

Project ACCEPT

Female Participant Handout Booklet



PROJECT ACCEPT

INDIVIDUAL SESSION 1

PARTICIPANT HANDOUTS

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.

Answer.

B. General HIV/AIDS knowledge

Question.

Answer.

C. Course of illness

Question.

Answer.

D. Immediate effects on their body

Question.

Answer.

E. Medication

Question.

Answer.

F. Medical appointments

Question.

Answer.

G. Complimentary/alternative therapies

Question.

Answer.

H. Sexual/reproductive health

Question.

Answer.

I. Nutrition

Question.

Answer.

J. Exercise/sports

Question.

Answer.

PROJECT ACCEPT

INDIVIDUAL SESSION 2

PARTICIPANT HANDOUTS

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.

Ground Rules & Guidelines

- Confidentiality and privacy within group comes first.
- R-E-S-P-E-C-T each other.
- No judging.
- Being open.
- Feel free to pass (You don't have to share).
- Ask Questions
- Be on Time.

Group Session Topics

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

Project ACCEPT Group Session 1

CONDOMS, CONDOM TYPES & SIZES

Name of Condom:

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

A. Condom package (box) is:

Eye-catching

Embarrassing

Appealing to teens

Non-threatening

Male-oriented

Female-oriented

Other: _____

B. Wrapping of Individual Condoms:

Plastic wrap

Paper wrap

Foil capsule

Capsule

Easy to open

Difficult to open

Other: _____

C. Features of Condom:

Lubricated

Spermicide

Colored

Textured

Reservoir Tip

Contoured

Non-lubricated

Other: _____

D. Overall Rating of Condom

5

4

3

2

1

Great

Terrible

E. Other comments about this condom:

Steps for Effective Condom Use

1. Check the expiration date.
2. Open the package, being careful not to tear the condom. Push condom to one side of the wrapper and rip wrapper on other side. Don't use your teeth.
3. Squeeze a few drops of lubricant into the tip of the condom. If the condom has a little tip built in, it is easier to leave a space.
4. Hold the condom by the last ½ inch at the tip, making sure to squeeze out any air.
5. Put the condom on when the penis is hard and before any contact between the penis and the partner's genitals, mouth, or anus.
6. Put the condom on the tip of the penis. A man who is uncut should pull back his foreskin before putting on the condom.
7. 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.
8. Check during intercourse to make sure the condom is not slipping off.
9. After you cum, pull out while holding the condom by its rim (at the base of the penis). It's important to do this BEFORE the penis has gone limp because the condom can accidentally slip off when the penis is soft. Be careful not to spill the contents when taking the condom off.
10. Remove the condom by rolling it off. Do this well away from your partner's body.
11. Wrap the condom in tissue and throw it away. Do not flush condoms down the toilet. They can clog plumbing.
12. Never reuse a condom. If you want to have sex again, always use a new condom.

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



Lubes to Avoid



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[®] Condom is inserted into the anus of the receptive partner (the “bottom”). Reality[®] 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[®] condom. Use a new one every time you have sex.

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[®] condom until it touches the closed end of the condom. Push the Reality[®] 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[®] 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

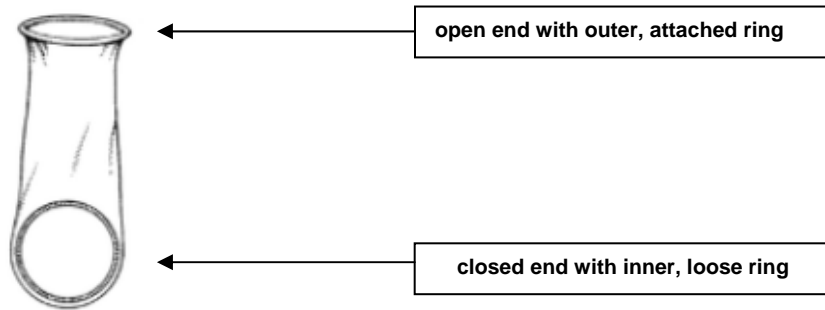
<http://www.himprogram.org/bottomcondom.html>

<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

PROJECT ACCEPT

SESSION 2: DISCLOSURE & STIGMA

PARTICIPANT HANDOUTS

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.

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.

STOP

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!

STOP

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.

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?

