

HIV Prevention for People With Mental Illness

A Training Manual for
Mental Health Professionals

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Preface to the Sixth Edition

Thanks to helpful suggestions and thoughtful critiques from both clinicians running groups and patients participating in them, we have learned a good deal about how to train staff to lead HIV Risk Reduction Groups with people with serious mental illness. We have incorporated many of these suggestions into this new edition of the manual.

We designed the manual as a guide for running such groups, but it is not intended as a line-by-line script to be followed without exceptions. Names used in role-plays, for example, can and should be changed in order to make participants more comfortable. Sessions can be omitted, repeated, combined, or modified to suit the group's and group leader's needs.

Some clinicians have questioned our emphasis on safer sexual practices, rather than on the dangers of drug abuse. Throughout this manual, and especially in Session 8, role-plays and exercises are included to help patients deal with group pressure to use drugs and alcohol. These sessions are aimed at teaching the relationship between substance use and HIV infection, and role-plays are used to help patients practice either refusing substances or staying safe while under their influence. We have not, however, attempted to focus on drug abuse, since drug abuse requires more intensive treatment than the sessions presented here.

Leading HIV risk reduction groups requires basic knowledge about HIV and reasonable comfort with sexual issues, but not a high degree of technical or scientific expertise. We have found that paraprofessionals are as capable of leading these sessions as professional mental health workers are. All leaders should remember that when questions arise to which you do not have the answer, the response can be put off until a future session.

Sometimes the correct answer is difficult to determine. Issues such as the amount of risk from unprotected oral sex or even how to manage patients on both protease inhibitors and psychotropic medications remains unclear. This level of complexity is best handled on a case-by-case basis by the practitioners managing individual patients. The group leader serves primarily as a stimulator of discussion who is willing to admit that there is much that is unknown or controversial about the subject. Clearly, some groups need more input than others from the leader. Patients are often shy and quiet. While it is desirable to keep the group interactive, group leaders should not feel that they have failed if this does not happen. We have learned that group members can be helped even if their

participation is limited. Digression from the subject—common in many groups—is not harmful so long as the group is soon brought back to the subject at hand.

Though we have developed this manual for ten sessions, we are pleased that in certain settings, it is being used as a continuous part of a day treatment program. In some cases, such as on a short-stay inpatient unit, leaders might choose to use one or two sessions, or parts of a session, for a single meeting. This approach may be helpful in providing some information, but will probably do little to change behaviors or attitudes. Still, it may be a way to stimulate discussion and encourage patients to participate in an outpatient group following discharge. When patients are involved in long-term treatment, it can be helpful to repeat groups.

The question of whether to include sexually abstinent patients in these groups has been widely discussed. We recommend including these patients. First, patients abstinent today are not necessarily abstinent forever. And second, many patients have reported that they have used what they learned in the group to talk to their families, including adolescent children and friends, about HIV, birth control, and the other topics we cover.

HIV PREVENTION FOR POSITIVE PEOPLE

The Centers for Disease Control has set a goal of reducing new HIV/AIDS cases by prevention programs that specifically target HIV-positive people. The goal is to promote “prevention in care settings.” We believe most of this manual can be used in groups of HIV-positives. As always, group leaders should choose the most useful exercises and role plays. Also, it is even more important than usual that condoms are available for participants in HIV-positive interventions.

SPECIFIC ISSUES IN WORKING WITH YOUNG PEOPLE

A frequently asked question is how one works with adolescents and young people at risk for HIV. This is an extremely important issue. We feel that most of the exercises in this manual work as well with younger groups of patients as they do with other adults.

The United State is facing a crisis in adolescent reproductive health. Compared to adolescents in Western Europe, who commonly receive open and frank media messages and education concerning sexuality and safe sex, American teens initiate sexual intercourse at a younger age and are less likely to use oral contraceptives. In addition, American teens experience higher rates of births, abortion, and some sexually transmitted diseases than their European counterparts. Consider these facts:

- More than half of all teens aged 15 to 19 years in the U.S. have had sexual intercourse. The good news is condom use among teenagers rose from 15% in

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1987 to 57% in 1998. The bad news is that annually in the U.S. approximately four million new cases of STDs occur among teenagers. One million teenage girls have will become pregnant in 1999.

