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|  | **Activities** | **Time** |
| A. | Check-In and Adherence Goals | 5 minutes |
| B. | Adherence Strategies Menu | 5 minutes |
| C. | Wrap-Up | 5 minutes |
|  | Total | 15 minutes |

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|  | **Supplemental Materials** |
|  | Adherence Support Menu |
|  | Expectations Handout |
|  | Adherence Goals Worksheet |
|  | Confidence Ruler |
|  | Daily Planner Worksheet |

**ACTIVITY A: Check-in and Adherence Goals**

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| **STATE** | *Welcome back! I am glad you are here today. Today we will focus on learning more about adherence and re-visit your adherence goals and strategies. But first, I’d like to start by asking how your experience has been with the ring thus far?* |
| **DISCUSS** | Participant’s experience  Possible probes (don’t have to ask all of them):   * Was using the ring harder or easier than you expected? * Are you feeling more or less motivated to use the ring than last time? * Do you have more or less confidence in your ability to use the ring every day? * Do you have any concerns about continuing with the ring this month? |
| **REVIEW** | Adherence goals with participant from last session |
| **ASK** | *Last time, we introduced the concept of developing your adherence goals. Let’s looking at your adherence goal worksheet from our last visit. How did you do?*  *Which areas of adherence do you feel like you do the best?*  *Which areas do you feel like you are not so good at?* |
| **REVIEW** | Only review the areas where the participant has the most trouble. You don’t have to cover each area if it is already going well.  Potential goals and probes for identifying problems and finding solutions:   1. Getting to study visits    * What causes you to miss appointments? What causes you to be late to appointments?    * What will you do next time you miss an appointment? What will you do if you don’t have transportation? 2. Communicating with study team    * What causes you to not communicate with study team? (e.g., uncomfortable asking questions, visit feels rushed, etc.)    * How might you practice communication with them? (e.g., write down questions, role play asking them) 3. Keeping the ring in all the time    * When did you take the ring out? During sexual activity? During menses?    * What activities can you do to remember to re-insert the ring if you take it out? 4. Communicating with partners about the ring    * What was uncomfortable about communicating with your partner about the ring?    * How might you practice communication with him? (e.g., write down questions, role play asking them) |
| **REWORK** | Adherence goals if needed to address any barriers participant may have and make new goals as needed |
| **STATE** | *Sometimes, when people travel or have family/friends visiting, have a new boyfriend, or are on school holiday, their daily routine changes. Is there anything coming up in the next month that might interfere with your ability to keep the ring in your vagina every day?*  If participant reports changes, then ask:  *What might you do to continue using your ring daily even during these changes?* |
| **ALLOW** | Participant to respond and discuss |
| **STATE** | *Thank you for thinking about those potential events with me.* |

**ACTIVITY B: Adherence Strategies Menu**

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| **STATE** | *Use an HIV prevention product every day can be challenging. People may have problems using their ring consistently at some point. During any of our conversations, please feel comfortable telling me about times that you may have removed the ring; I am asking because I want to help make it easier for you to use it.*  *Let’s review the adherence strategies that you ordered from the “menu” during the last visit. How well did your adherence support strategies work for you since the last visit?* |
| **DISCUSS** | Pros and cons of adherence support choices from last time |
| **HANDOUT** | Adherence Menu |
| **STATE** | *Now let’s review the options and see if you’d like to make different choices this time.* |
| **DISCUSS** | Options on the menu. Answer questions the participant might have about each one.   * **Daily Text Message**   Once a day, we will send you an automated text message to help remind you to use your study product. You will choose from several message options.   * **Weekly Check-In**    + **Via Text Message –** once per week, you will receive an automated text message asking if you are OK. You will be expected to respond “OK” or “not OK”. If you don’t respond within 24 hours, a second message will be sent. If you respond “not OK”, a study team member will call you.   + **Via Phone Call –** once per week, you will receive a phone call from a study team member asking if you are OK. Based on your personal preference, they will leave a voice message or not. * **Peer Buddy**   We will connect you with another participant who is also interested in having an adherence buddy. We will help you and your “buddy” develop a plan to support each other’s adherence.   * **Adherence Support Groups**   + **In-person groups –** we will arrange support groups for participants who would like to meet regularly to discuss the study, the tablets or the ring, as well as other issues going on in their lives. A study team member will facilitate the group.   + **Online groups –** we will arrange secure, online support groups via apps, such as WhatsApp, on which participants can communicate with each other to discuss the study, the tablets or the ring, as well as other issues going on in their lives. A study team member will facilitate the online group. * **Additional Counseling Visits**   We will provide you with additional in-person counseling visits to discuss adherence in between regularly scheduled study visits.   * **Something Else**   Can you think of another way that we can support you to use the study drugs as prescribed? Please let us know. |
| **ASK** | *Which strategies would you like to use for the next month? You can keep the same options, add new strategies, and delete old ones.* |
| **ALLOW** | Time for discussion |

**ACTIVITY C: Wrap-Up**

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| **STATE** | *We are coming to the end of today’s session. Before we end, what else about the ring or your participation in the study would you like to discuss today?* |
| **ALLOW** | Time for participant to ask questions and discuss concerns |
| **STATE** | |  | | --- | | *Thank you so much making the time to come to your appointment and for meeting with me today to discuss the ring and HIV prevention. I look forward to seeing you again.* | |
| **REVIEW** | Next scheduled appointment time |