SAFE T.A.L.K

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

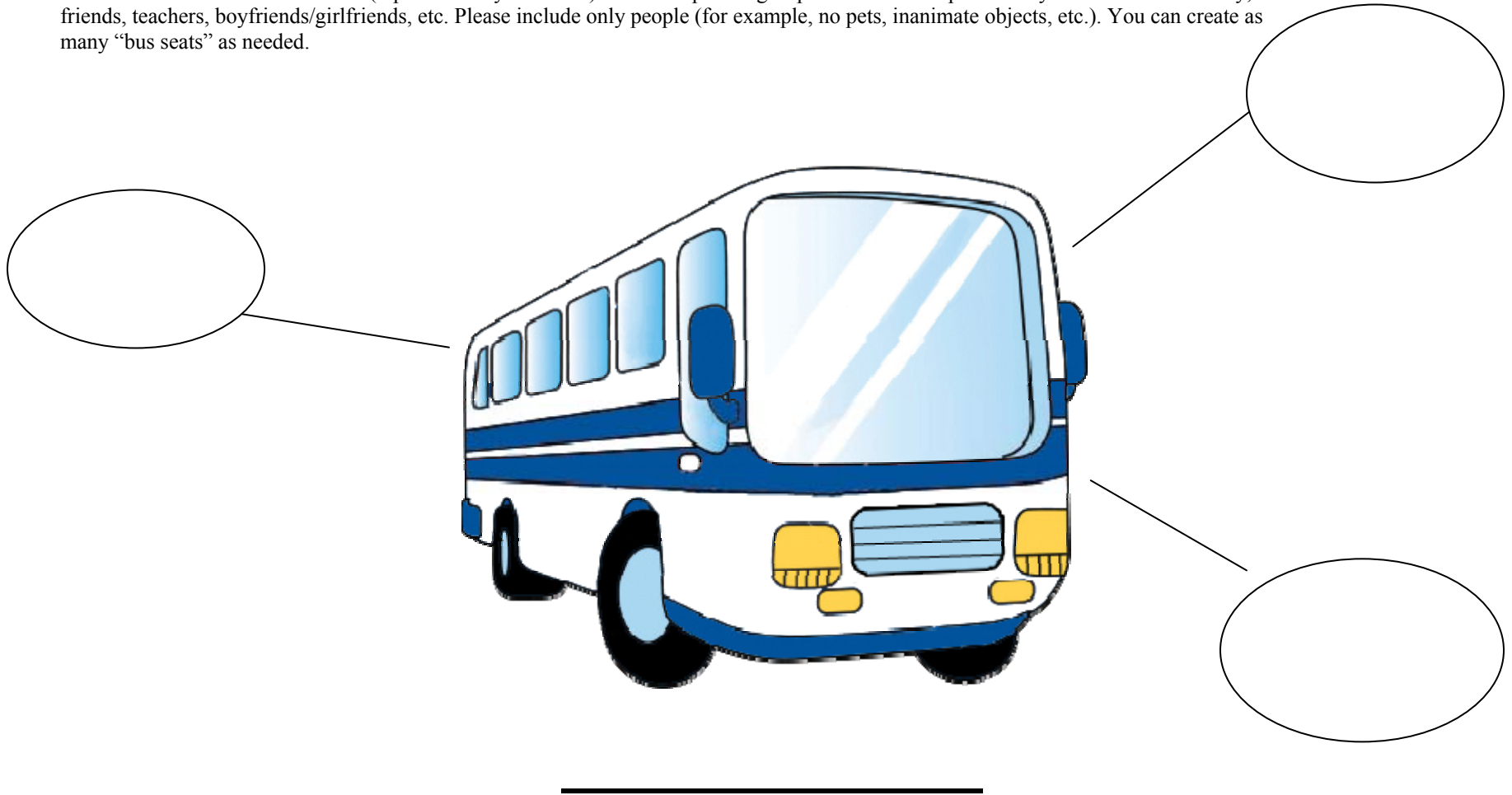
Choose a quiet place where you and your family member or significant others cannot be interrupted or overheard by others.

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.

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.



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.

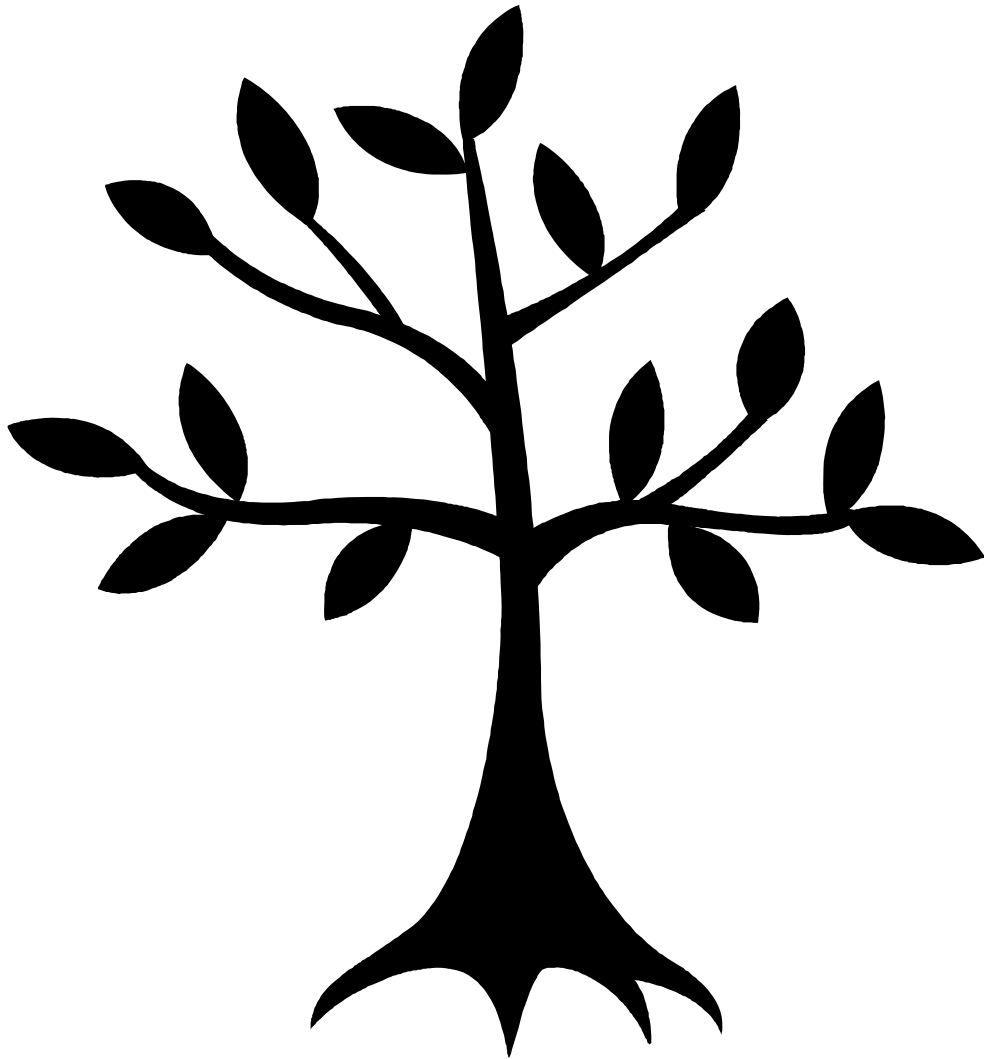
→ Recognize what is outside of your power of control.

