

Medication Coaching Manual for HIV+ Heavy Drinkers

Highly Active Antiretroviral Therapy (HAART) Medication Coaching as a Structural Intervention in Naltrexone Treatment in Heavy Drinkers

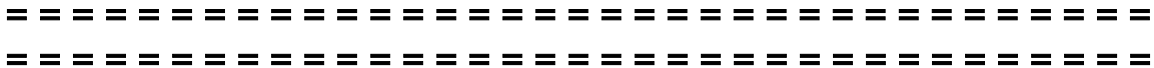
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**Highly Active Antiretroviral Therapy (HAART) Medication Coaching as a
Structural Intervention in Naltrexone Treatment in Heavy Drinkers
MEDICATION COACHING MANUAL**

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THE MEDICATION COACH

The role of a medication coach is to provide support with the medication regimen and to work in partnership with the patient to improve medication adherence. In selecting medication coaches to work with patients receiving naltrexone treatment for alcohol problems, we recommend that the person have a minimum of a bachelor's level training in counseling, psychology, medicine, nursing, or social science; experience with populations who abuse alcohol; and knowledge about classes of HIV medications and side effects. Good counseling skills are essential, as is a nonjudgmental attitude toward people who use alcohol. The approach employed by the medication coach is best described as cognitive-behavioral, supportive, and psychoeducational with elements of motivational interviewing.

It is important for the medication coach to describe her or his role to the patient and the limits of confidentiality. The type of information that will be shared with medical providers, or other clinical staff is outlined for the patient. In addition, the coach can describe the structure of the intervention including the number, frequency and length of sessions, type of information and assistance that will be provided, adherence task assignments, and ground rules regarding attendance.

Medication coaching should occur in three phases: (a) assessment, (b) intervention, and (c) follow-up and maintenance. As a general guideline, the baseline or intake meeting assesses the patient's current medication-taking habits; the intervention phase builds skills needed for improved medication adherence and reiterates the information provided to patients by their prescribing physicians about their medications and side effects; and the follow-up phase promotes future adherence. Progression through these phases, and through the material of the sessions, may or may not be linear, depending on patient skill and other issues such as substance use, psychiatric issues, and housing stability.

SESSION FORMAT AND CONTENT

We will conduct 10 medication-coaching sessions with each participant (at visits 1, 2, 4, 6, 8, 10, 12, 1, 20, and 24), each lasting approximately 15 to 20 minutes. The length of time for sessions varied with the level of patient adherence skill and ability to focus. The initial session had a slightly different format because it involved introducing the intervention, providing an initial assessment, and designing a daily routine around planned doses. The final session included an overview of patient's accomplishments, patient evaluation of the intervention, and future planning for medication adherence. The number and duration of sessions may vary based on patient needs and progress.

Assessment. The key piece of every session, and a crucial part of adherence work, is an assessment of the patient's medication regimen and adherence problems. The initial meeting of the intervention includes the most comprehensive assessment so that the medication coach can learn each patient's medication regimen and adherence problems. A personalized medication schedule should be completed during the initial assessment (see Appendix A). In subsequent sessions, the assessment focuses on doses that are difficult for the patient during the week, barriers to adherence, and changes to the regimen. In our study, printed reports of adherence based upon AACTG responses, dosing log sheets obtained from the dispensary nurses and self-reported adherence information were available for the medication coach at each session as indicators of adherence. During each session, the medication coach reviewed these results and provided feedback to patients on number of doses taken as scheduled. Laboratory results can also serve as physiological feedback for patients to see how medications affect their health. Clinics may also utilize pill counts, pharmacy refill records, or self-report data to use as feedback for patients.

Education. A crucial element of the intervention is the education of patient's regarding the importance of taking their HAART medication and evaluating their understanding of their medication regimen. At the initial assessment the patient should be educated about the lifecycle of the HIV virus and about how resistance develops. The counselor should take time to discuss each medication prescribed and its effect on the virus. The patient should be presented with information about each individual alcohol side effects. The patients in our clinic had a range educational levels and it was important to tailor education to their needs.