- One of every four new cases of HIV infection occurs in someone younger than 22.
- A recent study showed that sex education programs that include a discussion of contraception as well as condoms do not increase the frequency of sexual intercourse, and that abstinence-only sex education does not delay intercourse.

Young people experiment with both same- and opposite-sex partners, often involving high-risk behaviors. Sexual abuse is not uncommon and is associated with disease transmission. One recent study showed that over half of the rape victims in the U.S. are adolescent females. About one million teenagers run away from home each year. Many are involved in illegal activities such as prostitution, drug use, and drug sales. Sex trading is common, especially among runaways and drug-using teens.

Other possible risks may include the sharing of tattoo and body piercing needles and using injected steroids. One percent of high school seniors report they have used heroin. Heroin use is not uncommon among suburban teens and is even higher among high school dropouts and runaways.

Seeking a sexual identity is a major developmental task for adolescents. Not all teenagers are the same. Some are straight; some are gay, and many are experimenting. It is the fear of being taunted or physically hurt that prevents many teenagers from talking openly about sexual issues. Many teenagers feel immortal and invincible. Adolescence is the time of risk taking. For example, many teenagers shoplift, thinking there are no consequences. Teenagers often feel pressured to conform. The norms of the peer group have great influence. Teenagers think about what is immediate. Developing AIDS in five years is difficult to contemplate when they cannot even decide what to do this summer.

Specific sexual education programs that discuss both abstinence and contraception have a number of positive effects on adolescents, including postponing initiation of intercourse, reducing the frequency of intercourse, and increasing the use of contraceptives. Direct talk about sex which respects young people's intelligence and decision-making capability has been shown to work. Scaring or lecturing young people is usually ineffective, and abstinence-only programs are seeing increases in unwanted outcomes.

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Copies of this manual can be obtained free of charge from the Washington Heights Community Service, Psychiatric Institute, Unit 112, 1051 Riverside Drive, New York, NY 10032.

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INTRODUCTION

This training manual will help service providers conduct a prevention program for mentally ill patients at risk for HIV infection. It outlines 10 weekly sessions to be conducted with a group of 10 to 25 patients.

HIV Infection and the Psychiatric Patient

Patients with severe mental illness may be at higher risk for HIV infection than the general population. Seroprevalence studies in New York City among severely ill psychiatric patients have found rates of HIV infection ranging from 4.0% to 19.4%. In most of these studies, women were as likely as men to be infected, and blacks had higher rates of infection than non-blacks.

Our research has shown that factual knowledge about AIDS among psychiatric patients is quite good. When asked 28 common questions about modes of infection and the consequences of HIV seropositivity, a group of 201 psychiatric patients answered correctly 82% of the time. Yet these same patients reported low rates of condom use.

Psychiatric patients often demonstrate poor judgment and impulsive behavior when selecting a sexual partner, and hypersexuality may be a symptom of certain psychiatric illnesses. Patients may lack the social skills or access to condoms necessary to practice safer sex. While illegal drug use is common among psychiatric patients, only a small number report any recent IV drug use. Many, however, report having sex with intravenous drug users.

Intervention with the Mentally Ill

For patients to avoid high-risk behavior, they need information and skills, including:

- Specific knowledge.

Accurate, up-to-date knowledge about HIV and AIDS. This includes facts about transmission and testing.

- Coping Skills.

Patients must learn to negotiate safer sex behavior with their partners. They need help in being assertive, and in refusing to participate in unsafe sexual practices.

- Emotional Awareness.

The topic of AIDS is depressing and frightening, and patients must learn to be aware of the feelings the subject may elicit. They need help in recognizing, labeling, and controlling their emotional responses.

Goals for the Future

Each session contains a section on goals for the future. This is to emphasize that whatever goals patients have will depend for their fulfillment on practicing safe sex.

Experiential Learning

This manual uses an experiential learning model. This means that while ensuring that participants have ample information about HIV, the sessions focus on resistances to behavior change that are rooted in dysfunctional attitudes, beliefs, habits, and feelings.

For example, in our research study of 200 subjects, half of whom had been sexually active in the past 6 months, we found that 89% of active patients used condoms inconsistently or not at all, even though 92% of subjects believed that using a condom during sex helps prevent AIDS. This is one of the many clear pieces of evidence that knowledge by itself does not change behavior.