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 _____

Illinois HIV-Related Laws

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"> - No person can disclose another's HIV status without permission. - A person that intentionally discloses others' HIV status can be fined up to \$5,000 by the courts for each time. - Person can seek legal action against unauthorized disclosure
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 rd Degree Felony 3 rd 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. 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
Truvada (Tenofovir + emtricitabine) Each tablet includes 300 milligrams (mg) of tenofovir and 200 mg of emtricitabine <i>Nucleoside Analog Reverse Transcriptase Inhibitors</i>	1 tablet 1 time a day [SKITTLE—ANY COLOR]	Take with food or between meals.
Ritonavir <i>Protease Inhibitor</i>	2 X 100 mg 1 time a day [GREEN, RED OR PINK MIKE & IKE]	
Atazanavir <i>Protease Inhibitor</i>	1 X 400 mg 1 time a day [SMARTIE—ANY COLOR]	Take with food.
Multivitamin	1 X 500 mg 1 time a day [BUG SHAPED CANDY TART—ANY COLOR]	Take with food in the a.m.
Calcium	1 X 500 mg 1 time a day [BLACK MIKE & IKE]	Take in the a.m.

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?)

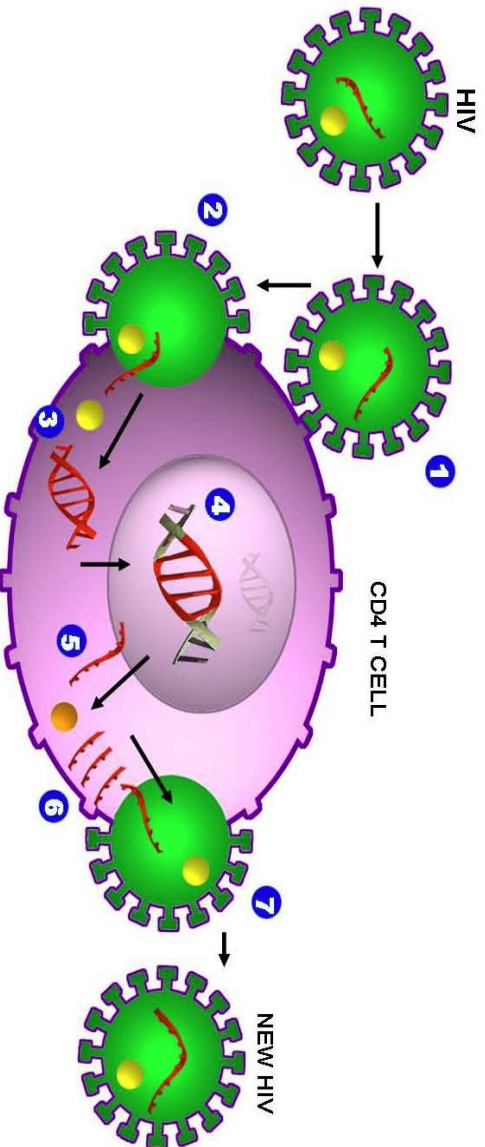
- 3) What was the experience like for you in terms of how it impacted you physically? (e.g., Did you feel tired from getting up to take medications? Did you have to use the restroom more from increased water intake? Did you not feel hungry because of all the pills?)