Addressing barriers. The second half of each session should follow up on information gleaned during the assessment. Addressing barriers is the "nuts and bolts" of the adherence effort. This task attempts to identify solutions that will help patients avoid missed doses. The medication coach works with each patient to consider various methods by which a difficult dose can be made easier to remember or taken correctly. The medication coach can use this time to review the individual medication plan, make sure that the patient understands the plan, and ask if he or she can follow it for the next week. Questions to ask the patient might include "Which doses might be difficult to take? Where do you keep medications? Are you experiencing any unpleasant side effects from the medication? Are you having any difficulty with swallowing the pills?" Depending on the patient responses to these questions, the medication coach could discuss strategies for proper storage and handling of medications, and facilitate patient contact with providers to address any adverse side effects. This involves working closely with the patient's primary care physician. The patient, the medication coach, and the patient's provider work together as a team to develop strategies for improved adherence.

Patient adherence assignment. In each session, the medication coach sets a goal for the patient to meet until the next session. The goal is based on issues discussed during the session and something that the patient could reasonably achieve. For example, if the patient is having difficulty remembering an afternoon dose, a goal might be "use the timer to take at least one afternoon dose during the next week." It is also important that the goal have a measurable result. For example if the goal is to achieve better health a goal might be "to have CD4 count improve", "to not be hospitalized in the next six months" or "be able to go out with friends more". It is important to inquire about the adherence assignment from the previous session. Was the patient able to achieve an identified goal? The coach can provide positive feedback for the patient's efforts. There may also be opportunity to identify barriers or problems that made the assignment difficult. If the goal was not reached something else that was attained since the last session should be reinforced and a more reasonable goal should be set for next session.

Intervention elements. A brief overview of 10 elements of the medication-coaching intervention is provided in Table 1 to illustrate the content of various medication management sessions. The medication coach makes decisions about which element to emphasize with patients in a given meeting. For example, material from earlier sessions may be revisited when a patient's regimen changes or when doses continue to be missed and a new plan is needed. It is important to highlight patient accomplishments and describe the changes or stages the patient's adherence has gone through since you started working together. Our medication coaches often asked patients to evaluate their efforts in the following areas: (a) use of individual medication plan to avoid missing doses, (b) use of self-monitoring techniques to keep track of medications, (c) use of adherence tools [to remember planned doses], (d) building of social support to assist with adherence, and (e) keeping of medical appointments. The coach can invite feedback from the patient and ask for suggestions on ways the adherence intervention could be more helpful.

Adherence tools. A variety of adherence aids are available from pharmacies, medical supply companies, and the pharmaceutical companies that manufacture HAART medications. We made these available to patients for addressing specific adherence barriers (see Table 2). The coach provides patients with any tools that may help move them toward improved adherence. For example, the coach can review the patient's typical day and strategize ways to incorporate medication taking into her or his daily routine. Another technique is teaching cue strategies by

identifying life events that could serve as reminders to take medications (e.g., meals, television shows, brushing your teeth). The coach can provide reminder devices and reevaluate the patient's use of adherence tools. Patients should be reminded to pick up their medication from the pharmacy or see their doctor for a refill before they run out of pills. Alternatively, explore delivery options with the patients as many pharmacies offer this service with no charge. Finally, encourage the patient to talk openly with her or his counselor or psychiatrist about psychosocial problems or call her or his counselor or doctor to schedule an appointment with them.

Cueing Strategies. In the population that this intervention targeted a special emphasis should be placed on cueing strategies. For patients whose situation is unstable it is often difficult to stay in physical position of reminder devices and once the intervention is over they will not be able to replace devices if they are lost. For this reason a special emphasis was placed on cueing within a typical day. It is important to discuss during assessment a patient's typical day, the counselor must be open to discussing their substance use and using knowledge about it to create cueing strategies that take use into account. For example a patient in our study stated that the only thing that he did every morning was to smoke marijuana, the counselor suggested to him that he could put his HAART medications in the same container that he used to store his marijuana in order to remind him to take his medication.