The techniques here are designed to confront unsafe behaviors and the motivations for them. They are intentionally repetitive to ensure that learning and practice can be transferred to each participant's life outside the sessions. Changes in attitude can follow changes in behavior: It is hoped that a person who learns to use condoms despite disliking them will eventually develop more positive attitudes toward their use.

Sensitivity to Cultural Issues

Frequently, mental health providers offer services to patients with a variety of cultural backgrounds. Many aspects of culture, such as religion, rearing practices, and family styles may influence the level of comfort that patients have in discussing sex. In addition, socioeconomic status may affect a person's propensity to use substances. It is therefore important for group leaders to realize that the patients' backgrounds will influence their ability to implement what they learn in the sessions.

Patients who use substances will need extra support in resisting peer pressure to use drugs if they live in an environment where they are exposed to drugs daily. In particular, it is frequently difficult for mentally ill patients to establish new peer groups in the face of continued pressure to use drugs.

Patients reared in a fashion that associates sex with shame or whose religion prohibits sex for anything other than procreation may have more difficulty with open discussions of sexual matters. These patients may need encouragement to give them "permission" to speak. However, even with permission, the patients may prefer to remain silent, and should not be pressured.

Group leaders should also remember that cultures vary in attitudes toward suffering. In some cultures, women are expected to "suffer with dignity." This attitude may affect a person's ability to set limits in abusive situations.

Leaders should remember that at times they may be asking patients to act in ways that run counter to expectations within the patients' culture. For example, in some cultures, women consider carrying a condom a sign of being promiscuous.

These are just some examples of the ways in which cultural issues may come into play. Group leaders should be attentive to these matters as they arise, and deal with them in an open, non-judgmental fashion.

PRINCIPLES AND TECHNIQUES

Successful intervention with mentally ill patients is complex, and requires offering help in a supportive, non-judgmental, and positive environment. Providers who use this manual should always keep in mind the individual needs and unique stressors of individual patients.

Session setting

The sessions are planned for participants of both sexes, in 10 or more weekly or bi-weekly meetings. The length may vary.

Group Leaders: Functions and Responsibilities

1. Use two group leaders, one female and one male, when possible.
2. One group leader directs the activities.
3. The other leader monitors progress, offers feedback, and keeps the group focused on the task at hand.
4. Co-leaders switch roles regularly.
5. Same-sex leaders should work with same-sex sub-groups when possible.
6. Co-leaders should encourage all patients to participate, but it should be clear that the leaders have established control from the beginning. The leaders should direct activities, set the pace, and guide and encourage patient participation. They should allow patients who cannot tolerate the entire session a short break with the understanding they will return as soon as possible.

Key elements in Each Session

In every session, regardless of the content, co-leaders should:

1. Reinforce positive behavior. Compliments and phrases such as “That’s a good point” are essential.
2. Elicit group members’ assessment of their feelings.
3. Encourage each member to participate.
4. Set an example by acting as a model for assertive behavior, both when role-playing and in group interactions. Allow quiet patients to remain so for as many sessions as they wish. Remember: They can learn just by listening.
5. Work toward increasing patients’ own concerns about unsafe sexual behaviors and involvement in risky situations or with risky partners.
6. Build group cohesion by having group members share their experiences. Have members express appreciation for each other’s contributions.
7. Be supportive and non-judgmental.

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8. Be persistent. If one approach doesn't work, try another.
9. Remember that patients from different cultures may have varying levels of comfort in discussing sex in a group setting, and may need more support and encouragement. Offer these patients more "space" and allow silence as a possible response.

Anonymous Questions

It is essential that participants feel comfortable in asking any question they may have, and, for obvious reasons, not everyone will feel comfortable in asking all questions out loud. Therefore, hand out blank index cards 5 minutes before the end of every session, and encourage participants to write on them any question about sex or AIDS. Keep a box in which the cards can be deposited, and inform participants that the questions will be taken up next time. Then incorporate the answers to the questions into your plans for the next session.

The Feeling Thermometer

Group leaders should use a Feeling Thermometer. This technique allows participants to assess and discuss their feelings by metaphorically taking their emotional temperature. The Feeling Thermometer ranges from 1 to 10, with 10 representing the highest level of discomfort, anxiety, or nervousness. 1 indicates total calm.

