



ATN 108 Intervention Manual: Project ACCEPT  
Version 2 2.6.2014

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## INDIVIDUAL SESSION I

### Goals:

Participant will have an opportunity to discuss any post-diagnosis stressors. Participant will discuss any HIV-related concerns with a trained interventionist. The interventionist will assist participant in generating appropriate questions for medical provider. Participant will meet privately with medical provider to discuss these HIV-related concerns.

### Objectives:

1. Discuss HIV-related concerns with a trained interventionist.
2. Articulate HIV-related concerns to ask a medical provider.
3. Discuss any HIV-related concerns with a medical provider.

Activities	Time
I-A. Discussion about Sources of Support	45 minutes
I-B. Beck Depression Inventory	15 minutes
I-C. Preparation for Medical Provider Meeting	30 minutes
I-D. Meeting with Medical Provider	30 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Tape</li> </ul>	
Handouts	
<ul style="list-style-type: none"> <li>• Beck Depression Inventory-II (Self –Administered)</li> <li>• HIV-Related Questions or Concerns Worksheet</li> </ul>	

**ACTIVITY I-A: SOURCES OF SUPPORT**

**TIME: 45 MINUTES**

**ESTABLISH** rapport with participant.

Normalize different range of feelings (anger, sadness) people experience immediately after receiving an HIV diagnosis.

**STATE** *People have a wide range of reactions after receiving an HIV diagnosis. There are multiple reactions ranging from anger, sadness, depression, anxiety, acceptance, or denial, among others. A person can experience one or a combination of these. Either way, HIV can present added problems and these stressors can effect your overall health.*

*The purpose of this individual session will be to get a better understanding of how you are doing.*

*First, I'm going to ask you some questions about your life and the people around you.*

**ASK** *Let's start by talking about your experience with HIV. Tell me about your experience.*

If necessary:

*How long have you known about your HIV status?*

*How did you find out you were living with HIV?*

*What was your initial reaction?*

*How are you currently feeling about your HIV status?*

**ENCOURAGE** participant to share his/her experience.

**ASK** *Now, I would like to ask you to tell me what you think are the most difficult issues you are dealing with since receiving your diagnosis. These can be as general or as specific as you'd like. They can be related to any area of your life- including those related to your medical condition, your psychological functioning, your social relationships, your work and/or school, or anything else.*

**PROBE** For each issue or area state, as appropriate:

General clarification of issues:

*Why do you think this is a difficult issue?*

*What about this issue is difficult?*

In-depth analysis of issues:

*Who else was involved in this issue (e.g. parents, partners, medical provider, etc.)?*

*What kind of impact did this have on you? In what ways did it impact you?*

*In what realms (where) of your life did this issue have an impact? (e.g. family, school/work, romantic partnerships, etc.)*

*When did this issue impact your life? How long has it been an issue?*

*Why do you think you were confronted with this issue?*

**DISCUSS**

participant's responses.

**ACTIVITY I-B: BECK DEPRESSION INVENTORY-II**

**TIME: 15 MINUTES**

**HAND OUT** Beck Depression Inventory to participant.

**STATE** *This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Patterns) or Item 18 (Changes in Appetite).*

**ENCOURAGE** participant to be honest when responding. Explain limits of confidentiality regarding suicide or self-harm.

**ALLOW** 10 minutes for completion of Beck Depression Inventory.

**REVIEW** participant's responses.

Note: Add the total scores for the Levels of Depression

05-09 These ups and downs are considered normal

10-18 Mild to moderate depression

19-29 Severe depression

30-63 Severe depression

<04 Possible denial of depression, faking good; this is below usual scores for normal.

>40 This is significantly above even severely depressed persons, suggesting possible exaggeration of depression; possibly characteristic of histrionic or borderline personality disorders. Significant levels of depression are still possible (Groth-Marnat, 1990).

**FOLLOW** these follow-through steps if participant is considered to be emotionally distraught based on this assessment.

**DISCUSS** problem with participant openly and nonjudgmental. If participant is hesitant about the matter, it is worth further pursuing because the participant may share more information.

**EXPLAIN** important of your responsibility for breaking confidentiality in the case of suicidal risk or risk of harming someone else.  
NOTE: For high risk participants, do not leave participant alone while

informing others and arranging for help from the designated mental health professional at the site.

For non high risk (emotionally distraught), follow-up with participant to determine what steps have been taken to minimize risk.

**DOCUMENT** all steps taken and outcomes.

**ACTIVITY I-C: PREPARATION FOR MEETING WITH MEDICAL PROVIDER**

**TIME: 30 MINUTES**

**INTRODUCE** next activity.

NOTE: IF participant is extremely distraught, you may need to complete session at another time. However, you should ask participant if they would like to continue with the next section prior to ending the session.

**PRAISE** participant's progress.

**STATE** *Thank you for completing the Beck Depression Inventory. Now, people's reaction about their status varies based on many factors. Sometimes the wrong information or lack of information can trigger anxiety in some people.*

*The purpose of the next activity will be to help you work through getting accurate and understandable information about HIV/AIDS. Often times, it is easier to talk with friends or look for impersonal sources of information like on the internet. However, the information that is out there is not always accurate or correct. Therefore, people may believe things about HIV that are not accurate or true. Sometimes this type of misinformation can increase anxiety or depression in some people.*

**HAND OUT** "HIV-Related Questions or Concerns" handout.

**STATE** *Youth often express confusion or uncertainty about many HIV-related topics. Think about the following areas listed in this worksheet that are specifically related to HIV. Try to come up with at least one question for each different HIV-related topic that you can discuss with the medical provider. Remember that there is no such thing as a dumb or ignorant question. Feel free to ask any questions. If you are honest about your questions, then you will have a better discussion with your medical provider.*

**ASK** participant to write down questions for the medical provider from each of the sections.

**REVIEW** each question with the participant.  
NOTE: If participant does not have any questions, PROBE through each section with the participant.

**ENCOURAGE** participant to ask the questions out loud.



**ACTIVITY I-D: MEETING WITH MEDICAL PROVIDER**

**TIME: 30 MINUTES**

**INTRODUCE**     medical provider.

**REVIEW**         worksheet with medical provider.

**HAVE**            medical provider discuss any common myths or concerns with youth.

## Beck Depression Inventory-II

**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Patter) or Item 18 (Changes in Appetite).

### ***1. Sadness***

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy I can't stand it.

### ***2. Pessimism***

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

### ***3. Past Failure***

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure of a person.

### ***4. Loss of Pleasure***

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

### ***5. Guilty Feelings***

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

**6. Punishment feelings**

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

**7. Self-Dislike**

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

**8. Self-Criticalness**

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

**9. Suicidal Thoughts or Wishes**

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

**10. Crying**

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

**11. Agitation**

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's very hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

**12. Loss of Interest**

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.

3 It's hard to get interested in anything.

**13. Indecisiveness**

0 I make decisions about as well as ever.

1 I find it more difficult to make decisions than usual.

2 I have much greater difficulty in making decisions than I used to.

3 I have trouble making any decisions.

**14. Worthlessness**

0 I don't feel I am worthless.

1 I don't consider myself as worthwhile and useful as I used to.

2 I feel more worthless as compared to other people.

3 I feel utterly worthless.

**15. Loss of Energy**

0 I have as much energy as ever.

1 I have less energy than I used to have.

2 I don't have enough energy to do very much.

3 I don't have enough energy to do anything.

**16. Changes in Sleeping Pattern**

0 I have not experienced any change in my sleeping pattern.

1a I sleep somewhat more than usual.

1b I sleep somewhat less than usual.

2a I sleep a lot more than usual.

2b I sleep a lot less than usual.

3a I sleep most of the day.

3b I wake up 1-2 hours early and can't get back to sleep.

**17. Irritability**

0 I am no more irritable than usual.

1 I am more irritable than usual.

2 I am much more irritable than usual.

3 I am irritable all the time.

**18. Changes in Appetite**

0 I have not experienced any change in my appetite.

1a My appetite is somewhat less than usual.

1b My appetite is somewhat greater than usual.

2a My appetite is much less than usual.

2b My appetite is much greater than usual.

3a I have no appetite at all.

3b I crave food all the time.

**19. Concentration Difficulty**

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

**20. Tiredness or Fatigue**

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

**21. Loss of Interest in Sex**

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

HIV-Related Questions or Concerns Worksheet

A. Basic HIV transmission knowledge  
Question.

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Answer.

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B. General HIV/AIDS knowledge  
Question.

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Answer.

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C. Course of illness  
Question.

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Answer.

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D. Immediate effects on their body

Question.

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Answer.

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E. Medication

Question.

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Answer.

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F. Medical appointments

Question.

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Answer.

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G. Complimentary/alternative therapies

Question.

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Answer.

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H. Sexual/reproductive health

Question.

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Answer.

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I. Nutrition

Question.

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Answer.

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J. Exercise/sports  
Question.

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Answer.

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## INDIVIDUAL SESSION II

### Goals:

To prepare youth for group sessions by addressing his/her past group experiences, and discussing beliefs and thoughts about group sessions. To help youth feel better prepared to participate in group sessions by discussing the potential benefits of participating in group sessions. To meet with the peer-facilitator and discuss the peer-facilitator's personal experience with HIV.

### Objectives:

1. Discuss past experiences, messages, beliefs, and thoughts about group sessions.
2. Discuss the benefits of participating in group sessions.
3. Meet with peer-facilitator and listen to peer's experience with HIV.

Activities	Time
II-A. Provider Meeting Review	20 minutes
II-B. Preparation for Group Sessions	40 minutes
II-C. Overview of Project ACCEPT & Group Sessions	10 minutes
II-D. Meeting with Peer-Facilitator	50 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Tape</li> </ul>	<ul style="list-style-type: none"> <li>• Ground Rules and Guidelines Poster</li> <li>• Project ACCEPT Session Overview Poster</li> </ul>
Handouts	
<ul style="list-style-type: none"> <li>• Group Sessions</li> </ul>	

**ACTIVITY II-A: PROVIDER MEETING REVIEW**

**TIME: 20 MINUTES**

Greet participant and convey your pleasure to see participant again.

Discuss with participant his/her previous meeting with the medical provider.

*During our first session, we had an opportunity to discuss, in general, how you were you doing. There was also an opportunity to discuss with the medical provider any other concerns that you had about HIV/AIDS or anything health-related that you wanted to discuss.*

*Tell me about the medical provider meeting.*

ALLOW participant to share his/her experience.

Probe on the following issues, if necessary:

- *Were you able to convey or appropriately express your concerns?*
- *Did the provider address your concerns appropriately?*
- *Do you have any remaining questions? Or concerns?*
- *How did the experience make you feel?*
- *What could have made it better?*

STATE If necessary: *Many people sometimes have trouble expressing their questions or concerns to their doctors or other healthcare providers. During our future group sessions, we will explore ways of expressing your questions to your doctor or other health care professional. In the meantime, let me know if you have any other concerns that you would like to discuss with me or with your healthcare provider. We can work on how to state those concerns to your doctor.*

ASK *What other questions do you have that you thought about since your last session?*

DISCUSS participant's questions.

**ACTIVITY II-B: GROUP SESSION PREPARATION**

**TIME: 40 MINUTES**

STATE *Today we are going to talk about group sessions. Young people are generally used to being in groups for many other activities. However, people may hear many different things about group sessions. Some people are hesitant to participate in group sessions because they may feel that only "crazy" people attend those sessions or that it's too scary to speak in a group with a bunch of strangers. I would like to hear what your thoughts are about group sessions.*

*Here is a worksheet you can use to write down what you think about group sessions. Take a few minutes to fill out the sheet.*

HAND OUT "Group sessions" handout.

**GROUP SESSIONS**

List some of the things you have hear about people that attend group sessions

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- 1.
- 2.
- 3

Group sessions can be helpful because...

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- 1.
- 2.
- 3.

Group session can be stressful because...

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- 1.
- 2.
- 3.

ALLOW time for participant to complete handout.

DISCUSS participant's perceptions.

Review Probe on the following, as appropriate:

*What are some of the things you've heard about groups?  
Messages- people who attend? Groups?  
Individual past experiences- positive, challenges?  
Beliefs about group sessions- Can be helpful, stressful?*

- DISCUSS any myths or negative beliefs about group sessions with participant.
- Myths: They're for "crazy" people.  
*Where have you heard that?*  
*Why do you think people have these ideas?*
- Feelings: General dislike. (i.e. I don't like speaking in front of others.)
- Expectations: I don't think they can help me with my problem.  
*Why do you feel that way?*
- REVIEW benefits of group sessions.
- Often times, people hear many negative things about group sessions. It may help to discuss what group sessions are about. Group sessions are formed because they offer many important benefits. First, they bring people together who are then able to share ideas and learn from each other's experiences. As a young person, it is difficult to deal with the issues of living with HIV thus, participating in the group sessions may help you become better prepared to deal with those issues. What are some other ways that you think group sessions can be beneficial for you?*
- BRAINSTORM with participant to discuss other potential benefits.
- DISCUSS appropriate group participation.
- Let us talk about your participation in the group sessions. Sometimes, people are hesitant to take part in group sessions because they think they have to be willing to talk all the time. All of us will, at some level, reveal something about ourselves. What you choose to reveal and how much, is entirely up to you. If you feel uncomfortable revealing certain information about yourself you may choose not to discuss it. Also, if we are talking about a topic that you are not comfortable discussing, you may choose to remain silent. Remember that participation in the group discussions is part of the learning experience.*

DISPLAY

“Ground Rules and Guidelines” poster.

<b>Ground Rules &amp; Guidelines</b>
<ul style="list-style-type: none"><li>▪ Confidentiality and privacy within group comes first.</li><li>▪ R-E-S-P-E-C-T each other.</li><li>▪ No judging.</li><li>▪ Being open.</li><li>▪ Feel free to pass (You don't have to share).</li><li>▪ Ask Questions</li><li>▪ Be on Time.</li></ul>

DISCUSS

group norms.

STATE

*We will have established group rules to help group members feel comfortable and discuss issues. These group rules are an integral part of group sessions because they emphasize confidentiality, respect, safety of all group members and set the tone for the rest of the sessions. Other rules may be added depending on the group's input.*

*Confidentiality and privacy within the group comes first. We will be discussing very private matters throughout the sessions. We should not use names or discuss the private lives of our group members with anyone outside of the group sessions.*

*R-E-S-P-E-C-T each other. We need to listen to whoever is talking and to respect them and their opinion even if we don't always agree. There should be no interruptions, no whispering, no giving funny looks or no making fun of other group members. Respecting each other's personal space is also necessary. Therefore, no physical contact.*

*No judging. We will discuss different issues in which others may express opinions, feelings or values that are different from yours. It is important to respect these differences.*

*Being open. It is important to be honest and open, without mentioning extremely personal things about ourselves and others. When talking about other people outside the group, we should not use names and*

*should not give a lot of detail.*

*Don't have to share. You will not be pressured to participate in a certain activity or answer any questions that make you feel uncomfortable.*

*Ask questions. Feel free to ask any questions whenever you don't understand something or that you want more information. There is no such thing as a dumb question.*

*Additionally, these are closed sessions, meaning once we meet for our first group session, the sessions will be closed to new members. The remaining sessions will always have the same facilitator and the same peer co-facilitator. Therefore, coming to all the sessions, on time, will be extremely important.*

**ACTIVITY II-C: OVERVIEW OF *PROJECT ACCEPT***

**TIME: 10 MINUTES**

**STATE**        *In this program, Project ACCEPT, ACCEPT is an acronym for “Adolescents Coping, Connecting, Empowering & Protecting Together.”*

*An important component of the ACCEPT involves learning to live a healthy life. This can include the importance of accepting your HIV status, connecting with others, empowering yourself to become a healthier person, and protecting yourself by improving your healthy behaviors including accessing health care services and reducing unhealthy behaviors.*

*This process requires honest self-reflection, acceptance of self, responsibility for one’s own behaviors, and a willingness to make responsible healthy sexual choices.*

*Throughout these sessions, you will learn life skills, such as problem solving and communication, and learn about resources available to assist you in making responsible choices. You will be challenged to develop positive social connections which will help you maintain your goals. You will not only use these skills throughout our sessions together but also throughout other aspects of your life.*

*As facilitators, we will be here to assist you in this process and this is not something that you will be doing alone! You have made a commitment to ACCEPT by being here today.*

**ASK**            *Are there any questions about Project ACCEPT, so far?*

**DISCUSS**      any questions.

**STATE**        *There will be 9 sessions in total. You’ve already completed 2 sessions (including this one). There will be 6 group sessions and 1 final individual session. The sessions are expected to take two-hours each. Each session will cover various issues that other youth living with HIV have identified as critical concerns during this period. In the last session, we encourage you to bring in someone who is especially supportive in your life.*

**DISPLAY**      “Session Outline & Topics Covered”

Group Sessions



- 1 GROUND RULES, GROUP COHESION & HIV OVERVIEW
- 2 DISCLOSURE
- 3 PREPARING FOR MEDICAL INTERVENTION
- 4 HEALTHY LIVING
- 5F FEMALE SPECIFIC CONCERNS: SEXUALITY
- 5M MALE SPECIFIC CONCERNS: SEXUALITY
- 6 SELF-ESTEEM & GOAL SETTING

NOTE: Facilitator may elaborate on the group sessions by discussing the session goals and activities.

**STATE** *You do not need to bring any materials to the group sessions. All of the materials will be provided here. You can leave any ACCEPT-related materials such as the handouts here for safekeeping.*

**ASK** *Are there any questions?*

**DISCUSS** any questions.

**REVIEW** *Upcoming dates for the remaining sessions.*

**ACTIVITY II-D PEER-FACILITATOR MEETING**

**TIME 60 MINUTES**

**PREPARE** youth for meeting with peer-facilitator.

*As part of our project will also have a peer-facilitator who will be present at all our group meetings. (INSERT NAME) will be our peer facilitator. Our peer facilitators are youth living with HIV as well. Today you will get to meet with (INSERT NAME) and discuss any concerns or questions you may have.*

**INTRODUCE** peer facilitator to the participant.

**FACILITATE** discussion between peer facilitator and participant. If conversation between peers appears to be flowing well, you may exit the room to allow for more candid rapport building. You may want to discuss with peer facilitator beforehand if you plan to leave once the session gets started.

**OUTLINE** Discuss individual experience for 20 minutes  
Discuss any questions -30 minutes  
10 minutes-Wrap-up

## GROUP SESSIONS

List some of the things you have hear about people that attend group sessions\_

---

1.

2.

3.

Group sessions can be helpful because...

---

1.

2.

3.

Group sessions can be stressful because...

---

1.

2.

3.

## SESSION 1: GROUND RULES, GROUP COHESION & HIV OVERVIEW

### Goals:

The purpose of this session is to encourage group cohesion. Youth will review group ground rules and have an opportunity to add any additional rules. Youth will get an overview of basic HIV information. Additionally, youth will get an opportunity to explore myths and facts, and messages about HIV. Finally, you will practice using condoms correctly and ensure that they will use them properly if the need arises.

### Objectives:

1. To introduce participants to each other through ice breaker activities
2. To encourage participants to share information about each other
3. To define HIV and AIDS
4. To distinguish between myths and facts about HIV
5. To explore messages and names for HIV 6. To practice using condoms correctly

Activities	Time
1A. Introduction & Ground Rules	10 minutes
1B. M&M Icebreaker Activity	10 minutes
1C. Tile Activity	15 minutes
1D. HIV/AIDS Definition	18 minutes
1E. Messages about HIV	12 minutes
1F. Myths & Facts about HIV	16 minutes
1G. Condom Line-up	16 minutes
1H. Condom Demonstration	14 minutes
1I. Condoms, Condom Types & Sizes	10 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Tape</li> <li>• Ground Rules and Guidelines Poster</li> <li>• Folders</li> </ul>	<ul style="list-style-type: none"> <li>• “Colors and Meanings” poster</li> <li>• 2 sets of Condom Line-Up Cards</li> <li>• Tiles</li> <li>• Art markers</li> <li>• 2 penis models</li> <li>• Water-based lubrication packets</li> <li>• Antibacterial hand wipes</li> <li>• Condoms for each participant</li> </ul>
Handouts	

- Myth/Fact Sheets
- Steps for Effective Condom Use Handout
- Using the Reality Condom for Anal Sex Handout
- Using the Reality Condom for Vaginal Sex Handout
- Condom, Condom Types and Sizes Rating Sheet Handout
- Water-Based Lubricants Handout
- Silicone-Based Lubricants Handout
- Lubes to Avoid Handout

## ACTIVITY 1A: INTRODUCTION & GROUNDRULES

### TIME: 10 MINUTES

**INTRODUCE** each member of the facilitation team and welcome participants.

**HAVE** each participant introduce themselves to the entire group.

**ANNOUNCE** the location of the bathrooms, telephones, break areas/times and other facility and logistical considerations of concern to the participants.

**STATE** *Now, before we move on to our work together, we want to tell you what to expect. We are going to meet as groups 6 times, each session will last approximately 2 hours. Additionally, we've met individually twice and once again after the last group session.*

*We will have snacks and activities to make the sessions interactive. The most important part of the groups, though, will be what you bring to them, so we will always want you to join in our discussions. We know, though, that it isn't always comfortable to talk, so we want you to feel free to just listen sometimes.*

*We will be calling you before each session, to remind you about it. If you miss a session, we'll call you to make sure everything's okay, and to remind you of the next session.*

*It is very important for you all to participate in these sessions, you will be compensated for your time at the end of each session for your participation. Please be on time, as a courtesy to other people in the group. You need to stay for the complete session unless an emergency develops. This ensures that you get the all the materials for each session.*

*Some of you may have participated in some type of group before now—a support group, an information group, or a therapy group. If so, may be familiar with the importance of setting ground rules before we get going here.*

*Let's spend a few minutes on this so that we've got this set for today and the rest of our sessions, and then we'll be able to start getting to the real purpose of this group. We will always refer to these during our sessions.*

**DISPLAY** the “Ground Rules and Guidelines” poster.

**READ**

through the rules:

**Confidentiality and privacy** - we will be talking about very private matters throughout the course of these sessions and we need to trust each other in that we will not talk about the private lives of other group members to our friends or families. When talking about other people outside the group, we should not use names.

**Respect**- we need to listen to whoever is talking and to respect them even if some of us disagree. **This means that there should be no interrupting, whispering, giving funny looks or making fun of other group members.** This means respect for each person's space, so please, no physical contact. Respect also means that we may need to limit the amount of time that one person has to talk so others can have a chance to share, too.

**No judging** - everyone has their own opinions, feelings, and values, and you should respect these, even if they are different from yours.

**Being open** - it is important to be honest and open, without mentioning extremely personal things about ourselves and others. When talking about other people outside the group, we should not use names and should not give a lot of detail.

**Don't have to share** - you will not be pressured to participate in a certain activity or answer any questions that make you feel uncomfortable.

**Ask questions** - please feel free to ask questions whenever you don't understand something or that you want more information. There is no such thing as a dumb question.

**ADD**

any additional ground rules and/or guidelines to the poster.

**Consider adding rules about cell phones and other distracting sounds.**

**DISPLAY**

the "Ground Rules and Guidelines" poster at every session.

**ASK**

*Do you have any questions?*

**DISCUSS**

any questions.

**ACTIVITY 1B: M&M ICE-BREAKER****TIME: 10 MINUTES**

**STATE** *Now, we're going to do a quick exercise to get to know more about each other. I'm going to pass around a bowl of M&M's®. Please take anywhere from 2 to 6 pieces of candy but don't eat them yet. I'll explain the exercise once we all have our candy.*

Note: Facilitator(s) should actively participate along with the participants in this activity.

**ALLOW** time for participants to take their pieces of candy. Once everyone has had a chance to get candy,

Colors and Meanings" poster.

**DISPLAY** the "Colors and Meanings" poster.

**EXPLAIN** the activity:

*Now that everyone has their pieces of candy, we're going spend a little time getting to know each other a little better. On the poster that I just displayed, there is a chart that has a color and the meaning of that color.*

The "Colors and Meanings" poster reads as follows:

brown	One thing I like to do
yellow	One thing I like about myself
red	One thing I would change about myself
blue	One future life goal
orange	One main thing that I want in a relationship
green	One thing I do to be healthy

*For example, if one of my candies is the color brown, I would state one thing that I like to do. We're going to take turns going around the room and saying something about each piece of candy that we took out of the bowl.*

Note: the facilitator(s) may want to start this activity in order to make the participants feel more comfortable.

**ASK** *Do you have any questions?*

**DISCUSS** any questions.



## ACTIVITY 1C: TILE ACTIVITY

### TIME: 15 MINUTES

**STATE**        *Now, we're going to do another exercise to get to know each other better. I'm going to give everyone a tile. I'll explain the exercise once we all have our tiles.*

Note: Facilitator(s) should actively participate along with the participants in this activity.

**ALLOW**        access to paint markers by making various color paint markers available to all participants.

**EXPLAIN**        *We have learned a little bit about each after our candy activity. Now, we are going to design a tile to learn more about each other. This will not be a typical tile, as it will be a reflection of who you are. You choose what you want the tile to say about you. You can include a combination of pictures or words. It may be your favorite quote, things you like, or anything that represents you. Make sure to include your first name somewhere on the tile.*

Note: the facilitator(s) will also participate in this activity to make the participants feel more comfortable.

**ASK**             *Do you have any questions?*

**ALLOW**        5 minutes to draw their tiles.

**DISCUSS**        any questions.

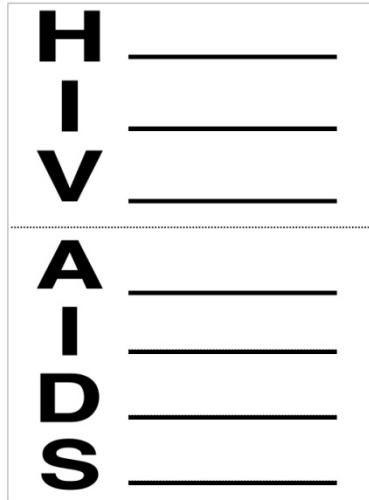
**EXPLAIN**        *We are now going to talk about our tiles. Each of you will have an opportunity to discuss your tile with the rest of the group. You will then place your tile here in the center of the room. Afterwards, the next person will discuss their tile and place it next to the previous person's tile and so on. I will go ahead and start off by explaining my tile.*

**ALLOW**        10 minutes to discuss their tile.

**ACTIVITY 1D: HIV/AIDS DEFINITION**

**TIME: 18 MINUTES**

**DISPLAY** “HIV/AIDS” poster. The poster should look like this:  
Note: Facilitator should fill in the blanks as each letter is discussed as a group.



**ASK** *Let’s talk about HIV. Who can tell me what the “H” in HIV stands for?*  
Note: “H” stands for human.

*Who can tell me what the “I” stands for? Note: “I” stands for immunodeficiency.*

*And the “V”?* Note: “V” stands for virus.

*So HIV stands for Human Immunodeficiency Virus.*

**STATE** *Let’s talk about what HIV really means. “H” is human, right? HIV can only pass from human to human; from one person who is living with HIV in their body to another person who is uninfected. You can’t get HIV from a cat, from a doorknob, from a monkey, from a chair, or from any other living or non-living object. It has to be human to human.*

*Now, “I” stands for immunodeficiency. Let’s break immunodeficiency into two smaller words to help us understand this term a little better. “Immuno” refers to immune or immune system. Our immune system is our body’s defense against diseases. “Deficiency” refers to a “lack of.” So when we put those two words together we get a lack of immune system. HIV is a virus that attacks and decreases the functioning of our immune system. Our immune system is a shield that protects our body and protects us from disease. When HIV enters the human body, it infects specific cells in our immune system. These cells are CD4+ T lymphocyte cells, and they are also sometimes referred to as CD4 cells or helper T cells. They are important parts of the human immune system and help our body fight infection and disease. When a person’s CD4+ T cells are not working well, that person is more likely to get sick. HIV infects the T helper*

*cell because it has the protein CD4 on its surface, which HIV uses to attach itself to the cell before gaining entry. This is why the T helper cell is sometimes referred to as a CD4+ lymphocyte. Once it has found its way into a cell, HIV produces new copies of itself, which can then go on to infect other cells.*

*Most people infected with HIV carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, studies have shown that there is a connection between the amount of HIV in the blood, the decline in CD4+ T cells, and the development of AIDS. Usually, CD4+ T cell counts in someone with a healthy immune system range from 600 to 1,800 per cubic millimeter of blood. AIDS is diagnosed when the CD4+ T cell count goes below 200. Reducing the amount of virus in the body with antiretroviral medicine, or ARVs, can dramatically slow the destruction of a person's immune system.*

*Finally, "V" stands for virus. Remember, when a person is infected with a virus it is not curable. Once the virus enters our body's cells and incorporates itself into our genetic makeup, it begins to rapidly replicate. It makes our cells into factories for the virus. So over time, without treatment, HIV spreads throughout the body. HIV is a very complex virus.*

**ASK** *Are there any questions so far?*

**DISCUSS** any questions.

**STATE** *Now, let's talk about AIDS. HIV is the virus that causes AIDS. Who can tell me what the "A" in AIDS stands for? Note: "A" stands for acquired.*

*Who can tell me what the "I" stands for? Note: "I" stands for immune.*

*Who can tell me what the "D" stands for? Note: "D" stands for deficiency.*

*And the "S"? Note: "S" stands for syndrome.*

*So AIDS stands for Acquired Immune Deficiency Syndrome. Now let's break down each letter just like we did with HIV to truly understand more about AIDS.*

*Acquired means that the AIDS is not hereditary but develops from contact with a disease causing agent--in this case, the HIV virus. This means that you must "acquire" or receive the HIV virus first from another person and then over time the immune systems become weaker and you progress to an AIDS diagnosis.*

*Immune deficiency is basically the same as immunodeficiency. This means that the immune system is weakened or reduced.*

*Syndrome refers to a group of symptoms that collectively indicate or characterize a disease. In the case of AIDS this can include the development of certain infections and/or cancers, as well as a decrease in the number of CD4+ T cells in a person's immune system. Many of the diseases that occur in*

*someone who is living with AIDS do not occur in people with healthy immune systems. For example, there is a type of pneumonia and kinds of cancer that occur in someone living with AIDS but someone with a healthy immune system would be able to fight these off. Also, some diseases that can occur in people that are not infected with HIV, like tuberculosis, can be made worse by having a depleted immune system like we see in people that are infected with HIV. So you actually don't die from AIDS, but instead you die from AIDS-related illnesses or opportunistic infections that you get because your immune system is so weak.*

*AIDS is diagnosed when a person's CD4+ T cell count goes below 200. Even if their CD4+ T cell count is over 200, AIDS can be diagnosed if they have HIV and certain diseases such as tuberculosis or Pneumocystis carinii pneumonia (PCP).*

**ASK**            *Any questions so far?*

**DISCUSS**      *Any participant's questions.*

**STATE**            *So can a person have AIDS and not HIV? Note: No, a person can not have AIDS without having HIV because HIV is the virus that causes AIDS.*

*Can a person have HIV without having AIDS? Note: Yes, a person can be infected with HIV but not have AIDS. Each person is different. Some people live with HIV for many years and never receive an AIDS diagnosis. Others may receive an AIDS diagnosis after only a year.*

*It is important to keep in mind that just because a person is living with HIV in their body, it does not mean that they have AIDS. HIV only progresses into AIDS over time when the immune system becomes weaker and weaker.*

*It is important for people living with HIV and AIDS to take a type of medication that will help them to live longer and healthier lives. These medications are called ARVs. Does anyone know what ARV stands for? Note: ARV stands for antiretroviral medication or therapy.*

*Because HIV is a certain type of virus called a retrovirus, the drugs used to treat it are called antiretroviral medicines. These powerful medicines control the virus and slow progression of HIV infection, but they do not cure it. People living with HIV need to take these medicines exactly as their nurse or doctor prescribes. There are several different classes of ARVs and some people may be asked to take several different classes of ARVs. These medications must be taken every day, and depending on the specific ARVs that are prescribed, the person may need to take these pills several times a day. Unfortunately these medications often have side effects such as vomiting and diarrhea, but it is still important that a person who is living with HIV takes their medication on a daily basis. ARVs help to increase the CD4+ T cells and to decrease the viral load or the amount of virus that is in the body. In some individuals the ARVs can be so effective that we can no longer measure the amount of virus that is found in the blood. This is when we say that the viral load is undetectable. This does*

*not mean the virus is no longer in the body, since it lives in several tissues and organs throughout the body, it just means that the number of virus' floating in the blood has become so low that we can't detect them using the medical tests we currently have.*

**ASK**

*Are there any questions?*

**DISCUSS**

any questions.

**ACTIVITY 1E: MESSAGES ABOUT HIV**

**TIME: 12 MINUTES**

**STATE** *I have written the words “HIV” and AIDS.” Now tell me the names that you heard others refer to when talking about HIV/AIDS. For example, some people refer to HIV as “the package.” What are some other names?*

**ENCOURAGE** sharing of names or terms.

**WRITE** the names as they are called out. When participants are no longer generating new names, move on to the next question.

**ASK** *Now tell me the names that you heard others call people living with HIV or AIDS. What are some of the names that you have heard others call people living with HIV?*

**ENCOURAGE** sharing of names.

**WRITE** write down the names or terms as they are called out. You may stop when the group is no longer generating new names or terms.

**DISCUSS** with the participants how they felt doing this exercise and what it was like for them.

**ASK** *How do you feel after doing this exercise?*

*What was it like calling out these names and seeing them on the board?*

**STATE** *The purpose of this exercise was to discuss the different messages youth hear about the stereotypes and personal reputation of young people living with HIV. Now, part of what we will be doing in the next sessions will be learning new skills that may help us deal better with what we may hear or believe.*

## ACTIVITY 1F: MYTHS & FACTS ABOUT HIV

### TIME: 16 MINUTES

**STATE** *We just talked about some the different names for HIV and for people living with HIV. Now would be a good time to discuss some of the facts and myths surrounding HIV/AIDS.*

**EXPLAIN** to participants the difference between fact and myth (give example).

**STATE** *Facts are those statements that have been proven to be true. For example, "HIV can only be passed from human to human" is a fact. A myth is a statement or belief that has not been proven to be true. For example, many people believe that mosquitoes can transmit HIV. However, numerous scientific studies have shown that there is no evidence of HIV transmission from mosquitoes or any other insects.*

*There are lots of things people say about HIV and AIDS that are not true. We're going to review some of the most common statements about HIV and AIDS and decide if they are facts or myths.*

**DISTRIBUTE** Myth/Fact/Unsure Cut-outs to each participant.

**STATE** *I will read each of the statements from the list out loud. You must decide if the statement is a fact, myth, or if you are unsure. After the statement is read, hold up the card that states whether you believe the statement is a fact or a myth. If you're unsure, then hold up the card that says unsure.*

**READ** each of the statements out loud individually.

Note: DISCUSS each statement individually before proceeding to the next statement.

### **Statements about HIV and AIDS:**

1. *You can tell by the way a person looks whether or not he or she has HIV.*
2. *During anal intercourse, only the person on the receiving end (the bottom) is at risk for HIV.*
3. *If a man pulls out before "cumming" (ejaculating), then having unprotected sex is safe.*
4. *HIV-infected blood can transmit HIV if it comes in contact with a person's skin.*
5. *If a person gets infected with HIV, it takes about 6 weeks to 6 months before the HIV test shows up positive.*
6. *You can get HIV through a knife and fork, dishes, or toilets.*

7. *Someone who is HIV-positive, is fully-adherent to his HIV medications, and has consistently been “undetectable” for many months is unlikely to transmit HIV to others.*
8. *A woman who has HIV can pass the virus to her baby during pregnancy, delivery, or breastfeeding.*
9. *If both you and your partner have HIV, condoms can be used to prevent other sexually transmitted diseases (STI/STDs) and other strains of HIV.*
10. *Former NBA player Earvin “Magic” Johnson and other famous celebrities living with HIV are able to survive HIV because they have access to a particular HIV treatment that is unavailable to the average person.*
11. *Engaging in unprotected sex with multiple sex partners during the same sexual event increases the risk of contracting Hepatitis C (HCV), which can make the treatment of HIV much more difficult.*
12. *For young women, having anal sex instead of vaginal sex can protect them from HIV.*

### **Answers to Statements**

1. **Myth**—A person who looks healthy can be infected with HIV.
2. **Myth**—Both partners are at risk. Anal intercourse is very risky because the rectal tissue and blood vessels that line the rectum are easily torn during anal sex and can be an entry point for the virus. Similarly, body fluids can pass through barely visible abrasions on a man’s penis. No practice that is risky for one partner is entirely safe for the other.
3. **Myth**—This is an old-fashioned, unreliable form of birth control. Even if the man pulls out, both parties can still be exposed to HIV. Pre-ejaculatory fluid in an HIV-positive male contains the virus, and the cervical secretions of an HIV-positive female also contain the virus.
4. **Myth**—If the person’s skin is intact (without any wounds or potential windows of infection), the likelihood of contracting HIV by mere skin contact is extremely unlikely.
5. **Fact**
6. **Myth**—There are no reported cases of HIV infection that result from sharing eating utensils or from toilet seats. Also, as we know, HIV can only be transmitted when blood, semen, vaginal secretions, or breast milk come into direct contact with mucous membranes, damaged tissue, or the blood-stream itself.
7. **Fact**—More and more evidence suggests that that risk of passing HIV on to a sex partner is significantly decreased when a person is on antiretroviral (ARV) medications, has achieved undetectable viral load levels, and is free from any sexually-transmitted infections, such as syphilis, gonorrhoea, or chlamydia.



8. **Fact**— A woman who has HIV can pass the virus to her baby during: pregnancy; delivery; or breastfeeding. There are medicines that women with HIV should take during pregnancy, labor, and delivery and that can be given to their babies just after birth, to *greatly reduce* the chance that their babies will become infected with HIV. It is best for women to know their HIV status before they become pregnant or very early in their pregnancy so that they can make informed decisions and take full advantage of these medicines.
9. **Fact**
10. **Myth**—Magic Johnson has fared very well with HIV since he announced his diagnosis in the early 1990s. However, the treatment he takes consists of the same combination of antiretroviral (ARV) medications available to every other person living with HIV in the United States.
11. **Fact**—There have been increases in reports of Hepatitis C infection among men who have sex with men living with HIV. Many of these men report no needle-sharing risk behaviors but do report sex with multiple sex partners and other substance use risk behaviors.
12. **Myth--Unprotected anal sex puts you at high risk for HIV infection.**

**ASK**

participants to explain their card choice as much as they can in their own words.

NOTE: If an explanation is incorrect or reflects misunderstanding, ask the group to suggest an answer. If participants give partial explanations, praise what they have done and see if anyone else in the group can add to the answer. If no one in the group adds information, then the facilitator can provide the accurate information.

**STATE**

*Great job. As we can see, many myths about HIV still exist. So, since we've had a chance to dispel some of those myths here, we're going to move on and talk about HIV and your health in detail.*

**ACTIVITY 1G: CONDOM LINE-UP**

**TIME: 16 MINUTES**

**HAVE** participants break up into 2 groups.

**DISTRIBUTE** one stack of “condom line-up” cards to each group.

**STATE** *You have been a stack of cards which represent things that may happen before, after and during sex, including the steps involved in putting on and taking off a condom. For the purposes of our discussion today, ‘sex’ or ‘intercourse’ means any sexual contact where semen or vaginal fluids could be exchanged. This means any contact between penis and mouth, vagina or anus. Spread the cards out on the table and with your team decide on the correct order of the cards. Ready...go!*

**ALLOW** up to 5 minutes for each team to order their cards.

**ASK** *Who would like to come up to the front and show the group the correct order of the cards?*

**HAVE** a volunteer come to the front of the room and show the group the order in which their team placed the cards.

**DISCUSS**

the order of the cards. **ELICIT** opinions from the group. The correct order of the cards should be:

**Correct Order of Condom Use**

1. Discuss safer sex
2. Buy condoms
3. Agree to have sex
4. Choose and buy condoms
5. Check expiration date
6. Wash up
7. Hug, kiss, cuddle, massage
8. Carefully remove condom from package
9. Sexual arousal
10. Erection
11. Dab lubricant on penis or inside condom
12. Leave room at tip
13. Squeeze out any air
14. Roll condom on
15. Have intercourse
16. Orgasm (ejaculation)
17. Hold onto condom
18. Withdraw the penis
19. Carefully remove condom and throw away
20. Loss of erection
21. Relaxation (2 cards)
22. Wash up

**\*\*Note:** Relaxation can wander throughout the whole process to show that it should be continuous. The second loss of erection can go anywhere to show that this can happen at any time throughout the process. Washing up should occur before any sexual contact and again after intercourse.

## ACTIVITY 1H: CONDOM DEMONSTRATION

**TIME: 14 MINUTES**

- HAVE** participants remain in their groups.
- ASK** *How many of you know how to put on a condom?*
- HAVE** participants raise their hands.
- DISPLAY** condoms, lubrication and the penis model to the group.
- STATE** *Okay, well now we are going to put your skills to the test. We will practice using a condom so that you will know how to use them and what they feel like when you are ready to use them.*
- DISTRIBUTE** one penis model to each group.
- GIVE** each participant 2 unopened condom packages and lubrication.
- ASK** them to open one package, carefully remove the condom, and unroll it.
- DEMONSTRATE** that condom is strong by putting it on over your hand and pulling it up your arm (if it tears on your nails or jewelry, use the opportunity to emphasize the importance of being careful about sharp objects).
- Handle the condoms with confidence and comfort.
  - Do not appear worried about mess or stickiness.
- HAVE** each participant unroll the condom over their hand and pull it up their arm as you did.
- Use humor and allow them to be nervous and silly.
- GIVE** participants a few minutes to get use to the feel of the condom.
- STATE** *Now we would like you to practice putting the condom on the penis model.*
- ALLOW** each participant to put the condom on the penis model within their group.
- ASK** *Who would like to come up and demonstrate the correct way to place a condom on the penis model?*
- HAVE** A volunteer come to the front of the room and show the group the way in which they placed the condom on the penis model.  
\*If no one volunteers, the facilitator should demonstrate\*
- DISTRIBUTE** “Steps for effective condom use” Handout

**DISCUSS**

The way in which the volunteer placed the condom on the penis model. Note with the group if the volunteer followed all of the necessary steps.

**Steps for effective condom use**

1. Check the expiration date.
2. Open the package, being careful not to tear the condom. Squeeze a few drops (1/2 tsp) of lubricant into the tip of the condom. If the condom has a little tip built in, it is easier to leave a space.
3. Hold the condom by the last ½ inch at the tip, making sure to squeeze out any air.
4. Put the condom on when the penis is erect and before any contact between the penis and the partner's genitals, mouth, or anus.
5. Put the condom on the tip of the penis. A man who is not circumcised should pull back his foreskin before putting on the condom.
6. While still pinching the tip, unroll the condom down the shaft to the base of the penis. Smooth out any extra air bubbles that may be trapped inside the condom. This also keeps the condom from breaking. Apply lubricant on the outside of the condom, if desired. Don't put lubricant on the shaft of the penis before putting a condom on, because it will slip right off.
7. Check during intercourse to make sure the condom is not slipping.
8. Withdraw (pull out the penis) slowly after climax (ejaculation). Hold the condom firmly by the rim at the base. It's important to do this BEFORE the penis has lost its hardness because the condom can accidentally slip off when the penis is soft. Be careful not to spill the contents when taking the condom off. Withdraw while penis is still erect.
9. Remove the condom by rolling it off. Do this well away from your partner's body.
10. Discard the condom. Wrap it in tissue and throw it away. Do not flush condoms down the toilet. They can clog plumbing.
11. Never reuse a condom. If you want to have sex again, always use a new condom.

If they were not followed, using the penis model, a facilitator should demonstrate the correct way to place a condom on and remove a condom from a penis.

**STATE**

*People may try to tell you that condoms don't work, or that they aren't 100% safe. Condoms don't break easily. If a condom breaks or slips off, it is almost always because someone isn't using it the right way.*

*Some of these steps are important to keep condoms from breaking or tearing.*

**ASK**

*Which steps do you think keep condoms from breaking?*

(A: condoms can break or tear when you're opening the package, or

if you use your fingernails.)

**STATE**

*Does anyone know why it's important to hold the base of the condom when pulling out?*

*Take care so that it doesn't slip off and the contents don't spill. Semen spilling out of a used condom onto the other person's genitals can transmit STDs and HIV and can also cause pregnancy.*

**ASK**

*Does anyone know why it is important not to touch the penis to the mouth, vagina, or anus at all unless there is a condom on it?*

(A: Well, how many of you have ever heard a story about someone who didn't "really" have sex or didn't "go all the way," but then got pregnant anyway? Some people think that as long as the male doesn't ejaculate and the semen doesn't come out, it's okay to touch the penis to the vaginal area or put it inside the vagina, mouth, or anus. This is sometimes called the "withdrawal" method. This method doesn't work because a little bit of semen usually starts leaking out of the penis soon after it gets hard. The person may not notice it. This little bit of liquid has enough sperm in it to cause pregnancy, AND it can contain HIV. That is why we say that you should put the condom on before there is ANY contact between penis & mouth, anus or vagina.)

## ACTIVITY 11: CONDOMS, CONDOM TYPES & SIZES

**TIME: 10 MINUTES**

**DISPLAY** a variety of condom samples.

Note: Stretch and blow up condoms to show how strong they are.