Table 1
Intervention Elements for Medication Coaching

<i>Strategy</i>	<i>Description</i>	<i>Elements and Key Focus Points</i>
Assessing adherence	Review medications the patient is taking, including the dosing schedule, dietary requirements, and adherence problem areas.	Doses that were missed or difficult to take as shown by adherence data or from patient self-report
Designing an individual medication plan (see Appendix A)	Create a written daily plan listing for each dosing time, medication names, number of pills for each medication, and any dietary requirements. The plan is designed to provide the patient with a clear visual illustration of her or his medications schedule.	Visual aids, such as pictures of the medications Daily activities (e.g., when the patient goes to sleep or eats meals) Establishing weekly routines
Coordinating with medical care	Assist patients in keeping appointments with their health care providers. Inquire name and location of primary medical provider, last medical appointment, and next appointment. Refer patients to primary care to address side effects and medical complications.	Staying informed about patient health and medication issues Missed appointments and solutions for keeping future appointments
Collaborating with treatment team	Keep in touch with patients' naltrexone prescriber on an ongoing basis (within limits of confidentiality). Refer patients to counselors to address emotional and substance-abuse related problems	Team collaboration Avoiding conflict in terms of treatment goals or plans
Develop a medication routine	Incorporate a patient's routine with his or her medication regimen. Identify cue strategies that help a patient associate a dose with specific activities. Sometimes a patient's routine will be changed to better fit the regimen. For example, with the morning dose, a cue strategy might be "make coffee."	Designing or "fine-tuning" a medication plan Cue strategies (things to help patients remember their dosing time)
Addressing barriers	Problem solve with patients to help overcome adherence impediments. Discuss strategies for proper storage and handling of medications, contacting providers to address side effects, and getting prescriptions refilled on time. Instruct patients on how to come back from a lapse; missing one or two doses is a "slip" that need not lead to a medication "holiday" or full week of no medication. Assess patient's social environment and work with patient to address social barriers to adherence and establish social support. Address problems or difficulties with swallowing pills	Finding alternative ways for doing things and coming up with "on-the-spot" solutions to problems (e.g., having the patient call his or her provider to reschedule an appointment from your office) Helping patients get back on track as soon as possible Work with patient to match reported barriers to adherence with suggested tools to improve adherence
Providing feedback on health outcomes	Give the patient results of immunological, virological, and clinical health measures.	Self-reported adherence, HIV-1 RNA viral load CD4 count, illicit drug use
Maintaining adherence and reducing HIV disease progression	Discuss the dangers of developing resistance to HAART medications	
Promoting continued adherence and assess goals	Assess and Review patient's overall goals and progress throughout the course of the intervention and plan for maintaining adherence in the future. Assess patient's self-efficacy in achieving their goals For those patients who achieved adherence goals, outline objectives for maintenance of adherence strategies.	Changes or stages of the patient's medication adherence Effectiveness of the patient's efforts in use of adherence tools Support for continued adherence efforts

TABLE 2
Adherence Tools for Health Care Providers

<i>Adherence Tool</i>	<i>Description</i>
Timers	We provided several kinds of timing devices (e.g., medication reminder wristwatch, generic timers, and multi-alarm pocket timers). The cost of timers varies; e-pill timer was approximately \$40/each (http://www.epill.com).
Notebooks	Pocket-sized tablets for patients to make notations about medications taken.
Calendars	Date books or calendar pages for noting when medications were taken or the time of medical appointments.
Post-it Notes	Several colors and sizes of notes that could be strategically posted at the patient's home as medication reminders.
Pictures of the medications	We had illustrations of the different kinds of AIDS medications posted in the office. These were produced by the drug manufacturing companies and by AIDS information agencies, such as Project Inform (http://www.projinf.org). A visual medication schedule shows pictures of prescribed medications superimposed on a weekly calendar. Visual cues can help ensure that the patient understands the prescribed regimen and help other caregivers assist in medication adherence.
Stickers of individual pills	The design of our individual medication plan was greatly enhanced by stick-on illustrations of pills that Merck, Inc., produced in a consumer packet they titled "Livin' It." This series also included stickers of dosing cues, such as a small picture of a glass of water or an alarm clock that could be attached to the medication plan.
Log sheets	We designed a form that would allow patients to make a simple check mark each time they took a particular dose, to assist in self-monitoring their medications. A basic monthly calendar can also be used for this purpose.
Online resources	The University of California, San Francisco, Center for HIV Information provides comprehensive, up to-date information on HIV and/or AIDS treatment, prevention, and policy (hivinsite.ucsf.edu). Free educational booklets are available for download from Poz Publishing (www.smartstrong.com). A Guide to HIV Drug Resistance (www.thebody.com/treat/resistance).