In each session, after reviewing the principles of the Feeling Thermometer with the group, the group leaders should go around the room asking everyone what their "temperature" is in response to a common experience, such as asking for a date with someone new. *Be sure that people respond with a specific number.* By using the same example for everyone in the group, each person will be able to see that people react with different levels of discomfort to the same situation. Remember that some cultures emphasize stoicism or machismo, which may make some patients less likely to report levels of anxiety accurately.

Frequent use of the Feeling Thermometer is important, *especially during role-plays*, and at other times during the session when the leader senses a level of strong emotion.

Guidelines for Role-Plays

Role-plays are essential in allowing participants an opportunity to practice being in difficult situations. It is important for the group leaders to be comfortable with this technique. Often, the group leaders can role-play the first skit, then a leader can role-play with a group member. You may also use role reversal (men playing women or patients playing doctors) to make the situation less threatening. Most sessions in this manual have role-plays.

Assign two people as the principal actors, and describe their roles to each. Assign coaches, one to each of the principal actors, who will offer suggestions on what to say during the role-play. If the group is capable, assign other members to monitor the interaction—*e.g.*, a person to watch for eye contact, one to watch for body language, a third to listen to voice inflection, and one to assess content.

The rest of the group should be asked to pay close attention because the group leaders will be asking for their suggestions about other ways to play the scene. Be sure that each person understands his or her role. The role-play should not go on too long—two minutes is usually sufficient.

When the group leader feels the role-play is complete, the following questions should be asked and answered:

1. Ask the principal actors to tell where the level of their Feeling Thermometers are at this point.
2. Ask the actors what actions or words they liked, and what they would change, in their presentation.
3. If you had assigned group members to monitor the interaction, ask each in turn what they observed and what these observations suggest about the way the actor was feeling.
4. Ask the coaches whether they think the actors did well.
5. Ask coaches and other group members to state the level of their Feeling Thermometers.
6. Ask group members to make suggestions to principal actors or coaches on how to resolve any impasse that may have been encountered during the role-play.
7. If time permits, role-play the scene again with a different outcome.

Many of the role-plays are between people with clearly defined characteristics. Despite this, group leaders should make every effort to avoid stereotyping individuals by sex, age, or race. For example, black men should not always be used as an example of someone refusing to use a condom, and women should not always be used as an example of the partner who urges condom use. Some role-plays are scripted for two participants. Others are open-ended sessions which offer a script for one of the roles and allow the other participant to make up his or her own answers.

Handling Problems in the Sessions

General Rules

1. Ignore psychotic remarks such as “The condoms are poisoned.”
2. Re-direct participants toward appropriate behavior and refer unrelated issues to the treatment team.
3. Reward appropriate behavior.

Leaders’ Responses to Specific Problem Behaviors

• Disruptive

1. Ignore, redirect, and reward.
2. Ask the person to role-play a part.
3. Say “thank you” when behavior changes from disruptive to calm.
4. Ask the person to take a five-minute break. If all else fails, ask the disruptive patient to leave the group and come back next time.

• Overly Talkative

1. Do not put the person down.
2. Politely ask the person to allow other group members a chance to contribute.

• Argumentative

1. Keep your own temper in check.
2. Remember that the goal is to keep the group calm.
3. Find points in what the person is saying that are of merit.
4. At a private moment, try to find out if something is bothering the person.

• Sullen or Withdrawn

1. Ask simple, non-threatening questions, such as “What do you think about this topic?”

• Distracted or Focusing on Wrong Topic

1. Ignore psychotic remarks and redirect the unrelated issue to the treatment team. When necessary, explicitly bring the discussion back to the topic at hand: “Something I said must have got you off the topic. We were talking about_____.”
2. Ask the person to think about the session’s topic.
3. Explore discomfort.

• Inattentive to Other Group Members; Constantly Seeks the Leader’s Point of View

1. Reward for participation and paying attention.
2. Throw questions back to the individual and the group.
3. Give direct answers if appropriate.
4. Avoid taking away the participant's opportunity to solve his or her own problem.
5. Ask for situations that illustrate the question, and role-play them.

- Expresses Incorrect Beliefs (e.g., You can get AIDS from mosquitoes.)

1. Ask the group to react to the statement—but make sure group doesn't gang up on the participant.
2. Accept that the person does believe it with "I can see how you feel," or "That's one way of looking at it."
3. Say, "I see your point, but how does it fit with _____?"
4. Avoid embarrassing the person or making him or her feel stupid.