**TALK** about the different kinds and what to look for on the package.

**STATE** *We just finished the condom demonstration. Let's talk about condoms now. All condoms are not the same, and it can be confusing to know which kind to get. Only condoms made of latex keep HIV from going through them. 'Natural skin' condoms are made of animal skin and will not protect you or your partner from HIV and other STDs. This is because most viruses are much smaller than sperm and they can pass through the porous skin of these condoms. Buy only latex or polyurethane condoms.*

*Latex condoms can only be used with water based lubricants, not oil based lubricants such as Vaseline or lotion as they break down the latex. A small number of people have an allergic reaction to latex and can use polyurethane condoms instead. Polyurethane condoms can be used with water-based and oil-based lubricants.*

*You need to find the condoms that please you most. They come in different sizes. Condoms labeled 'snugger fit' or 'contour shape' are a little smaller than most condoms. Bigger condoms just say 'large,' 'maxx,' or 'extra.'*

*Some condoms are already lubricated. The lubrication makes entering easier, and many people feel it makes sex more enjoyable, but some people don't like the feel of lubrication. On some condoms the sheath is smooth and others it is not—supposedly to increase the sensitivity and stimulation. Most condoms have what is called a 'reservoir tip' to collect the semen at the end. If you get condoms without a tip, it is important to leave a space for the semen by pinching the tip of the condom when you unroll it onto the penis. Otherwise, it might break.*

*You can determine which the outside of the condom is by rolling the edge between your fingers to make sure it's rolling down the outside. You also blow into the reservoir tip, which should pop up if the condom is right-side out.*

*As long as they are kept in a cool dry place, condoms are usually good until the date stamped on the package. If you carry condoms in your wallet, backpack, or purse for very long, they might get damaged by heat or moisture.*

**PASS** condoms around.

**ENCOURAGE** discussion around misconceptions and myths.

**ASK**

*What makes a good condom and a bad condom?*

NOTE: A bad condom is one that is used, has a hole in the end of it, is too small or made of lambskin, expired & one that has been damaged by heat or moisture.

**ASK**

*Which steps do you think keep condoms from breaking?*

(A: condoms can break or tear when you're opening the package, or if you use your fingernails. The way that you store condoms can also affect their strength. They shouldn't be kept in a hot car. And you shouldn't keep condoms in a wallet, where they can get flattened and ruined.)

**ASK**

*Does anyone know why it's important to hold the base of the condom when pulling out?*

(A: Take care so that it doesn't slip off and the contents don't spill. Semen spilling out of a used condom onto the other person's genitals can transmit STIs and HIV and can also cause pregnancy if you are having vaginal sex.)

**ASK**

*Does anyone know why it is important not to touch the penis to the mouth, vagina, or anus at all unless there is a condom on it?*

(A: Some people think that as long as the male doesn't ejaculate and the semen doesn't come out, it's okay to touch the penis to the anal or vaginal area or put it inside the anus, mouth, or vagina. However, a little bit of semen usually starts leaking out of the penis soon after it gets hard. The person may not notice it. As we discussed during the Myths & Facts About HIV activity, pre-cum in an HIV-positive male contains the virus. That is why we say that you should put the condom on before there is ANY contact between penis and mouth, anus, or vagina.)

**ASK**

*Can anyone share which materials condoms should be made from in order to protect against the transmission of HIV or STIs?*

(A: Only condoms made from latex, or possibly polyurethane, should be used to protect from HIV/STIs. There are some condoms on the market that are made from animal skins. These condoms are sometimes labeled "natural material" condoms. These types only protect from pregnancy, not HIV or STIs.

Polyurethane condoms (i.e. Durex Avanti) do protect from HIV/STIs. These are a more expensive option than the traditional latex condoms, but some people find them more pleasurable than traditional latex. Unlike latex, they don't stretch very much, so they may be uncomfortable for some people. However, some believe that they transmit heat a little better than latex, which can



make them feel more natural.)

**ASK**

*Finally, who here has ever heard of the “Reality Condom?”*

**STATE**

*The “Reality Condom” is sometimes still referred to as the “female condom” and is an alternative to the traditional male condom that’s worn over the penis.*

*It’s a barrier that can be inserted either vaginally or anally, protecting the receptive partner (or the bottom) from HIV/STIs.*

*To use it for anal sex, the inner ring must be removed before the reality condom is inserted. This is easy to do; you just reach in and pull the ring out.*

*The Reality Condom shouldn’t be used at the same time that the “top” is wearing a traditional condom. **The friction that’s caused by the two can cause each to tear.***

**DISTRIBUTE**

*Using the Reality ® Condom for Anal Sex Handout*

*INSTRUCTIONS FOR USE*

*BEFORE SEX...*

- *Remove the Reality® condom from its wrapper.*
- *Reach inside the Reality® condom and carefully pull out the loose, flexible inner ring. This can reduce potential rectal trauma and bleeding. Be sure to keep your fingernails short so that you don’t accidentally rip the condom.*
- *Lubricate! The Reality® condom comes with some lubricant on it, but you will need more. First, make sure the lubricant is evenly spread inside the Reality® condom by rubbing the sides of the “pouch” together. Then apply more lubricant to the outside and inside of the Reality® Condom, to the outside of the receptive (“bottom”) partner’s anal opening, and to the insertive (“top”) partner’s penis. Because the Reality® condom is made of polyurethane, not latex, you can use oil-based lubricant, but water and silicone lubricants are also options.*
- *Find a comfortable position, and insert the Reality® condom. Squeeze the closed end with your thumb and middle finger, and insert it slowly into the anus. If the condom is too slippery to insert, let go and start over. Push the closed end of the Reality® condom up as far as you can. This may be easier if one leg is raised.*

- *Put your index finger inside the Reality<sup>®</sup> condom until it touches the closed end of the condom. Push the Reality<sup>®</sup> condom up from the inside the rest of the way into the anus.*
- *The outer ring should not be inserted. The outer ring, and about one inch of the Reality<sup>®</sup> condom, should rest outside the anal opening, as shown below. (This should stop the condom from slipping inside the anus and may help prevent skin-to-skin transmission of STIs during sex.)*



*DURING SEX...*

- *The insertive (“top”) partner should be careful to ensure that his penis has gone inside the Reality<sup>®</sup> Condom and not into the anus alongside it, as shown below. It may be helpful to use your hand to guide the penis.*



- *The insertive (“top”) partner’s penis should slide in and out of the Reality<sup>®</sup> Condom; it should not cling to the condom. Add more lube to the inside of the condom (near the outer ring) or to the penis during sex as needed (i.e., if the penis is clinging to the condom).*
- *You may notice that the condom moves around during sex. A side-to-side motion of the outer ring is normal and will not reduce your protection. The condom may also move up and down in the anus. As long as the penis is covered and all fluids remain contained in the pouch this also should not reduce your protection.*
- *Check every now and then to make sure the outer ring hasn’t slipped inside the receptive (“bottom”) partner’s anus and the insertive (“top”) partner’s penis hasn’t slipped outside the Reality<sup>®</sup> Condom. If it has, stop, remove the Reality<sup>®</sup> Condom, and use a new one before starting again.*

*AFTER SEX...*

- *Because the Reality<sup>®</sup> Condom lines the inside of the rectum and is not dependent upon erection to stay in place, the insertive (“top”) partner does not have to withdraw immediately after*

*ejaculation. The condom can be removed when it suits both partners, making sure that no semen is spilt.*

- *Squeeze and twist the outer ring to keep the semen inside, then pull gently to remove the Reality<sup>®</sup> Condom.*
- *Wrap the Reality<sup>®</sup> Condom in a tissue and throw it away in the garbage. Do not flush it down the toilet because it can clog up the plumbing.*

*Using the Reality<sup>®</sup> Condom for Vaginal Sex Handout*

### INSTRUCTIONS FOR USE

#### *BEFORE SEX...*

There is a flexible ring at the closed end of the thin, soft pouch. A slightly larger ring is at the open end. The ring at the closed end holds the condom in place in the vagina. The ring at the open end rests outside the vagina. If the condom is correctly placed in the vagina, it should form a "lining" against the walls of the vagina. The Reality condom can be put in up to 8 hours before sex.

#### *Lubrication*

- Be sure the lubricant is evenly spread inside the pouch by rubbing the sides of the pouch together. If you need to, add more lubricant. Because the Reality condom is made of polyurethane, not latex, you can use oil based lubricant, but water or silicone lubricants are also an option.
- If you like, you can also apply lubricant to the outside of the vaginal opening and on the penis.

#### *Insertion*

- Find a comfortable position. Three possible options are standing with one foot on a chair, squatting with your knees apart or lying down with your legs bent and knees apart.
- Hold the Reality condom with the open end hanging down. Squeeze the inner ring (at the closed end) with your thumb and middle finger and insert it into the vagina just past the pubic bone. This inner ring lies at the closed end of the sheath and serves as an insertion mechanism and internal anchor. Make sure the condom is inserted straight and not twisted into the vagina.
- The outer ring forms the external edge of the sheath and remains outside the vagina after it is inserted. Once in place, the device should cover the women's labia and the base of the penis during intercourse.

*During sex*

- During sex, it may be helpful to use your hand to guide the penis into the vagina inside the Reality condom. It is important that the penis is not inserted to the side of the outer ring. If the condom seems to be sticking to and moving with the penis rather than resting in the vagina, stop and add lubricant to the inside of the condom (near the outer ring) or to the penis.

*After sex*

- Squeeze and twist the outer ring to keep the semen inside the pouch.
- Remove it gently before you stand up. Wrap it in a tissue and throw it away in the garbage. Do not flush it down the toilet because it can clog up the plumbing.

Reality condoms should not be used simultaneously with male condoms because the friction between the two condoms may cause the condoms to break. Do not reuse female condoms. Use a new one every time you have sex.

<b>PROVIDE</b>	a demonstration of the Reality Condom, and the removal of inner ring.
<b>ASK</b>	<i>What questions do you all have about condoms, latex vs. natural condoms, or the Reality<sup>®</sup> Condom?</i>
<b>STATE</b>	<i>Now let's take a few minutes to evaluate a condom using the Condom, Condom Types and Sizes Rating Sheet.</i>
<b>DISTRIBUTE</b>	“Condom, Condom Types and Sizes Rating Sheet” handout.
<b>ALLOW</b>	2 minutes for participants to evaluate the condom.

**STATE** *We now have a pretty good idea about the proper way to use condoms, and about the different types of condoms out there. So I now want to ask you all about condom breakage.*

**ASK** *Does anyone know what one of the biggest causes of condom failure is?*

**ALLOW** participants to answer

**STATE** *Well, as we learned in the last section, condoms are quite strong and can stretch to large sizes. But sometimes, particularly with traditional latex condoms, using the wrong type of lube can cause the condom to weaken and break.*

*Therefore, it's **absolutely necessary** to use only lubricants that say that they are "water-based." Anything that contains mineral oils or contains any type of oil can cause a latex condom to break.*

**STATE** *Let's see some examples of lubricants that are condom-safe.*

**DISTRIBUTE** "Water-Based Lubricants" handout



**STATE** *Here are some examples of common water-based lubes that are safe for use with latex condoms.*

*A lot of these brands can be found at the drugstore or at other places that sell condoms.*

**ASK** *Besides water-based lube, what other type of lubricant is safe for use with latex condoms?*

**ALLOW** Participants to answer

(A: Silicone-based lubricant)

**STATE** *Let's take a look at some common silicone-based lubes.*

**DISTRIBUTE** "Silicone-Based Lubricants" handout



**ASK** *So what's the difference between water-based and silicone-based lubes?*

(A: 1. Silicone-based lube doesn't contain water, so it doesn't dry up as quickly as water-based lube and usually stays slick for much longer.

2. It doesn't break down in water; therefore, it can be used in the bath, the shower, or underwater.

3. Since it doesn't break down in water, it can be more difficult to wash off and might stain sheets

4. It's more expensive than water-based lube but might last longer since less is needed)

NOTE: When distributing the handouts, be sure to highlight that many lube brands have different varieties. For example, ID lube has water-based versions, as well as silicone-based versions.

**ASK**                    *What questions are there so far about water-based or silicone-based lubricants?*

**ANSWER**            any questions.

**STATE**                *So we know about water-based lube and silicone-based lube. They're both safe for use with traditional (latex) condoms. They both can also be used for polyurethane condoms, like the Durex Avanti.*

*But as we mentioned, lube that has any type of oil in it can lead a latex condom to break. So we should look at common products that should be avoided.*

**DISTRIBUTE** Lubes to Avoid Handout





**STATE** *On this handout, there are a few different types of common products that can be damaging to latex condoms.*

*The first is hand and body lotions as well as petroleum jelly. These are common things we use on our skin. There are also pictures of different types of oils. And at the bottom of the handout are examples of different brands of oil-based lubricants, some of which are marketed directly toward gay and bi men.*

**ASK** *Any questions about these?*

Project ACCEPT Group Session 1  
Ground Rules and Guidelines **Poster**

**Confidentiality and privacy** - we will be talking about very private matters throughout the course of these sessions and we need to trust each other in that we will not talk about the private lives of other group members to our friends or families.

**Respect**- we need to listen to whoever is talking and to respect them even if some of us disagree. This means that there should be no interrupting, whispering, giving funny looks or making fun of other group members. This means respect for each person's space, so please, no physical contact. Respect also means that we may need to limit the amount of time that one person has to talk so others can have a chance to share, too.

**No judging** - everyone has their own opinions, feelings, and values, and you should respect these, even if they are different from yours.

**Being open** - it is important to be honest and open, without mentioning extremely personal things about ourselves and others. When talking about other people outside the group, we should not use names and should not give a lot of detail.

**Don't have to share** - you will not be pressured to participate in a certain activity or answer any questions that make you feel uncomfortable.

**Ask questions** - please feel free to ask questions whenever you don't understand something or that you want more information. There is no such thing as a dumb question.

## Colors and Meanings Poster

<b>brown</b>	One thing I like to do
<b>yellow</b>	One thing I like about myself
<b>red</b>	One thing I would change about myself
<b>blue</b>	One future life goal
<b>orange</b>	One main thing that I want in a relationship
<b>green</b>	One thing I do to be healthy

**MYTH**

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**FACT**

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**UNSURE**

**Condom-Line Up Flash Cards**

Discuss safer sex	Buy condoms	Agree to have sex
Choose and buy condoms	Check expiration date	Wash up
Hug, kiss, cuddle, massage	Carefully remove condom from package	Sexual arousal
Leave room at tip	Squeeze out any air	Roll condom on
Have intercourse	Orgasm (ejaculation)	Hold on to rim of condom

Withdraw the penis	Carefully remove condom and throw away	Loss of erection
Erection	Dab lubricant on penis or inside condom	Relaxation
Relaxation	Wash up	

# Using the REALITY Condom for Anal Sex



← open end with outer, attached ring

← closed end with inner, loose ring

Unlike the traditional male condom, the Reality<sup>®</sup> Condom is inserted into the anus of the receptive partner (the “bottom”). Reality<sup>®</sup> condoms should not be used simultaneously with traditional male condoms because the friction between the two condoms may cause the condoms to break. Do not reuse the Reality<sup>®</sup> condom. Use a new one every time you have sex.

## INSTRUCTIONS FOR USE

### BEFORE SEX...

- Remove the Reality<sup>®</sup> condom from its wrapper.
- Reach inside the Reality<sup>®</sup> condom and carefully pull out the loose, flexible inner ring. This can reduce potential rectal trauma and bleeding. Be sure to keep your fingernails short so that you don't accidentally rip the condom.
- Lubricate! The Reality<sup>®</sup> condom comes with some lubricant on it, but you will need more. First, make sure the lubricant is evenly spread inside the Reality<sup>®</sup> condom by rubbing the sides of the “pouch” together. Then apply more lubricant to the outside and inside of the Reality<sup>®</sup> Condom, to the outside of the receptive (“bottom”) partner's anal opening, and to the insertive (“top”) partner's penis. Because the Reality<sup>®</sup> condom is made of polyurethane, not latex, you can use oil-based lubricant, but water and silicone lubricants are also options.
- Find a comfortable position, and insert the Reality<sup>®</sup> condom. Squeeze the closed end with your thumb and middle finger, and insert it slowly into the anus. If the condom is too slippery to insert, let go and start over. Push the closed end of the Reality<sup>®</sup> condom up as far as you can. This may be easier if one leg is raised.
- Put your index finger inside the Reality<sup>®</sup> condom until it touches the closed end of the condom. Push the Reality<sup>®</sup> condom up from the inside the rest of the way into the anus.
- The outer ring should not be inserted. The outer ring, and about one inch of the Reality<sup>®</sup> condom, should rest outside the anal opening, as shown below. (This should stop the condom from slipping inside the anus and may help prevent skin-to-skin transmission of STIs during sex.)



# Using the REALITY Condom for Anal Sex

## DURING SEX...

- *The insertive (“top”) partner should be careful to ensure that his penis has gone inside the Reality® Condom and not into the anus alongside it, as shown below. It may be helpful to use your hand to guide the penis.*



- *The insertive (“top”) partner’s penis should slide in and out of the Reality® Condom; it should not cling to the condom. Add more lube to the inside of the condom (near the outer ring) or to the penis during sex as needed (i.e., if the penis is clinging to the condom).*
- *You may notice that the condom moves around during sex. A side-to-side motion of the outer ring is normal and will not reduce your protection. The condom may also move up and down in the anus. As long as the penis is covered and all fluids remain contained in the pouch this also should not reduce your protection.*
- *Check every now and then to make sure the outer ring hasn’t slipped inside the receptive (“bottom”) partner’s anus and the insertive (“top”) partner’s penis hasn’t slipped outside the Reality® Condom. If it has, stop, remove the Reality® Condom, and use a new one before starting again.*

## AFTER SEX...

- *Because the Reality® Condom lines the inside of the rectum and is not dependent upon erection to stay in place, the insertive (“top”) partner does not have to withdraw immediately after ejaculation. The condom can be removed when it suits both partners, making sure that no semen is spilt.*
- *Squeeze and twist the outer ring to keep the semen inside, then pull gently to remove the Reality® Condom.*
- *Wrap the Reality® Condom in a tissue and throw it away in the garbage. Do not flush it down the toilet because it can clog up the plumbing.*

NOTE: The Reality® condom is not specifically approved or recommended for anal sex, but it can be an option to try if you or your partner has a latex allergy (the condom is made of polyurethane) or if you have had other problems with using male condoms for anal sex. Because all research was done for vaginal sex in the development of this method, design modifications may be needed in the future to make this an optimal method for anal sex. Further studies on use of the Reality® condom for anal sex also need to be done to determine effectiveness rates.\*

### Sources:

[http://brown.edu/Student\\_Services/Health\\_Services/Health\\_Education/sexual\\_health/safer\\_sex\\_and\\_contraceptives/reality\\_condom.php](http://brown.edu/Student_Services/Health_Services/Health_Education/sexual_health/safer_sex_and_contraceptives/reality_condom.php)

<http://www.himprogram.org/bottomcondom.html>

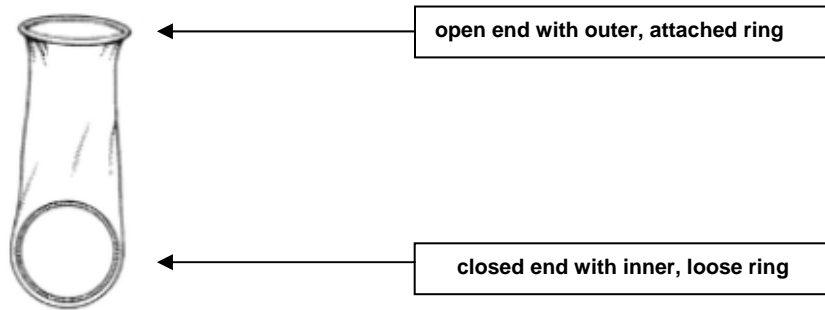
<http://www.aidsmap.com/Gay-men-female-condoms-anal-sex-myth-or-reality/page/1415577/>

<http://www.aidsmap.com/Female-condoms-for-anal-sex/page/1746303/>

<http://www.friendtofriend.org/condom/usage.html>



## Using the REALITY Condom for Vaginal Sex



There is a flexible ring at the closed end of the thin, soft pouch. A slightly larger ring is at the open end. The ring at the closed end holds the condom in place in the vagina. The ring at the open end rests outside the vagina. If the condom is correctly placed in the vagina, it should form a "lining" against the walls of the vagina. The Reality condom can be put in up to 8 hours before sex.

### *BEFORE SEX...*

#### *Lubrication*

- Be sure the lubricant is evenly spread inside the pouch by rubbing the sides of the pouch together. If you need to, add more lubricant. Because the Reality condom is made of polyurethane, not latex, you can use oil based lubricant, but water or silicone lubricants are also an option.
- If you like, you can also apply lubricant to the outside of the vaginal opening and on the penis.

#### *Insertion*

- Find a comfortable position. Three possible options are standing with one foot on a chair, squatting with your knees apart or lying down with your legs bent and knees apart.
- Hold the Reality condom with the open end hanging down. Squeeze the inner ring (at the closed end) with your thumb and middle finger and insert it into the vagina just past the pubic bone. This inner ring lies at the closed end of the sheath and serves as an insertion mechanism and internal anchor. Make sure the condom is inserted straight and not twisted into the vagina.
- The outer ring forms the external edge of the sheath and remains outside the vagina after it is inserted. Once in place, the device should cover the women's labia and the base of the penis during intercourse.

### *DURING SEX*

- During sex, it may be helpful to use your hand to guide the penis into the vagina inside the Reality condom. It is important that the penis is not inserted to the side of the outer ring. If the condom seems to be sticking to and moving with the penis rather than resting in the vagina, stop and add lubricant to the inside of the condom (near the outer ring) or to the penis.

### *AFTER SEX*

- Squeeze and twist the outer ring to keep the semen inside the pouch.
- Remove it gently before you stand up. Wrap it in a tissue and throw it away in the garbage. Do not flush it down the toilet because it can clog up the plumbing.

### *RELEVANT INFORMATION*

Reality condoms should not be used simultaneously with male condoms because the friction between the two condoms may cause the condoms to break. Do not reuse female condoms. Use a new one every time you have sex.

Source:

[http://brown.edu/Student\\_Services/Health\\_Services/Health\\_Education/sexual\\_health/safer\\_sex\\_and\\_contraceptives/reality\\_condom.php](http://brown.edu/Student_Services/Health_Services/Health_Education/sexual_health/safer_sex_and_contraceptives/reality_condom.php)

# Water-Based Lube



Note that many lube brands have different varieties. For example, ID lube has water-based versions, as well as silicone-based versions. Be sure to check the specific lube you purchase or pick up to see what kind of base it has; do not assume you know what kind of base it has just because you recognize the brand!

# Silicone-Based Lube



Note that many lube brands have different varieties. For example, ID lube has water-based versions, as well as silicone-based versions. Be sure to check the specific lube you purchase or pick up to see what kind of base it has; do not assume you know what kind of base it has just because you recognize the brand!

# Lubes to Avoid



# CONDOMS, CONDOM TYPES & SIZES RATING SHEET

Name of Condom:

Put a check next to all the descriptions which apply to the condom named above.

A. Condom package (box) is:

- |   |  |
|---|--|
| <input type="checkbox"/> Eye-catching       | <input type="checkbox"/> Embarrassing    |
| <input type="checkbox"/> Appealing to teens | <input type="checkbox"/> Non-threatening |
| <input type="checkbox"/> Male-oriented      | <input type="checkbox"/> Female-oriented |
| <input type="checkbox"/> Other: _____       |  |

B. Wrapping of Individual Condoms:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Plastic wrap | <input type="checkbox"/> Paper wrap        |
| <input type="checkbox"/> Foil capsule | <input type="checkbox"/> Capsule           |
| <input type="checkbox"/> Easy to open | <input type="checkbox"/> Difficult to open |
| <input type="checkbox"/> Other: _____ |  |

C. Features of Condom:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Lubricated     | <input type="checkbox"/> Spermicide |
| <input type="checkbox"/> Colored        | <input type="checkbox"/> Textured   |
| <input type="checkbox"/> Reservoir Tip  | <input type="checkbox"/> Contoured  |
| <input type="checkbox"/> Non-lubricated |                                     |
| <input type="checkbox"/> Other: _____   |                                     |

D. Overall Rating of Condom

- |       |   |   |   |          |
|-------|---|---|---|----------|
| 5     | 4 | 3 | 2 | 1        |
| Great |   |   |   | Terrible |

E. Other comments about this condom:

REFERENCES:

Adolescent Community Health Research Group (2012). *GLU3*, Chicago, IL: DePaul University.

Adolescent Community Health Research Group (2007). *The Communicating about HIV and AIDS Together (CHAT) Curriculum*, Chicago, IL: DePaul University.

Adolescent Community Health Research Group. *SHEROS Prevention Program: Core Sessions*, Chicago, IL: DePaul University.

National Runaway Switchboard (2007). *Runaway Prevention Curriculum For Classroom and Community Educators*, Chicago, IL: NRS

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. 1–239. Accessed on April 11, 2012 from <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>.

## SESSION 2: DISCLOSURE & STIGMA

### Goals:

The purpose of this session is to assist youth in the process of disclosure to family, friends, loved ones, and sex partners. The module will help youth explore the advantages and disadvantages of disclosure, identify who they would like to tell, make decisions about who it is best to tell and why and provide strategies to assist in the disclosure process.

### Objectives:

1. To help participants explore the advantages and disadvantages of HIV status disclosure
2. To help participants identify important people to whom they would like to disclose
3. To help participants identify who it is best to tell and why
4. To provide strategies to assist in the disclosure process

Activities	Time
2A. Introduction to Disclosure: Analysis of a Scene	15 minutes
2B. Dealing with Outcomes of Disclosure	10 minutes
2C. Steps to Disclosure	13 minutes
2D. Who's on Your Bus?	14 minutes
2E. Disclosure Decision Tree	22 minutes
2F. Safe TALK	11 minutes
2G. Role Playing: I'm Living with HIV	15 minutes
2H. Action Plan: Disclosure	6 minutes
2I. Medication Regimen Homework Assignment	6 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Tape</li> <li>• Ground Rules and Guidelines Poster</li> <li>• Folders</li> </ul>	<ul style="list-style-type: none"> <li>• Pill bottles pre-packed with candy combinations (see Medication Regimen handout)</li> </ul>
Handouts	



- “Hotlines/Expert Advice for Patients and the Public”
- “Steps to Disclosure” Handout
- “Who’s on Your Bus” Handout
- “Learning your Limits” Handout
- “Disclosure Decision Tree” Handout
- “Safe TALK” Handout
- “HIV-related Laws” Handout
- “Action Plan: Disclosure”
- “Medication Regimen”
- “Medication Regimen: Questions”

**ACTIVITY 2A: INTRODUCTION TO DISCLOSURE: ANALYSIS OF A SCENE**

**TIME: 15 MINUTES**

**INTRODUCE** topic of disclosure.

**STATE** *Disclosure means telling something personal and private about yourself to someone else. In this context when we talk about disclosure, we will be talking about telling someone else that you are living with HIV.*

*Telling someone about your HIV status and how to tell them can be a very complex and personal decision. On the one hand it can make you feel better having caring people around you who you can talk to, but on the other hand it can have negative consequences in terms of people discriminating against you. We're going to talk about some of the advantages and disadvantages of disclosure.*

*In this dialogue, "Adrienne/Aaron" begins the conversation of disclosing her/his status to her/his friend "Michelle/Michael." However, we have three different endings to the disclosure, so we'll need three volunteers to read each of the endings.*

**IDENTIFY** first participant to read ending #1

**HAVE** facilitator and participant read the scene below (with facilitator as Adrienne/Aaron):

**Scene: Should I Tell You?**

AARON: We are good friends, aren't we?

MICHAEL: Sure. Why did you ask?

A: Just wondered.

M: You must have had a reason.

A: What would make you stop being a friend?

M: I don't know.

A: Well, okay, I kind of want to tell you something that's really freaking me out right now.

M: Okay, well I have my own secrets. What are you worried about?

A: I'm worried about your reaction.

M: No, I mean what is it you think I won't like?

A: I just found out something scary.

M: What is it?

A: You promise you won't tell?

M: Of course.

A: And you won't hate me?

M: Come on. Tell me.

A: I'm scared.

M: Tell me.

**BEGIN**

Script A

A: I'm HIV positive.

M: Really!?!

A: Yeah, I just found out.

M: Damn! I don't believe it!

A: I've been real upset.

M: I'm real shocked by this news.

A: I am too.

M: Are you okay?

A: Yeah, but I'm shaken up.

M: I know we're supposed to go to the movies now, but I think I'm gonna head home instead and think about all this.

**HAVE**

the group members discuss the scene.

**LEAD**

a discussion by asking the following questions

- 1) *What was M's reaction to A's revelation that he/she was HIV positive?*
- 2) *In what other ways could M have reacted?*
  - a. *Positive?*
  - b. *Negative?*
- 3) *Do you think M's reaction to A is realistic?*

**READ**

Script B

A: I'm HIV positive.

M: Really!?!

A: Yeah, I just found out.

M: Damn! I didn't realize you were such a slut! I can't believe it!

A: What? Are you serious?

M: DAMN! I just had a sip of your soda! How could you let me do that?! I gotta go!

**HAVE**

the group members discuss the scene.

**LEAD**

a discussion by asking the following questions

- 1) *What was M's reaction to A's revelation that he was HIV positive?*
- 2) *In what other ways could M have reacted?*
  - *Positively?*
  - *Negatively?*
- 3) *Do you think M's reaction to A is realistic?*

**READ**

Script C

A: I'm HIV positive.

M: Really!?!

A: Yeah, I just found out.

M: Damn! I don't believe it! Are you okay?

A: I've been real upset.

M: Yeah, I bet. This is some pretty heavy news to have to deal with. Thank you for trusting me to tell me about it.

A: Yeah, for sure. You're my friend.

M: Most definitely I am your friend, and I'm here for you as you deal with this.

**HAVE** the group members discuss the scene.

**LEAD** a discussion by asking the following questions

1) *What was M's reaction to A's revelation that he was HIV positive?*

2) *In what other ways could M have reacted?*

- *Positively?*
- *Negatively?*

3) *Do you think M's reaction to A is realistic?*

**STATE** *Disclosing your HIV status can be stressful. While you may receive love and support from some of the people you tell, others may not be as accepting.*

**ASK** *What are some of the reasons a person might want to disclose their status to somebody in their life?*

*What are some of the good things that can come out of disclosing your status to a trusted friend or loved one?*

*What are some of the advantages that you may experience by disclosing your status to someone?*

**LIST** all of the advantages called out on the flipchart under the heading "Advantages."

**DISCUSS** responses. These may include:

- You can get love and support to help you deal with your health.
- You can keep your close friends and loved ones informed about issues that are important to you.
- You don't have to hide your HIV status.
- You can get the most appropriate healthcare.
- You can reduce the chances of transmitting the disease to others

**ASK** *What are some of the challenges that you may experience by disclosing your status?*

**LIST** all of the challenges called out on the flipchart under the heading “Challenges.”

**DISCUSS** responses. These may include:

- Others may find it hard to accept your health status.
- Some people might discriminate against you because of your HIV status
- You may be rejected in social or dating situations
- Those you disclose to may tell other people
- Family members may treat you differently
- In many states, you can be found guilty of a felony for not telling a sexual partner you are HIV-positive before having intimate contact

**STATE** *This was a great discussion! It’s important to think about what the advantages and disadvantages are for you when you are considering sharing your HIV status with another person. Remember, you do not have to tell everyone that you are living with HIV. This is a personal decision that should be thought out thoroughly.*

**ACTIVITY 2B: DEALING WITH OUTCOMES OF DISCLOSURE**

**TIME: 10 MINUTES**

**STATE** *In most studies from both developing and developed countries (including the US), HIV status disclosure to sexual partners was associated with positive outcomes including increased social support, acceptance, kindness, decreased anxiety and depression, and strengthening of relationships.*

*However, everything about the disclosure experience could be seen as "unexpected" given the unpredictable nature of the disclosure process. Although a common theme of the entire program is building support and skills to help you deal with your HIV diagnosis, dealing with the worst outcomes and discussing strategies for managing traumatic or tragic events is difficult and often avoided. It's hard to talk about these things - I think we are all a bit saddened by these thoughts of losing a significant other.*

**ASK** *What is an unexpected outcome of disclosure?*

**ALLOW** Time for participants to respond.

Negative outcomes included blame, abandonment, anger, violence, stigma, and depression.

Positive outcomes include social support, acceptance, kindness, better quality of life, strengthened relationships.

**STATE** *From a broad perspective we define an unexpected negative outcome as any situation where you are unhappy with the disclosure outcomes, or the end result of a process is not what you wanted or expected. An unexpected end to a relationship is an obvious example. However, your significant other leaving on poor terms can also be considered an "unexpected outcome." A disclosure experience that does not go as planned is another unexpected outcome that can frustrate you or your significant others. Remember, an unexpected outcome does not always mean that a relationship is beyond repair. Indeed, in most situations good communication and follow-up with your significant other may help them understand the situation and can diffuse anger and frustration.*

**STATE** *Remember that there are a range of emotions and reactions whatever the outcome of the disclosure experience and all of these are natural and normal. There is no set way of grieving the potential loss of a significant other's relationship and every individual will have their own way of coping.*

**ASK** *Let's talk about some of the coping strategies that we can use to help us deal with unexpected outcomes. What are some strategies that can be used?*

**ALLOW** Time for participants to discuss their strategies:

**STATE** *In the research exploring disclosure among HIV positive people, there are some problem-focused and emotion-focused strategies that have been used to facilitate coping with outcomes of disclosure. Problem-focused strategies include participating in support groups and disclosing HIV test results to partner(s), family, and/or community members. Emotion-focused coping strategies are those that focus on changing your perception of the HIV diagnosis from something that isolated and sets them apart from others to something that they were able to successfully integrate into their self-identity. HIV infection becomes only one facet of their identity and they no longer felt defined by their diagnosis.*

*Since disclosure is not an outcome, it's a process. It may get somewhat easier over time, but the outcomes of disclosure are not always guaranteed. It is important to consider the types of resources that are available for you when you experience an unexpected outcome after disclosing your HIV status.*

**PROVIDE** *Local Resources to:  
Domestic Violence 1-800-799-SAFE (7233)  
Psychosocial Services  
HIV+ Support Groups*

**DISTRIBUTE** “Hotlines/Expert Advice for Patients and the Public” Handout

**STATE** ***Finding Support in Person***

*In the U.S., every state has a number of local HIV/AIDS organizations. An HIV/AIDS organization can be a true lifeline in many ways. Most organizations offer most, if not all, of these critical services:*

- ***Support groups**, in which you regularly meet and talk with other HIVers in the area (some organizations even offer specific support groups for drug users, gay men, women, recently diagnosed people and so on)*
- ***Counseling** for mental health issues or substance abuse*
- ***Case managers**, who can help coordinate the mental and physical care you need, and get you connected with government assistance (such as Medicaid, disability insurance and help paying for medications)*

***Finding Support Online***

*TheBody.com, <http://positivelyaware.com/>, are websites focused on HIV resources, information and forums.*

- ***Bulletin Boards**: Join in conversations with HIV-positive people from around the world! We have more than a dozen boards to choose from, including boards specifically for people who have just been diagnosed, gay men, women and the loved ones of people living with HIV.*
- ***Ask the Experts**: A range of top HIV doctors and other experts answer*



*your questions about everything from HIV treatment and side effects to mental health and insurance issues.*

- **Personal Stories:** *HIV-positive people from all walks of life share their stories about how they were infected, how they coped with their diagnosis and how they've handled the ups and downs of living with HIV.*

**ACTIVITY 2C: STEPS TO DISCLOSURE**

**TIME: 13 MINUTES**

**STATE** *Deciding to share your HIV status with others can be a very complicated process. Every person and every situation is different. In addition to thinking through the challenges and benefits that come along with disclosing, when considering disclosure, there are a number of things that are important and helpful to think about each time. These can be thought of as steps to disclosure.*

**HAND OUT** the “Steps to Disclosure” handout.

**HAVE** a participant read step 1 “Who Would I like to tell?”

**WRITE** steps to disclosure on the flipchart as participants read them aloud.

<b>Steps to Disclosure</b>	
1)	<u>WHO</u> would I like to tell?
2)	<u>WHY</u> do I want them to know? a) Will this person be a support to me? b) Will it be a relief to tell this person c) Am I legally obligated to tell this person? d) Is it SAFE to tell this person? e) How will disclosing to this individual affect ME?
3)	<u>HOW</u> do I disclose?

**DISCUSS** Step 1.

**ASK** *Why it is important to know exactly who you would like to tell?*

**CONTINUE** in this manner, having a participant read each step and then having a brief discussion about the step using the “*why is it important?*” prompt before moving on to the next step. Do this until all steps are read aloud and discussed.

- **At Step 2:** Use points a, b, c, d and e to help facilitate discussion
- **At Step 3: STATE** the passage below:

*Unsafe relationships are any relationships in which physical, emotional/mental, verbal, or sexual abuse takes place. These forms of relationship violence occur among people of ALL backgrounds in ALL types of relationships (including dating relationships, family relationships, or friend relationships) and between all gender combinations (girls to boys, boys to girls, boys to boys, and girls to girls). When considering disclosure, it is MOST important to decide if you are in a SAFE relationship with the person you are thinking of disclosing to before you proceed. If you are NOT in a safe relationship with that person and it is NECESSARY to disclose, it is important*

*that you consider alternate methods of disclosure. For example, it is important that you tell your current and past sexual partners and anyone you have shared needles with to inject drugs. This way they can be tested and seek medical attention if required. If you are afraid or embarrassed to tell them yourself, the health department in your area can notify your sexual or needle-sharing partners without even using your name. There are supportive services you could use including anonymous partner notification services, or disclosure in the presence of a doctor, social worker, or case manager.*

**ACTIVITY 2D: WHO’S ON YOUR BUS? (WHO WOULD YOU LIKE TO TELL?)**

**TIME: 14 MINUTES**

**INTRODUCE** the topic of Who’s on Your Bus.

**STATE** *Now, we’re going to take a step back and think about the relationships we have with people who support us in our lives.*

*“Supportive others” are the people or groups of people who are most important in our lives. Supportive others may include parents, peers, family members, schools, youth groups, faith communities, and dating partners.*

*We all rely on supportive others to listen when we need to talk, give us advice, and shape our ideas about the decisions we make and the consequences of each decision.*

*In this activity, we will think about and identify the people or groups of people who are supportive to us.*

**HAND OUT** “Who’s On Your Bus?” worksheet.

**HAVE** participants write their name on the line beneath the picture of the bus.

**ASK** *If you could fill a bus with the people or groups of people in your life who are most important to you, who would be on that bus?*

**STATE** *Notice that there are only three “bus seats.” Please create more seats if there are others you would like to invite on your bus.*

**HAVE** participants fill in each “bus seat” (represented by the oval) with a person/group that is most important in their lives such as family, friends, teachers, boyfriends/girlfriends, etc. Ask participants to include only people (i.e., no pets, inanimate objects, etc.).

**ALLOW** 5 minutes for participants to complete their buses.

**STATE** *Now we are going to go around the room and have everyone share who they have invited to be on their bus.*

**THANK** participants for sharing.

**LEAD** a discussion by asking the following questions:

- *Who are the people/groups on your bus?*
- *Why are they important to you?*
- *Are there some that have more influence than others?*
- *Are these people/groups you can count on when you are in trouble or in need?*
- *Do they help you make good decisions? Always? Most of the time? Some times? Never?*
- *Do you feel good about the decisions they help you make? What does that*

*mean for you?*

- *If you had to list these people/groups (i.e., parents, friends, etc.) in order of importance, who would come first? Second? And so on...*

**STATE**

*We all invited different people/groups to be on our buses. Each of these people/groups plays a different role in supporting us, being there for us, and helping us make decisions.*

**ASK**

*Do you have any questions or comments?*

**DISCUSS**

*responses.*

**ACTIVITY 2E: DISCLOSURE DECISION TREE (WHY DO YOU WANT THEM TO KNOW?)**

**TIME: 22 MINUTES**

**HAND OUT** “Learning Your limits” worksheet.

**INTRODUCE** Learning Your Limits.

**STATE** *It’s important to learn your limits. There are things you can control, such as yourself, your reactions, and to whom you choose to disclose. There are some issues that are outside of your power or control or influence, like the way someone may react to the news that you are living with HIV.*

**ASK** *Who has an example of another situation or issue that you CANNOT control?*

**DISCUSS** responses.

**ASK** *Who has an example of another situation or issue that you CAN control?*

**DISCUSS** responses.

**STATE** *As the handout says, we’re going to learn how to use a “Decision Tree” We are going to combine some of the things we talked about in the last two activities to help us think about how disclosing to various people will impact our lives.*

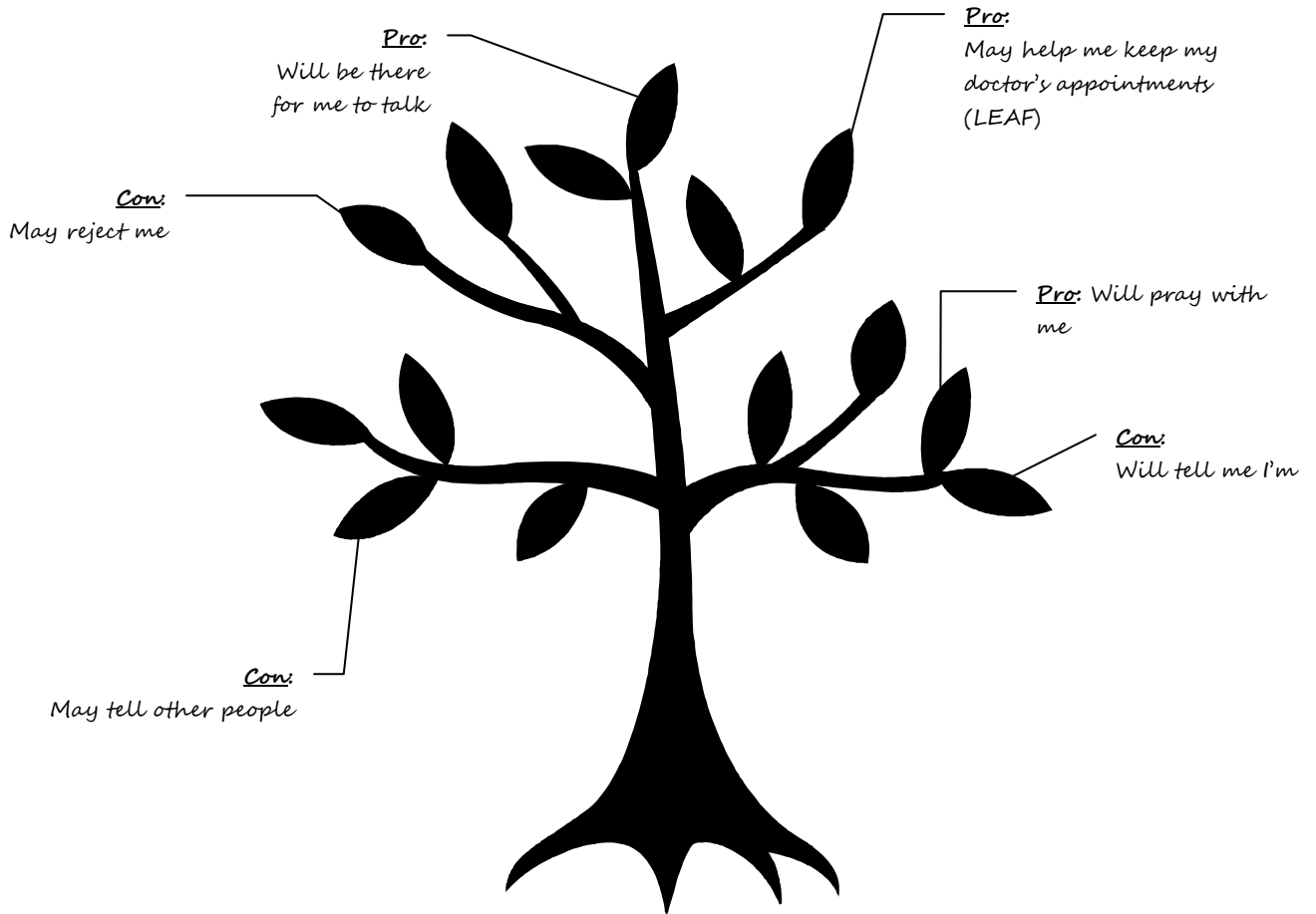
**HAND OUT** “Disclosure Decision Tree” worksheet to each group member.

**READ** the directions to the participants.

**STATE** *First, I would like you to think about who was on your bus. I would like you to pick one person from your bus to whom you would like disclose. If there is not one person on your bus to whom you have not disclosed, think about others in your life and pick from them. Put one of those people’s name at the bottom of the tree in the blank line following the words “I don’t know if I should tell”, for example: “I don’t know if I should tell Kim.” This dilemma will be at the “root” level of the tree. On each of these branches we use the leaves to map out the pros, cons of disclosure to that person whom you have named. The goal of a Decision Tree is to see all the possible options and consequences laid out on one sheet of paper, which will help us make the best decision.*

**DRAW** a disclosure decision tree. Using the example, make a Disclosure Decision Tree on poster paper or a chalk/dry erase board.

Note: You can enlarge the Decision Tree from the handout in advance and post it in the room.



*Dilemma: I don't know if I should tell*

KIM

- STATE** *Let's see an example of how to map out the possible benefits and drawbacks of disclosure using the Disclosure Tree before you map your own. Let's say I'm stressed out because I don't know if I should disclose to my friend, Kim. So, the dilemma that's stressing me out would be that I don't know if I should tell my friend I'm living with HIV. This person to whom I would like to disclose goes at the root of my decision tree.*
- ASK** *What are some of the pros and cons I need to take into consideration when deciding if I should tell my friend? When thinking about how telling this person will affect me, it is helpful to think about how this will affect different areas of my life. How will disclosing to Kim affect me physically? Emotionally? Spiritually? And Socially?*
- FILL IN** pros and cons generated by participants on different leaves of the tree.
- STATE** *Now I'd like for you to spend a few minutes creating your own disclosure decision trees. You may add more branches if you need them.*
- ALLOW** 10-15 minutes for participants to map out their disclosure tree for the person they selected. **ENCOURAGE** participants to add as many leaves onto their trees as necessary and **EMPHASIZE** that their Disclosure Decision Trees

should be as dense as possible.