PROJECT ACCEPT

SESSION 3: PREPARING FOR MEDICAL INTERVENTION

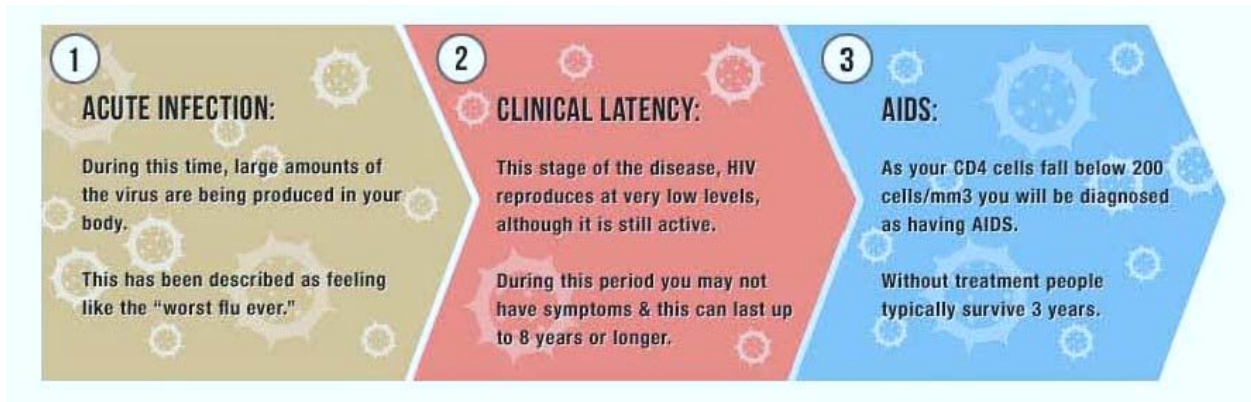
PARTICIPANT HANDOUTS

HIV Life Cycle - Worksheet



- A** _____ **F** _____ **R** _____ **I** _____ **T** _____ **A** _____ **B** _____
1. HIV binds to receptors on the CD4 T-cell.
 - A message is sent to the CD4 T-cell to let the virus in.
 2. Once bound, the virus is allowed to dump its contents into the CD4 T-cell.
 - Included in its contents are HIV RNA and reverse transcriptase.
 3. The HIV RNA is turned into double-stranded DNA within the CD4 T-cell.
 - The enzyme reverse transcriptase aids in this process.
 4. Once the DNA is formed, it hides itself in the human DNA housed in the CD4 T-cell nucleus.
 5. Copies of HIV DNA are made and released from the nucleus in small 'packages'.
 6. The protease enzyme in the cell combines the DNA 'packages' to create active virus.
 - Each of the small packages' contains information for creating a new HIV.
 7. HIV is formed, it pushes itself out of the CD4 T-cell.
 - The virus steals part of the CD4 T-cell protective coating.

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



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

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.

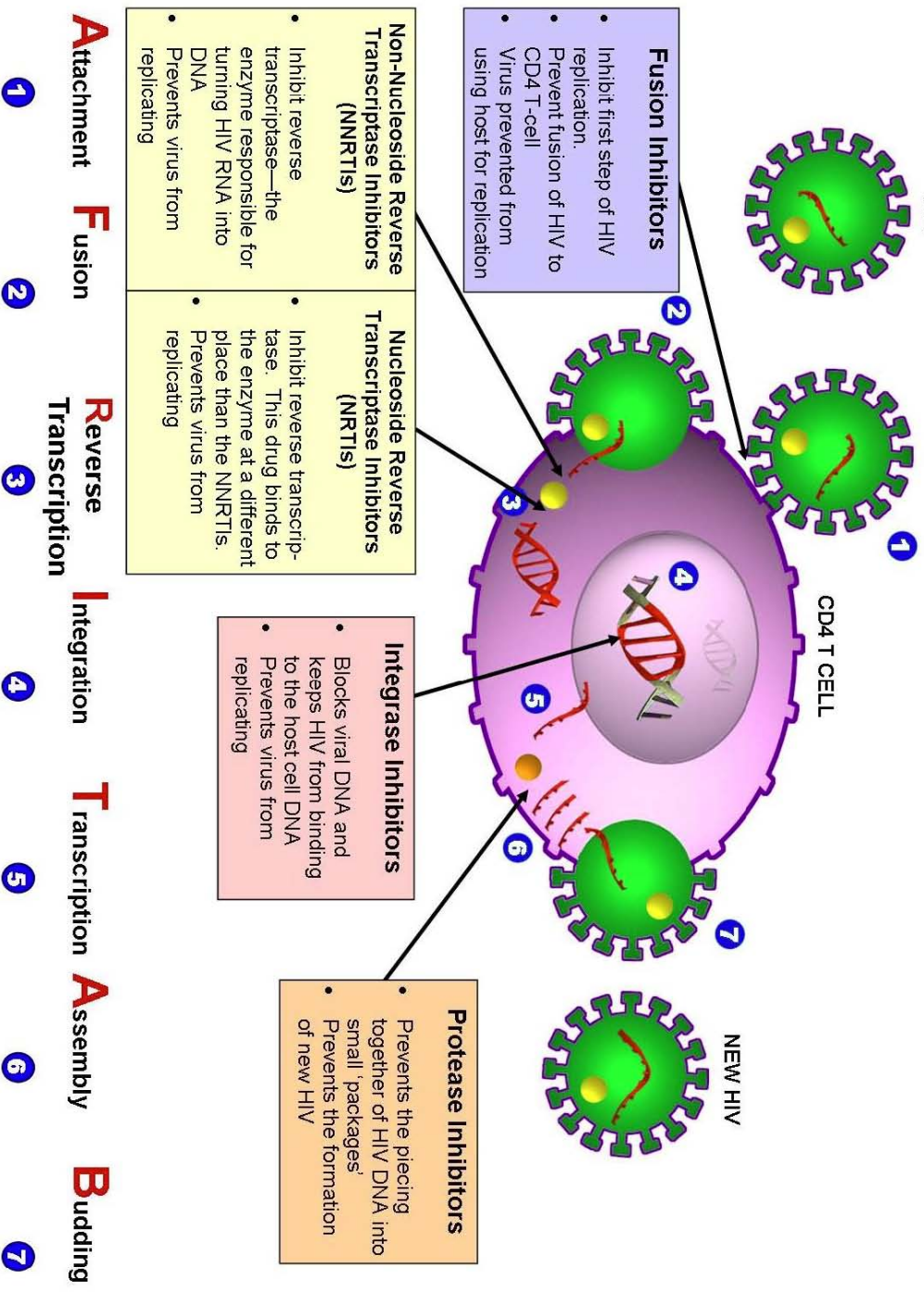
Remember that being under routine care of a medical provider is the best way to help you identify potential health problems and possible health solutions for these problems.

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

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.

COMMUNICATION	STAYING INFORMED	PREPARE FOR MEDICAL APPOINTMENT	PROBLEM-SOLVING
<ul style="list-style-type: none">▪ What role does communication (or lack of communication) play?▪ How?	<ul style="list-style-type: none">▪ What resources may help him or her?	<ul style="list-style-type: none">▪ What steps can be taken before coming to the appointment?	Is this scenario realistic? Could it happen to anyone you know?
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
Headache	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
Fatigue	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
Insomnia	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 Avoid heavy meals close to bedtime Take warm baths, read or listen to music, get a massage Try a glass of warm milk (contains tryptophan, a natural sleep agent) Your medical provider may recommend other treatments

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

Side Effect	What to Do
Poor appetite	<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>
Nausea and vomiting	<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>
Diarrhea	<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>
Dry skin/ rashes	<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>

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

Side Effect	What to Do
Injection site reactions	<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							
12:00							
12:30							
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7:00							
7:30							
8:00							
8:30							

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: <i>Take with a meal</i>						

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?

How well do I take my medications?

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 1	Day of Cycle 2	Day of Cycle 3	Day of Cycle 4	Day of Cycle 5	Day of Cycle 6	Day of Cycle 7
__ 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 8	Day of Cycle 9	Day of Cycle 10	Day of Cycle 11	Day of Cycle 12	Day of Cycle 13	Day of Cycle 14
__ 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 15	Day of Cycle 16	Day of Cycle 17	Day of Cycle 18	Day of Cycle 19	Day of Cycle 20	Day of Cycle 21
__ 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 22	Day of Cycle 23	Day of Cycle 24	Day of Cycle 25	Day of Cycle 26	Day of Cycle 27	Day of Cycle 28
__ 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:

PROJECT ACCEPT

SESSION 4: HEALTHY LIVING & SUBSTANCE USE

Action Plan: Daily Exercise

Use this worksheet to make a plan for incorporating exercise into your daily routine.

Activities that I can do for exercise:

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>

WHO can I do these with?

CAN I do them alone?

WHERE will I do these activities?

WHEN will I do these activities (time of day)?

Potential costs:

Potential benefits:

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"> • Faster and weaker heartbeat • Clumsiness/staggering • Confusion and lack of concentration • Nausea and vomiting • Quick changes in mood, becoming violent or depressed 	<ul style="list-style-type: none"> • Permanent liver, heart and brain damage • Liver cancer • High blood pressure • Alcoholism • 4 times less likely to achieve a low viral load
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"> • Feeling calm, relaxed, sleepy • Faster heartbeat • Slower reaction time • Dry throat, mouth, and lips • Bloodshot eyes, blurred vision • Loss of sense of time 	<ul style="list-style-type: none"> • Heart and lung damage • Lung cancer • Can't remember things • Lower ability to fight off colds and flu • Lower sperm count and movement • Disrupts menstrual periods and ovulation
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"> • Faster heartbeat, rising blood pressure • Rise in body temperature • Faster breathing • Unable to sit still or sleep • Increased alertness • Increases viral replication 200 times 	<ul style="list-style-type: none"> • Permanent lung damage • Holes and ulcers inside of nose • Personality changes and violent behavior • Fear of people and things (paranoia) • Seeing things that aren't real (hallucinating)
Ecstasy	Synthetic, psychoactive drug with both stimulant and hallucinogenic properties.	<ul style="list-style-type: none"> • Increased heart rate • Increased blood pressure • Confusion and lack of concentration • Nausea and vomiting • Faintness • Blurred vision • Confusion • Depression • Paranoia • Decrease in CD4+ cells by 30% 	<ul style="list-style-type: none"> • Liver damage • Increased risk for heart attack/stroke • Disruption of mood/sleep and sexual activity
Depressants	Chemicals used to treat mental illness. They depress or slow down the nervous system.	<ul style="list-style-type: none"> • Calm and sleepy • Confusion and lack of concentration • Relaxed muscles 	<ul style="list-style-type: none"> • Chest infections • Seeing things that aren't real (hallucinating) • Deadly when used with alcohol

Drug	What is It?	What can happen to your body	
		At First	Over Time
		<ul style="list-style-type: none"> • Slurred speech • Clumsiness/staggering 	
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"> • Slower heartbeat • Slower breathing • Shrinking pupils and watering eyes • Skin on face, neck and chest turning red • Nausea and vomiting 	<ul style="list-style-type: none"> • Lung damage • Lower sex drive • Disrupts menstrual periods • Constipation
Inhalants	Chemicals that give off fumes that act on the brain	<ul style="list-style-type: none"> • Dizziness, bad headaches • Slurred speech • Sneeze, cough, get bloody noses • Nausea • Urinating and defecating without control 	<ul style="list-style-type: none"> • Permanent brain, lung and kidney damage • Tired feeling • Weak muscles • Skin turning blue • Deadly when used with alcohol or depressants
LSD	A chemical so strong that a single flake can cause actions similar to mental illness.	<ul style="list-style-type: none"> • Faster heartbeat, higher blood pressure • Increased body temperature • Feeling cold, shivering, getting chills • Difficulty in seeing and hearing • Becoming confused and panicky 	<ul style="list-style-type: none"> • Permanent mental problems • See things that aren't real (hallucinate) • Severe depression • Suicide • Flashbacks
Methamphetamine	A stimulant drug that strongly activates certain systems in the brain.	<ul style="list-style-type: none"> • Aggression • Violence • Memory loss 	<ul style="list-style-type: none"> • Cardiac and neurological damage • Impaired memory and learning
OxyContin (prescription opioid)	A commonly prescribed drug used for its pain relieving properties.	<ul style="list-style-type: none"> • State of euphoria • Drowsy feeling • Constipation • Depressed breathing • Nausea 	<ul style="list-style-type: none"> • Physical dependence – withdrawal symptoms can occur (e.g., restlessness, muscle and bone pain, insomnia, diarrhea, vomiting) • Tolerance
PCP	A chemical used as an animal tranquilizer	<ul style="list-style-type: none"> • Faster heartbeat, higher blood pressure • Blurred vision • Seeing things that aren't real (hallucinating) • Slurred or stopped speech • Slower body movements and sense of time 	<ul style="list-style-type: none"> • Permanent brain, heart and lung damage • Permanent speech problems • Fear of people and things • Can't remember things • Flashbacks

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"> • Increased or decreased blood pressure • Loss of appetite • Weight loss 	<ul style="list-style-type: none"> • When misused, can become addictive • High doses result in irregular heartbeat, dangerously high body temperatures, and/or potential for cardiovascular failure or seizures
Steroids	Related to the male sex hormone testosterone.	<ul style="list-style-type: none"> • Acne, loss of hair • Quick mood changes, becoming violent or depressed • Increased muscle growth • Increased injuries to muscles, tendons and ligaments • Lower sex drive 	<ul style="list-style-type: none"> • Heart attacks • Liver cancer • Stop growing taller • Testicles shrink, can't get erections, become sterile • Disrupts menstrual periods and ovulation
Stimulants	Chemicals that stimulate or speed up the brain and nervous system.	<ul style="list-style-type: none"> • Faster heartbeat, higher blood pressure • Becoming more alert • Feeling dizzy and shaky • Unable to sit still or sleep • Bad breath, dry mouth and lips 	<ul style="list-style-type: none"> • Permanent brain, heart and lung damage • See things that aren't real (hallucinate) • Mood changes quickly • Severe depression • Lose weight
Tobacco	Plant leaves that contain nicotine, a very poisonous chemical often used as an insecticide.	<ul style="list-style-type: none"> • Faster heartbeat, higher blood pressure • Nausea • Dizziness • Feelings of tension and tiredness relieved • Bad breath, stained teeth 	<ul style="list-style-type: none"> • Lung and heart damage • Lung, mouth and throat cancer • Stomach ulcers • High blood pressure • Sense of taste and smell reduced

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"> • Slower brain activity • Lower inhibition • Sedation • Drowsiness • Dizziness 	<ul style="list-style-type: none"> • Seizures can occur after usage is abruptly stopped

MYTHE

FACT

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**

Relaxation Handout

1.1.1 Ways to "do a mini" Handout

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.

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)

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 2 = most of the time 3 = some of the time 4 = rarely</i>	<u>Effectiveness</u> <i>1 = very effective 2 = effective 3 = somewhat effective 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



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

Excerpted from: Saakvitne, K. W., & Pearlman, L. A. (Eds.). 1996. *Transforming the pain: A workbook on vicarious traumatization*. New York: Norton

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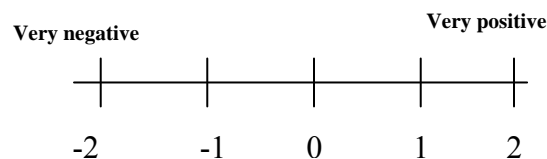
SESSION 5F: HIV-POSITIVE SEXUALITY &
REPRODUCTION FOR YOUNG WOMEN

Dimensions of Sexuality Scale

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 (-).

CATAGORIES	Before HIV diagnosis	After HIV diagnosis
A. Body Image - mental image of our bodies, how we feel about our bodies.		
B. Sexual Orientation - sexual and emotional attachments to others, and whether our partners are opposite gender, same gender, or both genders.		
C. Gender Identity - one's understanding or feeling about whether one is emotionally or spiritually male or female or both or neither.		
C. Eroticism - our thoughts of and feelings about sexual arousal and desire.		
D. Sensuality - refers to how our bodies and minds respond to touch and other bodily sensations.		
E. Parenting/Reproduction - our individual needs to bear children or parent children.		
F. Attraction Ideal - refers to a preference or mental picture of what we find sexually attractive in another person.		
G. Intimacy - need and ability to develop an emotional closeness with another person that is reciprocal .		
H. Self-Esteem - refers to the feelings, beliefs, and perceptions we have about ourselves.		

DECISIONAL BALANCE: HAVING A BABY

	BENEFITS/PROS	COSTS/CONS
Becoming Pregnant/ Having a Baby		
Not Becoming Pregnant/ Not Having a Baby		

MY ACTION PLAN

Action Plan: Sexuality

MY ACTION PLAN

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?



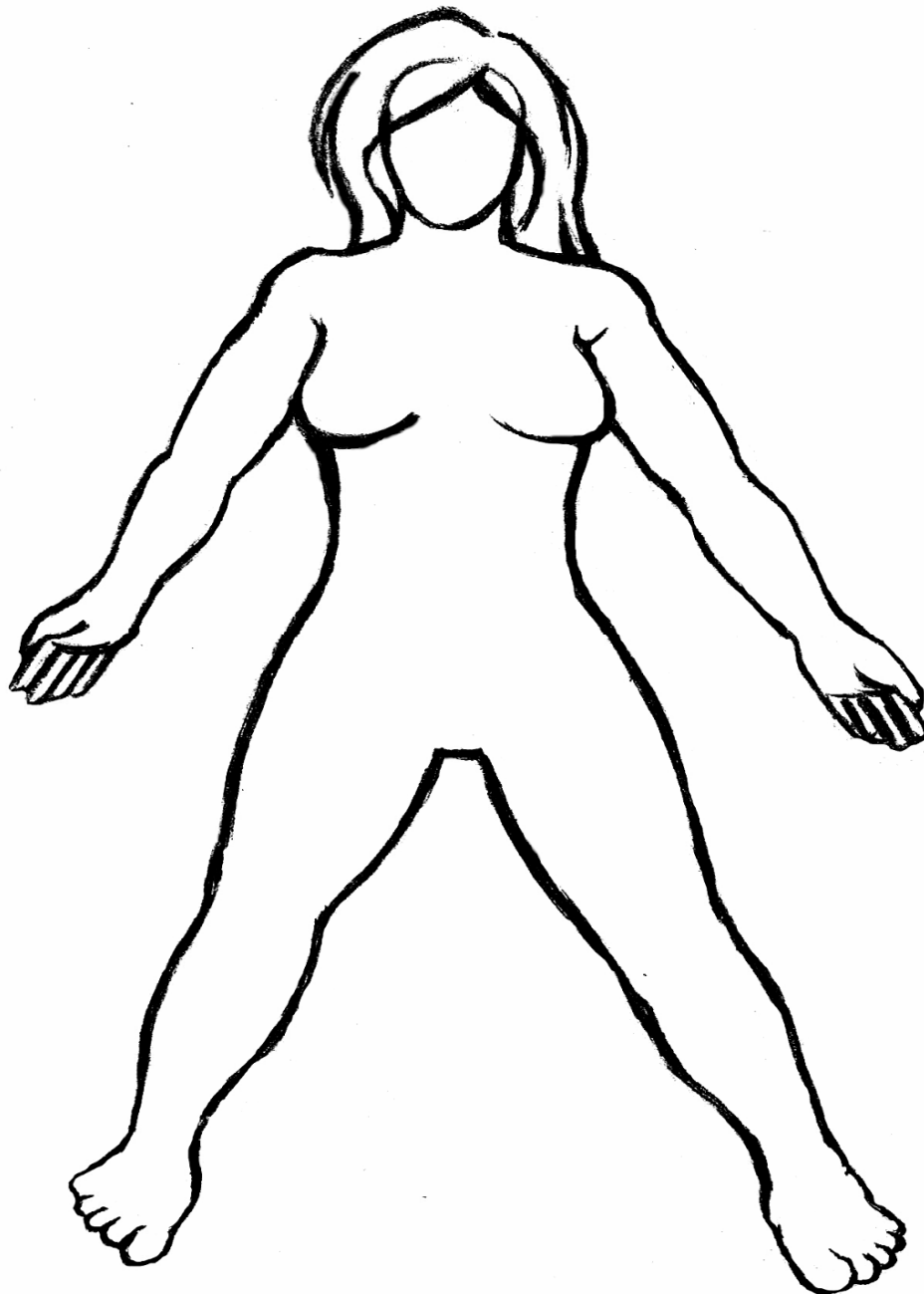
Potential Costs:

Potential Benefits:

My Woman Drawing

SELF-
DEFINITIONS:

SELF-DEFINITIONS:



SEXUALITY

Body Image

Sensuality

Eroticism

Intimacy

Sexual Identity

Attraction Ideal

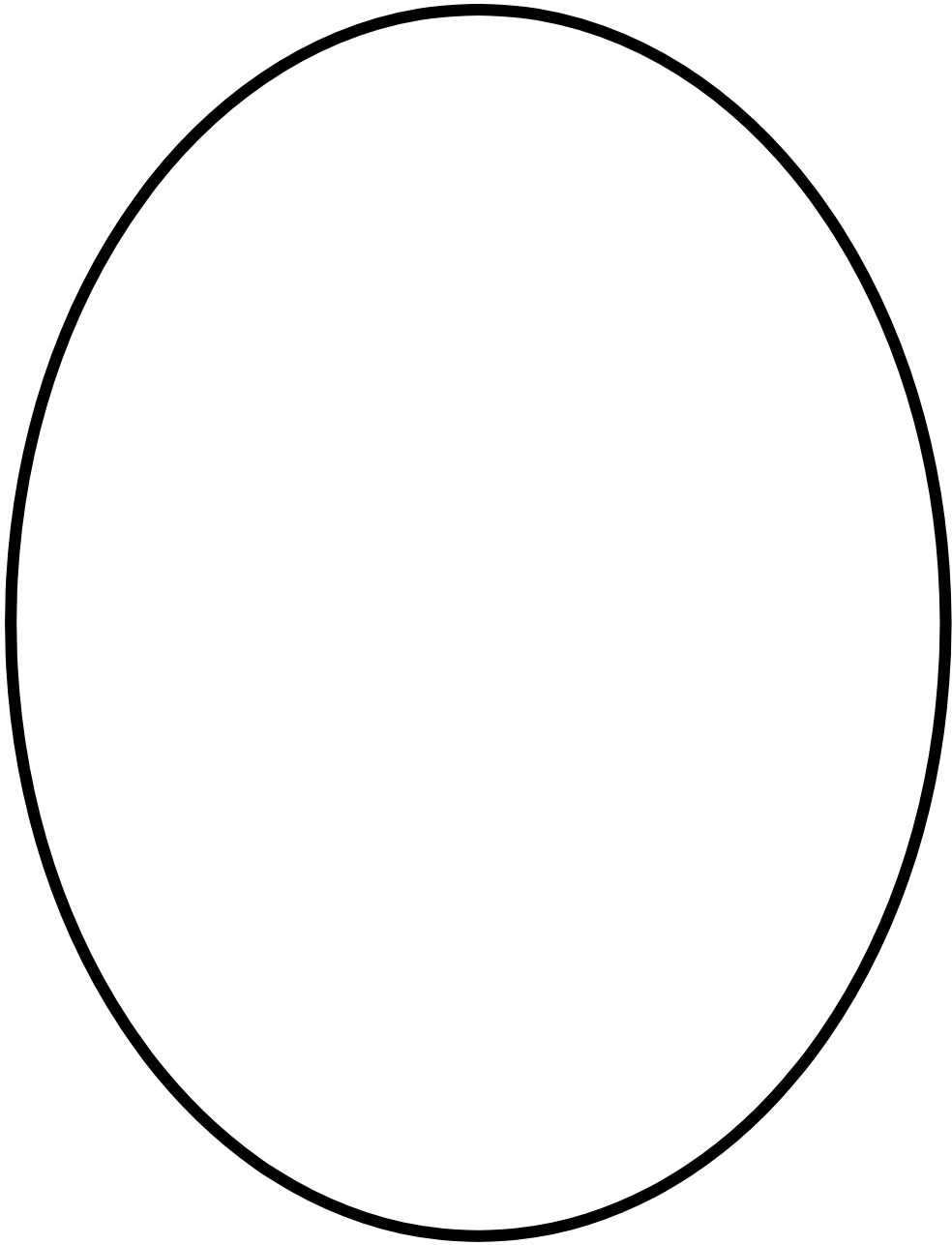
Self-Esteem

Parenting/Reproduction

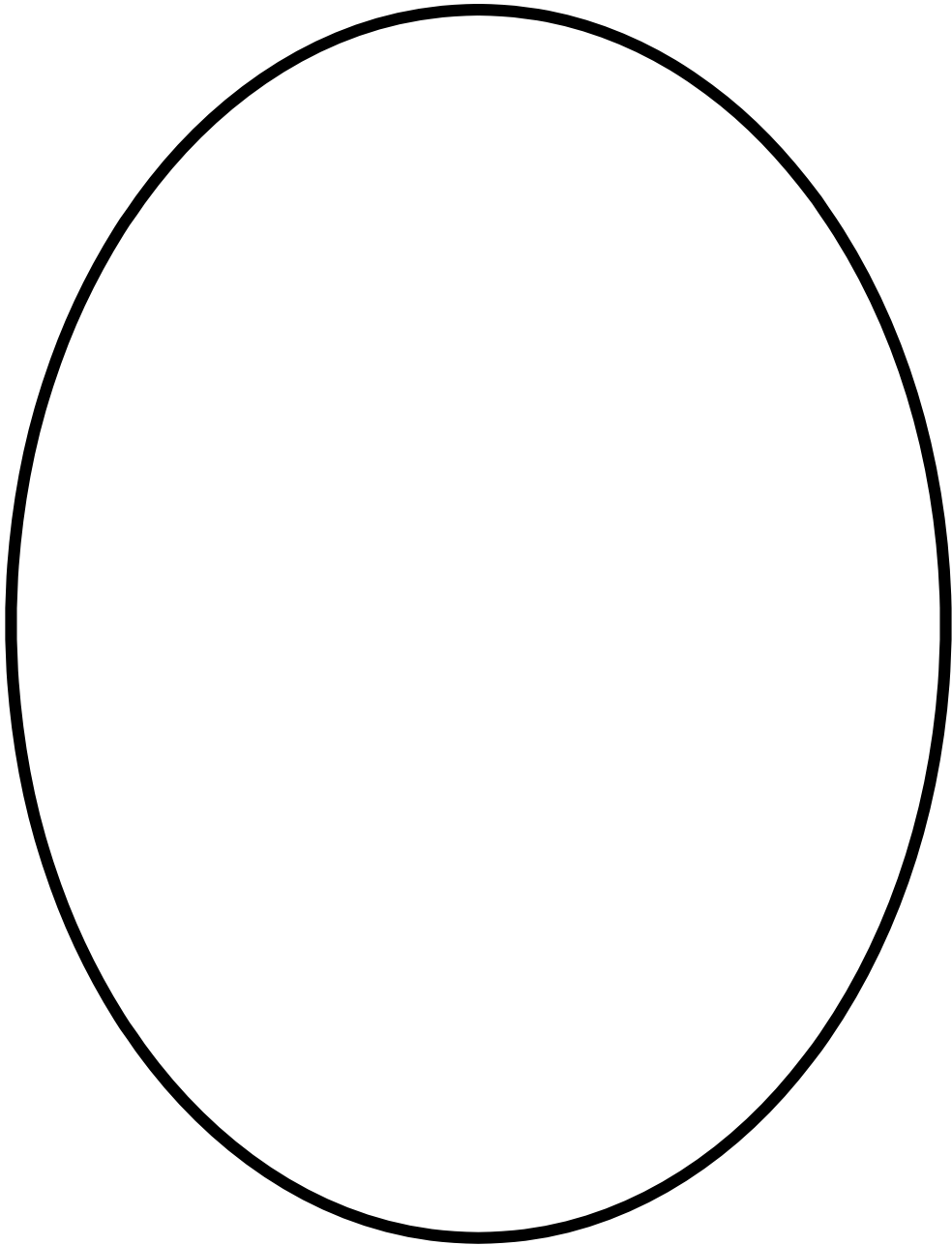
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SESSION 6: SELF-ESTEEM & GOAL SETTING

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:</p> <p><i>Friends invite me to join the soccer team.</i></p> <hr/> <p>B. Negative Belief:</p> <p><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:</p> <p><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%)</p> <p><i>80%</i></p>
<p>2. Challenge your negative beliefs.</p>	<p>A. Evidence for belief:</p> <p><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?</p> <p><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:</p> <p><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?</p> <p><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:</p> <p><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?</p> <p><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!**

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INDIVIDUAL SESSION 3

PARTICIPANT HANDOUTS






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 DEFINITION

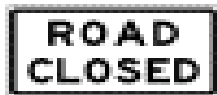
Below are the definitions for the traffic signs that you'll be using for your own personal road map.

 <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>



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 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, slow you down, or keep you from achieving your goals.



Railroad Crossing
(Facilitator or Barrier)

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 support a decision or goal.












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 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 : _____

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!

					
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)