- Physically Abusive

Evaluate the situation to see if it can be calmed within the group. Minor problems should be handled using the following suggestions. If patients are dangerous to themselves or others, one leader should go for help while the other uses these techniques:

1. Firmly exert authority and indicate what behavior will not be tolerated.
2. Create a calm atmosphere through speaking softly, slowly, and clearly, while talking the person down.
3. Give the person plenty of physical space.
4. Avoid confrontational gestures such as pointing or staring.
5. Keep other group members away.
6. Remove the disruptive individual, or, if that is not possible, move the group.
7. Show appreciation when the person calms down.

- Conflicts Between Group Members

1. Emphasize points of agreement
2. Create role-plays for others to perform on resolving the conflict.
3. Have members find positive qualities in the opponents.

PUTTING THE SESSIONS INTO PRACTICE

1. Review each session ahead of time.
2. Each session consists of objectives, a rationale, materials, and a word-for-word presentation of what to say.
3. In the text of each session, words set in normal typeface are general comments. Words in boldface are instructions to the group leaders, and indented italicized passages are words you say to the participants.
4. As you become more familiar with the material, and more comfortable with your own presentation, use your own words rather than the text.
5. Practice using the cards which appear at the end of most sessions. Put the cards face down on the tables. One group member at a time picks a card, reads it, and answers it. Then the other group members may speak.
6. Use the material to suit your own style and the needs of your patients. A successful session ends with group members more competent in some observable way than they were before the session began.

Condom Distribution

The most important tool for reducing the sexual transmission of HIV is condom availability. At many programs we have visited, condoms are only sporadically available. Also, patients often have to ask for each condom from a physician or a nurse. This is not good practice. While patients may not ask staff for condoms, they take them quickly when they are available freely out of the view of staff. We have found that placing a bowl of condoms where patients can privately take their own is the best approach.

Please call the Columbia University HIV Training Project at 1-212-543-5412 if you need help obtaining condoms.

SESSION 1

What Is Safe?

OBJECTIVES

1. To introduce group members to each other.
2. To set the rules for how the group will operate.
3. To explain the goals of the training and gain commitment to them.
4. To become more comfortable using sexual words

RATIONALE

Building a cohesive group is essential. In the first session, the members introduce themselves and learn the rules by which the group operates. Exercises and scripts are used from the start to make the learning experience active and engaging.

PROCEDURE

1. Group members and leaders introduce themselves.
2. A test about AIDS is given to establish what people know and don't know.
3. The group rules are described.
4. The goals are explained.
5. Sexual synonym lists are created.
6. The group discusses various sexual practices and their degree of safety.

MATERIALS

Handouts:

Group rules
AIDS Knowledge Questionnaire
Sex Word Synonym Sheets

PREPARATION

Write each of the following words at the top of a blank sheet of paper: penis, vagina, oral sex anal intercourse, vaginal intercourse. Make one set of these Sex Word Synonym Sheets for every 4 to 6 people in the group.

Exercise 1. Introduction

Hello. Welcome to our program! I would like to make sure we all know each other before I explain what this is all about. Will each person please give his or her name. I'll start. My name is _____. My co-leader will go next.

Exercise 2. Knowledge About AIDS, Other STDs and Family Planning

AIDS Knowledge Questionnaire (p. 16) is handed out with the explanation that we are to use it to help us evaluate what the group needs to learn and will be learning through this session.

Group leaders should read each question out loud and slowly for those group members with limited reading skills. Afterwards, collect the questionnaire then explain and encourage the use of anonymous questions (see page 6).

Exercise 3. The Ground Rules

If we are going to work together as a group, we need some ground rules on how to treat each other. I have some suggested ground rules here.

Pass out the Group Rules handout (p. 15). Read them aloud.

Is there any thing that is not clear? Is there anything that is missing?

Exercise 4. Sex Word Synonyms

Divide patients into two groups by having them count off (“one, two, one, two,” etc.) Have one group move to the right side of the room, the other to the left.

Now we are going to see how good your vocabulary is with sex words. I am going to pass out sheets of paper with a sex word on the top, like “penis,” “vagina,” “oral sex,” etc. Each group is to write down as many different words that mean the same thing. Use any word you can think of, and don't be bashful! At the end, the team with the most synonyms wins.