**APPENDIX A
Personalized Medication Schedule**

Date: _____

Participant ID#: _____

<i>AT THIS TIME:</i>	TAKE THESE PILLS:	AND DO THESE THINGS, TOO:
____:____ am / pm		
____:____ am / pm		
____:____ am / pm		
____:____ am / pm		
____:____ am / pm		
____:____ am / pm		

TIPS:

APPENDIX B
Medication Coach Contact Log
Initial Visit

Start Time: _____

End Time: _____

Participant ID#: _____

Date: _____

Medication Coach Initials _____

Items addressed during session:

1. _____ Describe the purpose of the intervention
 - Describe the role of the medication coach in promoting adherence
 - Address confidentiality and limits thereof
 - Discuss the dangers of developing resistance and clarify any misconceptions

Notes/Comments:

2. _____ Work with participant to identify his/her overall goal
_____ Discuss how adherence relates to overall goal

Notes/Comments:

3. _____ Discuss primary medical care and treatment
 - Confirm name and location of primary care providers
 - Discuss attendance at appointments with providers and problem-solve around attendance issues
 - Encourage attendance at upcoming or future appointments
 - Refer participants to counselor re: substance use issues

Notes/Comments:

4. _____ Develop **Personalized Medication Schedule** form
_____ Identify participant's regular daily activities and use to create cues if necessary (if once a day dosing encourage attendance at clinic as cue)

Notes/Comments:

5. _____ Review what was covered during the session
_____ Have participant articulate medication schedule and teach back what was covered including importance of adherence
_____ Ask participant for feedback on what was helpful for them this session

Notes/Comments:

6. _____ Set and evaluate goal for next session
_____ Set a goal for next session (remember to start with something attainable)
_____ Discuss importance of the goal to the participant (1-10 scale)
 - If not important, reevaluate goal
_____ Discuss participant's confidence in his/her ability to meet goal (1-10 scale)

Notes/Comments:

7. _____ Other (please describe):

Additional comments:

Start Time: _____
End Time: _____

APPENDIX C
Medication Coach Contact Log
Follow-up Visit

Participant ID#: _____ **Date:** _____ **Study Week#:** _____
Medication Coach Initials _____

Items addressed during session:

SECOND VISIT ONLY

1. _____ Review what was learned from the previous session
- Have participant teach back what was covered in previous session
 - Have participant describe dangers of resistance

Notes/Comments:

[Empty box for notes/comments]

2. _____ Reassess participant's medication regimen
- Any changes since the last visit
 - If there are any changes to medications, give participant an updated ***Personalized Medication Schedule*** form.
 - Ask participant to describe in own words/demonstrate how they remember to take their medication.

Notes/Comments:

[Empty box for notes/comments]

3. _____ Assess medication adherence over the previous two weeks and provide feedback
- Obtain self-report of adherence from participant
 - Discuss progress in meeting weekly goal
 - Identify successes
 - **Provide reinforcement!**

Notes/Comments:

[Empty box for notes/comments]

4. ____ Inquire about barriers to adherence and problem solve around problematic doses
- Discuss side effects and effect on adherence
 - Address any problems or difficulties with taking or swallowing medication
 - Work with participant to incorporate medication taking into daily routine
 - Teach cueing strategies
 - Provide timing devices
 - Address social barriers to adherence and discuss how to build social support

Notes/Comments:

5. ____ Discuss handling and storage of medications

Notes/Comments:

SECOND VISIT ONLY

6. ____ Discuss primary medical care and treatment
- Confirm name and location of primary care providers
 - Discuss attendance at appointments with providers and problem-solve around attendance issues
 - Encourage attendance at upcoming or future appointments
 - Discuss follow-up with medical providers re: side effects
 - Refer participant to counselor re: substance issues

Notes/Comments:

7. ____ Review what was covered during the session
____ Discuss with participant what was covered during the session
____ Ask participant for feedback about what they will be focusing on in the future

Notes/Comments:

8. ____ Set and evaluate goal for next session
____ Set a goal for next session
____ Discuss importance of the goal to the participant (1-10 scale)
____ If not important, reevaluate goal
____ Discuss participant's confidence in his/her ability to meet the goal (1-10 scale)

Notes/Comments:

9. ____ Other (please describe):

Additional Comments:

APPENDIX D
Medication Coach Contact Log

Start Time: _____
End Time: _____

Participant ID#: _____ **Date:** _____ **Study Week#:** _____
Medication Coach Initials _____

Items addressed during session:

1. _____ Reassess participant's medication regimen
 - Any changes since the last visit
 - If there are any changes to medications, give participant an updated *Personalized Medication Schedule* form.
 - Ask participant to describe in own words/demonstrate how they remember to take their medication.

Notes/Comments:

2. _____ Assess medication adherence over the previous two weeks and provide feedback
 - Obtain self-report of adherence from participant
 - Discuss progress in meeting weekly goal
 - Identify successes
 - **Provide reinforcement!**

Notes/Comments:

3. _____ Give Feedback about biological measures of health
 - Clarify any misconceptions
 - Explain significance of lab results
 - Make sure that participant understands the difference between viral load and CD4 count and the relationship between the two

Notes/Comments:

4. _____ Inquire about barriers to adherence and problem solve around problematic doses

- Discuss side effects and effect on adherence
- Address any problems or difficulties with taking or swallowing medication
- Work with participant to incorporate medication taking into daily routine
- Teach cueing strategies
- Provide timing devices
- Address social barriers to adherence and discuss how to build social support

Notes/Comments:

5. Discuss primary medical care and treatment

- Confirm name and location of primary care providers
- Discuss attendance at appointments with providers and problem-solve around attendance issues
- Encourage attendance at upcoming or future appointments
- Discuss follow-up with medical providers re: side effects
- Refer participant to counselor re: substance issues

Notes/Comments:

6. Discuss cumulative intervention progress

- Review the participant's progress throughout the intervention
- Ask the participant to evaluate his/her performance in meeting overall goal
- Get participant's feedback on his/her impressions of the intervention overall

Notes/Comments:

7. Review what was covered during the session

- _____ Discuss with participant what was covered during the session
- _____ Ask participant for feedback on what they will be focusing on in the future

Notes/Comments:

8. _____ Set and evaluate goal for next session
- _____ Set a goal for next session
 - _____ Discuss importance of the goal to the participant (1-10 scale)
 - _____ If not important, reevaluate goal
 - _____ Discuss participant's confidence in his/her ability to meet the goal (1-10 scale)

Notes/Comments:

9. _____ Other (please describe):

Additional Comments:

APPENDIX E
Medication Coach Competence Rating Scale – Initial Visit

Date of Session: _____
 Participant ID#: _____

Coach: _____
 Rater: _____

Did the Medication Coach:

• INTRODUCE THE INTERVENTION

- Describe the purpose of the intervention
- Describe the role of the medication coach
- Address confidentiality and its limits
- Described the dangers of developing resistance

1	2	3	4	5	0
Very Poorly	Poorly	Adequately	Well	Very Well	N/A

• IDENTIFY OVERALL GOALS

- Work with participant to identify overall personal goals
- Frame medication adherence to be consistent with goals

1	2	3	4	5	0
Very Poorly	Poorly	Adequately	Well	Very Well	N/A

• COORDINATE WITH MEDICAL CARE

- Inquire about medical providers' names and locations
- Discuss recent appointments, upcoming appointments
- Encourage attendance at primary care appointments
- Problem solve around attendance issues
- Refer to primary care re: acute medical complications

1	2	3	4	5	0
Very Poorly	Poorly	Adequately	Well	Very Well	N/A

• COLLABORATE WITH TREATMENT TEAM

- Refer patient to appropriate staff member
- Refer patient to counselor re: substance abuse issues