- ASK** *We would like everyone to share their disclosure decision tree. This is completely voluntary. If you do not feel comfortable sharing your tree, you can pass. Let's take some time now and remember our ground rules. Additionally, we must not forget the importance of keeping the trees confidential. Let's all keep in mind that, "What happens here in session, stays here."*
- ALLOW** 10 minutes for participants to share their decision trees. **REINFORCE** the importance of confidentiality.
- ASK** *Do you have any questions or comments?*
- DISCUSS** responses.
- STATE** *I am going to pass out some extra handouts of blank trees for you to use outside of session. They are good tools to use when you want to map out the pros and cons of disclosing to a particular person, or you can use them to map out the pros and cons of any important decision in your life.*
- HAND OUT** 2 more copies of the Disclosure Decision Tree to each participant.



**ACTIVITY 2F: SAFE TALK- HOW DO I DISCLOSE?**

**TIME: 10 MINUTES**

**INTRODUCE** the topic of Safe TALK.

**STATE** *We have thought about disclosure in a few different ways today. We’ve thought about disclosure in general and some of the positive and negative consequences broadly. We talked specifically about who we feel we would like to disclose to, and the possible benefits and drawbacks to disclosing to those particular people. We’ve talked about how disclosing to those specific others could effect us, and we have talked briefly about unsafe relationships. Now we are going to talk about the process of disclosure. Once you’ve weighed the pros and cons, and decided to share with another person the fact that you are living with HIV, what’s the best way to go about it?*

**HAND OUT** “Safe TALK” handout.

**STATE** *When thinking about how to disclose, we can use the acronym TALK to guide us through the process.*

**WRITE** the following on the flipchart:

<b>T</b> iming
<b>A</b> ssertive Communication
<b>L</b> ocation
<b>K</b> now What to Say

**STATE** *Timing, Assertive Communication, Location, Know What to Say.*

**ASK** for volunteers to read each bit of text on the “SAFE Talk” handout.

**TIMING**

Choose an appropriate time to talk with your family or significant others. If the family member that you need to talk with has a busy lifestyle, then it might be easier for you to set a meeting time. This way, each person’s attention can be focused on the issue.

**ASSERTIVE COMMUNICATION**

Clearly tell your family member or significant others how you feel and what you want or need by being honest and direct. Think carefully about your relationship and pay attention to others’ responses. Depending on the specific person, you might have to address issues differently. Remember to use “I” statements, take deep breaths, keep a reasonable tone, and actively listen to your family member or significant others.

**LOCATION**

Choose a quiet place where you and your family member or significant others cannot be interrupted or overheard by others.

**KNOWING WHAT TO SAY**

Think about what you want to say in advance by sorting out your own feelings

about the issue before talking with your family member or significant others. You might find that making a list or writing a letter of your thoughts and feelings will help you focus.

**DISCUSS** handout and answer any questions.

**EMPHASIZE** *You have control over who you tell and how you tell them. Think about what's best for you and make sure YOU are ready. To make the disclosure process as open as possible:*

- *Have your conversations in a safe and secure place. Choose a space that provides privacy, yet offers comfort and familiarity.*
- *Tell your spouse or partner that you have some important news to share.*
- *Be prepared to talk about your diagnosis in a clear way and provide basic information about what it means to live with HIV.*
- *Do not attempt to discuss your diagnosis if you feel you do not have a clear sense about what it means.*
- *It may be helpful to have some information, (printed material or websites) available to help with any questions your spouse or partner may have.*
- *Be prepared to explain that HIV can be contracted during unprotected sex and provide your partner with information about HIV testing and where he or she can get tested.*

**STATE** *When thinking about disclosing it's also important to consider the legal aspects of disclosure and confidentiality. There are laws that are meant to protect individuals affected by HIV/AIDS. These are known as protective laws. These laws vary from state to state. We will review some laws from a few states (Florida, Illinois, Michigan and Tennessee) to get a sense of how these laws can vary from state to state.*

*These laws are meant to protect individuals by providing guidance on the following aspects related to HIV/AIDS:*

- *Disclosure*
- *Confidentiality*
- *Partner notification*
- *Intentional infection*

*Remember, you do not have to tell everyone that you are living with HIV. You should tell people that have exposed them to HIV so that they can be tested and seek medical attention if required. These people could be sexual contacts or people with whom you have shared needles. If you do not want to tell them yourself, The Department of Health can inform your contacts without even*

*using your name through confidential partner notification services.*

*In about 27 states, the law requires that you disclose your HIV status before knowingly exposing or transmitting HIV to someone else. Penalties vary from state to state. We will review some laws from this state to get a better sense of your state laws, which may make it a penalty for intentional exposure.*

*You need to tell your doctors and other healthcare providers to ensure you receive appropriate care. Your doctor also needs to know how you were infected to determine if you are at risk for other diseases, such as hepatitis C for injection drug users and other sexually transmitted diseases if infected through sex.*

**Who Does Not Need to Know**

*You do not have to tell your employer that you are HIV+. If you do tell, remember that, as long as you are performing your job, your employer cannot legally discriminate against you. People with disabilities, including HIV, are protected from job discrimination under the Americans with Disabilities Act (ADA).*

**Who You May Want to Tell**

*People may choose to disclose their status to close friends and family. For many, telling those closest to them provides them with both emotional and practical support.*

*Some people decide to become more public and use their stories to advocate for others with government or media. Others may disclose for educational purposes to neighbors, community and religious groups, schools, other HIV+ people, or healthcare providers.*

*Many people find a sense of purpose and increased self-esteem by telling their story.*

*You may want to consider how much of your story you are ready to tell. Many people will ask you how you became infected. If you decide not to share that information, have a reply ready such as, “does it really matter?” or simply state that you are not ready to talk about that.*

**DISTRIBUTE** “HIV-related Laws” Handout

**REVIEW** State-specific laws with participants.

**ACTIVITY 2G: ROLE PLAY: I'M LIVING WITH HIV**

**TIME: 10 MINUTES**

- HAVE** Participants break up into groups of 2. If there are an odd number of people, have the peer facilitator partner with a participant.
- STATE** *Now we are going to have you practice telling someone about your HIV status by doing some role playing. Each pair of you will do two role plays, one where you are the discloser, and one where you are the receiver of the news. The shortest person in each group will be the discloser first.*
- If you are the discloser,** please let your partner know who he or she is playing - a friend, a parent, a teacher, a co-worker, a partner. Also give the person a name and tell him/her when and where the conversation is taking place.*
- If you are the receiver,** act as you think that person would react. Keep the following questions in mind:*
- 1. How direct and honest was the discloser?*
  - 2. Did the discloser seem to have a plan?*
  - 3. Did the discloser understand the other person's feelings?*
  - 4. Was it clear what the discloser wanted?*
- ALLOW** 1 -2 minutes for each participant to role play. **HAVE** participants switch when they are done.
- BRING** the group back together.
- DISCUSS** the role play activity. Focus on one group at a time.
- HAVE** each person talk about when they were doing the disclosing. Have them share with the large group who they told, when and where. Encourage each person to share how they felt when they were doing the disclosing. **ENCOURAGE** them to share one thing they liked, and one thing they would do differently.
- HAVE** each person talk about when they were the person being told and discuss their experience with their partner in reference to the four points above with the large group. **ENCOURAGE** them share one thing they liked that the discloser did, and one thing they would do differently.
- ASK** the group:
- *What was the most challenging thing about this activity?*
  - *What part of this was easier than you thought it would be?*
  - *What surprised you going through this process?*
- ENCOURAGE** discussion.
- ANSWER** any questions raised by participants.

**ACTIVITY 2H: ACTION PLAN: DISCLOSURE**

Time: 6 minutes

**THANK** participants for sharing their feelings and being so open and honest about the difficult process of disclosure.

**STATE** *We are going to talk a little bit about “Action Plans”. In it’s broadest sense, an action plan is a guide that can be followed in order to reach a goal or make a change. Every week in our sessions, you will each create an action plan. The plans will be used as a way for you to make the concepts we discuss in group more concrete for YOU, and to outline what steps you will take to apply them to your needs and your life. We will create an action plan each session and each time we meet, we will take a few minutes to discuss how we implemented our action plan from the previous session.*

*Today’s action plan will address disclosure.*

**HAND OUT** “Action Plan: Disclosure” handout

**STATE** *Think about one specific person whom you would like to disclose your HIV status to. Use this worksheet to think through the reasons why you want to disclose to that person. Then use this form to plan out the process .Bring together all of the elements of disclosure we talked about today. Decide when you would like to tell them, where you will have the talk, what you will say, and how you will do it. Finally, think about what the costs and potential benefits of disclosing to this person would be. Remember when thinking about costs and benefits, think primarily about how disclosing will affect you and your life.*

**ALLOW** Participants 5 minutes to fill out their action plan.

## ACTIVITY 2I: MEDICATION REGIMEN

Time: 6 minutes

**STATE** *Thanks for all your hard work today!  
Our next group session will be focused on preparing for medical intervention.  
As an introduction to that session, we are going to do an exercise called  
“medication regimen.”*

**HAND OUT** “Medication Regimen” and “Medication Regimen: Questions” handouts.

**STATE** *The purpose of this exercise is to gain a better understanding of what it is like to be on a demanding and difficult HIV medication regimen. You will each receive an actual “pill bottle” that contains a variety of pieces of candy, with each type of candy representing a different type of HIV medication. You also will receive a medication schedule that specifies the type of drug that is represented by each type of candy, the daily dose for each drug, and any special circumstances or instructions that need to be considered when taking the drug (e.g., drinking 1.5 liters of water with the medication or taking the medication on an empty stomach). There are two separate regimens, one for an adolescent male and one for an adult woman, both of which are actual medication regimens. You will only be assigned one regimen, and you should follow your regimen for THREE DAYS (there should be enough candy for your regimen in the bottle). After the last day of the medication regimen, please write your answers to the following questions, and be prepared to discuss them in the next session.*

- 1) What was the experience like for you in terms of how it impacted your social interactions? (e.g., Did you feel you had to hide the pills from friends? Did you avoid people when it was time for your medication? Did you not engage in any social activities because you knew that you would have to stop and take your pills?)
- 2) What was the experience like for you in terms of how it impacted you emotionally? (e.g., Did you get upset or sad that you had to take so many pills? Were you annoyed, frustrated, aggravated?)
- 3) What was the experience like for you in terms of how it impacted you physically? (e.g., Did you feel tired from getting up to take medications? Did you have to use the restroom more from increased water intake? Did you not feel hungry because of all the pills?)

**ASK** *Do you have any questions about anything we discussed today?*

**ANSWER** any questions.

**STATE** *See you next week!*

## Hotlines/Expert Advice for Patients and the Public

- AIDSinfo - HIV/AIDS clinical trial and treatment information is provided by AIDSinfo, a U.S. Department of Health and Human Services (DHHS) project.  
1-800-HIV-0440 (1-800-448-0440)  
FAX: 1-301-519-6616  
Outside US: 1-301-519-0459  
TTY: 1-888-480-3739  
Monday to Friday, 12:00 p.m. to 5:00 p.m. Eastern Time  
Spanish-speaking health information specialists are available.
- CDC, HIV/AIDS CDC-INFO offers anonymous, confidential HIV/AIDS information in English and Spanish, as well as TTY service for the deaf.  
1-800-CDC-INFO (232-4636), In English and Spanish  
TTY: 1-888-232-6348
- HIV/AIDS/Hepatitis C Nightline: Hotline providing support for people with HIV or hepatitis C and their caregivers during the evening and nighttime hours. 1-800-273-AIDS or 415-434-AIDS; 5 pm - 5 am Pacific time. Also offers Spanish-language hotline at: 1-800-303-SIDA or 415-989-5212.
- Project Inform National HIV/AIDS Treatment Infoline  
Confidential treatment information from a highly respected advocacy organization. Infoline hours are Monday - Thursday, 9am - 4pm; Tuesday, 9am - 7pm Pacific time.  
1-800-822-7422 (toll-free) or  
1-415-558-9051 (in the San Francisco Bay area and Internationally)

### San Francisco Sex Information Line

A free information and referral switchboard providing anonymous, accurate, non-judgmental information about sex. Hours are Monday - Thursday from 3pm - 9pm; Friday 3pm - 7pm; Saturday 2pm - 6pm Pacific time. Not open holidays or holiday weekends.  
Ask by phone: 1-415-989-7374.

### Suicide Hotlines

Listings of suicide hotlines by U.S. state.

National Hopeline Network:

1-800-SUICIDE (1-800-784-2433)

National Suicide Prevention Lifeline:

1-800-273-TALK (1-800-273-8255)

### Women Alive Hotline

("Voices with a Message") 1-800-554-4876. Staffed by HIV+ women volunteers, this hotline is geared for HIV+ women who would like peer support or treatment information. Open Monday - Friday 10am-6pm Pacific time. Spanish available

## STEPS TO DISCLOSURE

1. **WHO** would I like to tell?

2. **WHY** do I want them to know?

- Will this person be a support to me?
- Will it be a relief to tell this person?
- Am I legally obligated to tell this person?

3. Is it **SAFE** to tell this person? (Would this person try to hurt me?)

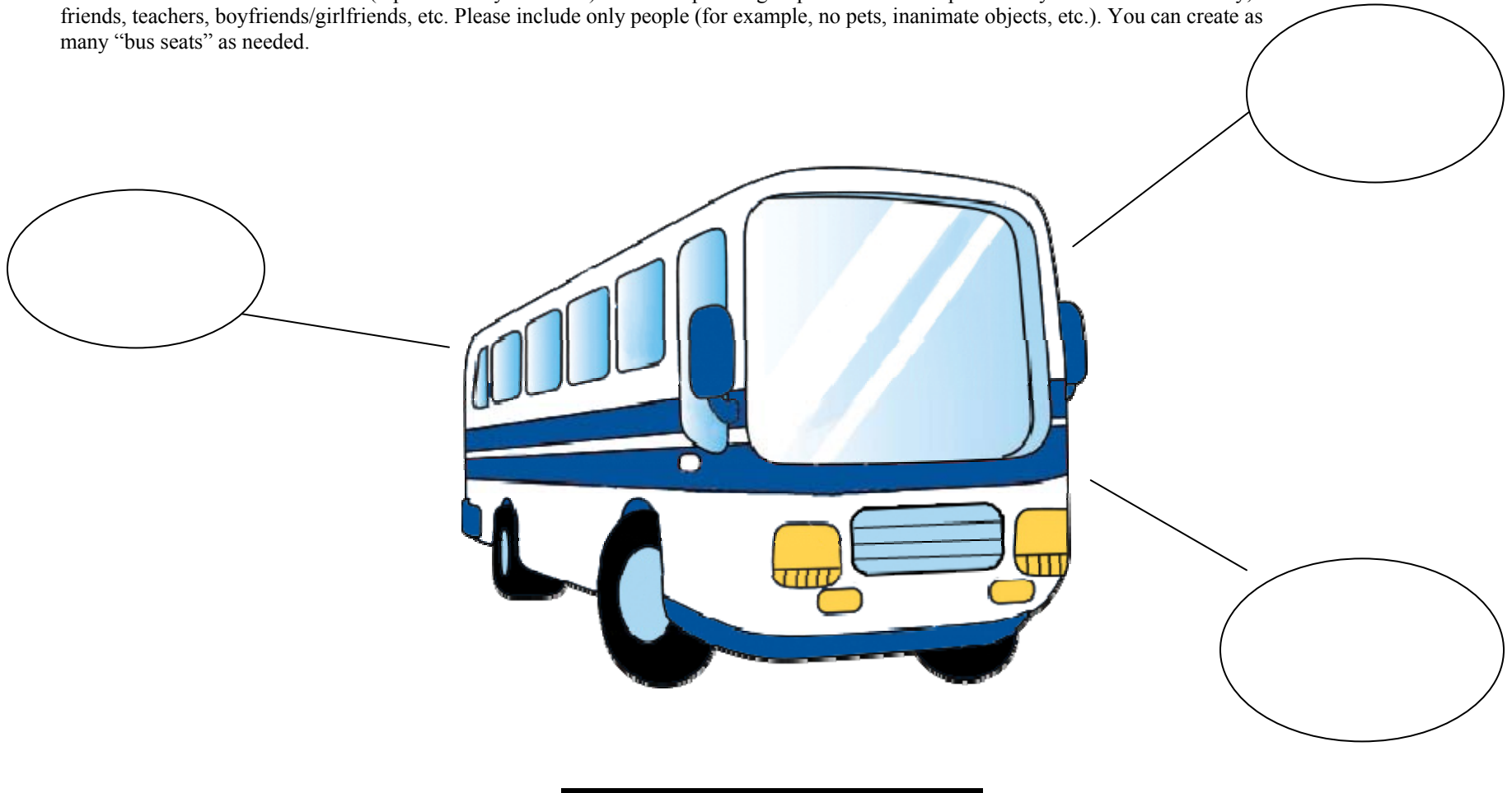
4. How will disclosing to this individual affect **ME**?

5. **HOW** do I disclose?



## WHO'S ON YOUR BUS??

**Directions:** Fill in each “bus seat” (represented by the ovals) with each person/group who is most important in your life such as family, friends, teachers, boyfriends/girlfriends, etc. Please include only people (for example, no pets, inanimate objects, etc.). You can create as many “bus seats” as needed.



2-26

## Learning Your Limits

© *Learn limits:*

→ *What you can control...YOURSELF.*

*For example, the decisions you make.*

→ *What you can only influence...OTHERS.*

*For example, encouraging others to be healthy.*

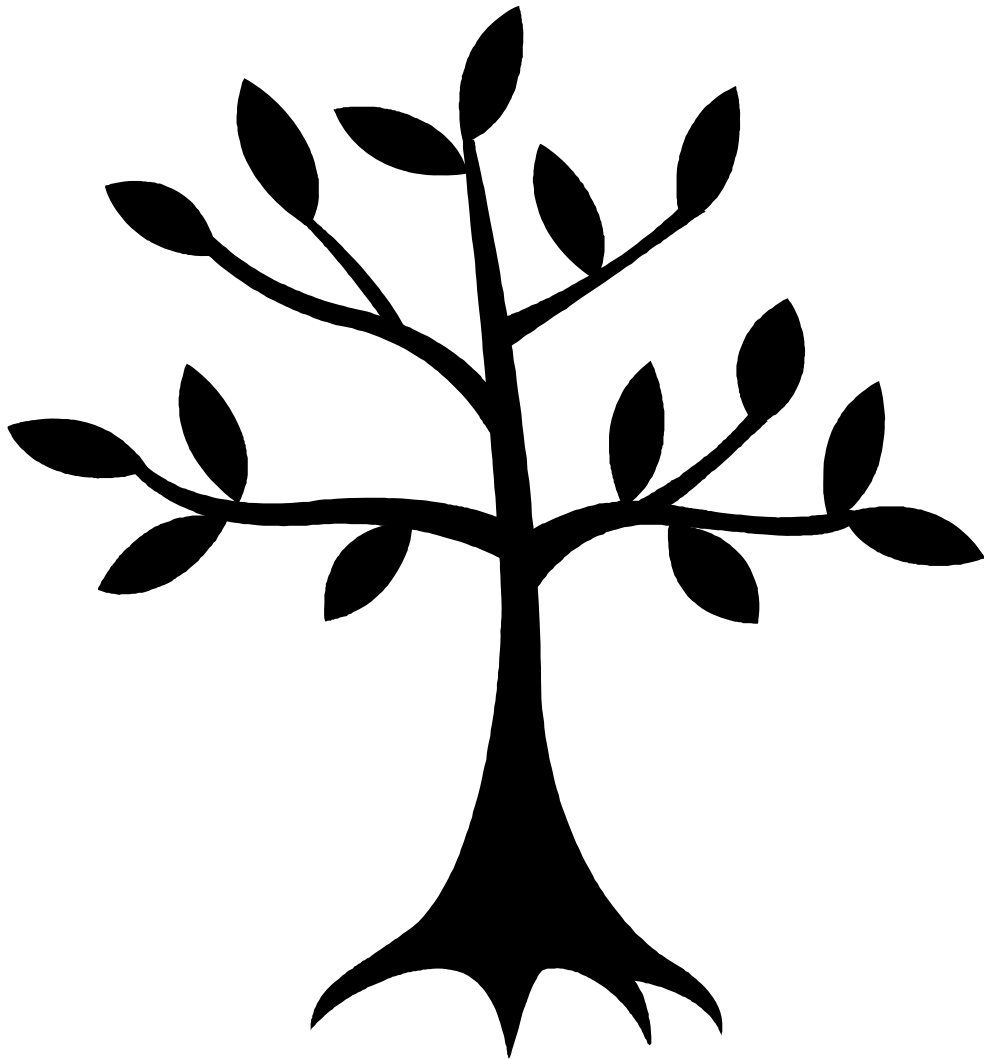
→ *Recognize what is outside of your power of control.*

*For example, the reaction of others to the news that you are living with HIV.*

© *Use a "Decision Tree" to map out the positive and negative consequences of disclosure to specific people in your life. This will help you make an educated decision by laying out all of your options and consequences on one sheet of paper.*

## DISCLOSURE DECISION TREE

**Directions:** Place the person you would like to disclose to at the “root” level. Map out the pros/cons and consequences of disclosing to this person using different “leaves” connected to each branch. When thinking about pros/cons and consequences, keep in mind how disclosing will affect different aspects of your life. Use the tree below as a guide to start your Disclosure Decision Tree.



*Dilemma: I don't know if I should tell* \_\_\_\_\_

<u>Illinois HIV-Related Laws</u>	
HIV Disclosure Laws- Minors	Physician may but is not required to inform parents that child is seeking or receiving HIV services.
Disclosure	<p>Disclosure of HIV+ children in public schools. The public health law requires that the public health department inform the principal of a school of a student’s HIV status if the student is enrolled in elementary, middle and high school and between 3 and 21 years of age. If child is enrolled in public school, then the principal must inform the school superintendent. The principal may disclose to the following on a need to know basis: teacher, school nurse, and persons required to chose placement or educational programs. The principal may reveal to other people who work in the school that there is an HIV positive student as long as the principal does not reveal the identity of the student. The principal may not disclose to students, or parents of other students at the school.</p> <p>Disclosure to temporary caretaker of HIV status of children in temporary protective custody.</p> <p>Partner notification. Doctor cannot disclose HIV status without your consent to your partner unless that partner is your legal spouse.</p>
Confidentiality	<p>Illinois AIDS Confidentiality Act</p> <ul style="list-style-type: none"> <li>- No person can disclose another’s HIV status without permission.</li> <li>- A person that intentionally discloses others’ HIV status can be fined up to \$5,000 by the courts for each time.</li> <li>- Person can seek legal action against unauthorized disclosure</li> </ul>
Minor’s Access to Services	<p>12 years old to consent to STI services, including HIV</p> <p>Can consent to HIV testing and treatment</p>
Restrictions on Use of HIV Test	No related laws found
Criminal statutes regarding intentional HIV transmission	<p>Class 2 Felony HIV Criminal Transmission Law SB3673 Sec. 12-5.01. Criminal transmission of HIV. (a) A person commits criminal transmission of HIV when he or she, with the specific intent to commit the offense knowing that he or she is infected with HIV: (1) engages in sexual activity with another without the use of a condom knowing that he or she is infected with HIV intimate contact with another; (2) transfers, donates, or provides his or her blood, tissue, semen, organs, or other potentially infectious body fluids for transfusion, transplantation, insemination, or other administration to another knowing that he or she is infected with HIV; or (3) dispenses, delivers, exchanges, sells, or in any other way transfers to another any nonsterile intravenous or intramuscular drug paraphernalia knowing that he or she is infected with HIV.</p>

## Tennessee HIV-Related Laws

HIV Disclosure Laws- Minors	Not required to inform a minor's parents that minor is seeking or receiving HIV services.
Disclosure	<p>Immunity from liability for informing person of possible HIV infection. If a person has reasonable that a person has knowingly exposed another to HIV, that person may inform the potential victim without incurring liability of disclosure.</p> <p>If any attending physician or other person knows or has good reason to suspect that a person having a sexually transmitted disease is behaving so as to expose other persons to infection, or is about to so behave, such attending physician or other person shall notify the municipal or county health officer of the name and address of the diseased person and the essential facts in the case.</p> <p>Court orders may allow access to confidential test results.</p> <p>Disclosure of HIV status of sex offender to victim.</p>
Confidentiality	All records held by the local health department relating to known or suspected cases of sexually transmitted disease shall be strictly confidential. Except for statistical purposes (but no individual person can be identified); consent to release information is obtained; related to governance control and treatment of sexually transmitted diseases; release of information is needed to save patient's life; cases involving minors not more than 13 years of age; ordered by a trial judge under specific circumstances; or a juvenile court judge.
Minor's Access to Services	Minor may consent to HIV testing and treatment
Restrictions on use of HIV test	No related laws found
Criminal statutes regarding intentional HIV transmission	<p>Tenn. Code Ann. § 39-13-109 Class C Felony</p> <p>It is unlawful for a person, knowing that such person if infected with HIV, HBV, HCV to knowingly (1) engage in intimate contact with another; (2) transfer, donate or provide any potentially infectious body fluid or part for administration to another person in an way that presents a significant risk of HIV transmission; or (3) transfer in any way to another any nonsterile intravenous or intramuscular drug paraphernalia. For purposes of this statute, "intimate contact with another" means the exposure of the body of one person to a bodily fluid of another person in any manner that presents a significant risk of HIV transmission.</p>

## Florida HIV-Related Laws

HIV Disclosure Laws- Minors	Not required to inform a minor’s parents that minor is seeking or receiving HIV services.
Disclosure	Court orders may allow access to confidential test results.  Disclosure of HIV status of sex offender to victim.
Confidentiality	Inappropriate disclosure of diagnosis of any STD including HIV/AIDS by any person who knew or should have known the nature of the information and maliciously, or for monetary gain makes this information known to any other person (except to a physician or nurse employed by the department or to a law enforcement agency) commits a felony of the third degree.
Minors’ Access to Services	Minor may consent to HIV testing and treatment
Restrictions on use of HIV test	Testing prohibited for employment/hiring purposes unless HIV status is a bona fide qualification for the job
Criminal statutes regarding intentional HIV transmission	3 <sup>rd</sup> Degree Felony 3 <sup>rd</sup> Degree Misdemeanor  Fla. Stat. Ann. § 796.08 Third Degree Felony A person who commits prostitution, offers to commit prostitution or, by engaging in sexual activity likely to transmit HIV, procures another for prostitution, and who tested positive for HIV before the crime and knew or had been informed of the test result and of the possibility of transmission to others through sexual activity commits criminal transmission of HIV.

## Michigan HIV-Related Laws

HIV Disclosure Laws- Minors	Physician may but is not required to inform a minor’s parents that minor is seeking or receiving HIV services.
Disclosure	<p>Immunity from liability for informing person of possible HIV infection. If a person has reasonable that a person has knowingly exposed another to HIV, that person may inform the potential victim without incurring liability of disclosure.</p> <p>Physicians and local health officers have an affirmative duty to notify KNOWN sexual or needle-sharing contacts of HIV infected patients about their potential exposure to HIV. Physicians and local health officers may, however, discharge this duty to Partner Counseling and Referral Services (PCRS) staff at local health departments. If a referral is made to the local health department, the name of the known contact, as well as the contact’s address and telephone number (if known), should be provided to the local health department or follow-up. Physicians and local health officers may also refer the HIV-infected client to the local health department for assistance with PCRS.</p> <p>Persons making the notification to the contact may not disclose the identity of the patient to the contact, unless the HIV infected individual has provided written consent for this disclosure, and if the release of the patient’s name is reasonably necessary to prevent a foreseeable risk of HIV transmission.</p>
Confidentiality	<p>MCL 333.5131; Public Act 488 of 1988, as amended by Act 174 of 1989, Act 270 of 1989, Act 86 of 1992, Act 200 of 1994, and Act 57 of 1997</p> <p>HIV-related information is confidential and cannot be released unless the patient authorizes disclosure, or a statutory exception applies. This confidentiality statute applies to all reports, records, and data pertaining to testing, care, treatment, reporting and research, and information pertaining to partner counseling and referral services (formerly known as partner notification) under section 5114a, that are associated with the serious communicable diseases or infections of HIV and AIDS.</p>
Minor’s Access to Services	Minor, between 12 and 18 years of age, may consent to HIV testing and treatment
Restrictions on use of HIV test	No related laws found
Criminal statutes regarding intentional HIV transmission	<p>Mich. Comp. Laws Ann. § 14.15 (5210)            Felony</p> <p>A person who knows he or she has HIV, and who engages in sexual penetration with another person without informing that person of his or her HIV status, is guilty of a felony. "Sexual penetration" means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body; emission of semen is not required.</p> <p>Michigan statutes also provide that an individual who is a “health threat to others” may be arrested and placed in custody in order to prevent transmission of HIV or any other serious communicable disease. The “health threat to others” law applies to anyone who is known to be infected with an infectious agent or is reasonably believed to harbor an infectious agent, and by the individual’s conduct, has displayed an unwillingness or an inability to conduct himself/herself in such a manner as to not place others at risk of transmission. This includes past or present behavior evidencing an intent to transmit the infectious agent, showing a disregard of whether transmission may occur, or lying about his/her condition before engaging in behavior that could transmit the infectious agent.</p>

**MY ACTION PLAN**

**Action Plan: Disclosure**

*Think about one specific person whom you would like to disclose your HIV status to. Use this worksheet to think through the reasons why you want to disclose to that person. Then use this form to plan out the process. Decide when you would like to tell them, where you will have the talk, what you will say, and how you will do it. Finally, think about what the costs and potential benefits of disclosing to this person would be. Remember when thinking about costs and benefits, think primarily about how disclosing will affect you and your life.*

List all the reasons **WHY** you want to disclose to \_\_\_\_\_.

**WHO** am I disclosing to?

**WHAT** will I say?

**WHERE** will I say it?

**WHEN** will I have this conversation?

**HOW** will I do it?

**Potential Costs:**

**Potential Benefits:**



**MEDICATION REGIMEN #11111-09873**

**ADULT FEMALE**

CLASS/DRUG	ADULT DOSE	SPECIAL CONSIDERATIONS
<p>Truvada (Tenofovir + emtricitabine)</p> <p>Each tablet includes 300 milligrams (mg) of tenofovir and 200 mg of emtricitabine</p> <p><i>Nucleoside Analog Reverse Transcriptase Inhibitors</i></p>	<p>1 tablet 1 time a day [SKITTLE—ANY COLOR]</p>	<p>Take with food or between meals.</p>
<p>Ritonavir <i>Protease Inhibitor</i></p>	<p>2 X 100 mg 1 time a day [GREEN, RED OR PINK MIKE &amp; IKE]</p>	
<p>Atazanavir <i>Protease Inhibitor</i></p>	<p>1 X 400 mg 1 time a day [SMARTIE—ANY COLOR]</p>	<p>Take with food.</p>
<p>Multivitamin</p>	<p>1 X 500 mg 1 time a day [BUG SHAPED CANDY TART—ANY COLOR]</p>	<p>Take with food in the a.m.</p>
<p>Calcium</p>	<p>1 X 500 mg 1 time a day [BLACK MIKE &amp; IKE]</p>	<p>Take in the a.m.</p>

**MEDICATION REGIMEN #222222-09873**

**ADULT MALE**

CLASS/DRUG	ADULT DOSE	SPECIAL CONSIDERATIONS
Atripla (600 mg of Sustiva (efavirenz), 300mg of Viread (tenofovir DF) and 200mg of Emtriva (FTC)) <i>one non-nucleoside reverse transcriptase inhibitor (NNRTI) and two nucleoside reverse transcriptase inhibitors (NRTIs)</i>	1 X Dose [SKITTLE—ANY COLOR]	Take on an empty stomach. Take at bedtime to reduce side effects.
Ibuprofen	2 X 400 mg 3 times a day [LEMON HEAD OR JELLY BEAN]	Take with food to prevent stomach upset. Increase dosage for pain.
Multivitamin	1 X 500 mg 1 time a day [JUNIOR MINT]	Take with food in the a.m.

## **MEDICATION REGIMEN: QUESTIONS**

- 1) What was the experience like for you in terms of how it impacted your social interactions? (e.g., Did you feel you had to hide the pills from friends? Did you avoid people when it was time for your medication? Did you not engage in any social activities because you knew that you would have to stop and take your pills?)
  
- 2) What was the experience like for you in terms of how it impacted you emotionally? (e.g., Did you get upset or sad that you had to take so many pills? Were you annoyed, frustrated, aggravated?)
  
- 3) What was the experience like for you in terms of how it impacted you physically? (e.g., Did you feel tired from getting up to take medications? Did you have to use the restroom more from increased water intake? Did you not feel hungry because of all the pills?)

**References:**

National Runaway Switchboard. (2001). *Runaway Prevention Curriculum for Classroom and Community Educators*, Chicago, IL: NRS

New Mexico AIDS Education and Training Center. (2007). *Telling Others You're HIV Positive*. Retrieved from [www.aidsinfont.org](http://www.aidsinfont.org)

Rotheram-Borus, M.J., Lee, M.B., Murphy, D.A., Futterman, D., Duan, N., Birnbaum, J., Teens Linked to Care Consortium. (2001). *Project TLC. An Intervention for Youth Living with HIV*. Los Angeles, California: CHIPTS

The Well Project, Inc. (2007). *HIV and Disclosure*. Retrieved from [www.thewellproject.org](http://www.thewellproject.org)

## SESSION 3: PREPARING FOR MEDICAL INTERVENTION

### Goals:

The purpose of this session is to prepare youth for medical intervention. Participants will discuss clinical procedures specific to HIV. Youth will explore the challenges associated with clinical appointments. Use problem solving skills to overcome communication challenges. Discuss antiretroviral medications and explore strategies to improve adherence to medications.

### Objectives:

1. To explore and examine clinical procedures.
2. To discuss challenges related to attending clinic.
3. To explore behaviors and skills required to become an active participant.
4. To discuss antiretroviral medications.
5. To explore strategies to improve adherence to medications.
6. To discuss any HIV-related concerns with an HIV medical provider.

### Activities

### Time

3A. Review of Action Plan: Disclosure	5 minutes
3B. Benefits and Challenges Related to Attending Clinic	18 minutes
3C. Overview of Clinical Procedures	23 minutes
3D. Active Participant Overview	14 minutes
3E. Problem Solving Skills Scenarios	12 minutes
3F. Adherence Overview and Team Challenge	7 minutes
3G. Review Adherence Homework	18 minutes
3H. Adherence to Antiretroviral Medications Overview	15 minutes
3I. Medical Provider Presentation & Discussion	20 minutes
3J. Action Plan: Becoming an Active Participant	5 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Tape</li> <li>• Ground Rules and Guidelines Poster</li> <li>• Folders</li> </ul>	<ul style="list-style-type: none"> <li>• “Variations in CD4 Count” flipchart</li> <li>• “Overall goals of primary care”</li> <li>• “Variations in Viral Load Results” poster</li> <li>• “Other tests your doctor may require” flipchart</li> <li>• “Becoming an Active Participant” poster</li> <li>• “3 Parts of a Message” poster</li> <li>• “Tips on Being Informed” flipchart</li> <li>• Index Cards</li> </ul>
Handouts	

- “Stages of HIV and Variations in CD4 and Viral Load Overview”
- “HIV Life Cycle—The Big Picture”
- “Medications at Work in the HIV Life Cycle”
- “Problem-Solving Scenario Think Sheets”
- “Tips for Dealing with Common Side Effects of ARV Medications”
- “Tips for Increasing Your Success with Adherence to Medications”
- “Planner for the Week of: \_\_\_” Handout
- “Health Tools: My Medication Planner” Handout
- “List of Medications” Handout
- “Study Medication Calendar” Handout
- “My Action Plan: Active Participant” Handout

**ACTIVITY 3A: REVIEW OF ACTION PLAN: DISCLOSURE**

**TIME: 5 MINUTES**

**REVIEW**      Action Plan: Disclosure

**STATE**      *At our last session, we created an action plan around disclosure.*

**ASK**      *Who would like to share their action plan from the last session?*

Probe participants:

*What specific steps did you take to follow your action plan?*

*Was it successful?*

*What were some of the challenges you encountered?*

*What did you gain from the experience?*

**ALLOW**      5 minutes for participant responses.

**THANK**      Participants for sharing their action plan with the group.

**ACTIVITY 3B: BENEFITS & CHALLENGES RELATED TO ATTENDING CLINIC**

**TIME: 18 MINUTES**

**STATE**

*Living with HIV requires being seen by a medical provider, about 4 times a year. Today we are going to talk about both the benefits and challenges of attending clinic and how you can overcome or address some of those challenges. We will also discuss some things that need to be done prior to your clinic visit and some common activities that might occur during your visit.*

**ASK**

*So what are some of the benefits of attending clinic on a regular basis?*

**WRITE**

Response on the flipchart. Responses can include access to:

- Adolescent friendly services
- A variety of health professionals (doctors, nurses, psychologists, social worker, and case managers)
- Support
- Case management (housing, job, etc) and
- Innovative research, as well as
- Opportunities for early detection and treatment of other complications, and
- Increased control over your health and healthcare decisions

**STATE**

*Thanks for all of your answers. While there are a lot of benefits to coming to clinic there are also some challenges too. So let's take a few minutes to talk about some of the challenges you could face when coming to the clinic.*

**ASK**

*Can you think of some challenges you might face with getting to the appointment, waiting for the appointment and while at the appointment?*

**WRITE**

Responses on the flipchart. Responses can include:

Getting to appointment:

- Time consuming
- Transportation
- Getting time off from work/school
- Other people asking about your clinic appointments
- Finding a babysitter
- Stigma related to the clinic

Waiting for the appointment

- Lack of privacy
- Everyone there will know I have HIV
- Running into others you may know at the clinic



- Running into the person that infected you at the clinic
- At the appointment:
- Not enough time with the doctor
  - Forgetting required paperwork
  - Forgetting medical symptoms or side effects
  - Not knowing what to ask the doctor
  - Hate needles
  - Trouble understanding HIV-related jargon

**STATE** *Thank you for your honesty. There are many challenges to coming to clinic. While it is not possible to control all of those challenges, such as waiting time at the clinic, there are some things you can do to overcome those challenge which we will address in today's session.*

**ASK** *In your opinion, which is greater, the benefits or the challenges of attending routine medical care?*

**ALLOW** Participants to discuss their responses.

**STATE** *While there are many challenges to having routine medical care, there are things that you can do to improve the quality of the time spent at the clinic. Remember there are also many benefits of being in routine medical care, as we just discussed. Now, let's talk about some ways that you can better overcome the challenges we just discussed.*

### ACTIVITY 3C: OVERVIEW OF CLINICAL PROCEDURES

**TIME: 23 MINUTES**

**STATE** *We have to plan ahead for many events in our daily lives. For example, when you are getting ready to go to school you need to make sure you have everything you will need at school such as books, homework, pens and paper in order to have a successful day. You also need to know how you will get there, when you need to leave to get there on time and dress according to weather. If you don't prepare ahead of time your whole day could be affected. You could get in trouble for leaving your homework at home, you could be late and get detention or you could be soaking wet because you did not plan for rain. The importance of having a routine to prepare for events cannot be understated. So just as it is important to prepare for events such as going to school or work, meeting up with your friends to go out, or planning your birthday, you also need to prepare for attending the clinic. So let's discuss some things that need to be done before your clinic visit.*

**ASK** *What are some things that you should do prior to your clinic visit?*

**ALLOW** Participants to respond

Make sure participants state the following:

- Call ahead to make an appointment
- Prepare a list of questions for your providers
- Plan your travel route to the clinic
- Bring proper identification
- Bring insurance or proper form of payment for services
- Bring a list of all your medications, how often you take them and any potential side effects you are experiencing
- Any other required items by your clinic (social security card, emergency contact numbers, etc)

**STATE** *Thank you for your responses. By preparing ahead of time, you can make your check-in process smoother when you get to the clinic.*

**INTRODUCE** overview of clinical procedures

**STATE** *Your healthcare is an important part of living with HIV. The overall goals of medical care are to determine the stage of HIV disease, provide ongoing health check-ups, monitor your immune function and viral load, provide education about HIV and risk reduction and to provide access to treatment and appropriate clinical interventions and trials.*

**DISPLAY** flipchart with the following information:

Overall goals of medical care

- Determine the stage of HIV disease
- Provide ongoing health check ups
- Monitor immune function and viral load
- Provide education about HIV and risk reduction
- Provide access to treatment and to appropriate clinical trials

**STATE** *For today, we are going to focus on the medical aspect of your healthcare.*

*At this point, you should have had at least one medical visit with your doctor here at the clinic. You will be working closely with your doctor to make informed decisions about your treatment. We will review the different procedures and tests that your doctor may request.*

*Think back to your last doctor visits. Let's go over the actions taken while you are at the clinic.*

**DISPLAY** *Flip chart paper with different the following labels "Registration"; "Provider's Office" "Pharmacy" and "Lab Visit"*

**PAIR** Participants into separate groups and assign each pair to a specific process of the visit.

**WRITE** participants' responses on the flipchart.

**ASSIGN** *Each group to have a facilitator and a note-taker.*

**ASK** *What are some things that happen when you come to the clinic?*

**ALLOW** Time for participants to write as many responses as possible

**STATE** *As we can see, a visit to the clinic can include a variety of procedures. Some of the procedures are only done at certain times. Sometimes it may be difficult to understand the need for certain procedures, particularly those that involve laboratory tests, so today we are going to talk about the 2 types of laboratory tests that monitor HIV: CD4 and viral load. These 2 tests are important as they help you and your doctor make decisions about treatment options.*

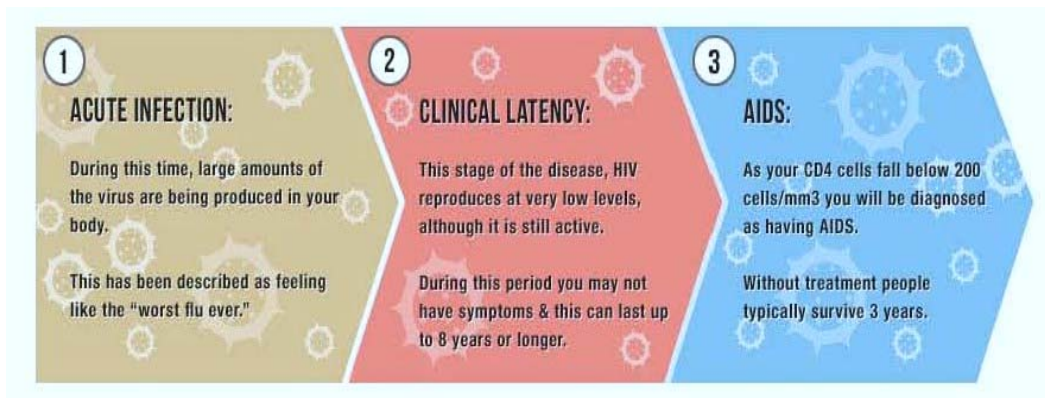
**STATE** *Right now I'm going to pass out index cards. At any time during today that you have questions please use these cards to write all the questions that you have. Then during the second half of this session, we will have a medical provider come to our session and answer any of your additional questions.*

**DISTRIBUTE** Index cards to the participants

**ASK** *Before we start, who can tell me what HIV does to your body?*

**STATE** *HIV attacks your CD4 cells and uses them to make copies of itself. Your body has to have CD4 cells to fight infections and disease. But as HIV invades them, and uses them to make copies of itself, it kills the cell. Over time, HIV can destroy so many of your CD4 cells that your body can't fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS.*

*In the acute infection stage, large amounts of HIV are being produced in your body. People often feel like they are having the “worst flu ever.” During the clinical latency period, HIV reproduces at low levels, although it is still very active. You may be able to maintain a healthy CD4 cell count without medications during this time. You may also not have any symptoms during this time. This period can last up to 8 years and varies from person to person. Finally, toward the middle and end of this period your viral load begins to rise and your CD4 cell count begins to drop. If your CD4 cell counts drop to below 200 cells, you will be diagnosed with having AIDS.*



**HANDOUT** Refer to “Stages of HIV and Variations in CD4 Count and Viral Load Overview “HANDOUT

**STATE** *Let's take a step back and briefly discuss the immune system and it's relation to the HIV life cycle. HIV can infect multiple cells in your body, including brain cells, but its main target is the CD4 lymphocyte, also called a **T-cell** or **CD4** cell. When a CD4 cell is infected with HIV, the virus goes through many steps to reproduce itself and create many more virus pieces.*

- Several steps must occur for the HIV virus to survive including the*
- *Entry of virus into the host cell*
  - *Copying RNA into DNA*
  - *Hiding HIV DNA in host cell nucleus*
  - *Multiplication of HIV virus within cell*
  - *Budding of virus*

*These steps of the life-cycle of HIV are important to know because the medications used to fight HIV interrupt this cycle. HIV has a well documented stage of progression. If you are infected with HIV and don't get treatment, HIV will eventually overwhelm your immune system—this will lead to being diagnosed with AIDS.*

**HANDOUT** HIV Life Cycle—The Big Picture  
**Please note you may assign sections to participants who volunteer to read out loud.**

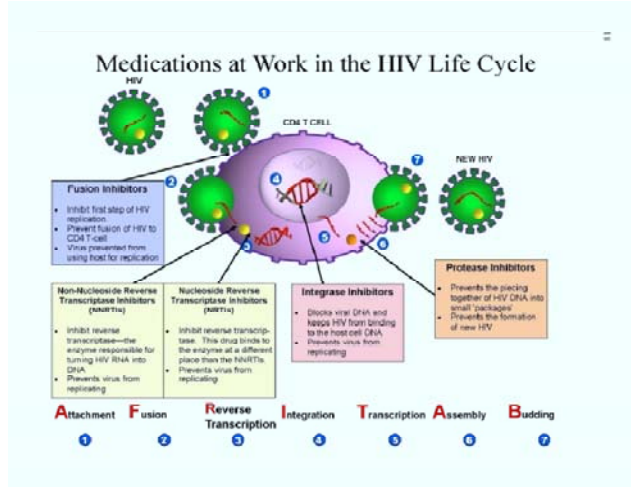
**REVIEW** The handout with participants

*The HIV life cycle shows how HIV reproduces and makes copies of itself. In the handout you can see that the processes in Steps 1(Attachment/Binding) and 2 (Fusion) are similar to putting a key into a lock. Once unlocked, HIV can fuse with the host cell and release its genetic material into the cell. In Step 3, Reverse Transcription, a special enzyme called reverse transcriptase changes the genetic material of the virus, so it can be integrated into the host DNA. In Step 4. Integration, HIV DNA hides itself in the human DNA of the CD4 T-Cell nucleus. This new genetic material may stay inactive for several years. In Step 5. Transcription, once the host cell becomes activated, it uses your own enzymes to create more of its genetic materials. In Step 6, Assembly, the protease enzyme in the cell combines the DNA 'packages' to create active HIV virus. When these come together with the virus's genetic material, a new virus has been assembled. Finally, in Step 7, Budding, once the new HIV is formed, it pushes itself out of the CD4 T-cell . This is the final stage for the virus's life cycle. The virus is now binding with new CD4 cells and begins the process all over again.*

**ASK** *Why do you think it's important to understand the life cycle of HIV?*

**ALLOW** Time for participant responses.

**HANDOUT** "Medications at Work in the HIV Life Cycle" Handout



**STATE** *In order to understand how medications work, it is helpful to know about the HIV life cycle. Let's briefly review how the medications we have available intervene at the various stages of the HIV virus.*

**REVIEW** "Medications at Work in the HIV Life" Handout  
**Please note you may assign sections to participants who volunteer to read out loud.**

**STATE** *The five types of medications that can interrupt the HIV replication cycle are the fusion inhibitors, the Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs), the Nucleoside Reverse Transcriptase Inhibitors (NRTIs), Integrase Inhibitors and Protease Inhibitors. These medications can do different things based on the stage of attack. For example, one type of drug can block the "lock" to prevent the virus from entering, these are the fusion inhibitors. The NRTIs can fool the virus and mess up the translation process. Integrase inhibitors prevent viral replication.*

*Let's review a couple of these. We will review two of the most commonly prescribed class of drugs, NNRTIs and protease inhibitors. Remember if you need additional information, our provider will be coming to talk more about any questions or concerns you may have.*

*At what stage of the life cycle would this medication work?*

**Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs) Question:** *At what stage would this medication work? – At the Reverse Transcriptase stage. Here the drugs attach to the reverse transcriptase enzyme. It sits on the reverse transcriptase and does not let it do its job. Basically, they inhibit reverse transcriptase, the enzyme responsible for turning HIV RNA into DNA. This prevents the virus from replicating-making copies. This class is very unforgiving when it comes to skipping doses.*

*Who can name some common NNRTI class medications?*

*It is ok if you can't—this is not common knowledge. Overtime, you will become more familiar with these names and types of medications. Here are some common NNRTI medications.*

- Delavirdine (Rescriptor®)
- Nevirapine (Viramune®)
- Efavirenz (Sustiva®)

*Now, we're going to briefly talk about protease inhibitors (PIs). Who can tell me at what stage this medication would work?*

**Protease Inhibitors (PIs) Question:** *At what stage would this medication work? – Protease inhibitors block the protease enzyme, thus new virus cannot mature. They prevent the piecing together of the HIV DNA, thus preventing a new HIV from forming.*

*Here are some common types of* Types of Protease Inhibitors:

- Fosamprenavir (Lexiva®)
- Lopinavir/ritonavir (Kaletra®)
- Atazanavir (Reyataz®)

*We've talked about two specific classes of medication here. It is important to know that most drugs today are used in combination. So usually a person will be prescribed medications from 3 or 4 classes - - sometimes these classes can be combined into one pill.*

**STATE**

*Now, we have reviewed the HIV life cycle and the types of medications used to treat HIV. Remember these are just some of the available medications that your doctor may discuss with you. Each person is different and may require a different course of medication than another individual. Let's take a few minutes to write down any questions you many have.*

*Now let's think about the role of CD4 and viral load lab tests and why they are important when considering this life cycle.*

**NOTE:** You may have participants write down names of drugs on post-its and have them match it to the class of drugs that were reviewed in the session. This should take 5 mins.