Pass out one set of Sex Word Synonym Sheets to each group and have them write as many as possible. Periodically check each group to make sure everyone understands what they are to do. At the end of 15 minutes, stop all writing. Place the sex words on the blackboard and write the number tally for each group. Ask one group for their synonyms for the first word. Ask the next group for their synonyms for the next word. Do not ask each group their synonyms for every word. Alternate between the groups until all words have been done once. Allow each group to read off words not mentioned by the other group.

Good going! I had no idea you were so creative!

Exercise 5. Homework

We are about at the end of today's session. It would be helpful if you thought about what you want to come away with after having come to all the sessions in this program. Please bring your written suggestions and ideas to next week's session and we will collect them.

I'd also like to remind you to write down any questions you have and leave them in the box. Don't put your name on them. We'll try to answer them next time.

Review and score the AIDS Knowledge Questionnaire before the next session in order to assess the group's knowledge level. The answer key appears on page 16 .

MATERIALS FOR SESSION 1

Group Rules

1. What goes on in group stays in group. Group is a place to talk with others who have problems that are very much like yours. It is not a classroom, although sometimes things are taught. Many times, you are the teachers as you share things and feelings with each other. For this to happen, what is said in this group must stay confidential.
2. No put downs. Every group member must be able to be honest in group, so everyone needs to respect themselves and all the other group members. Being put down or being laughed at hurts, and it makes people put up a front.
3. Members should speak one at a time. No one should interrupt when someone is speaking. Everyone should have the opportunity to participate.
4. Be on time. Being late is unfair to the other group members.
5. It is important to stay in the group once we begin. Members should try to go to the bathroom before the session starts.

AIDS Knowledge Questionnaire

Instructions: Please circle the T for True or the F for False in response to the following statements concerning AIDS. The answer key appears on page 16.

1. If a pregnant woman who has AIDS takes antiviral medication, it is less likely her baby will be infected. T F
2. You can contract AIDS from an unclean toilet seat. T F
3. You can get AIDS from donating blood. T F
4. Only men who have sex with other men get AIDS. T F
5. Gonorrhea can be cured. T F
6. Women can get AIDS through sex with a man who has AIDS. T F
7. Sharing needles to shoot drugs puts you at risk for AIDS. T F
8. You can't get AIDS by having sex with someone who shoots drugs. T F
9. Condoms protect you from the AIDS virus. T F
10. You can tell your sex partner doesn't have the AIDS virus if they look healthy. T F

AIDS Knowledge Questionnaire Key: (Questionnaire is on page 16)

- 1) True 2) False 3) False 4) False 5) True
6) True 7) True 8) False 9) True 10) False

PENIS:

VAGINA:

INTERCOURSE:

SESSION 2

Myths About HIV/AIDS and What I Need to Know

OBJECTIVES

1. To become more knowledgeable about HIV/AIDS and its transmission.
2. To identify common myths about HIV/AIDS.

RATIONALE

People need to know the facts to act responsibly and safely.

PROCEDURE

1. Have group members give their first names and talk about their future goals.
2. Present basic facts.
3. Hand out myth cards.
4. Have the group discuss various sexual practices and their degree of safety.

MATERIALS

Fact cards

Cards labeled “No Risk,” “Somewhat Risky,” and “High Risk”

Sexual Activity Cards (Cards with names of sexual acts written on them.)

Sexual Practices List

Blackboard and chalk

Exercise 1. Introduction and Review

Welcome back. We are going to continue on working to protect ourselves against HIV.

Discuss cards from previous week.

Let's go around the room, introduce ourselves, and tell the group what are your future goals.

I'll start. In 2 years I want to _____.

Have everyone do that.

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Very good. Everyone has future goals, so it's important that we all do everything we can to stay safe so that we are healthy enough to attain our goals. At the end of the last session I asked you to think of one or two things that you would like to do better after having come to all the sessions in the program.

What did you come up with?

Ask each person what they came up with.

I'm glad to see you have goals for this program, too, as well as future goals.

Exercise 2. What Does HIV/AIDS Stand For?

I know that many of you already know a lot about HIV and AIDS. So today's goal is to make you even more of an expert. When it comes to HIV and AIDS the more you know and understand, the more you can make smart choices and control where you are going. AIDS is a disease that breaks down a part of the body's immune system, leaving a person vulnerable to a variety of unusual, life-threatening illnesses. It is caused by a virus.