1	2	3	4	5	0
Very Poorly	Poorly	Adequately	Well	Very Well	N/A

• DESIGN INDIVIDUAL MEDICATION SCHEDULE

- Create a written daily schedule listing
- Review prescribed medication schedule, doses taken
- Review daily activities around medication taking
- Resolve confusions about medication regimen

1	2	3	4	5	0
Very Poorly	Poorly	Adequately	Well	Very Well	N/A

• BUILD MOTIVATION AND PROMOTE CONTINUED ADHERENCE

- Ask participant to teach back what he/she has learned
- Set goal for next session
- Evaluate importance of the goal
- Evaluate participant's confidence in ability to meet goal

1	2	3	4	5	0
Very Poorly	Poorly	Adequately	Well	Very Well	N/A

APPENDIX F

Medication Coach Competence Rating Scale – Follow-Up Visit

Date of Session: _____ Coach: _____

Participant ID#: _____ Rater: _____

Did the Medication Coach:

SECOND VISIT ONLY	• REVIEW INFO. FROM PREVIOUS VISIT	1	2	3	4	5	0
	- Review what was discussed in previous visit	Very Poorly	Poorly	Adequately	Well	Very Well	N/A
	- Have participant describe the dangers of resistance						

• ASSESS PARTICIPANT’S REGIMEN	1	2	3	4	5	0
- Address any changes to regimen	Very Poorly	Poorly	Adequately	Well	Very Well	N/A
- Address any confusions regarding regimen						
- Review the medications (dose, when, how, etc)						

• ASSESS ADHERENCE & PROVIDE FEEDBACK	1	2	3	4	5	0
- Collect self-report measures of adherence	Very Poorly	Poorly	Adequately	Well	Very Well	N/A
- Identify participant successes and provide reinforcement						
- Discuss progress in meeting weekly goal						

FOLLOW-UP VISITS ONLY	• PROVIDE FEEDBACK ON HEALTH OUTCOMES	1	2	3	4	5	0
	- Discuss results of biological measures	Very Poorly	Poorly	Adequately	Well	Very Well	N/A
	- Clarify any misconceptions or misunderstandings						

• ADDRESS BARRIERS TO ADHERENCE	1	2	3	4	5	0
- Identify adherence problem areas	Very Poorly	Poorly	Adequately	Well	Very Well	N/A
- Discuss side effects and effect on adherence						
- Address any pain or difficulty with swallowing pills						
- Work with participant to incorporate med. into daily routine						
- Teach cueing strategies						
- Provide timing devices						
- Work with participant to address social barriers to adherence and establish social support						

SECOND VISIT ONLY	• DISCUSS MEDICATION STORAGE/HANDLING	1	2	3	4	5	0
	- Review participant’s current storage habits	Very Poorly	Poorly	Adequately	Well	Very Well	N/A
	- Instruct participants on how to effectively store and handle medications						

• COORDINATE WITH MEDICAL CARE

- Discuss recent, upcoming appointments with providers
- Encourage attendance at primary care appointments
- Problem solve around attendance issues
- Refer to primary care re: acute medical complications
- Refer patient to appropriate staff member
- Refer patient to counselor re: substance abuse issues

1	2	3	4	5	0
Very Poorly	Poorly	Adequately	Well	Very Well	N/A

FOLLOW-UP VISITS ONLY	<p>• ASSESS OVERALL PROGRESS</p> <ul style="list-style-type: none"> - Review progress throughout intervention - Ask the participant to evaluate his/her progress in meeting overall goal 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>0</th> </tr> </thead> <tbody> <tr> <td>Very Poorly</td> <td>Poorly</td> <td>Adequately</td> <td>Well</td> <td>Very Well</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1	2	3	4	5	0	Very Poorly	Poorly	Adequately	Well	Very Well	N/A												
	1	2	3	4	5	0																				
	Very Poorly	Poorly	Adequately	Well	Very Well	N/A																				

• BUILD MOTIVATION AND PROMOTE CONTINUED ADHERENCE

- Discuss what was covered in the session
- Set goal for next session
- Evaluate importance of goal
- Evaluate participant's confidence in ability to meet goal

1	2	3	4	5	0
Very Poorly	Poorly	Adequately	Well	Very Well	N/A