**STATE**

*If you remember from our HIV/AIDS overview, CD4 cells, are the white blood cells which organize your immune system's response to fight foreign objects, including bacteria, fungal infections and viruses.*

*A CD4 count is the measurement of the number of CD4 cells in a cubic millimeter of blood (not of the whole body). By knowing this measurement both you and your health provider can estimate your body's immune system and its ability to fight off infections.*

*The CD4 count of a person who is not infected with HIV may be anywhere between 500 and 1500. Over time, in general, CD4 counts decline among those*

*living with HIV over a number of years.*

*If your CD4 count falls below 500, or starts falling rapidly, your doctor may talk to you about whether you should consider treatment. The CD4 count is one of the most important factors in the decision to start someone on medication.*

*Remember, the current guidelines from the Panel recommend that Antiretroviral therapy (ART) is used in all HIV-infected individuals. However, regardless of CD4 count, initiation of ART is strongly recommended for individuals with the following conditions:*

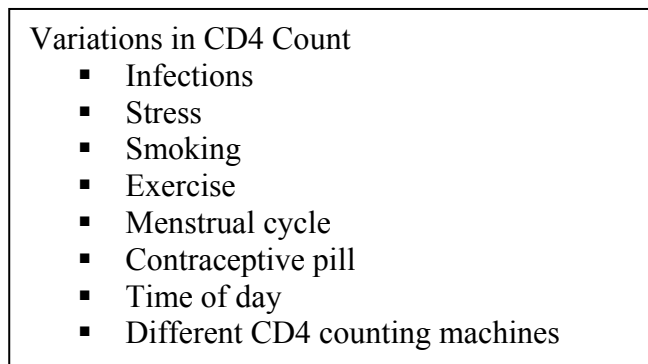
- *Pregnancy*
- *History of an AIDS-defining illness*
- *HIV-associated nephropathy (HIVAN)*
- *HIV/hepatitis B virus (HBV) co-infection*

*Effective ART also has been shown to prevent transmission of HIV from an infected individual to a sexual partner; therefore, ART should be offered to patients who are at risk of transmitting HIV to sexual partners.*

*The most important information your CD4 count can provide you is an overall trend of your immune system's health. It can let you know whether it's improving or declining.*

**DISPLAY**

“Variations in CD4 Count” flipchart. Flipchart should look like this:



**STATE**

*CD4 counts can go up and down depending on various factors. For example, if you have an infection like the flu or herpes it is best to delay having the CD4 count until you are feeling better. Other factors such as stress levels, smoking, exercise, menstrual cycle, contraception pills can also impact your CD4 count. This is why it is important to monitor the trends over time and not focus necessarily too much on one individual test result.*

**ASK**

*Are there any questions?*

Note: Facilitator may also want to write down any questions from the group for further discussion during the medical provider session.



**DISCUSS** any questions.

**STATE** *So viral load is the term used to describe the amount of HIV in your blood. The greater your viral load is the greater your risk for developing infections. You are also more likely to transmit your infection to your sexual partners when you have a high viral load.*

*A viral load test is used to estimate the number of HIV particles in a sample of blood. A high viral load can be anywhere from 100,000 copies in a milliliter of blood and can range as high as one million or more.*

*A viral load result that reads “undetectable” usually means under 50 copies in a milliliter of blood, which does not mean that you are cured. It may mean that the level of HIV virus in your blood is below the threshold needed for detection by this test.*

NOTE: if necessary, write example of viral load test result as #copies/mL

Include an arrow indicating high/low

**DISPLAY** “Variations in Viral Load Results” flipchart. Flipchart should look like this:

- Variations in Viral Load Results

  - Statistical
  - Adherence to medications
  - Infections
  - Vaccinations
  - Testing method
  - Clinic

**STATE** *Like CD4 counts viral load measurements can rise and fall from one blood sample to the next. If you have an infection or recently received a vaccination, you may experience a temporary increase in your viral load. It is best to wait at least one month after the vaccination or illness to gain a better sense of your viral load.*

*For people who are not currently on antiretroviral medication, it is important to know your viral load and your CD4 count because your viral load can provide information on the likely course of HIV infection if it is left untreated.*

*Additionally, viral load along with CD4 counts may help predict your risk of developing symptoms in the future.*

*If you are currently taking antiretroviral medication, your viral load results can help determine if your treatment is effective in reducing your viral load.*

**ASK** *Any questions so far?*

Note: Facilitator may also want to write down any questions from the group for further discussion during the medical provider session.

**DISCUSS** any questions.

**DISPLAY** “Other tests your doctor may require” flipchart. Flipchart should look like this:

- Other tests your doctor may require:

  - Drug-resistance testing
  - Complete blood count
  - Blood chemistry profile
  - Tests for diseases/infections
    - STDs
    - Hepatitis
    - Tuberculosis
    - Toxoplasmosis

**STATE** *Depending on your specific medical history, your doctor may order additional tests such as a complete blood count, blood chemistry profile, and other specific tests for certain diseases or infections such as sexually transmitted diseases (STDs), tuberculosis, or toxoplasmosis.*

**STATE** *In addition to the CD4 count and the viral load, your doctor may require you to complete drug-resistance testing. This test determines if your HIV strain is resistant to any antiretroviral medications.*

*Once you start treatment, the goal is to keep HIV from reproducing. When HIV isn't fully controlled by HIV drugs, the virus makes copies of itself at a very rapid rate. During the replication process, HIV makes mistakes in the copies. If the mistake copies can reproduce themselves, they are called mutations—which creates new forms of the virus.*

*Now, think back to the “HIV Life Cycle Handout” we reviewed earlier. When you miss a dose, it allows for HIV replication cycle to continue in your body. The more replications that occur, the greater the chance for mutations to occur. If enough mutations occur, you may develop resistance to the medications. This means that the drugs you are taking are no longer effective at stopping the HIV from multiplying.*

**ASK** *Any questions at this time?*

Note: Facilitator may also want to write down any questions from the group for further discussion during the medical provider session.

**DISCUSS** any questions.

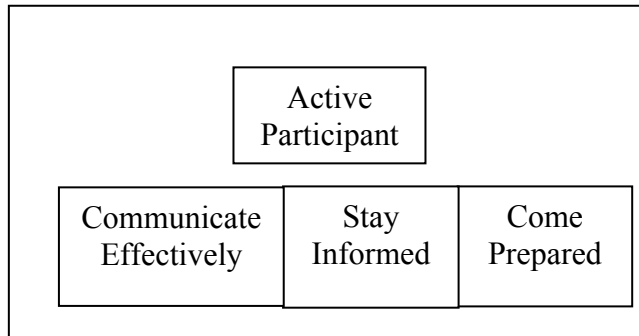
**ACTIVITY 3D: ACTIVE PARTICIPANT OVERVIEW**

**TIME: 14 MINUTES**

**INTRODUCE** active participant.

**STATE** *We just reviewed a lot of information about HIV treatment and clinic appointments. This may seem like overwhelming amount of information. You also may have more questions and concerns after our discussion but remember this is an ongoing process and conversation we will continue to have. One of the most important things you can do to improve the quality of your visit is to improve your relationship with your doctor. An important part of this relationship is being an active participant in your healthcare and treatment decisions. Becoming an active participant means that you and your healthcare team take the time to learn how to work and communicate respectfully with each other.*

**DISPLAY** “Becoming an Active Participant” flipchart. The flipchart should look like this:



**ASK** *Why do you think these 3 parts of active participation are important are important?*

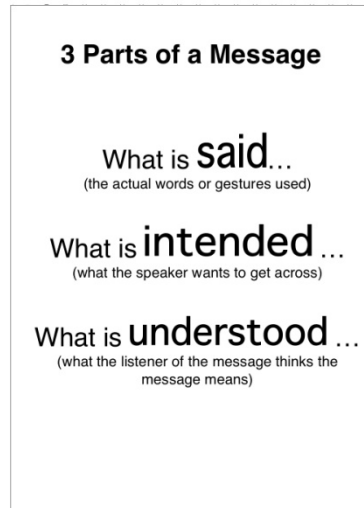
**STATE** *In this activity, we will explore each of the elements of active participation throughout the activity. Let’s start by talking about effective communication. Often we think that since we can “talk,” we must be able to “communicate.” But, talking and communicating are two very different things.  
Talking refers to: delivering or expressing words in speech form  
Communicating refers to: learning to talk with another person, rather than talking at a person. An effective communicator can talk so that the other person can understand what they are saying.*

**ASK** *Who can share some examples of situations when someone didn’t understand something you said or shared? How did you react? What*

*was your response? Were you surprised? Frustrated? Relieved?*

**DISPLAY**

“3 Parts of a Message” flipchart. The flipchart should look like this:



**STATE**

*Now let's refer to the “3 parts of a Message” flipchart. We can see that with communication, we can have different ideas of what types of messages we send and how we receive them. Sometimes, we think we are clear but the other person is thinking something completely different, and vice versa. This difference in how messages are sent and received refers to the Transactional Model of Communication. According to the **Transactional Model** of communication, there are three parts to every communication message:*

- 1. What is said—the actual words and/or gestures that are used*
- 2. What is intended—what the sender of the message wants to get across*
- 3. What is understood—what the receiver of the message thinks the message means*

*Unlike what many people believe, **meaning is NOT located in words**. So, often, what we think we are saying is **NOT** what the other person understands in their minds.*

*In this model, the focus is on “**shared meaning**;” this occurs when we have an overlap between these three parts of the message.*

*There are often gaps in shared meaning.*

*Can anyone give an example of when they had a conversation with their parent, friend or health care provider when you did not have shared meaning?*

*Effective communication is about increasing shared meaning whenever possible. Later, we will have an opportunity to practice effective communication skills.*

- ASK** *Are there any questions?*
- DISCUSS** any questions.
- REFERENCE** “Active Participant” Poster.
- STATE** *The second step in becoming an active participant involves staying informed with any HIV breakthroughs or updates. Knowledge can make have a huge impact on what you can gain from your medical appointment. Obtaining information on your own does not have to be difficult or overwhelming. You can begin this process at home, at the library or online.*  
*There are many trusted websites, hotlines, and community organizations that are dedicated to answering questions about HIV, anywhere from transmission to treatment. However, there are also some resources that may not be accurate or up-to-date. Therefore, it is important to consider your source of information.*  
*For example, government-based informational pamphlets, websites, or hand-outs are a great resource.*
- ASK** *What are some resources you use to get information about HIV?*
- FAMILIARIZE** yourself with some local resources prior to this session.
- WRITE** participant responses on flipchart. Make sure to include the following:  
Websites including:  
AIDSinfo: <http://aidsinfo.nih.gov>  
Centers for Disease Control and Prevention (CDC): [www.cdc.gov](http://www.cdc.gov)  
Adolescent Trials Network: [www.ATNonline.org](http://www.ATNonline.org)  
The Body: A Complete HIV/AIDS Resource: [www.thebody.com](http://www.thebody.com)  
University websites
- Local public health clinic resources  
Local community health clinics
- Local library
- ALLOW** 1-2 minutes for participant responses.
- STATE** *These are some great resources!*

Note: If there are any resources which are not from a trusted source (research institution, AIDS organization, government entity, community health clinic, public library) facilitator may write down the information and verify the source after the session. Let participants know that you will follow-up on the source.

- STATE** *Always remember that your doctor is a source of information as well. Remember that part of being an active participant involves discussing new information about HIV disease and treatment with your doctor.*
- ASK** *Are there any questions?*
- DISCUSS** any questions.
- REFER** to “ACTIVE PARTICIPANT” flipchart.
- STATE** *The last part of becoming an active participant is preparing for your medical appointments. Due to limited time you will have with your doctor, it is important to come prepared with what you would like gain from this office experience and discuss in order for both you and your doctor in order to make the best use of the limited time.*
- ASK** *What are some ways to prepare for your medical appointment ahead of time?*
- BRAINSTORM** with participants ways to prepare ahead of the medical appointment.
- PROVIDE** an example:  
  
*One way is to keep a health journal. You can write down symptoms or side effects, changes in medications or complementary therapies, any missed doses, and any questions that come up between visits. Shortly, we will also review samples of medication journals.*
- ALLOW** 1-2 minutes for participant responses.
- WRITE** participants’ answers on the flipchart. The responses should include the following:  
  - Take a few minutes to write down key questions ahead of time
  - Bring along treatment literature
  - Bring herbal supplements or additional medications
  - Health journal
  - Rehearse questions beforehand
- STATE** *These were some really good ideas! Another important thing to keep in*

*mind is to show your list or items at the beginning of the visit. This ensures that your concerns will be addressed during the visit. If you wait until the end of the visit, there may not be enough time to discuss your concerns.*

**REFER** To the Challenges With Visits List that was generated from previous activity.

**ASK** Participants to discuss ways to overcome those challenges using some of the tools we discussed during this section.

### ACTIVITY 3E: PROBLEM SOLVING SKILLS SCENARIOS

**TIME: 12 MINUTES**

**COPY and CUT OUT** the scenarios before this activity starts.

**STATE** *Now we are to have a little problem solving activity. In this activity, you will have a chance to think about what makes an active participant. Each of the problem scenarios will require you to think about effective communication, being informed and coming prepared.*

**ASSIGN** participants into three groups (2-3 participants per group). If there are less than 6 participants, split into two groups (2-3 participants per group). If there are only two groups or if time is limited, choose two scenarios for this activity.

**ALLOW** Time participants to discuss their scenarios.

**REFER** “Problem-Solving Scenario Think Sheets.”

**ALLOW** *Time for participants to work through the problem solving think sheets for their respective problem scenarios.*

**STATE** *Now I am going to ask everyone some questions and I want to think about how they apply to your scenario.*

**Communication**

- *What role does communication (or lack of communication) play?*
- *How?*

**Staying Informed**

- *What resources might help him or her?*

**Preparation**

- *What steps can be taken before coming to the appointment?*

**Problem-Solving**

- *Develop a problem-solving action plan for this person.*
- *Is this scenario realistic? Could it happen to anyone you know?*

**STATE** *Now you will discuss your scenarios and then present the highlights to the rest of the group.*

**HAVE** groups discuss scenarios and present highlights to other participants.

**ASK** *Do you have any questions or comments?*

**DISCUSS** responses.



### ACTIVITY 3F: ADHERENCE OVERVIEW AND TEAM CHALLENGE

**TIME: 7 MINUTES**

**INTRODUCE** adherence.

**STATE** *Adherence, in general, is the act of doing something on a steady or regular basis. There are many things that we adhere to on a daily basis. For example, we adhere to a morning routine, which involves brushing our teeth, taking a shower, getting dressed and eating breakfast before heading out the door.*

**WRITE** “A.M.” Routine on flipchart. Flipchart could look like this:

- 7:00 Brush teeth
- 7:05 Shower
- 7:20 Get dressed
- 7:45 Coffee/ breakfast
- 8:00 Head out of the house

**STATE** *Most of us already have daily routines that we follow. For example, having to head out of the house every weekday to catch the 8:15 morning bus to get to work. In order for you to get there on time, you have to follow a morning routine.*  
*Earlier, we discussed clinical procedures that you may encounter when coming to medical appointments including laboratory tests done at specific times. These are all part of medical adherence. Medical adherence involves the medical appointment visits, laboratory appointment visits, and procedures that your doctor recommends you should follow to maintain optimal health.*

*Adherence to these medical routines can present some challenges as we discussed earlier. So let’s now talk about some of the things you do to improve your adherence to these challenges.*

**ASK** *Who knows what percentage of adherence does a client need to achieve to eliminate the development of resistance?*

- >95%

*If a person is on a once a day regimen how many doses can be missed to maintain >95% adherence during a one month period?*

- One dose

*If a person is on a once a day regimen what should they do if they remember they have missed taking their meds?*

- Adhere to the 12 hour rule

**STATE** *As you can see from these responses, taking medications as listed is very*

*important to ensure that you can maintain optimal health during while taking your medications.*

**DIVIDE** *Participants into groups of 2 or 3*

**STATE** *In order to create a realistic medical routine, it is helpful to link your medical routine to another routine that you closely follow. So let's think about the examples we have discussed previously and create a realistic medical routine.*

**DISTRIBUTE** *"Planner for the Week of \_\_\_\_\_" Handout to each group.*

**STATE** *You have a sample schedule here. Think about activities that you participate in and how these activities can be tied to a specific medical routine that you partake in.*

**ASK** *What are some the things you do to improve your adherence to these challenges?*

**DISCUSS** *Any responses.*

**STATE** *These are very useful suggestions. What works for one person may help another person improve their medical adherence.*

**ASK** *Allow participants to choose a winning team based on their detailed and realistic schedule. As well, as their attention to potential challenges with adhering to their medical routine.*

*Winning team can get a small prize if possible.*

**HIGHLIGHT**

- Clarify your ARV regimen with your healthcare team
- Work with your healthcare provider to tailor your ARV according to your lifestyle
- Keep a medication diary
- Establish a time to set out pills
- Establish set places for pill taking
- Plan ahead for changes in routine
- Make special plans for weekends and holidays
- Become an active participant in your care
- Seek out social services
- Follow up, monitor, and track your adherence over time

**REVIEW** *Other sample medication schedules with participants ncluding "Health Tools My Medication Planner," "List of Medications," and "Study Medication Calendar"*

**ACTIVITY 3G: REVIEW ADHERENCE HOMEWORK**

**TIME: 18 MINUTES**

**REVIEW** medication adherence homework assignment.

**STATE** *Medications can be prescribed or taken for various reasons and symptoms. Medications have two types of effects: intended and side effects. Intended effects are those for which the medication was prescribed. For example, you take an aspirin to reduce a fever. A side effect of a medication is anything else that the medication does. One common side effect of taking aspirin is getting an upset stomach. Now, we are going look at some common side effects.*

*Medications can have social, emotional or physical side effects.*

*Social effects refer to the challenges one may experience when taking medications in social locations, events, or situations.*

**ASK** *Can you think of social effect you could encounter?*  
**ALLOW** Time for participants to respond.

One example could be having a busy school or work schedule can be a challenge to taking your medication appropriately.

**STATE** *Emotional effects are those effects that impact your overall state of well-being. Young people may feel anxiety towards following a medication schedule. Physical effects refer to the physical side effects.*

**ASK** *What are some possible physical side effects?*

**ALLOW** Time for participants to respond.

Example of physical side effects can include getting an upset stomach, that result from taking the medication.

**STATE** *At our last session, you were given a medication regimen to follow along with a pill bottle and some candy medications. The medication schedule included the set times that you should take your medications. You were asked to follow this medication schedule closely for 3 days. Let's talk about your experiences following this medication schedule.*

**ASK** *What was the experience like for you in terms of how it impacted your social interactions? (e.g., Did you feel you had to hide the pills from friends? Did you avoid people when it was time for your medication? Did you not engage in any social activities because you knew that you would have to stop and take*

*your pills?)*

**DISCUSS** any responses. May include the following responses:

- Didn't want to take the pills around others
- Didn't want to break away from activity to take pills
- Difficulty hiding the pill box from others
- Other people asking about pill box

**ASK** *What was the experience like for you in terms of how it impacted you emotionally? (e.g., Did you get upset or sad that you had to take so many pills? Were you annoyed, frustrated, aggravated?)*

**DISCUSS** any responses. May include the following responses:

- Guilt
- Forgetfulness
- Sad

**ASK** *What was the experience like for you in terms of how it impacted you physically? (e.g., Did you feel tired from getting up to take medications? Did you have to use the restroom more from increased water intake? Did you not feel hungry because of all the pills?)*

**DISCUSS** any responses. May include the following responses:

- Increased thirst after taking candy
- Increased hunger

**STATE** *The purpose of this exercise was to gain a better understanding of what it is like to be on a demanding and difficult HIV medication regimen. As you can see, there are some challenges that make it difficult to follow an HIV medication regimen.*

### ACTIVITY 3H: ADHERENCE TO ANTIRETROVIRAL MEDICATION OVERVIEW

**TIME: 15 MINUTES**

**STATE**

*Medications require us to follow certain instructions, whether they are prescribed or over-the-counter. The instructions usually include how many to take, how to take them, what to take them with, and how often to take them. Think back to the homework assignment you were assigned. Having to take these medications presented some challenges for some of you. Staying on medication regimens can be difficult for any type of medication. Taking antiretroviral medications can present some adherence challenges.*

*Whether or not you feel you're able to adhere to a new regimen may be one thing to consider -- along with your lab results and overall general health -- in deciding the right time to begin antiretroviral therapy. Your readiness, or ability to commit to the demands of therapy, is an important consideration to discuss with your doctor.*

*Giving careful thought to what benefits you hope to get from treatment, how you'll evaluate the benefit and how you might manage side effects will be helpful.*

*It's important to consider your lifestyle and the demands of the regimen. Then balance your needs with those of the regimen. For example, a busy person may choose to be on a less intensive regimen.*

*Additionally, planning ahead can help ensure that you always have your medications on hand. Think about maintaining a steady supply of medications by working with your doctor and pharmacist. Remember that not having a supply of medications to take is still missing a dose.*

*We talked about the physical, social, and psychological effects of having to take the candy medications. Let's think about each of these in the context of considering to take or taking antiretroviral medications.*

**ASK**

*What are some of the social effects of taking antiretroviral medications?*

**DISCUSS**

Participant responses. Responses may be:

- Having to hide medications from others
- Not wanting to miss out on social activities
- Can interfere with daily routines/activities

**ASK**

*What are some of the emotional effects of taking antiretroviral medications?*

**DISCUSS**

Participant answers. Some responses may be:

- Sad
- Vulnerable

- Dependent on medications

**ASK** *What are some of the physical effects of taking antiretroviral medications?*

**DISCUSS** Participant responses. Some responses may be:

- Can affect what you eat, drink, etc.
- Side effects

**STATE** *Now that we have identified some of the barriers around taking antiretroviral medications, let's think about ways that to overcome these challenges. People who successfully adhere to these medications employ a variety of strategies to ensure that they maintain their adherence. For example, some keep a daily journal to help them keep track of the types of medications and the schedules. Maintaining a journal can also help you keep track of how well you are adhering to your schedule.*

**ASK** *What are some ways to overcome the social challenges of taking medications?*

**WRITE** responses on flipchart. Some responses may be:

- Plan ahead for privacy if you are hiding your medications from others
- Integrate your medications into your daily routines (Take it right before brushing your teeth every morning)
- Reevaluate your regimen every two weeks to see if it still fits into your schedule

**ASK** *What are some ways to overcome the emotional challenges of taking antiretroviral medications?*

**WRITE** responses on flipchart. Some responses maybe be:

- Have a treatment buddy who can provide emotional support
- Build a support network that can help you remember to take your medications
- Keep a checklist of your medications and how they make you feel

**ASK** *What are some ways to overcome the physical challenges of taking medications?*

**WRITE** responses on flipchart. Some responses may be:

- Understanding the typical side effects beforehand
- Discussing what you can do to reduce the side effects of these medications

**STATE** *These were some great suggestions! Strategies will vary by your individual*

*needs and challenges. It is important to discuss any needs and challenges with your medical provider.*

*Sometimes side effects can be a barrier to ARV medications, now we will review some tips for dealing with common side effects of ARV medications.*

**DISTRIBUTE** “Tips for Dealing with Common Side Effects of ARV Medications” and  
"Tips for Increasing Your Success with Adherence to Medications" handouts

**REVIEW** Handouts with participants. Emphasize the importance of discussing side effects with ARV medications with the medical providers.

**ACTIVITY 3I: MEDICAL PROVIDER PRESENTATION & DISCUSSION**

**TIME: 20 MINUTES**

**PROVIDE** medical provider with general outline of the topics to be covered.

Antiretroviral medications

- Basic Information (Types and common names)
- How medications work
- Deciding when to start medications
- Common side effects

**STATE** *We are going to have a medical provider come to our session to provide us with more information about antiretroviral medications. The provider will talk about the various topics related to antiretroviral medications. The topics include basic information about antiretroviral medications, how they work, deciding when to start medications and some common physical side effects.*

*Remember to keep your note cards handy to keep track of any questions you may have during the presentation. After the presentation, we will have a question and answer period. Try to use this opportunity to use the communication skills we practiced earlier during this session.*

**INTRODUCE** medical provider to the group.

**ALLOW** 10 minutes for presentation.

**ALLOW** 10 minutes for specific questions.



**ACTIVITY 3J: ACTION PLAN: BECOMING AN ACTIVE PARTICIPANT**

**TIME:** 5 MINUTES

**STATE** *We talked about different types of activities that can help us become active participants in our medical care.*

*Think about activities that we reviewed. You may also think about new activities or strategies that can help you continue or improve your involvement in your medical care.*

*Our final activity for today will require you to plan in detail how you would improve your medical participation.*

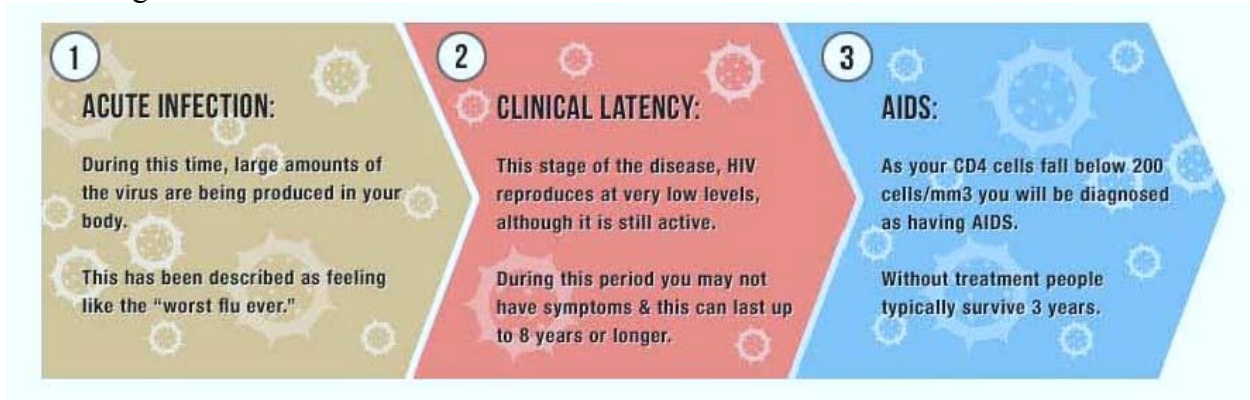
**HAND OUT** “My Action Plan: Becoming an Active Participant” handout.

**STATE** *Choose one activity that you would like to participate in or that you would like to improve on to become more active in your medical decision making.*

*This action plan will require you to break down the steps in becoming more actively involved.. You will list who you want to involve (can be more than one person), what you want to involve them in, when the activity will take place, and where it will take place. Then you will list the steps on how you will make this happen. Finally, you will think about the potential costs and benefits of participating in this activity. The costs are the potential barriers you might experience planning or participating in your activity. The benefits are the potential rewards you might experience planning or participating in your activity.*

**ALLOW** 3 minutes for participants to individually complete hand-out.

“Stages of HIV and Variations in CD4 Count and Viral Load Overview “HANDOUT



Variations in your test results are common. You should become concerned when your results over several months show an upward trend in your viral load or there is a significant increase in your viral load.

***Remember that being under routine care of a medical provider is the best way to help you identify potential health problems and possible health solutions for these problems.***

CD4 counts indicate how much damage has occurred to the immune system. Over time, in general, most people with HIV find that their CD4 counts decline over a number of years.

Factors that Can Influence Variations in CD4 Count

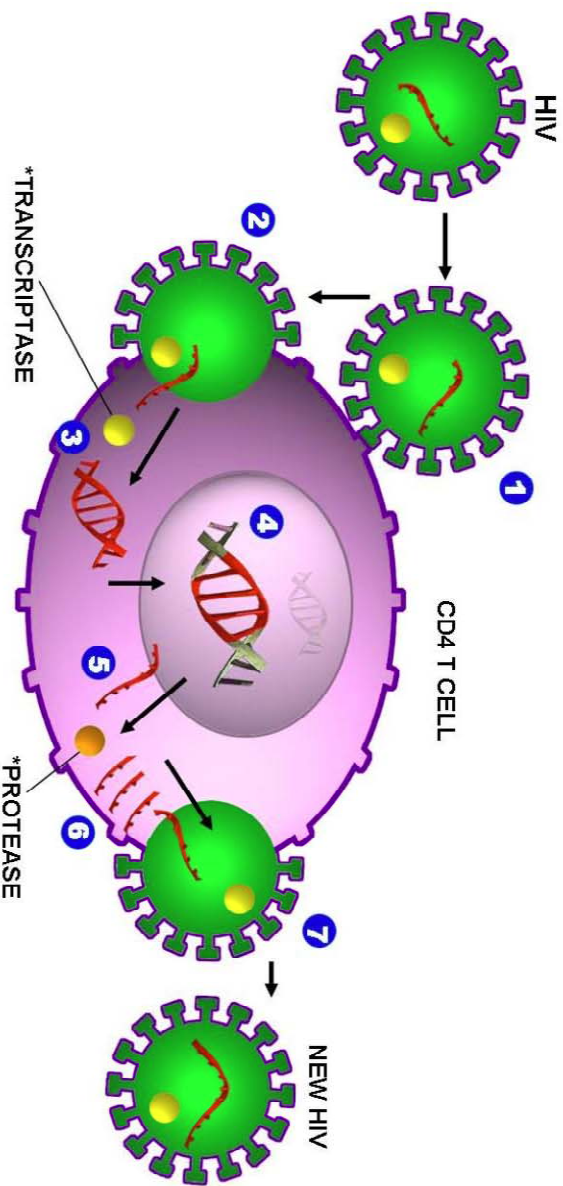
- Infections
- Stress
- Smoking
- Exercise
- Menstrual Cycle
- Contraceptive pill
- Time of day
- Different CD4 counting machines

A viral load is used to estimate the number of HIV particles in a sample of blood.

Factors that can influence Variations in Viral Load Results

- Statistical
- Adherence to medications
- Infections
- Vaccinations
- Testing method
- Clinic

# HIV Life Cycle - The Big Picture



## Attachment

1. HIV binds to receptors on the CD4 T-cell.

## Fusion

2. Once bound, the virus is allowed to dump its contents into the CD4 T-cell.

- A message is sent to the CD4 T-cell to let the virus in.

## Reverse Transcription

3. The HIV RNA is turned into double-stranded DNA within the CD4 T-cell.

- Included in its contents are HIV RNA and reverse transcriptase.
- The enzyme *\*reverse transcriptase* aids in this process.

## Integration

4. Once the DNA is formed, it hides itself in the human DNA housed in the CD4T-cell nucleus.

## Transcription

5. Copies of HIV DNA are made and released from the nucleus in small 'packages'.

- Each of the small packages contains information for creating a new HIV.

## Assembly

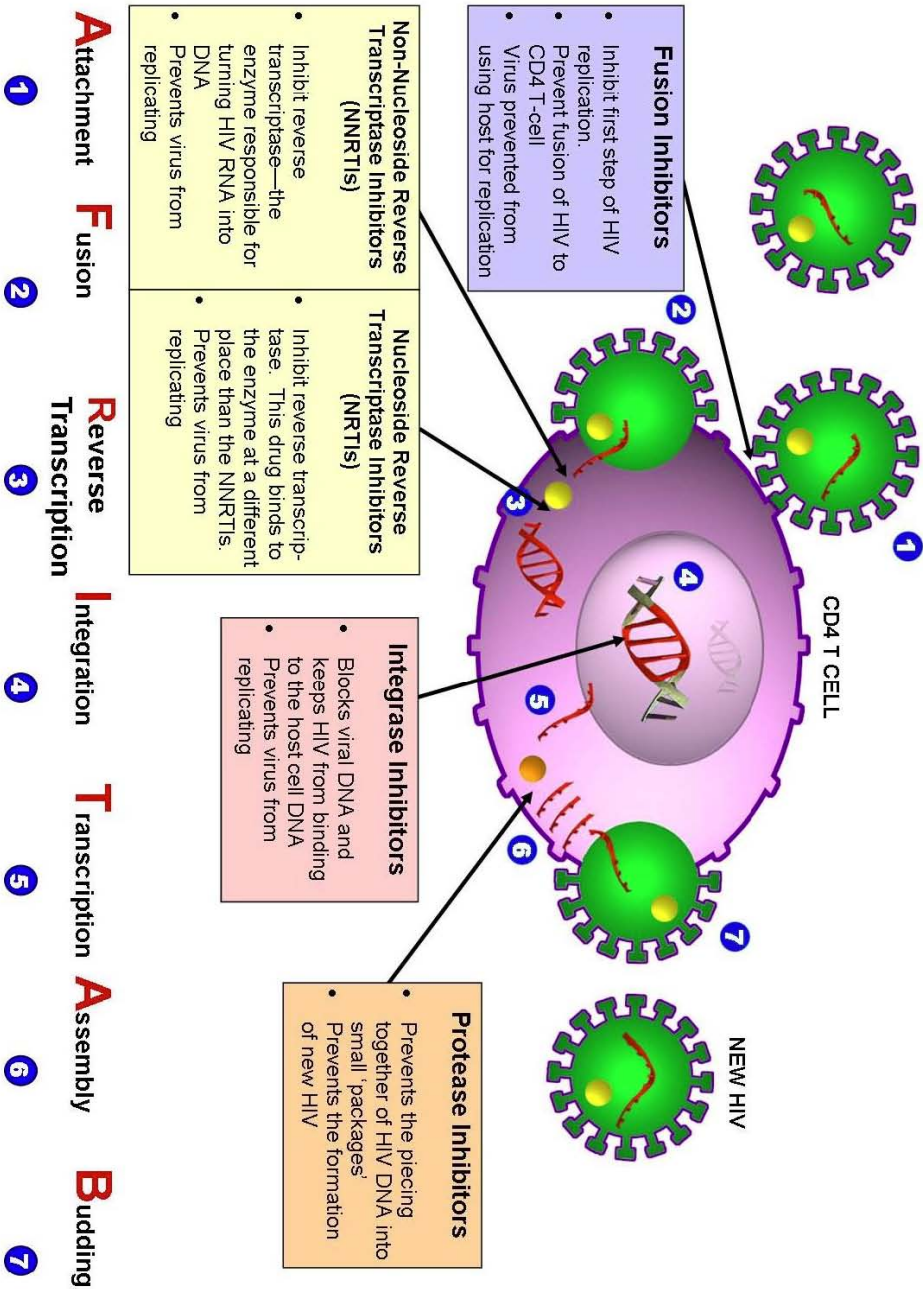
6. The *\*protease* enzyme in the cell combines the DNA 'packages' to create active virus.

## Budding

7. Once the new HIV is formed, it pushes itself out of the CD4 T-cell

- The virus steals part of the CD4 T-cell protective coating.

# Medications at Work in the HIV Life Cycle



**PROBLEM-SOLVING SCENARIOS**

**Directions:** Answer the questions your instructor has assigned using your scenarios.

---

**Sexual protection concerns**

John, who is HIV positive, has been in a monogamous relationship for the past year with an HIV negative partner. He is concerned that he may have accidentally infected his partner because the condom broke during their last sexual encounter. Now, he is scared of having sex, even if he uses a condom. In the past, there have been sexual encounters in which he was not sure if the condom was on properly. John has a doctor's appointment coming up in the next week. His doctor previously asked if he uses condoms during his sexual encounters. He says yes, even though there are times when he's not sure if the condom was on properly. John does not know how to bring this issue up to his doctor. First, his doctor usually asks the questions. John usually answers "yes" or "no." Second, he is not sure he wants to discuss his personal issues with his doctor.

**Directions:** Answer the questions your instructor has assigned using your scenarios.

---

**Accidental transmission concerns**

Lisa has been recently diagnosed with HIV. During her first few medical visits, her doctor and healthcare team explained how HIV can and cannot be transmitted. She remembers that her doctor told her it was not possible to transmit HIV through casual contact. However, recently, Lisa has been feeling increasingly anxious about accidentally infecting her younger siblings since she is not sure exactly what is casual contact. She tries not to hug or touch her younger siblings so as not to infect them. She also went out and bought disposable spoons and forks. She doesn't share utensils with them. She has a doctor's visit scheduled next week. Lisa would like to discuss her increasing anxiety about accidentally infecting her siblings with her doctor. However, she feels that her doctor may dismiss her concerns. She fears her doctor will think she is over-reacting.



**Directions:** Answer the questions your instructor has assigned using your scenarios.

---

**Clinical procedures concerns**

John does not understand the clinical aspect of his HIV status. Whenever he has an appointment, he comes in, fills out some paperwork, then waits to see either a doctor or a nurse practitioner. After that, he is not sure what to expect. There are times when he comes in and gets a physical. Then there are times when his doctor asks him to go to the laboratory to get blood draws. Although his doctor briefly explains the type of tests he has to take, he still does not understand exactly what they mean. He feels his doctor uses advanced medical language to explain the tests and test results. He does not want his doctor to think that he is ignorant but there are things that he does not understand. For example, what those test results mean. His doctor usually asks at the end of the visit if he has any questions. John is always sure to say no.

**PROBLEM-SOLVING SCENARIO THINK SHEET**

**Directions:** As you read through your problem-solving scenarios, keep the following questions in mind.

<b>COMMUNICATION</b>	<b>STAYING INFORMED</b>	<b>PREPARE FOR MEDICAL APPOINTMENT</b>	<b>PROBLEM-SOLVING</b>
<ul style="list-style-type: none"> <li>▪ What role does communication (or lack of communication) play?</li> <li>▪ How?</li> </ul>	<ul style="list-style-type: none"> <li>▪ What resources may help him or her?</li> </ul>	<ul style="list-style-type: none"> <li>▪ What steps can be taken before coming to the appointment?</li> </ul>	<p>Is this scenario realistic? Could it happen to anyone you know?</p>
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)

### Tips for Dealing with Common Side Effects of ARV Medications

Here is a list of symptoms, or side effects, that some people experience when they start taking anti-HIV medications, along with some suggestions for what you can do at home to manage them. Because what seems like a side effect may actually be a sign of a more serious condition, such as a drug toxicity or an infection, be sure to discuss your symptoms with your medical provider.

**If you are having a serious or persistent side effect, you should seek medical attention promptly.**

Side Effect	What to Do
<b>Headache</b>	Maintain adequate fluid intake Take acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) as directed by your provider Keep lights dim, wear sunglasses, or stay in darkened rooms Try to get plenty of rest
<b>Fatigue</b>	Try low-impact exercise such as walking or low-impact aerobics as directed by your provider Drink 8-12 glasses of water per day (may have a caffeinated beverage in the morning) Take a short nap during the day Lessen your work schedule if possible Eat well-balanced meals every day
<b>Insomnia</b>	Go to sleep and wake up at the same time every day Do not read or watch television in bed Limit daytime naps Limit fluid intake for 2 hours before bedtime to avoid having to get up to go to the bathroom Avoid caffeinated products, especially in the afternoon and at night

**If you are having a serious or persistent side effect, you should seek medical attention promptly.**

Side Effect	What to Do
	<p>Avoid heavy meals close to bedtime</p> <p>Take warm baths, read or listen to music, get a massage</p> <p>Try a glass of warm milk (contains tryptophan, a natural sleep agent)</p> <p>Your medical provider may recommend other treatments</p>
<b>Poor appetite</b>	<p>Eat smaller, more frequent (4-6) meals throughout the day</p> <p>Drink protein drinks (such as Carnation Instant Breakfast, Ensure, or Boost)</p>
<b>Nausea and vomiting</b>	<p>Eat small meals</p> <p>Avoid foods or smells that trigger nausea; try eating cold foods and avoiding cooking smells</p> <p>Eat healthy foods; avoid greasy, spicy, acidic, or sweet foods</p> <p>Try eating ginger: in ginger tea, ginger ale, or gingersnaps</p> <p>Eat some crackers or dry white toast if you feel sick in the morning</p> <p>Over-the-counter antacids or other medications may be recommended by your provider</p>
<b>Diarrhea</b>	<p>Eat more soluble fiber such as Bananas, white Rice, Applesauce and white Toast (the "BRAT" diet)</p> <p>Avoid foods that are spicy or acidic (such as citrus)</p> <p>Avoid dairy products until diarrhea resolves</p> <p>Maintain adequate fluid intake (at least 6-8 8 oz glasses per day)</p> <p>Your provider may recommend treatments such as calcium, loperamide (Imodium) or methylcellulose (Citrucel) or psyllium (Metamucil)</p>



**If you are having a serious or persistent side effect, you should seek medical attention promptly.**

<b>Side Effect</b>	<b>What to Do</b>
<b>Dry skin/ rashes</b>	<p>Drink 8-12 glasses of water per day</p> <p>Avoid long, hot showers or baths</p> <p>Avoid soaps and skin products that contain alcohols or harsh chemicals</p> <p>Use moisturizing lotion after showers (such as Aquaphor, Absorbase, Lac-Hydrin)</p> <p>Use mild unscented laundry detergents and avoid fabric softeners</p> <p>Use sunscreen</p> <p>Try rubbing or pressing on the itchy areas rather than scratching</p> <p>Use petroleum jelly on dry, itchy areas; your provider may recommend other agents to help</p>
<b>Injection site reactions</b>	<p>Before injecting, warm your medicine by gently rolling the syringe in your hands for a minute</p> <p>Rotate your injection sites</p> <p>Do not inject into an area that is irritated, bruised, or red</p> <p>Apply a cold pack after injection</p> <p>Review your injection technique with your provider; consider using smaller-gauge needles</p> <p>Your provider may recommend medications to help</p>

Obtained from the U.S. Department of Veteran's Affairs (2007)

## Tips for Increasing Your Success with Adherence to Medications

### Things to know about your Medications

- Clarify your ARV regimen with your healthcare team
- Work with your provider to tailor your ARV according to your lifestyle
- Identify medication (name, color)
- Frequency of dosing
- Number of pills taken with each dose
- Size of pills
- Taken with regard to meals
- Side-effects of medications and the ability to manage these side effects

### Things to discuss with your doctors or health care providers

- Become an active participant in your care
- “What reminders do you use to help remember?”
- “How do you manage/control side-effects?”
- “How do you like working with your pharmacy?”
- “What do you find most difficult about taking your medications?”
- Seek out social services, if needed

### Tools to help you remember your to take your medications

- Pill boxes



- Pill calendar/planner
- Alarm clock
- Side effect or symptom tracker /diary
- Buddy reminder system
- Keep a medication diary
- Establish a time to set out pills

- Establish set places for pill taking
- Plan ahead for changes in routine
- Make special plans for weekends and holidays
- Follow up, monitor, and track your adherence over time



Planner for  
the Week of: \_\_\_\_\_

Weekly Goals:

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
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8:00							
8:30							

*The Musical Mind* (<http://people.uci.edu/~kazincb>)

**HEALTH TOOLS**

# My Medication Planner

It can be hard to keep track of all of your medicines, but it is important to use them at the right times and at the right doses. This medication planner will help you plan when and how to use them.

