until they get that care.
a. “When someone is upset enough to talk about hurting themselves, they need immediate attention, so that is why I asked you to talk with me more about this. I will stay with you now, and we will get help for you.”

5. You should NOT leave the participant alone, and do not attempt to counsel them yourself. You should contact your Program Coordinator and you may either:
   Walk with the participant to the nearest emergency room to get that care;
   OR
   Call a crisis line for support while staying with the participant.

6. Whatever the decision, you should call your supervisor immediately and let him/her know what is happening.

**Participant Referrals**

Sometimes participants raise issues that are not covered by the Connect program, and are better handled by referral. Your agency likely has a comprehensive resource and referral manual specific to your local community, and you should also make one as part of your Connect Implementation Manual. Participants may need referral to other agencies or groups for a variety of reasons. Among these are the following:

- HIV/STI related treatment and care
- Mental health services
- Substance abuse and alcohol abuse treatment
- Partner violence
- Child abuse
- Suicide threats
- Counseling or services after receiving HIV seropositive test results

In general, you should spend no more than 10 minutes discussing a problem and providing a referral to a participant. You should talk with your Program Coordinator about the appropriate way to handle a problem requiring more time than this.

If the participant is extremely distraught or is in need of immediate services, you should attempt to deal with the situation by following the Distress Protocol for upset, depressed, or suicidal participants (insert hyperlink to your agency’s Distress Protocol here). If you are unable to handle the situation, attempt to contact your supervisor. If you are unable to reach someone to assist you and the participant is still distraught or in distress, walk him or her to the nearest emergency room for assistance.
Appendix III
Recruitment Poster
Are you in a relationship with a partner of the opposite sex?

Do you want to learn how to protect yourself and your partner against HIV and other STIs?

Join the CONNECT program!

Connect is a 6-session program designed for heterosexual couples to talk about, learn about, and practice safer sex, communication, and healthy behavior techniques together.

Each session lasts approximately 90 minutes and can be scheduled twice a week or weekly. You and your partner will:

♥ Learn about how to keep each other healthy and safe.
♥ Learn communication and healthy behavior techniques to strengthen your relationship.

Interested? Call us at: