Based on

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment

As Included in NREPP

SAMHSA's National Registry of Evidence-based Programs and Practices
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Approaches to HIV/AIDS Education in Drug Treatment

An easy-to-follow manual designed to assist counselors in leading educational groups on HIV/AIDS

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(November 1994)

TCU Mapping-Enhanced Counseling manuals provide evidence-based guides for adaptive treatment services (included in National Registry of Evidence-based Programs and Practices, NREPP, 2008). They are derived from cognitive-behavioral models designed particularly for counselors and group facilitators working in substance abuse treatment programs. Although best suited for group work, the concepts and exercises can be directly adapted to individual settings.

When accompanied by user-friendly information about client assessments that measure risks, needs, and progress over time, *TCU Mapping-Enhanced Counseling* manuals represent focused, time-limited strategies for engaging clients in discussions and activities on important recovery topics. These materials and related scientific reports are available as Adobe PDF® files for free download at http://www.ibr.tcu.edu.

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a TCU/DATAR Training Module

Approaches to HIV/AIDS Education in Drug Treatment

Institute of Behavioral Research
Texas Christian University

Approaches to HIV/AIDS Education in Drug Treatment

a training manual
from the TCU/DATAR project

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This manual is an expansion of the original manual, *TCU/DATAR Project: AIDS/HIV Module*, produced by DATAR in February, 1992.

Expanded Version: November, 1994

Table of Contents

Acknowledgments

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Preface

The Texas Christian University/Drug Abuse Treatment for AIDS-Risk Reduction (TCU/DATAR) Project is concerned with enhancing drug abuse treatment and client retention in order to help reduce client relapse rates and HIV/AIDS-risky behaviors. Research for the DATAR project was conducted by the Institute of Behavioral Research (IBR) at Texas Christian University, in collaboration with three community-based methadone treatment programs in Texas (located in Corpus Christi, Dallas, and Houston).

A variety of psychoeducational interventions were developed to help increase client retention and involvement in the therapeutic programs of the study sites. These interventions use curriculum-based modules to assist counselors in leading group sessions that are both enjoyable and meaningful to clients. The treatment modules address such topics as relapse prevention, assertiveness training for women, and social support and life skills enhancement. A contingency management protocol also was implemented and evaluated.

In addition, an HIV/AIDS prevention module was developed and shown to be effective in helping clients change risky behaviors, especially when offered during the first three months of treatment. The present manual, ***Approaches to HIV/AIDS Education in Drug Treatment***, is an updated expansion of the original module, designed to reflect changes and new information in the field. Some handouts and activities used in the HIV/AIDS module incorporate node-link mapping, a visual representation system for helping clients improve personal problem-solving and decision making skills. Preliminary investigation indicates that node-link mapping has a positive impact on clients' focus and retention of information. A brief article describing node-link mapping techniques is included in the manual.

Throughout the last decade, the epidemic of HIV infection and AIDS among injection drug users has placed a unique burden on chemical dependency programs. Of the approximately 340,000 cases of AIDS reported in the U.S. in 1993, an estimated 33% were related in some way to injection drug use (Centers for Disease Control, 1994). Substance abuse treatment staff increasingly are required to provide HIV education and testing along with addiction counseling and case management. This manual was developed as a resource tool for counselors and other staff who work with drug using populations. Its goal is to present workable approaches for educating clients about HIV/AIDS and helping them develop the skills needed for effective, consistent reduction of HIV-risky behaviors.

Introduction

Approaches to HIV/AIDS Education in Drug Treatment is a training manual for counselors and treatment staff to use with clients in addressing HIV prevention as part of chemical dependency treatment. The manual presents a core curriculum for psychoeducational groups covering the basics of HIV transmission and prevention, including safer sex and injection practices, HIV testing, and personal risk-reduction. The manual also provides ideas for additional education sessions on HIV/AIDS that may be used to facilitate continued discussions about personal risk reduction as part of treatment. A list of educational resources and a series of short articles on HIV-related issues are included to help counselors prepare for groups.

It is hoped that the ***Approaches to HIV/AIDS Education in Drug Treatment*** manual will help treatment providers become more effective in the vital job of educating clients and encouraging them to adopt HIV risk-reduction behaviors. For those new to providing HIV/AIDS education in treatment settings, the manual should help increase confidence in addressing the topic. For those who have been doing it awhile, the manual offers some new "tricks" to help alleviate the boredom and burnout that may result from the frequent repetition of the same information.

The **Core Curriculum** is an AIDS 101 educational intervention consisting of four weekly 90-minute sessions designed to be presented sequentially. It is best suited to small groups (6–8 participants), so that there is ample time for discussion. The material may be used with co-ed groups drawn from a program's general clientele; however, it is also suitable for gender-specific groups for women or men. It is also appropriate for groups made up of sex partners of injection drug users. The curriculum is written in an easy-to-follow format and provides group leaders with instructions, scripted lessons, and discussion questions for each session. The following topics are addressed:

Session 1

Introductions and group building
What is HIV infection? What is AIDS?
Transmission issues
Exploring risk

Session 2 Risk-reduction for HIV
Safer injection tips/bleach demonstration
Safer sex tips/condom demonstration

Session 3 Personal rights and health protection
Assertiveness skills for HIV risk reduction
Risk situations role play

Session 4 The Immune System
Testing for HIV: What does the test tell you?
Testing choices (confidential vs. anonymous)
Action plan for risk reduction

The curriculum uses an interactive approach with activities, role plays, case studies, and group exercises that encourage participation and information sharing. Specially designed visual aids to education, called node-link maps, are used in some sessions as handouts or exercises. (A brief article describing node-link mapping appears in the Resources Section). A pre-and posttest instrument to measure changes in HIV/AIDS knowledge is provided at the end of the curriculum. In addition, each session features a short evaluation designed to provide feedback to the group leader.

The section called **Additional Ideas** provides examples of other types of group activities and HIV/AIDS education sessions for clients. Group leaders may use these mini-lessons to augment the core curriculum, as substitutes for core sessions already addressed, or as periodic follow-up sessions to promote continued awareness of HIV-issues and reinforce clients' commitment to personal risk-reduction.

The **Resources** section features a guide to providers of HIV/AIDS educational materials, including videos, pamphlets, safer sex demonstration materials, and additional HIV/AIDS curricula. A series of brief articles is included on topics such as leading role plays, dealing with clients who are HIV positive, CDC guidelines for disinfecting with bleach, encouraging HIV testing, and dealing with sexual pressure. These articles provide informative background reading and may help prepare staff to answer clients' questions during the groups. Many of the articles are suitable for use as handouts for clients who request more information.

Chemical dependency professionals play a key role in the fight against HIV disease. The challenge of helping people change their HIV-risky behaviors will remain an integral part of drug treatment in the years ahead. We hope this manual is a useful tool for helping treatment staff meet this challenge.

HIV/AIDS Update

Session Length: 90 minutes

Objectives

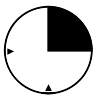
Participants will:

- Understand the difference between HIV infection and AIDS.
- Identify the ways by which HIV infection is spread.
- Explore personal perceptions of risk.

Rationale

Because this is the first session, time is allotted for introductions and reviewing "group rules" (confidentiality, etc.) to enhance participants' comfort. The session reviews the definitions of HIV/AIDS, how HIV infection progresses, and how HIV is transmitted. Although there is evidence that injection drug users know more about HIV/AIDS today than they did several years ago, there remain those who still need to have the basic information repeated or clarified. In addition, all clients benefit from a periodic update of information from a rapidly changing field.

Session Outline



	Procedure Steps	Time
1	Welcome/*Client Survey*	15 minutes
2	Overview/Group Guidelines	10 minutes
3	Group Introductions	15 minutes
4	Break	10 minutes
5	HIV/AIDS Update	15 minutes
6	Risk Game	15 minutes
7	Closure & Evaluation	10 minutes

Materials

Flip chart, newsprint, or erasable board

Markers or chalk

Overhead projector (optional)

Paper/pencils for participants

Pocket folders — one for each participant

Snack-size sandwich bags or other disposable containers (2 per participant)

Small candies or jelly beans of 2 colors or types (10 of each color/type per participant)

Preparation Notes

Group Guidelines

Use a sheet of flip chart paper to write out guidelines for the group.

The following are fairly generic, and apply to most types of groups. Or use your program's standard rules for group activities, if you prefer.

What's said here, stays here. We'll all benefit from respecting each other's confidentiality.

Participate — be involved in the discussions. Your ideas count!

Show respect for each other's opinions. Listen first, even when you don't agree, then respond.

Don't come to group under the influence of drugs or alcohol.

Information Maps

Four information maps are used in this session.

(See pages 22-25, at the end of this chapter).

They are used to help focus attention on key information during the HIV/AIDS Update discussion.

Use these maps as handouts for participants.

Using Information Maps to guide discussions:

It's recommended that group leaders use diagrams of the information maps as visual aids during the presentation of the material. These diagrams may be prepared *before group* (on flip chart paper, an erasable board, or as overhead transparencies). These prepared maps are then used to direct participants' attention to **key points** (written out in boxes called "nodes") and their **relationships** to each (written as lines called "links"). The links connect the nodes and are labeled to specify the relationship. A legend on each map describes the link relationships. This kind of map is called a *node-link* information map.

For example, you might point out to the group that in the ***HIV Information Map*** (see p. 22), the **H** *represents* (shown as a line labeled with the letter R) the word **H**uman in the acronym **HIV**. **H**uman (in the case of HIV) has as a *characteristic* (line labeled with the letter C) that it is a *human* infection, in that it is not common to or spread by any other species. Nodes and links are thus discussed in this manner. You'll want to encourage questions and keep the group involved as you work through the key points in each map.

Some group leaders may prefer to write out or draw the maps *during the group presentation*. In this case, the boxes with key points and the relationship lines should be drawn and presented "freehand" as the discussion unfolds during the session.

For example, in covering the ***HIV Information Map*** material, you may begin by writing out the letters **H -I -V** inside small boxes (the "nodes") and drawing a labeled line (a "link") down from each letter to an open box. Then ask participants if they know what each letter in **HIV** stands for, and fill in the boxes, correcting information as needed. Next, a labeled line and an end box would be drawn from the boxes now containing the words **human, immuno-deficiency, and virus**. Participants might then be asked what each of those words means in connection to HIV, and the correct information added.

Information Maps, continued

The discussion is then summarized (*HIV is a virus that invades and destroys the cells of the human immune system)* and questions are encouraged.

Maps prepared *before group* and used as discussion guides offer a more didactic and controlled type of discussion. Creating the maps *during group* leads to a more interactive atmosphere, as clients may be encouraged to offer suggestions and help build the map as the discussion unfolds. The group leader's style and the needs of the participants should dictate which approach is used. Some leaders may find it useful to experiment with both approaches.

The article on node-link mapping in the **Resources Section** provides a more in-depth discussion of its uses as a counseling and learning tool.

Exercises and Activities

For the ***Risk Game*** activity, each participant will need 2 containers, each containing 10 pieces of candy of a different color. For example, one container with 10 red pieces and one with 10 blue pieces.

Snack-sized sandwich bags are an inexpensive option to serve as containers. Jelly beans are good bets for the candy. Life-saver Holes® or TIC TAC® Mints will also work. The main point is that, with your eyes closed, you should not be able to tell one color from the other by feel alone.

Make Copies

HIV *Information map* (p. 22)

AIDS *Information map* (p. 23)

HIV TIMELINE *Information map* (p. 24)

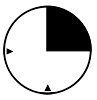
BODY FLUIDS *Information map* (p. 25)

Client Survey (pretest; pp. 185-187)

Session One Evaluation (pp. 26-27)

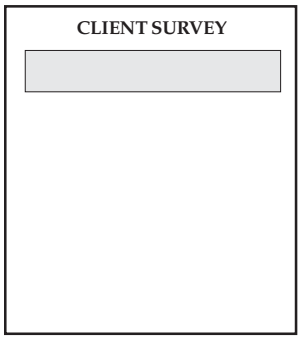
Procedure

Step 1 Welcome/Client Survey



- **Welcome participants as they arrive.**

- **Ask each person to fill out a *Client Survey*.**



Client Survey appears on pp. 185-187.

Encourage them to complete all items to the best of their knowledge. (If evaluation of the intervention isn't needed for your program, skip this step.)

Collect the pretest forms as participants complete them. When everyone is finished, welcome them again to the workshop. Introduce yourself, and go over any "housekeeping" items that need attention (smoking rules, restroom locations, etc.). If your program is able to provide transportation assistance or child care during the workshop, go over the details.

- **Distribute pocket folders.**

Ask participants to use the folders to store handouts, and suggest they bring them to group meetings.

Step 2 Overview of Workshop/Group Guidelines

- **Discuss the purpose of the HIV/AIDS workshops and provide a brief synopsis of each session so participants know what to expect. Include the following key points**:

  - **The purpose of the HIV/AIDS group is to help you be informed so you can protect your health.**

This group will meet four times, for about an hour and a half each time. We'll take a short break about halfway through each session to give you a chance to stretch.

Step 2, continued

If you get nothing else from these groups, we hope you'll get this: You have the right to protect yourself from HIV infection.

This workshop will help you develop the attitudes and skills needed for a personal action plan for HIV risk reduction.

Today's session will give you what we're calling an HIV/AIDS Update — the latest information and a chance to ask questions.

Next week we'll talk about risk-reduction techniques, such as cleaning your works and safer sex. The third session will take a deeper look at this idea of your *right* to protect your health, and we'll practice how to deal with high risk situations. And the last session will give you the low-down on the so-called AIDS test, including how the test works.

If you're expecting a lot of lectures and boring statistics, you'll be disappointed. What we're looking to do is learn the facts, and talk about what all this HIV/AIDS business means in your real life situation.

We hope you'll consider becoming an "informal" educator in your social circle.

Take what you learn here and share it with your family, friends, even your casual associates. The more of us out there who are willing to correct bad information when we hear it, the better chance we have of reducing HIV/AIDS in our community.

■ Review the *Group Guidelines.*

Use the prepared flip chart list of guidelines, or list each guideline as it's discussed. The key point is to help establish the groundwork for a group setting that is safe, private, and conducive to discussing whatever personal issues participants are willing to share.

Step 3 Group Introductions

■ **Begin the group introductions.**

Introduce the topic by noting that the HIV/AIDS "epidemic" was first reported in this country in 1981. Since then, we've all learned a lot about the strange and scary disease.

■ **Go around the room and ask each person to introduce himself or herself.**

Ask participants to give their name or nickname, and to tell a little bit about themselves (i.e., how long in the program, marital status, number of children — that sort of thing.)

Before moving on, ask each person the following questions:

When (how long ago) did you *first learn* that AIDS could be spread by sharing needles or by sex? What was your reaction at the time?

In what ways has your reaction to AIDS risks changed in the last few years?

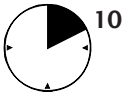
■ **Thank participants for their responses.**

(Or otherwise acknowledge in a positive way their willingness to share their thoughts and feelings.)

■ **Conclude by telling a bit of information about yourself.**

Share when you first learned about AIDS transmission and your reactions, both then and now. Let the group know that after the break, the rest of the group session will focus on discussing the latest HIV/AIDS information.

Step 4 Break



Allow about a 10-minute break.

Step 5 HIV/AIDS Update

This segment focuses on providing basic information about HIV/AIDS by defining terms, discussing known routes of transmission, and describing the progression of HIV disease and AIDS, from the moment of infection to the onset of serious illness and possible death.

■ **Begin with a brief introductory discussion including some of these key points:**

- **It's fair to say that HIV infection and AIDS are like no other diseases we have ever had to deal with as human beings.**

  They are very complex. That's why it's so important for people to have correct information about them.

- **To date, there have been about 400,000 AIDS cases in the United States, with over a million cases reported worldwide.**

  It's estimated that 12 million people worldwide carry the virus that causes AIDS. In the U.S., 1 out of every 3 cases is linked to injection drug use, either injection use itself, or being the sex partner of someone who injects (based on 1993-94 figures).

Note:

Update statistics as new data become available. Include statistics from your locality or community to help "bring the message home." The National AIDS Hotline at 1-800-342-AIDS is a good source for updated statistics.

Step 5, continued

There's no cure for AIDS.

For the time being we've got all our chips riding on prevention and education. The good news is that HIV/AIDS can be prevented. That's part of what we'll be talking about today.

Stop and ask participants:

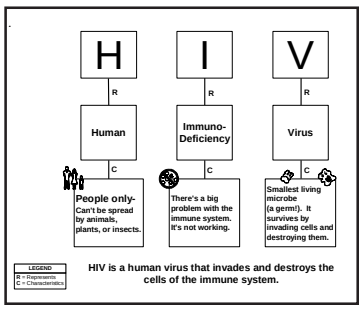
Do you know anyone who has HIV infection or AIDS? (Or do you *know of* anyone who has HIV/AIDS?)

What feelings do you have when you think about AIDS?

■ Encourage a brief discussion.

Validate participants' concerns and feelings. Transition to the next discussion by suggesting that we're all living in a time when accurate information about HIV is vitally important.

■ Introduce the *HIV Information Map*.



Full size map shown on page 22.

Use it to briefly review the definition of HIV. Follow one of the approaches for using maps as visual aids suggested in the *Preparation Notes* of this session. **Include the following key points in the discussion:**

HIV is the name given to the virus that infects people and then goes on to cause AIDS.

The H stands for HUMAN.

This refers to the fact that people (human beings) can get it and pass it on. It is not common to or spread by any other species. That is to say, it's not spread by dogs, cats, parrots, mosquitoes, ticks, horses, or rose bushes. It's spread by people.

Step 5, continued

The I stands for IMMUNODEFICIENCY.

This is a big word that means there's a problem with the immune system. Our immune system is made up of special cells that help protect us from disease. When it doesn't work right (when it's deficient), we lose protection against disease and illness.

The V stand for VIRUS.

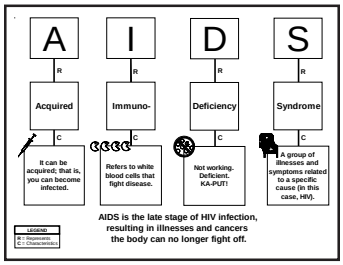
A virus is the smallest microbe that can infect human beings. (A microbe is something like a "germ" — it can only be seen with a really strong microscope.) A virus can't live on its own. It invades human cells in order to survive.

HIV survives by invading certain white blood cells in the body's immune system (called CD4 cells or T-cells).

It gets into these cells through blood contact and/or contact with sex fluids (semen and vaginal fluids). A pregnant woman with HIV may pass it to her unborn child during pregnancy or childbirth, or through breast milk if she breast-feeds. Once a person has HIV, he or she can infect others with his/her blood or sex fluids, even if he/she has no symptoms.

HIV is a virus that invades and destroys important cells in the human immune system.

Introduce the *AIDS Information Map*.



Full size map shown on page 23.

Use the *AIDS Information Map* as a visual aid to briefly review the definition of AIDS. **Include the following key points**:

AIDS is the final stage of HIV infection.

People are said to have AIDS when their immune system has become severely damaged and they are experiencing one or more of the serious illnesses which define AIDS.

Step 5, continued

- **The A stands for ACQUIRED.**

  This means you can acquire it from an infected person; that is, you can become infected yourself.

- **The I stands for IMMUNE.**

  Again, this is the body's immune system. It's made up of different types of white blood cells that help fight disease.

- **The D stands for DEFICIENCY.**

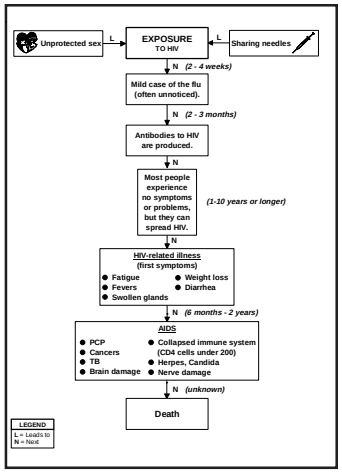
  Again, like the definition of HIV, deficiency means it's not working. It lacks the ability to function correctly.

- **The S stands for SYNDROME.**

  This is a medical term used by doctors to describe certain symptoms or health problems that are related to a specific disease.

- **Most people who have AIDS probably carried HIV for many years before becoming ill.**

  AIDS is defined medically as having HIV, plus one or more serious health problems such as certain types of pneumonia, cancers, infections, or forms of TB. Also, a person may be diagnosed as having AIDS when the virus has destroyed a large number of their immune system cells called CD4 cells or T cells. If a special lab test shows the person has a "count" of fewer that 200 CD4 cells, then the person is said to have AIDS.



Full size map shown on page 24.

■ Introduce the *HIV TIMELINE Information Map*.

Use it to review the progress of HIV infection from exposure to AIDS. **Include these key points**:

- **Let's take a quick look at how most people become infected with HIV, and how things progress for them afterwards.** For adults and teenagers today, the primary way they are

Step 5, continued

exposed to HIV is through sharing injection "works" (such as needles, syringes, cookers, or cottons) with someone who has the virus, and/or through unprotected sex with someone who has the virus. In this instance, the term "sex" includes man/woman sex with the penis inside the vagina (usually referred to as *vaginal sex*); sex where the penis is put inside the rectum/anus (referred to as *anal/rectal sex*); and *oral sex*, when either the man's penis or the woman's vagina is stimulated by the mouth or tongue of his/her sex partner (sometimes called "going down", "head," or "blow job").

About 2-4 weeks after exposure some people experience very mild, flu-like symptoms.

They may feel a little run down, have a low fever, and feel fatigued. For most, it's so mild they hardly notice it. What's happening is the immune system is reacting to the invasion of the virus.

After about 3 months, the immune system will produce something called antibodies in its attempt to fight off the virus.

Unfortunately, HIV is so powerful the antibodies don't help. However, these antibodies can be detected by a blood test, called the HIV Antibody Test. This test is used to help people know whether or not they have been infected with HIV. We'll talk more about the HIV test in Session Four of this workshop.

After the person is infected, it may take up to 10 years before he/she becomes seriously ill.

It all depends on how healthy the person was to start with and how well they take care of themselves after exposure. Drug and alcohol abuse combined with years of neglecting one's overall health may shorten this time. **Even though the infected person feels fine, he or she can still spread the virus through unprotected sex or by sharing needles/works.**
At some point, the infected person can expect to experience symptoms.

These early symptoms include fevers, night sweats, weight loss, fatigue, swollen glands, loss of appetite, and diarrhea.

Step 5, continued

These symptoms used to be called ARC (AIDS Related Complex), but today they are referred to as *HIV-related illnesses*. This is the point at which most people finally see a doctor.

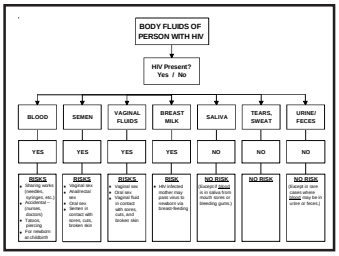
Anywhere from 6 months to 2 years after the first symptoms of HIV-related illnesses, most people will be diagnosed with AIDS, which is the late stage of HIV illness.

By then, they may have developed cancers such as Kaposi's Sarcoma (women may develop cervical cancer), lung infections such as Pneumocystis Carinii Pneumonia (PCP), brain disorders such as AIDS dementia, "wasting syndrome," (severe diarrhea and loss of appetite), TB, or uncontrollable outbreaks of herpes or candida infection. They may also show evidence of a severely destroyed immune system with a CD4 cell count under 200. Many types of effective treatment are available for the different cancers and infections caused by HIV, but there is no cure for AIDS itself.

The time from onset of "full-blown" AIDS to death can't be known.

Most people with AIDS eventually die from the disease. However, a few people have had HIV for many years without going on to develop AIDS. It's very important for people who think they may have been exposed to HIV to have an HIV test. The sooner they know if they have HIV, the sooner they can begin following a health and treatment plan that may help prolong their lives.

■ Introduce the *BODY FLUIDS Information Map.*



Full size map shown on page 25.

Use it to review the ways by which HIV may be transmitted. **Include the following key points**:

HIV invades and takes over some of the cells of the immune system.

This results in the virus being present in some of the body's fluids. HIV can be spread from one person to another through contact with infected body fluids. However, not *all* body

Step 5, continued

fluids are a problem. Let's separate the "risky" ones from the "not risky" ones.

The <u>blood</u> of an infected person will have the highest concentration HIV.

If their blood gets into your bloodstream, you may become infected with HIV, too. Even a tiny amount can lead to infection.

Ask participants to help you list the ways HIV may be spread by infected blood.

Clarify any misinformation. Cover the following:

- Sharing injection equipment, cookers, cotton
- Piercing, tattoos, "blood brother/sister" rituals
- Accidental cuts or sticks (for example, doctors, nurses, EMTs)
- Transfusions (clarify that HIV risk is very low nowadays)
- Hemophilia treatment (risk also very low nowadays)
- Exposure to blood during childbirth may infect a newborn infant

Stress that the primary blood-to-blood transmission risk today is shared drug injection equipment.

The second most common is blood exposure to newborn infants during childbirth when the mother is infected with HIV.

An infected mother has about a 30% chance of passing HIV to her unborn child, either during pregnancy or during childbirth.

The <u>semen</u> (cum) and <u>vaginal fluids</u> (juices) of HIV infected people also contain high concentrations of the virus.

Step 5, continued

If these fluids come in contact with cuts, sores, or irritated skin, HIV can be transmitted. Also, if these fluids come in contact with *membrane* tissues, the virus can enter the immune system. A membrane is a special type of soft, moist, delicate skin, like the inside of the mouth, the inside of the vagina, the rectum, and the opening at the tip of the penis.

Ask participants to help you list the ways HIV may be spread through infected semen or vaginal fluids.

Clarify misinformation. Cover the following:

- **Vaginal sex (penis in vagina).** HIV in semen can penetrate the membranes that line the vagina. HIV in vaginal fluids can penetrate the thin, delicate skin of the penis and urinary opening at the tip of the penis.

- **Anal sex (penis in rectum).** HIV in semen can penetrate the membranes that line the rectum. Small cuts or tears may allow HIV in semen to pass directly into the bloodstream.

- **Oral sex (mouth on penis or vagina).** HIV in semen or vaginal fluids can penetrate the mouth's membranes. Small cuts or sores in the mouth allow HIV in semen or vaginal fluid to pass directly into the bloodstream. **If the person performing oral sex has mouth sores, bleeding gums, or crack pipe burns, then there may be blood in his/her mouth. If they have HIV, they could spread it via blood while performing oral sex.**

- The **breast milk** of an infected mother may expose her infant to HIV. Women with HIV infection or AIDS who give birth are advised to not breast-feed their infants.

- The **saliva** (spit) of an infected person does not have enough HIV to worry about. HIV cannot be spread through contact with saliva. However, if there is blood mixed with the saliva, then there's a potential problem. In this case, the transmission risk is from the blood, not the saliva. Blood may be in saliva from gum disease, mouth sores or cuts, crack pipe burns, etc.

Step 5, continued

- ❖ The **tears, sweat, urine, or feces** of an infected person do not contain enough HIV to worry about. Therefore, HIV cannot be spread through contact with these body fluids. In rare cases, blood may be present in urine or feces, creating a risk.

■ **Summarize the discussion by reviewing the ways HIV can and cannot be transmitted. Include the following key points:**

HIV <u>can</u> be transmitted by an infected person.

It can be spread via blood contact (especially shared drug injection equipment), and by contact with sex fluids during vaginal, anal, and oral sex. The breast milk of an infected mother may also expose her infant if she breast-feeds.

HIV <u>cannot</u> be transmitted by saliva, tears, sweat, urine, or feces.

It cannot be spread by touching, hugging, eating utensils, toilet seats, swimming pools, food, clothing, sneezing, or coughing. It is caused by a <u>human</u> virus, so it can't be spread by dogs, cats, monkeys, or other animals. Neither can it be spread by mosquitoes, ticks, or fleas.

You <u>cannot</u> catch HIV by donating blood.

However, if you have reason to suspect that you may have been exposed to HIV, don't donate blood. Do **not** donate blood just to see if you have HIV. If you want an HIV test, go to the health department or other HIV testing site.

HIV <u>can</u> be prevented.

You can help reduce your chances of getting HIV by using latex condoms every time you have sex (vaginal, oral, or anal sex) and by never sharing works (needles, syringes, cottons, etc.).

■ **Encourage participants to ask questions before moving on:**

What have I failed to cover that you still have a question about?

Step 6 Risk Game

■  **Conduct a warm-up for the *Risk Game* activity.**

Point out that it's impossible to discuss HIV/AIDS without also discussing the issue of *risk*.

As a warm-up for the activity, read the following brief "cases" to participants, and ask them to tell you the level of risk for the characters involved, based *only* on the information contained in the "case." (Discourage speculations about "if".)

Participants may introduce what they already know about risk reduction into the scenarios; for example, by noting that if a character uses bleach to clean borrowed works then he or she reduces the level of risk. Acknowledge and praise these risk-reduction suggestions, but ask participants to base their *assessments* of possible risk only on the "facts" that are presented in the case studies only. The *unknown* is a key factor in assessing one's risk for HIV and this is the main point you'll be trying to stress.

Case # 1

John and Mary have been married for 20 years and are sexually faithful to each other. John is a "weekend warrior" — he shoots a few speedballs with his buddies on the weekends and smokes a little dope. Since he doesn't use that often, he doesn't have any equipment, so he always borrows someone else's.

Step 6, continued

Write "Case # 1" on flip chart paper or an erasable board. List participants' answers under it.

Ask participants to answer the following questions:

Who's at risk for possible HIV infection in this case?

On a scale of 1 to 10, how big is each person's risk?

Case # 2

JoAnn shoots about 3 times a day and smokes crack, too. She avoids sharing her works most of the time, but not always. JoAnn often pays for drugs with sex. She prefers to give oral sex, but never asks men to use a condom. Many of the men who give her drugs for sex are heavy crack users.

List participants' answers to the following questions under "Case #2" on flip chart:

Who's at risk for possible HIV infection in this case?

On a scale of 1 to 10, how big is each person's risk?

Conclude with the following questions:

How did you make your judgments of HIV risk for these characters?

What would have made it easier for you to judge the risks?

We talked about these people's risks on a 1 to 10 scale. What could each person do to *reduce* their risk by 3 points on this scale?

Praise and reinforce risk-reduction suggestions. Then tell participants you'd like for them to take part in an exercise.

Step 6, continued

Introduce the *Risk Game* activity.

Show participants 2 containers of identically shaped candies of 2 different colors. Explain that there are 10 candies in each container. Read over the following script to get an idea of how to lead this activity.

Script

The **red** candies in this container are just that — candies. The **blue** candies in this container, however, are a lethal poison. The poison doesn't kill you instantly, but rather causes a slow and terribly painful illness that can go on for years before it actually kills you. The suffering, loss of ability, and pain are indescribable. There is no antidote. Got it?

Now, if I offered you a **red** candy from this bag, would you worry very much about eating it?

Okay, how about if I took one **red** candy from this bag and replaced it with a **blue** one? (*Demonstrate this step.*) Now I have 9 "safe" candies in the bag, and one "dangerous" one. How many of you would be willing to close your eyes, reach into the bag, select a candy, then pop it into your mouth and eat it without looking?

Stop here and process participants' thoughts and feelings about risk-taking.

Continue with the script.

Okay, let's say I replaced 2 "safe" candies with 2 "dangerous" ones. (*Demonstrate it*.) Now how many would be willing to reach in, take one, and swallow without looking?

Again, stop and discuss people's thoughts and feelings.

Continue the pattern of replacing "safe" for "dangerous" candies until the mix/ratio is such that participants are no longer willing to take the risk.

Step 6, continued

Process the activity with the following questions:

What kind of feelings did you experience during this exercise?

What did you learn about yourself and your willingness to take risks?

What was the deciding factor for you to stop taking a risk?

Remember that one-third of all AIDS cases are related to injection habits and most of the rest are related to sex.

What have you realized about HIV/AIDS risks from this exercise?

■ Provide closure for the exercise. Include the following key points:

The purpose of this exercise is to help you get in touch with how each person judges risk.

We all are different in terms of how much risk we are willing to take. Luck is not an issue. To avoid HIV risks, we must avoid placing ourselves (or others) in risky situations.

The unknown is a big factor when it comes to HIV risk.

Sharing needles/works or having unprotected sex is very much like reaching into the candy bag with our eyes closed. We don't know if we're going to get a red candy or a blue one. If we don't know another person's HIV status or habits *for certain*, then there's an HIV risk if we have sex or share needles with that person.

Next week, we'll talk about how we can take action against HIV through personal risk reduction.

HIV is preventable, and it is possible to live your life so that you are not in danger of getting or passing on the infection.

Step 7 Closure/Evaluation

10

■ **Tell participants that you'd like them to take part in a "homework" type experiment before the next session.**
Give each person a set of candy bags (one bag of "safe" candy and one bag of "dangerous" candy.)

Ask participants to use their candy bags to demonstrate the *Risk Game* to one or two of their friends or family members during the coming week.

Give the following suggestions:

- **Explain the "risk game" to your friend or family member just the way we did it in group today.** See if you can predict who will take the biggest risk and who won't.
- **Observe how your friends react to the game.** Notice how much risk different folks are willing or not willing to take. If they seem interested, tell your friends or family members a little about how this game applies to HIV risk (or other health risks that people take). Observe their reactions. We'll talk about the results of the experiment during our next session.

■ **Thank participants for sharing their ideas and contributing to today's discussion. Invite everyone to return again next week.**

■ **Write 1-800-342-AIDS and 1-800-344-SIDA (Spanish) on flip chart paper or erasable board.**

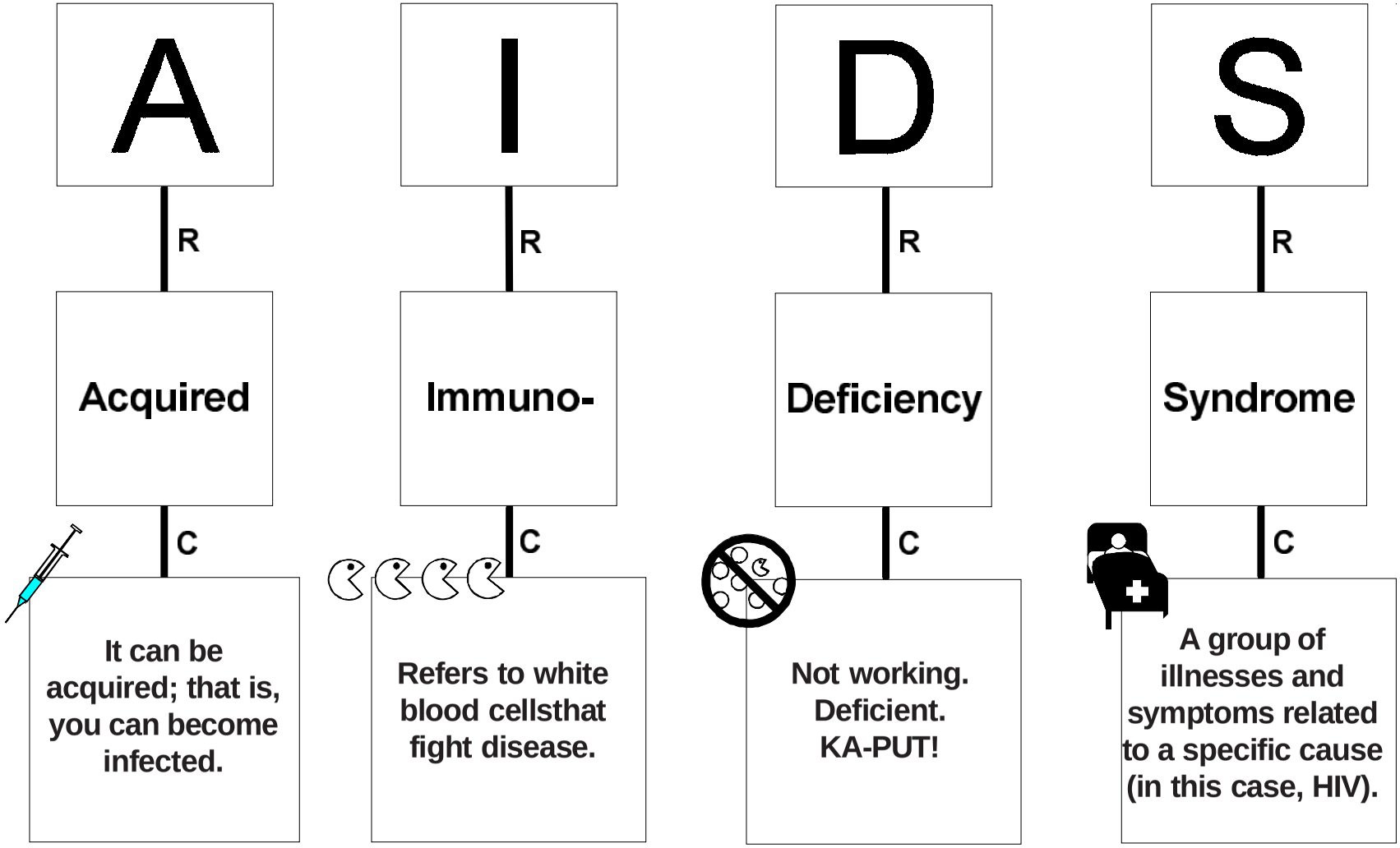
Remind participants they can get free, one-on-one answers to any questions they may have about HIV/AIDS by calling these numbers.

SESSION EVALUATION
SESSION 1

Session Evaluation appears on pp. 27-28.

■ **Ask each person to complete a session evaluation form before leaving.**

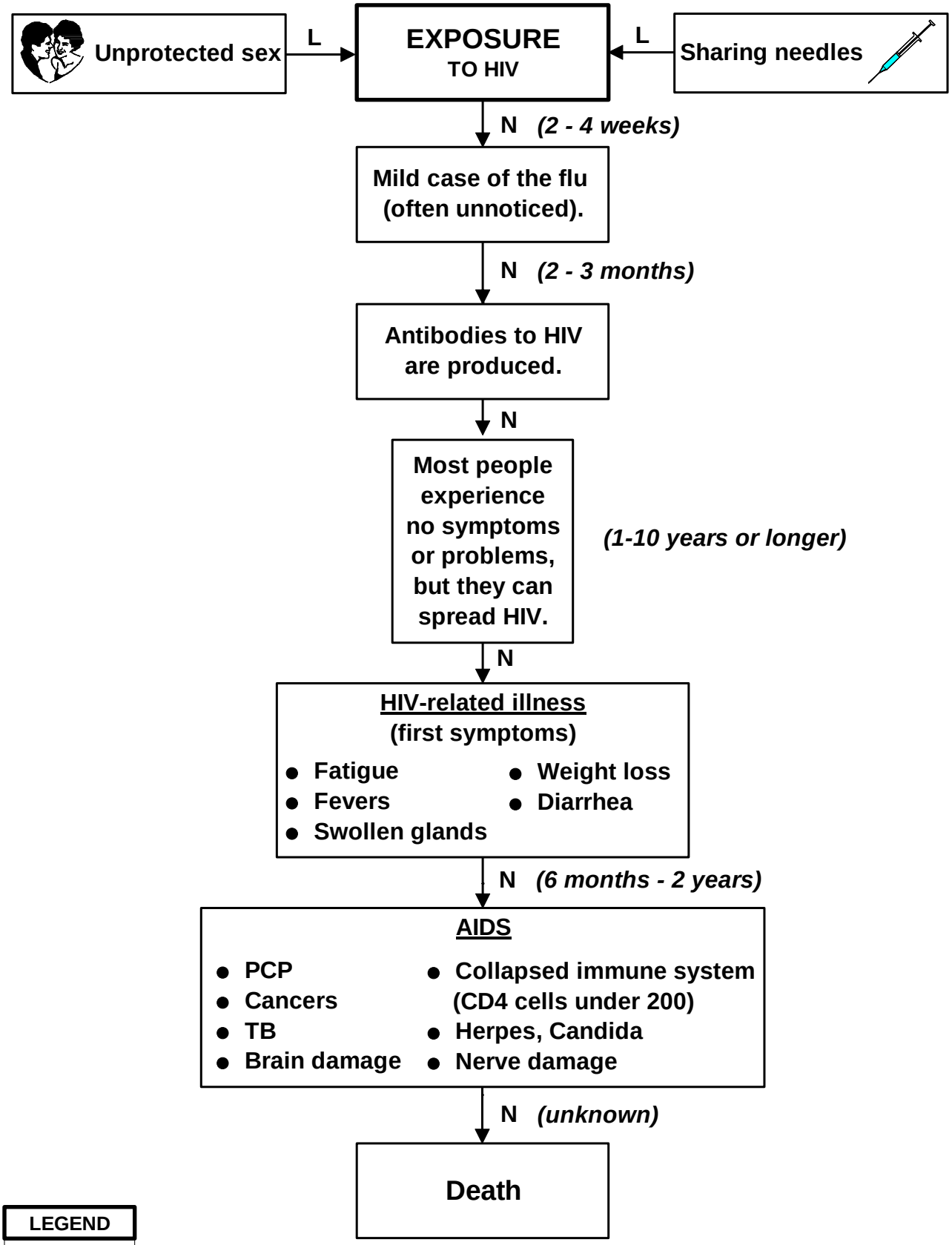
H
R
Human
C
People only-
Can't be spread
by animals,
plants, or insects.
I
R
Immuno-
Deficiency
C
There's a big
problem with the
immune system.
It's not working.
V
R
Virus
C
Smallest living
microbe (a germ!).
It survives by
invading cells and
destroying them.
HIV is a human virus that invades and destroys the cells of the immune system.
LEGEND
R = Represents
C = Characteristics

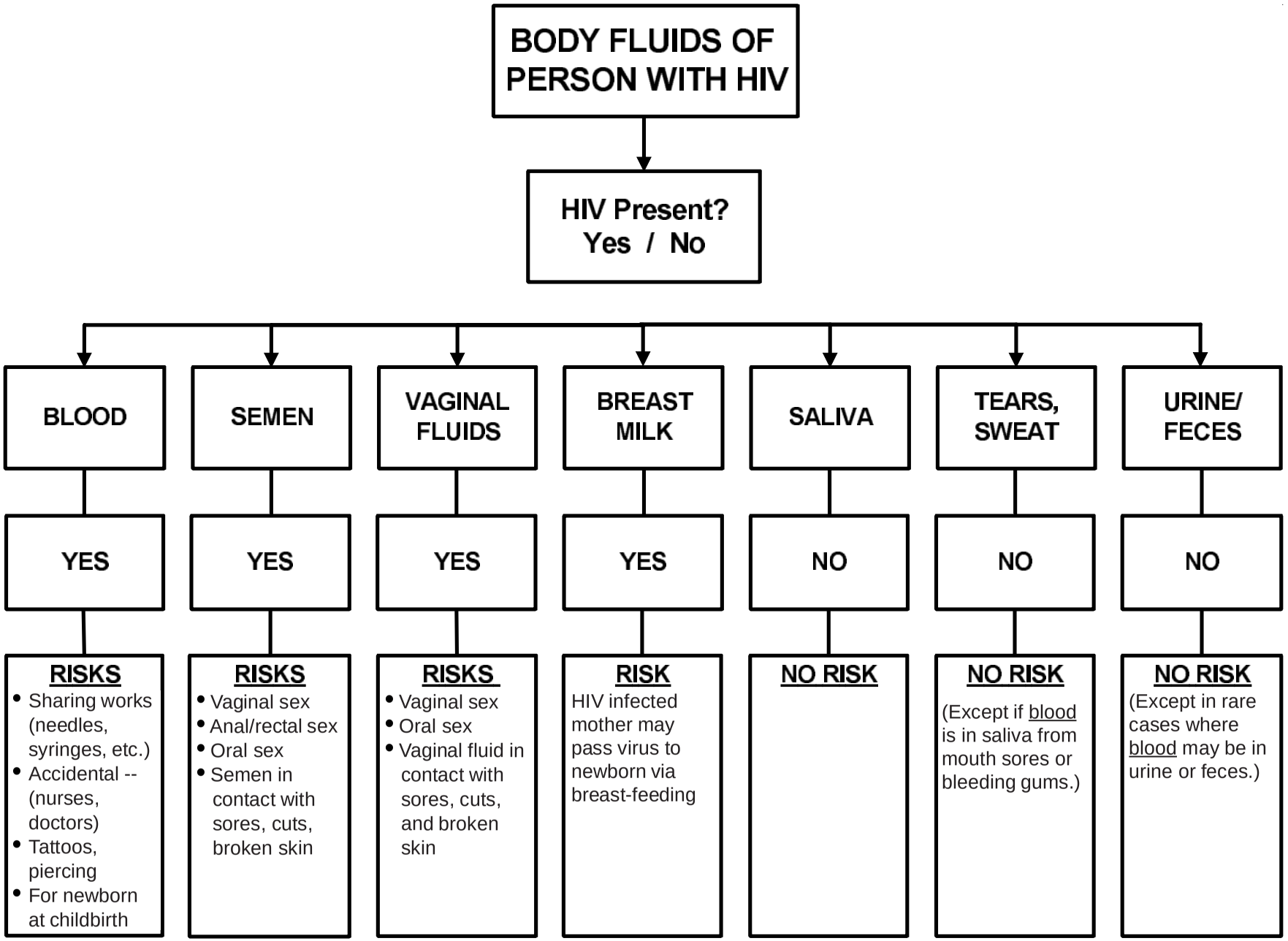


LEGEND

R = Represents
C = Characteristics

AIDS is the late stage of HIV infection, resulting in illnesses and cancers the body can no longer fight off.


Unprotected sex
L
EXPOSURE
TO HIV
L
Sharing needles
N (2 - 4 weeks)
Mild case of the flu (often unnoticed).
N (2 - 3 months)
Antibodies to HIV are produced.
N
Most people experience no symptoms or problems, but they can spread HIV.
(1-10 years or longer)
N
HIV-related illness
(first symptoms)
Fatigue
Fevers
Swollen glands
Weight loss
Diarrhea
N (6 months - 2 years)
AIDS
PCP
Cancers
TB
Brain damage
Collapsed immune system (CD4 cells under 200)
Herpes, Candida
Nerve damage
N (unknown)
Death
LEGEND
L = Leads to
N = Next


BODY FLUIDS OF PERSON WITH HIV
HIV Present? Yes / No
BLOOD
SEMEN
VAGINAL FLUIDS
BREAST MILK
SALIVA
TEARS, SWEAT
URINE/ FECES
YES
YES
YES
YES
NO
NO
NO
RISKS
• Sharing works (needles, syringes, etc.)
• Accidental -- (nurses, doctors)
• Tattoos, piercing
• For newborn at childbirth
RISKS
• Vaginal sex
• Anal/rectal sex
• Oral sex
• Semen in contact with sores, cuts, broken skin
RISKS
• Vaginal sex
• Oral sex
• Vaginal fluid in contact with sores, cuts, and broken skin
RISK
HIV infected mother may pass virus to newborn via breast-feeding
NO RISK
NO RISK
(Except if blood is in saliva from mouth sores or bleeding gums.)
NO RISK
(Except in rare cases where blood may be in urine or feces.)

SESSION EVALUATION
HIV/AIDS Core Curriculum

SESSION 1

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 046; CARD 01]

SITE # |__|__| [6-7] CLIENT ID# |__|__|__|__|__|__| [8-13] DATE: |__|__||__|__||__|__| MO DAY YR [14-19] COUNSELOR ID# |__|__| [20-21]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

		True	False	
1.	AIDS is caused by the human immunodeficiency virus.	1	2	[22]
2.	People with HIV infection will show obvious symptoms.	1	2	[23]
3.	Ticks and fleas can spread HIV.	1	2	[24]
4.	Pregnant women with HIV infection need special medical treatment.	1	2	[25]
5.	AIDS is a preventable disease.	1	2	[26]
6.	Sex fluids (semen and vaginal fluids) may contain HIV.	1	2	[27]
7.	Tears and sweat may contain HIV.	1	2	[28]
8.	The "V" in HIV stands for "venom.".	1	2	[29]
9.	Latex condoms help prevent the sexual spread of HIV.	1	2	[30]
10.	Worldwide, more than 1 million AIDS cases have been reported.	1	2	[31]

|__|__| [32]

Session 1
Page 2

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. What are the major ways HIV infection is spread?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating.)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

2 HIV/AIDS: Controlling the Risks

Session Length: 90 minutes

Objectives

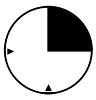
Participants will:

- Understand risks associated with sex and injection behaviors.
- Identify options for safer sex and safer injection practices.
- Practice condom utilization and syringe disinfecting (bleach) procedures.

Rationale

Changing HIV-risky injection and sex behaviors continues to be a challenge for many injection drug users. It is important to provide opportunities to discuss and practice risk-reduction strategies and to reinforce changes that have already been implemented. Time is allotted for group leader demonstrations as well as hands-on practice of correct condom use and the disinfecting of injection equipment.

Session Outline



	Procedure Steps	Time
1	Welcome/Introduction of Topic	05 minutes
2	Process Homework Assignment	10 minutes
3	Review HIV-Risk Behaviors	15 minutes
4	Healthy Options	10 minutes
5	Break	10 minutes
6	Safer Injection Demonstration & Practice	15 minutes
7	Condom Demonstration & Practice	15 minutes
8	Closure & Evaluation	10 minutes

Materials

Flip chart, newsprint, or erasable board

Markers or chalk

Masking tape (or regular tape or thumb tacks)

Overhead projector (optional)

Paper/pencils for participants

Demonstration supplies:

Latex condoms (lubricated, unlubricated, flavored), female "condom," lubricants, condom demonstration models, plastic food wrap (Saran Wrap®, Handiwrap®), thin latex gloves, syringes, new syringe packs, bleach, containers for bleach and rinse water.

Preparation Notes

Information Maps

Three information maps are used in this session.

(See pages 52-54 at the end of this chapter.) They are used to help focus attention on key points during the discussions of HIV risks and safety options.

Use these maps as handouts for participants.

In addition, it's recommended that group leaders create diagrams of these maps as visual aids during the presentation of the material. These diagrams may be prepared *before group* or created *during group* as the discussion proceeds.

For further clarification, review the suggestions for using information maps described in the ***Preparation Notes*** for Session One (pp. 3-4).

Exercises and Activities

HIV-Risk Behaviors

The ***HIV-Risk Behaviors*** activity is commonly used in HIV/AIDS training. It's a good way to involve participants, and at its conclusion, sex and injection behaviors are prominently displayed by risk category for easy discussion.

NO RISK, LOW RISK, AND HIGH RISK signs (used to create a continuum along a wall) are included at the end of the chapter (pp. 62-64) for easy copying, or you can draw your own. Likewise, the **HIV-Risk Behaviors** cards (pp. 57-61) for use in the activity are written out for you, three to a page. These can be copied and cut into cards for participants to use in the activity.

Safer Shooting/Safer Sex Demonstrations & Practice

This activity incorporates a "tell, show, and do" approach for teaching the basics of cleaning injection equipment and using condoms correctly. Have a small table set up in the front of the room to display your demonstration supplies. This will give you room to work comfortably.

You'll need syringes, water, bleach, containers, several types of latex condoms, condom demonstration models (wooden penises, cucumbers or zucchinis, or other phallic shapes), and a sample of the new female condom (vaginal pouch). Ideally, you should have enough syringes, condoms, and penis models for each participant to use for practice.

Reality® is a brand name for the female condom, also called vaginal pouch. It's available through some family planning and public health clinics. Check with clinics in your area to see if it's available. Wisconsin Pharmacal Company makes Reality® and will often provide a sample kit for education purposes. See **Resources Section** for more information.

Make Copies

HEALTHY OPTIONS *Information Map* (p. 52)

SAFER SHOOTING *Information Map* (p. 53)

USING CONDOMS *Information Map* (p. 54)

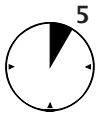
CONDOMS AND SAFER SEX *Handout* (p. 55)

FEMALE CONDOM *Handout* (p. 56)

Session Two Evaluation (pp. 65-66)

Procedure

Step 1 Welcome/Introduction of Topic



- **Welcome participants as they arrive.**

- **Introduce session topic.**

  Tell participants that today's session will pick up where last week's session left off — talking seriously about HIV risk reduction. Remind them that the purpose of the group is to help them get in touch with their personal *right* to take action to protect themselves and those they care about from HIV infection.

- **If necessary, review Group Guidelines.**

  It's often helpful to restate the need for confidentiality within the group and the importance of respecting each others' opinions.

Step 2 Process Homework Assignment

10

■ **Review the *Risk Game* homework assignment.**

Use the following questions to lead the discussion:

Whom did you recruit as subjects for your "experiment?"

What kinds of reactions did you get?

How well were you able to predict other people's risk-taking?

What did you learn from the experiment?

What did you tell your subjects about HIV/AIDS?

■ **Thank participants for their willingness to give the assignment a try.**

Step 3 HIV-Risky Behaviors

15

This segment reviews injection and sex behaviors considered risky for HIV/AIDS and other diseases (such as gonorrhea, hepatitis, etc.). Even though the focus is on HIV, it's helpful to point out that HIV prevention helps prevent other types of infection as well.

■ **Begin by telling participants you'd like them to take part in an activity to review HIV-risky behaviors.**

MASSAGE

FRENCH KISSING

Behavior Cards shown on pp. 57-61.

■ **Distribute *HIV-Risk Behaviors* cards to participants.**

Give each person 1 or 2 cards depending on the size of the group. Ask them to read their cards and to decide if the

Step 3, continued

behavior described is "no risk," "low risk," or "high risk" for HIV infection, based on what they've heard.

- **While participants are reading their cards, create a continuum by hanging NO RISK, LOW RISK, and HIGH RISK signs at equal distances along a wall in the meeting room.**

Sample signs shown on pp. 62-64.

- **Next, ask all participants to walk around and place their cards next to the sign that best describes its level of risk.**

  Tell them it's okay to hang a card *between* two of the signs if that's where they think it belongs. Have a roll of masking tape available for participants to use hanging their cards.

- **When all the cards are posted, review their placement along the risk continuum.**

  Encourage group discussion:

  Why did you place your card (cards) where you did?

  Who had a hard time deciding where to place their cards(s)? Why?

  Are any of these cards out of place, in your opinion? Why?

  Does anyone feel strongly that a card should be moved?

- **Discuss any placement changes suggested by the group.**

  Allow participants to offer opinions and engage in friendly debate over changing card placements. Respond to suggestions by moving cards if there's a consensus to do so.

Step 3, continued

■ **Conclude by briefly reviewing the risk potential for each of the behaviors on the cards.**

As you review information, move cards to their correct place on the continuum, if needed. Clarify any misconceptions about the potential risk of the behaviors. Include the following key points:

- **Any activity that allows the blood, semen, or vaginal fluids of another person to come into contact with your bloodstream, rectum, mouth, vagina, or penis is potentially risky.**

The concern about sharing needles, syringes, and other equipment is that it may place tiny bits of HIV infected blood directly into a person's bloodstream.

- **If HIV infected blood or sex fluids come in contact with cuts, sores, or irritated skin, the virus may be passed.**

Also, if these fluids come in contact with the body's *membrane* tissues, the virus may pass directly into the immune system. Membranes are special types of soft, wet, delicate skin, like the skin that lines the inside of the mouth, the inside of the vagina, inside of the rectum, and around the head and opening (meatus) of the penis. There is evidence that the virus can actually pass through these membranes and take hold in the body's immune system.

- **Unless we can be 100% sure that the other person is not infected with HIV, we have the *right* to assume there's a potential risk to our health. Let's review *why* some behaviors are a bigger risk than others.**

NO RISK

Massage/body-to-body rubbing is considered a "no risk" activity.

Light kissing is considered no risk because there is little chance of blood contact.

Step 3, continued

Masturbation is no risk. As Woody Allen once said, "Don't knock masturbation. It's sex with someone you really care about."

Using vibrators and sex toys is not considered risky for HIV, provided you only use your own and don't share.

Shooting drugs with a new syringe used only by you carries no risk for HIV transmission, provided you don't share cookers, cottons, or water containers.

LOW RISK

French kissing (deep kissing) is considered "low risk"; however, the risk may be higher if either person has mouth sores, bleeding gums, etc.

Mutual masturbation is low risk, especially if latex gloves are used. Gloves are especially important if either person has cuts or sores on their hands (for example, hangnails, nails bitten to the quick, etc.).

Vaginal sex with a condom is low risk. However, it's important to make sure the condom is used correctly.

Anal sex with a condom is low risk. Plenty of lubrication should be used so the dry tissue of the rectum doesn't tear the condom.

Oral sex with a barrier is low risk. For going down on males, this means a condom over the penis. For going down on females, try plastic wrap (Saran Wrap) or an unlubricated condom cut length-wise down the middle of one side so that it can be opened into a flat piece of latex. Make sure the barrier covers the entire vaginal area.

Cleaning injection equipment with bleach makes injection low risk for HIV transmission. However, bleach **must** be used correctly and cleaning must be thorough to kill HIV.

HIGH RISK

Vaginal sex without a condom is considered "high risk." HIV in semen can pass through the membranes in the vagina and HIV in vaginal fluids can enter through the membranes around the opening of the penis.

Anal sex without a condom is considered very high risk. The tissue of the rectum tears easily, and HIV in semen can enter the bloodstream.

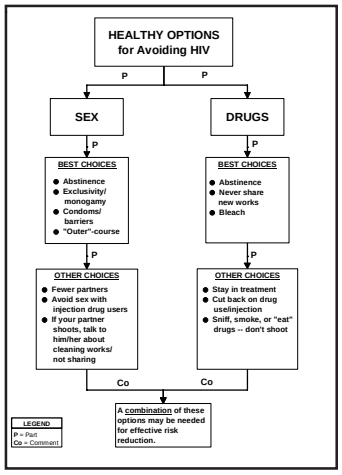
Oral sex without a barrier is high risk. Semen and vaginal fluids may contain HIV which can pass easily through the membranes of the mouth. Cuts, sores, or bleeding gums can increase the risk, both to the "giver" and the "receiver."

Shooting up second/ sharing needles/works is very high risk. It gives HIV a direct path into your bloodstream.

Step 4 Healthy Options

10

■ **Introduce the *HEALTHY OPTIONS Information Map*, and distribute handouts.**



Full size map shown on page 52.

Use the map to briefly review options for HIV risk reduction. Encourage participants to ask questions or share experiences as you cover the information. **Include the following key points:**

Avoiding exposure to HIV is not about luck.

It's about exercising your *right* to take action, avoid exposure, and protect your health. There are lots of choices and options that can work for us.

Best choices for reducing sex risks are:

Abstinence or not having sex. In some circumstances it's the right choice. For example, we might choose to put off having sex until we know someone better.

Exclusivity or monogamy with a partner we're sure is not infected. If both partners are free of HIV and avoid future exposure (through injection or sex), then there's no risk.

Latex condoms and barriers, including the new women's condom, protect both partners against HIV and other

Step 4, continued

sexual infections. We'll talk more about condoms later in today's session.

"Outer"-course (versus intercourse) includes mutual masturbation, using vibrators/sex toys, and other forms of sexual satisfaction that don't involve exposure to semen, vaginal fluids, or blood.

Other ideas for reducing sex risks:

Have fewer sex partners. You'll have fewer chances of being exposed to someone who may carry the virus.

Avoid sex with injection drug users. If you can't do this, at least use condoms when you have sex with someone who injects.

If your sex partner shoots, ask him/her to use clean needles and not to share works. This is an indirect way to reduce your sex risk. Encourage your partner to use new syringes or clean with bleach.

Best choices for reducing injection drug-related HIV risks include:

Abstinence or quitting use of injection drugs is the most effective way to reduce HIV risk.

Use new syringes (sterile, never used before). This protects you from HIV as well as other infections (abscesses, endocarditis, etc.).

Refuse to share any injection equipment (needles, syringes, cookers, cottons, water) with *anyone*, even your best friend.

Use bleach to disinfect equipment before you shoot. Later in today's session we'll talk about how to use bleach correctly.

Other ideas for reducing injection risks:

Step 4, continued

Stay in treatment. This will help reinforce your decision to quit using and help you learn how to reduce cravings. Methadone treatment can help ease withdrawal and heroin cravings.

Cut back on your habit. Reduce the number of times you inject.

Smoke, sniff, or "eat" drugs, rather than inject them. If you aren't ready to quit, at least quit shooting.

■ Ask participants to comment on these options.

Go around the room and ask each person to share with the group which sex risk-reduction option and which injection risk-reduction option seems the best or the easiest to do.

Which one of these options makes good sense to you?

Which one would be the easiest to do all the time?

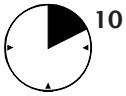
■ Conclude by briefly encouraging HIV testing.

If we know our HIV "status" (whether we are infected or not), we're better able to take steps to preserve our health and prevent passing the virus to others. Early testing is especially important for women who suspect they are pregnant and for couples who are planning a pregnancy. AZT treatment may help a woman avoid passing HIV to her unborn infant, but this treatment should be started very early in the pregnancy for maximum effectiveness. AZT is a drug that helps slow down the virus' damage to the immune system. We'll spend more time discussing HIV testing in Session Four.

■ Thank people for their ideas and contributions.

Let the group know that after the break, the remainder of the session will focus on condoms and syringe disinfecting techniques.

Step 5 Break



Allow a 10-minute break.

Step 6 Safer Injection Demonstration & Practice

Note to Group Leader:

It's important for risk-reduction education to include actual demonstrations and practice of proper cleaning techniques for syringes. We can't assume that people who have never tried cleaning their works will know what to do just by telling them. Showing and doing reinforce learning. However, as you are probably well aware, seeing and handling syringes may be a strong trigger that provokes cravings for some recovering people. Be alert to this possibility and be prepared to address it should you notice evidence among your group members. Likewise, discourage "war stories" and other glorified injection anecdotes or accounts of past drug use during the demonstrations and practice.

■ **Begin the discussion. Emphasize the importance of treatment as an important component of HIV risk reduction:**

Completing your treatment program is the best way to address your HIV risk. Treatment helps you stay clean, and staying clean is the most important thing you can do to reduce HIV risks associated with drug injection. We understand how hard it is to stay clean, especially after you leave treatment. Setbacks may happen, and it's important to know how to protect yourself against HIV if a slip or setback happens.

Step 6, continued

If a slip happens, the most important point is not to share needles, syringes, cookers, or any equipment used for injection. If that's not possible, then clean equipment before using it.

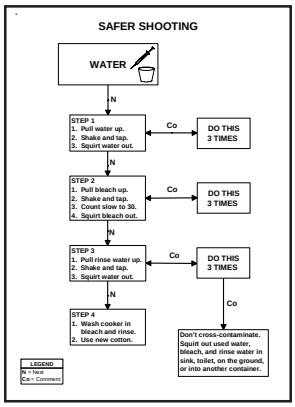
■ **Ask participants:**

What have you heard about the best way to clean a rig to avoid HIV?

■ **Briefly discuss answers.**

Tell participants you'd like to show them the safest method for disinfecting equipment.

■ **Introduce the SAFER SHOOTING Information Map, and distribute handouts.**



Full size map shown on page 53.

Use the map to briefly review the steps for cleaning injection equipment with bleach. **Include the following key points and demonstrate correct cleaning procedures as you discuss them.** Encourage questions and comments. Use a syringe, cooker, water, bleach, and extra containers (in which to squirt used water and bleach).

The plastic syringes that most people use to shoot up with were designed to be <u>disposable</u> — they weren't intended to be reused.

Whenever possible, use a new, never-before-used syringe. If you must reuse syringes, never, never, never share. You have the *right* to be selfish with your rig in order to protect yourself. If you must share, disinfect with bleach *before* and *after* shooting.

Step 6, continued

Begin with water (in a glass, cup, or straight from the faucet).

Pull water into the syringe. Shake and tap it to dislodge and dissolve blood clots and other crud. Squirt the water out into the sink, toilet, spare container, or on the ground (never back into the original container). **REPEAT THIS THREE (3) TIMES.**

Next comes full-strength bleach (Clorox®, etc.).

Pull bleach into the syringe. **Count slowly to 30.** Shake and tap syringe to dissolve any crud. Squirt the bleach out into the sink, toilet, spare container, or on the ground. **REPEAT THIS THREE (3) TIMES.**

Now more water to rinse.

Pull water in. Shake and tap to rinse well. Squirt the water out into the sink, toilet, spare container, or on the ground. **REPEAT THIS THREE (3) TIMES.**

Don't forget the cooker.

Wash the cooker with full-strength bleach, too, then rinse well. Avoid using cotton that has been used by someone else.

■ Conclude by labeling this technique as "3 X 3."

Tell participants to remember that each step should be repeated THREE (3) times for maximum disinfection and cleaning.

■ Allow each participant to practice cleaning and disinfecting a rig.

If your group is small, have participants come up and gather around your demonstration table. Give each person

Step 6, continued

a syringe, and slowly walk the group through the steps, stressing THREE (3) repetitions of each step. **Stress the importance of holding bleach in the rig for a "slow count of 30," in order to more effectively kill HIV.**

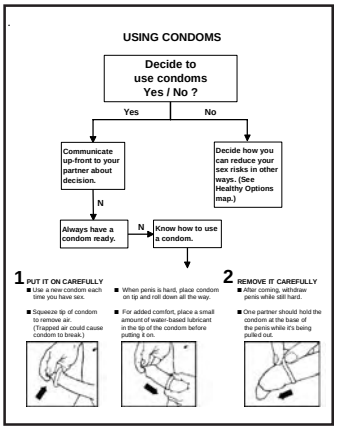
Supervise the practice, and offer praise and encouragement for proper technique. **Encourage participants to share this information with people they think may need it.**

- **Conclude by asking for questions:**

  What other questions can I answer for you about using bleach?

Step 7

15



Full size map shown on page 54.

Condom Demonstration & Practice

- **Introduce the *USING CONDOMS Information Map*, and distribute handouts.**

  Use the map to briefly review how to correctly handle and put on a condom. **Include the following key points:**

  Condoms provide protection by covering the penis, keeping semen and vaginal fluids from coming in contact with membranes or broken blood vessels.

  Latex condoms provide the best protection — "natural" condoms made of animal membranes aren't as effective in blocking the virus (and they're unbelievably expensive as well). Latex condoms are inexpensive in stores and may also be available through many public health and family planning clinics at low cost or no cost.

Note to Group Leader:

If your program gives away free condoms, encourage clients to pick some up when they come for counseling sessions, medical visits, etc.

Step 7, continued

The first step is deciding.

Sometimes denial about being at risk for HIV can interfere with our decision-making. Accepting our *right* to protect ourselves from HIV is the first step toward planning *how* we'll protect ourselves from sexual risks. If using condoms makes sense to you, then you'll give them a try.

If you're not ready to use condoms, then you'll want to think seriously about other ways to protect yourself from sexual risks.

As we discussed earlier, monogamy with a non-infected partner who avoids other HIV-risky behaviors is an option. For this option to work, both partners should be tested for HIV and counseled about risk reduction.

When we make the decision to use condoms, here's what we need to think about:

The key to successful condom use is **communication**. Talk with your partners and agree about using condoms *before* having sex. If you wait until you're caught up in strong sexual feelings, you may forget to use a condom. Talking about it ahead of time will help strengthen your decision. Remember, you have the *right* to protect your health by using a condom or asking your partner use a condom.

Have a condom available, at all times.

One of the primary reasons given for not using a condom is "I didn't have one/she didn't have one/we didn't have one." So, have one with you. Better yet, have a two or three.

Know how to use a condom.

Also, know how to prevent them from breaking and how to make them comfortable and pleasurable.

Step 7, continued ■ **Demonstrate the correct way to use a condom as you present the following instructions.**

Encourage questions and comments. Use a condom demonstration model, condoms, and lubricants. If a model is unavailable, demonstrate by rolling the condom over two fingers (or ask for a volunteer, and roll the condom over his/her fingers). **Cover the following key points:**

Putting on a condom:

1. The condom is put on when the penis gets hard, not before. Always use a new condom. A condom is used the same way for vaginal sex, oral sex on a man, and rectal sex.

2. Place the rolled condom over the end of the erect penis, then pinch the tip of the condom and squeeze it gently to push out any trapped air. (Trapped air in the tip is like a little balloon — it could burst during sex.)

3. Once the air is squeezed out, roll the condom down over the shaft of the penis. Leave space at the tip of the condom to catch the semen (cum).

Make it comfortable:

Try out several brands until you find the one that's most comfortable. Believe it or not — not all condoms are shaped the same. Condoms are available in different shapes and sizes.

Many men prefer a condom that allows a bit of friction at the tip and is thin enough to conduct warmth. Latex is strong, so even thin condoms offer good protection.

Condoms and lubricants containing nonoxynol-9, a type of chemical used in some birth control foams and gels, may help protect against HIV. However, many people are allergic to nonoxynol-9, and may develop irritation, burning, or a rash. If you develop irritation, switch to a condom or lubricant that doesn't have nonoxynol-9.

Step 7, continued

Before putting the condom on, put a tiny dab of lubricant (like K-Y®, Lubrins, etc.) in the tip. (Don't use too much or the condom might slip off.) Then roll the condom on as discussed before. The tiny dab in the tip of the condom will help the head of the penis move smoothly inside the condom, and provide extra pleasure and sensations for the man.

If possible, keep several condoms "peeled" (with the wrapper off), and ready to go when you have sex. This way, if you are interrupted or if you like to start and stop while having sex, you'll have a new condom ready and waiting. You can use more than one condom per sex act — there's no rule that says *one* condom is the limit when you have sex.

Try out different colors and flavors. Flavored condoms are especially popular for oral sex.

Keep the condom from breaking:

Latex is a strong type of thin rubber, strong enough to bear up to even the most passionate love-making. However, it can be weakened — so be careful.

Never store condoms in extreme heat and don't freeze them. Don't use a condom that's been exposed to heat (for example, left for hours in a car in the summer time) or has been frozen (especially if it hasn't thawed out yet!).

Be careful with fingernails, jewelry, rings, or anything sharp that could break or tear a condom while it's being put on.

And most important — use only **water-based** lubricants with condoms. For example, K-Y® or any kind of lubricant sold in the condom section of stores. Some brands are called "personal" lubricants. When you read the box, it will say that the product is *safe for use with condoms*. Oily lubricants (like Vaseline®, baby oil, hand lotion, or massage oils) can actually weaken latex and make it easier to break. So don't put anything greasy/oily on your condom.

Step 7, continued

Take care when you take it off:

After coming or climaxing, the penis should be pulled out soon. One partner should reach down and hold on to the condom at the base of the penis while pulling out. This will prevent the condom from slipping off.

Pull out carefully and take off the condom so that nothing spills out. You can tie a knot at the top so the cum can't spill out. Wrap it in some tissues and throw away in the trash can. Don't flush it down the toilet because it can clog up your pipes.

■ Demonstrate additional safer sex techniques for non-intercourse behaviors.

- **Discuss the use of flavored or unlubricated condoms to cover the penis during oral sex.**

- **Demonstrate how to cut an unlubricated or flavored condom length-wise down one side to create a barrier for covering the vaginal and anal area during for oral sex.** If available, demonstrate how dental dams also may be used as barriers. Also demonstrate the use of plastic food wrap (e.g., Saran Wrap®) for covering the vaginal and anal areas. Mention that these barriers should also be used for any oral-anal contact or foreplay activities (e.g., "rimming, " etc.). **Stress that plastic wrap should not be used as a condom. Wrapping the penis in Saran Wrap® for intercourse or oral sex is not considered an effective barrier because semen can leak out.**

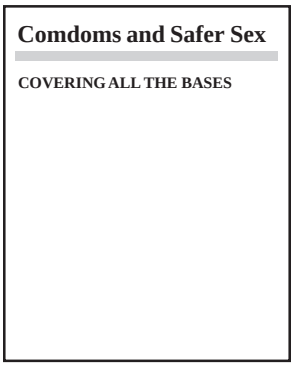
- **Demonstrate the use of a thin latex glove** for mutual masturbation and sexual activities such as fingering, "fisting," and other activities where broken skin on the hand may come in contact with semen or vaginal fluids.

Step 7, continued

■ **Allow each participant to practice with condoms and barriers.**

You can invite them to gather around the demonstration table, and take turns with the teaching model, if you only have one. Another approach is to put people in pairs, and have them demonstrate proper condom technique to each other using models, vegetables, or their fingers. Have them practice with barriers as well.

■ **Distribute *CONDOMS AND SAFER SEX* handout.**


Comdoms and Safer Sex

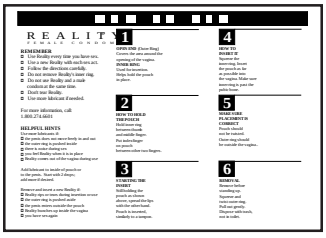
COVERING ALL THE BASES

Full size handout shown on page 55.

Ask:

What did you learn today about condoms that you didn't know before?

■ **Distribute handout on the Reality® "female condom" (vaginal pouch).**


REALITY

Full size handout shown on page 56.

Review how the pouch is used, and pass a sample around for participants to inspect, if you have one available. Encourage questions and comments. Let participants know if and where the pouch is available in your community. **Cover the following key points:**

The female condom is a thin, long pouch made out of a special type of strong plastic.

It protects both partners by lining the vagina so that there's no contact with semen or vaginal fluids. It has an outer ring to hold it in place around the opening of the vagina, and an inner ring used to guide it during insertion and hold it in place inside the vagina.

It is put inside the vagina, much like a diaphragm or tampon.

Step 7, continued

The inner ring is folded and guided into the vagina., using a finger to push it into place past the pubic bone. Lubricant is then added to the opening of the pouch. Lubricant may also be placed on the man's penis. The man's penis is then guided to be *inside* the pouch, surrounded by the outer ring.

- **After sex, the pouch is removed before standing up by gently pulling and squeezing the outer ring.**

  Wrap it in tissue and dispose of in the trash. Each pouch can only be used once. **The female condom should *not* be used together with a male condom.**

■ Conclude with the following key points:

- **Condoms and female condoms are barriers for making oral, vaginal, and rectal sex safer.**

  For oral sex on women, you should use plastic wrap as a barrier, or an unlubricated (or flavored) condom cut lengthwise down the middle. These barriers should be placed over the entire vaginal and/or anal area. For oral sex on men, the penis should be covered with an unlubricated (or flavored) condom. (Lubricated condoms will work, but they may have an unpleasant taste.)

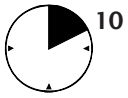
- **Other types of contraception, such as diaphragms, contraceptive sponges, or contraceptive gels and foams are <u>not</u> effective by themselves in stopping HIV. They must be used with a condom for complete protection.**

- **Condoms, female condoms, and barriers should be used every time you have sex.**

  If you and your partner are moving into a steady or serious relationship, both of you may want to have HIV tests, and if that shows you are both non-infected, you may want to

switch to exclusivity/monogamy as your safer sex choice. **Don't stop using condoms or female condoms until you both have been tested and given a clean bill of health.**

Step 8 Closure/Evaluation



- **Tell participants you have another "homework" type assignment for them for the week ahead.**

Use the following key ideas to provide instructions:

- **Conduct an "informal" survey of about 3 or 4 of your friends, family members, neighbors — whoever you would feel comfortable talking with.**

- **Find out what they know about HIV prevention.**

Pretend you're a roving reporter, like on TV, and get people to tell you their opinions. Find a way to ask, then just listen to what they tell you. Remember the key points they tell you, and we'll talk about what you hear next week. If you want, you can use what you've learned today to correct any bad information you hear.

Ask your friends in whatever way feels comfortable to you. Here are ideas :

I'm doing a survey for this class I'm taking. What have you heard about the best way to protect yourself from AIDS if you shoot up or have sex?

I was watching this TV show about AIDS. What have you heard about the best way to protect yourself against the AIDS virus when you have sex? How about if you shoot drugs?

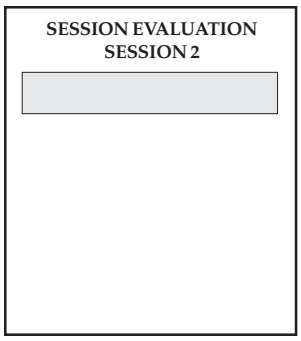
I'm worried that my nephew (niece, cousin, my friend's kid) is messing around, and with all this AIDS business he (she) should be careful. What do you think I should tell him (her) about protection?

- **Thank participants for sharing their ideas and contributing to today's discussion. Invite everyone to return again next week.**

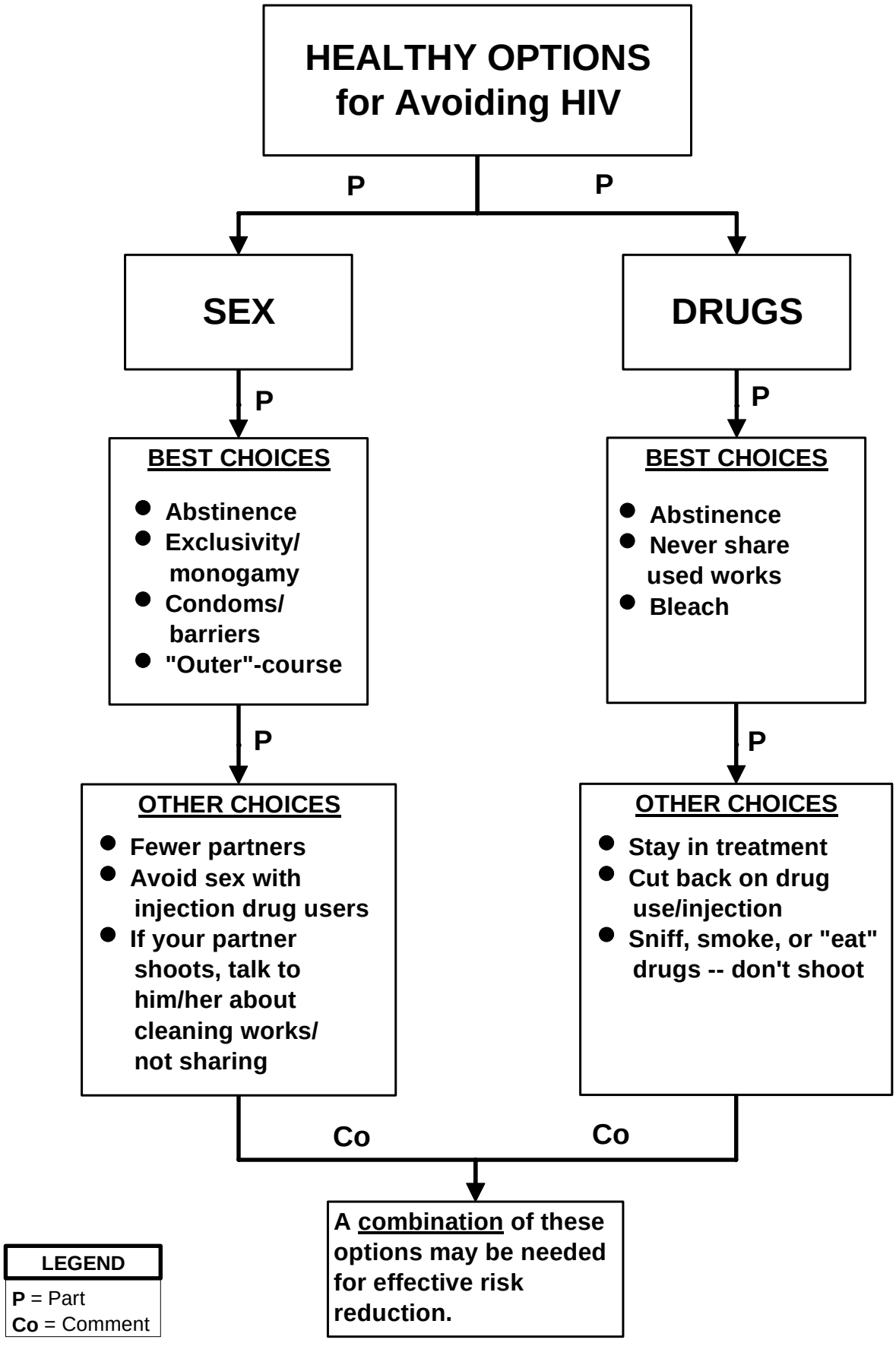
- **Write 1-800-342-AIDS and 1-800-344-SIDA (Spanish) on flip chart paper or erasable board.**

  Remind participants they can get free, one-on-one answers to any questions they may have about HIV/AIDS by calling these numbers.

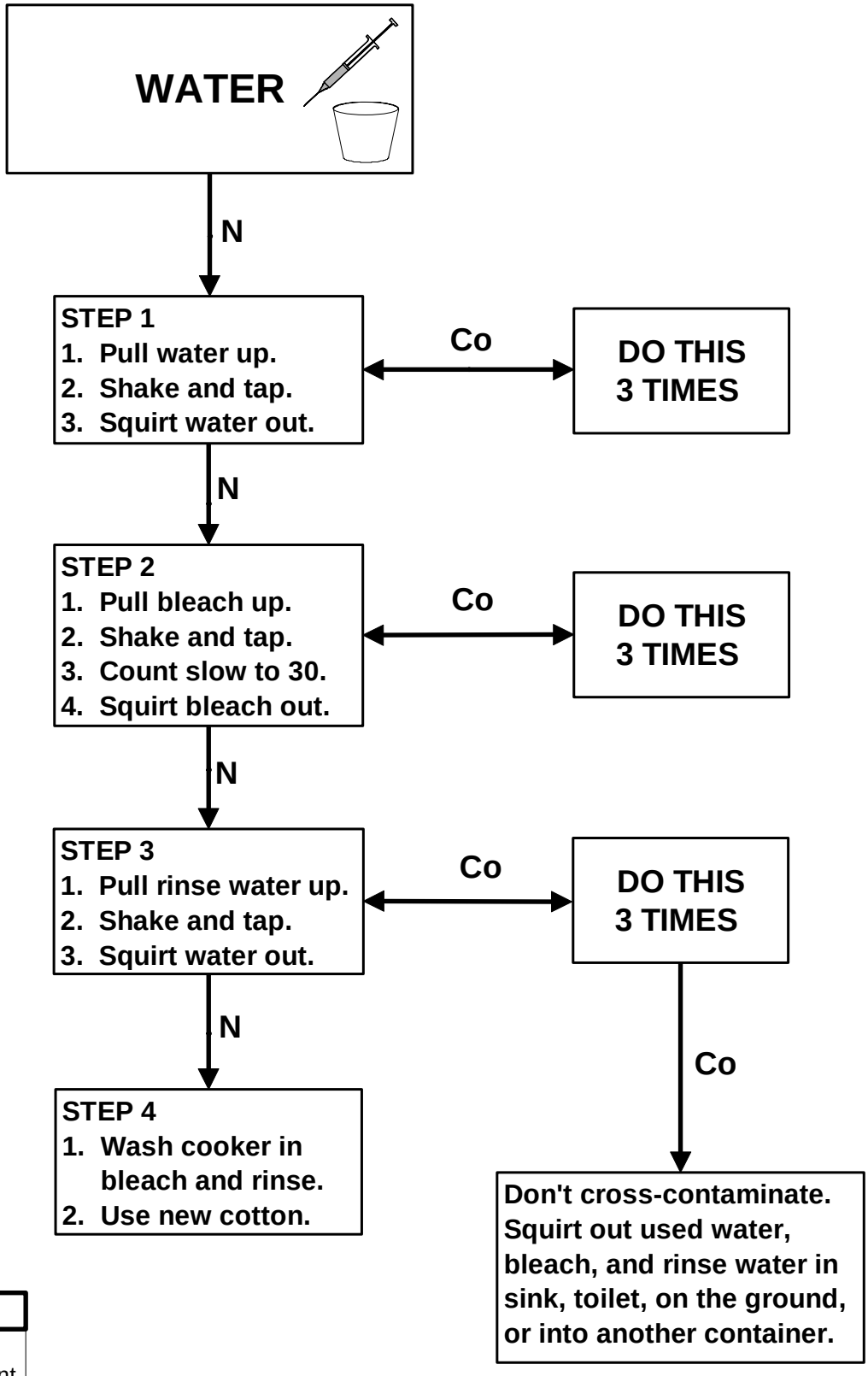
- **Ask each person to complete a session evaluation form before leaving.**


SESSION EVALUATION
SESSION 2

Session Evaluation appears on pp. 65-66.


HEALTHY OPTIONS for Avoiding HIV
P
P
SEX
DRUGS
P
P
BEST CHOICES
Abstinence
Exclusivity/ monogamy
Condoms/ barriers
"Outer"-course
BEST CHOICES
Abstinence
Never share used works
Bleach
P
P
OTHER CHOICES
Fewer partners
Avoid sex with injection drug users
If your partner shoots, talk to him/her about cleaning works/ not sharing
OTHER CHOICES
Stay in treatment
Cut back on drug use/injection
Sniff, smoke, or "eat" drugs -- don't shoot
Co
Co
A combination of these options may be needed for effective risk reduction.
LEGEND
P = Part
Co = Comment

SAFER SHOOTING



USING CONDOMS

Decide to use condoms Yes / No ?

Yes

No

Communicate up-front to your partner about decision.

Decide how you can reduce your sex risks in other ways. (See Healthy Options map.)

N

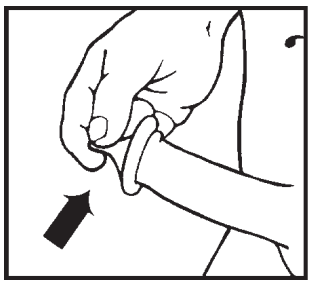
Always have a condom ready.

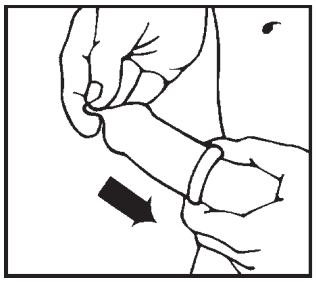
N

Know how to use a condom.

1 PUT IT ON CAREFULLY

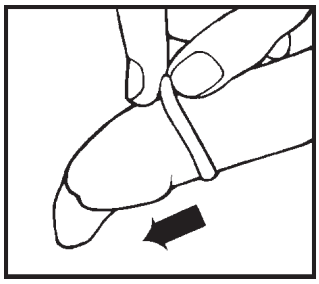
- Use a new condom each time you have sex.
- Squeeze tip of condom to remove air. (Trapped air could cause condom to break.)
- When penis is hard, place condom on tip and roll down all the way.
- For added comfort, place a small amount of water-based lubricant in the tip of the condom before putting it on.





2 REMOVE IT CAREFULLY

- After coming, withdraw penis while still hard.
- One partner should hold the condom at the base of the penis while it's being pulled out.



LEGEND

N = Next

Artwork: Lifestyle Condoms, Ansell Medical Products.

CONDOMS AND SAFER SEX

Condoms provide safety and protection, but they **must** be used properly. It is recommended that only latex (latex rubber) condoms be used. Condoms made from animal skin membrane are not effective for preventing diseases. Here are some tips to help make condoms more effective.

COVERING ALL THE BASES

Putting On A Condom

A condom should be put on when the penis becomes hard, not before.

Always use a new condom.

Place the rolled condom over the end of the erect penis and squeeze the tip end of the condom to remove any trapped air. (Trapped air in the end of the condom could cause the condom to break, like a balloon.)

Once the air is squeezed out, roll the condom down the shaft of the penis, leaving space at the tip of the condom to catch the semen (cum).

Making the condom comfortable

Choose the style and brand of condom that best fits the man. It's a good idea to try different brands (they are not all the same). Most men prefer a condom that allows a bit of friction and is thin enough to conduct warmth.

Place a tiny dab of K-Y jelly or other water-based lubricant in the tip of the condom before rolling it on. Keep in mind that too much may cause the condom to slip-off. However, a tiny dab will help increase sensations for the man.

Keep several condoms ready for use when having sex. If you are interrupted, or if the erection is lost, you'll have a condom handy to start again.

Have fun with your condoms. Condoms come in different colors, with pretty patterns, even in **flavors** like strawberry and peppermint.

Keeping the condom from breaking

Never store condoms where they are exposed to heat or freezing. Heat or freezing can destroy the latex and make it break. Store condoms in a cool, dry place (such as a medicine cabinet or closet). Don't keep them in a wallet or glove box of the car.

Be careful with fingernails, rings and jewelry when putting on the condoms. Nails or anything sharp can tear the condom.

Use only water-based lubricants like K-Y jelly. Oil-based lubricants such as Vaseline, baby oil, hand lotion or cooking oil can cause the latex in the condom to break or tear.

Taking the condom off

After the man has come, withdraw the penis while it is still hard. One partner should hold on the condom at the base of the penis to keep it from slipping.

Remove the condom so that the semen (cum) can't spill on either of you. Gently slide the condom off the penis. Wrap in tissue and dispose of in the trash can. Avoid flushing condoms down the toilet as they may clog pipes.

HOW TO USE

REALITY ®

FEMALE CONDOM

REMEMBER

- ❒ Use Reality every time you have sex.
- ❒ Use a new Reality with each sex act.
- ❒ Follow the directions carefully.
- ❒ Do not remove Reality's inner ring.
- ❒ Do not use Reality and a male condom at the same time.
- ❒ Don't tear Reality.
- ❒ Use more lubricant if needed.

For more information, call:
1.800.274.6601

HELPFUL HINTS

Use more lubricants if:

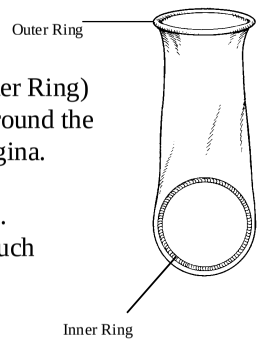
- ❒ the penis does not move freely in and out
- ❒ the outer ring is pushed inside
- ❒ there is noise during sex
- ❒ you feel Reality when it is in place
- ❒ Reality comes out of the vagina during use

Add lubricant to inside of pouch or to the penis. Start with 2 drops; add more if desired.

Remove and insert a new Reality if:

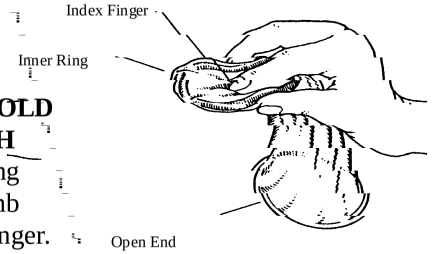
- ❒ Reality rips or tears during insertion or use
- ❒ the outer ring is pushed aside
- ❒ the penis enters outside the pouch
- ❒ Reality bunches up inside the vagina
- ❒ you have sex again

1



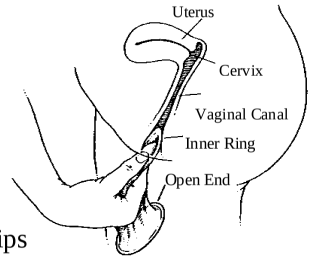
OPEN END (Outer Ring)
Covers the area around the opening of the vagina.
INNER RING
Used for insertion.
Helps hold the pouch in place.

2



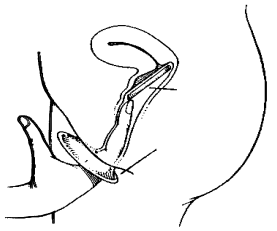
HOW TO HOLD THE POUCH
Hold inner ring between thumb and middle finger.
Put index finger on pouch between other two fingers.

3



STARTING THE INSERT
Still holding the pouch as shown above, spread the lips with the other hand.
Pouch is inserted, similarly to a tampon.

4

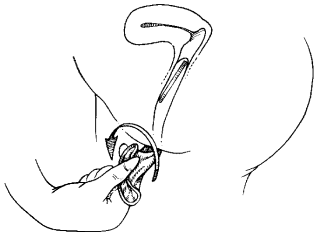


HOW TO INSERT IT
Squeeze the inner ring. Insert the pouch as far as possible into the vagina. Make sure inner ring is past the pubic bone.

5

MAKE SURE PLACEMENT IS CORRECT
Pouch should not be twisted.
Outer ring should be outside the vagina..

6



REMOVAL
Remove before standing up.
Squeeze and twist outer ring.
Pull out gently.
Dispose with trash, not in toilet.

MASSAGE

LIGHT KISSING

MASTURBATION

USING VIBRATORS/SEX TOYS

USING A NEW SYRINGE TO SHOOT

FRENCH KISSING

MUTUAL MASTURBATION

VAGINAL SEX WITH A CONDOM

ANAL SEX WITH A CONDOM

ORAL SEX
WITH A BARRIER

CLEANING RIG
WITH BLEACH
BEFORE SHOOTING

VAGINAL SEX
WITHOUT A CONDOM

ANAL SEX WITHOUT A CONDOM

ORAL SEX WITHOUT A BARRIER

SHARING NEEDLES, SYRINGES, COOKER, WATER

NO RISK

LOW RISK

HIGH RISK

SESSION EVALUATION
HIV/AIDS Core Curriculum

SESSION 2

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 047; CARD 01]

SITE # |__|__| [6-7] CLIENT ID# |__|__|__|__|__|__|__| [8-13] DATE: |__|__||__|__||__|__| MO DAY YR [14-19] COUNSELOR ID# |__|__| [20-21]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

	True	False	
1. Vaginal sex without a latex condom may be risky for HIV.	1	2	[22]
2. Using bleach to clean injection equipment reduces HIV risk.	1	2	[23]
3. Natural skin condoms work as well as latex ones.	1	2	[24]
4. To disinfect injection works with bleach, you need only draw up the bleach once.	1	2	[25]
5. An HIV test is a good idea, even for faithful couples.	1	2	[26]
6. Baby oil or Vaseline can be used safely with latex condoms.	1	2	[27]
7. There's no need to use condoms or barriers for protection during oral sex.	1	2	[28]
8. A pregnant woman with HIV will always pass the virus to her unborn baby.	1	2	[29]
9. Injecting with a never-used-before syringe is an effective way to avoid HIV.	1	2	[30]
10. Membrane tissues are found in the mouth, vagina, rectum, and penis.	1	2	[31]
		|__|__|	[32]

Session 2
Page 2

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. List two ways to prevent the spread of HIV.

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating.)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

The Right to Protect Your Health

Session Length: 90 minutes

Objectives

Participants will:

- Explore personal right to protect one's health.
- Review assertiveness skills for HIV-risk reduction.
- Practice assertiveness skills in high-risk situations.

Rationale

The decision to change HIV-risky behaviors involves acceptance of the right to protect one's health. Implementing the decision involves planning, communication, problem-solving, and assertiveness. Time is allotted for role plays that encourage participants to explore interpersonal barriers to behavior change and to practice assertive requests and responses.

Session Outline

	Procedure Steps	Time
1	Welcome/Introduction of Topic	05 minutes
2	Process Homework Assignment	10 minutes
3	Personal Rights	10 minutes
4	Assertiveness Skills	15 minutes
5	Break	10 minutes
6	Assertiveness Role Plays	30 minutes
7	Closure & Evaluation	10 minutes

Materials

Flip chart, newsprint, or erasable board

Markers or chalk

Overhead projector (optional)

Paper/pencils for participants

Preparation Notes

Information Maps

One information map is used in this session.

(See page 82 at the end of this chapter). It's used to help focus attention on key points during the discussions of assertiveness skills.

Use this map as a handout for participants.

It's recommended that group leaders use diagrams of the information maps as visual aids during the presentation of the material. These diagrams may be prepared *before group* or created *during group* as the discussion proceeds.

For further clarification, review the suggestion for using information maps described in the ***Preparation Notes*** for Session One (pp. 3-4).

Exercises and Activities

Assertiveness Role Plays

For role play situations, ask the group members to generate examples of situations in which they think they'd have a tough time being assertive about their decision not to take an HIV risk. However, you may want to think up several sample scenarios you can use to get the group started. A few sample scenarios are included at the end of this chapter (p. 83).

Another approach is to ask participants to write on a sheet of paper several brief descriptions of situations that test

Exercises and Activities, continued

their abilities to act assertively. Ask them to pass in their descriptions without putting their names on them. These situations can then be used as material for the role plays.

The **Resources Section** contains a short article with suggestions for leading role plays. Some groups may be uncomfortable with the idea of doing role plays. If this is the case, you may prefer to treat the suggested scenarios as "case studies," then lead a problem-solving discussion with participants, incorporating the importance of assertiveness for risk reduction.

Make Copies

ASSERTIVENESS Information Map (p. 82)

ROLE PLAY SCENARIOS (p. 83)

Session Three Evaluation (p. 84-85)

Procedure

Step 1 Welcome/Introduction of Topic

- **Welcome participants as they arrive.**

- **Introduce session topic.**

  Tell participants that today's session will deal with how to act on your decision to avoid future HIV risks. Remind them that a key point of the workshop is getting in touch with their right to protect themselves and others from HIV.

- **If necessary, review Group Guidelines.**

  Restating the importance of confidentiality and respect for other's opinions may help make discussions more comfortable. Guidelines are on page 2.

Step 2 Process Homework Assignment

10

■ **Review the HIV interview homework assignment.**

Use the following questions to lead the discussion:

Whom did you talk with (interview) about HIV risk reduction?

How well informed were your subjects?

Did you have to correct any misinformation? What?

What did you learn from talking with others about HIV risks?

■ **Thank participants for their willingness to do the assignment.**

Step 3 Personal Rights

10

This segment asks participants to focus on health protection as a personal right. Acceptance of your right to watch out for your own best interest is the foundation of health-related assertiveness. We want to encourage participants to develop an "I'm worth it and I can do it" attitude about reducing HIV risks.

■ **Introduce the concept of one's personal right to avoid health risks, especially HIV risks.**

Include the following key points:

We all have the right to refuse to put our health at risk.

Step 3, continued

We have the right to tell others in no uncertain terms about our decision not to take a health risk. This means that no one has the right to force us to take a health risk.

The flip side is that we *don't* have the right to push or force other people to risk their health.

If someone wants to use a condom when they have sex with us or if they refuse to share injection equipment with us, we should respect *their* right to protect their health. Don't take it personally — just accept that it is the other person's *right*.

Here are some rights that can influence health protection.

(Quickly write these out on flip chart or erasable board as you mention them.)

- ❖ We have the right to be treated with respect.
- ❖ We have the right to say "no" and to have our "no" respected.
- ❖ We have the right to *express* our feelings, needs, and decisions.
- ❖ We have the right to protect ourselves (and our families) from HIV.

■ **Lead a brief discussion to explore how these rights can play an important part in helping us avoid HIV risks.**

Do you agree with these rights?

How will accepting these rights help you make better health decisions?

Which of these rights is the most important for you?

How can we make sure we respect the rights of others?

Step 3, continued

■ **Conclude the discussion.**

Cover the following key points:

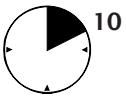
Your right to protect your health is an important issue, but there are other issues as well.

After you make your decision to stop taking HIV risks, you have to find ways to stick to it. For most of us, this is where it gets tough. Everyone in this room would agree with the statement "I don't want to get HIV" or "I don't want to give HIV to anyone." So how can we stay on top of it?

We'll spend the rest of the class on this issue.

Be thinking *honestly* about the kind of **real life** situations that make it tough to always avoid HIV risks. I'll ask you to share some of those later. First, though, let's talk about how assertive communication can help.

Step 4 Assertiveness Skills



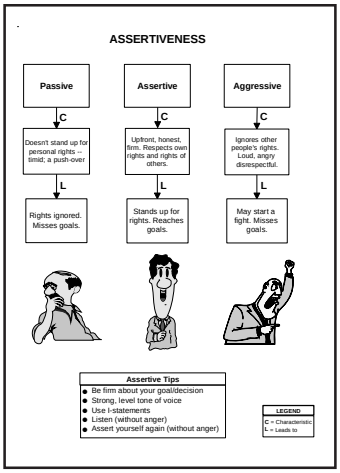
■ **Begin by asking participants what "assertiveness" means to them.**

List characteristics they describe on flip chart or erasable board.

If I tell you someone is *assertive*, what kind of person do you picture?

■ **Distribute *ASSERTIVENESS Information Map* handouts.**

Use the map to briefly define assertiveness and review the components of assertive communication. **Cover the following key points:**



Full size map shown on page 82.

Assertive communication is an up front way of expressing or telling others about your thoughts, feelings, decisions, or rights.

When we communicate assertively, we use a tone that is firm, but respectful of others. We avoid put-downs, insults, and any "game-playing." We tell it like it is — with respect for ourselves and for others.

For example: "I don't really want to see that movie. Can we work out another choice?"

Aggressive communication, on the other hand, is confrontational and disrespectful of others.

It's often loud, angry, and full of put-downs and insults. The result is that the person we're talking with may become angry or threatened and tune us out. When this happens, we lose because we've lost the chance to get our point across and persuade the other person to cooperate with us.

For example: "You've got lousy taste in movies, and I'm not going to another one of your losers."

Passive communication sends the message that you're a push-over and easy to manipulate.

It's often timid, hesitant, and wishy-washy. The result is that others may think they can tell you what to do or talk you into something you don't want to do. Sometimes we're passive because we want to be friendly and get along. But when it comes to protecting our health and defending our rights, passive doesn't cut it.

For example: "Are you sure that's the movie you want to go to."

Most of use don't communicate assertively all of the time, and that's okay. But when we have an important point to get across — like when we want to stick by a decision — then assertiveness will work best.

Step 4, continued

■ **Discuss the components of assertive communication. Cover the following key points:**

Here are some tips for communicating assertively, especially when avoiding HIV risk is the issue.

First, know your goal.

Remember, assertive communication helps get across that we're *serious* about what we're saying, and that we're *firm* in our decision.

Tone of voice is an important part of assertiveness.

We want to use a tone that is calm, pleasant, self-assured, and firm. It's best to go with a neutral, matter-of-fact kind of attitude — straight-forward. We want to avoid yelling, threatening, being sarcastic, whining, pleading, or manipulating. Keep anger out of your voice. Just speak your mind, and remember you have the right to do so.

Use I-language to get your points across.

This involves speaking for yourself. "I-language" tells the other person where you are coming from in an honest, no-nonsense way. For example, "*I'm not* sleeping with you without a condom," "*I'm worried* about all this HIV business, man, so *I'm not* gonna lend you my rig," or "Hang on, Jack, *I want* to clean this thing with some bleach before I use it."

Listen, and don't get angry when people come back at you after you've communicated assertively.

It's bound to happen from time to time. Listen politely — you already *know* your goal and you *know* you're not going to get side-tracked. Don't let the other person pull you into his/her trip by making you angry. Other people have the right to try to change your mind, but *you* have the right to stick by your guns and stay in control.

Reassert yourself when you need to, calmly and without anger.

Step 4, continued

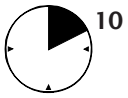
Tell the person *again* what you have decided is best for you. For example, "Hey, I understand you don't like my decision, man, but it's *my* decision — no condom, no sex — that's the way it is." You may have to listen calmly and reassert yourself several times — that's okay. Eventually the other person should get the idea. Again, the key is to stay calm, don't get angry, and keep on asserting what you're going to do to protect yourself.

■ **Conclude the discussion. Summarize with the following points:**

Obviously, getting good at assertiveness takes practice. Especially the ability to listen to other people's attempts to change your mind without getting angry or led off the subject. It's worth the effort to practice, though, because it helps increase your self-confidence and your self-respect.

After the break, we'll practice being assertive about avoiding HIV risks in real life situations. During the break, be thinking about situations you think are tough for being assertive and refusing to take risks.

Step 5 Break



Allow a 10-minute break.

Step 6 Assertiveness Role Plays

■ **Before starting the role plays, consider the following points:**

❖ **The role play scenarios (topics, situations, difficulties) should be generated by the group, if possible**. Ask for about 3 or 4 situations, as time allows. Some sample

Step 6, continued

scenarios are included at the end of this chapter in case you need them (p. 83).

- **Role play exercises allow people to rehearse behavior and receive feedback and encouragement from others in a safe environment.** This can improve their confidence and resolve to adopt new behaviors or communication styles. The biggest challenge in leading role plays is to keep participants focused on the new behavior being practiced (in this case assertiveness) instead of on the *content* of the role play itself.

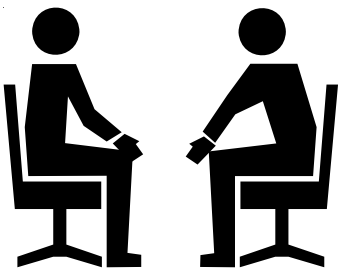
- **Don't feel shy about stopping role players and refocusing them on the goal of practicing assertive responses to potential HIV risks.** By all means, interrupt the role play if it starts drifting off into left field or "he said/she said" debates.

- **Consider using a "two-statements, two-responses" technique.** This type of role play helps keep the group focused and on track. The following instructions will provide you with a general idea of how to use this technique.

■ Conduct the role plays using the following instructions:

1. Prompt the group to generate a list of situations they label as difficult, in terms of being able to practice HIV-risk reduction effectively.

2. Ask for volunteers to role play. It's generally unwise to force people to serve as role players. Allow people to volunteer. Remember that some people will learn more from observing and giving feedback than they will from role playing themselves.



Role players sit in chairs facing each other.

3. Set up two chairs facing each other at the front of the room. Have the role players sit in these chairs.

4. Ask the group to help identify the "core" issue involved for each role play situation/scenario.

5. Have one role player deliver a "risk invitation" statement to which the second role player will respond assertively.

Step 6, continued

Here's an example of a role play exercise:

Scenario: A woman has decided she wants her boyfriend to use condoms because she's sure he's back on the needle again. She really loves him. Every time she brings up the condom thing, he begs and sweet talks her until she finally gives in and does it without a condom.

Leader asks: What's the issue here? Why would this be a tough situation for staying on track with your goal to avoid HIV? (*Leader listens to group input.*)

Leader continues: Okay, sounds like the *central issue* is that the woman needs to stand by her decision in the face of some "emotional" manipulation. She wants to say "yes" to love, but a "BIG NO" to HIV.

Leader continues: Let's try a few lines and practice an assertive response. Role player #1 will be the boyfriend, and role player #2 the woman. Role player # 1, I want you to lay your best sweet talk lines on her. Role player #2, I want you to remember your goal and practice the assert/reassert technique we talked about earlier. Begin when you're ready.

Player #1: Oh, baby...you're so sweet and good. You turn me on so much. Please don't say we gotta use a rubber.

Player #2: I want to start using condoms. I don't feel easy with the fact that you've started shooting dope again. I've made up my mind, and it's the right thing for me.

Player #1: Baby, you're breaking my heart with that condom business. Come on, don't I always treat you really good?

Player #2: You *are* good, baby. Yes you are. And I know you'll be good with a condom, too. That's what I need from you — we gotta use a condom or forget it.

Leader breaks in: Okay. Stop right there for a minute. That was really good. Player # 1 — you sure know how to lay on the sweet talk, brother. Well done and very believable. And Player # 2, you really sounded up front and firm. How did this feel to you?

Step 6, continued

6. Stop and process what is going on for the role players at this point.

For Role Player # 2 (the "asserter"):

How did it feel to respond assertively?

What kind of thoughts were you having?

How confident did you feel?

How will this approach work for you in real life?

For Role Player # 1 (the "assistant")**:**

How did you react to her assertive response?

How did you feel about it?

What kind of thoughts did you have?

If this had been real life, how would you have reacted?

7. Ask the group for feedback to help the asserter improve her/his technique. Encourage the group to give *constructive* feedback that focuses on improving the assertiveness of the role play responses.

Sample questions:

What suggestions do you have for the asserting player?

How might she make her response even stronger and more up front?

8. Suggest that the role players repeat the interaction, using the feedback received. ("Take-2")

If the role player who is playing the asserter role is having a particularly difficult time, you may want to do several "takes" until he or she feels comfortable and confident about his/her ability to deliver an assertive response.

After the subsequent takes, ascertain how the asserter is feeling.

Step 6, continued

Is his/her comfort level improving? What improvements do the assistant and the group observe?

9. Give lots of positive strokes and reinforcement to the players. It's not easy to do this stuff in front of people. Be gentle and praise a lot!

10. Move on to the next situation/scenario and recruit new volunteers.

Summary of the role play instructions:

- ❖ Develop role play material that focuses on both sexual and injection HIV-risk situations/scenarios. Have the group provide situations, or invent your own. Do one scenario at a time.
- ❖ Have the group help you identify the core issue — this will define the asserter role player's *goal*.
- ❖ Ask for volunteers to play the asserter and the assistant roles. Try the "two statements-two responses" technique. In some cases, you may want to stretch it to three statements-responses.
- ❖ Stop for processing, and praise the role players. Get feedback from the asserter first, as discussed above. Next, process the experience for the assistant role.
- ❖ Ask the group for constructive feedback. Ask for helpful suggestions for the asserter. This is an especially important step because it asks the group to share the thoughts and feelings they experienced while witnessing the role play.
- ❖ Try at least one more take per scenario after the asserter has processed the experience and received feedback. After the take, ask the asserter to decide if his/her comfort, confidence, and technique is improving.
- ❖ Praise their efforts, thank role players, have the group give them a quick round of applause.
- ❖ Move on to the next situation/scenario and recruit new volunteers.

Step 6, continued

■ **Provide closure for the role play activities.**

Include some of these key points:

Assertiveness is one way we can act on our right to protect ourselves against HIV.

It's not always going to work perfectly, but it does give us an edge in difficult situations. A key skill is learning to assert and reassert our needs, goals, and intentions without becoming angry. It takes time and practice to get good at it.

We can use assertive techniques in other situations as well.

There are many areas of life where we need to stand up for our rights. If you'd like more information, talk to me after group, and I can give you the names of some books you might find helpful for learning more about the assertive way.

Note to Group Leader:

A list of books on assertiveness and communication skills is included in the **Resources Section**.

Step 7 Closure & Evaluation

10

■ **Tell participants you have another "homework" type assignment for them for the week ahead.**

Use the following ideas to give instructions:

- **Practice what you've learned about assertiveness.** In other words, try to give an assertive response (not aggressive or passive) at least twice during the next week. You may want to practice in an HIV or other health protection situation. Or you may want to practice in other situations where you feel you are being pressured or manipulated in a way you don't like.

Step 7, continued

- ❖ **In addition, be a "people watcher," and look for assertiveness in other people's communications.** Take note when you observe others communicating passively, aggressively, or assertively. Try to determine the style used most often by the people you hang out with.

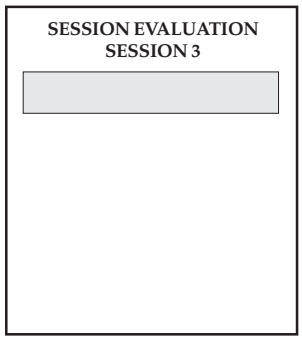
- ❖ **Refer to your handout to keep the key points fresh in your mind.** We'll share our experiences at the next meeting.

■ **Thank participants for sharing their ideas and contributing to today's discussion. Invite everyone to return again next week.**

■ **Write 1-800-342-AIDS and 1-800-344-SIDA (Spanish) on flip chart paper or erasable board.**

Remind participants they can get free, one-on-one answers to any questions they may have about HIV/AIDS by calling these numbers.

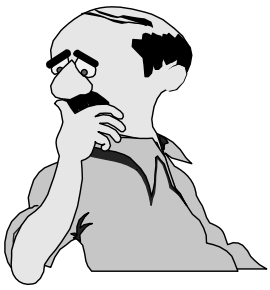
■ **Ask each person to complete a session evaluation form before leaving.**

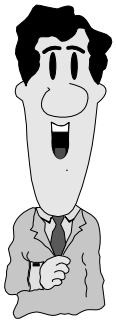

SESSION EVALUATION
SESSION 3

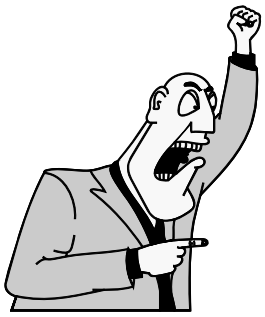
Session Evaluation appears on pp. 84-85.

ASSERTIVENESS

Passive	Assertive	Aggressive
C	**C**	**C**
Doesn't stand up for personal rights -- timid; a push-over	Upfront, honest, firm. Respects own rights and rights of others.	Ignores other people's rights. Loud, angry disrespectful.
L	**L**	**L**
Rights ignored. Misses goals.	Stands up for rights. Reaches goals.	May start a fight. Misses goals.







Assertive Tips

- Be firm about your goal/decision
- Strong, level tone of voice
- Use I-statements
- Listen (without anger)
- Assert yourself again (without anger)

LEGEND

C = Characteristic
L = Leads to

SAMPLE ROLE PLAY SCENARIOS

You've chipped in with some friends to make a score. After the drugs are divided, someone hands you a used rig to hit with.

How do you handle this situation to protect yourself from HIV?
What do you say?

A close friend invites you to try some stuff she's selling since she owes you a favor. She doesn't have a rig and asks to use yours in exchange for her providing the dope.

How do you protect yourself (and her) from possible HIV?
What do you say?

You find yourself in a drug using situation, even though you're clean, in treatment, and plan to stay that way. Someone offers you a few drops left in a syringe, just for old times sake.

How do you protect yourself from HIV?
What do you say?

Times are hard, and you've been forced to take to the stroll again. But you'll only go with a few known customers. You've decided to be a condoms-only girl. A date offers you an extra $10 to give head without a rubber.

How do you protect yourself from HIV?
What do you say?

Your old man still shoots, even though you've quit and are in treatment. You're worried about his exposure to HIV, and about yours, too, because you are having sex with him. He refuses to wear a condom.

How do you protect yourself against HIV?
What do you say?

You're out with a lady who shoots drugs and who sleeps around. She's fine, though, and you're about to enjoy a romantic moment. You pull out a condom, and she cops an attitude and gets mad because you want to use a "condo."

How do you protect yourself from HIV?
What do you say?

SESSION EVALUATION
HIV/AIDS Core Curriculum

SESSION 3

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 048; CARD 01]

SITE # |__|__| [6-7] CLIENT ID# |__|__|__|__|__|__| [8-13] DATE: |__|__||__|__||__|__| MO DAY YR [14-19] COUNSELOR ID# |__|__| [20-21]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

		True	False	
1.	Assertiveness can help you stand up for your personal rights.	1	2	[22]
2.	Aggressive communication is helpful and respectful.	1	2	[23]
3.	I-language is considered childish and selfish.	1	2	[24]
4.	It is sometimes difficult to listen without becoming angry.	1	2	[25]
5.	People who communicate passively always get their way.	1	2	[26]
6.	Assertive communication help you achieve your goal.	1	2	[27]
7.	Role play exercises help people practice assertiveness skills.	1	2	[28]
8.	Passive and assertive communication are the same.	1	2	[29]
9.	Assertive communications can help you protect your health.	1	2	[30]
10.	An assertive tone of voice is loud, shrill, and pushy.	1	2	[31]

|__|__| [32]

Session 3
Page 2

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. How can being assertive help you to avoid HIV infection?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating.)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

What about HIV testing?

Session Length: 90 minutes

Objectives

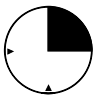
Participants will:

- Review the human immune system.
- Understand how HIV tests are conducted.
- Create an action plan for personal risk reduction.

Rationale

HIV testing should be a serious consideration for people in chemical dependency programs, especially injection drug users and anyone who may have had sex with an injection user. A negative test result can motivate behavior change by opening up the idea of an HIV-free starting place. Time is allotted to demystify the HIV test, to encourage testing, to structure a personal risk reduction plan, and to identify community services for HIV testing and for people with HIV infection.

Session Outline



	Procedure Steps	Time
1	Welcome/Introduction of Topic	05 minutes
2	Process Homework Assignment	10 minutes
3	Immune System 101	10 minutes
4	The HIV Test	20 minutes
5	Break	10 minutes
6	Risk Reduction Plan	20 minutes
7	Closure/*Client Survey*	15 minutes

Materials

Flip chart, newsprint, or erasable board

Markers or chalk

Overhead projector (optional)

Paper/pencils for participants

Preparation Notes

Information Maps

Two information maps and a structured map exercise are used in this session.

(See pages 104–106 at the end of this chapter). They are used to help focus attention on key points during the discussions of the immune system and how the HIV test is run.

Use these maps as handouts for participants.

It's recommended that group leaders use diagrams of the information maps as visual aids during the presentation of the material. These diagrams may be prepared *before group* or created *during group* as the discussion proceeds.

For further clarification, review the suggestion for using information maps described in the ***Preparation Notes*** for Session One (pp. 3-4).

You'll also review the HIV TIMELINE Information Map from Session One (see page 24). This is used to re-familiarize participants with the time frame for HIV antibody production after infection. Participants may still have their handout copy in their folders, however, you may want to have extra copies for those that need one.

HIV Testing and Services Guide

You'll want to distribute some type of guide to HIV testing sites in your community. In addition, provide a list of services for HIV-positive people. If possible, include locations, phone numbers, hours of operations, fees and charges, services offered, eligibility criteria, and other such

information. For testing sites, include information about counseling services and type of testing options available (i.e., anonymous vs. confidential).

Research and develop your own guide or fact sheet, or ask around your community (public health department, AIDS Service Organizations, etc.) to see if there's something already put together you can copy.

Exercises and Activities

Risk Reduction Plan

The Risk Reduction Plan is a structured, fill-in map exercise that asks participants to focus on specific areas in their lives where HIV risk reduction efforts could be improved. The activity asks group members to think about how often they believe they are at risk, to identify changes they've already made, and to look at behaviors that they'd like to change. The final piece asks them to identify risk reduction action steps to work on.

Look over this mapping exercise ahead of time and practice completing a map yourself. It will help you give clear instructions to any group members who may have questions during the exercise. The **Resources Section** contains a more detailed discussion of the uses of mapping activities in chemical dependency treatment.

Make Copies

IMMUNE SYSTEM *Information Map* (p. 104)

HIV TEST *Information Map* (p. 105)

HIV TIMELINE *Information Map* (p. 24)

HIV TESTING AND SERVICES GUIDE *Handout*

RISK REDUCTION PLAN *Structured Map* (p. 106)

Session Four Evaluation (pp. 107-108)

Client Survey (posttest; pp. 185-187)

Procedure

Step 1 Welcome/Introduction of Topic

- **Welcome participants as they arrive.**

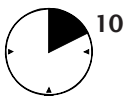
- **Introduce session topic.**

  Tell participants that today's session will explain how the HIV test works, confidentiality issues when you have a test, and why testing is important. The session also presents a brief overview of the immune system, and some time will be spent developing a personal risk reduction plan.

- **If necessary, review Group Guidelines.**

  Restating the importance of confidentiality and respect for other's opinions may help make discussions more comfortable. Guidelines are on page 2.

Step 2 Process Homework Assignment



- **Review the HIV interview homework assignment.**

  Use the following questions to lead the discussion:

  Whom did you talk with (interview) about HIV risk reduction?

  How well informed were your subjects?

  Did you have to correct any misinformation? What?

  What did you learn from talking with others about HIV risks?

Step 2, continued

- **Thank participants for their willingness to do the assignment.**

Step 3 Immune System

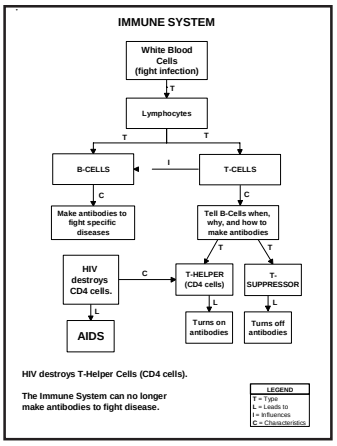
10

This section provides a brief overview of the human immune system so that clients can better understand how the HIV test works and why damage to the immune system can prove fatal.

- **Begin a section introduction by briefly discussing the immune system.**

Ask participants what they know about the immune system.

What do you know about the job of the immune system?



Full size map shown on page 104.

- **Conclude the section introduction by noting that it's important to know what the HIV test is and isn't.**

The best starting place for understanding the HIV test is a quick review of the human immune system.

- **Introduce the *IMMUNE SYSTEM Information Map,* and distribute handouts.**

Use a chart or similar visual aid of the map to briefly review the immune system.

Note to Group Leader

You also will review the ***HIV Timeline Information Map*** from Session One during this section. Have it available on a chart, etc. for reference and redistribute handouts as needed.

Step 3, continued

Work at a pace that is comfortable for your group, and encourage participants to ask questions as they think of them. **Cover the following key points:**

- **In a person's blood stream there are red cells and white cells.**

  The red blood cells carry oxygen to all parts of the body (picked up when blood circulates through the lungs) and the white blood cells help fight diseases and infections.

- **There are several kinds of white blood cells.**

  In terms of HIV infection, the most important ones are called **lymphocytes**. There are two types of lymphocytes, called **B-Cells** and **T-Cells.** They "patrol" the human body, looking for signs of invaders, like viruses, bacteria, and other "germs."

- **The B-Cells and T-Cells rely on each other for information about invaders/infection in the body.**

  The B-Cells make **antibodies**, which fight specific diseases. The T-Cells tell the B-Cells *when* to make antibodies, *what kind* to make for the specific disease at hand, and *how long* to keep making them. In other words, the T-Cells regulate the B-Cells production of antibodies.

- **There are two types of T-Cells, called T-Helper and T-Suppressor.**

  They work like a thermostat system for telling the B-Cells when to start and stop making antibodies. The T-Helper turns on antibody production when there's an invasion, the T-Supressor turns off antibody production when the infection/invasion is stopped. **The T-Helper (CD4) Cell is a very important player in the healthy functioning of the immune system.**

Step 3, continued

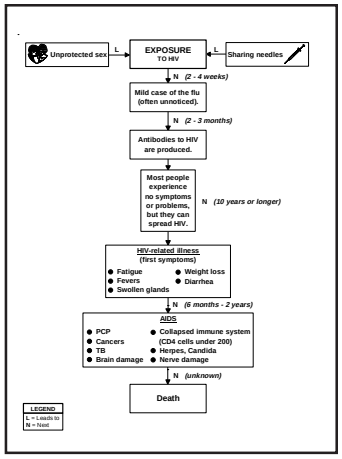
As, we discussed, HIV is a virus.

A virus is the smallest known living thing. It can't live on its own, it has to have a cell to live in. In the case of HIV, its preferred host cell is a T-Helper Cell (CD4). The T-Helper Cells are also called CD4 Cells.

The human immunodeficiency virus (HIV) attacks the T-Helper Cells, takes them over, and prevents them from doing their job.

In other words, the B-Cells eventually don't get the right information about making antibodies, so when an infection comes along, the B-Cells don't know to respond.

■ Refer to the *HIV Timeline Information Map*.



Full size map shown on page 24.

When a person is first infected by HIV, the body's immune system responds as it would to any other infection and makes antibodies for a while. For many people, a few weeks after infection they experience mild flu-like symptoms. This is the body trying to fight off HIV by making antibodies. Unfortunately, these antibodies are not able to stop HIV, because the invading virus has hidden inside the T-Helper Cells. About 3 months (12 weeks) after exposure to HIV, the immune system has made enough antibodies so HIV can be identified. **These antibodies are what the HIV test looks for in a blood sample.**

For a while after the HIV infection first sets in, it "lays low." Then it begins to slowly take over and destroy the T-Helper Cells. It also keeps new ones from being made. Some people may go without any symptoms of illness for 10 years or longer, **but they are still infectious and may pass the virus to other people through blood contact and/or sex.**

Eventually, the destruction of the immune system takes its toll. People begin getting sick because their immune system can no longer fight off the simplest infections — things that could easily be fought off by someone with a

Step 3, continued

healthy immune system. When this happens, people are said to have *HIV-related illnesses*. The late stage of HIV-related illness is called AIDS.

■ **Conclude the overview by asking for questions:**

What would you like more information about? What did I not cover?

Step 4 The HIV Test

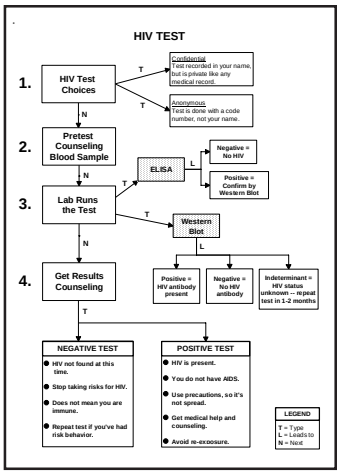
20

■ **Begin by asking what participants know about the HIV test.**

Briefly discuss answers.

Now, let's move on to talking about the HIV test. What do you know about the HIV test?

■ **Introduce the *HIV TEST Information Map*, and distribute handouts.**



Full size map shown on page 105.

Use the map to describe the procedure for HIV testing. Once again, encourage people to ask questions along the way. **Cover the following key points:**

The test for HIV may be offered by:

- ❖ AIDS service agencies
- ❖ Public health departments
- ❖ Other public health clinics
- ❖ Some drug and alcohol treatment programs
- ❖ Some hospitals and private doctors
- ❖ Private laboratories

Step 4, continued

Private labs also may offer the test, but many are expensive. Every program that offers testing operates a little differently; **however, in most programs having an HIV testing involves the following steps**:

(The following information provides discussion material for the indicated steps of the *HIV Test Information Map*.)

HIV Test Choices

Step 1. Deciding between confidential and anonymous testing

The first consideration is between **confidential** and **anonymous** testing. Some testing centers may offer both options, some offer only one or the other.

A **confidential test** means your test and the results will be treated like any other medical record. It will be in a file under your name, but no one can see the file or know the results of the test without your permission.

When an **anonymous test** is performed, your name is not known, either to the test center or anyone else. There is no paper record with your name on it. Your test is run with a specially assigned number or code name that only you know. The only way you can get your results is by knowing your number or code name. In most cases, the only way you can get your results is in person.

Pretest Counseling; Blood Sample

Step 2. Pretest counseling and giving a blood sample

You should be given information explaining the HIV test, told how long before you'll get your results, and be given answers to any questions you may have (**pretest counseling**). A **blood sample** will be taken and labeled with your identification information for the lab tests. Most of the time, blood is taken from the arm; however, some programs offer a finger-stick method for collecting the sample. Other testing methods, such as oral swabs, may also be used by some testing centers. In most testing programs, counseling about HIV is done by a public health counselor, nurse, street outreach worker, or other trained person. Your pretest counselor should also talk with you about personal HIV risks and your plans for changing risky behavior.

Step 4, continued

Lab Runs the Test

Step 3. A laboratory will run the HIV test

The standard HIV test is called the **ELISA.** It picks up initial evidence that there may be antibodies to HIV in your blood sample. If the result is **negative**, this means evidence of HIV antibodies was not found. No other tests are performed after a negative ELISA.

If the ELISA is **positive**, this means evidence of HIV antibodies has been found.

If the ELISA is positive, a second test is run called **Western Blot**. Western Blot is very sensitive and specific.

If the Western Blot is negative, then the person's HIV test is said to be negative. This means there was no evidence of HIV at the time blood was drawn.

If the Western Blot is positive, then the person's HIV test is said to be positive. This means the person is carrying the HIV virus, and there is evidence in the blood sample because HIV antibodies were found.

Rarely, the Western Blot is indeterminate. This means the test results are inconclusive, and the person should be tested again in about 1–2 months.

Remember it may take 3 months or longer to develop HIV antibodies, so if someone took an HIV risk (let's say unprotected sex or sharing rigs) *2 weeks* before their test, an **indeterminate** test may simply mean that their body hasn't had enough time to make HIV antibodies.

Test Results Counseling

Step 4. Test results and posttest counseling

Most testing sites have the results back within 2–3 weeks. (Some labs offer even quicker service.) In most testing programs, you must **return in person for your results.** Very few places will give you the results over the phone. If you're tested by a street outreach worker or through a street outreach program, you'll be given information at the time of your test about how to get your results.

Step 4, continued

The results of your HIV test will be given *only* to you, and you should be given some counseling about what the results mean. There are different issues to consider based on whether the results are negative or positive.

Main issues if HIV test is <u>negative</u>: There is no current indication of HIV. However, if there's a chance you were exposed to HIV in the 3 months before the test, either from unprotected sex or infected needles, then HIV antibodies might not be present yet. It's a good idea to have another test in 3 months, and to *immediately* begin practicing HIV risk reduction (clean needles, condoms, fewer sex partners, etc.) **A negative test does not mean you are immune to HIV.** You can still catch it if you keep taking chances. A negative test is a good starting point for making changes.

HIV Treatment Information Hotline

1-800-HIV-0440

Toll free information about treatment options for HIV.

Main issues if HIV test is <u>positive</u>: There is evidence that you are infected with HIV because of the presence of HIV antibodies in your blood. **This does not mean you have AIDS.** It does mean you are infected and you can infect others through sex, blood contact (sharing rigs), or if you get pregnant (possibly exposing fetus/newborn). Being HIV positive means you must begin immediately to take care of your general health in order to stay healthy as long as possible. You also will want to protect yourself from re-exposure to HIV. That is, if you re-infect yourself through another exposure to the virus from sex or sharing needles, it could make your condition worse and might make you develop AIDS faster. You'll want to protect yourself and others by always using condoms and not sharing works.

Most communities have special service providers for people who are HIV positive. These agencies provide additional tests, medical care and advice, support and counseling, and AZT and other drugs to treat the illnesses that develop because of HIV. Some agencies also provide help with housing, food, transportation, and other basic needs.

Main issues with an <u>indeterminate</u> test: This result means you could be positive or negative. Take

Step 4, continued

precautions, and protect yourself and others by using condoms and not sharing works. You should return for another test within 1–2 months.

■ **Ask participants to help you list reasons why having an HIV test is a good idea:**

Why is HIV testing a good idea?

What are some reasons a person may not want to have an HIV test?

If a person is HIV positive, what responsibility does he/she have to others?

If a person has engaged in risky behavior, does he/she have the responsibility to be tested? Why or why not?

■ **Reinforce the importance of HIV testing.**

Discuss testing issues raised by participants and emphasize the advantages of being tested:

- ❖ Knowing your HIV status helps you do the right thing. If you're positive, you can protect yourself and others.
- ❖ Women who suspect they might be pregnant or who are planning to get pregnant may benefit from knowing their HIV status. There is some evidence that AZT taken early in pregnancy may reduce the chances of a mother passing the virus to her newborn.
- ❖ Encourage participants with questions about HIV testing to consult with a local public health provider or call the National AIDS Hotline 1-800-342-AIDS or 1-800-344-SIDA (Spanish) for advice and information. For HIV treatment information call 1-800-HIV-0440.

■ **Conclude the overview by asking for further questions:**

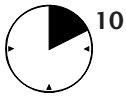
Now that we've reviewed HIV testing, what questions do you have?

Step 4, continued

■ **Provide closure by distributing the *HIV Testing and Services* list for your community.**

Draw participants' attention to the key organizations in the community. If your program offers testing, provide information as needed. Tell participants that after the break, they'll have a chance to work on a personal plan for risk reduction.

Step 5 Break



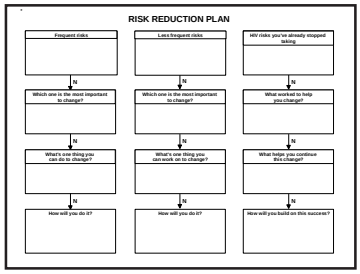
Allow a 10-minute break.

Step 6 Risk Reduction Plan

■ **Introduce the Risk Reduction Plan activity.**

Remind participants that a personal risk reduction plan is the key to protecting oneself and one's family from HIV. Explain that the remainder of the session will focus on creating a "map" of personal risk-reduction issues and examining the best way to address those issues.

■ **Distribute the *RISK REDUCTION PLAN Structured Map* worksheets, and ask each person to complete one.**


RISK REDUCTION PLAN

Frequent risks	Less frequent risks	HIV risks you've already stopped taking
↓	↓	↓
Which one is the most important to change?	Which one is the most important to change?	What worked to help you change?
↓	↓	↓
What's one thing you can do to change?	What's one thing you can work on to change?	What helps you continue it's change?
↓	↓	↓
How will you do it?	How will you do it?	How will you build on this success?

Full size map shown on page 106.

Reassure them that they will not have to share or show their maps to anyone. The maps are for their personal use only. Use the following ideas to provide instruction for the map:

Top boxes of the worksheet:

The first step is to think back on the HIV-risky behaviors we've discussed during this group. Think about things

Step 6, continued

you may do that may put you at risk, and about how often you do those things. Also think about things you've already worked on — risks you've already stopped taking. **Use the top boxes of your worksheet to write about these things.**

Second row of boxes:

For the boxes right below, think about the things you want to work on changing. Also, think about what has already worked to help you change certain risks you used to take. **Use these boxes to write about these issues.**

Third row of boxes:

In the next boxes, think about **one** thing you can do in the near future to work on the frequent and less frequent HIV risk behaviors you want to change. Also, write about how you will continue to "hold firm" on the changes you have already made. **Write your ideas in the third boxes.**

Bottom row of boxes:

For the bottom boxes, think about *how* you will take action on the changes you want to make. Also, think about the things you've already been successful in changing. How can you use what's already worked to help you make other changes. **Write your ideas in the bottom boxes.**

■ **Allow participants time to complete their maps.**

Circulate around the room as they work to answer questions, offer encouragement, or encourage completion of the exercise.

■ **When participants have finished, process and discuss the exercise using some of the following questions:**

Step 6, continued

How did you feel about doing this exercise?

Was it easier to decide on changes for the "frequent" risks or the "less frequent" risks?

How will the things you've already been successful at changing help you make other changes?

Outside this group, who would you like to show your map to? How might sharing your map with someone else be helpful to you?

- **Conclude by encouraging participants to take action on the changes for both infrequent and frequent risks that they identified on their maps.**

  Suggest that participants use this type of "map" to help themselves stay on track with future risk-reduction goals. In other words, once a person has successfully carried out the risk-reduction goals identified on today's map, he/she can move that accomplishment to the "successes" box, and then proceed to work on another goal or target for risk reduction.

- **Offer extra copies of this structured map outline for those who want to continue building their personal risk-reduction strategy.**

  Encourage participants to share their maps with their sex partners if they're comfortable doing so.

- **Provide closure.**

  Use some of the following **key points** to summarize the discussion:

  - **Avoiding HIV infection is not about *luck*, it's about taking action.**

Step 6, continued

Each of us has the right to decide on and carry out a risk-reduction plan for HIV.

Use what you've learned in this group to take action and protect your health and your family's health.

Share what you've learned with others so they can protect themselves, too.

Most of all, begin to find ways to avoid personal risk.

You are worth it! Give yourself credit for each little step you take in the right direction. There are many ways to reduce HIV risk. Find the ones that will work for you and make you feel safest, then stand firm! Your best protection against HIV is *you*!

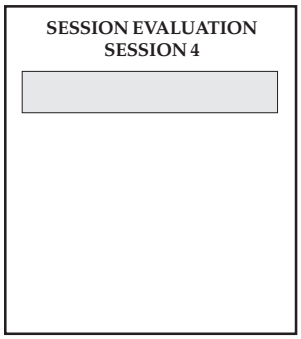
Step 7 Closure & Posttest

- **Tell participants you have enjoyed having them in the workshop.**

  Encourage them to stay in treatment, and to come see you personally if they have any questions or problems they'd like to discuss.

- **Thank participants for sharing their ideas and contributing to today's discussion.**

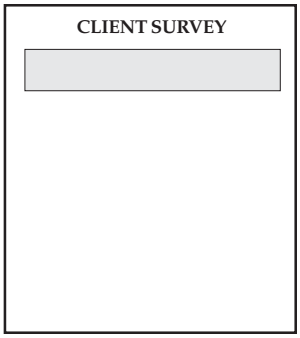
- **Ask each person to complete a *Session Four Evaluation.***


SESSION EVALUATION
SESSION 4

Session Evaluation on pp. 107-108.

Step 7, continued

- **If you are using the pretest/posttest, ask participants to complete a Client Survey before leaving.**



Client Survey on pp. 185-187.

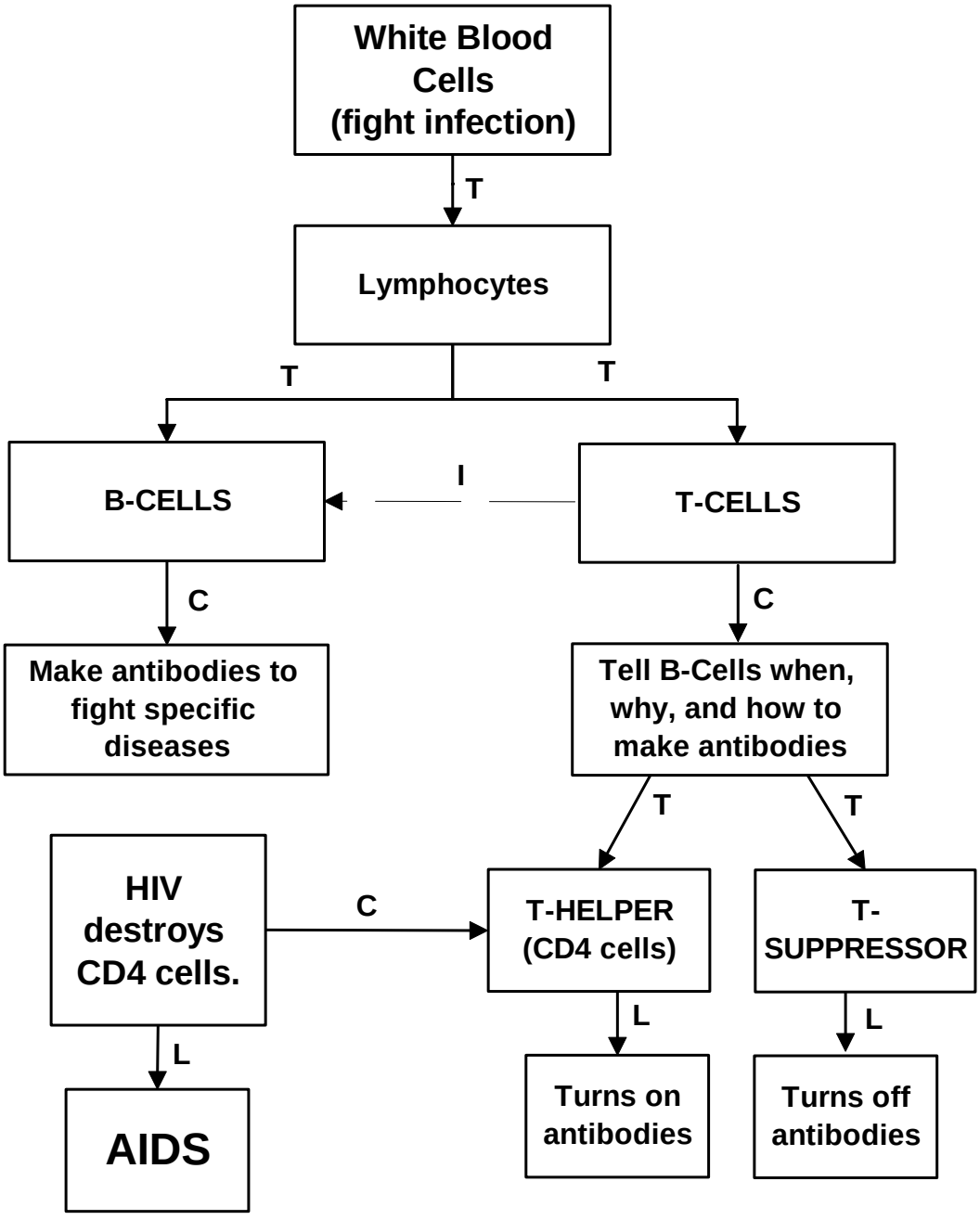
- **Write 1-800-342-AIDS and 1-800-344-SIDA (Spanish) on flip chart paper or erasable board.**

  Remind participants they can get free, one-on-one answers to any questions they may have about HIV/AIDS by calling these numbers.

- **Have an informal "graduation" party, if your program allows it.**

  Refreshments, certificates, or other markers of passage would be especially appropriate.

IMMUNE SYSTEM

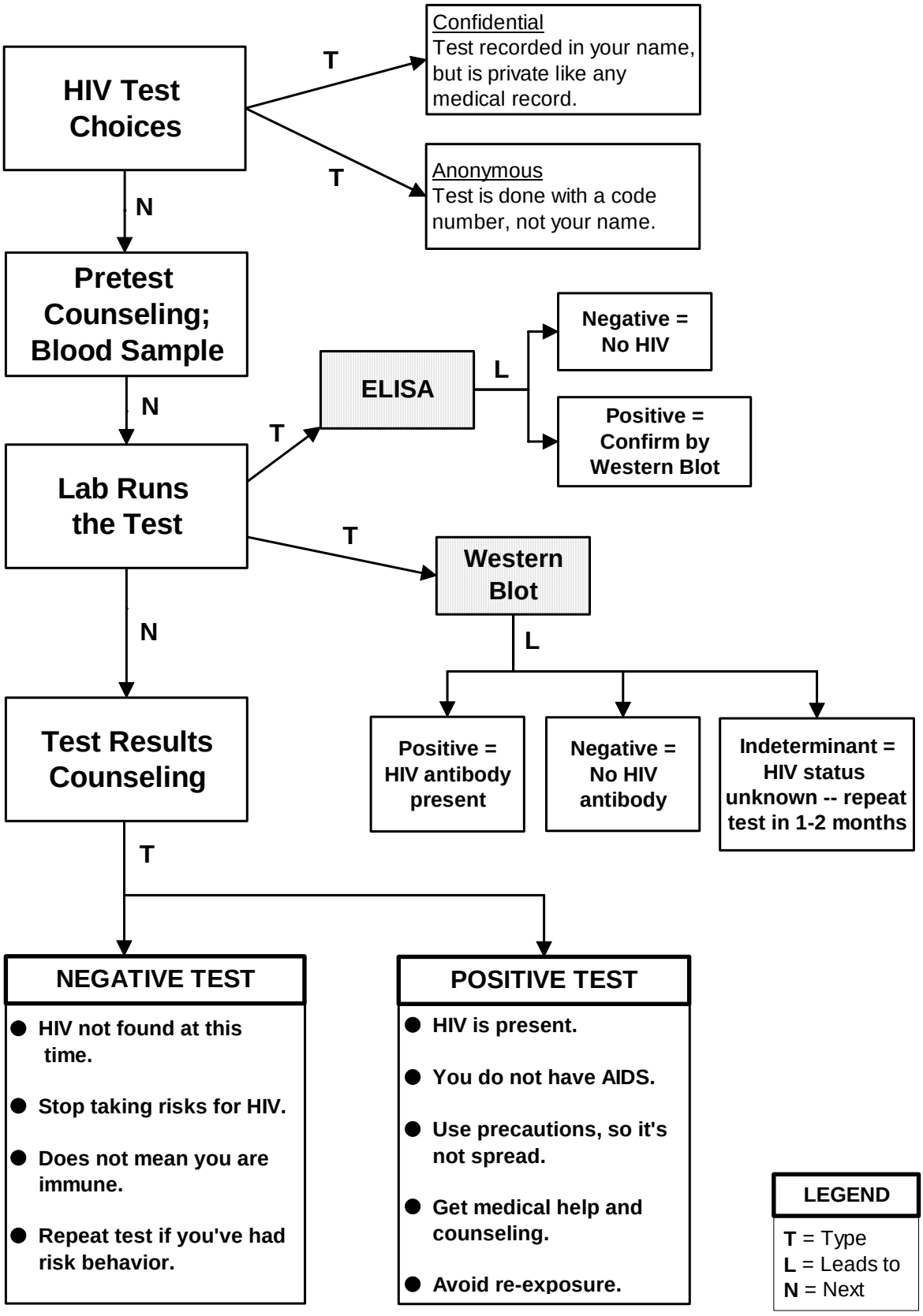


HIV destroys T-Helper Cells (CD4 cells).

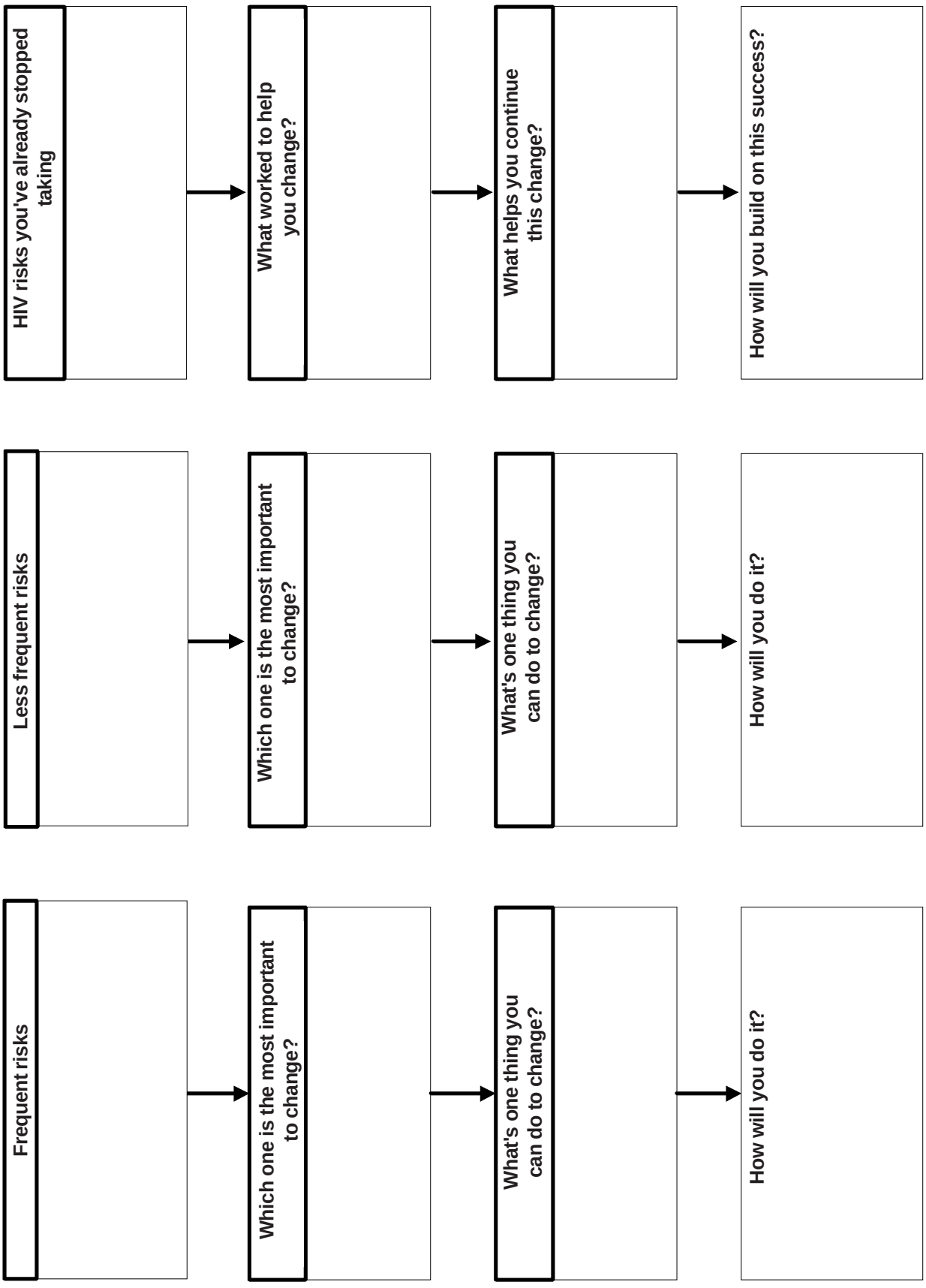
The Immune System can no longer make antibodies to fight disease.

LEGEND
T = Type
L = Leads to
I = Influences
C = Characteristics

HIV TEST


HIV Test Choices
T
Confidential
Test recorded in your name, but is private like any medical record.
T
Anonymous
Test is done with a code number, not your name.
N
Pretest Counseling; Blood Sample
N
Lab Runs the Test
T
ELISA
L
Negative = No HIV
Positive = Confirm by Western Blot
T
Western Blot
L
N
Test Results Counseling
Positive = HIV antibody present
Negative = No HIV antibody
Indeterminant = HIV status unknown -- repeat test in 1-2 months
T
NEGATIVE TEST
HIV not found at this time.
Stop taking risks for HIV.
Does not mean you are immune.
Repeat test if you've had risk behavior.
POSITIVE TEST
HIV is present.
You do not have AIDS.
Use precautions, so it's not spread.
Get medical help and counseling.
Avoid re-exposure.
LEGEND
T = Type
L = Leads to
N = Next

RISK REDUCTION PLAN



SESSION EVALUATION
HIV/AIDS Core Curriculum

SESSION 4

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 049; CARD 01]

SITE # |__|__| [6-7] CLIENT ID# |__|__|__|__|__|__| [8-13] DATE: |__|__||__|__||__|__| MO DAY YR [14-19] COUNSELOR ID# |__|__| [20-21]

INSTRUCTIONS: Please answer the following questions based on what you learned in today's session. Circle 1 (True) or 2 (False) after each statement.

	True	False	
1. T-Cells are a type of red blood cell.	1	2	[22]
2. An HIV test will indicate if a person has AIDS.	1	2	[23]
3. People with HIV infection may look and feel healthy.	1	2	[24]
4. Only private doctors are allowed to conduct HIV tests.	1	2	[25]
5. A negative HIV test means your immune system is too strong for AIDS.	1	2	[26]
6. A Western Blot test is given after the ELISA to confirm that HIV antibodies are present.	1	2	[27]
7. It takes only two days to develop HIV antibodies after exposure.	1	2	[28]
8. A positive HIV test means the person carries HIV antibodies.	1	2	[29]
9. T-Helper cells are sometimes called CD4 cells.	1	2	[30]
10. There are no treatments available for HIV-related illnesses.	1	2	[31]

|__|__| [32]

Session 4
Page 2

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. Why is it important to have an HIV test?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating.)

01	02	03	04	05	06	07	08	09	10
Poor				Pretty Good					Excellent

5. Do you have any suggestions to help make this class better?

Additional Ideas

TABLE OF CONTENTS

Show a Video

Using video to personalize HIV risks

Time: 60 - 90 minutes

Materials: VCR and monitor
Videotape selection(s)
Flip chart or erasable board, markers
Paper and pencils

Purpose: This activity helps personalize HIV risks by encouraging clients to identify with people and situations represented in video programs. In processing the feelings and perceptions raised by the video material, clients are directed to think about personal risk-reduction.

Choosing Video Material: Many of the best HIV/AIDS videos feature real people telling their own stories about HIV-related issues such as living with the virus, deciding to be tested, or developing personal risk-reduction strategies (safer sex and injection practices). The **Resources Section** provides a listing of sources for educational videos on HIV/AIDS. Length of group session may vary, depending on length of video selection and group participation in discussion. Some group leaders may prefer to show and discuss 2 short videos over a 90 minute session.

In addition, local television and cable programming may offer topical and more current materials for group discussion. Check listings ahead of time and record programs or segments of programs that would serve as good discussion starters. For example, *Oprah*, *Donahue*, and other such talk shows occasionally focus on HIV/AIDS and safer sex issues. Soap operas, sitcoms, and dramatic series may feature episodes dealing with HIV; news magazines and public television programs may focus on relevant issues as well.

Procedure:

1. Introduce the video selection. Encourage participants to think about how they might respond to issues and situations introduced in the video.

2. Distribute paper and pencils. Ask participants to jot down 3 feelings they experience as they are watching the video.

Show a Video, *continued*

3. After viewing the video, facilitate discussion around the issues raised. Encourage participants to relate the video material to their own situations, feelings, and concerns about HIV infection and prevention.

   Sample discussion questions:

   What's your overall opinion of this video (program)?

   Which part of this video was most interesting to you? Explain why.

   Which person (character) in this video could you relate to the most? Why did you relate to this person?

   What's one thing about HIV that someone said in this video that really makes sense to you? Explain why.

   What scenes or situations seemed most real to you? In real life, how would you handle a similar situation?

   What feelings did you write down on your paper as you watched the video? (*Validate and encourage exploration of feelings.)*

   What do these feelings tell you about your personal concerns about HIV/AIDS?

   What impact has the threat of HIV infection had on your life?

   What lifestyle changes have you made to help reduce your risk of HIV infection?

   What changes are you thinking about making in order to reduce risks? How will you turn your thoughts into actions — what step will you take first?

   What's the best piece of advice we can give to people about avoiding HIV infection and AIDS?

4. Thank group members for their participation. Encourage them to continue thinking about personal risk reduction goals. Remind them that phone information on HIV/AIDS is available free-of- charge from 1-800-342-AIDS and 1-800-344-SIDA (Spanish). Information about HIV treatment is available at 1-800-HIV-0440.

Work in Buzz Groups

Using small group activities to address HIV prevention

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Paper and pencils
Case studies or role play scenarios

Purpose: Buzz groups enhance communication and problem-solving skills while encouraging clients to focus on HIV risks and prevention. This type of activity may be used as an ice-breaker or starting point for discussions about HIV risk reduction.

Selecting an Activity: The approach of dividing a larger group into smaller buzz groups with specific tasks to carry out is used extensively in education settings. Smaller groups encourage more relaxed discussions of ideas and issues. Group leaders serve as consultants while participants work on the assigned tasks, circulating from group to group to answer questions and encourage participation. Buzz groups may be as small as 2 (dyads) or 3 (triads) people or as large as 5 or 6, depending on the activity and the size of the larger group

Tasks for small groups may center around almost any HIV issue. Case studies and role plays are frequently used formats for buzz group activities:

> ***Case Studies***: Each group is asked to develop a reply, usually in the form of advice and suggestions, to a short description of a "case" involving HIV risks and prevention issues. Groups may be given different cases to work on, or may be asked to work on the same one. The case or cases, plus the buzz groups' different recommendations are later discussed by the group as a whole. One person in each group should agree to be the recorder who will report back on the advice, solutions, and suggestions generated by the group. Case studies may be presented as brief case descriptions, or may be written as "Dear Abby" type letters to which the group must respond. For example:
>
> ***Case Description #1***: Mary is working a treatment program and has done very well in staying sober for almost 12 months. She's been

Work in Buzz Groups, *continued*

dating Rick for several months, and she knows he shoots drugs. She has insisted that Rick use condoms when they have sex, and Rick has agreed. Last night, Rick told her he didn't want to use condoms any more. How can Mary respond? What should she say to him? What does she need to do to continue protecting herself from HIV?

Case Description #2: Dear Abby, My name is Mary and I am in a drug treatment program. I go with a guy named Rick. He still shoots drugs, and so far we have always used a condom for sex. Now Rick is pressuring me to not use condoms. What should I do? What can I tell him? How can I protect myself from HIV?

Role Play: Each group is given several role play scenarios that center on HIV risks and prevention (see **Core Curriculum** for ideas on developing role play material). Group members use the scenarios to observe and practice responses to requests involving HIV risk. Ideally, each buzz group member is given the chance to practice responding assertively to HIV risky invitations or situations. Other group members provide feedback and encouragement. Group leaders circulate from group to group to keep members on task. Issues raised in the buzz groups are discussed by the whole group at the end of the activity.

Procedure:

1. Decide on a format for the buzz group session. Develop cases studies or role play scenarios, written or typed on index cards or paper. Case studies and scenarios should address both sex and substance abuse-related HIV risks.

2. Divide the larger group into smaller buzz groups. Have groups establish separate work areas in the room, with enough distance from other groups to allow active discussions. Explain the purpose of the activity, and the rules for carrying out the assigned tasks (e.g., case study or role play). Ask each group to have one person serve as a recorder of the advice, ideas, and suggestions generated during the task.

3. Distribute one or more cases studies (or the needed number of role play scenarios) to each buzz group. Answer participants' questions about rules and task assignments, as needed. Allow time for the completion of the tasks. For role play, allow enough time for each member of the group to practice risk-reduction assertions. Circulate among the groups to observe, provide suggestions, and keep participants on track.

Work in Buzz Groups, *continued*

4. Bring the larger group back together to process the activity. For case studies, allow each group to read their case studies aloud and to share the recommendations they generated. For role plays, read each scenario aloud and encourage discussion of helpful and not-so-helpful approaches to risk-reduction assertions observed during the activity.

5. Spend 10 - 15 minutes leading a general discussion on HIV prevention issues. When possible, find tie-ins to the material generated during the activity.

   Questions might include:

   Why is HIV prevention an important consideration in treatment and recovery?

   What influences people to put themselves at risk for HIV?

   How would you respond to a sexual situation that put you at risk for HIV?

   What about a risky needle use situation — how would you respond?

   Why is having an HIV test a good idea?

   What would you say to a sex partner to encourage him/her to get an HIV test?

   What actions have you taken lately to reduce your HIV risks?

   What actions do you plan to take in the future?

6. Distribute pamphlets, safer sex materials, and information about testing, if available. Encourage participants to share what they've learned with peers.

Play a Game

Using levity to review and enhance HIV knowledge

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Selection of HIV/AIDS questions
Selection of HIV/AIDS terms/words/phrases
Stop watch or timer
Prizes, gold stars, or other token "trophy" for winning team
Game specific materials (discussed below)

Purpose: This activity helps enhance knowledge by creating a relaxed atmosphere for reviewing HIV/AIDS information. By using a popular type of game as the format for clarifying information, clients receive recognition for what they already know in addition to having gaps in knowledge addressed in a non threatening way.

Choosing a Game: Many popular games may be adapted for this activity. Ideally, the games should be structured as *team* competitions rather than pitting individuals against each other. A team structure encourages cooperation, interaction, and a balance between stronger and weaker players. Basically it is far less threatening and far more fun for the participants to work in teams.

Formats used in popular games and in TV game shows can be easily adapted. Approaches that work well include:

***Family Feud*:**

May be played in 2 rounds, with Round 1 questions worth 5 points, and Round 2 questions worth 10 points.

For Round 1, group leaders serving as "game hosts" present teams (in turn) with HIV/AIDS questions that require several answers (e.g., *There are 4 steps for carefully disinfecting "works" with bleach. Name those 4 steps.)*. Team members are encouraged to huddle and come up with the answers together. Group leaders use flip chart or erasable board to list the correct contributions to the answers. If all parts of the question are not answered within one minute, the opposing team has the chance to "steal."

Play a Game, *continued*

Group leaders fill in the missing components if neither team is able to generate the complete answer. Before introducing the next question, group leaders reread the finished question and the completed answer aloud (e.g., *There are 4 steps for disinfecting properly with bleach and those are draw up water several times to loosen debris, draw up bleach several times and hold for 30 seconds, draw up water again several times to rinse, and clean the cooker/mixer with bleach).*

Round 2 is played with simple true/false questions or one-answer questions. Each team is asked the same number of questions and neither team is given the opportunity to steal. Group leaders keep track of the score, using flip chart or erasable board to tally each team's points.

Jeopardy:

Use a bulletin board (or other creative means) to display 3 or 4 subject categories, with several questions under each category in ascending point value order. In the *Jeopardy* game, the "questions" are actually answers — the teams are challenged to create the correct question for a given answer (e.g., the answer is *It's initials are HIV*; the correct question would be *What is the Human Immunodeficiency Virus?)*. Teams select categories and answer questions in turn. If a team gives an incorrect answer, the opposite team has the opportunity to steal. A final *Jeopardy* question allows each team to earn bonus points. Group leaders serve as game hosts by reading and repeating answers and questions and by keeping a visible tally of each team's score.

Wheel of Fortune:

Use a pair of dice (or create your own version of a "spinner") to establish the points riding on each play. Spinners may be created so that there is a "lose a turn" position. For dice, you can designate a configuration as a turn-loser, for example, if you roll a pair of ones (snake-eyes) your team loses a turn.

Use pieces of cardboard or flip chart paper to create each game puzzle based on words, terms, or phrases related to HIV/AIDS (or use an erasable board). The puzzles will look like the old "hangman" game from school days (e.g., ___ ___ ___ ___ ___ ___ ___ ___ ___). The group leaders introduce each game puzzle by telling players whether it represents a word, term, or phrase. Teams roll for points (or spin), then guess at letters. This continues until sufficient letters have been revealed to solve the puzzle.

Play a Game, *continued*

Points are awarded if the correct letter is guessed. A team holds the play until it misses a letter or spins/rolls "lose a turn." Each team must have a spokesperson who is designated as the only one who can officially suggest a letter (but input from others is allowed). Team members can take turns spinning or rolling dice for points. After the puzzle is solved, the group leader should read it aloud, and add a brief educational message (e.g., "The puzzle reads: *Use a condom for safer sex.* This is important advice because condoms block HIV by preventing exposure to semen and vaginal fluids.")

Tic Tac Toe, Gameboards:

Use a large cork board to arrange concealed questions about HIV/AIDS issues. Arrange questions along a grid on which crosses and vertical/horizontal lines can be made (true/false questions work well). Teams pick grid squares to either hold position (Tic Tac Toe) or win points (gameboard). Positions are held and points are won by answering the concealed question in a grid square correctly. Opposing teams may be given the chance to steal. Cardboard squares with Exes (X) and Ohs (O), or other types of team markers are used to mark positions on the grid. Group leaders serve as game hosts, reading questions, throwing in correct information and educational reinforcement messages, and keeping scores.

Some groups may enjoy a more kinetic approach to gameboards. In such case, try hiding the questions behind blown up condoms (or balloons) that are attached to a large cork board. Teams are given darts and take turns "popping" out the questions. Team players throw in turn, changing throwers each round. When a balloon is burst, the team that burst it tries to give the correct answer to earn points or a marker on the grid.

Procedure:

1. Decide on a game to use. Before group, create a selection of questions (or a list of words, terms, and phrases for *Wheel),* making sure you have a variety of easy, medium, and more difficult items. (See **Core Curriculum** for ideas.) Make sure you have accurate answers for all questions, and accurate spelling for words and phrases. Assemble materials required for your game choice (e.g., cork board, flip chart, stop watch/timer) and create the props needed.

2. Introduce the game as an interesting (and fun) way to review HIV/AIDS information and maybe learn a few new things. Highlight the prize or award for the winning team. Ask the entire group to count off by two's, or use a similar objective mechanism for dividing the group into 2 teams. (For large groups, consider creating 3 teams.)

Play a Game, *continued*

3. Give each team a chance to come up with a team name, if they like. Encourage teams to "pump" up with team spirit. Also ask each team to choose an "official" spokesperson, or, if they prefer, allow the option of rotating that duty among team members. Stress that it's important that one person be designated as the only one who can officially deliver an answer (or choice of letter) during each round, otherwise the game may get noisy and confusing for the score-keeper.

4. Explain how the game you've selected is played. Many participants may be familiar with the TV-based games so you'll need to clarify how the version at hand will be slightly different. Go over the rules for the game. Decide on rules that will work best for your group.

   Here are some ideas:

   Teams may huddle and confer to decide on an answer (or to choose letters for the *Wheel).* However, only one designated person from each team may deliver the answer or the letter choice in a round of play.

   Teams will have one minute (by stop-watch or other timer) to decide on an answer. In some games, if a team is stumped or gives a wrong answer, the opposing team can be given the chance to "steal" the points by answering the question correctly. (Generally the opposing team is given less time to "steal" — for example, 30 seconds as opposed to a full minute.) When using the *Wheel* game, you also may want to limit time for choosing letters to 15 or 30 seconds per letter.

   Group leaders (the hosts) will set the pace, keep the game rolling, keep score, keep time, and decide on the correctness/acceptability of answers. Respect for others and a good sporting attitude is encouraged.

5. After the game is played and the winning team is lauded, spend about 10 to 15 minutes processing the activity. Ask participants to share new information they learned from the game. Review prevention information and discuss risk-reduction issues. Discuss topical issues (new findings, recent news reports, etc.). In other words, use the game as an impetus for a discussion of HIV/AIDS that reinforces the idea of developing and acting on a plan for personal risk reduction.

Invite a Speaker

Using community experts to heighten HIV/AIDS awareness

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Additional materials requested by speaker (VCR, projector, etc.)

Purpose: This activity helps reinforce and validate prior HIV/AIDS educational messages by allowing clients to hear them from an outside source. Guest speakers may bring a new approach or viewpoint for promoting risk reduction. In addition, speakers from other agencies or programs help increase clients' awareness of available community services.

Choosing a Speaker: Outside speakers may be brought in to address any HIV-related topic. However, inviting a speaker who is HIV positive to talk about his/her experiences can lead to a particularly impactful session. Many people who are living with HIV or AIDS volunteer their time as community educators. AIDS services organizations, public health departments, and other drug treatment programs may have speakers available.

Guest speakers (regardless of HIV serostatus) also may be brought in to address issues around which staff may lack expertise. For example, caring for people living with HIV or AIDS, "eroticizing" safer sex, or updating HIV/AIDS treatment issues. Panel presentations (several speakers each addressing their area of expertise) also may be helpful and interesting. Topics such as dealing HIV/AIDS prejudice or stories from people recovering from substance abuse who have been impacted by HIV are especially suited to panel presentations because of the variety of viewpoints that will be brought into the discussion.

Procedure:

1. Decide on a topic for the group. If appropriate, encourage participants to suggest topics of interest for an outside speaker to address.

2. Contact the speaker(s) (or the agency/organization furnishing the speakers) well in advance of the session date. Most organizations appreciate receiving requests for speakers at least 2 or 3 weeks in advance.

Invite a Speaker, *continued*

3. Provide the speaker(s) with information about the group (size, time in treatment, disposition), the goals for the presentation, and the group's level of basic HIV/AIDS knowledge. Encourage the speaker(s) to build time for questions and group discussion into their presentations.

4. Some speakers may require that you provide audio-visual equipment; others may be prepared to bring their own. Determine ahead of time your speaker's requirements for AV equipment and other materials.

5. Prepare your group ahead of time. Alert them to the topic to be addressed by the outside presenter and encourage attendance.

6. During and after the presentation, encourage group members to ask questions and participate in discussions, when appropriate.

7. If your speaker(s) is a representative of an organization that provides health or social services in your area, encourage him/her to provide the group with information about those services, including locations, phone numbers, and fee scales.

Work on a Map

Using fill-in maps to focus on problem-solving

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Paper, pencils
Structured map activity (included)

Purpose: This activity encourages clients to focus on personal risk-reduction issues. For many clients, taking action to minimize HIV risks may require that some time be spent solving problems and removing roadblocks to change. Mapping exercises allow clients to identify goals, visualize problems (and potential solutions), and clarify steps required in the problem-solving process.

Working with Maps: Structured or "fill-in" mapping exercises may be developed for almost any issue related to HIV/AIDS, as well as treatment and recovery issues. These activities may be designed to direct clients to think about short-term steps required for long-term goals (as illustrated in the included mapping activity) or they can be designed to help clients understand "cause and effect" relationships among feelings, thoughts, and actions. For more information about mapping, see the **Resources Section** of this manual. Mapping techniques also are discussed in the **Core Curriculum.**

Procedure:

1. Introduce the exercise by reviewing HIV prevention information. Ask participants to help you brainstorm a list of reasons why it may be difficult for people to take action toward HIV risk reduction (both in sexual and injection practices).

2. Introduce the mapping exercise as a method for thinking about barriers to personal risk reduction and an opportunity to identify steps for overcoming those barriers. Distribute mapping worksheets. Review the type of information that should go in each of the boxes ("nodes") and give examples. Explain that the lines connecting the boxes indicate the ways in which the information boxes may be related or linked to each other:

   Problem Statement: Give a brief description of one problem that

Work on a Map, *continued*

makes it difficult for you to practice HIV risk reduction. (Example: "I always forget to carry condoms then I find myself in a bind.")

Short Term Goal: Give a brief description of one goal you think you'd like to work on to address the problem. (Example: "I want to remember to carry condoms with me.")

Action Step: Use these boxes to describe steps that you would like to take to reach your goal. (Example: "I need to buy some or pick some up from my counselor; I'll go out and buy one of those little plastic purse packs to carry them in; I'll check to make sure I have condoms before I leave the house; I'll put a note on my mirror to remind me to carry condoms.")

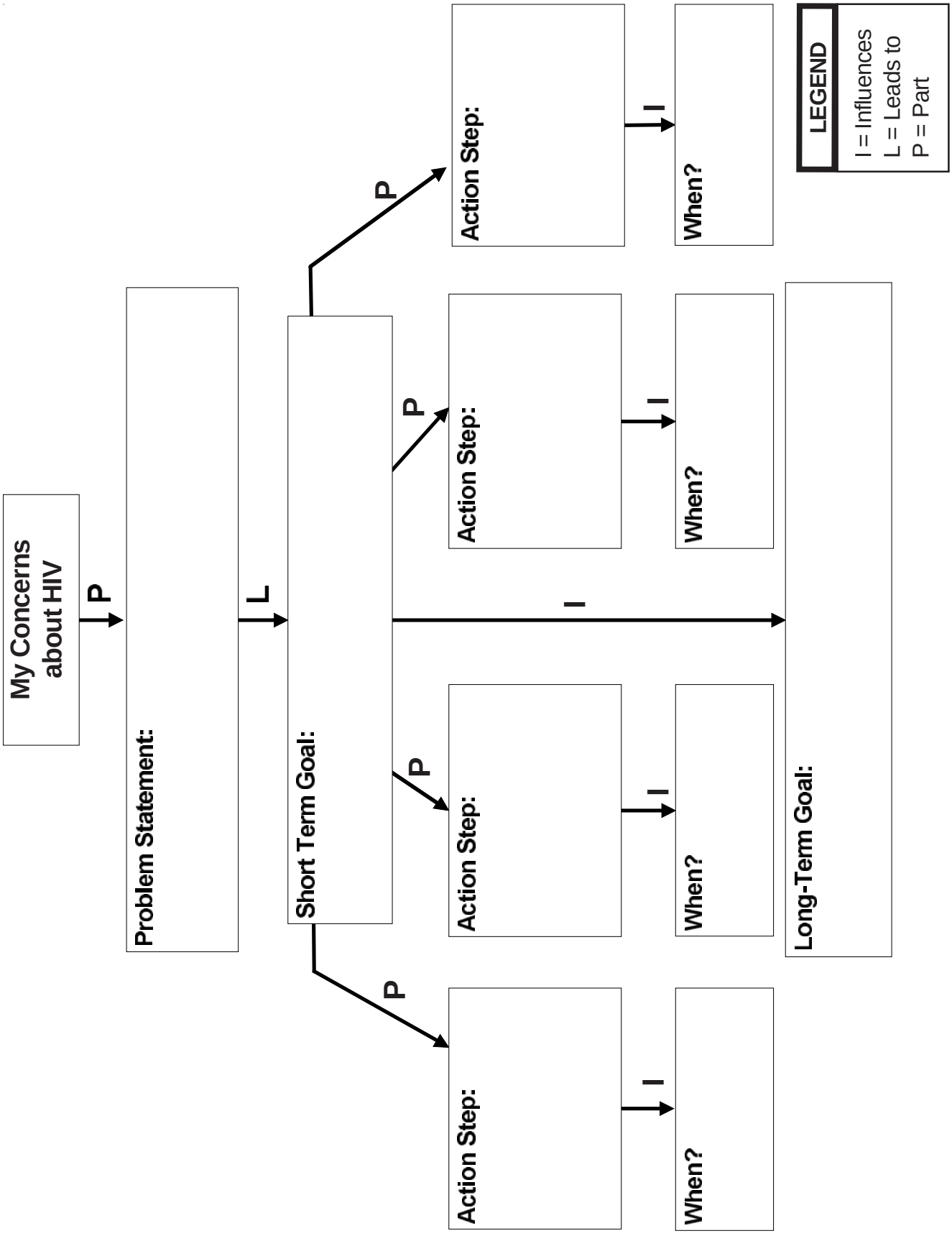
When? Use these boxes to decide when you will take action on your steps. (Example: "I'll buy some on my way home tonight; I'll look for a purse pack next time I'm at the mall; I'll check that I have condoms every night; I'll put the note up on my mirror tonight.)

Long-Term Goal: How will you be living your life in a year's time so that you don't have to worry about HIV infection? (Example: "I'll be making sure I'm using condoms every night, no matter what other people try to say to me.")

3. Encourage participants to complete their worksheets, stressing that there are no "right" or "wrong" answers to the questions. Let participants decide the complexity or simplicity of the problem they choose to address. For some groups you may want to encourage participants to complete one worksheet for sex risks and another for injection risks. Allow time for thoughtful completion and provide encouragement and assistance as needed.

4. Process the exercise by asking for volunteers to share their problems, their problem-solving steps, and their long-term goals. Encourage respectful discussion and constructive feedback from the group. An alternate method is to divide group members in to pairs or smaller groups of 3 or 4 people and ask them to share their worksheets. The smaller groups then come back together to share the key issues discussed in their buzz sessions.

5. Blank worksheets may be handed out as a "homework" assignment for participants to complete on another problem or issue related to personal HIV risk reduction.


My Concerns about HIV
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Problem Statement:
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Short Term Goal:
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Long-Term Goal:
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Action Step:
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When?
LEGEND
I = Influences
L = Leads to
P = Part

Increase Condom Comfort

Using desensitization approaches to encourage condom use

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Paper and pencils
Latex condoms (3 for each participant, plus extras)
Condom board (see description below)
Penis models, lubricants

Purpose: This activity helps address the embarrassment and negativity many clients associate with condoms. Through discussion and desensitization techniques clients are encouraged to explore their feelings about condoms and their resistance to using condoms. Methods for using condoms safely and comfortably are reviewed.

Working with Condoms: Condom discussions and demonstrations will benefit from presenters who are comfortable discussing sexual behavior, in general, and condom use, in particular. In addition, it helps if the presenter truly believes that condoms can be a fun, satisfying, erotic, and natural part of any sexual relationship. If we are uncomfortable with condoms and if our true feeling is that condoms are a drag and a hassle, we'll most likely convey that message to our clients in indirect but obvious ways. Desensitization work with condoms is best handled by presenters who are comfortable and enthusiastic about the benefits of condoms.

A condom board is a helpful prop for any condom/safer sex demonstration. To make a condom board, use a cork board or a heavy piece of cardboard to create a display of the of the variety of condoms available. Each condom should be fully unrolled and affixed beneath the package it came in so that participants can see what different brands and types look and feel like (see illustration on following page). Include lubricated and unlubricated condoms, flavored ones, condoms with reservoir tips and without reservoir tips, and examples of size differences (e.g., Magnum®, Slim Riders®). Avoid displaying "novelty" condoms unless the package explicitly says they are suitable for HIV/STD prevention. Natural skin condoms are not recommended for disease prevention and should be excluded as well.

Increase Condom Comfort, *continued*

Condom Board:

Procedure:

1. Introduce the topic by asking participants to discuss how and when they first learned about condoms. Ask what attitudes or opinions they formed about condoms during adolescence. Ask whether those attitudes have changed, or whether they are still the same. Emphasize that it may be wise to reconsider our attitudes about condoms, given the danger posed by HIV and other STDs.

2. Divide group into pairs or smaller groups of three. Distribute several latex condoms to each person. Ask each person to open one condom, and to spend some time handling it. Encourage them to unroll the condoms, stretch them, blow them up like balloons, pull them over a fist — to really examine their condom closely.

3a. Having closely examined the condoms, next ask each pair or small group to brainstorm other potential uses for a condom, beyond birth control and disease protection. Encourage them to be think of practical uses, as well as weird, wacky, or outrageous uses. Ask each buzz group to make a list of the uses they come up with.

or

3b. An alternative idea is to ask the groups to create a make believe TV or radio ad that sells all the positive aspects of condoms — something that would really inspire people to buy and use condoms.

4. Ask the group to come back together and discuss the ideas generated for alternate uses for condoms (or to present the ads they developed). Highlight the properties of latex condoms that would allow for alternate uses (for example, they are strong, they stretch, they come in colors/flavors) or the main selling points in the ads.

Increase Condom Comfort, *continued*

5. Lead a general discussion about condoms and people's attitudes about using them. Where appropriate, use flip chart or erasable board to list participants responses.

   Questions might include:

   Among the people you know, how many do you think have ever used a condom? (Encourage a rough estimate.)

   How many do you think use condoms all the time?

   How many do you think use condoms most of the time?

   Some of the time? Never use them at all?

   What are some reasons why you think people use condoms? (List reasons.)

   What are some reasons why you think people don't use condoms? (List reasons.)

   What makes it difficult for people to use condoms?

   What makes it easy for people to use condoms?

   What one thing to you think is the biggest influence on whether or not a person will use a condom?

   What is your own attitude about using condoms?

6. Spend about 10-15 minutes leading a review of the correct way to use a condom safely and comfortably. Use the condom board to illustrate the different shapes, sizes, colors, and textures of condoms available. Use penis models to demonstrate the correct way to put on a condom. Have participants practice putting condoms on fingers, bananas, or penis models (see **Core Curriculum** for more detailed instructions for condom demonstration). Emphasize and demonstrate that condoms can be fun, exciting, and sexy, as well as health-conscious.

7. Distribute safer sex literature and extra condoms, if available. Encourage participants to share what they've learned.

Resources and References

TABLE OF CONTENTS

*Source: Texas Department of Health, Bureau of STD/HIV Prevention.

HIV/AIDS Educational Material

In many communities, HIV/AIDS educational materials such as videos, pamphlets, safer sex demonstration kits, and safer sex supplies are available for loan from other organizations.

Check with the following groups in your community about the availability of low-cost or free loan materials:

Public Health Departments/clinics
Planned Parenthood or other family planning agencies
American Red Cross offices
AIDS services/advocacy organizations
Hospital education programs
AIDS/HIV health clinics

In addition, many states provide HIV/AIDS pamphlets, brochures, and other educational materials through their Department of Public Health (usually the HIV/STD division). Your local public health department may be able to give you information about ordering materials from your state health authority. In some states, educational materials are available through state, regional, or local public health departments for free or at cost.

Videos

The following is a list of producers and distributors of HIV/AIDS educational video tapes. Producers that offer low-cost or free copies of videos are listed. Most distributors listed will furnish catalogs or price lists.

AIMS Media
9710 DeSoto Avenue
Chatsworth, CA 91311-4409
(800) 367-2467

Offers videos on a variety of topics, including HIV/AIDS and drug abuse prevention.

Videos, continued

Alschul Group
1560 Sherman Ave. Suite 100
Evanston, IL 60201
(800) 421-2363

Offers a variety of health education videos, including titles on HIV/AIDS for general populations.

Churchill Media
6901 Woodley Avenue
Van Nuys, CA 91406
(800) 334-7830

Offers a variety of health education videos, including general information about HIV/AIDS.

CNS Productions
P.O. Box 96
130 3rd Street
Ashland, OR 97520-1962
(800) 888-0617

Offers several videos on HIV and substance abuse, including training materials for counselors and treatment staff.

Conversations Video
Substance Abuse Services, Ward 93
San Francisco General Hospital
1001 Potrero Ave.
San Francisco, CA 94110
(415) 206-8764

Offers a video featuring the stories of injection drug users (many with HIV) called *Conversations About AIDS and Drug Abuse.* (1988; English; 27 minutes; VHS $125 per copy)

Videos, continued

ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

Offers a variety of health and sexuality-related materials for youth and adults including HIV/AIDS videos, some in both English and Spanish.

Focal Point Productions
1750 Bridgeway Suite 103B
Sausalito, CA 94965
(415) 332-8088

Offers health education videos. One called *The Best Defense* was produced especially to appeal to injection drug users. (1988; English & Spanish; 19 minutes; VHS $229)

Focus International
1160 E. Jericho Turnpike
Huntington Station, NY 11743
(800) 843-0305 (516) 549-5320

Offers a variety of health, sexuality, and safer sex titles.

Gay Men's Health Crisis, Inc.
129 West 20th Street
New York, NY 10011
(212) 807-7517

Offers targeted audience and general audience materials on HIV/AIDS prevention, some in English and Spanish.

Harris County Medical Society
AIDS Education Project
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
(713) 790-1838

Offers good, basic informational materials about HIV/AIDS. Video *AIDS: Protect Yourself* provides AIDS 101 information in a modern format. (1987; English; 18 minutes; VHS $30 per copy)

Videos, continued

Health EDCO
P.O. Box 21207
Waco, TX 76702-1207
(800) 299-3366

Offers educational videos and other resources for teaching about HIV/AIDS.

HIV Center for Clinical and Behavioral Studies
New York State Psychiatric Institute
P.O. Box 10
722 W. 168th Street
New York, NY 10032
(212) 960-5788

Offers several titles on HIV/AIDS, including a video for women *AIDS Is About Secrets* which is widely acclaimed. (1989; English; 37 minutes; VHS $75) Some materials available in Spanish.

Impact AIDS, Inc.
(San Francisco AIDS Foundation)
3692 18th Street
San Francisco, CA 94110
(415) 861-3397

Offers a variety of HIV/AIDS specific materials, including *AIDS Antibody Testing*, which helps explain the immune system and testing issues (1992; English; 20 minutes; VHS $60 per copy)

Intermedia, Inc.
1300 Dexter North Suite 220
Seattle, WA 98109
(800) 553-8336 (206) 282-7262

Offers a variety of health education tapes, including HIV/AIDS prevention. In particular, *Drugs and AIDS: An Appeal to Users* focuses on needle hygiene. (1987; English; 11 minutes; VHS $169 per copy)

Videos, continued

Latino AIDS Project
Instituto Familiar de la Raza
2639 24th Street
San Francisco, CA 94110
(415) 647-5450

Offers materials for Hispanic and Latino audiences. Producers of *Ojos Que No Ven* (*Eyes That Fail to See*), a widely acclaimed educational video for Latinos. Materials available in English and Spanish.

Modern Talking Picture Service, Inc.
5000 Park Street North
St. Petersburg, FL 33709
(800) 237-4599

Offers a variety of videos on HIV/AIDS prevention, many of them targeted for youth and minorities. *Alicia* is designed for Hispanic/Latina women, and discussed issues related to mother-to-newborn transmission. (1988; English & Spanish; 21 minutes; VHS $30 per copy) *Olga's Story* focuses on a Hispanic woman's struggle with AIDS (1988; English & Spanish; 20 minutes; VHS $30)

Multi-Focus, Inc. (Exodus Trust)
1523 Franklin Street
San Francisco, CA 94109-4592
(415) 673-5100 (415) 928-1133

Offers sexuality and HIV/AIDS education materials. Most materials are candid and explicit; may not be suitable for all audiences.

National AIDS Information Clearinghouse
Centers for Disease Control
Box 6003
Rockville, MD 20849-6003
(800) 458-5231 {Prompt # 2}

Offers a variety of video titles on HIV/AIDS. Charge for shipping and handling.

Videos, continued

New York State Department of Health
Bureau of Health Promotion
Corning Tower, Room 1084 Empire State Plaza
Albany, NY 12237
(518) 474-5370

Offers low-cost videos ($25 per copy) for targeted audiences such as injection drug users, women, and minorities. For example, *Eddie's Story: How to Protect Yourself from STDs and AIDS* focuses on safer sex from perspective of African-American men. Other titles available in English and Spanish.

PBS Video News
Special Editions
1320 Braddock Place
Alexandria, VA 22314-1698
(800) 424-7963

Offers a variety of educational videos and HIV/AIDS specific videos. Most were originally broadcast on public television stations. *"AIDS" Changing the Rules* featuring Ruben Blades, is widely used for general education programs. Many titles available in English and Spanish.

Select Media
225 Lafayette Street Suite 1102
New York, NY 10012
(212) 431-8923

Offers a variety of HIV/AIDS titles, many of them targeted to youth, especially minority youth. Many of their videos are available for under $100, in both English and Spanish.

Pamphlets, Publications, Etc.

The following is a list of publishers and distributors of written HIV/AIDS educational materials. Publishers that offer low-cost or free copies of materials are listed. Most distributors listed will provide catalogs or price lists.

AIDS Clinical Trials Information Service
P.O. Box 6421
Rockville, MD 20849-6421
(800) 874-2572

Brochures for people with HIV disease, including information about AIDS clinical trials, early treatment options, and drug therapies. Materials available free in English and Spanish.

American Red Cross National Headquarters
HIV/AIDS Education
1709 New York Avenue, NW, Suite 208
Washington, DC 20006
(202) 639-3223

Brochures and pamphlets on a variety of HIV/AIDS related topics in English & Spanish. Most materials available free. *To order materials, contact your nearest local Red Cross Chapter.*

Asian AIDS Project
300 4th Street, Suite 401
San Francisco, CA 94107
(415) 227-0946

Brochures on HIV-AIDS-related topics, especially prevention. Materials available in English and several Asian languages. Discounts available.

BEBASHI, Inc.
1233 Locust Suite 400
Philadelphia, PA 19107
(215) 546-4140

HIV education and prevention materials targeted to the African-American community. First 25 copies of pamphlets are free.

Publications, continued

Being Alive
(Formerly PWA Coalition)
3626 Sunset Blvd.
Los Angeles, CA 90026
(213) 667-3262

Brochures and pamphlets on HIV testing, and on health care issues for HIV positive individuals. Single copies available free.

ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

Booklets, pamphlets, and brochures on a variety of HIV/AIDS-related issues; some titles available in English and Spanish.

Gay Men's Health Crisis, Inc.
Publications Department
129 West 20th Street
New York, NY 10011
(212) 807-7517

Booklets, pamphlets, and brochures of a variety of HIV/AIDS-related issues. Free single copies of materials available; multi copies at cost. English and Spanish.

Good Samaritan Project
3030 Walnut
Kansas City, MO 64108
(816) 561-8784

Brochures on safer sex and HIV prevention in English and Spanish. Up to 5 copies available free.

Publications, continued

Harris County Medical Society
AIDS Education Project
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
(713) 790-1838

Booklets and brochures on a variety of HIV/AIDS-related issues. *AIDS: A Guide for Survival*, 96-page booklet on general HIV/AIDS information is $0.50 per copy (order in increments of 100).

Health Education Resources Organization (HERO)
101 West Read Street, Suite 825
Baltimore, MD 21201
(410) 685-1180

Flyers, pamphlets, booklets, and brochures available on a variety of HIV/AIDS-related issues. Materials available in English and Spanish.

Impact AIDS, Inc.
San Francisco AIDS Foundation
3692 18th Street
San Francisco, CA 94110
(415) 861-3397

General education materials on a variety of HIV/AIDS-related issues. Materials available in English and Spanish.

Latino AIDS Project
Instituto Familiar de la Raza
2639 24th Street
San Francisco, CA 94110
(415) 647-5450

Pamphlets, wallet-cards, photonovelas on HIV prevention in English and Spanish.

Minority AIDS Project
5149 West Jefferson Blvd.
Los Angeles, CA 90016
(213) 936-4949

Wallet-sized cards, brochures and flyers on HIV/AIDS prevention topics. Materials available in English and Spanish.

Publications, continued

National AIDS Information Clearinghouse
Centers for Disease Control
P.O. Box 6003
Rockville, MD 20849-6003
(800) 458-5231 {Prompt # 2}

General educational pamphlets on a variety of HIV/AIDS-related issues, including materials from the "America Responds to AIDS" campaign. Both English and Spanish available.

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
(800) 729-6686

Pamphlets on drug abuse-related issues, some concerning HIV prevention for IDUs. Materials available in English and Spanish, many available free.

Native American Community Board
P.O. Box 572
Lake Andes, SD 57356
(605) 487-7072

HIV/AIDS information and prevention materials targeted to Native Americans. Up to 5 copies of brochures available free.

People of Color Against AIDS Network (POCAAN)
4900 Ranier Avenue, South
Seattle, WA 98118
(206) 721-0852

General educational pamphlets, comic books, and brochures in English and Spanish covering a variety of HIV/AIDS-related issues.

Prostitute's Safe Sex Project
(MAGGIE'S)
P.O. Box 1143, Station F
Toronto, Ontario M4Y 2T8 Canada
(416) 964-0150

Safer sex and general safety information for prostitutes and sex industry workers; explicit and peer-oriented.

Some of the resource information contained in this section was taken from HIV/AIDS education directories prepared by NOVA Research Company, Bethesda, MD, for the National AIDS Demonstration Research Project (NADR), funded by the National Institute on Drug Abuse.

Materials for Safer Sex Demonstration

CONDOM DEMONSTRATION MODELS

Ansell Medical Products (makers of Ansell condoms)
P.O. Box 1252
Dothan, AL 35302
1-800-327-8659

Ansell offers a wooden penis condom demonstration model for $4.00, plus shipping.

The company also offers a P.E.P. Talk (Protection Education Program) kit for $19.95, plus shipping. The kit contains a wooden penis model, an educational audio tape, 100 "How to use a condom" leaflets in English and Spanish, a brochure on HIV/AIDS, a T-shirt with logo, and a sample of unlubricated condoms.

Exodus Trust
1523 Franklin
San Francisco, CA 94109
1-415-928-1133

Exodus Trust offers Lucite penis models for condom demonstration for $25 – $35. They also offer a variety of explicit sex education videos and materials. Call or write for a catalog.

THE "FEMALE CONDOM"

As of October 1994, the Reality® Female Condom was the only such product on the market. It is produced by the Female Health Division of Wisconsin Pharmacal Company. Educational materials are available at no cost from Wisconsin Pharmacal and include:

- Samples of the Reality® Female Condom for education/ demonstrations
- Informational brochures and literature (Spanish available)
- Video tapes
  Instructions on How to Insert 6:40 minutes
  Women Talk About Using Reality® 10:01 minutes

To request education materials, contact:

Holly B. Sherman, Public Affairs
Female Health Division
Wisconsin Pharmacal Company
875 North Michigan Avenue, Suite 3660
Chicago, IL 60611
1-800-635-0844
FAX: 213-280-9360

HIV/AIDS Curricula

Behavioral Counseling Model for IDUs
Fen Rhodes, Gary Humfleet, Michele Mowrey, and Nancy Corby
Community Health Outreach
920 Pacific Avenue
Long Beach, CA 90813
(310) 491-0230

Getting the Word Out: A Guide to AIDS Materials Development
Ana Consuelo Matiella
ETR Associates
Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

NIDA Standard Intervention Model for IDUs Not in Treatment
National Institute on Drug Abuse
Community Research Branch
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6720

Psychoeducational Workshop to Prevent AIDS Among IDUs
Carma Heitzmann, James Sorensen, David Gibson,
Edward Morales, and Roland Dummontet
Substance Abuse Services
UCSF at San Francisco General Hospital
Building 1, Suite 203
San Francisco, CA 94110
(415) 206-8764

Project ARRIVE Training Manual
Harry Wexler, Howard Josepher, and M.S. Josepher
National Development and Research Institutes, Inc.
380 Glennerye St.
Laguna Beach, CA 92651
(714) 497-0915

Teaching AIDS, 3rd Edition
Marcia Quackenbush and Pamela Sargent
ETR Associates
Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

T.I.P.S.:Training in Interpersonal Problem-Solving
Jerome Platt, Patricia McKim, Stephen Husband,
and TIPS Working Group
Division of Addiction Research and Treatment
Hahnemann University Hospital
Mail Stop 984 Broad & Vines Streets
Philadelphia, PA 19102-1192
(215) 762-4307

Training Educators in HIV Prevention
Janet Collins and Patti Britton
ETR Associates
Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

Women and AIDS: What We Need to Know
Julie Redman
Planned Parenthood of Louisiana
4018 Magazine Street
New Orleans, LA 70115
(504) 245-1714

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Alberti, R., & Emmons, M. (1990). *Your perfect right* (3rd ed.). San Luis Obispo, CA: Impact Publishers.

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Petrich, B. & McDermott, B. (1988). *Intimacy is for everyone*. (Available from Planned Parnthood of Santa Barbara, 518 Garden Street, Santa Barbara, CA 93101).

Powell, Elizabeth. (1990). *Talking back to sexual pressure*. Minneapolis, MN: CompCare Publishers.

Wood, Peggy & Mallinckrodt, Brent. (1990). Culturally sensitive assertiveness training for ethnic minority clients. *Professional Psychology: Research and Practice*, *21*(1), 5 - 11.

Introduction to Mapping

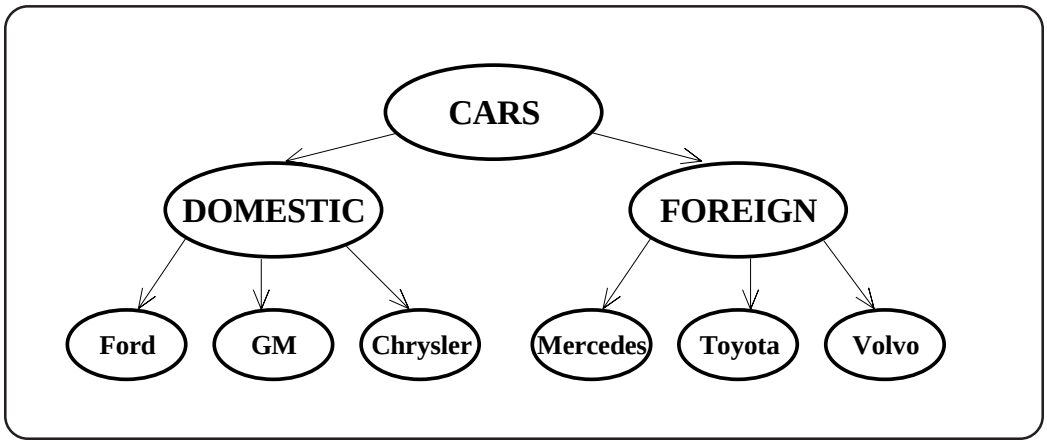
In this chapter, we will introduce "mental roadmaps," discuss why you should use them, and describe how you can get started making them.

What are mental roadmaps?

We frequently use maps from a road atlas to locate where we are, to figure out how to move from place to place, and to give directions to other people. In this manual we are going to introduce you to a new kind of roadmap. Instead of showing how cities, towns, parks, and lakes are connected to one another, these maps show how feelings, actions, thoughts, and facts are connected. As you know, most people prefer simple roadmaps to sets of verbal directions. The old adage, "A picture's worth a thousand words," probably applies here. Our experiments with mental roadmaps suggest the same things: maps of thoughts and actions communicate better than words (e.g., Dansereau & Cross, 1990; Dansereau, 1985; Evans & Dansereau, 1991; Lambiotte, Dansereau, Cross, & Reynolds, 1989).

You are probably familiar with some types of mental roadmaps. For example, most people have seen diagrams like those shown here.

In "maps" like these, the circles or nodes usually contain concepts, objects, actions, and feelings rather than towns and cities. The links between the circles represent relationships, such as "types" (e.g., one "type" of car is domestic), rather than highways and dirt roads.



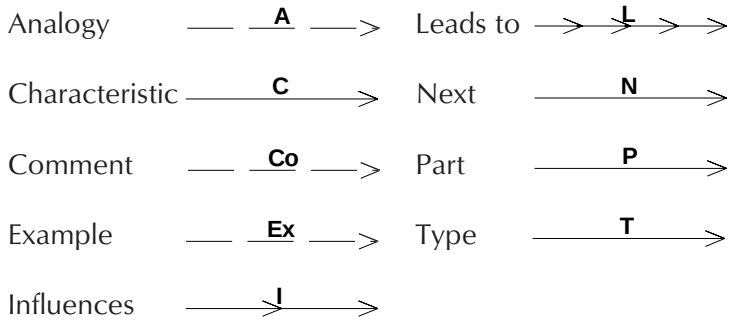
Source: Dansereau, Dees, Chatham, Boatler, & Simpson, *Mapping New Roads to Recovery: Cognitive Enhancements to Counseling* (see References).

Fundamentals of Mapping

Mapping is a graphic communication technique, using links and nodes as building blocs. Nodes are capsules of information and links connect the various nodes.

Nine basic links

There are nine basic types of links used in mapping:



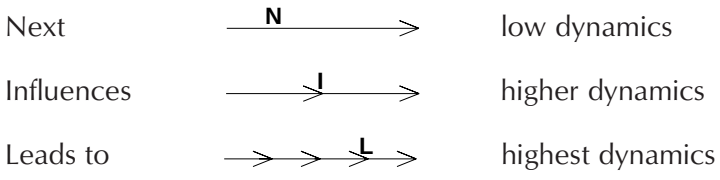
Three functional categories

For our purpose, we can divide these nine links into three functional categories:

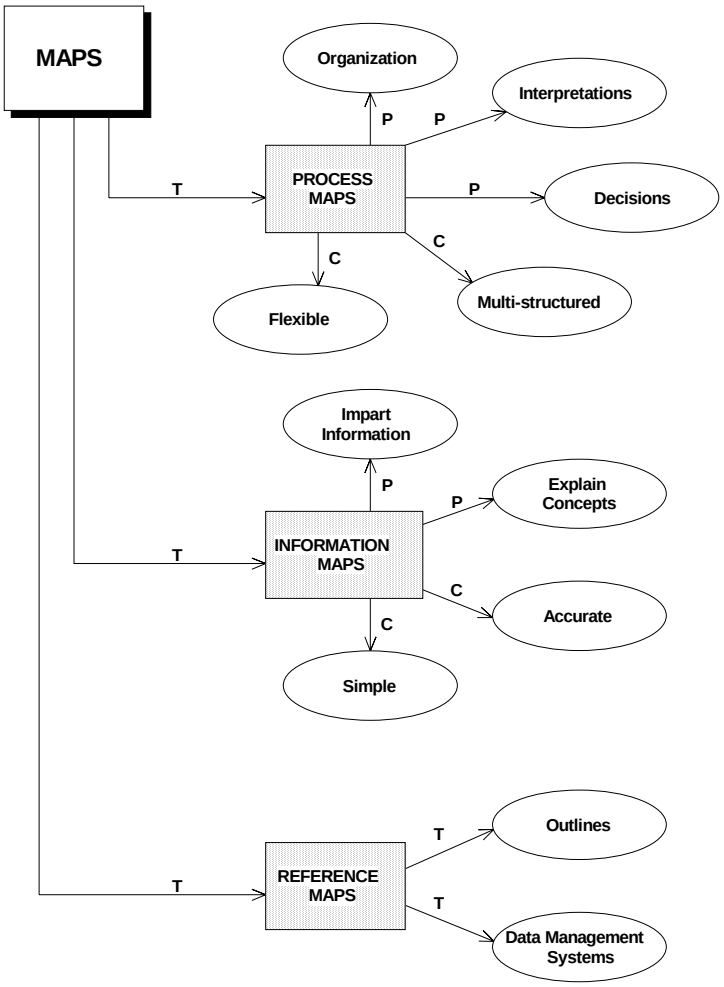
ACTION	DESCRIPTION	ILLUSTRATION
Influences	Characteristic	Analogy
Leads to	Part	Comment
Next	Type	Example

Three intensity levels of action links

Also note that action links differ in terms of the intensity of the dynamic interaction involved:



There are three primary kinds of maps — **process**, **information**, and **reference** maps. They serve different functions as shown below.

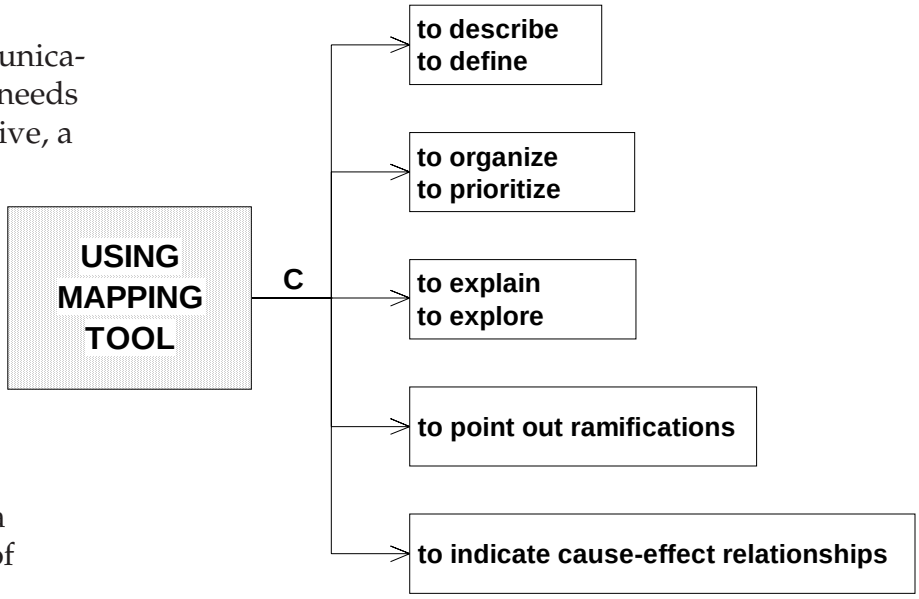


Process and information maps are used with and by the clients in individual and group counseling.

The reference maps facilitate the counselor's task in preparing for the counseling sessions.

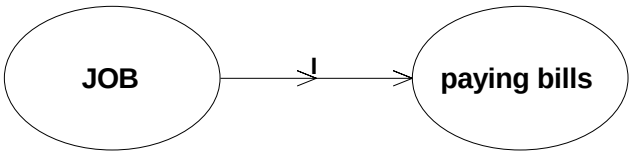
Information maps differ from process maps in that their function is to impart knowledge in the **simplest** and most **accurate** fashion possible. Although the counselor may solicit spontaneous bits of information from the group or the individual client, the finished map needs to be clear and **accurate**. Like a team of players working on a puzzle whose finished design is known only to one player, the building of an information map during a counseling session requires delicate assemblage.

Mapping is an effective communication tool. However, mapping needs to have a goal — a clear objective, a start, and a resolution.

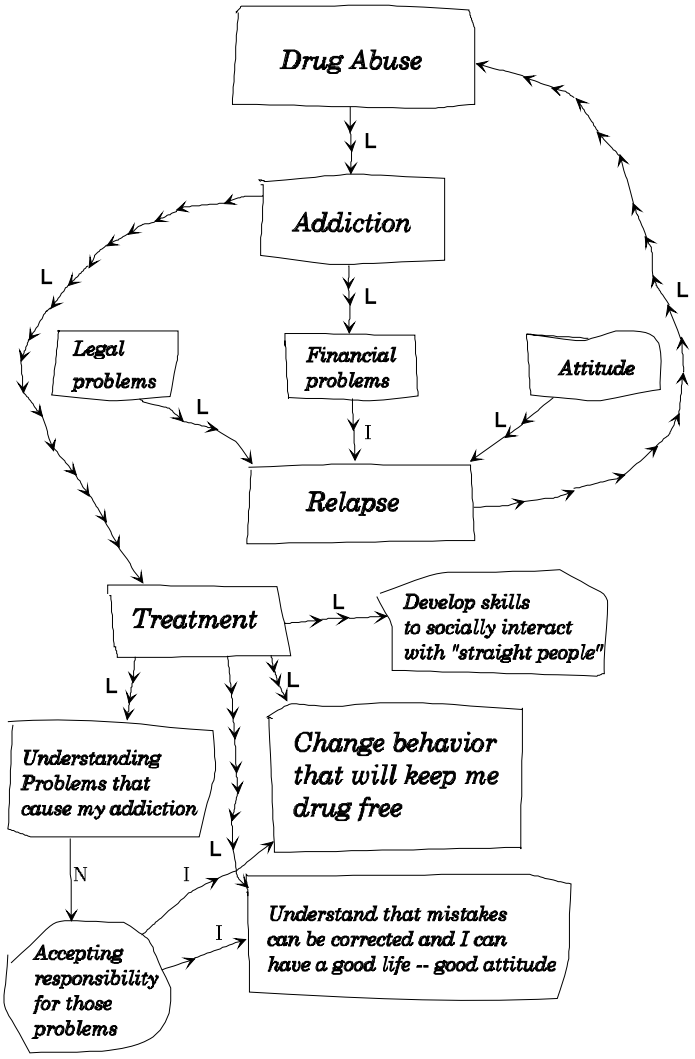


In summary, mapping allows simple graphic illustration of a large, complex, written body of information.

Maps may be very small, for example, two nodes and one link:



or they may be extremely complex, showing a maze of interactions.



Articles

Using Role Plays to Build Assertiveness Skills

Role play is often used in both educational and therapeutic settings. Clinicians use it in individual or group counseling sessions; educators use it to enhance classroom learning. Most often role play is used to help people practice interpersonal communication skills and is sometimes referred to as "behavioral rehearsal."

For HIV/AIDS prevention groups, role play can help participants understand the benefits of assertive communication for negotiating risk reduction. Role play allows participants to gain an understanding of what assertiveness sounds like and feels like, and it provides an opportunity to practice specific skill areas. Role play activities based on real-life situations help participants learn and rehearse effective responses to pressures to engage in HIV-risky behavior.

Group role plays provide benefits for the players and the observers alike. Group members have the opportunity to discover that many real-life problems are shared, and this awareness may help reduce feelings of isolation. The role player who practices the assertiveness techniques (the "asserter") has the opportunity to think about, feel, and actually do a new behavior. The co-player and other observers have the chance to learn by seeing themselves in the role play and reflecting on what their own strategies might be in a similar situation. The observers also are given a chance to help others by providing insightful and constructive feedback.

INTRODUCING ROLE PLAY ACTIVITIES

Once they get the hang of it, most people enjoy role play activities and are enthusiastic about participation. It's helpful to introduce the purpose of and process for role playing before getting started.

Here are some introductory ideas to share with group members:

- **The purpose of the role plays is to practice and observe assertiveness skills.** When you take part as a "player," you get a chance to see what it feels like to actually respond assertively. When you take part as a co-player or observer you can see assertiveness in action, and think about how you would respond in a similar situation.

- **No one will be *forced* to role play; however, you may be encouraged to volunteer.**

- **Observers and co-players will be asked to give *constructive* feedback after the main player practices an assertive response**. Constructive means helpful and respectful. Try to think of positive suggestions about how the player might improve his/her style as opposed to telling the player what he/she did "wrong."

- **Help keep distractions to a minimum for the role players**. Avoid laughing, snickering, giving instructions, interrupting, etc.

- **Listen carefully to what goes on in the role play**. How might the role player improve his/her assertiveness skills? Think about how *you* would use assertiveness skills in the same situation.

Here are some ideas for the role players:

- **Playing a role in the role play exercise allows you to practice being assertive and to get a feel for how others may respond when you are assertive**. Your job as a role player is not to be a comedian or a great actor or actress. Be yourself, have fun, and concentrate on learning more about how you can use assertiveness skills to protect yourself in HIV risky situations.

- **There are two "roles" in each role play**. We can think of them as the star and the co-star, or as the asserter and the assistant. The person in the asserter role focuses on practicing specific assertiveness techniques; the person in the assistant role helps create and define the potential risk-taking issue or situation by playing to the asserter.

- **The assistant should avoid giving in completely and also should avoid making the situation impossible to deal with**. The assistant's job is to help the asserter practice, not to trip him/her up. It's most helpful if the assistant can provide honest, "real-life" reactions (or come-backs) to the asserter.

Here are some ideas for the group leader:

- **If either role player begins to feel uncomfortable, upset, angry, embarrassed, or afraid — stop the role play**. It's not useful to continue if either player is experiencing discomfort. If this happens, encourage sharing of feelings and take time to process the issues behind the feelings. Likewise, avoid forcing an overly shy or introverted person to be a player or co-player. Some people will learn more from observing than they will from being "on stage."

- **It's not necessary to wait for the role players to reach closure on the issue in the role play**. In fact, some role plays could go on for hours if allowed to do so. In general, the longer the role play goes on, the less effective it becomes for skills practice. Both players and observers may get muddled if more material than can be realistically processed is raised.

- **Stop the role play and process the interaction as soon as useful material is raised**. One, two, or three "volleys" or exchanges between the players will usually generate enough feelings and skill concepts for discussion. Since, ideally, the focus is on building and practicing specific assertive responses, limiting the length of the role plays allows the asserter several chances to repeat his/her assertions (i.e. "take two") after receiving constructive feedback from the observers and group leader.

- **Allow the asserter role to have at least one more "take" after the role play is processed and feedback is given**. This repeated practice helps build confidence and reinforces learning. Ideally, if time is not an issue, the asserter should be allowed to continue practicing (do several "takes") until he/she is satisfied with his/her use of assertiveness techniques.

- **Process the feelings and experiences of <u>both</u> role players before asking the observers for feedback and before giving feedback yourself**. Both the asserter and the assistant should be given the chance to talk about their feelings, their perceptions, and their reactions to their interaction in the role play. In most cases you'll want to allow the asserter to debrief first, then the assistant, and then the observers (the rest of the group). Save your feedback and suggestions for last, and then encourage the asserter to try a second or third "take."

- **When giving feedback, use lots of praise and be gentle**. Avoid criticism; instead, provide positive direction or suggestions. For example, "How do you think you might make your refusal a little stronger next time?" rather than "That was a really *weak* refusal!" Encourage observers also to give this type of constructive feedback, and model for them how it's done.

FORMATS FOR ROLE PLAYS

The format or method used for leading group role plays can vary. There are several methods that are useful for skills rehearsal, and group leaders may want to experiment with formats in order to discover which ones best suit their needs.

Whole group as observer. This is the method described in the **Core Curriculum** in this manual. In this format, an asserter role plays with an assistant, and the rest of the group observes and provides feedback.

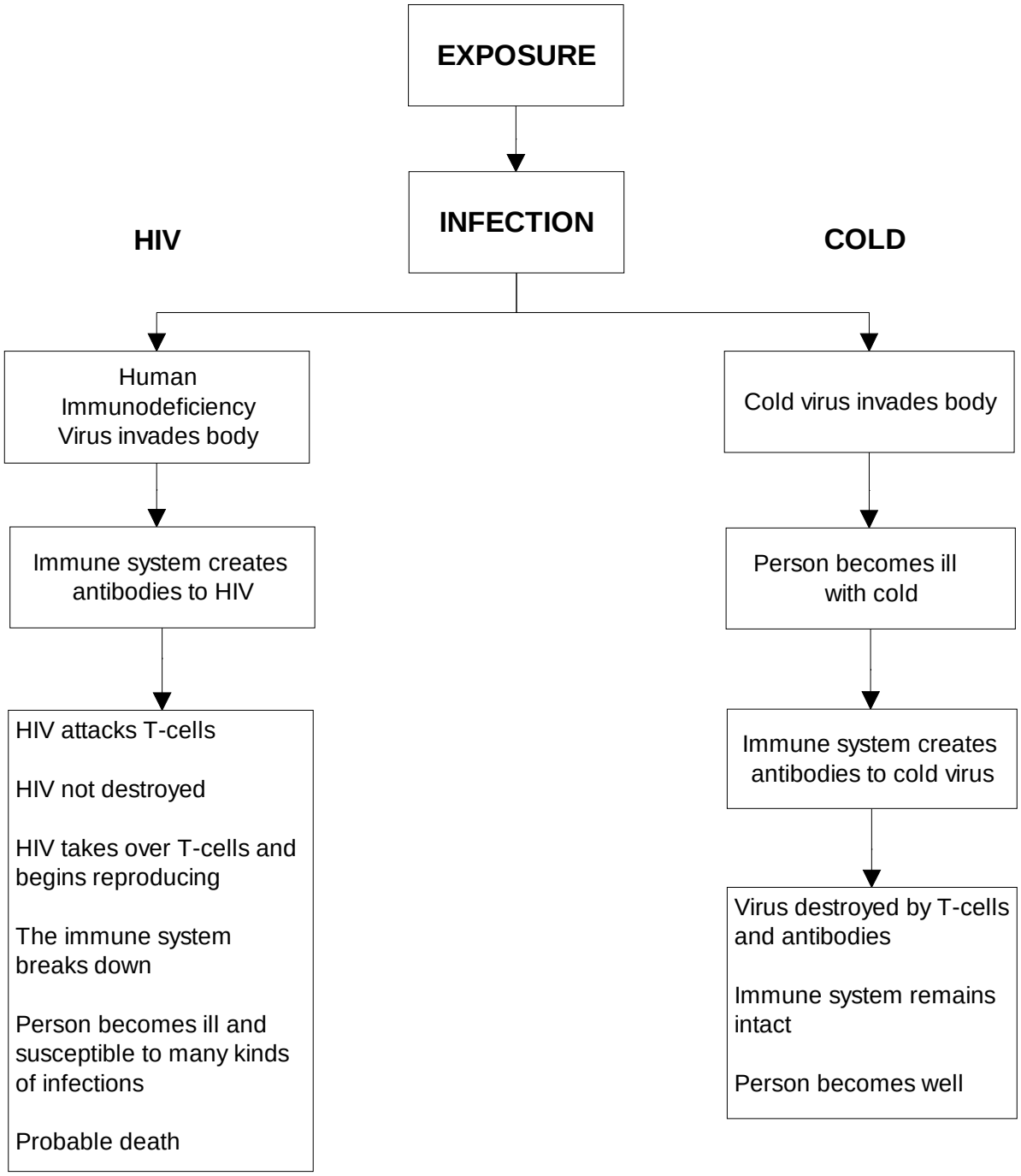
Single observer. With this structure, there is an asserter role, an assistant role, and a "formal" observer role. After the role play interaction occurs and the two players have discussed their feelings, the designated observer provides direct feedback to the asserter. After the observer has commented, the rest of the group is invited to give feedback.

Small groups (triads). In this variation, the larger group is divided into smaller groups of three. One person begins as the asserter, another as the assistant, and a third as the observer After the role play, the observer provides feedback and all three participants discuss the experience. After a few rounds of practice, the participants change roles and practice using another role play situation. The group leader circulates among the triads, providing encouragement, feedback, and direction as needed.

Script plays. Group members work in pairs or in groups of three. Each pair or triad is

given a situation (or asked to generate its own), and then instructed to write a script. The scriptwriters should focus on developing assertive responses for the main character to use in dealing with the HIV-risk issue in their scenario. The pairs or triads then read their scripts to the larger group (with different people playing the different parts), and the use of assertiveness techniques is discussed. A variation is for the participants to exchange scripts and read each other's aloud, then discuss them and offer feedback.

Immune System Response to Infection



How to talk about condoms with a resistant partner

If the partner says:	You can say:
"I'm on the pill, you don't need a condom."	"I'd like to use it anyway. We'll both be protected from infections we may not realize we have."
"I know I'm clean (disease free): I haven't had sex with anyone in months."	"Thanks for telling me. As far as I know, I'm disease-free, too. But I'd still like to use a condom since either of us could have an infection and not know it."
"I'm a virgin."	"I'm not. This way we'll both be protected."
"I can't feel a thing with a condom; it's like wearing a raincoat in the shower."	"Even if you lose some sensation, you'll still have plenty left (with me)."
"I'll lose my erection by the time I stop and put it on."	"I'll help you put it on -- that'll help you keep it."
"By the time you put it on, I'm out of the mood."	"Maybe so, but we feel strongly enough for each other to stay in the mood."
"It destroys the romantic atmosphere."	"It doesn't have to be that way."
"Condoms are unnatural, fake, a total turnoff."	"Please let's try to work this out -- an infection isn't so great either. So let's give the condom a try. Or maybe we can look for alternatives."
"What kind of alternatives?"	"Maybe we'll just pet, or postpone sex for a while."
"This is an insult. Do you think I'm some sort of disease-ridden slut/gigolo?"	"I didn't say or imply that. I care for you, but in my opinion, it's best to use a condom."
"None of my other boyfriends/girlfriends uses a condom. A real man/woman isn't afraid."	"Please don't compare me to them. A real man/woman cares about the woman/man he/she dates, him/herself, and their relationship."

If the partner says:	You can say:
"I love you! Would I give you an infection?"	"Not intentionally. But many people don't know they're infected. That's why this is best for us both right now."
"Just this once."	"Once is all it takes."
"I don't have a condom with me."	"I do." or "Then let's satisfy each other without intercourse."
"You carry a condom around with you? You were planning to seduce me."	"I always carry one with me because I care about myself. I have one with me tonight because I care about us both."
"I won't have sex with you if you're going to use a condom."	"So let's put it off until we can agree." or "Let's try some other things besides intercourse."
"Condom are messy and smell funny."	"But with a condom we'll be safe."

How Can A Person Learn to Enjoy Condoms?

First, experiment all you want. If you're clumsy, don't sweat it. If you make a mess, open another one and start over again. If the going is easy, that's fine too. Keep several types and sizes around so that you and your partner will have a choice.

Put your favorite fantasy partner into condoms scenes while you masturbate. Think up ways you might get the partner to use condoms and what it would be like.

You can't make condoms feel the exact same way as naked skin. But you can explore the sensations of latex. Once you do this, condoms often become extremely enjoyable — more like sexual enhancers than devices for sexual hygiene.

There are a thousand ways to make putting condoms on an exciting part of sex instead of an interruption.

Men often make the mistake of thinking that once they've put a condom on they have to ejaculate or else. This is a sure way not to enjoy condoms. Use as many condoms during sex as you like.

Condoms can cut down on friction and make some guys last longer before ejaculating. This is a wonderful feature of latex for lots of men, but a problem for others. If you or your partner don't want to make sex last longer, use other low risk options until you're close to ejaculation and then put on a condom. In fact, do this as many times as you want.

Use additional water soluble lubricant. The lubrication on condoms helps but usually is not enough. You can heighten enjoyment by putting just a little bit of lubricant into the reservoir tip before putting a condom on. This helps keep air out of the tip and greatly increases sensation when the lubricant seeps around the head of the penis. It takes a little practice to get the right amount, but is well worth the effort!

Even the best water soluble lubricants dry out during use. But if you wet them again, they're good as new. So have a container of warm water around such as a squeeze bottle, sprayer, squirt gun, or bowl.

Now you know some of the basics. But don't stop here. Ask around and try out some of the ideas that are interesting to you.

Why Be Tested?

Health Benefits of Early Diagnosis of HIV Infection

1. To receive a medical evaluation in order to receive early treatment of HIV infection. It is now clear that persons infected with HIV can delay and/or prevent the onset of AIDS if they receive early treatment. This treatment includes antiviral therapy and prophylaxis of infections that are commonly associated with AIDS, i.e., pneumocystis pneumonia. HIV infected persons who receive early treatment live healthier and longer than those who avoid testing until symptoms develop.

2. Immunization- To avoid live vaccines for self and other household members, i.e., measles, mumps, rubella, live polio. To obtain vaccines to prevent influenza, pneumonia, and Hepatitis B.

3. To improve one's outcomes in the treatment of other infectious diseases, i.e., syphilis, tuberculosis, etc.

4. To avoid being prescribed immunosuppressive drugs for other health problems, i.e., steroids, certain antibiotics and some anti-cancer drugs.

5. To increase one's motivation to practice safer sex to avoid transmission to others.

6. To be aware of the need to inform one's sexual partner(s), or arrange for them to be notified, so they can seek information, counseling, and testing and benefit from early diagnosis and treatment. This can reduce chances of transmission and increase chances of survival.

7. To recognize the need for testing of one's children who have been exposed in utero. Early treatment of other infected infants and children.

8. To increase one's motivation to use effective contraception to avoid future perinatal transmission.

9. To recognize the need to avoid breast feeding if one is HIV infected and decides to have a baby.

10. To improve one's motivation to avoid other STD's, such as CMV, Epstein Barr Virus, Syphilis, Hepatitis B, and re-infection with HIV which can increase one's chances of progression to AIDS.

11. To provide motivation to enter a drug/alcohol treatment program.

12. To increase motivation to maintain a healthy lifestyle to maximize functioning of the immune system: balanced diet, regular exercise, adequate rest, stress management, and to avoid excessive drug/alcohol use.

13. To notify one's health care providers so they can provide optimal health care to the HIV infected person.

14. To be aware of the need to avoid donating blood, blood products, organs, tissues, bone marrow, semen or breast milk, thus reducing the transmission to others.

15. To be aware of the need to avoid sharing toothbrushes, razors, ear piercing or tattooing equipment or other implements that may become contaminated with blood. To clean blood spills with a solution of bleach and water to reduce the chances of transmission to others.

16. To be aware of the need to avoid raw eggs, raw meats, raw seafood/fish, or unpasteurized milk products to reduce one's chances of developing salmonella, hepatitis, etc.

17. To be aware of the need to avoid changing cat litter or bird cages to reduce one's chances of developing toxoplasmosis and psittacosis.

Why Avoid Testing

1. Many individuals who have learned that they are HIV infected have reported feelings of fear, anxiety, depression, and other emotional reactions that are common reactions to a diagnosis of a serious, chronic, or fatal illness. An individual's coping ability may be disrupted and there may be a feeling of hopelessness and loss of identity and purpose. These feelings can often be handled in a positive way if support and counseling services are available. Inability to cope positively, however, can lead to an increase in self destructive behaviors, i.e., unsafe sex and drug/alcohol abuse, and even homicidal or suicidal reactions.

2. Many seropositive individuals have encountered hysterical over-reactions on the part of family, friends, employers, health care providers, etc. which has resulted in discrimination, loss of job, home, services, and health care. A person anticipating this type of reaction needs to be counseled about who to tell about testing. If it is necessary for others to know (as determined by the individual), testing may not be advised until education can occur to reduce other's anxiety and fears.

3. The bottom line is, if a person does not have the coping skills or the necessary support system in place to handle their emotions related to testing, then postponing testing until an adequate support system is in place is recommended. Until a person tests and knows their HIV status, adopting risk reduction methods is imperative for their own health and the health of others.

So, You're HIV Positive!

by Michael J. Springer
HIV/AIDS Counselor

You just found out that you have tested positive for HIV (Human Immunodeficiency Virus, the "AIDS Virus"). You probably didn't hear much else that was said after you heard those scary words, so let's go over some of the questions about what "being HIV positive" means and how you can live with this in the days and years ahead!

TELL ME ABOUT THE HIV/AIDS TEST ITSELF!

You probably had an ELISA (or EIA) blood test done first. If it was positive, then it should have been confirmed by another test (usually the Western Blot test) on the same blood sample. If you were told you were positive just from positive results on the ELISA test, then you need to have another confirmatory test done (like the Western Blot) because false positives do occur sometimes on the ELISA. If both tests were positive, then you can be fairly certain that you do have the AIDS virus (HIV) in your body.

I GUESS THAT MEANS I HAVE AIDS THEN?

Absolutely not! AIDS is the disease that the AIDS virus can, and probably will, cause someday in most people who test positive. But if you got the AIDS virus recently, it most likely will be several years in the future before you develop AIDS. Current studies indicate that the incubation period (the time from when you get infected with the AIDS virus until you begin to develop symptoms of AIDS) is about 7-10 years. Medical science has made remarkable advances in AIDS research recently, and greater discoveries are still to come!

Someday, the answer to AIDS will be found, and who's to say when that will be. It quite possibly could be at a time that could benefit you!

IS THERE ANY WAY I CAN DECIDE WHO INFECTED ME WITH THE AIDS VIRUS?

No, not unless you have had sex or shared a needle with only one person in your life — and what does it matter anyway? They probably didn't infect you on purpose, they probably did not even know they were infected. And whoever infected you will go through their own difficulties, because they are HIV+ too.

THERE'S PROBABLY NOTHING I CAN DO; I'M AT THE MERCY OF THE AIDS VIRUS, RIGHT?

No! There are several things you can do that quite probably will have a direct effect on whether you develop AIDS and how soon that will be.

The AIDS virus is hiding in the cells of your immune system. Some researchers believe that every time you get sick (colds, flu, kidney infection, etc.) and your immune system is activated, the virus spreads further. So Stay Healthy!

HOW CAN I STAY HEALTHY?

1. **Get Plenty of Rest!** Fatigue can depress your immune system and make you more susceptible to illness.

2. **Eat Right!** Junk food does not give your body the vitamins and minerals it needs to stay healthy. Eat a well-balanced diet that includes chicken, fish, fruits, and vegetables. Eat well, but also eat careful! Be sure all foods are washed thoroughly and cooked properly. Do not eat raw eggs (included in some homemade ice cream and hangover remedies), unpasteurized milk products, or meat that is not thoroughly cooked. Cook your foods properly so you don't lose those fresh nutrients you paid extra for. Steaming and baking are preferred cooking methods. Check out fad health diets very carefully — they are usually better for the retailer's pocketbook than for your health! Of course that occasional triple decker burger and fries is OK, but your general daily eating pattern should be much healthier. If you are not already taking a multivitamin, then choose one that contains 100% of the RDA (Recommended Daily Allowance) for all known nutrients. Mega doses of vitamins and minerals can be harmful. Be sure that you do not take more than 10 times the RDA for any nutrient (except for vitamin A, which is 5 times the RDA).

3. **Cut Down on Stress!** Stress is a part of life and some stress helps us perform better. You are probably under a lot of stress right now, and that's OK. Anxiety and depression are perfectly normal reactions to learning that you are HIV+. Be aware of how you typically handle anxiety and depression. Don't try to run from it or escape it. Drugs and alcohol won't help! You'll still be HIV+ when you come down or get sober. Face the fact that you are very anxious and depressed about being HIV+. Ventilate these feelings to someone else — talk about it. It really helps to know that someone else knows and understands how you feel. Take some action to alleviate your depression and stress. The most essential element in overcoming stress and depression is taking action to do something about it. The major factor that separates survivors from others is the ability to take charge of their lives and to be responsible for making positive decisions that prove that they are in charge!

   This stress, anxiety, and depression may last for a while. In that case, you may very well experience some stress related physical symptoms (such as diarrhea, nausea, sweating, weight loss, fatigue, skin rashes, etc.) that are very similar to AIDS symptoms. Be aware that most, if not all, of these symptoms are probably stress related and not caused by AIDS! That is not to say that they do not need some attention by your doctor. But you should spend your energies on learning to cope with and overcome your anxiety and depression and these physical symptoms will usually disappear on their own.

If you typically suffer from chronic stress from work, finances, relationships, etc. that causes heartburn, insomnia, headaches, and irritability, then take some action to either alleviate these stresses, or learn some better methods of coping with them. This chronic stress can harm your immune system.

4. **Don't Smoke or Use Drugs, And Watch The Alcohol!** At the very least, smoking causes more respiratory infections which activates your immune system (which is not good, remember??). A recent study showed that among HIV+ persons, smokers progressed to AIDS twice as fast as non-smokers. At the very worst, smoking can cause heart disease and/or cancer. Drugs (including "poppers") can harm your immune system and can cause you to use bad judgment in making decisions that can harm you and others. Alcohol can greatly affect your nutrition, harm your immune system, and affect medication — so use it wisely and in moderation. Alcohol is also the greatest single factor in unsafe sex, so don't let it cause you to make some poor decisions that could harm you or others!

5. **Avoid People Who Have Contagious Diseases!** Getting around people who are obviously sick (with a contagious illness like colds, flu, hepatitis, measles, etc.) can needlessly expose you to germs that can make you sick. When you find yourself around someone who has a contagious illness, use common sense precautions like not letting them cough or sneeze on you, not eating or drinking after them, and washing your hands regularly (which you should always do in the future to protect yourself from germs that you come in contact with every day)!

6. **Exercise Regularly!** Regular physical exercise has proven to strengthen the immune system, and it helps you feel better, both physically and mentally. If you are not accustomed to regular physical exercise, then start slowly, but do start! A simple aggressive walking program can accomplish a lot. Keep at it until it becomes a regular, enjoyable part of your daily healthy lifestyle!

7. **Enjoy Pets but Be Cautious!** Pets can be a great source of comfort and enjoyment — but they can also expose you to some serious diseases. Do not let your pets lick you in the face. Wash your hands after handling your pets (there we go with washing your hands again — are you getting the point??). Avoid cleaning bird cages, cat litter boxes, and fish tanks — these are especially risky! If you must do these, be sure and wear gloves, a mask, do it in a well ventilated area, and wash very good afterwards.

8. **Watch Out for the Sun!** Light tanning to give a little color to your skin is probably OK, especially if it makes you feel better about yourself. But a lot of time in the sun has been shown to effect the immune system, so avoid it both from the sun or a tanning booth!

9. **Take Special Care of Your Mouth!** Brush and floss regularly, use a good mouthwash, and get a new toothbrush every month. Your toothbrush can harbor germs easily, and many people who have frequent mouth problems are continuing to reinfect themselves by using the same toothbrush all of the time.

SINCE I'M ALREADY INFECTED, THEN IT PROBABLY IS OK TO HAVE UNPROTECTED SEX WITH SOMEONE ELSE WHO IS POSITIVE, RIGHT?

No! Each time you re-infect yourself from another person, it reactivates your immune system which can accelerate the process of developing AIDS. Unprotected sex can also expose you to other serious diseases like hepatitis and syphilis.

EVEN IF I DON'T HAVE AIDS, CAN I STILL INFECT SOMEONE ELSE WITH THE AIDS VIRUS?

Yes! You can definitely infect others with the AIDS virus through unprotected sex or sharing IV drug needles.

ARE YOU SAYING I COULD EASILY INFECT PEOPLE I WORK WITH, OR FRIENDS AND FAMILY?

No! Your relationships with family and friends should continue to be close and supportive! And you need to continue working to feel good about yourself and keep a good positive attitude which can help you stay healthy!

The AIDS virus is hard to catch! You can't catch it from a toilet seat, sharing a drinking glass, shaking hands, hugging, or even kissing! You can't expose anyone to the AIDS virus by coughing or sneezing on them or by preparing or serving food for them. There has to be direct sexual contact or actual blood contact to catch AIDS! Nobody around you is in any danger of getting infected in normal daily activities, even if they live with you! It is probably unwise to share razors or toothbrushes since they often do come into contact with small amounts of blood through nicks or gum abrasions. Be sure to clean up any accidental spill of blood or other body fluids with a mixture of 10 parts water and 1 part bleach and use gloves.

I GUESS I NEED TO TOTALLY GIVE UP SEX WITH MY CURRENT PARTNER OR ANYONE ELSE?

No! There is a healthy, safe way to have sex that can be both erotic and satisfying for both partners! The basic principle of healthy, safe sex is "On me, not in me." It can include showering, masturbating, touching, caressing, hugging, wrestling, massaging, pinching, fondling, nibbling, licking, kissing, posing, costumes, props, toys, music, food, etc. etc. etc. . . .

Any body penetration increases the risk. Rectal intercourse is extremely dangerous and not recommended. The use of a condom, spermicide (with nonoxynol-9), and withdrawal before ejaculation is highly recommended with any body penetration, especially rectal intercourse! Sex toys can be safely used if they are adequately cleaned between uses (with the bleach solution previously mentioned) and never used by more than one person.

Your intact skin is a perfect natural barrier to the AIDS virus. Unless there is a cut or sore, you don't need to worry about getting semen, vaginal fluid, or blood on someone's skin. Remember, "On me, not in me!"

Remember that unborn children can contract AIDS from their mother, so do not get or cause someone else to get pregnant if you are HIV positive!

WHAT ABOUT PEOPLE I MIGHT HAVE ALREADY EXPOSED TO HIV WITHOUT KNOWING IT?

That is a very important question! For their health and your peace of mind, it is very important that anyone that you have had sexual contact with or shared needles with in the past be notified that they have possibly been exposed to the AIDS virus. Your local health department can help you decide whom to notify and can give assistance in notifying them if you desire. They have professionals who are trained in partner notification and they will keep your HIV status absolutely confidential and will not reveal your identity to anyone, including your contacts!

OK, SO WHERE DO I GO FROM HERE?

Unless you are having symptoms (which you probably aren't), there is no big rush, but there are some things that you need to give some thought to!

1. **Find a good doctor who is knowledgeable about HIV and AIDS and have a thorough checkup.** It is very important to get an accurate picture of the current status of your immune system! Your doctor can do this by performing specific blood tests. Your local health department, local AIDS Foundation, or any HIV testing/counseling site could probably tell you which doctors are knowledgeable about HIV and AIDS. You may want to use your current family physician. If so, be sure he is open to consultation with other HIV knowledgeable physicians and that he is willing to treat you aggressively. The old position which says, "There's really nothing I can do for you until you get sick!", is no longer valid. There are many preventative treatments available that can help you.

2. **Be sure your immunizations are up-to-date.** In general, you should not take live vaccines. If you have not had the polio vaccine, do not take the OPV (oral polio vaccine) but take the IPV (inactivated polio vaccine). Be sure you have had a second MMR (Measles, Mumps, Rubella) vaccine. If not, then take it even though it is a live vaccine because measles could be disastrous for you. Take the newest pneumococcal vaccine which covers 23 pneumococcal types. This vaccine is usually good for a lifetime, but some doctors are recommending that HIV positive person take it every 5 or 6 years. You probably should take an annual influenza vaccine and the Hepatitis B vaccine. Your doctor can answer any questions about these. These vaccines are available from your doctor or from your local health department.

3. **Have a tuberculosis (TB) skin test and chest x-ray.** TB is affecting a lot of HIV positive persons and it is sometimes difficult to diagnose, but it is treatable. Even if your skin test is negative, you still need a chest x-ray to use for comparable purposes later. Your local health department can help you with this.

4. **Give some thought to who you tell about your HIV status.** There have been cases of housing and job discrimination against HIV positive persons. Some people can be trusted with this information and others cannot. Unless you are involved in an extremely dangerous job where there is the likelihood of spilled blood, or if you are involved in invasive procedures at a health care institution, there is no real need to notify your employer of your HIV status. Be aware that filing health insurance claims which contain blood tests, etc., can indirectly inform your employer and others of your HIV status. Discuss with your doctor how you want to handle this. Anytime you seek medical help, you should tell the medical personnel about your HIV status to protect you and them. Be sure you specifically request confidentiality.

   So, be careful who you tell, but you probably need to tell someone about your HIV status so that you will have someone to talk to when you need it!

5. **Don't make any major decisions right away!** This includes decisions about employment, relationships, finances, buying or selling large items, etc. Our judgment is rarely at its best when we are anxious and or depressed.

6. **Do not donate blood, plasma, organs, body tissue, or sperm.** All blood banks are now routinely screening all donated blood for HIV and they share names of HIV positive persons with other blood banks. Besides, you wouldn't want to take the chance of exposing someone else to HIV! Be careful with commercial ear piercing, tattoos, and acupuncture because you cannot guarantee adequate sterilization of their instruments to protect the next person.

7. **If you currently have private health and/or life insurance, try to keep these premiums paid and the insurance in force if at all possible.** Some companies are now screening new applications for HIV and you might not be able to secure coverage again in the future!

8. **Check with your doctor, local health department, local AIDS Foundation, local gay/lesbian alliance, or drug abuse groups about possible support groups for HIV positive individuals.** They might also know of psychologists or therapists who work with HIV positive persons. If spiritual support is needed, there are usually genuinely caring, understanding clergy, priests, and rabbis available.

9. **Check around to see if any experimental drug research programs are available in your area.** Your doctor, local health department, or local AIDS foundation should know this. There is a national toll-free number (800-874-2572) that lists all experimental AIDS treatment sites for the National Institutes of Health (NIH). But there are other health organizations also doing studies.

10. **Learn to live with uncertainty!** You're only human — you won't get on top of this today. Every person alive lives in the midst of uncertainty. No one (including you) knows what awaits them in the future! One way to fight uncertainty is to gather the facts, to get your questions answered. But be aware that some answers are only guesses, and some questions have no answers. No one else around you lives without some uncertainty and you won't either, so learn to live with some of it!

11. **Put yourself first!** Make time for pleasure everyday! Make it a point to be in the company of other people you enjoy. Give yourself significant rewards. Talk to yourself positively: "I am a wonderful person!" or "I can make it through this!" or "I love me!"

Well, have you processed all this? Probably not — so you may want to read this again later to refresh your memory.

You are one of probably 1,500,000 Americans who are HIV positive, but you are fortunate that you know it and can take these steps to do something about it! This obviously does greatly affect your life, but it doesn't have to ruin it! You can still live a happy, productive, fulfilling life. There are people who care about you and want to help you through this! DON'T BOTTLE THIS UP INSIDE YOURSELF — IT WILL DESTROY YOU! So, help yourself and let others help you too!!

AIDS is the number one priority of the U.S. Public Health Service and top scientists around the world are working to find a way to eliminate the AIDS virus. Great progress has been made quickly and much more is on the horizon!

REMEMBER, YOU HAVE THE AIDS VIRUS, IT DOESN'T HAVE YOU!

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Technical Guidance on HIV Counseling

National Center for Prevention Services
Centers for Disease Control
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- **HIV counseling and testing has multiple functions, both public health and medical.**

Program managers and HIV counselors should be fully aware of the fact that HIV counseling and testing has both public health and medical functions. Although it is extremely important that persons who are infected with HIV learn their serostatus so that they can take advantage of available early medical intervention services, this is not the only reason that we perform HIV counseling and testing.

HIV counseling and testing programs also have the following important public health functions:

1. to provide basic information about the prevention of HIV infection and to facilitate client's ability to identify and modify those behavior that may be placing them at risk for HIV infection;

2. to provide, either directly or through referral, additional prevention services that will enable uninfected persons who are at continuing risk for HIV infection to minimize their risk of acquiring HIV;

3. to provide, either directly or through referral, additional prevention services that will enable HIV infected persons to minimize their risk of transmitting HIV to their partners;

4. to work with HIV infected person to provide their partners with HIV prevention information and to assist those partners in obtaining other services such as HIV counseling, testing, and referral for other needed HIV prevention services.

- **Programs that offer HIV counseling and testing should take advantage of all available opportunities to reach clients with HIV prevention messages.**

Clients exhibit varying degrees of accepting HIV counseling and testing. Some clients are highly motivated to learn their HIV serostatus while others may be suspicious of or "turned-off" by suggestions that they learn their HIV serostatus. Since human behavior change is not an "all-or-nothing" process, even after HIV counseling and testing has taken place, seronegative clients may continue to engage in behaviors that place them at risk for HIV infection.

Therefore, programs should view all clinical encounters with clients as potential opportunities to provide and reinforce HIV prevention messages. These messages need not be complicated, e.g., "if you're not infected with HIV you should take steps to make sure you stay that way

and if you are already infected, early treatment can improve your health by delaying the onset of illness."

- **Good HIV counseling is "client centered."**

To fulfill its public health functions, HIV counseling must be client centered. By that, we mean it must be tailored to the behaviors, circumstances, and special needs of the person being served. Risk reduction messages must be personalized and realistic. Counseling should be culturally competent (i.e., provided in a style and format respectful of cultural norms, values, and traditions which are endorsed by cultural leaders and accepted by the target population), developmentally appropriate (i.e., provided at a level of comprehension which is consistent with the age and learning skills of the individuals being served), and linguistically specific (i.e., presented in dialect and terminology consistent with the target population's native language and style of communication).

HIV counseling is best thought of as assisting the client, rather than lecturing to him/her. An important aspect of HIV counseling is the counselor's ability to listen to the client in order to determine individual prevention needs.

Although HIV counseling should adhere to minimal standards in terms of basic information provision, it should not become so routine that it is inflexible and unresponsive to individual client needs. Counselors should avoid providing information that is irrelevant to their clients and should avoid structuring their counseling session on the basis of a data collection instrument or form.

- **Risk assessment is an essential component of HIV pretest counseling.**

A focused and tailored risk assessment is the foundation of HIV pretest counseling. Risk assessment is a process whereby the counselor helps the client to assess and take "ownership" of his/her own individual risk for HIV infection. Client acceptance of risk is a critical component of this assessment. Risk assessment is not a passive appraisal by the counselor of the client's behavior, but an interactive process between counselor and client. It should be conducted in an empathic manner with special attention toward the ongoing behaviors and circumstances (e.g., sexual history, STD history, drug use) that may continue to place the client at risk for HIV infection/transmission. For example, clients who are being counseled in STD clinics, where they have presented for the treatment of a symptomatic STD other than HIV, should be advised that their current STD infection demonstrates that they are at continuing risk for HIV.

Because the risk assessment process serves as the basis for assisting the client in formulating a plan to reduce risk, it is an essential component of all pretest counseling.

- **HIV counseling should result in an individualized plan for the client to reduce his/her risk of HIV infection/transmission.**

Good HIV counseling is more than the routine provision of information. It should also include the development of an individualized, negotiated HIV risk reduction plan. This plan should be based on the client's skills, needs, and individual circumstances. It should not consist of the counselor "telling" the client what he or she needs to do in order to prevent HIV infection/transmission, but instead, outline a variety of options available to the client for reducing his/her risk of HIV infection/transmission. The counselor should confirm with the client that the risk reduction plan is realistic and feasible — otherwise it is likely to fail.

When negotiating an individualized risk reduction plan, counselors should be especially attentive to information provided by the client — especially information about past attempts at preventive behaviors that have not been successful (e.g., intentions to use condoms but failure to do so). Identifying and discussing previous "prevention failure" helps to ensure that the risk reduction plan is realistic and focused on actual barriers to safer behaviors.

An interactive risk assessment and an individualized risk reduction plan during pretest counseling ensure that clients receive adequate prevention information even before they learn the results of their test. Counselors can use the client's expectation of their test results to facilitate the development of an individualized risk reduction plan.

- **Programs should take active steps to deal with the problem of failure to return for posttest counseling.**

Not all clients who receive pretest counseling and testing return for posttest counseling and results disclosure. In 1990, programs using the client record data base reported, on average, a 63 percent return rate for posttest counseling. However, this rate ranged from 42 percent to 89 percent and varied by age, sex, race/ethnicity, self-reported risk behavior, service delivery site, and HIV serostatus.

Preliminary analyses at CDC indicate that adolescents, African Americans, and clients served in family planning clinics and STD clinics, on average, had lower return rates for HIV posttest counseling.

HIV counseling and testing programs should be active in dealing with the issue of failure to return for HIV posttest counseling. Program managers should attempt to determine if there are specific operational barriers to clients' returning for HIV posttest counseling (e.g., excessive waiting time). Counselors should stress the importance of returning for posttest counseling and may wish to identify it as a potential component of the individualized risk reduction plan. Programs should give high priority to contacting clients who are seropositive but who have not returned to learn their test results and have failed to receive posttest counseling.

- **Some clients may acquire more than a single posttest counseling session.**

A number of HIV counselors have cited the fact that certain clients may require more than a single posttest counseling session. Seropositive clients may be deeply disturbed by the realization that they have a life-threatening disease and may require additional counseling and support. Clients who are at increased risk for HIV infection or transmission may also require additional/supplemental counseling to develop the skills needed to practice sex behaviors.

Although CDC does not require that programs routinely provide repeated posttest counseling sessions, we do advise that counselors and program managers be aware of the fact that certain clients may require additional support and further counseling opportunities. If deemed appropriate, repeat/additional counseling should be provided on-site or through referral. The FY 1992 Program Guidance for HIV Prevention Cooperative Agreements authorizes the use of CDC awarded funds for providing repeat/additional HIV counseling. In considering other options for additional or supplemental posttest counseling, program managers should work with community-based programs in their locale that might be able to offer such services.

- **Making appropriate referrals is an important component of HIV posttest counseling.**

Seronegative clients, at continuing risk for HIV infection, and seropositive clients will often require additional primary and secondary HIV prevention services that may not be available "on-site." For example, clients whose drug use continues to place them at risk for HIV infection should be referred for appropriate drug treatment. HIV infected clients should be provided, either on-site or through referral, with immune system monitoring and a medical evaluation to determine if they should begin anti-retroviral therapy and prophylaxis for Pneumocystis pneumonia. Facilitating referrals for these services is an important aspect of HIV posttest counseling.

Identifying appropriate referral sites (i.e., where services meet minimal standards of quality and are available to clients in a timely manner) should not be the sole responsibility of the person performing HIV counseling. Program managers should take the lead in identifying referral sites and developing programmatic relationships with those sites to facilitate needed client referrals.

- **Training, quality assurance, and counselor feedback are critical to effective HIV counseling and testing services.**

Counselors, as well as their supervisors, require adequate training in HIV counseling and testing. In addition to training on the scientific/public health aspects of HIV counseling and testing, training should address other relevant issues, such as: substance abuse; human sexuality, and the cultural perspectives of the clients being served.

Training for HIV counseling is not a one-time event — it should be an ongoing process. An important component of ongoing quality assurance and training for HIV counselors is routine, periodic observation during a counseling session and subsequent feedback. When a trained supervisor is not available to perform this important function, management should organize routine observation by fellow counselors. Performance standards should be developed which define expectations for the content and delivery of quality counseling. "Observational supervision" requires the consent of the client being counseled.

CDC Prevention Guidelines: Disinfecting with Bleach

CDC NATIONAL AIDS HOTLINE TRAINING BULLETIN #58
AUGUST 3, 1993

These are answers from the Centers for Disease Control and Prevention (CDC) to questions from CDC National AIDS Hotline Information Specialists concerning disinfection of needles and syringes with bleach.

1. Are there current recommendations for bleach disinfection of needles and syringes?

Drug users who re-use or share injections equipment should be aware that this practice carries a high risk for acquiring and transmitting HIV and many other infectious diseases. The potential for HIV transmission is present in previously used needles and syringes (known as "works") since a drug user will not know how much blood may be in the syringe or needles, or how much time has elapsed since the last use.

Disinfecting "works" with bleach can help to reduce the risk of HIV transmission when no other safer options are available. Callers should be encouraged to stop using drugs or, if that is not possible, use a clean, never-used needle and syringe each time they inject. Disinfection with bleach is not as safe as always using a sterile needle and syringe. However, the steps outlined in the bleach bulletin should enhance the effectiveness of bleach disinfection of needles and syringes.

The recommended procedures consist of three basic steps:

(1) cleaning the needles and syringe to remove blood, blood clots, and other organic material,
(2) disinfecting with bleach, and
(3) rinsing with clean water to remove the bleach.

Because blood can interfere with the effectiveness of bleach disinfection, cleaning before disinfecting with bleach is very important if blood is present in the syringe and/or needle ("Get the red out"). Since blood may be present in hard-to-see places, pre-bleach cleaning should be performed even if no blood is visible in the syringe. Blood clots are likely to form in small places, such as inside the hollow bore of the needle. In blood clots or dried blood, the virus can become embedded in clotted or crystallized proteins, which makes it more difficult for the bleach to penetrate and inactivate the virus. Repeated cleaning/rinsing may dislodge these clots and allow the bleach to contact the HIV and inactivate it.

Disinfecting injection equipment with chemicals, such as bleach, does not guarantee that HIV or other viruses, bacteria, and fungi are inactivated, but consistent and thorough disinfection of injection equipment with bleach should reduce transmission of HIV if equipment is shared or re-used.

Specifically, the procedures for cleaning, disinfecting, and rinsing needles and syringes (as outlined in the bulletin) are as follows:

- Cleaning and disinfecting should be done twice — once immediately after use and again just before re-use of needles and syringes.

- Do NOT put any used water and/or bleach back into their storage containers. ALL used solutions should be disposed of (e.g., placing in a waste container or pouring down a sink or toilet or on the ground).

- Before using bleach, wash out the needle and syringe by filling them completely several times with clean water.

- Then, use full-strength (not diluted) liquid household bleach to disinfect the needle and syringe. To do this, completely fill the needle and syringe (to the top) with bleach several times. The more times and longer the syringe is completed full of bleach (at least 30 seconds each time), the more likely HIV and other bloodborne pathogens will be inactivated.

- After using bleach, rinse the syringe and needle by completely filing several times with clean water. DO NOT re-use water that was used for the initial rinsing of the equipment before filling it with bleach — it may be contaminated.

- Shaking the syringe and tapping its sides during each step should help in the cleaning and disinfecting.

- Taking the syringe apart by removing the plunger may also improve the cleaning/disinfection of parts (e.g., behind the plunger) that might be hard to reach.

Although there is currently insufficient laboratory and behavioral research to make definitive recommendations on the best procedure for bleach disinfection, CDC researchers believe that the procedures described in these "Provisional Recommendations" will enhance the effectiveness of bleach disinfection of needles and syringes. If more data or research findings become available, we will update these provisional recommendations.

2. Should we prepare callers for the amount of time all of the procedure may take? Does 10 minutes total sound likely?

It will probably take 5-10 minutes total time to follow the recommended procedure for cleaning and disinfecting.

3. What if the drug user is unable or unwilling to follow all steps in the recommended procedure?

Although it is important to follow all steps in the bleach disinfection procedures to ensure maximum effectiveness, drug users who indicate they may be unable to do so should be en-

couraged to perform as much of the process as possible. The more steps done, the more effective the disinfection process if likely to be in reducing risk of HIV transmission. We reiterate that sterile, non-disposable syringe-needle units are not designed to be re-used.

4. If there is no blood in the syringe, it's clean, right?

No. As previously mentioned, minute amounts of blood can still be present in the syringe or needle that cannot be seen. Even small amounts, when injected directly into the bloodstream, could transmit HIV. This is why it is important not to re-use or share needles and syringes, but if no other safer option is available a person who injects drugs should clean and disinfect needles and syringes with full-strength household bleach between each use.

5. What if dried blood gets in a crevice in a syringe — will it still live?

First, needles and syringes should not be re-used or shared. Full-strength bleach is recommended to disinfect needles and syringes for those that have no other option but to share. The need to use full-strength bleach is related to the difficulty in cleaning the inner parts of the equipment and being unable to scrub the small, inaccessible areas that may contain infectious matter. In particular, needles and syringes used by persons who inject drugs often contain clotted blood in their recessed areas, which is more difficult to clean and disinfect and may be more effectively inactivated by full-strength bleach. In addition, needles and syringes can place HIV directly into the bloodstream, while environmental surfaces are much less likely to facilitate transmission of the virus.

6. Should the disinfected needle dry out before re-using it?

In the context of disinfecting syringes and needles in this setting, there is no difference in the safety of a wet or dry needle that has been disinfected. Drying cannot be depended on to inactivate microorganisms on a needle or syringe.

7. Won't 100% bleach cause pain or damage to the user? Will undiluted bleach hurt the user if it gets into the bloodstream?

First, bleach should be referred to as full-strength household bleach. Second, the caller should be told that bleach should be completely rinsed (with clean water) out of the syringe and needle (and other drug injecting equipment) before they are used. Rinsing with clean water at least 3 times is ideal. Full-strength household bleach will irritate the skin and eyes and should never be injected into the skin or bloodstream.

8. What about cookers, cotton balls, etc.? Should not sharing these be an equal part of the recommendation? How can HIV be transmitted from sharing a cotton ball?

Cookers, cotton balls, and other drug preparation and injection equipment should not be shared or re-used because they may be contaminated with blood. Blood or other infectious fluids may be present on cotton balls and could transmit HIV or other infectious agents. This

is the same reason a physician does not use the same cotton ball to swab patients' arms before giving injections. Callers should be cautioned against using cookers, cotton, or rinse water used by other injectors.

9. What is the difference between "disinfection" and "sterilization"?

Sterilization kills all living organisms, such as bacteria, viruses, fungi, and spores and usually involves heating (e.g., autoclaving) the instrument at very high temperatures or using a very powerful chemical for longer time periods. Disinfectants can kill or inactivate certain infectious organisms, but often are not able to kill all microorganisms. Disinfecting injection equipment with chemicals, such as bleach, does not guarantee that HIV is inactivated. Disinfectants and boiling water do not sterilize equipment.

10. Is disinfection by boiling worth mentioning to callers? Are there other types of syringes besides plastic that wouldn't melt in boiling water?

As described in the bleach bulletin, boiling of needles and syringes (and other drug injection equipment) for 15 minutes will disinfect the equipment. However, a limited trial of boiling a small number of insulin syringes (the type of syringe most commonly used by persons who inject drugs) damaged some of them (partially bent, distorted shape). In addition, boiling needles and syringes may not be possible in some situations where needles and syringes are being re-used and shared.

Sterile, disposable syringe/needles units are NOT designed to be re-used. This equipment is manufactured to be used once and disposed of, which is what CDC recommends. The materials from which these units are made cannot withstand repeated attempts at disinfecting or sterilizing them. However, when a person who injects drugs cannot use a never-used, sterile needle and syringe, the bleach disinfection procedures can help reduce risks of HIV transmission.

Glass syringes can be boiled without damage, and some syringes and needles may be more resistant to the effects of heat during boiling.

11. Is it OK to talk about bleach "killing" HIV or do we have to say inactivate?

"Killing" HIV is a satisfactory slang term for "inactivating" HIV for general callers. However, it is recommended when referring to the effect of bleaching works to prevent transmission of HIV that individuals be told that bleaching is not 100% effective but it does reduce the risks for HIV transmission. The process is not sterilization but disinfection.

12. Do all brands of household bleach contain adequate amounts of sodium hypochlorite?

Yes, if the bleach is fresh and undiluted, and is contained in unopened containers that have not been exposed to heat or sunlight during storage. There is slight variation in the concentration of sodium hypochlorite in different brands of household bleach and within a single brand between individual bottles of household bleach, but this is not significant.

13. Will undiluted bleach damage drug "works"?

Undiluted bleach can damage "works." Even so, it reduces the risk of HIV infection from re-using drug injection equipment. The advantages of disinfecting drug works far outweigh any damage bleach might cause, which should make this an easy choice.

14. What are the "other chemicals" referred to in this bulletin?

The use of diluted liquid household dish washing detergent is advocated by some researchers based on some laboratory studies of its effectiveness in inactivating HIV. The dish washing detergent is prepared by mixing one tablespoon of liquid dish washing detergent in one cup of clean water.

HIV is obviously not a resistant microorganism and can be readily inactivated by a wide variety of common chemicals or proprietary germicides used both in the hospital or in the home.

Household bleach (sodium hypochlorite), however, is a broad-spectrum, rapid-acting, very inexpensive, and easily available chemical that has been widely used as a germicide and studied extensively in this role for decades. When used according to the suggested procedures for needle and syringe disinfection in this unique and specific situation, it is at least as effective as other chemicals and perhaps even more so.

15. Do we have any recommendations for using alcohol or hydrogen peroxide for disinfecting needles? What about other disinfection methods?

Cleaning with alcohol and hydrogen peroxide may reduce the risk of HIV transmission through shared drug injection equipment compared with taking no steps to clean/disinfect the needle, syringe, and other injection equipment. However, bleach has been found to be effective against HIV in addition to being widely available and inexpensive. Other chemicals may have a variety of disadvantages such as toxicity or inability to penetrate residual blood and other organic materials.

16. The study from D. Vlahov et al. is disconcerting. How do we respond to callers who find out that cleaning and disinfecting needles the way we've been telling them hasn't done much to help reduce the risk? How do we handle callers who notice the change in information?

The D. Vlahov study was based on the reported use of bleach by persons who inject drugs participating in the study in Baltimore. A separate study in Baltimore indicated that persons who inject drugs are often inaccurate (often overstating) in describing use of bleach.

The bulletin, which was issued by CDC, the Center for Substance Abuse Treatment (CSAT), and the National Institute on Drug Abuse (NIDA), does not indicate a change in policy, but rather an update to reflect recent findings from studies on bleach disinfection of drug injection

equipment to make the use of bleach more effective. The main point is that new needles and syringes are safer than bleach-disinfected, previously-used needles and syringes.

CDC, CSAT, and NIDA have long believed that the best method of preventing HIV infection among persons who inject drugs is to help users stop or decrease drug use and drug injection. Those who continue to inject drugs must be encouraged to always use sterile, never-used injection equipment. Persons who inject drugs should be warned never to re-use or share needles, syringes, and other injection equipment.

17. When the bulletin says "the following steps will enhance the effectiveness of bleach disinfection of needles and syringes", what is meant? If someone follows all the steps, does this reduce the possibility of infection similar to the use of latex condoms for sexual activities? Are there any laboratory studies to indicate the effectiveness of flushing with water and then with bleach?

There have been no studies to evaluate the rate of HIV transmission when these procedures are followed for bleach disinfection of drug injection equipment.

18. What referrals can we use for needle acquisition/exchange? Where are needle exchange programs available? What are the legal aspects of a needle exchange program?

First, persons who inject drugs who cannot be dissuaded from continuing to inject drugs should be urged to obtain sterile, never-used needles and syringes.

Federal law prohibits federal agencies from distributing needles and syringes that may be used for illegal drug use. Most (about 40) states, however, allow the purchase of new, sterile needles and syringes from pharmacies without a prescription. In addition, needle/syringe exchange programs are functioning in a limited number of cities in the United States, often with limited geographic coverage and hours of operation. Most states (about 44) have laws making it a criminal offense to possess needles and syringes that are intended for illegal drug injection.

19. Does the information in the bulletin affect disinfection of other piercing objects (earrings, tattoos, acupuncture) besides works?

No. These disinfection procedures for needles and syringes are intended to be used only when there is no safer option. They do not apply to other piercing objects. The procedures for ear piercing, tattooing, acupuncture, and other commercial (often licensed) activities should require single-use or heat-sterilized equipment.

20. What is the risk of HIV transmission from blood-contaminated water? Does this have implications for jacuzzis, swimming pools, etc.?

The route of entry and the relative amount of virus a person is exposed to play an important role in whether transmission of HIV occurs. Since HIV in needles and syringes is likely to be injected directly into another person's blood, sharing or re-using needles is an effective way of

transmitting the virus. Avoiding drugs is the best way to avoid transmission of HIV by this route. For those who continue to inject drugs, using sterile needles and syringes is the only way to completely avoid exposure to HIV through drug injection, and disinfecting equipment with bleach is very important in reducing amounts of virus in equipment that is shared or re-used.

However, the amount of virus that might be present in jacuzzis, swimming pools, etc., is so small that the risk of transmitting HIV is negligible. This is because the virus would be so diluted by the large volumes of water that it would be harmless to bathers and swimmers. In addition, chemicals used in the water also reduce the likelihood that HIV could survive.

21. Why is a bleach and water solution effective on surfaces and not in syringes?

Environmental surfaces, such as floors, examining tables, counters, etc., that may have infectious fluids (such as blood) may still be cleaned with a solution of 1 part bleach to 10 parts water (or 1 part bleach to 100 parts water if stronger concentrations are too harsh for the surface). It is much easier to physically remove blood and other potentially infectious materials from environmental surfaces than from small inaccessible areas within needles and syringes — that is why full-strength bleach is necessary for cleaning "works."

TUBERCULOSIS FACTS
TB and HIV (The AIDS Virus)

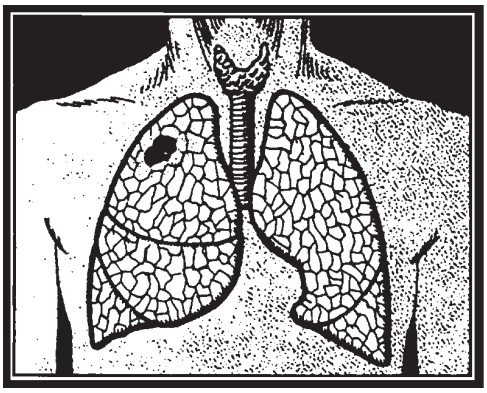
What is TB?

"TB" is short for a disease called tuberculosis. TB is spread by tiny germs that can float in the air. The TB germs may spray into the air if a person with TB disease of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into their lungs.

TB germs can live in your body without making you sick. This is called TB infection. Your immune system traps TB germs with special germ fighters. Your germ fighters keep TB from making you sick.

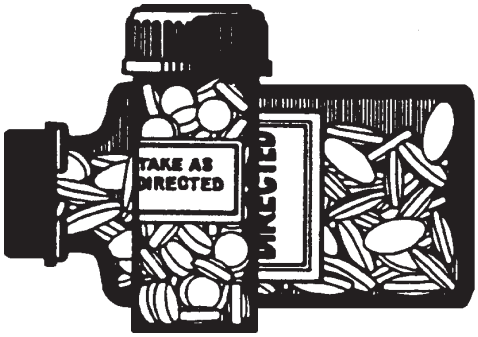
But sometimes, the TB germs can break away. Then they cause TB disease. The germs can attack the lungs or other parts of the body. They can go to the kidneys, the brain, or the spine. If people have TB disease, they need medical help. If they don't get help, they can die.

How does HIV infection affect TB?



HIV (human immunodeficiency virus, the AIDS virus) helps TB germs make you sick by attacking the germ fighters in your body. If you are infected with HIV and with TB germs, you have a very big chance of getting TB disease. The TB germs are much more likely to attack your lungs and other parts of the body. You can be cured, but it takes longer to cure someone with TB disease who also have HIV infection.

If you think you might have HIV infection, talk to your doctor about getting an HIV test. If you have HIV infection and TB infection, the sooner you start taking anti-TB medicine, the better your chances to stay healthy for many years.



If you have HIV infection, it is very important to get tested for TB infection at least once a year. Anti-TB drugs are strong. They can prevent or cure TB disease even in people with HIV infection.

Remember, Anti-TB drugs only work when you take them!

Source: U.S. Department of Health and Human Services

Terms Used in HIV Prevention

ABSTINENCE:
Refraining from participating in something. When talking about HIV, abstinence refers to not engaging in sexual intercourse or injecting drugs.

AIDS:
The acronym for acquired immunodeficiency syndrome. AIDS can affect the immune and central nervous systems and cause neurological problems, infections, or cancers. It is caused by HIV.

ANAL SEX:
A type of sexual intercourse in which a man's penis enters his partner's anus.

ANONYMOUS:
Without any identification. The term is used in regard to HIV testing when the persons ordering and performing the test do not maintain a record of the name or identity of the person whose blood they are testing.

ANTIBODIES:
Proteins that are manufactured by the immune system in response to foreign substances.

ANTIBODY TEST:
A laboratory procedure which detects antibodies to specific microorganisms. An HIV antibody test determines if a person's body has produced antibodies to HIV, but does not detect the virus itself.

ANTIDISCRIMINATION PROTECTION:
Provisions of law that impose penalties for discrimination of a person's infection or perceived risk.

ANTIVIRAL:
Pertaining to something that inhibits the action of a virus. Antiviral therapy refers to a treatment that works against the virus itself.

ASYMPTOMATIC:
Being infected but not aware of any symptoms of infection.

AZT:
An abbreviation for the drug zidovudine, which is used for people with HIV infection.

B CELL:
A type of cell in the immune system. B cells fight infection primarily by making antibodies.

BISEXUAL:
A person whose sex partners are both men and women. A bisexual can be a man or a woman.

CD4:
A protein embedded in the surface of T-helper (lymphocyte) cells; HIV invades cells by first attacking the CD4 receptor.

CD4 CELL COUNT:
The actual number of T-helper cells in a cubic millimeter of blood. The CD4 cell count is significantly lower in people whose immune system has been infected by HIV.

CD4 TESTING:
A laboratory blood test that counts a subset of white blood cells as an aid to determining immune function. Certain threshold are indications for starting medications for persons with HIV infection.

CENTERS FOR DISEASE CONTROL (CDC):
The Federal health agency responsible for providing national health and safety guidelines and statistical data on HIV and other diseases.

CLIENT:
A person to whom professional services are rendered.

CLIENT CENTERED APPROACH:
Refers to counseling conducted in an interactive manner responsive to individual client needs. Avoids a preconceived set of points to be made by the counselor and encourages the client to do most of the talking. Focuses on developing goals with the client rather than simply providing information.

CONDOM:
Commonly called rubbers, they are sheaths that fit over a man's penis or into a woman's vagina to prevent semen from entering the partner's body after ejaculation. Condoms also prevent a man's penis from coming into contact with his partner's body fluids.

CONFIDENTIAL:
Kept private. In regards to HIV testing, it means that the results of a test are known only to the person who is being tested and the immediate group of people who provide care and prevention services for that person.

COUNSELING:
Helping people plan actions that will benefit themselves or others. Unless designated as group counseling or couple counseling, the word is used here to describe one-on-one discussions.

DISCORDANT:
Conflicting. Used to describe the circumstances in which one partner is infected with HIV and the other is not.

EIA:
See ELISA

EARLY INTERVENTION:
The set of medical behavioral services provided to persons upon diagnosis of HIV infection. Involves monitoring indicators of immune function as signals to provide interventions to delay the onset of illness, psychosocial support, and measures to prevent transmission.

ELISA:
Acronym for enzyme-linked immunosorbent assay. The laboratory test most commonly used to screen for antibodies to HIV. See Positive Test.

FALSE-NEGATIVE:
A negative test result for a person who is actually infected. Insufficient time to produce antibodies is a cause of false negative tests.

FALSE-POSITIVE:
A positive test result for a person who is actually not infected.

HETEROSEXUAL:
A person whose sex partners are exclusively persons of the opposite sex.

HIGH RISK ACTIVITIES:
A term used to describe certain activities that increase the risk of transmitting HIV. Often referred to as "unsafe activities" — including anal and vaginal intercourse without a condom, sharing injecting drug works, and other intimate blood contact.

HIV:
Human Immunodeficiency Virus; the virus that causes AIDS.

HOMOSEXUAL:
A person whose sex partners are exclusively members of the same sex. A homosexual man is called a gay man. A homosexual woman is called a lesbian.

IMMUNE STATUS:
The state of the body's natural ability to fight diseases.

IMMUNE SYSTEM:
The body's mechanism to identify and fight off infections and other foreign substances.

IMMUNOSUPPRESSION:
Reduced performance of the body's immune system

INJECTED DRUGS:
Drugs that are introduced directly into a person's body or bloodstream through a needle. These include cocaine, heroin, and steroids.

INDETERMINATE:
Not determined definitely one way or another. Inconclusive test results, such that the laboratory is unable to state whether antibodies are present or not.

INTERVENTION:
An action taken to change an outcome.

MASTURBATION:
Stimulating a man's penis or a woman's clitoris.

MONOGAMOUS:
Having an exclusive sexual relationship with only one partner.

MORTALITY:
Death.

NEGOTIATED RISK REDUCTION PLAN:
Discussions that result in identifying the steps that a client thinks he/she will take to reduce the chances of acquiring HIV. The counselor's role is to assist the client in developing a realistic plan.

OUTREACH SERVICES:
Usually refers to services provided outside the walls of an agency. An outreach worker might go to a client's home or neighborhood.

PARENTERAL:
Taken into the body through intravenous or intramuscular injection.

PHLEBOTOMY:
Collecting a blood sample for laboratory testing by inserting a needle in a person's vein.

POSITIVE REINFORCEMENT:
Acknowledging healthy behaviors or intentions through some mechanism that indicates approval, intended to be perceived as rewarding.

PREVALENCE:
The total number of persons in a given population with a disease or condition at a given point in time.

PROBLEM-SOLVING TECHNIQUES:
A process by which a counselor tries to discover the basis of barriers indicated by some verbal or nonverbal communication from the client. After the barriers have been identified, possible solutions are discussed.

PROPHYLACTIC TREATMENT:
Medications given to help prevent infection or its consequences.

RETROVIRUS:
One of a group of RNA viruses. HIV is a retrovirus.

RISK REDUCTION:
A process of adopting behaviors that reduce the likelihood that an individual will be exposed to and/or infected by HIV or other sexually transmitted or blood-borne diseases.

SAFER SEX:
A system of classifying specific sexual activities according to their risk of transmitting HIV. Safer sex guidelines are followed by people to avoid sexual transmission without having to give up sexual activity. Those behaviors defined as "safer" involve no exchange of blood, semen, or vaginal/cervical secretions.

SEROCONVERSION:
The time at which a person's antibody status changes from negative to positive, or vice versa.

SERONEGATIVE:
Also known as "non-reactive." No evidence of antibodies for HIV is present in the blood. Indicates there is no evidence of infection.

SEROPOSITIVE:
Also known as "reactive." Evidence is present in the blood of an individual indicating infection with HIV.

SYSTEMIC:
Affecting the entire body.

T-CELLS:
A group of T-Cells (also known as CD4 cells) that carry the T4 maker and are instrumental in turning on antibody production, activating other T-cells and starting other immune responses. Also known as T4 helper cells.

VIRUS:
An agent which causes diseases that can be passed from one person to another (infectious); a virus is unable to reproduce outside a living host cell.

WASTING SYNDROME:
A condition recognized as definitive of AIDS (since August 1987) and characterized by rapid, unintended weight loss and persistent fever and/or chronic diarrhea.

WESTERN BLOT:
A blood test used to detect antibodies to HIV. Compared to the ELISA, the Western Blot is more specific (and more expensive). It is generally used to confirm the results of a positive ELISA.

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CLIENT SURVEY
HIV/AIDS Core Curriculum

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 045; CARD 01]

SITE # |__|__| [6-7] CLIENT ID# |__|__|__|__|__|__|__| [8-13] DATE: |__|__||__|__||__|__| MO DAY YR [14-19] COUNSELOR ID# |__|__| [20-21]

SEQUENCE: **1.** PRETEST **2.** POSTTEST **3.** 10 WEEK **4.** 6 MONTH |__| [22]

INSTRUCTIONS: Please answer the following questions based on whether you think the sentence is TRUE or FALSE. Circle 1 (True) or 2 (False) after each statement.

		True	False	
1.	AIDS is caused by a bacteria that invades the body and attacks the lungs.	1	2	[23]
2.	Once a person tests negative for HIV, there is no need to ever have another HIV test.	1	2	[24]
3.	Low risk sexual activities may include massage, masturbation, or oral sex without a condom.	1	2	[25]
4.	Everyone has the right to protect themselves from HIV infection.	1	2	[26]
5.	T-Cells are a type of white blood cell and part of the body's immune system.	1	2	[27]
6.	A person with HIV may look and feel healthy for 10 years or longer after first becoming infected.	1	2	[28]
7.	Like malaria, HIV can be transmitted by mosquitoes.	1	2	[29]
8.	Cleaning injection equipment with water is sufficient to destroy HIV.	1	2	[30]
9.	Always using a new syringe that has never been used before is the best way to avoid HIV infection from injection drug use.	1	2	[31]
10.	The best way to get others to cooperate with us is through aggressive communication.	1	2	[32]
11.	Red blood cells are sometimes called CD4 cells.	1	2	[33]
12.	People with HIV infection may develop AIDS more rapidly, if they are reexposed to the virus.	1	2	[34]
13.	A pregnant woman with HIV infection has about a 30% chance of passing the infection to her unborn child.	1	2	[35]
14.	Sharing rigs (needles, syringes, works) is safe so long as you avoid sharing with strangers.	1	2	[36]

Client Survey
Page 2

	True	False	
15. Latex condoms are not as effective as natural skin condoms for reducing the spread of HIV during sex.	1	2	[37]
16. If the needle used for shooting drugs is properly cleaned with bleach then it is safe to use the cotton or cooker used by others.	1	2	[38]
17. Aggressive communication is firm, respectful, and straight forward.	1	2	[39]
18. HIV attacks the immune system and destroys the body's natural defense against diseases.	1	2	[40]
19. HIV is present only in the blood of an infected person.	1	2	[41]
20. The Western Blot test is used to confirm whether or not a person has antibodies for HIV.	1	2	[42]
21. If you have an anonymous HIV test, you will be asked to give your name, social security number, and address.	1	2	[43]
22. Listening without becoming angry is an important assertiveness skill.	1	2	[44]
23. An HIV test will detect HIV antibodies in a blood sample.	1	2	[45]
24. If a person has no symptoms of HIV infection, he/she is unable to pass the virus to others.	1	2	[46]
25. The "D" in AIDS stands for "disease."	1	2	[47]
26. HIV is a sexually transmitted infection.	1	2	[48]
27. If two people decide to be sexually faithful to each other, then there is no need for them to have an HIV test.	1	2	[49]
28. Oily lubricants such as Vaseline, baby oil, or massage oils may cause condoms to break or leak, reducing their protection against HIV.	1	2	[50]
29. Other people have the right to force you to take chances with your health.	1	2	[51]
30. An assertive tone of voice is calm, self-assured, and sincere.	1	2	[52]
31. Taking AZT early in pregnancy may help a woman avoid passing HIV to her unborn baby.	1	2	[53]
32. Needles and syringes cleaned with bleach are 100% safe from HIV.	1	2	[54]
33. I-language is a technique for getting your point across by speaking for yourself.	1	2	[55]

Client Survey
Page 3

	True	False	
34. There is no difference between assertiveness and aggressiveness.	1	2	[56]
35. After exposure to HIV, it takes about 12 weeks for the body to develop enough antibodies for an accurate HIV test.	1	2	[57]
36. It is very likely that you could get HIV by eating food prepared by an infected restaurant worker.	1	2	[58]
37. A person may become infected with HIV by donating blood.	1	2	[59]
38. The early symptoms of HIV infection may include fever, night sweats, weight loss, feeling tired, and swollen glands.	1	2	[60]
39. If a woman uses the female condom, her partner should also wear a male condom.	1	2	[61]
40. After invading the body, HIV lives in the body's T-Helper Cells and slowly destroys them.	1	2	[62]
41. There is no difference between a confidential and an anonymous HIV test.	1	2	[63]
42. People who communicate passively seldom are manipulated by others.	1	2	[64]
43. Diaphragms and contraceptive sponges are good protection against HIV.	1	2	[65]
44. If a person tests negative for HIV, it means he/she is immune to the virus.	1	2	[66]
45. Condoms are available in different sizes and shapes.	1	2	[67]
46. In this day and age, it is impossible for a person to avoid being exposed to HIV.	1	2	[68]
47. According to national statistics, about 1/3 of the AIDS cases in the U.S. are related to injection drug use.	1	2	[69]
48. HIV infection increases a person's risk of developing tuberculosis.	1	2	[70]
49. Saran Wrap or other plastic food wrap can be safely used as a condom by wrapping it around the man's penis.	1	2	[71]
50. Learning to communicate assertively takes practice.	1	2	[72]
51. The new female condom protects against HIV by lining the vagina to prevent contact with semen or vaginal fluids.	1	2	[73]
52. A positive HIV test means the person already has AIDS.	1	2	[74]

Core Curriculum

Session 1

HIV/AIDS Update

Session 2

HIV/AIDS: Controlling the Risks

Session 3

The Right to Protect Your Health

Session 4

What about HIV Testing?

Additional Ideas

Resources and References