**Name:** \_\_\_\_\_ **Pharmacy:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Medication Name & Strength		Sun 23	Mon	Tue	Wed	Thur	Fri	Sat
Viracept® - 250 mg	Morning	<input checked="" type="checkbox"/> 8am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Noon	<input checked="" type="checkbox"/> 1:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input checked="" type="checkbox"/> 8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bed Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose: 3	Times per day: 3	Special Instructions: Take with a meal						

Medication Name & Strength		Sun	Mon	Tue	Wed	Thur	Fri	Sat
	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bed Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose:	Times per day:	Special Instructions:						

Medication Name & Strength		Sun	Mon	Tue	Wed	Thur	Fri	Sat
	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bed Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose:	Times per day:	Special Instructions:						

Content last updated February 2, 2009.



# Medications

List all of the medications that you are currently taking.

Date: \_\_\_\_\_

Name of Medication	Why do I take it? E.g., Pain, Cough	Do I have any reaction(s) or side effects? E.g., Nausea, Dizziness	How do I take it? E.g., Orally, injection	When do I take it? And, how often?
<b>How well do I take my medications?</b>				

Recommended page number: 7

## STUDY MEDICATION CALENDAR

STUDY # \_\_\_\_\_

PATIENT ID \_\_\_\_\_

Patient's Name \_\_\_\_\_

Cycle Number     Day 1 of Cycle

M                      D                      Y

DAY OF WEEK    DAY OF WEEK    DAY OF WEEK    DAY OF WEEK    DAY OF WEEK    DAY OF WEEK    DAY OF WEEK

Day of Cycle <b>1</b>	Day of Cycle <b>2</b>	Day of Cycle <b>3</b>	Day of Cycle <b>4</b>	Day of Cycle <b>5</b>	Day of Cycle <b>6</b>	Day of Cycle <b>7</b>
___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills
___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM
Day of Cycle <b>8</b>	Day of Cycle <b>9</b>	Day of Cycle <b>10</b>	Day of Cycle <b>11</b>	Day of Cycle <b>12</b>	Day of Cycle <b>13</b>	Day of Cycle <b>14</b>
___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills
___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM
Day of Cycle <b>15</b>	Day of Cycle <b>16</b>	Day of Cycle <b>17</b>	Day of Cycle <b>18</b>	Day of Cycle <b>19</b>	Day of Cycle <b>20</b>	Day of Cycle <b>21</b>
___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills
___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM
Day of Cycle <b>22</b>	Day of Cycle <b>23</b>	Day of Cycle <b>24</b>	Day of Cycle <b>25</b>	Day of Cycle <b>26</b>	Day of Cycle <b>27</b>	Day of Cycle <b>28</b>
___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills	___ Took Pills
___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM	___ : ___ AM or PM

Pills dispensed \_\_\_\_\_ Pills returned \_\_\_\_\_

Be sure to bring this calendar and the pill bottles with you for your return appointment at the end of each cycle, and return them to the person who gave them to you. Sign below.

Thank you

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

**My Action Plan: Active Participant**

Tips on Being Informed

- Use your knowledge to ask specific questions
- Concentrate on important information
- Keep your doctor as a source of information

*My goal:*

*Who?*

*What?*

*Where?*

*When?*

*How will I make it happen?*

*Potential costs:*

*Potential benefits:*

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### **ACTIVITY 3C: OVERVIEW OF CLINICAL PROCEDURES**

#### ***HIV Life Cycle—The Big Picture Handout (p. 3-8)***

Participant #1

*The HIV life cycle shows how HIV reproduces and makes copies of itself. In the handout you can see that the processes in Steps 1(Attachment/Binding) and 2 (Fusion) are similar to putting a key into a lock. Once unlocked, HIV can fuse with the host cell and release its genetic material into the cell. In Step 3, Reverse Transcription, a special enzyme called reverse transcriptase changes the genetic material of the virus, so it can be integrated into the host DNA. In Step 4. Integration, HIV DNA hides itself in the human DNA of the CD4 T-Cell nucleus. This new genetic material may stay inactive for several years.*

Participant #2

*In Step 5. Transcription, once the host cell becomes activated, it uses your own enzymes to create more of its genetic materials. In Step 6, Assembly, the protease enzyme in the cell combines the DNA ‘packages’ to create active HIV virus. When these come together with the virus’s genetic material, a new virus has been assembled. Finally, in Step 7, Budding, once the new HIV is formed, it pushes itself out of the CD4 T-cell . This is the final stage for the virus’s life cycle. The virus is now binding with new CD4 cells and begins the process all over again.*

#### ***Medications at Work in the HIV Life Cycle Handout (p. 3-9 – 3-10)***

Participant #3

*The five types of medications that can interrupt the HIV replication cycle are the fusion inhibitors, the Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs), the Nucleoside Reverse Transcriptase Inhibitors (NRTIs), Integrase Inhibitors and Protease Inhibitors. These medications can do different things based on the stage of attack. For example, one type of drug can block the” lock” to prevent the virus from entering, these are the fusion inhibitors. The NRTIS can fool the virus and mess up the translation process. Integrase inhibitors prevent viral replication*

Participant #4

*Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs) Question: At what stage would this medication work? – At the Reverse Transcriptase stage. Here the drugs attach to the reverse transcriptase enzyme. It sits on the reverse transcriptase and does not let it do its job. Basically, they inhibit reverse transcriptase, the enzyme responsible for turning HIV RNA into DNA. This prevents the virus from replicating-making copies. This class is very unforgiving when it comes to skipping doses.*

## Participant #5

*Protease Inhibitors (PIs) Question: At what stage would this medication work? – Protease inhibitors block the protease enzyme, thus new virus cannot mature. They prevent the piecing together of the HIV DNA, thus preventing a new HIV from forming. Here are some common types of Types of Protease Inhibitors: o Fosamprenavir (Lexiva®) o Lopinavir/ritonavir (Kaletra®) o Atazanavir (Reyataz®) We've talked about two specific classes of medication here. It is important to know that most drugs today are used in combination. So usually a person will be prescribed medications from 3 or 4 classes - - sometimes these classes can be combined into one pill.*

## SESSION4: HEALTHY LIVING & SUBSTANCE USE

### Goals:

The purpose of this session is to assist youth in maintaining a healthy lifestyle and understand their sources of stress. This includes doing things that are beneficial for their body and avoiding things that are detrimental to their physical health. Youth will brainstorm stress management skills and explore socially engaging ways of coping with stress.

### Objectives:

1. To have participants gain an understanding of the negative effects of drug and alcohol use.
2. To have participants explore and benefits of regular exercise and proper nutrition.
3. To map out the stressors related to being a YLWH.
4. To explore socially engaging strategies to cope with stress.
5. To practice relaxation techniques that may help youth cope with stress.

### Activities

### Time

4A. Review of Action Plan: Becoming an Active Participant	4 minutes
4B. Healthy Living Overview	14 minutes
4C. Media Influence Activity	23 minutes
4D. Substance Use-Grab Bag Game	16 minutes
4E. Risks, Decisions, and Consequences of Drug Use	13 minutes
4F. Nutrition and Exercise Myth vs. Fact	7 minutes
4G. Stress and Individual Responses	17 minutes
4H. Stress Management Techniques	13 minutes
4I. Relaxation Techniques	10 minutes
4J. Action Plan: Daily Exercise	5 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>● Flipchart</li> <li>● White Paper</li> <li>● Pencils/pens</li> <li>● Tape</li> <li>● Ground Rules and Guidelines Poster</li> <li>● Folders</li> </ul>	<ul style="list-style-type: none"> <li>● Paper Bag</li> <li>● Scissors</li> <li>● Risk and Consequences Flash Cards</li> <li>● Myth and Fact Cards</li> <li>● “Becoming an Active Participant” poster</li> </ul>
Handouts	

- "Grab Bag: Drugs"
- "Risks and Consequences Flash Cards"
- "Myth and Fact Cards"
- "Nutrition and Exercise Myth or Fact Game"
- "What Causes Me to Experience Stress?"
- "What Do I Do When I'm Experiencing Stress?"
- "Practicing Self-Care"
- "Relaxation Techniques" Handout
- "Imagery Exercises" Handout
- "Action Plan: "Action Plan: Daily Exercise"

**ACTIVITY 4A: REVIEW OF ACTION PLAN: BECOMING AN ACTIVE PARTICIPANT**

**TIME: 4 MINUTES**

**REVIEW**      Action Plan: Becoming an Active Participant

**STATE**      *At our last session, we created an action plan around becoming an active participant in your medical decision-making process.*

**ASK**      *Who would like to share their action plan from the last session?*

Probe participants:

*What specific steps did you take to follow your action plan?*

*Was it successful?*

*What were some of the challenges you encountered?*

*What did you gain from the experience?*

**ALLOW**      5 minutes for participant responses.

**THANK**      participants for sharing their action plan with the group.

## ACTIVITY 4B: HEALTHY LIVING OVERVIEW

**TIME: 14 MINUTES**

**INTRODUCE** The topic of health.

**ASK** *Can anyone tell me what it means to be healthy?*

**DISCUSS** Responses. Responses may include:

- Being free from disease.
- Eating right
- Being in good physical shape
- Exercising

**STATE** *That's great! In general, health can be defined as being sound in body, mind, and spirit. We should remember that there are many different types of health. When thinking about health, we often think of physical health, which is reflected in many of your responses, but being physically healthy is only one aspect of our total health and well-being. There is also emotional health, spiritual health, and social health.*

**ASK** *What does emotional health mean to you?*

**ALLOW** 1-2 minutes for responses.

**STATE** *Emotional health also includes the capacity to live a full, creative life, the flexibility to deal with life's stressors and challenges, the ability to enjoy life, and have balance.*

**ASK** *And what about spiritual health? What do you think it means to be spiritually healthy?*

**ALLOW** 1-2 minutes for responses.

**STATE** *When many people think of spirituality, they often think of organized religion. However, as we can see from our answers, spirituality includes a range of many different beliefs or values that are important to each of us. For example, some define spirituality as a belief in a spirit or higher meaning. However, spirituality can also include what we value in life. For example, finding meaning in life, making sense of situations, and developing a better understanding of who one is as an individual.*

**ASK** *Next, let's talk about social health. What does social health mean to you?*

**ALLOW** 1-2 minutes for responses.

**STATE** *Social health also includes having access to support and services to maintain positive well-being. Maintaining healthy relationships, such as those with friends, family, and other members of one's community, is also a good way to have social health.*

**ASK** *And finally, let's discuss physical health. What does physical health mean to*

you?

**ALLOW**

1-2 minutes for responses.

**STATE**

*Physical health includes a combination of many factors such as nutrition, exercise, maintaining a drug and alcohol free lifestyle, and strength.*

**ASK**

*Do you think it is possible to live with a chronic disease like HIV and still be healthy?*

**ALLOW**

*participants 1 minute to respond.*

**STATE**

*YES! Of course it is! Living with a chronic illness does not automatically make you unhealthy. As a matter of fact, it is even MORE important to maintain good health when living with a disease like HIV because of the way HIV attempts to attack your immune system.*

*Maintaining good health in ALL areas of our lives is one of the most important things we can do for ourselves. This means everything from learning how to deal with stress, to making sure we have supportive others in our lives, to making sure we have regular dental check ups.*

*In today's session we are going to focus on protecting and strengthening our physical health. We are going to focus on drugs and alcohol, nutrition, and exercise. We'll talk more about other aspects of health in later sessions.*

**ACTIVITY 4C: MEDIA INFLUENCE ACTIVITY**

**TIME: 23 MINUTES**

**STATE** *One of the most important ways that we can protect our health is by understanding how drugs and alcohol can affect it. Today when I refer to drugs, I am referring to recreational drugs, drugs that are used to get high or alter our mood. I am not referring to medications that are taken to stay healthy or fight illness like HAART, antibiotics, or cold medicine*

*There are three reasons why we are talking about alcohol and drug use in these groups. The first is that in and of themselves, alcohol and drugs represent risks to your health and safety. The second is that alcohol and other recreational drugs can interact with your medications and the HIV virus. The third reason is that using alcohol and other drugs affects your ability to make sound decisions.*

*Messages about alcohol, tobacco, and other drugs can come from many different places like the media, our friends, and our family. Sometimes the messages about alcohol, tobacco, and other drugs are about their perceived positive effects and sometimes they're about the negative effects these substances can have.*

**DRAW** the following chart on poster paper or a chalk/dry erase board.

<b>MESSAGES ABOUT ALCOHOL, TOBACCO, AND OTHER DRUGS</b>	
<b>MUSIC</b>	
+	
-	
<b>MOVIES</b>	
+	
-	
<b>TELEVISION</b>	
+	
-	

**STATE** *Let's talk about some of the messages we've seen in the media. First we're going to talk about messages that promote the use of alcohol, tobacco, or other drugs we've seen or heard in music, in movies, and on television. We'll put those in the "plus" area of the chart.*

**ASK** *What messages have you seen or heard that promote the use of alcohol, tobacco, or other drugs?*

**WRITE** the responses in the appropriate areas on the chart. Examples include billboards that show people smoking and beer commercials that depict people



having fun.

**STATE** *These positive ads usually show young, attractive people smoking or drinking.*

**ASK** *If an alcohol company or tobacco company used a 45 year old in their ads who had spent a lifetime using drugs, smoking, or drinking, what do you think that person would look like?*

**ALLOW** participants to respond. Be sure that the group mentions the following:

- a beer belly (or bloated belly)
- wrinkled and premature aging
- bloodshot eyes

**STATE** *Great job! Now, we're going to talk about the messages that we've seen or heard in music, in movies, and on television that show the negative effects of using alcohol, tobacco, or other drugs.*

**ASK** *What messages have you seen or heard that are negative or discourage the use of alcohol, tobacco, or other drugs?*

**WRITE** the responses in the appropriate areas on the chart. Examples include anti-drug ads on TV and school programs.

**ENCOURAGE** Everyone to respond.

**STATE** *As you can see from looking at our chart, we receive a lot of messages from the media about using alcohol, tobacco, and other drugs.*

**ASK** *What other places have you seen positive or negative messages?*

**ALLOW** participants to respond. Examples might include video games, billboards, magazines, and the internet.

**ASK** *What does it mean to you to receive these types of messages? How do they make you feel?*

**ALLOW** participants to respond.

**STATE** *Perhaps someone you know and love has or has had a problem with alcohol and drugs. Think about how drinking or using drugs has affected his or her life. Now, think about how his or her drinking or using has affected you.*  
*Next, we're going to brainstorm some reasons why people might use alcohol, tobacco, or other drugs.*

**ASK** *What reasons can you think of?*

**ALLOW** 2-3 minutes for participants to respond.

**STATE**

*Great job! So we've talked about some positive and negative messages out there about alcohol, tobacco, and other drugs, but as I mentioned earlier it is also important to know how these substances affect the body in general, how they affect antiretroviral medications, and how they interact with the HIV virus.*

**ACTIVITY 4D: SUBSTANCE USE- GRAB BAG GAME**

**TIME: 26 MINUTES**

**STATE** *Let’s find out what you know about some commonly used drugs! Again, I am talking about recreational drugs, not medications.*

*This exercise is called the Grab-Bag game. Let’s break up into two groups.*

**HAVE** participants break up into two groups (can count off “1” ,“2”) and have each group pick a captain .

**WRITE** Alcohol, Marijuana, Ecstasy, and three other commonly used drugs by site (examples: Crack/Cocaine, Heroin, Methamphetamine) on small, separate pieces of paper. Fold the pieces of paper in half and place them in a paper bag.

**STATE** *We’ll need the captain to be the voice of each group. The captain will pick a paper from the bag and read it out loud. Each paper will have the name of a drug on it. With the help of their group, they are going to give us the street names for the drug, how the drug is usually used (like do you smoke it, inhale it, or shoot it up), how it affects the body right away ( for example, some drugs slow the body down, making your pulse and breathing slower and lowering your blood pressure while other drugs make the body work faster than normal by increasing blood pressure, breathing, heartbeat, and making it difficult to sleep), and its long-term effects on the body. The other group is not allowed to jump in with any suggestions until the first team has had a chance to go. Any questions?*

**CREATE** the following chart on the flipchart.

			Effects on Body	
Drug	Street Name	How it is Used	Immediate	Long-Term

**HAVE** the captain from each team choose a piece of paper from the bag, and read the drug name aloud

**WRITE** the name of the drug in the chart

**HAVE** each captain go back to their team and discuss each drug in terms of the categories presented (i.e. street names, how it is used, etc.)

**ALLOW** 3-5 minutes for the teams to discuss each drug

- ASK** Team 1:
- Give us some of the street names for the drug you selected
  - How is it used?
  - What are the immediate effects on the body?
  - What are the long term health consequences of prolonged use?
- WRITE** the responses for each category on the flipchart in the correct columns before moving on to the next column. Once group 1 is done, **ASK** group 2 to contribute any additional information
- CORRECT** any misinformation given (refer to the “Grab Bag: Drugs” table provided for your reference for specific information about each drug)
- EMPHASIZE** the effects that each drug has on HIV medications or the HIV virus. This information is highlighted in the “Grab Bag: Drugs” table.
- WRITE** the HIV specific effect into the correct column (immediate effect or long term effect) on the chart created by the group.
- REPEAT** this process for each team until Alcohol, Marijuana, Ecstasy, and the other three most commonly used drugs at your site are discussed.
- STATE** *Thanks guys! Great job!*
- HAND OUT** “Grab Bag: Drugs” worksheet to participants for future reference.

## ACTIVITY 4E: RISKS, DECISIONS, AND CONSEQUENCES OF DRUG USE

**TIME: 13 MINUTES**

**INTRODUCE** Risky Decisions and Consequences of Drug Use.

**STATE** *We are talking about alcohol and drugs because they can affect your ability to make safe decisions for yourself, and they can harm you in ways other than their direct physical effects. As we learned, drugs and alcohol can also have specific, more harmful consequences for individuals living with HIV.*

*In this exercise, we're going to consider the different types of risks and consequences of using drugs and alcohol. Remember, that the consequence of a risk can not only affect you but also others, including family and friends.*

**DIVIDE** participants into 2 groups.

**HAND OUT** one set of flash cards to each group.

**STATE** *The flash cards I just handed out contain multiple decisions and consequences linked to alcohol and drug use. In your group, you're going to place each card in order of importance based on your understanding of the effects of drugs or alcohol in the everyday decisions that we make. Make up a specific situation or a story that your group can use to help think about the risks and consequences in a more concrete way*

*You will have 2 minutes to discuss with your group and place the cards in the order you think is most appropriate. There is no right or wrong answer.*

**ALLOW** 2 minutes for participants to complete their ordering of the flash cards. Listed below is one order in which students might arrange their flash cards.

There are multiple orders in which the flash cards could be sorted.

- Rapid decrease of CD4+ cells
- Losing Your Job/Failing A Class
- Feeling Stressed Out
- Going To A Party
- Less Likely to Achieve a low viral load
- Using Drugs and/or Alcohol
- Giving A Friend A Ride
- Missing a dose of medication
- Driving Under The Influence
- Getting Into An Accident
- Hurting Yourself Or Someone Else
- Being Arrested/Going To Jail
- Charged With A Felony
- Increase in rate of viral replication
- Losing Your Friends

- ASK** *Who would like to be the first group to volunteer the order they selected?*
- SELECT** a volunteer.
- STATE** *Tell us about how you ordered your flash cards. Why did you choose that order? Did you and your partners think of a situation?*
- HAVE** the next group present their results in the same way.
- BRING** the groups back together.
- ASK** *As a person living with HIV, what specific consequences might there be for alcohol and drug use other than those listed on these flashcards?*
- Have participants think about and discuss:
- The impact on their physical health
  - The impact on adherence
  - How using drugs and alcohol may impact their potential to infect others.
- DISCUSS** responses.
- STATE** *We make decisions every day. Some decisions have bigger consequences and may affect our lives for better or worse. Drugs and alcohol make it difficult to make healthy choices. Without the ability to make healthy decisions, we become susceptible to negative consequences that we have to live with for a long time.*
- ASK** *Do you have any questions or comments?*
- DISCUSS** responses.

**ACTIVITY 4F: NUTRITION AND EXERCISE MYTH VS. FACT**

**TIME: 7 MINUTES**

- STATE** *We've been talking about nutrition and exercise, now we are going to play a game where I want you to tell me if the statement I make is a "myth" or a "fact"*
- HAVE** participants break up into two teams.
- GIVE** each team a sign that has "Myth" on one side and "Fact" on the other side
- INSTRUCT** each team to display the side that identifies either a myth or a fact based on the statement read aloud.
- READ** a statement and **ASK** them to identify it as a myth or a fact.
- ENCOURAGE** team members to help each other get the correct answer. Refer to "Nutrition and Exercise Myth or Fact" chart below.

<b>Nutrition and Exercise Myth or Fact</b>	
1.	Water maintains body temperature. <b>(FACT)</b>
2.	Water has fluoride in it which is good for your teeth. <b>(FACT)</b>
3.	You should exercise 20-30 minutes, 3 to 4 times a week. <b>(FACT)</b>
4.	Overweight people are not at risk for high blood pressure. <b>(MYTH)</b> <ul style="list-style-type: none"> <li>• <b>Being overweight can lead to high blood pressure</b></li> </ul>
5.	Obesity can lead to heart disease. <b>(FACT)</b>
6.	Foods high in fat can cause heart disease. <b>(FACT)</b>
7.	Cholesterol build up in your blood vessels causes cancer. <b>(MYTH)</b> <ul style="list-style-type: none"> <li>• <b>It causes heart disease</b></li> </ul>
8.	Salt in the diet causes cancer. <b>(MYTH)</b> <ul style="list-style-type: none"> <li>• <b>It causes high blood pressure</b></li> </ul>
9.	Hot dogs and pickles are high in sodium. <b>(FACT)</b>
10.	Protein builds and repairs body cells. <b>(FACT)</b>

11. One good source of energy is carbohydrates. **(FACT)**
12. Aerobic exercises are exercises that build muscles. **(MYTH)**
  - **They strengthen heart and lungs**
13. Anaerobic exercises use oxygen and exercise the lungs and heart. **(MYTH)**
  - **Myth, they build muscle**
14. If you don't get enough calcium when you're young, you can make up for it when you are an adult. **(MYTH)**
  - **The calcium that you provide to your bones when you are young determines how well they will hold up later in life**

**STATE**        *When you believe in things that just aren't true, it can cause you to make unhealthy choices. Knowing the facts can make all the difference and will help you make proud and responsible choices.*

**HAND OUT**    “Nutrition and Exercise Myth or Fact” handout.

**STATE**        *Keep this information as a resource for you in the future.*



## ACTIVITY 4G: STRESS AND INDIVIDUAL RESPONSES

TIME: 17 MINUTES

**INTRODUCE** Stress and individual responses.

**STATE** *Everyone experiences stress in his or her life, and not all stress is bad. For example, feeling stressed while being chased by a large dog is not only normal, but the stress linked to your fight-or-flight response is necessary to help avoid being injured. However, feeling stressed for prolonged periods or in situations where stressful responses are not necessary is not healthy.*

**ASK** *When might stress be necessary to our well-being?*

**DISCUSS** responses. Examples might include emergencies, such as a home fire or car accident, or threatening situations.

**ASK** *When might stress be hazardous to our health?*

**DISCUSS** responses. Examples might include arguments where someone gets out of control or is constantly worrying about potential threats or abuse.

**STATE** *Now let's review some definitions we will use in this session. It's good to have a shared meaning because terms can mean different things to each of us.*

*A stressor is a person, place, thing, or event that causes stress.*

*Now, let's define stress. Stress is a state of difficulty or worry.*

**ASK** *What are some stressors that might be found in a young person's life?*

**WRITE** participants' responses on a flipchart. Responses might include:

- ◆ Divorce
- ◆ HIV/AIDS
- ◆ Blended families
- ◆ Being gay or lesbian
- ◆ Parent remarrying
- ◆ Alcoholism
- ◆ Parent being unemployed
- ◆ Illness or death
- ◆ Pregnancy/STDs
- ◆ Learning disability
- ◆ Physical abuse
- ◆ Sexual abuse
- ◆ Domestic violence
- ◆ Neglect
- ◆ Money
- ◆ Friends
- ◆ Family/Stepfamily
- ◆ School
- ◆ Drugs
- ◆ Acceptance
- ◆ Emotional abuse

**STATE** *One of the first steps to dealing with stress is to identify your own stressors. We just identified stressors for young people, in general. Now, we're going to identify the types of situations, planned events, the types of tasks, or the people that may cause each of us stress.*

*Stressful situations are those circumstances that make us uncomfortable. For*

*example, talking to a group of strangers can be a stressful situation for some people.*

*Planned events are those activities that you have scheduled on a regular basis. Going to class or maybe just a specific class can be stressful for some.*

*Tasks are those responsibilities that you must fulfill on a set basis. An example of a task can include completing homework assignments.*

*People around us can sometimes be a source of stress for us. There may be times when some of our parents are the source of stress.*

*For the next few minutes, you are going to think about what causes you stress. Think about the situations, planned events, tasks, or people that may be a source of your stress.*

- |                 |   |
|-----------------|---|
| <b>INSTRUCT</b> | participants to complete the handout individually.  |
| <b>ALLOW</b>    | 2-3 minutes to write down answers.  |
| <b>HAND OUT</b> | “What Causes Me to Experience Stress?” handout.   |
| <b>ASK</b>      | <i>Who would like to share some of their responses with the group?</i>  |
| <b>DISCUSS</b>  | responses.  |
| <b>STATE</b>    | <i>As we can see, what may be stressful for some of us may not be stressful for all of us. We all have different sources of stress in our lives. But one thing we all have in common is that we all experience some level of stress in our lives.</i> |

**ACTIVITY 4H: STRESS MANAGEMENT TECHNIQUES**

**TIME: 13 MINUTES**

**INTRODUCE** stress management techniques.

**STATE** *Some youth can learn to manage their stress by participating in various activities or by learning coping mechanisms. Coping mechanisms are ways to manage something stressful or challenging in our lives. For example, some people may cope with stress by writing a blog or journal entry about what’s stressing them, while others may choose exercise. For the next few minutes, we’ll discuss stress management skills.*

**HAND OUT** “What Do I Do When I’m Experiencing Stress?” handout.

**INSTRUCT** participants to think about what they do to cope with stress. Ask participants to list what they do and how often they do these activities.  
Remind participants to be as honest with their responses.

**REVIEW** an example for the handout with the group.

What I Do:	Frequency:
Write in my journal	3) Some of the time

**ALLOW** 2 minutes for participants to fill out the worksheet.

**ASK** *Who would like to share one activity with the group?*

**WRITE** the example activity along with the four activities provided by the group on a flipchart. Allow additional space for two extra columns labeled: “Effectiveness” and “Why?/Why not?” The flipchart should look like this (This needs to be drafted):

Activity	Effective	Why?/Why not?
Write in my journal	Yes	Helps clear my thoughts

**STATE** *Now, I have your four activities listed here. I have added these extra columns labeled “effectiveness” and “Why?/Why not?” As a group, we are going to decide how helpful these activities are in coping with stress. We are also going*

*to think about why these are effective or ineffective ways to deal with stress.*

*If you choose “one” you think the activity is very effective in reducing your stress.*

*If you choose “two” you think it is effective.*

*If you choose “three” you think it is somewhat effective.*

*If you choose “four” you think it is not very effective.*

**INSTRUCT** participants to raise their hand if they think the activity is a “one,” “two,” “three,” or “four.”

**ASK** *How many think that “INSERT ACTIVITY” is a “1” or “very effective” in reducing your stress? Why or why not?*

*How many think that “INSERT ACTIVITY” is a “2” or effective in reducing your stress? Why or why not?*

*How many think “INSERT ACTIVITY” is a “3” or somewhat effective in reducing your stress? Why or why not?*

*How many think “INSERT ACTIVITY” is a “4” or not effective in reducing your stress? Why or why not?*

**ALLOW** 2 minutes per activity for participants to answer why or why not.

**STATE** *There are different ways of dealing with stress. Some activities, like writing in a journal, are effective in helping us deal with stress. These effective strategies can help us change the way we perceive a stressful situation, person, task, or event.*

*Whereas other activities, like getting drunk, are not effective in helping us deal with stress. These activities can be dangerous and detrimental to our health.*

*We generated a list of helpful things we can do to help us cope with stress.*

**DISTRIBUTE** "Practicing Self Care" Handout

**REVIEW** Handout with participants

## ACTIVITY 4I: RELAXATION TECHNIQUES

**TIME: 10 MINUTES**

**INTRODUCE** relaxation techniques.

**STATE** *Each of us is unique in how we feel, express, and deal with stress. Another really great way to deal with stress is to relax. So, for the next few minutes we're going to learn some relaxation techniques you'll be able to use whenever you feel you are getting stressed.*

*These relaxation exercises are focused breathing techniques which help reduce anxiety and tension. You can do the techniques with your eyes open or closed. You can also do them at any time, and no one will even know you are doing them.*

*Let's get started!*

**HAND OUT** "Relaxation Techniques."

**STATE** *One way to relax is to take deep breaths from your diaphragm—your belly, not your chest. We're going to use that type of breathing throughout these exercises. If you're having trouble, try breathing in through your nose and out through your mouth. You should feel your stomach rising about an inch as you breathe in and falling about an inch as you breathe out. If this is still difficult for you, lie on your back or on your stomach; you will be more aware of your breathing pattern. Remember, it is impossible to breathe from your diaphragm if you are holding your stomach in, so relax your stomach muscles.*

*Now, let's review the breathing techniques.*

**READ** the directions aloud.

**HAVE** each person do the exercise.

**STATE** *Count very slowly to yourself from ten down to zero, one number for each breath. With the first breath from your diaphragm, you say "ten" to yourself, with the next breath, say "nine," and so on. If you start feeling light-headed or dizzy, slow down the counting. When you get to "zero," see how you are feeling. If you are better, great! If not, try it again.*

**ALLOW** 2-3 minutes for participants to practice the breathing technique.

**STATE** *Now let's try another version of breathing activity.*

*As you inhale, count very slowly up to four; as you exhale, count slowly back down to one. Thus, as you inhale, you say to yourself "one, two, three, four," as you exhale, you say to yourself "four, three, two, one." Do this several times.*

**ALLOW** 2-3 minutes for participants to practice the breathing technique.

- STATE** *We're going to learn one more technique. After each time you inhale, pause for a few seconds. After you exhale, pause again for a few seconds. Do this for several breaths.*
- ALLOW** 2-3 minutes for participants to practice the breathing technique.
- ASK** *Did you feel different after any of the exercises? Which exercise did you find most helpful?*
- DISCUSS** participants' responses.
- ASK** *When are good times or places to practice these relaxation techniques?*
- DISCUSS** participants' responses. Responses might include "before I see my parents," "before a big test," or "anytime."

**STATE** *Imagery is another relaxation technique, similar to meditation or self-hypnosis, which has physical or psychological effects. It can help relax the mind and body by decreasing your heart rate, lowering your blood pressure and altering your brain waves. Imagery is sometimes used to reduce stress and increase motivation.*

*Before we begin the imagery exercise that follows, it's important to remember that everyone does not see pictures when doing these activities. Imagery can seem more like thoughts, symbols, or spontaneously arising feeling-states. You may get a whole mental flash all at once concerning the meaning of a pattern or issues. Just let come whatever wants to come, with no judgment or expectations. If done properly, this process can be very relaxing.*

*EXERCISE 1:Heaviness and Warmth Just imagine that your feet and legs are getting heavier and heavier and warmer and warmer. It's almost as if you are wearing some lead boots. Feet and legs heavy and warm, heavy and warm. Now, imagine your stomach and the whole central portion of your body getting warm...warm and relaxed. My forehead is cool...cool...relaxed and cool. And my breathing is regular...easy and regular. Just feel the warm and heaviness spread all over the body. (Arouse gently).*

- ALLOW** 2 minutes to practice imagery exercise.
- ASK** *Did you feel different after this exercise? Did you find it useful?*
- DISCUSS** participants' responses.
- ASK** *When are good times or places to practice this relaxation technique?*
- DISCUSS** participants' responses. Responses might include "before I see my parents," "before a big test," or "anytime."

**HAND OUT** “Imagery Exercises” handout.

**STATE** *There are various imagery exercises one can use to help you relax. This handout has the instruction on how to do this imagery exercise along with two other examples of imagery exercises that can be useful.*

**REVIEW** *The imagery exercises with the participants.*

**ASK** *Did you feel different after this exercise? Did you find it useful?*

**DISCUSS** participants’ responses.

**ASK** *When are good times or places to practice this relaxation technique?*

**DISCUSS** participants’ responses. Responses might include “before going to sleep,” “before going to see the doctor.”

**STATE** *Choose a quiet and comfortable space. Preferably, one where you will not be interrupted. Some people prefer to have the lights off when they practice this technique. Try not to lie down since you will be more likely to fall asleep. If you prefer to lie down, lie down on the floor instead. Choose what is most comfortable for you.*

*Try to make it a habit by doing it around the same time, the same place, and under similar circumstances.*

*These exercises were developed to help reduce stress. These are useful techniques that can help you become more relaxed. As you are more relaxed and you feel less anxious and stressed, your immune system improves. Research studies done with people who are living with HIV/AIDS have found that people who deal with stress effectively have better immune responses than those who don’t.*

**DISCUSS** Free online applications to download that will provided guided imagery exercises.

Sample Podcasts that can be downloaded

<http://drmiller.com/category/free-audio/freemeditationandguidedimagery/>

<http://www.amazon.com/gp/product/B003QY01LA?ie=UTF8&tag=sl0e2-20&linkCode=as2&camp=1789&creative=9325&creativeASIN=B003QY01LA>

**ACTIVITY 4J: ACTION PLAN: DAILY EXERCISE**

**TIME: 5 MINUTES**

**STATE**        *Given what we just discussed, today's action plan will involve exercise.*

**HAND OUT**    "Action Plan: Daily Exercise" handout.

**STATE**        *For today's action plan, you are going to plan ways to incorporate exercise into your daily life. Think about at least one activity that you can do for 3-4 days out of the next week that will allow you to get at least 20 minutes of exercise that day. Some examples might be:*

- *Walking to school, work, or home*
- *Taking the stairs instead of the elevator*
- *Dancing*
- *Walking around the mall.*

*Be creative! Figure out what works for you and what you can realistically accomplish!*

**ALLOW**        3-5 minutes for participants to fill out their action plan.



## GRAB BAG: DRUGS

Drug	What is It?	What can happen to your body	
		At First	Over Time
Alcohol	A chemical called ethanol. It is made from fruits and grains.	<ul style="list-style-type: none"> <li>• Faster and weaker heartbeat</li> <li>• Clumsiness/staggering</li> <li>• Confusion and lack of concentration</li> <li>• Nausea and vomiting</li> <li>• Quick changes in mood, becoming violent or depressed</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent liver, heart and brain damage</li> <li>• Liver cancer</li> <li>• High blood pressure</li> <li>• Alcoholism</li> <li>• <b>4 times less likely to achieve a low viral load</b></li> </ul>
Marijuana	A plant called cannabis. It affects the nervous system and has been used to make rope, cloth paint.	<ul style="list-style-type: none"> <li>• Feeling calm, relaxed, sleepy</li> <li>• Faster heartbeat</li> <li>• Slower reaction time</li> <li>• Dry throat, mouth, and lips</li> <li>• Bloodshot eyes, blurred vision</li> <li>• Loss of sense of time</li> </ul>	<ul style="list-style-type: none"> <li>• Heart and lung damage</li> <li>• Lung cancer</li> <li>• Can't remember things</li> <li>• Lower ability to fight off colds and flu</li> <li>• Lower sperm count and movement</li> <li>• Disrupts menstrual periods and ovulation</li> </ul>
Cocaine/Crack	A chemical from the leaves of the coca plant. It speeds up the brain and the body.	<ul style="list-style-type: none"> <li>• Faster heartbeat, rising blood pressure</li> <li>• Rise in body temperature</li> <li>• Faster breathing</li> <li>• Unable to sit still or sleep</li> <li>• Increased alertness</li> <li>• <b>Increases viral replication 200 times</b></li> </ul>	<ul style="list-style-type: none"> <li>• Permanent lung damage</li> <li>• Holes and ulcers inside of nose</li> <li>• Personality changes and violent behavior</li> <li>• Fear of people and things (paranoia)</li> <li>• Seeing things that aren't real (hallucinating)</li> </ul>
Ecstasy	Synthetic, psychoactive drug with both stimulant and hallucinogenic properties.	<ul style="list-style-type: none"> <li>• Increased heart rate</li> <li>• Increased blood pressure</li> <li>• Confusion and lack of concentration</li> <li>• Nausea and vomiting</li> <li>• Faintness</li> <li>• Blurred vision</li> <li>• Confusion</li> <li>• Depression</li> <li>• Paranoia</li> <li>• <b>Decrease in CD4+ calls by 30%</b></li> </ul>	<ul style="list-style-type: none"> <li>• Liver damage</li> <li>• Increased risk for heart attack/stroke</li> <li>• Disruption of mood/sleep and sexual activity</li> </ul>
Depressants	Chemicals used to treat mental illness. They depress or slow down the nervous system.	<ul style="list-style-type: none"> <li>• Calm and sleepy</li> <li>• Confusion and lack of concentration</li> <li>• Relaxed muscles</li> </ul>	<ul style="list-style-type: none"> <li>• Chest infections</li> <li>• Seeing things that aren't real (hallucinating)</li> <li>• Deadly when used with alcohol</li> </ul>

Drug	What is It?	What can happen to your body	
		At First	Over Time
		<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Clumsiness/staggering</li> </ul>	
Heroin	One of a group of chemicals called narcotics. They come from the opium poppy and are used as painkillers.	<ul style="list-style-type: none"> <li>• Slower heartbeat</li> <li>• Slower breathing</li> <li>• Shrinking pupils and watering eyes</li> <li>• Skin on face, neck and chest turning red</li> <li>• Nausea and vomiting</li> </ul>	<ul style="list-style-type: none"> <li>• Lung damage</li> <li>• Lower sex drive</li> <li>• Disrupts menstrual periods</li> <li>• Constipation</li> </ul>
Inhalants	Chemicals that give off fumes that act on the brain	<ul style="list-style-type: none"> <li>• Dizziness, bad headaches</li> <li>• Slurred speech</li> <li>• Sneeze, cough, get bloody noses</li> <li>• Nausea</li> <li>• Urinating and defecating without control</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent brain, lung and kidney damage</li> <li>• Tired feeling</li> <li>• Weak muscles</li> <li>• Skin turning blue</li> <li>• Deadly when used with alcohol or depressants</li> </ul>
LSD	A chemical so strong that a single flake can cause actions similar to mental illness.	<ul style="list-style-type: none"> <li>• Faster heartbeat, higher blood pressure</li> <li>• Increased body temperature</li> <li>• Feeling cold, shivering, getting chills</li> <li>• Difficulty in seeing and hearing</li> <li>• Becoming confused and panicky</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent mental problems</li> <li>• See things that aren't real (hallucinate)</li> <li>• Severe depression</li> <li>• Suicide</li> <li>• Flashbacks</li> </ul>
Methamphetamine	A stimulant drug that strongly activates certain systems in the brain.	<ul style="list-style-type: none"> <li>• Aggression</li> <li>• Violence</li> <li>• Memory loss</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiac and neurological damage</li> <li>• Impaired memory and learning</li> </ul>
OxyContin (prescription opioid)	A commonly prescribed drug used for its pain relieving properties.	<ul style="list-style-type: none"> <li>• State of euphoria</li> <li>• Drowsy feeling</li> <li>• Constipation</li> <li>• Depressed breathing</li> <li>• Nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Physical dependence – withdrawal symptoms can occur (e.g., restlessness, muscle and bone pain, insomnia, diarrhea, vomiting)</li> <li>• Tolerance</li> </ul>
PCP	A chemical used as an animal tranquilizer	<ul style="list-style-type: none"> <li>• Faster heartbeat, higher blood pressure</li> <li>• Blurred vision</li> <li>• Seeing things that aren't real (hallucinating)</li> <li>• Slurred or stopped speech</li> <li>• Slower body movements and sense of time</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent brain, heart and lung damage</li> <li>• Permanent speech problems</li> <li>• Fear of people and things</li> <li>• Can't remember things</li> <li>• Flashbacks</li> </ul>

Drug	What is It?	What can happen to your body	
		At First	Over Time
Ritalin (prescription stimulant)	A prescription drug used to treat narcolepsy, attention-deficit hyperactivity disorder (ADHD) and depression that has not responded to other treatments.	<ul style="list-style-type: none"> <li>• Increased or decreased blood pressure</li> <li>• Loss of appetite</li> <li>• Weight loss</li> </ul>	<ul style="list-style-type: none"> <li>• When misused, can become addictive</li> <li>• High doses result in irregular heartbeat, dangerously high body temperatures, and/or potential for cardiovascular failure or seizures</li> </ul>
Steroids	Related to the male sex hormone testosterone.	<ul style="list-style-type: none"> <li>• Acne, loss of hair</li> <li>• Quick mood changes, becoming violent or depressed</li> <li>• Increased muscle growth</li> <li>• Increased injuries to muscles, tendons and ligaments</li> <li>• Lower sex drive</li> </ul>	<ul style="list-style-type: none"> <li>• Heart attacks</li> <li>• Liver cancer</li> <li>• Stop growing taller</li> <li>• Testicles shrink, can't get erections, become sterile</li> <li>• Disrupts menstrual periods and ovulation</li> </ul>
Stimulants	Chemicals that stimulate or speed up the brain and nervous system.	<ul style="list-style-type: none"> <li>• Faster heartbeat, higher blood pressure</li> <li>• Becoming more alert</li> <li>• Feeling dizzy and shaky</li> <li>• Unable to sit still or sleep</li> <li>• Bad breath, dry mouth and lips</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent brain, heart and lung damage</li> <li>• See things that aren't real (hallucinate)</li> <li>• Mood changes quickly</li> <li>• Severe depression</li> <li>• Lose weight</li> </ul>
Tobacco	Plant leaves that contain nicotine, a very poisonous chemical often used as an insecticide.	<ul style="list-style-type: none"> <li>• Faster heartbeat, higher blood pressure</li> <li>• Nausea</li> <li>• Dizziness</li> <li>• Feelings of tension and tiredness relieved</li> <li>• Bad breath, stained teeth</li> </ul>	<ul style="list-style-type: none"> <li>• Lung and heart damage</li> <li>• Lung, mouth and throat cancer</li> <li>• Stomach ulcers</li> <li>• High blood pressure</li> <li>• Sense of taste and smell reduced</li> </ul>

Drug	What is It?	What can happen to your body	
		At First	Over Time
Valium (prescription Central Nervous System depressant)	Prescription CNS depressant used to treat anxiety, acute stress reactions, and panic attacks.	<ul style="list-style-type: none"> <li>• Slower brain activity</li> <li>• Lower inhibition</li> <li>• Sedation</li> <li>• Drowsiness</li> <li>• Dizziness</li> </ul>	<ul style="list-style-type: none"> <li>• Seizures can occur after usage is abruptly stopped</li> </ul>

## RISKS AND CONSEQUENCES FLASH CARDS

Losing Your Job/Failing A Class	Increase in rate of viral replication	Feeling Stressed Out
Less likely to achieve a low viral load	Driving Under The Influence	Missing a dose of medication
Getting Into An Accident	Giving A Friend A Ride	Hurting Yourself Or Someone Else
Being Arrested/Going To Jail	Losing Your Friends	Rapid decrease in CD4+ cells
Charged With A Felony	Going To A Party	Using Drugs and/or Alcohol

# MYTIE

4-28

# FACT

4-29

## Nutrition and Exercise Myth vs. Fact Sheet

1. Water maintains body temperature. **(FACT)**
2. Water has fluoride in it which is good for your teeth. **(FACT)**
3. You should exercise 20-30 minutes, 3 to 4 times a week. **(FACT)**
4. Overweight people are not at risk for high blood pressure. **(MYTH)**
  - **Being overweight can lead to high blood pressure**
5. Obesity can lead to heart disease. **(FACT)**
6. Foods high in fat can cause heart disease. **(FACT)**
7. Cholesterol build up in your blood vessels causes cancer. **(MYTH)**
  - **It causes heart disease**
8. Salt in the diet causes cancer. **(MYTH)**
  - **It causes high blood pressure**
9. Hot dogs and pickles are high in sodium. **(FACT)**
10. Protein builds and repairs body cells. **(FACT)**
11. One good source of energy is carbohydrates. **(FACT)**
12. Aerobic exercises are exercises that build muscles. **(MYTH)**
  - **They strengthen heart and lungs**
13. Anaerobic exercises use oxygen and exercise the lungs and heart. **(MYTH)**
  - **Myth, they build muscle**
14. If you don't get enough calcium when you're young, you can make up for it when you are an adult. **(MYTH)**
  - **The calcium that you provide to your bones when you are young determines how well they will hold up later in life**



# What Causes Me to Experience Stress?

## Identifying your Stressors

Everyone feels stressed now and then. Please think about what causes you stress, write down your responses in the appropriate category.

<i>Stressful situations (i.e. uncomfortable situations)</i>	<i>Planned events (i.e. regularly scheduled activities)</i>	<i>Tasks (i.e. Homework)</i>	<i>People</i>

**What Do I Do When I'm Experiencing Stress or Anxiety?**

<u>What I Do:</u> <i>(e.g., get drunk, talk to my friends, go to the gym, punch a wall, write in a journal, listen to music, get into a fight, meditate, run, try to not think about it)</i>	<u>Frequency</u> <i>1 = always</i> <i>2 = most of the time</i> <i>3 = some of the time</i> <i>4 = rarely</i>	<u>Effectiveness</u> <i>1 = very effective</i> <i>2 = effective</i> <i>3 = somewhat effective</i> <i>4 = not very effective</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		



## Practicing Self-Care

### Physical Self-Care

- Eat regularly (e.g. breakfast, lunch, dinner)
- Eat healthily and practice moderation
- Exercise
- Get regular medical care for prevention
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual—with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations or staycations
- Take day trips or mini-vacations
- Make time away from telephones or online media—allow yourself to disconnect

### Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Notice your inner experiences
- Let others know different aspects of you
- Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance
- Practice receiving from others
- Say no to extra responsibilities sometimes



Excerpted from: Saakvitne, K. W., & Pearlman, L. A. (Eds.). 1996. *Transforming the pain: A workbook on vicarious traumatization*. New York: Norton

### Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Find ways to increase your sense of self-esteem
- Reread favorite books, re-view favorite movies
- Identify comforting activities, people, relationships, places, and seek them out
- Allow yourself to cry
- Find things to make you laugh
- Express your outrage in social action, letters, donations, marches, protests
- Play with children

### Spiritual Self-Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Meditate, Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to or volunteer for causes in which you believe

## **Relaxation Techniques Handout**

### **1.1.1 Ways to "do a mini"**

Switch over to diaphragmatic breathing; if you are having trouble, try breathing in through your nose and out through your mouth, or take a deep breath. You should feel your stomach rising about an inch as you breathe in, and falling about an inch as you breathe out. If this is still difficult for you, lie on your back or on your stomach; you will be more aware of your breathing pattern. Remember, it is impossible to breathe diaphragmatically if you are holding your stomach in! So... relax your stomach muscles.

### **1.1.2 Mini Version 1**

Count very slowly to yourself from ten down to zero, one number for each breath. Thus, with the first diaphragmatic breath, you say "ten" to yourself, with the next breath, you say "nine", etc. If you start feeling light-headed or dizzy, slow down the counting. When you get to "zero", see how you are feeling. If you are feeling better, great! If not, try doing it again.

### **1.1.3 Mini Version 2**

As you inhale, count very slowly up to four; as you exhale, count slowly back down to one. Thus, as you inhale, you say to yourself "one, two, three, four," as you exhale, you say to yourself "four, three, two, one." Do this several times.

### **1.1.4 Mini Version 3**

After each inhalation, pause for a few seconds, after your exhale, pause again for a few seconds. Do this for several breaths.

### **1.1.5 Good times to "do a mini"...**

While being stuck in traffic... when put on "hold" during an important phone call... while waiting in your doctor's waiting room... when someone says something which bothers you... at all red lights... when waiting for a phone call... in the dentist's chair... when you feel overwhelmed by what you need to accomplish in the near future... while standing in line... when in pain... etc., etc.

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## IMAGERY EXERCISES HANDOUT

### **EXERCISE 1:**

Heaviness and Warmth Just imagine that your feet and legs are getting heavier and heavier and warmer and warmer. It's almost as if you are wearing some lead boots. Feet and legs heavy and warm, heavy and warm. Now, imagine your stomach and the whole central portion of your body getting warm...warm and relaxed. My forehead is cool...cool...relaxed and cool. And my breathing is regular...easy and regular. Just feel the warm and heaviness spread all over the body. (Arouse gently).

### **EXERCISE 2:**

A Favorite Scene, Place or Person (General directions first) As you're sitting quietly, recall, in your mind, the most relaxing thought you can. Perhaps it's a favorite place, a vacation spot or favorite retreat of some sort; or it might be a person with whom you feel at peace, or some scene-a meadow, or whatever works for you. Take a few seconds to get that in mind...Now, see or imagine that in your mind. Be sure to feel those good feelings you have when you are in that place. Just let them take over your whole awareness...If your thoughts wander, just take them gently back to that peaceful, relaxing place. (Arouse gently)

### **EXERCISE 3:**

Ideal Relaxation (General directions first) With your eyes closed, take a moment to create, in your mind's eye, an ideal spot for relaxation. You can make it any place real or imagined and furnish it any way you want. Wear the clothes you are most comfortable in. Enjoy, now, in your own mind, going there. You'll want to feel at ease and mellow as you lounge in your ideal place for relaxation. Just enjoy it for a minute...(Gentle arousal)

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## SESSION 5F: HIV-POSITIVE SEXUALITY AND REPRODUCTION FOR YOUNG WOMEN

### Goals:

The purpose of this session is to help women with HIV explore different issues relevant to their sexuality, learning about their body, and connecting with other women.

### Objectives:

1. To help young women explore perceptions of sexuality, HIV and femininity.
2. To assist young women with learning about their bodies.
3. To explore the challenges and responsibilities related to motherhood.
4. To learn about mother-to-child transmission.
5. To explore ways to connect with other women.

### Activities

### Time

5F-A. Review of Action Plan: Daily Exercise	5 minutes
5F-B. Dimensions of Sexuality	25 minutes
5F-C. My Vagina	13 minutes
5F-D. Pregnancy Planning	17 minutes
5F-E. MTC Transmission	12 minutes
5F-F. What is Your Role?	18 minutes
5F-G. My Woman Drawing	24 minutes
5F-H. Condom Negotiation Skills	21 minutes
5F-I. Action Plan: Sexuality	5 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Tape</li> <li>• Ground Rules and Guidelines Poster</li> <li>• Folders</li> </ul>	<ul style="list-style-type: none"> <li>• Crayons/Markers</li> <li>• “Dimensions of Sexuality” Poster</li> </ul>
Handouts	
<ul style="list-style-type: none"> <li>• “Dimensions of Sexuality”</li> <li>• “Dimensions of Sexuality Scale”</li> <li>• “Decisional Balance: Having a Baby”</li> <li>• “My Woman Drawing”</li> <li>• “Action Plan: Sexuality”</li> </ul>	

**ACTIVITY 5F - A: REVIEW OF ACTION PLAN: DAILY EXERCISE**

**TIME: 5 MINUTES**

**REVIEW**      Action Plan: Daily exercise

**STATE**      *At our last session, we created an action plan around daily exercise.*

**ASK**  
*Who would like to share their action plan from the last session?*

Probe participants:

*What specific steps did you take to follow your action plan?*

*Was it successful?*

*What were some of the challenges you encountered?*

*What did you gain from the experience?*

**ALLOW**      5 minutes for participant responses.

**THANK**      participants for sharing their action plan with the group.



## ACTIVITY 5F - B: DIMENSIONS OF SEXUALITY

TIME: 25 MINUTES

STATE *Today we are going to talk about sexuality.*

ASK *What does sexuality mean to you?*

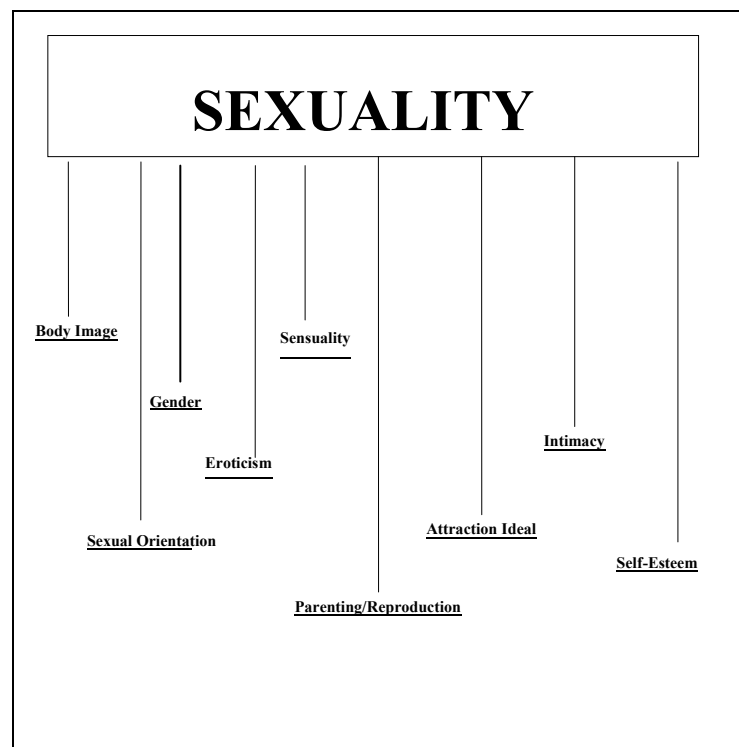
ALLOW Participants to give their definitions of sexuality.

WRITE The various definitions given on board/flip-chart.

STATE *For the purposes of this session, **sexuality** will be defined as **a complex, multi-dimensional aspect of our total self.** “Complex” means complicated, “multi-dimensional” refers to having many parts or components. Sexuality isn’t just having sex or being sexy. It concerns who we are, what we believe, feel, think, and how we behave. It is biological, psychological, and cultural/societal. It impacts how the world relates to us and how we relate to the world. **The multidimensional nature of sexuality applies to people of ALL sexual orientations, be they straight, gay/lesbian, or bisexual.***

DISTRIBUTE “Dimensions of Sexuality” handout.

SHOW “Dimensions of Sexuality” poster.



STATE *As we can see, there are nine dimensions listed here: Body Image, Sexual*

*Orientation, Gender, Eroticism, Sensuality, Parenting/Reproduction, Attraction Ideal, Intimacy, and Self-Esteem. We are going to briefly discuss each of these dimensions.*

**Please note you may assign sections to participants who volunteer to read out loud.**

**Body Image** can be thought of as a complex mental photograph of our body that reflects not our actual body, but our opinion of our body. Body image includes how we feel about our bodies, how we compare our bodies to an ideal, what we like and dislike about our bodies, and how we believe others see us.

**Sexual orientation** refers to how we form sexual and emotional attachments to others, and whether our partners are opposite gender, same gender, or both genders.

**Gender** is the biological component of sexual identity. It describes whether a person is male or female, based on anatomy and hormones.

- Gender roles are what our culture assigns as the appropriate or accepted traits and behavior for men and women. It is the “role” our society assigns us to play based on our gender.
- Gender identity is one’s understanding or feeling about whether one is emotionally or spiritually male or female or both or neither.

**Eroticism** refers to our thoughts of and feelings about sexual arousal and desire. It can include sexual fantasies, genital sensations, images that enhance sexual feelings, and just plain “horniness.” Eroticism has a broad scope and range and is influenced by culture and gender. What is erotic or “sexy” for one person may not be for someone else. Each of us is unique in what turns us on, in how often and how much sexual activity we enjoy and in what type of fantasies we have.

**Sensuality** refers to how our bodies and minds respond to touch and other bodily sensations. Sensuality, in and of itself, is not necessarily sexual. For example, affectionate touching and holding, for the sake of closeness and intimacy and not as a prelude to intercourse, is within the domain of sensuality. Each person’s sensuality manifests itself in different ways. A body massage, relaxing in a hot tub, the feel of silk on your skin, a smell of a favorite perfume, the taste of a delicious meal — these are all examples of sensual pleasures.

**Parenting/Reproduction.** For many people, reproduction and parenting are important aspects of their sexuality. For others, the need to have or raise children is minimal or nonexistent. Our individual needs to bear children or parent children are very personal and deeply felt.

**Attraction Ideal** An attraction ideal refers to a preference or mental picture of what we find sexually attractive in another person. It triggers our interest and sometimes our eroticism. It is our mind’s eye picture of what we find attractive. Physical appearance is only part of an attraction ideal.

*Personality, sense of humor, attitudes, values, career choice, political views — all these and more blend together when we think of our ideal partner.*

***Intimacy** refers to the need and ability to develop an emotional closeness with another person that is reciprocal. Intimacy may or may not have a sexual component. Not all intimate relationships are sexual, and not all sexual relationships are intimate. True intimacy is probably what most people have in mind when they talk about “love” or “falling in love.”*

***Self-Esteem** refers to the feelings, beliefs, and perceptions we have about ourselves. It is, simply put, our own opinion of ourselves. We will talk more about self-esteem in a later session*

**DISCUSS** aspects of sexuality mentioned above.

**HAND OUT** “Dimensions of Sexuality Scale.”

**STATE** *This is the Dimensions of Sexuality Scale. This scale can be used to help you think about your feelings towards different aspects of your sexuality. It will help you identify your feelings about different aspects of your sexuality before and after your HIV diagnosis. Your feelings towards these aspects or dimensions of sexuality may have changed or remained the same. Please take a few minutes, think carefully and honestly, and fill this out.*

**ALLOW** participants 5 minutes to fill out the “Dimensions of Sexuality Scale.”

**FACILITATE** discussion with the following questions:

*Would anyone like to share their scales with the group?*

*Is there anything that you found surprising about your results?*

*How has your HIV impacted your view of your sexuality?*

*Was there one category that particularly impacted your feelings about your sexuality? Was this in a positive or negative way?*

*Is this different now than before you were diagnosed? If so, how?*

**THANK** participants for sharing their scales.

**5F - C: MY VAGINA**

**TIME: 13 MINUTES**

- STATE** *For many women, the vaginal area is the primary area on the body associated with their sexuality.*
- ASK** *What are some of the words that a woman's vagina is called? What names have you heard used to describe it?*
- HAVE** participants generate a list of as many words as possible (slang names, scientific names, nick names, popular culture names, etc.)
- LIST** names on flipchart in their appropriate columns.
- ASK** *Why do you think there are so many names for the vagina? Why do you think there are so many negative names? How many alternate words can you think of for another body part such as your knee? Why do you think there is such a difference?*
- DISCUSS** responses. Explanations can include:
- The vagina is associated with sexuality and the body parts such as knee are not
  - Our society views many things associated with sex as “taboo”
  - Women’s sexuality and all things associated with it are not as acceptable in our society as sexuality associated with men.
- ASK** *What other things do you associate with your vagina?*
- Responses may include:
- Childbirth/Reproduction
  - HIV/AIDS
  - Dirtiness/Contamination
  - Pleasure
- DISCUSS** *responses. Focus on association of the vagina with HIV/AIDS and dirtiness/contamination.*
- EMPHASIZE** the fact that many women living with HIV come to associate the disease with their vagina to such an extent, that they no longer think of their vagina in a positive way. This in turn has the effect of “muting” or “silencing” the sexuality of many HIV-positive women. One of the steps needed in order for women living with HIV to have a positive sexual self-image is to “reclaim” the vagina as a positive part of themselves.

**STATE** *As women, we all possess a vagina.*

*What does the word vagina mean to you?*

**ALLOW** participants to give their definition of vagina.

**DRAW** The following chart on the flipchart.

**Vagina**

+	-	<b>Neutral</b>

**STATE** *As you give me each name, I want you to tell me if it belongs in the “positive” box (is a positive name for vagina), the “negative” box (is a negative name for vagina), or the neutral box.*

**WRITE** responses on the flipchart.

**STATE** *Part of becoming comfortable with our sexuality is becoming comfortable with our vagina. Your vagina is a part of your anatomy in the same way that your arm or your ear is. The word vagina is not a “dirty” word. Your vagina is not dirty or contaminated. We should be comfortable with our vagina.*

**5F - D: PREGNANCY PLANNING**

**TIME: 17 MINUTES**

**STATE** *Another component of our sexuality is parenting and reproduction.*

**ASK** *How many of you want to be mothers in the future? Raise your hand.*

**STATE** *If you are already a mother but would like to become a mother again in the future, also raise your hand.*

**If there are any participants with their hands lowered, STATE** *“If you had a desire to become a mother in the past, and the only reason that desire has changed is because of your HIV, also raise your hand.”*

**STATE** *I see that all [or most] of you want to become mothers or wanted to become mothers.*

**ASK** *What are your earliest recollections about wanting to become a parent?  
How many children did you think you wanted to have?*

**ALLOW** Participants 1-2 minutes to share their responses.

**ASK** *Currently, what do you feel are some of the pros and cons of becoming pregnant/having a child?*

**LIST** Pros and Cons on flipchart in appropriate columns.

Pros may include:

- Creating new life
- Having someone to love
- Having someone love you unconditionally
- Leaving behind a part of you when you die
- Not being alone

Cons may include

- Potential vertical transmission of HIV
- Potential of creating orphans due to death from HIV
- Monetary expense of having a child
- Risk of infecting partner
- Stress

**STATE** *We’ve just talked about some general pros and cons to becoming pregnant, but ultimately the decision to become pregnant and have a child is a very personal one. In order for you to weigh the pros and cons yourself, to decide if having a child is the right thing for YOU, you can use something called a decisional balance worksheet.*

**HAND OUT** “Decisional Balance: Having a Baby.”

**STATE** *This worksheet is similar to the exercise we just did, in the fact that you are listing pros and cons. However, there are 2 important ways in which this worksheet is different. We just listed pros and cons that were general. With a decisional balance sheet, you are listing pros and cons that are very specific to you, your life, your thoughts and your feelings. In addition, you are listing the pros and cons of each side of your decision, instead of just one. For example, you can see that on the sheet you can list the pros and cons of the decision to become pregnant/have a child (as we just did), as well as the pros and cons of NOT becoming pregnant/having a child. This allows you to weigh the drawbacks and benefits of all of your options in order to get a clearer understanding of what is right for you.*

*This is something that you can take home with you to help you think through the process.*

**ASK** *Let's say you want to have a child, or more children, as all [most] of you do. As a woman living with HIV, how can you do that safely?*

**ALLOW** participants to respond.

**STATE** *There are a couple of things you can do.*

*If you are planning to become pregnant, TALK TO YOUR DOCTOR. Although the use of condoms are the only way to prevent the transmission of HIV during sex, there are some things that you can do to reduce the odds of transmitting the virus during sexual intercourse while maximizing the chances that you will become pregnant. For example, by making sure you are on medication and your viral load is very low or undetectable on the days that you are trying to conceive, you can reduce the chances of transmitting HIV to your partner. Having your partner on Pre-exposure prophylaxis (PreP) is another approach that is very effective in reducing the chances of transmitting HIV to your partner. PreP means having an HIV-negative person take antiretroviral medication to prevent acquiring HIV. Based on studies to date, in July 2012 the U.S. Food and Drug Administration approved the combination medication tenofovir disoproxil fumarate plus emtricitabine (TDF/FTC) for use as PreEP among sexually active adults at risk for HIV infection. This method has been demonstrated to reduce likelihood of transmission by nearly 62% overall, and up to 90% if taken adherently, consistently and appropriately as directed.*

*Artificial insemination is also an option. Artificial insemination is a medical procedure where sperm is inserted into the cervix or uterus of a woman by artificial means as opposed to sexual intercourse. There is no sexual intercourse thereby no risk of transmission to your partner.*

*Another method to consider is the calendar method. Home insemination is a cheap and simple method of becoming pregnant. Home insemination involves placing sperm in the vagina at the time of ovulation—the time when*

*you are most likely to become pregnant. You ovulate for only one day per menstrual cycle and it happens approximately 14 days before the first day of your next period. This is also 14 days after the first day of your period, if your periods are regular (28 days). To track your menstrual cycle, mark down on a calendar the first day of your menstrual period. After you have done this for a few months, bring the calendar to your doctor, who can help you figure out when you will likely ovulate. Watch for changes in the appearance and amount of your vaginal fluids. When you ovulate, the amount of discharge will increase and it will be thinner, clearer and more wet and slippery. During ovulation the discharge is commonly described as being like egg whites and lasts for two to three days. Do the insemination every other day while the discharge is watery and stop when it thickens again. You may feel pain on one side of your lower belly or pelvis. You can use ovulation sticks/strips to figure out when you're ovulating. You can get them at your local pharmacy. Instructions are provided at the back of the package, but generally you should pee on a stick every day in the morning beginning at day 11 of your menstrual cycle. If there are two lines on the stick, you will ovulate the next day. You should do the insemination the day that the stick has two lines (the day before you ovulate) and the next day (the day of ovulation).*

*How to do a home insemination: Your male partner or sperm donor ejaculates into a clean cup. Then, using a clean turkey baster (you can buy it from a dollar store) or large oral syringe (you can buy it from a pharmacy) you suck up the semen and insert the baster or syringe deep into your vagina and deposit the semen. Your healthcare provider can give you more information on this procedure.*

*Once you are pregnant, there are some things about mother-to-child transmission that you should know of. Before we talk about mother-to-child transmission, are there any questions/comments?*

**DISCUSS**

participant's questions or comments.



## Activity 5F - E: MTC TRANSMISSION

TIME: 12 MINUTES

STATE *Mother-to-child transmission can occur at three points in time:*

- *during pregnancy*
- *during labor and delivery*
- *while breastfeeding*

*The most common point of mother-to-child HIV transmission is during labor and delivery. The reason for this is because labor and delivery is a high risk period for HIV transmission because both blood and vaginal fluids are present during labor and delivery.*

*HIV transmission can also occur while the mother is carrying the child during pregnancy, and after the child has been born during breast feeding, but these sources of infection are less common.*

*There are ways to prevent mother-to-child transmission.*

*Getting on antiretrovirals (ARVs) can decrease your viral load or the amount of viruses in your body, and also help to improve the functioning of your immune system. When you decrease your viral load, you also decrease the risk of passing HIV on to your unborn baby. A mother must take ARVs throughout the pregnancy, during delivery, and after child birth (especially if unable to avoid breastfeeding). The child also must take a type of ARV medication for the first several months after birth. The mother should not give her child her own ARV medication, and instead should use the specific type of medication for infants prescribed by a doctor or nurse.*

*Performing a planned Cesarean section or c-section can also decrease the risk of mother-to-child transmission during the labor and delivery process. By creating an incision in your lower abdomen to remove the baby there is a larger opening for the baby and less tearing of tissues. Although this might be healthier for the baby, the mother is put at greater risk for infection at the incision site.*

*Since we know HIV is carried in breast milk, you should avoid breastfeeding your baby or giving the baby your breast milk. Pre-mastication of food is not recommended since for babies either. There may be a risk of blood, bacteria, and saliva passing into the gut and potentially exposing the infant to HIV.*

*A baby born to an HIV-positive mother will test positive for HIV when born. This is because we know that when we test for HIV we do not test for the actual virus, we test for the antibodies to the virus. Since a baby is born with the mother's immune system, the antibodies will be present in the baby's blood after it is born. Remember, this does not mean that the baby will be HIV-*

*positive. The antibodies can live in the baby's body for up to 18 months. So, there is no certainty as to the baby's HIV status until after 18 months when the baby's individual immune system has developed. The baby should be tested every 3 months until 18 months of age. If a negative test keeps occurring, the baby is not HIV positive. If a positive test occurs, the baby must be re-tested until 18 months of age. There are certain HIV tests that test for the actual virus and not the antibodies however, these tests are rather expensive and not always available.*

*There is a lot of information on mother-to-child transmission that we just are not quite sure of because research has not provided us with the definitive answers yet.*

**ASK** *Are there any questions?*

**DISCUSS** any questions.

**ACTIVITY 5F - F: WHAT IS YOUR ROLE?**

**TIME: 18 MINUTES**

**ASK** *What does being a woman mean to you?*

*What messages have you heard about what it takes to be a woman?*

**FACILITATE** discussion around common messages about what it means to be a woman. Discuss media and family influences. Make sure the following “female” roles are discussed.

- Woman as caretaker (of loved ones, family, community and self)
- Woman as mother
- Woman as wife/love-partner
- Women as “pure” (pure could mean virgin, pure could mean “clean” or “not-contaminated”, pure could mean innocent, pure could mean non-sexual, etc.)

**ASK** *What are some of the “ideals” for women that are promoted in the media (T.V., movies, advertising)?*

*Are these “ideals” realistic?*

*How do you feel about those messages?*

*How do you see yourself fitting into the idea of what it means to be a woman?*

*How do you see yourself fitting into the role of a caretaker?*

Note: Make sure to ALLOW discussion after each question.

**DISCUSS** the group’s impressions

**ASK** *What messages have you heard about being a woman who is infected with HIV?*

*How do you feel about those messages?*

*How has your HIV status impacted your view of yourself as a woman?*

*How has your HIV impacted your view of yourself as a wife or potential partner?*

Note: Make sure to ALLOW discussion after each question.

**DISCUSS** Answers.

**STATE**

*It is important to process how living with HIV has impacted your view of yourself as woman, a caretaker, a mother, a sexual person. Our next exercise will explore this a little further.*

## ACTIVITY 5F - G: MY WOMAN DRAWING

**TIME: 24 MINUTES**

**HAND OUT** “My Woman Drawing” handout to participants.

**STATE** *This is called the “My Woman Drawing”. The purpose of this exercise is for you to illustrate how you see different aspects of yourself coming together.*

*All of us have an infinite number of parts of us that come together to make us who we are. For example I may identify as **[facilitator insert appropriate identities]** among other things. All of these identities represent different aspects of me. Imagine that this outline of a woman is you. For this exercise we want you to think about the part of you that represents your ethnicity, the part of you that is a person living with HIV, the part of you that represents your sexuality, and the part of you that is a caretaker (or potential caretaker). Pick one color for each of these four parts of yourself. If you choose, feel free to pick up to three additional colors to represent up to three other aspects of yourself.*

**ALLOW** participants to pick their colors.

**STATE** *Using the different colors of pencils or markers that represents each of these parts of you, fill in the drawing in a way that shows how you see these different aspects of yourself coming together. Draw freely inside and outside the outline, overlapping if you want to. Remember, there are no rules and no right or wrong ways to do this exercise.*

**ALLOW** participants 5 minutes to color in their “Woman Drawing” worksheet.

**DISCUSS** “Woman Drawing”. **ENCOURAGE** participants to share their drawings with the group.

**STATE** *Think about different settings. For instance - school, work, church, around your family, around your friends, etc.*

*How would your drawing be different in these different situations?*

*Use additional worksheets to represent this. You can pick one setting or multiple settings. Be sure to label the worksheet based on the setting it represents.*

**ALLOW** Participants 5 minutes to complete the additional worksheets.

**ASK** *Who would like to explain their Woman Drawings?*

*Please share with us your reflections on your drawings and how you see the different parts of yourself fitting together.*

NOTE. If it does not come up naturally, be sure to ask participants about the variation of their identities within different contexts.

Example questions:

- Explain the differences in your drawing from context “A” to context “B”
- Why does the integration of your identities change?

**ALLOW** participants to express their feelings regarding expressing different parts of themselves more or less prominently in different contexts.

**ALLOW**

10 minutes for discussion.

## ACTIVITY 5F - H: CONDOM NEGOTIATION SKILLS

**TIME: 21 MINUTES**

**STATE** *In this session, we've spent the majority of the time talking about sexuality. As you recall, sexuality also involves our intimate relationships, inclusive of our sexual relationships. Deciding to become sexually intimate with a partner can be a big step to take in a relationship, especially since, for many people, having sex involves an emotional commitment as well as a physical one. Now, we are going to shift focus and talk about safer sex negotiation. We know that many things influence one's decision to engage in safer sex. Let's take a step back and think about what is safer sex.*

**ASK** *Who can tell me what safer sex means?*

**ALLOW** Time for participant responses.

**STATE** *There are many ways of thinking about safer sex. For our purposes, let's recognize that most sexual activity carries some risk of spreading HIV. To reduce the risk, it's necessary to make it more difficult for blood or sexual fluid to get into your body. Using condoms consistently and correctly is one way to reduce the risk and engage in safer sex. Yet, many people report difficulties talking to their partners about using condoms. Now, we will practice condom negotiation skills.*

*You've heard it a thousand times: "Just say NO." It sounds easy but in fact there are many times when it's hard to say "no" to someone. If people are pressuring you into something you don't want to do, they may try to make you feel like there is something wrong with you if you say "no." When the pressure is on you may get confused about what you really want. It's important to remember that if they are pushing you, then they have a problem, not you. By telling them how you feel, you are remaining true to yourself.*

**PROPOSE** the following situations and ask the group for ideas of how to refuse each line.

*"Can I get you a drink?"*

*"Let's go upstairs to my room."*

**ASK** the group about situations in which they felt pressured to do something they did not want to do and how they refused.

**LIST** responses on flipchart. Responses may include the following:

Ways to refuse:

- *Polite refusal* “No thanks”
- *Give a reason* “I don’t like the way it tastes.”
- *Broken record* “No thanks (3x)”
- *Walk away*
- *Cold shoulder*
- *Give an alternative* “I’d rather stay here and watch TV.”
- *Reverse the pressure* “What did I just tell you? Were you listening?”
- *Avoid the situation*
- *Strength in numbers* Hang around people with your same beliefs

**ASK** participants to suggest reasons sexual partners give for not wanting to use a condom.

**WRITE** responses on flipchart.

**STATE** *Now let’s see if we can changes each excuse for not wanting to use a condom into a good reason for a condom. In other words, what could you say to a potential partner who said the following?*

*What would you say to a long-term sexual partner who said the following?*

**DEMONSTRATE** by reading 1 excuse that is listed on the board and give a positive response.

**STATE** *We’ve been talking about different ways to tell a partner what we will and will not do in sexual situations. Now we are going to try to put this into action.*

**HAVE** participants break off into pairs.

**STATE** *Break off into pairs and pretend that you are a couple leading up to sex for a couple of weeks. The only thing you haven’t discussed is protection. One of you will have to convince or persuade the other partner to use a condom or not have sex.*

**ALLOW** 1-2 minutes for role play.

**HAVE** participants switch roles (the person who initially refused to use a condom will now play the role of the person trying to convince their partner to use a condom).

**ALLOW** 1-2 minutes for role play.



**DISCUSS** how participants felt in each role and what lines they used.

**ASK** *What kind of communication was demonstrated?*  
*What tips did you notice?*  
*What did you notice about tone of voice? Pauses? Using “I” messages?*  
*What did you notice about eye contact? Posture? Body language?*

**DISCUSS** participants’ responses.

**ASK** group to respond to the following list of excuses. Only read those that were not discussed by the group in the above activity.

*Breaking-the-mood excuses*

Excuse: Condoms kill the mood for sex.

Response: Only if you let them. With a little imagination, condoms can actually make it better. Let me show you that it doesn’t have to kill the mood.

*Sexual enjoyment excuses*

Excuse: Condoms don’t feel as good as the real thing. They aren’t natural.

Response: Today’s thin latex condoms feel really natural. Putting a drop of lubricant inside the tip of the condom might give extra feeling.

Excuse: Condoms are messy and smell funny.

Response: But with a condom we will be safer. Condoms don’t smell any funnier than the smell of having sex.

Excuse: Condoms are unnatural and turn me off. I don’t get any feeling through a rubber.

Response: There’s nothing natural about getting a disease either. Getting sick is a turn-off. I know how to turn you back on.

Excuse: When I stop to put it on, I’ll lose my erection.

Response: Don’t worry, I’ll help you get it back.

Excuse: Let’s do it just this once without a condom.

Response: Once is all it takes to get a disease or get pregnant.

*Contraception Excuses*

Excuse: Why do I need to use condoms if we’re using the pill?

Response: So you can protect your health. The pill does not help prevent contact with the virus that causes STDs or HIV...but condoms do.

Relationship/Trust Excuses

Excuse: We don't need them because what we've got is special.  
Don't you trust me, baby?

Response: It's not a matter of trust. It is a matter of caring for yourself and the person you are with. In fact, both partners share a responsibility for having and using condoms—whether they trust each other or not.

Excuse: I love you. Would I give you an infection?

Response: Not intentionally. But most people don't know when they are infected with an STD.

Excuse: But we've been having sex without condoms for a while.

Response: I know, but we could enjoy each other a lot more if I did not have to worry. That does not mean it's not a good idea from now on.

Disease-and –Health Excuses

Excuse: We both have HIV

Response: Unfortunately, you can't tell by looking at some one if she/he has an STD. A person can look and feel healthy—and still be infected.

Excuse: I know I am disease free. I have not had sex with anyone in months.

Response: As far as I know, I'm clean too. But either of us could have an infection and not know it.

Lack-of- a-condom excuses

Excuse: I don't have a condom with me.

Response: Let's satisfy each other without having sex. Let's wait and have sex another time when we do have a condom. Let's go to the store and buy a condom.

**DISCUSS**

Responses for assertive communication.

**ACTIVITY 5F-I: ACTION PLAN: SEXUALITY**

**TIME: 5 MINUTES**

**STATE**        *Today's action plan will focus on sexuality.*

**HAND OUT**    "Action Plan: Sexuality"

**STATE**        *Think about the dimensions of sexuality worksheet that you completed earlier. Pick one specific aspect of your sexuality that you would like to feel more positively about. Use this worksheet to think through the reasons why you want to improve that aspect of your sexuality. Then use this form to plan out the process. Decide how you would like to build upon that aspect, why you would like to choose that aspect, what you will do, and when you will do it. Finally, think about what the costs and potential benefits of building on that aspect of your sexuality. Remember when thinking about costs and benefits, think primarily about how building on this sexual aspect will affect you and your life.*

**ALLOW**       5 minutes for participants to fill out their Action Plan

# SEXUALITY

Body Image

Sensuality

Eroticism

Intimacy

Sexual Identity

Attraction Ideal

Self-Esteem

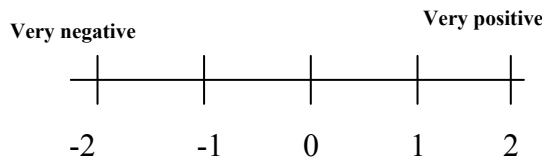
Parenting/Reproduction

### **Dimensions of Sexuality GWY**

Using the following scale, place a number in each of the blank boxes that corresponds to how positive or negative you feel about each aspect of your sexuality. Think about how you felt about each aspect of your sexuality before your HIV diagnosis and after your HIV diagnosis.

For Categories A through H:

On a scale ranging from -2 to +2, with “-2” being “very negative” and “2” being “very positive” indicate how you feel about each aspect of your sexuality.



Place a “+” or a “-“next to each number indicating whether this impact is positive (+) or negative (-).

<b>CATAGORIES</b>	<b>Before HIV diagnosis</b>	<b>After HIV diagnosis</b>
<b>A. Body Image</b> - mental image of our bodies, how we feel about our bodies.		
<b>B. Sexual Orientation</b> - sexual and emotional attachments to others, and whether our partners are opposite gender, same gender, or both genders.		
<b>C. Gender Identity</b> - one's understanding or feeling about whether one is emotionally or spiritually male or female or both or neither.		
<b>C. Eroticism</b> - our thoughts of and feelings about sexual arousal and desire.		
<b>D. Sensuality</b> - refers to how our bodies and minds respond to touch and other bodily sensations.		
<b>E. Parenting/Reproduction</b> - our individual needs to bear children or parent children.		
<b>F. Attraction Ideal</b> - refers to a preference or mental picture of what we find sexually attractive in another person.		
<b>G. Intimacy</b> - need and ability to develop an emotional closeness with another person that is reciprocal .		
<b>H. Self-Esteem</b> - refers to the feelings, beliefs, and perceptions we have about ourselves.		

# DECISIONAL BALANCE: HAVING A BABY

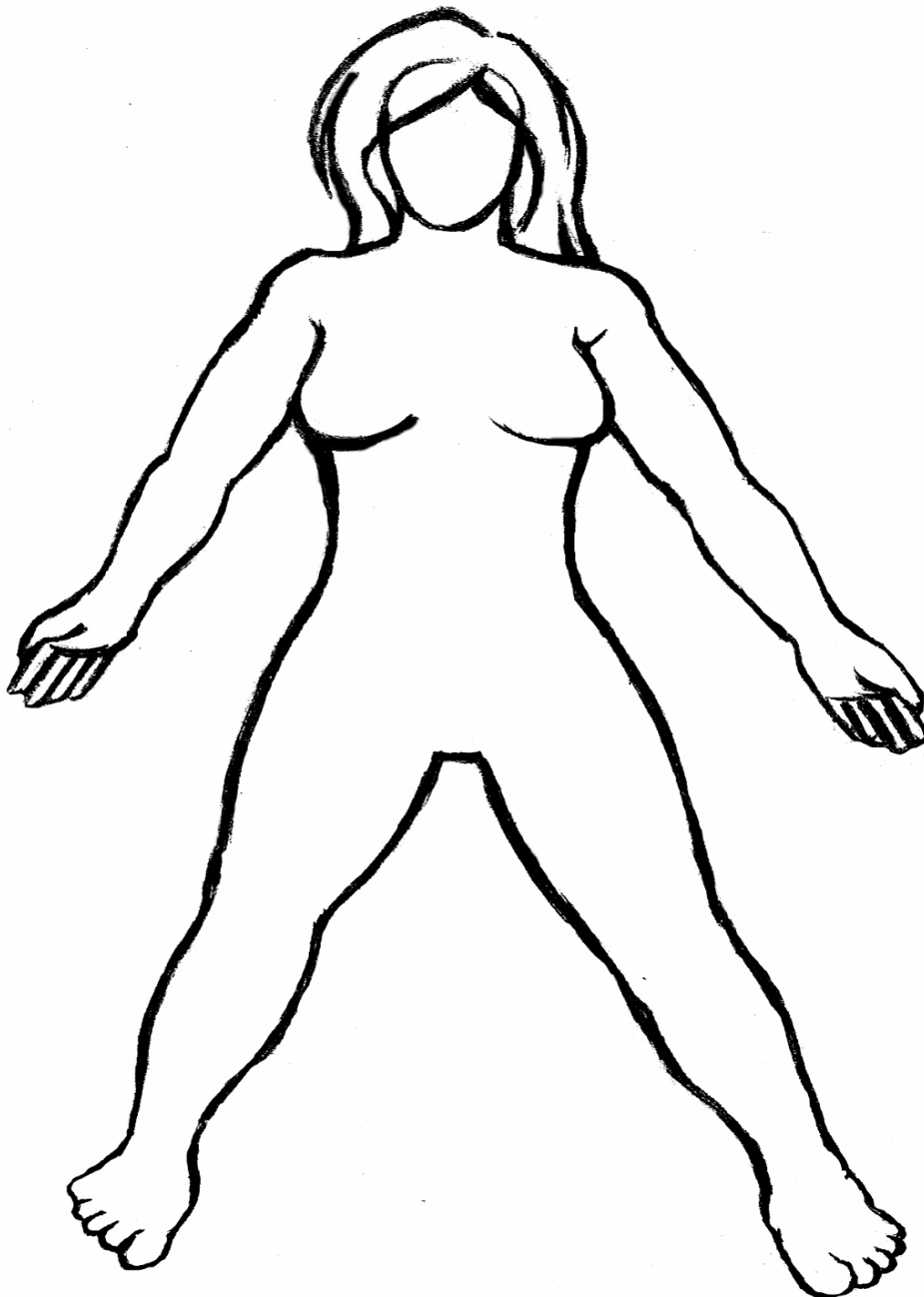
	<b>BENEFITS/PROS</b>	<b>COSTS/CONS</b>
<b>Becoming Pregnant/ Having a Baby</b>		
<b>Not Becoming Pregnant/ Not Having a Baby</b>		

# My Woman Drawing

SELF-DEFINITIONS:

 \_\_\_\_\_ \_\_\_\_\_

SELF-DEFINITIONS:

 \_\_\_\_\_ \_\_\_\_\_

**My Action Plan: Sexuality**

Think about the dimensions of sexuality worksheet that you completed earlier. Pick one specific aspect of your sexuality that you would like to feel more positively about. Use this worksheet to think through the reasons why you want to improve that aspect of your sexuality. Then use this form to plan out the process. Decide how you would like to build upon that aspect, why you would like to choose that aspect, what you will do, and when you will do it. Finally, think about what the costs and potential benefits of building on that aspect of your sexuality. Remember when thinking about costs and benefits, think primarily about how building on this sexual aspect will affect you and your life.

List all the reasons **WHY** you want to build on this aspect of your sexuality:

**WHAT** will I do?

**How** will I do it?

**WHEN** will I do this?

---

**Potential Costs:**

**Potential Benefits:**



## **Project ACCEPT Session 5-G**

### *Participant #1*

**Body Image** can be thought of as a complex mental photograph of our body that reflects not our actual body, but our opinion of our body. Body image includes how we feel about our bodies, how we compare our bodies to an ideal, what we like and dislike about our bodies, and how we believe others see us.

### *Participant #2*

**Sexual orientation** refers to how we form sexual and emotional attachments to others, and whether our partners are opposite gender, same gender, or both genders.

### *Participant #3*

**Gender** is the biological component of sexual identity. It describes whether a person is male or female, based on anatomy and hormones.

- Gender roles are what our culture assigns as the appropriate or accepted traits and behavior for men and women. It is the “role” our society assigns us to play based on our gender.
- Gender identity is one's understanding or feeling about whether one is emotionally or spiritually male or female or both or neither.

### *Participant #4*

**Eroticism** refers to our thoughts of and feelings about sexual arousal and desire. It can include sexual fantasies, genital sensations, images that enhance sexual feelings, and just plain “horniness.” Eroticism has a broad scope and range and is influenced by culture and gender. What is erotic or “sexy” for one person may not be for someone else. Each of us is unique in what turns us on, in how often and how much sexual activity we enjoy and in what type of fantasies we have.

### *Participant #5*

**Sensuality** refers to how our bodies and minds respond to touch and other bodily sensations. Sensuality, in and of itself, is not necessarily sexual. For example, affectionate touching and holding, for the sake of closeness and intimacy and not as a prelude to intercourse, is within the domain of sensuality. Each person's sensuality manifests itself in different ways. A body massage, relaxing in a hot tub, the feel of silk on your skin, a smell of a favorite perfume, the taste of a delicious meal — these are all examples of sensual pleasures.

### *Participant #6*

**Parenting/Reproduction.** For many people, reproduction and parenting are important aspects of their sexuality. For others, the need to have or raise children is minimal or nonexistent. Our individual needs to bear children or parent children are very personal and deeply felt.

### *Participant #7*

**Attraction Ideal** An attraction ideal refers to a preference or mental picture of what we find sexually attractive in another person. It triggers our interest and sometimes our eroticism. It is our mind's eye picture of what we find attractive. Physical appearance is only part of an

*attraction ideal. Personality, sense of humor, attitudes, values, career choice, political views — all these and more blend together when we think of our ideal partner.*

*Participant #8*

***Intimacy** refers to the need and ability to develop an emotional closeness with another person that is reciprocal. Intimacy may or may not have a sexual component. Not all intimate relationships are sexual, and not all sexual relationships are intimate. True intimacy is probably what most people have in mind when they talk about “love” or “falling in love.”*

*Participant #9*

***Self-Esteem** refers to the feelings, beliefs, and perceptions we have about ourselves. It is, simply put, our own opinion of ourselves.*

## REFERENCES

- Adolescent Community Health Research Group (2007). *The Communicating about HIV and AIDS Together (CHAT) Curriculum*, Chicago, IL: DePaul University.
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- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. 1–239. Accessed on April 11, 2012 from <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>.
- Simpson, D.D., Chatham, L.R., & Bartholomew, N. (2002). *Time Out! For Me: An Assertiveness/Sexuality Workshop Specially Designed for Women*. Fort Worth, TX: Institute of Behavioral Research Texas Christian University.

## SESSION 5M: HIV-POSITIVE SEXUALITY AND REPRODUCTION FOR YOUNG MEN

### Goals:

The purpose of this session is to help men with HIV explore different issues relevant to their sexuality, learning about your body, and connecting with other young men.

### Objectives:

1. To help young men explore perceptions of sexuality, sexual orientation, and HIV.
2. To assist young men with issues surrounding dual disclosure.
3. To explore the challenges and responsibilities related to masculinity.
4. To learn about condom negotiation skills to promote safer sex.
5. To explore ways to connect with a supportive community.

Activities	Time
5M-A. Review of Action Plan: Daily Exercise	5 minutes
5M-B. Dimensions of Sexuality	10 minutes
5M-C. Establishing a Common Language	10 minutes
5M-D. Aspects of Sexual Orientation	15 minutes
5M-E. Dual Disclosure	15 minutes
5M-F. Role Play: I Need to Tell You Something About My Sexuality	10 minutes
5M-G. What is your role?	10 minutes
5M-H. My Man Drawing	15 minutes
5M-I. Condom Negotiation Role Plays	20 minutes
5M-J. Connecting to a Community	10 minutes
5M-K. Action Plan: Connecting to a Community	5 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Ground Rules and Guidelines Poster</li> <li>• Folders</li> </ul>	<ul style="list-style-type: none"> <li>• Crayons/Markers</li> <li>• “Dimensions of Sexuality” Poster</li> </ul>
Handouts	
<ul style="list-style-type: none"> <li>• "Dimensions of Sexuality"</li> <li>• “Dimensions of Sexuality Scale”</li> <li>• “The Klein Sexual Orientation Grid”</li> <li>• “Disclosure of Sexuality: TIPS”</li> <li>• “My Man Drawing”</li> <li>• “Action Plan: Connecting to a Community”</li> </ul>	

**ACTIVITY 5M - A: REVIEW OF ACTION PLAN: DAILY EXERCISE**

**TIME: 5 MINUTES**

**REVIEW**      Action Plan: Daily Exercise.

**STATE**      *At our last session, we created an action plan around daily exercise.*

**ASK**  
*Who would like to share their action plan from the last session?*

Probe participants:

*What specific steps did you take to follow your action plan?*

*Was it successful?*

*What were some of the challenges you encountered?*

*What did you gain from the experience?*

**ALLOW**      5 minutes for participant responses.

**THANK**      Participants for sharing their action plan with the group.

**PLEASE NOTE FOR REMAINDER OF SESSION IF THE TERM LGBTQ BECOMES REDUNDANT IT IS NOT NECESSARY TO KEEP REPEATING IT.**

## ACTIVITY 5M - B: DIMENSIONS OF SEXUALITY

**TIME: 10 MINUTES**

**STATE** *We are each born into a physical body and, depending on the physical attributes and genetic make-up of our bodies, we are assigned a biological sex category, either male or female. We are expected to develop a gender identity that is consistent with the physical body we are born into. We are then socialized into specific gender roles that are consistent with our physical bodies and gender identities.*

**ASK** *In your experience, how are boys expected to behave? What roles are they expected to play?*

*How are girls expected to behave? What roles are they expected to play?*

**ALLOW** Participants 1-2 minutes to respond.

**STATE** *Boys are often expected to be aggressive, rough and physical. Girls are often expected to be quiet, timid, and pleasant. Both girls and boys are expected to develop heterosexual attractions and relationships. There is, however, far more variability in the relationships among our biological sex, our gender identity, gender roles, and sexual orientation. Some people do not have a gender identity that matches their biological sex (transsexuals/transgender people). Many people whose gender identity is consistent with their biological sex do not adopt traditional gender roles. They may adopt behaviors and interests that are more associated with the other sex or are gender neutral. Some people enjoy dressing in clothes associated with the other gender role. Finally, there is a wide range of ways that people can express their sexuality. Having a heterosexual identity is only one of many ways. Gay, bisexual, and lesbian identities are also ways in which many people express their sexual desires.*

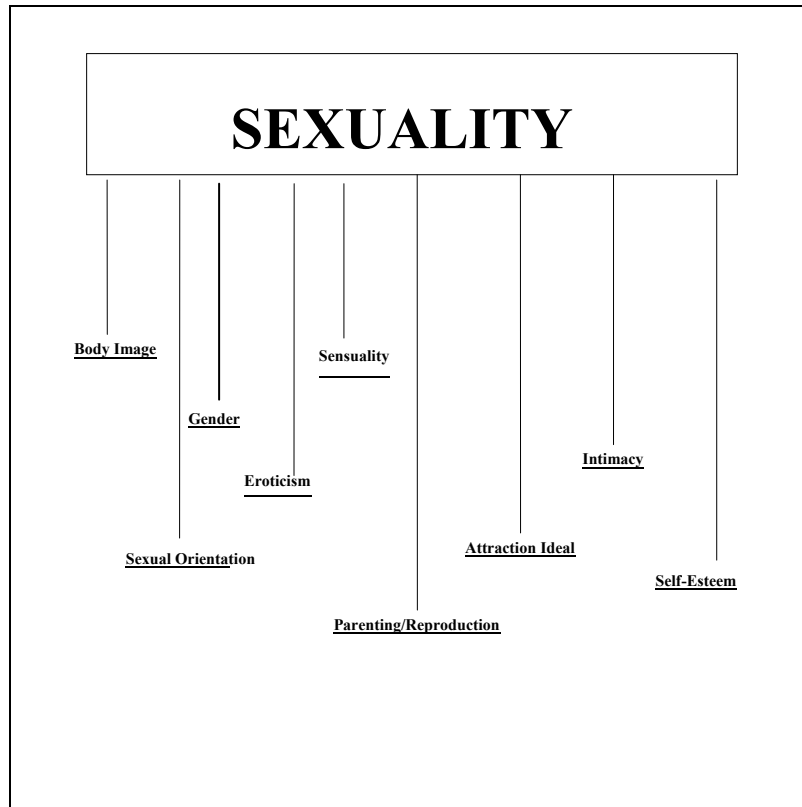
*How we identify and express ourselves sexually is far more complex and fluid than we are taught to believe. We are socialized to believe that the possibilities for how we identify ourselves are narrow and fixed. In actuality, there are many possibilities.*

**STATE** *Today we will be talking in detail about sexuality and sexual orientation. We will talk about what your sexuality means to you and the different ways in which we express our sexuality.*

*Before we proceed, let's all remember that this is a safe space where we should all feel free to share our thoughts, feelings and opinions without fear.*

**REFER** Again to “Ground Rules and Guidelines” poster.

- STATE** *Today we are going to talk about sexuality.*
- ASK** *What does sexuality mean to you?*
- ALLOW** Participants to give their definitions of sexuality.
- WRITE** The various definitions given on board/flip-chart.
- STATE** *For the purposes of this session, **sexuality** will be defined as a **complex, multi-dimensional aspect of our total selves.** “Complex” means complicated, “multi-dimensional” refers to having many parts or components. Sexuality isn’t just having sex or being sexy. It concerns who we are, what we believe, feel, think, and how we behave. It is biological, psychological, and cultural/societal. It impacts how the world relates to us and how we relate to the world. **The multidimensional nature of sexuality applies to people of ALL sexual orientations, be they straight, gay/lesbian, or bisexual.***
- DISTRIBUTE** “Dimensions of Sexuality” handout
- SHOW** “Dimensions of Sexuality” poster



## STATE

*As we can see, there are nine dimensions listed here: Body Image, Sexual Orientation, Gender, Eroticism, Sensuality, Parenting/Reproduction, Attraction Ideal, Intimacy, and Self-Esteem. We are going to briefly discuss each of these dimensions.*

***Please note you may assign sections to participants who volunteer to read out loud.***

***Body Image*** can be thought of as a complex mental photograph of our body that reflects not our actual body, but our opinion of our body. Body image includes how we feel about our bodies, how we compare our bodies to an ideal, what we like and dislike about our bodies, and how we believe others see us.

***Sexual orientation*** refers to how we form sexual and emotional attachments to others, and whether our preference of partners is opposite gender, same gender, or both genders.

***Gender*** is the biological component of sexual identity. It describes whether a person is male or female, based on anatomy and hormones.

- *Gender roles are what our culture assigns as the appropriate or accepted traits and behavior for men and women. It is the “role” our society assigns us to play based on our gender.*
- *Gender identity is one’s understanding or feeling about whether one is emotionally or spiritually male or female or both or neither.*

***Eroticism*** refers to our thoughts of and feelings about sexual arousal and desire. It can include sexual fantasies, genital sensations, images that enhance sexual feelings, and just plain “horniness.” Eroticism has a broad scope and range and is influenced by culture and gender. What is erotic or “sexy” for one person may not be for someone else. Each of us is unique in what turns us on, in how often and how much sexual activity we enjoy and in what type of fantasies we have.

***Sensuality*** refers to how our bodies and minds respond to touch and other bodily sensations. Sensuality, in and of itself, is not necessarily sexual. For example, affectionate touching and holding, for the sake of closeness and intimacy and not as a prelude to intercourse, is within the domain of sensuality. Each person’s sensuality manifests itself in different ways. A body massage, relaxing in a hot tub, the feel of silk on your skin, a smell of a favorite perfume, the taste of a delicious meal — these are all examples of sensual pleasures.

***Parenting/Reproduction.*** For many people, reproduction and parenting are important aspects of their sexuality. For others, the need to have or raise children is minimal or nonexistent. Our individual needs to bear children or parent children are very personal and deeply felt.

***Attraction Ideal.*** An attraction ideal refers to a preference or mental picture of what we find sexually attractive in another person. It triggers our interest and sometimes our eroticism. It is our mind’s eye picture of



*what we find attractive. Physical appearance is only part of an attraction ideal. Personality, sense of humor, attitudes, values, career choice, political views—all these and more blend together when we think of our ideal partner.*

***Intimacy*** refers to the need and ability to develop emotional closeness with another person that is reciprocal. Intimacy may or may not have a sexual component. Not all intimate relationships are sexual, and not all sexual relationships are intimate. True intimacy is probably what most people have in mind when they talk about “love” or “falling in love.”

***Self-esteem*** refers to the feelings, beliefs and perceptions we have about ourselves. It is, simply put, our own opinion of ourselves. We will talk more about self-esteem in a later session.

**ACTIVITY 5M - C: ESTABLISHING A COMMON LANGUAGE**

**TIME: 10 MINUTES**

**WRITE** each of the following terms on a separate piece of poster paper (4 pieces in total):

- Gay
- Bisexual
- Homophobia
- Heterosexism
- Queer
- Transgender

**HANG** each sheet so the sheets are spread throughout the room.

**PLACE** one or two markers near each sheet of poster paper.

**STATE** *You'll spend the next few minutes learning from each other in order to establish a "common language." This language will provide us with a respectful way to talk about sexuality and sexual orientation.*

**DIVIDE** participants into 2 groups.

**ASSIGN** each group to 2 different posters.

**STATE** *Each group will have 1 ½ minutes at each of their assigned posters to discuss the term on the poster and write a definition. When I call "Switch," you will move on to the next poster. You'll have another minute and a half to write a new definition for that term. We'll continue moving from poster to poster until each group has had a chance to write a definition for each term assigned to them. ( 6 minutes total)*

*You don't have to be experts, nor do you have to write long definitions. And, remember, be respectful in your choice of terms.*

*OK, ready? Let's begin!*

**ALLOW** 1 ½ minutes for discussing and writing the first set of definitions, then **HAVE** the groups **MOVE** to the next poster.

**CONTINUE** until each group has had a chance to write a definition for each term assigned to them.

**STATE** *Now I'd like each group to remain standing by its current poster.*

**READ** the definitions aloud. If you think the groups are comfortable with the activity, you can have a member of each group read the definitions on his or her group's poster.

**ASK** *What are your reactions to these definitions?*

**DISCUSS** responses.

**HAVE** participants return to their seats.

**HAND OUT** "Establishing A Common Language" handout.

**STATE** *Now I'll read some definitions for these terms.*

*Gay: In contemporary usage, the adjective gay usually describes a person's sexual orientation, being the standard term for homosexual.*

*Bisexual: Bisexuality is a sexual orientation which refers to the romantic and/or sexual attraction of individuals to others of both genders (socially) or sexes (biologically). Most bisexuals are not equally attracted to men and women and may even shift between states of finding either gender or sex exclusively attractive over the course of time*

*Homophobia: Irrational fear, hatred, or prejudice toward people who identify as lesbian or gay.*

*Heterosexism: The attitude that heterosexuality is the only valid sexual orientation. Heterosexism often takes the form of ignoring lesbians and gay men, the assumption being that everyone is heterosexual, or that everyone should be heterosexual.*

*Queer: A term used by some LGBTQ-identified people. Once a negative term used to describe LGBTQ people, it has recently been reclaimed among certain LGBTQ. For some, especially youth, queer is seen as a term of empowerment.*

*Transgender: A term focused on issues of gender identity and represents a range of individuals who do not conform to traditional societal expectations and roles for each gender such as transvestites, transsexuals, transgenderists, androgynists and intersex people.*

**ASK** *What are your reactions to the formal definitions I just read?*

**DISCUSS** responses.

**COMPARE  
&  
CONTRAST** the formal definitions you just read with those written on the posters.

**ASK** *Do you have any questions or comments?*

**DISCUSS** responses.

## ACTIVITY 5M - D: ASPECTS OF SEXUAL ORIENTATION

**TIME: 15 MINUTES**

**STATE** *Sexual orientation, rather than being a binary concept (heterosexual or homosexual), is in actuality quite complex with several dimensions.*

**HAND OUT STATE** **The Klein Sexual Orientation Grid**

*This is the Klein Sexual Orientation Grid. It sets out 7 components of sexual orientation - sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference, self-identification, and heterosexual/homosexual lifestyle - listed as A through G down the left side. We can identify our feelings, actions, and thoughts regarding each of these seven dimensions for each of the three time periods listed "past, present, and ideal".*

*Please take a few minutes to read over the grid and fill in each box as it best corresponds to you.*

**HAVE** each participant fill out the grid.

**ALLOW** 5 minutes for completion of grid.

**STATE** *The Klein Grid illustrates that how we view and identify ourselves is not simple. The purpose of introducing this here was to illustrate the complexity of sexual orientation and sexuality.*

**ASK** the following questions to help facilitate discussion of results:

- *How does the Klein Grid confirm or contradict your understanding of sexuality?*
- *How might the Klein Grid affect how we understand sexual orientation?*
- *How is attraction different than behavior?*
- *Do you define your sexuality based on your attraction, your behavior, your thoughts, or any combination of these things?*
- *Why or why not?*

**ALLOW** participants 10 minutes to discuss their results and to reflect on thoughts and feelings raised by the grid.

**STATE** *That was great! Thank you all for being so open and sharing your thoughts with the group.*

## ACTIVITY 5M - E: DUAL DISCLOSURE

**TIME: 15 MINUTES**

**STATE** *It is often harder to disclose one's HIV status when it means that you end up having to disclose your sexual orientation in the process. We talked a few sessions ago about the process of disclosing HIV status and understanding the risks and benefits associated with HIV disclosure. We are now going to focus on disclosure of sexual orientation or gender identity.*

*Before we talk about the process of disclosing our sexual identity or gender identity, lets talk about some of the benefits and drawbacks.*

**ASK** *What are some of the benefits of disclosing?*

**FACILITATE** discussion.

**LIST** benefits on a piece of flipchart paper and tape somewhere in the front of the room.

Benefits Include:

- Living an open and whole life.
- Developing closer, more genuine relationships.
- Building self-esteem from being known and loved for who you really are.
- Reducing the stress of hiding your identity.
- Connecting with others (who are LGBTQ people).
- Being part of a strong and vibrant community.
- Helping to dispel myths and stereotypes (about LGBTQ people) are and what our lives are like.
- Becoming a role model for others.
- Making it easier for younger (LGBTQ) people who will follow in your footsteps.

**ASK** *What are some of the drawbacks of coming out?*

**FACILITATE** discussion.

**LIST**

drawbacks on a piece of flipchart paper and tape next to benefits.

Drawbacks Include:

- Not everyone will be understanding or accepting.
- Family, friends or co-workers may be shocked, confused or even hostile.
- Some relationships may permanently change.
- You may experience harassment or discrimination.
- Some young people may be thrown out of their homes or lose financial support from parents.

**STATE**

*As with disclosing your HIV status, when disclosing your sexual identity it is important to think about the process. Essentially, the same “Steps to Disclosure” apply:*

**Steps to Disclosure**

---

- 1) WHO would I like to tell?
- 2) WHY do I want them to know?
  - f) Will this person be a support to me?
  - g) Will it be a relief to tell this person?
- 3) Is it SAFE to tell this person? (Would this person try to hurt me?)
- 4) How will disclosing to this individual affect ME?
- 5) HOW do I disclose?

**WRITE**

the disclosure steps on the flipchart/board as you state them.

**STATE**

*When you're ready to tell that first person — or even those first few people — give yourself time to prepare. Think through your options and make a deliberate plan of whom to approach, when and how. When thinking about this process, there are some things to keep in mind.*

**HAND OUT**

“Disclosure of Sexuality: TIPS” handout.

**STATE**

***T.I.P.S. stands for***

***Timing , Information, Planning & Patience, and Support***

***Is this a good time?***

- *Timing can be very important. Be aware of the mood, priorities, stresses and problems of those to whom you would like to come out. Be aware that if they're dealing with their own major life concerns, they may not be able to respond constructively to yours.*

***What kind of signals are you getting?***

- *You can get a sense of how accepting people will be by the things they say — or don't say — when LGBTQ-related issues come up. Try to bring them up yourself by talking about a LGBTQ-themed movie, TV character or news event. If a person's reactions are positive, chances are he or she will be more accepting of what you have to tell them.*

***Are you well-informed about LGBTQ issues?***

- *The reactions of others will most likely be based on a lifetime of misinformation, and in some cases even negative portrayals (of LGBTQ people). If you've done some reading on the subject, you'll be prepared to answer their concerns and questions with reliable and accurate information.*

***Do you know what it is you want to say?***

- *Particularly at the beginning of the coming out process, many people are still answering tough questions for themselves and are not ready to identify as being gay, or bisexual. That's OK. Maybe you just want to tell someone that you're attracted to someone of the same sex, or that you feel uncomfortable with the expectations of cultural gender norms. Maybe you just want to tell someone about a new same-sex attraction, or that you're feeling that your true gender does not align with cultural "gender norms." Labels aren't important; your feelings are. Also, you may want to try writing out what you want to say, to help organize and express your thoughts clearly.*

***Can you be patient?***

- *Some people will need time to deal with this new information. When you disclose to others, be prepared to give them the time they need to adjust to what you've said. Rather than expect immediate understanding, try to establish an ongoing, caring dialogue.*

***Do you have support?***

*You don't have to do this alone. A support system is an invaluable place to turn to for reassurance. Sources of support can be other (LGBTQ) people who are living openly, LGBTQ hotlines, school guidance counselors, a supportive member of the clergy or, if you are disclosing for the second or third time, perhaps the first person you opened up to initially. A supportive mental health professional often helps people become more comfortable. In fact, these are the first people some individuals come out to.*

*Remember the different tools we used for disclosure in session 2? Please use the Disclosure Decision Tree and the Safe TALK handout when thinking through this process as well.*



**ACTIVITY 5M - F. ROLE PLAY: I NEED TO TELL YOU SOMETHING ABOUT MY SEXUALITY**

**TIME: 10 MINUTES**

**HAVE** participants break up into groups of 2. If there are an odd number of people, have the peer facilitator partner with a participant.

**STATE** *Now we are going to have you practice disclosing your sexual orientation or gender identity to the person that is important to you. If you do not have someone to disclose to, think about any upcoming potential situations or people such as coworkers or new acquaintances. Each pair of you will do two role plays, one where you are the discloser, and one where you are the receiver of the news. The tallest person in each group will be the discloser first.*

***If you are disclosing**, please let your partner know who he or she is playing - a friend, a parent, a teacher, a co-worker, a family member, or a partner. Give your partner the name of the person and let them know a few things about this person's personality traits. Make sure you tell him when and where the conversation is taking place.*

***If you are playing the receiver**, act as you think that person would react. Keep the following questions in mind:*

*How direct and honest was the discloser?*

*Did the discloser seem to have a plan?*

*Did the discloser understand the other person's feelings?*

*Was it clear what the discloser wanted?*

**ALLOW** 3 -4 minutes for each participant to role play. **HAVE** participants switch when they are done.

**BRING** the group back together.

**DISCUSS** the role play activity. Focus on one group at a time.

**HAVE** each person talk about when they were doing the disclosing. Have them share with the large group who they told, when and where. Encourage each person to share how they felt when they were doing the disclosing. **ENCOURAGE** them to share one thing they liked, and one thing they would do differently.

**HAVE** each person talk about when they were the person being told and discuss their experience with their partner in reference to the four points above with the large group. **ENCOURAGE** them share one thing they liked that the discloser did, and one thing they would do differently.

**ASK**

the group:

- *What was the most challenging thing about this activity?*
- *What part of this was easier than you thought it would be?*
- *What surprised you going through this process?*

**ENCOURAGE**

discussion.

**ANSWER**

any questions raised by participants.

**ACTIVITY 5M - G: WHAT IS YOUR ROLE?**

**TIME: 10 MINUTES**

**ASK** *What does being a man mean to you?*

*What messages have you heard about what it takes to be a man?*

**FACILITATE** discussion around common messages about what it means to be a man. Discuss media and family influences. Make sure the following “male” roles are discussed.

- Man as caretaker (of loved ones, community and self)
- Man as provider
- Man as “macho/machismo”

**ASK** *How do you feel about those messages?*

*How do you see yourself fitting into the idea of what it means to be a man?*

*How do you see yourself fitting into the role of a provider?*

NOTE: ALLOW discussion after each question.

**DISCUSS** the group’s impressions.

**ASK** *What messages have you heard about a man who is attracted to other men?*

*What messages have you heard about being a man who is attracted to other women?*

*What messages have you heard about being a man who is attracted to both men and women?*

*How do you feel about those messages?*

*How has your sexuality impacted your view of yourself as a man?*

*How has your HIV impacted your view of sexuality?*

*How has your HIV impacted your view of yourself as a man?*

NOTE: ALLOW discussion after each question.

**DISCUSS** participant’s responses.

**STATE** *It is important to process how our sexuality, how living with HIV, and the combination of the two have impacted our view of ourselves as men. Our next exercise will explore this further.*

## ACTIVITY 5M - H: MAN DRAWING

**TIME: 15 MINUTES**

- HAND OUT** “Man Drawing” handout to participants.
- STATE** *This is called the “Man Drawing”. The purpose of this exercise is to illustrate how you see different aspects of yourself coming together.*
- All of us have an infinite number of parts to us that come together to make us who we are. For example, I may identify as a [facilitator insert appropriate identities], among other things. All of these identities represent different aspects of me. Imagine that this outline of a man is you. For this exercise we want you to think about the part of you that represents your ethnicity, the part of you that is a person living with HIV, the part of you that represents your sexuality (how you identify sexually), and the part of you that is a caretaker (or potential caretaker). Pick one color for each of these four parts of yourself. If you choose, feel free to pick up to three additional colors to represent up to three other aspects of yourself.*
- ALLOW** participants 1 minute to pick their colors.
- STATE** *Using the different colors of pencils or markers that represents each of these parts of you, fill in the drawing in a way that shows how you see these different aspects of yourself coming together. Draw freely inside and outside the outline, overlapping if you want to. Remember, there are no rules and no right or wrong ways to do this exercise.*
- ALLOW** participants 5 minutes to color in their “Man Drawing” handout.
- DISCUSS** “Man Drawing”. **ENCOURAGE** participants to share their drawings with the group.
- STATE** *Think about different settings. For instance - school, work, church, around your family, around your friends, etc.*
- How would your drawing be different in these different situations?*
- Use additional worksheets to represent this. You can pick one setting or multiple settings. Be sure to label the worksheet based on the setting it represents.*
- ALLOW** participants some time to complete the additional handouts.

**ASK**

*Who would like to explain their Man Drawings?*

NOTE: If it does not come up naturally, be sure to ask participants about the variation of their identities within different contexts.

Example questions:

- Explain the differences in your drawing from context “A” to context “B”
- Why does the integration of your identities change?

ALLOW participants to express their feelings regarding expressing different parts of themselves more or less prominently in different contexts.

**ALLOW**

5 minutes for discussion.

## ACTIVITY 5M - I: CONDOM NEGOTIATION ROLE PLAYS

**TIME: 20 MINUTES**

**STATE** *In this session, we've spent the majority of the time talking about sexuality. As you recall, sexuality also involves our intimate relationships, inclusive of our sexual relationships. Deciding to become sexually intimate with a partner can be a big step to take in a relationship, especially since, for many people, having sex involves an emotional commitment as well as a physical one. Now, we are going to shift focus and talk about safer sex negotiation. We know that many things influence one's decision to engage in safer sex. Let's take a step back and think about what is safer sex.*

**ASK** *What is safer sex?*

**ALLOW** Time for participant responses.

**STATE** *There are many ways of thinking about safer sex. For our purposes, let's recognize that most sexual activity carries some risk of spreading HIV. To reduce the risk, it's necessary to make it more difficult for blood or sexual fluid to get into your body. Using condoms consistently and correctly is one way to reduce the risk and engage in safer sex. Yet, many people report difficulties talking to their partners about using condoms. Now, we will practice condom negotiation skills.*

*You've heard it a thousand times: "Just say NO." It sounds easy but in fact there are many times when it's hard to say "no" to someone. If people are pressuring you into something you don't want to do, they may try to make you feel like there is something wrong with you if you say "no." When the pressure is on you may get confused about what you really want. It's important to remember that if they are pushing you, then they have a problem, not you. By telling them how you feel, you are remaining true to yourself.*

**PROPOSE** the following situations and ask the group for ideas of how to refuse each line.

*"Can I get you a drink?"*

*"Let's go upstairs to my room."*

**ASK** the group about situations in which they felt pressured to do something they did not want to do and how they refused.

**LIST** responses on flipchart. Responses may include the following:

Ways to refuse:

- *Polite refusal* “No thanks”
- *Give a reason* “I don’t like the way it tastes.”
- *Broken record* “No thanks (3x)”
- *Walk away*
- *Cold shoulder*
- *Give an alternative* “I’d rather stay here and watch TV.”
- *Reverse the pressure* “What did I just tell you? Were you listening?”
- *Avoid the situation*
- *Strength in numbers* Hang around people with your same beliefs

**ASK** participants to suggest reasons sexual partners give for not wanting to use a condom.

**WRITE** responses on flipchart.

**STATE** *Now let’s see if we can changes each excuse for not wanting to use a condom into a good reason for a condom. In other words, what could you say to a potential partner who said the following?*

*What would you say to a long-term sexual partner who said the following?*

**DEMONSTRATE** by reading 1 excuse that is listed on the board and give a positive response.

**STATE** *We’ve been talking about different ways to tell a partner what we will and will not do in sexual situations. Now we are going to try to put this into action.*

**HAVE** participants break off into pairs.

**STATE** *Break off into pairs and pretend that you are a couple leading up to sex for a couple of weeks. The only thing you haven’t discussed is protection. One of you will have to convince or persuade the other partner to use a condom or not have sex.*

- ALLOW** 1-2 minutes for role play.
- HAVE** participants switch roles (the person who initially refused to use a condom will now play the role of the person trying to convince their partner to use a condom).
- ALLOW** 1-2 minutes for role play.
- DISCUSS** how participants felt in each role and what lines they used.
- ASK** *What kind of communication was demonstrated?*  
*What tips did you notice?*  
*What did you notice about tone of voice? Pauses? Using “I” messages?*  
*What did you notice about eye contact? Posture? Body language?*
- DISCUSS** participants’ responses.



group to respond to the following list of excuses. Only read those that were not discussed by the group in the above activity.

Breaking-the-mood excuses

Excuse: Condoms kill the mood for sex.

Response: Only if you let them. With a little imagination, condoms can actually make it better. Let me show you that it doesn't have to kill the mood.

Sexual enjoyment excuses

Excuse: Condoms don't feel as good as the real thing. They aren't natural.

Response: Today's thin latex condoms feel really natural. Putting a drop of lubricant inside the tip of the condom might give extra feeling.

Excuse: Condoms are messy and smell funny.

Response: But with a condom we will be safer. Condoms don't smell any funnier than the smell of having sex.

Excuse: Condoms are unnatural and turn me off. I don't get any feeling through a rubber.

Response: There's nothing natural about getting a disease either. Getting sick is a turn-off. I know how to turn you back on.

Excuse: When I stop to put it on, I'll lose my erection.

Response: Don't worry, I'll help you get it back.

Excuse: Let's do it just this once without a condom.

Response: Once is all it takes to get a disease or get pregnant.

Contraception Excuses

Excuse: Why do I need to use condoms if we're using the pill?

Response: So you can protect your health. The pill does not help prevent contact with the virus that causes STDs or HIV...but condoms do.

Relationship/Trust Excuses

Excuse: We don't need them because what we've got is special. Don't you trust me, baby?

Response: It's not a matter of trust. It is a matter of caring for yourself and the person you are with. In fact, both partners share a responsibility for having and using condoms—whether they trust each other or not.

Excuse: I love you. Would I give you an infection?

Response: Not intentionally. But most people don't know when they are infected with an STD.

Excuse: But we've been having sex without condoms for a while.

Response: I know, but we could enjoy each other a lot more if I did not have to worry. That does not mean it's not a good idea from now on.

Disease-and-Health Excuses

Excuse: We both have HIV, so what's the big deal?

Response: If we use condoms we can still prevent possible infection with a different strain of HIV, which can be resistant to certain HIV medications, or other sexually transmitted diseases.

Excuse: I am taking antiretroviral medications. I can't pass the virus along.

Response: Taking ARVs do not keep us from passing the virus to each other. HIV is still present in the body and can still be transmitted.

Lack-of-a-condom excuses

Excuse: I don't have a condom with me.

Response: Let's satisfy each other without having sex. Let's wait and have sex another time when we do have a condom. Let's go to the store and buy a condom.

**DISCUSS**

Responses for assertive communication.

## ACTIVITY 5M - J: CONNECTING TO A COMMUNITY

### TIME: 10 MINUTES

**STATE** *We spent considerable time talking about sexuality and aspects of sexual orientation today. Now, we are going to switch gears a bit and talk about how specific communities can be a resource for helping us navigate aspects of sexuality and sexual orientation.*

**ASK** *What does community mean to you? What is your definition of community?*

**ALLOW** *responses.*

**STATE** *A community is not only a physical place, but a community can be defined as a group of people with some shared element, a shared experience.*

*In the previous exercise, we talked about having support from others, specifically in terms of our sexuality.*

*Sometimes when dealing with issues surrounding our sexuality, it is more difficult if we feel alone. Developing a sense of community and having healthy relationships with other LGBTQ people can be very beneficial for some, however others may feel uncomfortable having ties with or being associated with the “LGBTQ community” or “LGBTQ culture”*

**ASK** *How would you define this community?*

- Responses may include that the LGBTQ community is a community of people who do not identify as heterosexual (but is inclusive of all other sexual orientations)

Responses may also reflect a non-recognition of differences in sexuality among people who do not identify as heterosexual and an equation of LGBTQ community to gay community.

**DISCUSS** *responses.*

**ASK** *Is there one LGBTQ community, or do separate communities exist?*

**Probe:**

- Is there a gay community? A bisexual community? A transgender community?

**ASK** *What does the term “gay community” mean to you?*

*Why might some people feel uncomfortable being associated with or becoming a part of the gay community?*

- Themes may come up such as drug use, hypersexuality, and association with HIV/AIDS.

**DISCUSS** responses.

**ASK** *What are some of the strengths that you have noticed about this (LGBTQ) community?*

- Themes may come up such as a strong sense of community, a long history of activism, resilience, power

**DISCUSS** responses.

**ASK** *How might each one of you personally benefit from becoming closer to the (LGBTQ) community?*

*What are some ways that we can become connected to the (LGBTQ) community?*

Responses might include:

- Move into or spend time in the physical LGBTQ community
- Join a LGBTQ group
- Become an advocate for LGBTQ causes and rights
- Become connected to the (LGBTQ) community online

**STATE** *Communities not only congregate physically but congregate virtually, over the phone, over the internet, etc If anyone does want to become more connected to the LGBTQ community, here are some resources:*

**Note: SITES SHOULD HAVE LIST OF LOCAL RESOURCES (CBOs specific to needs of LGBTQ youth, support groups, web sites, etc.)**

- *Advocatesforyouth.com*
- *Bayareapositives.com*
- *GMHC.com*

**ASK** Are there any questions?

**DISCUSS** any questions.

**ACTIVITY 5M - K: Action Plan: Connecting to a Community**

**TIME** 5 Minutes

**STATE** *Today's action plan will focus on connecting to a community.*

**HAND OUT** "Action Plan: Connecting to a Community"

**STATE** *Building community social support is an important component of maintaining a healthy sexuality. We are going to use this action plan to think about a specific community that you are interested in belonging to. Decide when you would like to tell them, where you will have the talk, what you will say, and how you will do it. Finally, think about what the costs and potential benefits of joining or connecting to this person/community would be. Remember when thinking about costs and benefits, think primarily about how disclosing will affect you and your life*

**ALLOW** 5 minutes for participants to fill out their Action Plan

# SEXUALITY

Body Image

Sensuality

Eroticism

Intimacy

Sexual Identity

Attraction Ideal

Self-Esteem

Parenting/Reproduction

## ESTABLISHING A COMMON LANGUAGE

**Homophobia:** Irrational fear, hatred, or prejudice toward people who identify as lesbian or gay.

**Heterosexism:** The attitude that heterosexuality is the only valid sexual orientation. Heterosexism often takes the form of ignoring lesbians and gay men, the assumption being that everyone is heterosexual, or that everyone should be heterosexual.

**Queer:** A term used by some LGBTQ-identified people. Once a negative term used to describe LGBTQ people it has recently been reclaimed among certain LGBTQ populations. For some, especially LGBTQ youth, queer is seen as a term of empowerment.

**Transgender:** A term focused on issues of gender identity and represents a range of individuals who do not conform to traditional societal expectations and roles for each gender such as transvestites, transsexuals, transgenderists, androgynists and intersex people.

### ***Klein GYI i U`CfJYbHjcb`Grid***

*Using the following scale, place a number in each of the boxes that corresponds to your feelings, actions, and thoughts.*

For Categories A through E:

- 0 – Exclusively the other sex
- 1 – Mostly the other sex, infrequently the same sex
- 2 – Often the other sex, sometimes the same sex
- 3 – Equally the other sex and the same sex
- 4 – Often the same sex, sometimes the other sex
- 5 – Mostly the same sex, infrequently the other sex
- 6 – Exclusively the same sex

For Categories F and G:

- 0 – Exclusively heterosexual
- 1 – Mostly heterosexual, infrequently homosexual
- 2 – Often heterosexual, sometimes homosexual
- 3 – Equally heterosexual and homosexual
- 4 – Often homosexual, sometimes heterosexual
- 5 – Mostly homosexual, infrequently heterosexual
- 6 – Exclusively homosexual

<b>CATEGORIES</b>	<b>Past</b>	<b>Present</b>	<b>Ideal</b>
<b>A. Sexual Attraction</b> – who you are sexually attracted to, (males, females, both)			
<b>B. Sexual Behavior</b> – with whom do you have sex (males, females, both)			
<b>C. Sexual Fantasies</b> – who do you have sexual fantasies about, whether they occur during masturbation, daydreaming, or as part of your daily life			
<b>D. Emotional Preference</b> – who do you feel emotionally close to (males, females, both)			
<b>E. Social Preference</b> – who do you like to hang out with and spend time socially (males, females, both)			
<b>F. Self-Identification</b> – how do you identify or think about yourself sexually			
<b>G. Heterosexual /Homosexual Lifestyle</b> – where do you tend to spend time and with whom (in the gay and lesbian world, the heterosexual world, both)			



# Disclosure of Sexuality

**T**

## IMING

Timing is very important. Choose a time that suits you, when you are most relaxed, but also make sure it is a time when the person you want to tell is in a good mood and has enough time to listen to what you have to say. Make sure neither of you are rushed and have enough time to fully discuss the situation.

**I**

## NFORMATION

Make sure you are well informed about LGBTQ issues. Know how the person feels about LGBTQ issues. You can get a sense of how accepting people will be by the things they say when LGBTQ related issues come up. The reactions of others may be based on a lifetime of misinformation. If you've done some reading on the subject, you'll be prepared to answer their concerns and questions with reliable and accurate information.

**P**

## LANNING & PATIENCE

Plan what you want to say. Many people are still answering tough questions for themselves and are not ready to identify as being gay or bisexual. Maybe you just want to tell someone that you're attracted to someone of the same sex, or that you feel uncomfortable with the expectations of cultural gender norms. Labels aren't important; your feelings are. Some people will need time to deal with this new information. Rather than expect immediate understanding, try to establish an ongoing, caring dialogue.

**S**

## UPPORT

A support system is an invaluable place to turn to for reassurance. Sources of support can be other LGBTQ people who are living openly, LGBTQ hotlines, school guidance counselors, a supportive mental health professional, a supportive member of the clergy or, if you are disclosing for the second or third time, perhaps the first person you opened up to initially.

# My Man Drawing

SELF-DEFINITIONS:

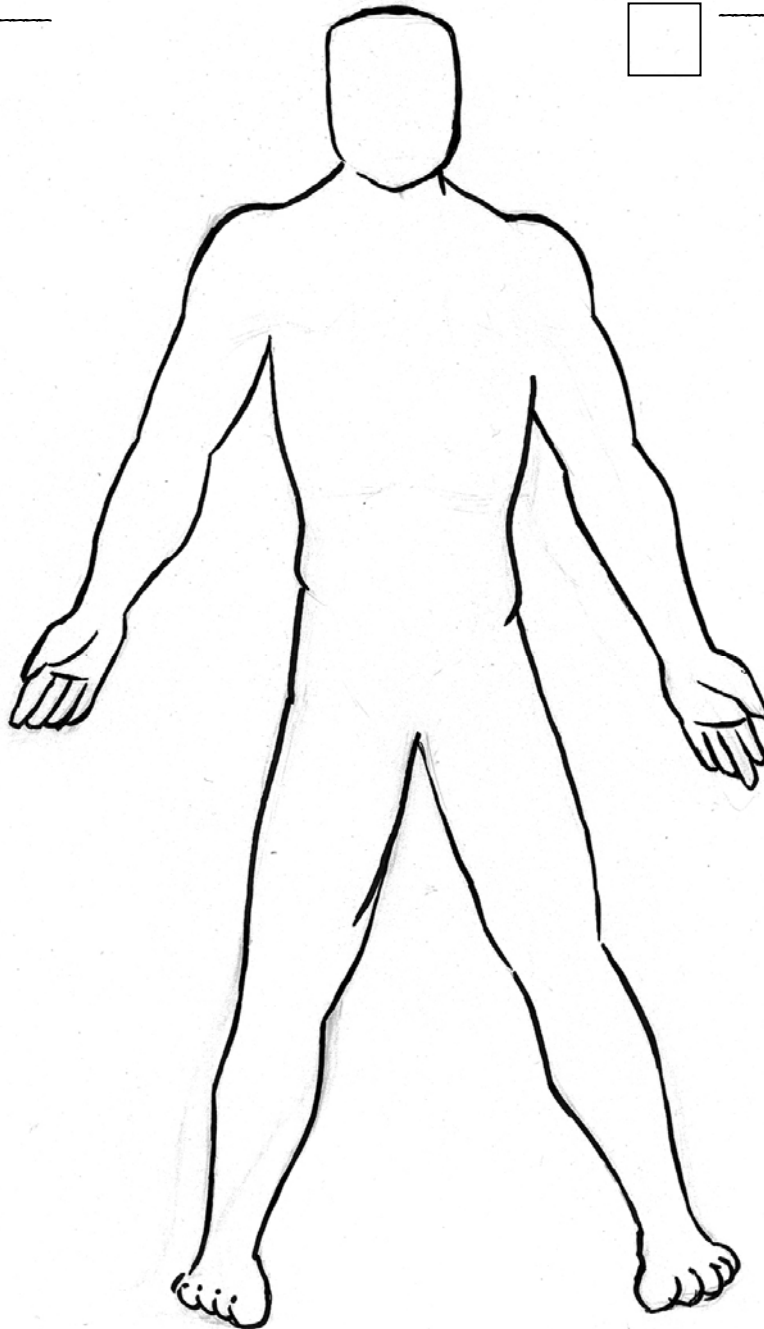
\_\_\_\_\_

\_\_\_\_\_

SELF-DEFINITIONS:

\_\_\_\_\_

\_\_\_\_\_



**MY ACTION PLAN**

**Action Plan: Connecting to a Community**

*Think about one specific community that you would like to have a closer connection with. Use this worksheet to think through the reasons why you want to connect with this community. Then use this form to plan out the process. Decide when you would like to tell them, where you will have the talk, what you will say, and how you will do it. Finally, think about what the costs and potential benefits of connecting to this community would be. Remember when thinking about costs and benefits, think primarily about how disclosing will affect you and your life.*

List all the reasons **WHY** you want to connect to this community\_\_\_\_\_.

**WHO** am I connecting to?

**WHAT** will I say?

**WHERE** will I say it?

**WHEN** will I do this?

**HOW** will I do it?

Potential costs:

Potential

I benefits:

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## **Project ACCEPT Session 5-G**

### *Participant #1*

**Body Image** can be thought of as a complex mental photograph of our body that reflects not our actual body, but our opinion of our body. Body image includes how we feel about our bodies, how we compare our bodies to an ideal, what we like and dislike about our bodies, and how we believe others see us.

### *Participant #2*

**Sexual orientation** refers to how we form sexual and emotional attachments to others, and whether our partners are opposite gender, same gender, or both genders.

### *Participant #3*

**Gender** is the biological component of sexual identity. It describes whether a person is male or female, based on anatomy and hormones.

- Gender roles are what our culture assigns as the appropriate or accepted traits and behavior for men and women. It is the “role” our society assigns us to play based on our gender.
- Gender identity is one's understanding or feeling about whether one is emotionally or spiritually male or female or both or neither.

### *Participant #4*

**Eroticism** refers to our thoughts of and feelings about sexual arousal and desire. It can include sexual fantasies, genital sensations, images that enhance sexual feelings, and just plain “horniness.” Eroticism has a broad scope and range and is influenced by culture and gender. What is erotic or “sexy” for one person may not be for someone else. Each of us is unique in what turns us on, in how often and how much sexual activity we enjoy and in what type of fantasies we have.

### *Participant #5*

**Sensuality** refers to how our bodies and minds respond to touch and other bodily sensations. Sensuality, in and of itself, is not necessarily sexual. For example, affectionate touching and holding, for the sake of closeness and intimacy and not as a prelude to intercourse, is within the domain of sensuality. Each person's sensuality manifests itself in different ways. A body massage, relaxing in a hot tub, the feel of silk on your skin, a smell of a favorite perfume, the taste of a delicious meal — these are all examples of sensual pleasures.

### *Participant #6*

**Parenting/Reproduction.** For many people, reproduction and parenting are important aspects of their sexuality. For others, the need to have or raise children is minimal or nonexistent. Our individual needs to bear children or parent children are very personal and deeply felt.

### *Participant #7*

**Attraction Ideal** An attraction ideal refers to a preference or mental picture of what we find sexually attractive in another person. It triggers our interest and sometimes our eroticism. It is our mind's eye picture of what we find attractive. Physical appearance is only part of an

*attraction ideal. Personality, sense of humor, attitudes, values, career choice, political views — all these and more blend together when we think of our ideal partner.*

*Participant #8*

***Intimacy** refers to the need and ability to develop an emotional closeness with another person that is reciprocal. Intimacy may or may not have a sexual component. Not all intimate relationships are sexual, and not all sexual relationships are intimate. True intimacy is probably what most people have in mind when they talk about “love” or “falling in love.”*

*Participant #9*

***Self-Esteem** refers to the feelings, beliefs, and perceptions we have about ourselves. It is, simply put, our own opinion of ourselves.*

## SESSION 6: SELF-ESTEEM & GOAL SETTING

### Goals:

To increase understanding of self-esteem and how it affects behavior and relationships.

### Objectives:

1. To discuss aspects of self-esteem.
2. To explore impact of low self-esteem on individual's behaviors and relationships.
3. To explore impact of self-esteem on individuals pre- and post-diagnosis.
4. To identify skills to improve self-esteem.

Activities	Time
6A. Review of Action Plan: 5M-Connecting to a Community or 5F:Sexuality	5 minutes
6B. Self-Concept Activity	24 minutes
6C. Self-Esteem Overview	19 minutes
6D. Self-Esteem Team Activity	11 minutes
6E. Dimensions of Self Activity	13 minutes
6F. Healthy Self-Esteem Strategies	23 minutes
6G. Action Plan: Realistic Goal Setting	10 minutes
6H. Group & Individual Strengths Exercise	10 minutes
6I. Social Support Worksheet Assignment	5 minutes
6J. Tile Activity-Conclusion	15 minutes

Supplies	
<u>Every Session</u>	<u>This Session</u>
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Tape</li> <li>• Ground Rules and Guidelines Poster</li> <li>• Folders</li> </ul>	<ul style="list-style-type: none"> <li>• Self-Esteem Poster</li> <li>• Challenge Your Negative Beliefs Example Poster</li> <li>• Meeting Realistic Goals Poster</li> <li>• Tiles from Group Session 1</li> </ul>
Handouts	
<ul style="list-style-type: none"> <li>• “When I Look in the Mirror I See...”</li> <li>• “When I Look in the Mirror I Want to See...”</li> <li>• “Dimensions of Self”</li> <li>• “Challenge Your Negative Beliefs”</li> <li>• “ Action Plan: Realistic Goal Setting”</li> <li>• “Strengths” Worksheet</li> <li>• “Social Support” Worksheet</li> </ul>	

**ACTIVITY 6A: REVIEW OF ACTION PLAN**

**TIME: 5 MINUTES**

**REVIEW** Action Plan: Connecting to a Community Session 5: Male or Action Plan: Sexuality from Session 5: Female

**STATE** *At our last session, we created an action plan.*

**ASK** *Who would like to share their action plan from the last session?*

Probe participants:

*What specific steps did you take to follow your action plan?*

*Was it successful?*

*What were some of the challenges you encountered?*

*What did you gain from the experience?*

**ALLOW** 5 minutes for participant responses.

**THANK** Participants for sharing their action plan with the group.



## ACTIVITY 6B: SELF-CONCEPT ACTIVITY

**TIME: 24 MINUTES**

**INTRODUCE** Self-Concept.

**STATE** *Self-concept refers to the way we think and feel about ourselves. We all differ in how we view ourselves and our outlooks on life. Our identities are a large part of what make each of us unique. During our adolescence, we begin to take greater interest in distinguishing ourselves from others. Identity development is about asking ourselves, “Who am I?” and “Where am I going in life?” These questions are not unique to adolescence. In fact, throughout our lives, we ask ourselves these questions. However, in adolescence, sometimes these questions can be very challenging.*

**HAND OUT** “When I Look in the Mirror I See...” handout.

**DISTRIBUTE** Markers and crayons to all participants.

**INSTRUCT** Participants to draw a picture of how they see themselves now.

**STATE** *For the following activity, you will have an opportunity to draw yourself. Pretend you are looking at a mirror. Think about who and what you see when you are looking at yourself.*

**ASK** *What do you see when you look at yourself in the mirror?*

**ALLOW** 5 minutes for participants to draw themselves.

**STATE** *There are times that we look in the mirror and we hope to see something else. Perhaps, we see things about ourselves that we would like to be different. That person that we in the mirror is often referred to as our ideal self. The ideal self refers to the perfected image of who we would like to become.*

**HAND OUT** “When I Look in the Mirror I Want To See” handout.

**INSTRUCT** Participants to draw a picture of how they see would like to see themselves.

**ASK** *What would you like to see when you look at yourself in the mirror?*

**ALLOW** 5 minutes for participants to draw their ideal selves.

**ASK** *What are some ways in which the drawings of yourself and your ideal*

*self differ?*

**DISCUSS** Participant answers.

**ASK** *Why do you think the two mirrors differ?*

**DISCUSS** Participant answers.

## ACTIVITY 6C: SELF-ESTEEM OVERVIEW

TIME: 19 MINUTES

DISPLAY “Self-esteem” flipchart.

### SELF-ESTEEM

- This has to do with the value that you place on your perception of self.
- In order to have self-esteem, there must be agreement between the your self-concept and your ideal self.
- Self-esteem is not impacted by the daily “ups and downs”—it’s the way you generally feel about yourself.

#### STATE

*Generally, self-esteem refers to the value we put on our self-perceptions. It depends on the agreement between your self-concept, the way you see yourself, and your ideal self, how you would like to see yourself. In the previous activity, we discussed some of the differences between your self-concept and your ideal self. For some, there may be wide variations between their ideal and self-concepts. For others, the ideal and self will be more similar. Your self-esteem will depend on how much importance you place on those variations.*

*Self-esteem is not impacted by the daily “ups and downs”—it’s the way you generally feel about yourself. Self-esteem can be healthy or unhealthy. Self-esteem develops over time. It is shaped by our life experiences, core beliefs, assumptions and behaviors.*

*Let’s look closely at how these experiences can influence our self-esteem. Self-esteem develops early around childhood and adolescence. For example, how we are treated early in life can affect how we see ourselves and who we are. Thus negative life experiences in childhood can cause us to see and value ourselves negatively. Other negative life experiences later in life can also impact our self-esteem.*

#### ASK

*What are some life experiences that may influence the way we feel about ourselves?*

**DISCUSS** Participants answers.

May include the following:

Life Experiences

- Familial upbringing (nurturing, caring, abusive, neglecting)
- Meeting/failing school or home expectations
- Social/peer acceptance or rejection
- Difficult family situations (economic hardship, death, etc.)
- Disease

**STATE** *These were very thoughtful answers!*

*Not all people that have negative life experiences have low self-esteem. As we discussed earlier, there are other factors that influence your self-esteem. Core beliefs are the conclusions that we arrive at resulting from our life experiences. They are messages that we receive based on our past experiences that help us evaluate our current experiences. These thoughts are strongly ingrained and firmly held in our minds. They are evaluations of us and our worth. They say, "This is the kind of person that I am." Some people refer to these beliefs as their "inner voice."*

*Depending on our life experiences, our inner voice can either be reassuring or it can be unfairly harsh.*

*Generally, negative core beliefs can be broken down into two types of beliefs: biased expectations and negative self-evaluations.*

*Biased expectations involve making predictions about how an event will turn out. Usually, these predictions overestimate the likelihood that something bad will happen, exaggerate how bad things will be, underestimate your own ability to deal with the situation and ignore other factors in the situation. Some examples of biased expectations include:*

*"I'll make the team lose."*

*"Others will see that I'm not any good."*

*Negative self-evaluations involve making harsh and critical statements about yourself. Usually, people tend to overanalyze their actions, call themselves hurtful names, or generalize about themselves from one specific event.*

*Some examples of negative self-evaluations include:*

*"I should have done this instead of that."*

*"I'm such an idiot."*

*"I never learn."*

**ASK** *Any questions so far?*

**DISCUSS** Any questions.

**STATE** *In order to protect our self-esteem and function properly, we develop rules and assumptions to guide our behaviors. The purpose of these is to protect or support our core beliefs.*

*Here are some examples of rules that we develop:*

*“I must always do the right thing.”*

*“I must never make any mistakes.”*

*Here are some examples of assumptions that we make:*

*“No matter what I do, it will never be good enough.”*

*“No one likes me. I will always be alone.”*

**ASK** *What are some rules and assumptions that make you to feel better about yourself?*

**DISCUSS** *Any answers.*

**STATE** *The actions we take on a daily basis are guided by these rules and assumptions that we have in place. Depending on your rules, you may take certain actions to protect your self-esteem. For example, you will try very hard not to make any mistakes, avoid doing new things or meeting new people. The closer you follow your rules and assumptions, the more you protect your self-esteem. However, your self-esteem will only remain intact as long as you are able to stick to your rules and assumptions. Therefore, some of these rules and assumptions may just mask your self-esteem.*

**ASK** *What are some actions you take to live up to your rules and assumptions?*

**DISCUSS** *Any answers.*

**ACTIVITY 6D: SELF-ESTEEM TEAM ACTIVITY**

**TIME: 11 MINUTES**

**STATE** *We discussed the way that our life experiences, core beliefs, assumptions and behaviors influence our self-esteem. Self-esteem can also have an effect on various aspects of our selves. Low self-esteem, in particular, can negatively affect many aspects of a young person's life. It can impact their health, relationships, and their work or school performance.*

**HAVE** Participants pair off into 3 teams.

If less than 5 participants, then have 2 groups & choose 2 of the 3 flipcharts as part of the activity and complete 3<sup>rd</sup> flipchart as a group.

**DISPLAY** 4 blank flipcharts

**STATE** *Each team will be assigned an important aspect of life (health, relationships, or work/school). Think about how low self-esteem can influence that aspect. Come up with a story about a fictional character and describe how this person's life is impacted in that particular aspect.*

*Make sure that the story includes:*

- A. Any negative life experiences*
- B. Core beliefs or "inner voices"*
- C. Rules or assumptions*
- D. Actions or behaviors (Unhelpful behaviors)*
- E. Emotions*
- F. Indirect impact on*

**WORK** Through this example with the group on a flipchart.

<p>Aspect of life: Recreational</p> <p>Who? Janice, 24 year old</p> <p>A. Overly critical upbringing</p> <p>B. "I never do anything good enough"</p> <p>C. I won't try anything new unless I know I will succeed.</p> <p>D. Avoids playing competitive sports or anything that requires judging</p> <p>E. Sad, guilty</p> <p>F. She does not get to interact with new people. She does not try to learn any new skills.</p>
---

- HAVE** Team participants stand by one of the blank flipcharts. Ask them to follow the format from the example flipchart.
- ALLOW** Participants 5 minutes to work on their team stories.
- ASK** One team member to share their fictional story with the rest of the group.
- ALLOW** 2 minutes per team to share their story.
- STATE** *It is great to see these stories were carefully thought out. Although, everyone at some point or another is uncertain or thinks negatively about themselves, it is important to recognize that these reoccurring thoughts or actions can negatively impact our personal lives.*

**ACTIVITY 6E: DIMENSIONS OF SELF ACTIVITY**

**TIME: 13 MINUTES**

**STATE** *We spoke about life experiences and how these experiences influence how we value ourselves. Youth living with HIV often report differences in how they viewed themselves pre-diagnosis and how they view themselves post-diagnosis. These differences can bring about unique challenges for these youth.*

**HAND OUT** “Dimensions of Self” activity.

**STATE** *This handout includes 12 characteristics that are associated with how people view themselves. For this activity, please rate the importance of these characteristics before you found out you were HIV positive and after you found out you were HIV positive. Additionally, rate how favorably or unfavorably you view yourself in relation to these characteristics pre- and post-HIV diagnosis and as part of your ideal self.*

*For example, if pre-diagnosis, intelligence was not an important characteristic to you, then you would rate it a “1”. After your diagnosis, however, intelligence became somewhat important characteristic to you, then you would rate it a “4”. Then rate whether your perception of your intelligence pre-, post- and ideal self was very unfavorable a 1, somewhat unfavorable a 2, neither favorable nor unfavorable a 3, somewhat favorable a 4, or very favorable a 5.*

**INSTRUCT** Participants to rate the importance of these 12 characteristics for them Pre- & Post- HIV diagnosis, and to rate on a scale from “1” to “5.”

- 1 = Very unfavorable
- 2 = Somewhat unfavorable
- 3 = Neither favorable or unfavorable
- 4 = Somewhat favorable
- 5 = Very favorable

**ALLOW** 5 minutes for participants to fill out the handout.

**ASK** *What are some of the differences you see between your self-perceptions pre-diagnosis and post-diagnosis?*

Probe if necessary:

*Were you surprised by any of these changes?*

*How have these differences impacted your ideal self?*



**DISCUSS** Participant responses.

**STATE** *This exercise required some serious introspection. I applaud your efforts in completing this exercise.*

*Youth living with HIV often express challenges to their self-esteem. Many youth express serious challenges to their sense of self-worth because of their feelings of guilt and remorse for having HIV.*

*Now we will discuss some strategies that can help us improve our self-esteem and our views of ourselves.*

## ACTIVITY 6F: HEALTHY SELF-ESTEEM STRATEGIES

**TIME: 23 MINUTES**

**STATE** *At the beginning of the session, we briefly mentioned healthy and unhealthy self-esteem. By now, we know that low self-esteem is unhealthy for us since it can impact our lives in many negative ways.*

*Having healthy self-esteem does not mean that we will never encounter negative life situations, beliefs or assumptions. The important thing about healthy self-esteem is that it allows us to think about ourselves and our worth in a **BALANCED** way. This means that we can recognize our weaknesses, our strengths and even our neutralities. By doing so, we can choose whether to improve upon these or accept them as they are.*

*There are strategies that we can use to help improve our self-esteem. The purpose of these strategies is to challenge unhealthy beliefs and replace them with more balanced beliefs.*

**INSTRUCT** *For this activity, we will focus on three important steps to challenging our negative beliefs. The first step is identifying your negative beliefs. This process involves identifying the situations that trigger that negative belief, what the actual negative belief is, and how much you believe that belief is true.*

*The second step is challenging your belief. When you challenge your belief, you think about the evidence for that belief, decide what is fact or fiction, and then you think about evidence against that belief. Finally, you think about different ways of looking at that specific situation.*

*The last step is developing a balanced belief. For this step, you reflect on all the information you have listed previously and come up with a more balanced view of yourself in that situation.*

**HAND OUT** “Challenge your Negative Beliefs” handout.

**REVIEW** “Challenge your Negative Beliefs” example with participants.

**HAVE** Participants fill in their own negative belief or beliefs.

**ALLOW** Participants 5 minutes to complete the worksheet.

**ASK** *Who would like to share their steps with the group?*

Probe if necessary:

*What did you find surprising about challenging your beliefs?*

**DISCUSS** Participant responses.

**STATE** *Challenging and developing more balanced thoughts can help us approach new experiences with an open mind. This can also help release our negative thoughts and allow us to accept new opportunities.*

*There are many other ways of improving our self-esteem. For some people, simply participating in activities that they enjoy helps their self-esteem. For others, expressing their thoughts can be helpful.*

**ASK** *What are some other things we can do to help improve our self-esteem?*

**ALLOW** Each participant to provide two examples of things that we can do.

Can include the following:

- Writing down 3 good things about themselves
- Setting realistic goals
- Making a contribution
- Thinking beyond appearance
- Building on things you are good at
- Exercising
- Trusting yourself
- Think for yourself
- Taking life one day at a time
- Practice basic self care
- Plan fun and relaxing activities
- “Fake it’ until you “make it’
- Get help from others

**STATE** *Using these strategies can help you towards developing a healthier self-esteem. With continued practice, over time you will adjust your negative core beliefs and unjust assumptions and rules. It is helpful to keep a written record of these strategies to help them come naturally. It is especially important to use these strategies when you notice yourself feeling down, sad, or being too hard on yourself.*

## ACTIVITY 6G: ACTION PLAN: REALISTIC GOAL SETTING

**TIME: 10 MINUTES**

**STATE** *We can improve our self-esteem by setting realistic goals. By doing so, we can plan accordingly, set realistic expectations and stay on track with our goals. Following these steps can help us meet our goals and maintain a positive outlook on our goals.*

**DISPLAY** “REALISTIC GOALS” Flipchart

- Meeting Realistic Goals

  - Know your goal
  - Make it specific
  - Make it realistic
  - Write it down
  - Break it down
  - Check in on your goal
  - Recommit to your goal
  - Practice positive self-talk
  - Don't give up!

**STATE** *First, know your goal. Start by writing down your major goal. Your major goal is the ultimate thing you'd like to see happen.*  
*Make it specific. It's easier to plan for and master a specific goal than a vague one.*  
*Make it realistic. People often abandon their goals because their expectations are unreasonable.*  
*Write it down. Put your specific goal in writing. Then write it down again. And again.*  
*Break it down. Making any change takes self-discipline. You need to pay constant attention so you don't get sidetracked.*  

- *One way to make this easier is to break a big goal into small steps. Reaching frequent, smaller goals is something to celebrate. It gives you the confidence, courage, and motivation to keep dieting, running, or doing whatever it is you're aiming to do, so reward yourself!*

*Check in with your goal. Now that you've broken your goal down into a series of mini-goals and daily tasks, check in every day.*  
*Recommit to your goal if you slip up. If you slip up, don't give up. Forgive yourself and make a plan for getting back on track.*  
*Keep a stick-to-it attitude. Visualize yourself achieving your goal.*

**ASK** *What are some other things we can do to meet our realistic goals?*

**ADD** Participant responses to the “Realistic goals” flipchart.

Can include the following:

- Staying positive
- Keeping track of small achievements
- Enlisting the help of others

**STATE** *Those were some great ideas! Thank you for your input. Now we are going to work on our action plan for this week. The action plan will to create a realistic goal for yourself. Please keep steps for setting realistic goals in mind when setting your goal.*

**HAND OUT** “Action Plan: Realistic Goal Setting” handout.

**ALLOW** 5 minutes for participants to complete their handout.

**ACTIVITY 6H: GROUP & INDIVIDUAL STRENGTHS EXERCISE**

**TIME: 10 MINUTES**

- STATE**            *Today’s session involved a good level of self-examination. We also practiced some strategies that will help us improve our self-esteem. Today, we are going to do an exercise that will guide us towards identifying and accepting some of our individual strengths.*
- HAND OUT**        “STRENGTHS” handout.
- INSTRUCT**        Each participant to choose a partner and write the name of their partner on the handout.
- ASK**                Each participant to write an individual strength about the person whose name is on the handout.
- HAVE**              Participants pass the handouts around & list a strength for each of the participants in the room. You may stop the activity once the handout reaches the person whose name appears on the handout. Also, verify that everyone had a chance to write an individual strength about each of the participants.
- ASK**                Who would like to share their list of strengths with the rest of the group?
- STATE**              *As you read it, don’t deny it or argue with what has been written, just accept it!*
- HAVE**              Participants to read their list of strengths out loud. Then ask participant to add an additional strength of their own to their list.

**ACTIVITY 6I: SOCIAL SUPPORT WORKSHEET ASSIGNMENT**

**TIME: 5 MINUTES**

**STATE** *Now, we are nearing the end of our sessions. For our next session, we will all meet individually. This would be a good time to think of someone that is important to you. You may invite someone to join you for the last part of the individual session. If you choose to invite someone important to you, the second half of the session will allow you to express something important to this person. The goal of the session is to help you identify and work towards building your social support.*

**HAND OUT** Social Support Worksheet.

**STATE** *Please take the time to fill out this worksheet before our individual session.*

**ACTIVITY 6J: TILE ACTIVITY-CONCLUSION**

**TIME: 15 MINUTES**

**BRING** all tiles created by participants in the first session together in the middle of the room to form a large rectangle.

**HAVE** all participants and facilitators form a circle around the tiles

**STATE** *At the beginning of these sessions we were separate people coming together in a new environment. Throughout the past 6 weeks we have become a group, we have become parts of one unit. Although we will not be together anymore, we will take a part of each other and a part of the group away with us.*

*I would like each of us to remove our tile from the rectangle. When we remove our tile, I would like for us to share what we are taking from this experience together, what we have learned, or how we have grown. I'd also like for us to share one thing that we are going to do differently in our lives as a result of our time together.*

**ALLOW** group members to spontaneously remove their tiles and share their experiences. This may take up to 10 minutes

**STATE** *Thank you for allowing me to spend this time with each of you and to get to know you. Thank you each for sharing a part of yourself with this group. This has truly been a special experience.*



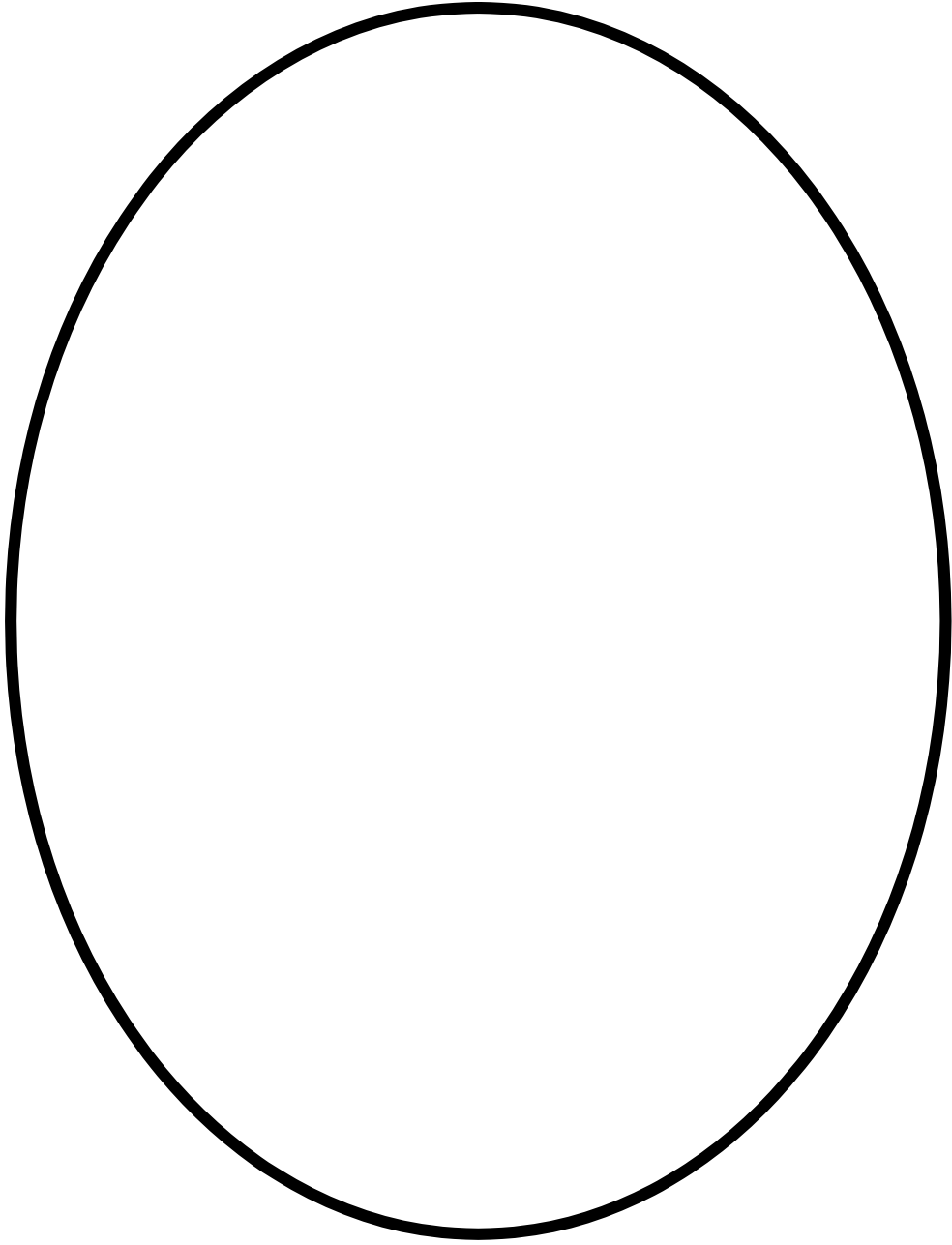
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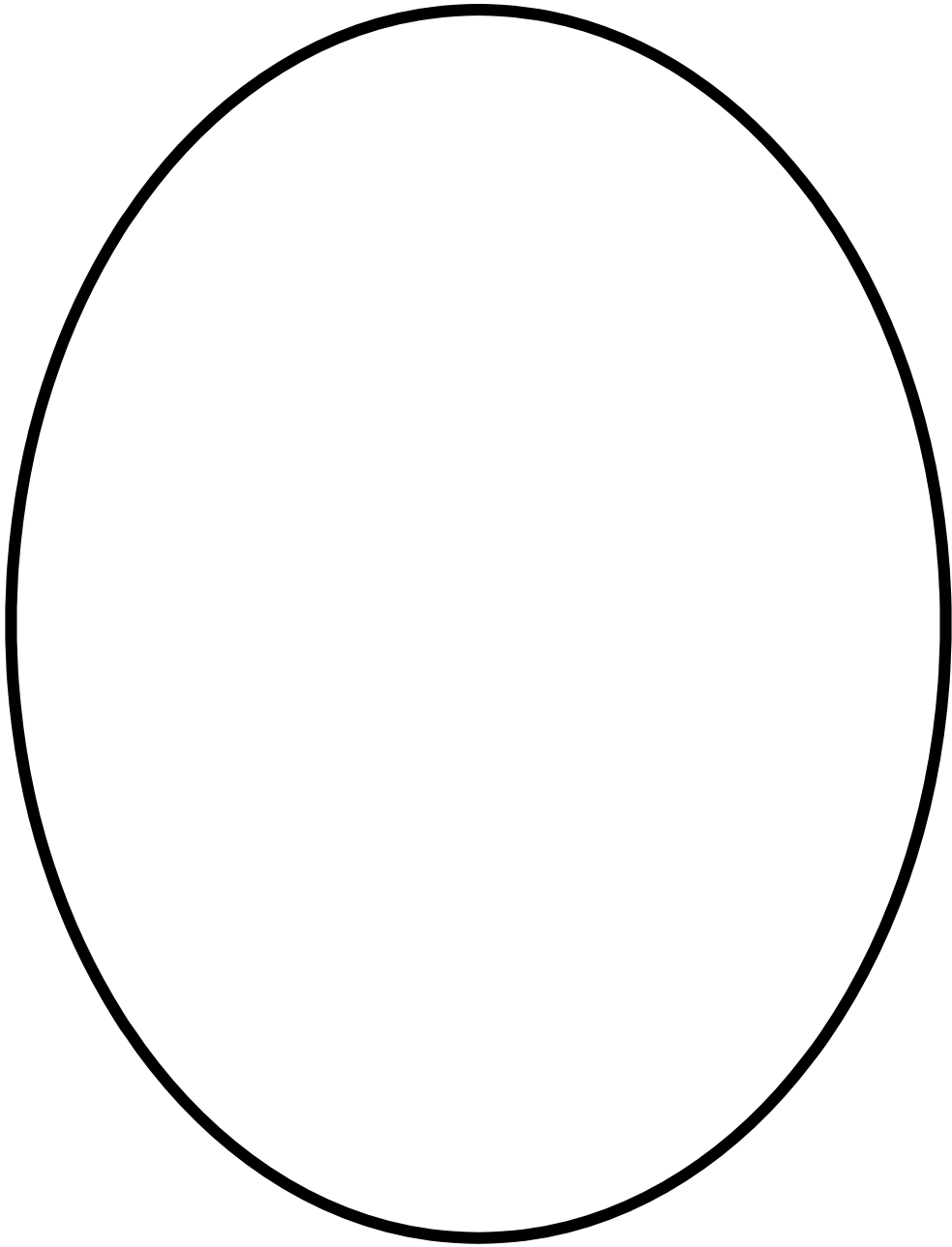
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WHEN I LOOK IN THE MIRROR I SEE...



WHEN I LOOK IN THE MIRROR I WANT TO SEE...



## DIMENSIONS OF SELF

Characteristic	Importance pre-HIV diagnosis	Importance Now
Intelligence		
Friendliness		
Generosity		
Honesty		
Reliability		
Ambition		
Attractiveness		
Academic Ability		
Assertiveness		
Popularity		
Leadership Ability		
Sensitivity		

**CHALLENGE YOUR NEGATIVE BELIEFS \*\*EXAMPLE\*\***

<p>1. Identify your negative beliefs.</p>	<p>A. Situation: <i>Friends invite me to join the soccer team.</i></p> <hr/> <p>B. Negative Belief: <i>I am not any good. I will make the team lose. I shouldn't let other people down.</i></p> <hr/> <p>C. Unhelpful behaviors: <i>I avoided my friends until after soccer enrollment. I apologized profusely and told them that I did them a favor by not joining the soccer team. They would have lost with me as part of the team.</i></p> <hr/> <p>D. How much do I believe this of myself? (0-100%)  <i>80%</i></p>
<p>2. Challenge your negative beliefs.</p>	<p>A. Evidence for belief: <i>I played basketball once and I was a horrible player. I could not throw the ball in the basket.</i></p> <hr/> <p>B. Is this an opinion or a fact?  <i>Fact -It was my first time playing basketball and I could not throw the ball in the basket. Opinion-I was a horrible player.</i></p> <hr/> <p>C. Evidence against belief:  <i>Soccer is a different sport. I 'm generally a good long distance runner. This can be a good asset for soccer.</i></p> <hr/> <p>D. How else could I view this situation?  <i>Soccer is a team sport. I would not be expected to do everything myself. Also, soccer is considered a fun past- time. Even if I didn't score or if we lost, we would have fun and even get a nice workout.</i></p>
<p>3. Develop a balanced belief.</p>	<p>A. More balanced evaluation of myself is:  <i>I cannot expect to be a great player coming in to the team. My friends know that I have not played soccer before. They were probably inviting me to join so that we could spend more time together. Over time, I would learn to be a better soccer player, not necessarily the worst or the best.</i></p> <hr/> <p>B. How much do I believe my original negative belief now?  <i>45%</i></p>

CHALLENGE YOUR NEGATIVE BELIEFS

1. Identify your negative beliefs.	A. Situation:
	B. Negative Belief:
	C. Unhelpful behaviors:
	D. How much do I believe this of myself? (0-100%)
2. Challenge your negative beliefs.	A. Evidence for belief:
	B. Evidence against belief:
	C. Is this an opinion or fact?
	D. How else could I view this situation?
3. Develop a balanced belief.	A. More balanced evaluation of myself is:
	B. How much do I believe my original negative belief now?

**My Action Plan: Realistic Goal Setting**

*My goal:*

*Who?*

*What?*

*Where?*

*When?*

*How will I make it happen?*

*Potential costs:*

*Potential benefits:*

## Strengths

Participant's Name: \_\_\_\_\_

List at least one strength for this participant. Then pass the sheet to another participant.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

**REMEMBER:  
DO NOT DENY OR ARGUE WITH WHAT HAS BEEN WRITTEN.  
JUST ACCEPT IT!**



## Social Support Worksheet

**Think about  
a person that is important to you:**

What is my  
relationship with this  
person?

What does he or she  
do that helps me?

Does this person  
know that I'm HIV  
positive?

If no, do I want to tell  
him/her?

What do I want to tell this person today? Why would I like to  
tell this person?

## INDIVIDUAL SESSION III

### Goals:

Participant will leave the last session with a sense of accomplishment and direction for his/her future plans. Additionally, youth will have the skills to identify and ask for social support.

### Objectives:

1. Participant will gain a sense of accomplishment.
2. Participant will have a gain sense of direction for his/her future plans.
3. Participant will practice skills to identify additional social support.

### Activities

### Time

A. General Experiences Discussion	45 minutes
B. Road Map, Got Yours?	15 minutes
C. Social Support Identification	60 minutes

Supplies	
Every Session	This Session
<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• White Paper</li> <li>• Pencils/pens</li> <li>• Tape</li> <li>• Ground Rules and Guidelines Poster</li> <li>• Folders</li> </ul>	<ul style="list-style-type: none"> <li>• Project ACCEPT Session Overview</li> </ul>
Handouts	
<ul style="list-style-type: none"> <li>• "Life Goals"</li> <li>• "Traffic Sign Definitions"</li> <li>• "Road Map, Got Yours?"</li> </ul>	

**ACTIVITY III-A: GENERAL EXPERIENCE DISCUSSION**

**TIME: 45 MINUTES**

STATE *Today will be our final session for Project ACCEPT. First, I want to congratulate you for making it to the final session. We have come a long way from our first session together. I would like to hear your thoughts about the project, the group sessions, and the topics that were covered. Feel free to share any of your thoughts, concerns, or experiences with me. I will not feel offended if you didn't like certain aspects. In fact, I think it will be very beneficial to hear from you how this experience went for you.*

ALLOW participant to discuss his/her thoughts about the Project ACCEPT.

Probe if necessary on the following aspects:

*How did you feel about the group sessions overall?*

*What did you like/dislike most about the group sessions?*

*What did you think, in general, about the length, and number of sessions?*

*Are there any concerns that you wish to discuss about the project?*

STATE *Thank you for sharing your thoughts and experiences with the project. If you have any additional concerns, feel free to ask me.*

*Now, I would like to go through the sessions individually. I'm not going to quiz you about each section. I just want you to talk about what your progress regarding each of your action plans from these sessions.*

*Just tell me about your specific goals, the cost and benefits and most importantly your progress on these goals.*

STATE *Now, we are at the last session for this project. You have been here for 6 sessions working on things that are important to you. Think back to all of your action plans that you completed during the course of the study. We will review the action plans today and talk about each of these. Now it's time to make some concrete plans for what you will do after this project is over.*

ALLOW participant to discuss each action plan. There are a total of 5 action plans.  
Group Session 2: Action Plan: Disclosure  
Group Session 3: Action Plan: Becoming an Active Participant  
Group Session 4: Action Plan: Daily Exercise  
Group Session 5F: Action Plan: Sexuality  
Group Session 5M: Connecting to a community  
Group Session 6: Realistic Goal Setting

STATE *Thank you for sharing your progress, goals and barriers in meeting your goals for your action plans. Let's think about ways to help you reach those goals.*

ASK *What supports are needed to make your action plans work?*

DISCUSS the participant's responses.

BRAINSTORM with participant ways to overcome those barriers.

NOTE: Please note any outside referrals that you may have in mind.

DISCUSS any referrals.

Note: Follow-up with previous referrals were given throughout the previous sessions.

Note: If referrals were not given throughout the previous sessions, identify any necessary referrals for the participant.

**ACTIVITY III-B: ROAD MAP, GOT YOURS?**

**TIME: 15 MINUTES**

**HAND OUT** “Life Goal” worksheet along with pencil.

**INTRODUCE** Road Map, Got Yours?

**STATE** *Now, you discussed some short-term goals you have set for yourself. Now, think about how old you’ll be in 5 years.*

**ASK** *Where do you hope to be at that point in your life? What do you want to achieve?*

**STATE** *In this activity, we’ll talk about what we want to get out of life. You’ll create a life map based on a personal goal. This goal can be related to anything such as school, home, family, job, love, life, or travel. Examples might include graduating from high school, learning a skill, going to college or trade school, setting career goals, getting married, buying a car, moving out, or owning a home.*

*First, think of 1 goal. This one should be a long-term goal, one you would like to achieve in the next 5 years. As I said earlier, this can be related to school, home, family, job, love, life, travel, and so on. Be creative, but think of things you really want to achieve.*

*As you think about your goals, write one goal down in the space provided on the worksheet.*

**ALLOW** 3 minutes for participant to fill out his/her worksheet.

**HAND OUT** “Traffic Sign Definitions” worksheets.

**DISCUSS** what each sign represents. [Note: You can read them aloud or ask a participant to read one sign from the worksheet.]

Project ACCEPT Individual Session III

- **Straight Ahead** (Facilitator): Choices that get you directly to your goal.
- **Bridge** (Facilitator): People/Places/Things that help you get from one place in life to another.
- **Detour Ahead** (Facilitator or Barrier): Having to take another route to reach a goal or an unexpected change of plans. This sign can be perceived positively or negatively depending on the situation.
- **Yield** (Facilitator or Barrier): A point at which you must allow someone else to take the lead or give them the “right-of-way.”
- **Fork** (or “Y”) **Ahead** (Facilitator or Barrier): A situation where you have to decide without knowing the consequences of either choice.
- **Baby On Board!** (Facilitator or Barrier): A situation where you have to consider the other people (family, friends, children, etc.) in your life before you make a decision regarding your goals.
- **Road Closed** (Barrier): When you make a choice and find out that you can’t proceed with your decision. You must at this time turn around and choose an alternate route.
- **Stop** (Barrier): People/Actions/Things that temporarily stop or slow you down or keep you from achieving your goals.
- **Railroad Crossing** (Facilitator): People/Actions/Things that keep you safe and stop you from being in an accident with a “train.”
- **Curve Ahead** (Facilitator or Barrier): People/Actions/Things that slow you down and make you take on a new perspective.
- **Road Construction Ahead** (Barrier): People/Actions/Things that slow you down or keep you from achieving your goals.
- **Seat Belt** (Facilitator): People/Actions/Things that keep you safe and help to support a decision or goal.

**STATE** *Some signs represent “barriers,” or people/places/things that may get in the way of achieving our goals. Some represent “facilitators,” or people/places/things that will help us achieve our goals. Other signs are neutral such as “Detour Ahead” and “Curve Ahead,” but they are still important to think about.*

**HAND OUT** “Road Map, Got Yours?” worksheet.

**STATE** *Now we are going to think about your goal in more detail. Write this goal in the space provided at the top of the “Road Map, Got Yours?” worksheet.*

**ALLOW** 2 minutes for participant to write his/her goal on the worksheet.

**STATE** *So let's think first about facilitators, or people/places/things that will help in achieving your goal.*

*For example, "My goal is to go to college." One facilitator of that goal would be to finish high school, so I would write "Graduating from high school" in the box with the "Straight Ahead" sign because getting my high school diploma moves me one step closer to my goal.*

*Next, think about barriers, or people/places/things that may get in the way of achieving your goals. One barrier to this goal may be failing an important class, not graduating, and re-taking the class over the summer. So I would write "Not pass an important class" in the box with the "Road Construction Ahead" sign because this barrier might keep me from achieving my goal of going to college.*

*When you fill out signs that are either a facilitator or barrier sign, such as the "Curve Ahead," circle it if you think it's a barrier or facilitator. For example, if my goal is "Play professional basketball," volunteering to coach a park district youth basketball team and helping children improve their skills may give me a new perspective on the game and therefore would be a facilitator.*

*As you're filling out your signs, consider how this goal will affect others in your life.*

**ALLOW** 5 minutes for participant to fill out at least three signs. See if people have questions and when they seem ready to move on.

**STATE** *Next, you're going to create a visual roadmap showing where you are currently, what goal you hope to achieve, and what will help or hinder your progress in achieving this goal.*

**HAND OUT** "Life Goals Map" worksheet along with scissors and glue or tape.

**STATE** *I would like for you to cut and paste your goal and the signs related to that goal onto a blank sheet of paper. Your goal should be on one end of the page and the traffic signs should lead up to that goal. It does not matter if you place your goal at the top or bottom of the page.*

**ALLOW** 5 minutes for participant to finish his/her map. See if people have questions and when they seem ready to move on.

If time permits, have participants map out another goal.

**ALLOW** *Participant to share his or her goal.*

**DISCUSS**

participant's responses, including their barriers and facilitators. The following questions will also aid in discussing individual road maps:

- *When do you need to “share the road” with others and work together on achieving your goal?*
- *How would using drugs impact the goal you want to reach?*
- *How would drinking alcohol impact the goal you want to reach?*
- *What are some barriers you have control over? Don't have control over?*
- *How do you feel about the barriers you don't have control over?*
- *How can you manage your feelings so that you don't allow those barriers to keep you from achieving your dreams?*

**ASK**

*Remember our “Who's on Your Bus” activity?*

*What do people on your bus think about your goal? How are they affected?*

**DISCUSS**

responses.

**ASK**

*Are there people on your bus who can help you achieve the goal you set out for yourself? Who are these people?*

**DISCUSS**

responses.

**ASK**

*Are there people on your bus that do not or would not support your goal?*

**DISCUSS**

responses.

**ASK**

*What are ways you can stand up for what you need to achieve your goals?*

**DISCUSS**

responses.

**ASK**

*Do you have any questions or comments?*

**DISCUSS**

responses.

**STATE**

*Remember that sometimes, even with a plan, we can't control all life events. We can, however, control how we react to life's situations and the decisions we make. We hope our decisions are positive and healthy for ourselves and for others in our life.*



**ACTIVITY III-C: SOCIAL SUPPORT IDENTIFICATION**

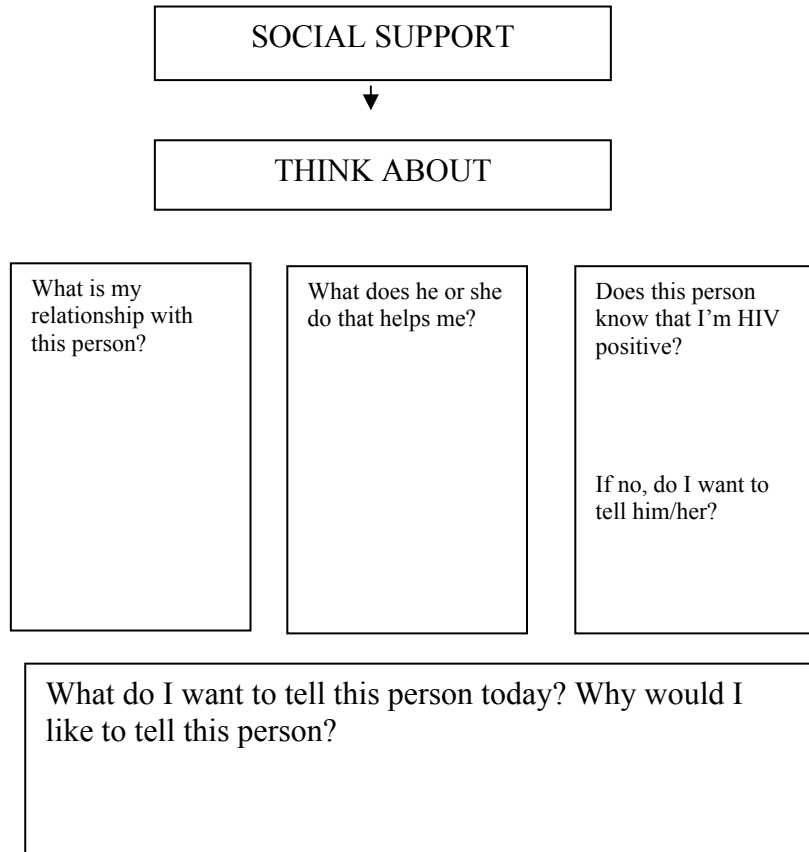
**TIME: 60 MINUTES**

**INTRODUCE** social support identification.

**STATE** *Throughout the sessions we talked about building social support. We have discussed how disclosing to a loved one can be beneficial for some people. It can help you simply by sharing your diagnosis. Additionally, others have found that having someone else can help them emotionally, psychologically as well as physically. Today we will work on improving your social support base. Additionally, we discussed bringing someone with you to this meeting that could be an important source of support for you.*

*At the end of session 6, we asked you to identify a supportive person in your life. First, let's re-examine your social support base.*

**REVIEW** "Social Support Worksheet" handout from Session 6.



**DISCUSS** social support handout with participant.

**IDENTIFY** any anxieties towards identifying a supportive person.

Can be related to:

Fear of disclosure  
Perceived lack of understanding about HIV  
Safety concerns

**STATE**

*Now we are going to have you practice telling your supportive other something that is important to you by doing some role playing. You will pair up with the peer facilitator (can say peer facilitator's name instead) to do the role play.*

*As the discloser, let your partner know who he or she is playing—a friend, a parent, a teacher, a co-worker, or a partner. Give the person a name and tell him/her when and where the conversation is taking place, if it's not going to be here today. As the discloser think about what you expressed in your social support worksheet and practice this conversation with the receiver.*

*If you are the receiver, act as you think the person would react. Keep the following questions in mind:*

- 1. How direct and honest was the discloser?*
- 2. Did the discloser seem to have a plan?*
- 3. Did the discloser understand the other person's feelings?*
- 4. Was it clear what the discloser wanted?*

*I will serve as an observer during this exercise. As the observer, I will watch and listen to both role-play participants. I will note specific actions and behaviors and provide examples of effective comments as well as areas that may need improvement or extra emphasis.*

**ALLOW**

Enough time for participant to conduct the role play.

**ASK**

The discloser to share how they felt when they were doing the role play. Encourage them to share one thing they liked, and one thing they would do differently.

**ASK**

The receiver to share how they felt when they were doing the role play. Encourage them to share one thing they liked, and one thing they would do differently. Have receiver consider these questions when sharing their experience with the discloser.

- 1. How direct and honest was the discloser?*
- 2. Did the discloser seem to have a plan?*
- 3. Did the discloser understand the other person's feelings?*

4. Was it clear what the discloser wanted?

SHARE Feedback as an observer. Focus on specific actions and behaviors that were made during the role play when discussing effective actions and/or areas of improvement or extra emphasis.

ASK *What was the most challenging thing about this activity?  
What part of this was easier than you thought it would be?  
What surprised you going through this activity?*

DISCUSS Any questions raised by the participant.

IF PARTICIPANT BROUGHT A SUPPORTIVE OTHER:

STATE *Before we bring in your supportive other, how would you like for us to assist with this process. We can be here as support for you or we can facilitate the discussion by prompting you to discuss these points we talked about in the role play. Let's talk about what would be most helpful for you at this moment.*

DISCUSS Any concerns raised by the participant.

STATE *If you feel ready now, let's go ahead and bring your supportive other to talk.*

FACILITATE Discussion between participant and the supportive other.

Once the supportive other is in the room:

STATE *This person (CAN STATE NAME) asked you to come in today because you are an important individual in his/her life. He/she brought you in to express an important point to you. Would you like to start (NAME OF PARTICIPANT)?*

If participant becomes overwhelmed or concerned, facilitator should check-in during the conversation with participant to offer support and/or assistance.

FOR ALL PARTICIPANTS:

THANK participant for attending the sessions and doing a good job.

ACKNOWLEDGE participant's progress, dedication and hard work during the individual and group sessions.







**LIFE GOAL**







In this activity you will identify **1 goal** you would like to **achieve one long-term goal**. Think of 1 goal related to school, home, family, job, life, and travel, basically anything you have dreamed of achieving.

**Goal #1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAFFIC SIGN DEFINITIONS**

Below are the definitions for the traffic signs that you'll be using for your own personal road map.

 <p>Straight Ahead (Facilitator):</p>	<p>Choices that get you directly to your goal.</p>
 <p>Bridge (Facilitator)</p>	<p>People/Places/Things that help you get from one place in life to another.</p>
 <p>Detour Ahead (Facilitator or Barrier)</p>	<p>Having to take another route to reach a goal or any unexpected change of plans. This sign can be perceived positively or negatively depending on the situation.</p>
 <p>Yield (Facilitator or Barrier)</p>	<p>A point at which you must allow someone else to take the lead or give them the “right-of-way.”</p>
 <p>Fork (or “Y”) Ahead (Facilitator or Barrier)</p>	<p>A situation where you have to decide without knowing the consequences of either choice.</p>
 <p>Baby On Board! (Facilitator or Barrier)</p>	<p>A situation where you have to consider the other people (family, friends, children, etc.) in your life before you make a decision regarding your goals.</p>







 <p>Road Closed (Barrier)</p>	<p>When you make a choice and find out you can't proceed with your decision. You must at this time turn around and choose an alternate route.</p>
 <p>Stop (Barrier)</p>	<p>People/Actions/Things that temporarily stop, slow you down, or keep you from achieving your goals.</p>
 <p>Railroad Crossing (Facilitator or Barrier)</p>	<p>People/Actions/Things that keep you safe and stop you from being in an accident with a "train."</p>
 <p>Curve Ahead (Facilitator or Barrier)</p>	<p>People/Actions/Things that slow you down and make you take on a new perspective.</p>
 <p>Road Construction Ahead (Barrier)</p>	<p>People/Actions/Things that slow you down or keep you from achieving your goals.</p>
 <p>Seat Belt (Facilitator)</p>	<p>People/Actions/Things that keep you safe and help support a decision or goal.</p>







### ROAD MAP, GOT YOURS?

In this activity, you will identify **1 goal** that you would like to **achieve** in the **near future**. Think of one goal related to school, home, family, job, life, and travel, basically anything you have dreamed of achieving. After writing down your 1 goal, think about **barriers**, or people/places/things that may get in the way of achieving your goal. Also, think about your **influential others**, or important people/groups, and what role they will play in helping you achieve your goal.

Use the labels below and spaces underneath to explain the various barriers and influential others you may encounter on your way to achieving your goals.

Goal : \_\_\_\_\_

					
Facilitator	Barrier	Facilitator or Barrier	Barrier	Facilitator	Facilitator or Barrier

					
Facilitator or Barrier	Barrier	Facilitator or Barrier	Facilitator or Barrier	Facilitator or Barrier	Seat Belt (Facilitator)

After completing the above activity, take the blank sheet of paper titled “Life Goals Map” and begin mapping out a path to your goals that includes each of the road signs. Be creative in putting together your map!