Write "Acquired Immune Deficiency" on the blackboard. Circle each letter as you explain what it stands for. For "Immuno," write "Immune" under it with an arrow pointing from "Immuno" to "Immune."

AIDS stand for Acquired Immunodeficiency Syndrome; the letters stand for:

A: Acquired; passed from person to person. Not inherited genetically, as are height and color.

I: Immune; the body's defense system, providing protection from disease.

D: Deficiency; a lack of something

S: Syndrome; a group of signs or symptoms which, when they occur together, mean that a person has a particular disease or condition.

Exercise 3. Learning the Basic Facts About HIV/AIDS

AIDS results from a viral infection. The virus that causes AIDS is called the human immunodeficiency virus or HIV, for short. Currently, there is no way to rid the body of HIV. This virus leads to AIDS.

Session 2: Myths About AIDS and What I Need to Know

Most people infected with HIV have no symptoms; that is, they look and feel healthy. Therefore, many people who carry the AIDS virus do not know it, because they have not developed symptoms. HIV can be passed from one person to another without anyone realizing it.

Exercise 4. How Do You Get HIV/AIDS?

It is not who you are but what you do that puts you at risk of getting AIDS. HIV does not live outside the human body so it is not transmitted through air, food, or water. It is not possible to get the AIDS virus through casual contact with people who are infected, such as being sneezed or coughed on by someone who has it. Nor can it be transmitted by touching or sharing things that a person with AIDS has touched, such as toilets, telephones, eating utensils, or drinking glasses. There are no cases where HIV has been transmitted in any of these ways.

The AIDS virus lives in bodily fluids like blood, semen, and vaginal fluids. You can get HIV from vaginal intercourse, anal intercourse, oral sex, or by sharing needles or syringes with someone who is infected. Infected mothers can pass HIV on to unborn babies through their shared blood supply. Before a test was developed to detect the HIV virus in blood, one could contract the virus through a blood transfusion. Since 1985 though, the blood supply has been screened. There are not many cases where HIV has passed through undetected, but there are some. The AIDS virus has also been found in pre-cum, and in much smaller amounts in saliva.

Exercise 5. Who Gets HIV/AIDS?

Who gets HIV/AIDS? Anyone infected with that virus can become ill, regardless of age, sex, race, sexual orientation, or anything else. The kinds of people who are at higher risk for AIDS vary from country to country, and even from city to city.

Worldwide, AIDS is largely a sexually transmitted disease. In some parts of the world, it is spreading rapidly through heterosexual sex. In the past, in the U.S., most at risk were intravenous drug users and their sexual partners, and men who had unsafe sex with other men. At this time in the U.S., the groups with the highest rates for new infection are women and babies born to HIV infected mothers.

If someone is infected with HIV, they usually carry the infection for many years before they show signs of being sick. Many people show no signs for 5 years. After 10 years, about one-half of the infected people show signs of being sick.

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Currently, there are no medicines that can cure HIV infection or AIDS. But there are medicines that help infected people's immune systems fight off diseases. For people with AIDS, there are medicines that help them maintain their health, so that these people are living longer and longer.

Exercise 6. Our Goals

Our goal is to teach you to be safe—to keep yourself from getting HIV, the virus that leads to AIDS. If you're already infected, we want to show you how to avoid reinfecting yourself or infecting others.

I assume that most of you know that HIV can be passed from one person to another during unsafe sex or by sharing dirty needles. Does everyone know that?

To get started in reaching our goal, we need to take a quick look at what is unsafe sex. I am going to place three signs in different parts of the room: "No Risk," "Somewhat Risky," and "High Risk." These signs tell you how safe an activity is.

Place one sign in the middle of the front wall and the others in other corners of the room.

Next I am going to give you some cards with words for sexual acts on them. If you don't know what the technical term means, ask me and I will give it to you in terms you'll recognize.

Shuffle the cards and then pass out all the sexual activity cards so that each person has at least one card.

One at a time, I want each person to read his or her card aloud. Decide how safe the activity is and then go stand under the sign where you think it belongs.

Have each member read the card aloud and then stand in the appropriate place.

Not everyone will agree on what is safe, but what do you think of where the card is placed?

Discuss the placement of cards, correcting any gross misunderstandings, and offering praise for what the participants did.

Most people will probably agree that anal intercourse without a condom, vaginal intercourse without a condom, and oral sex where fluid gets in the mouth is highly risky.

I like the way you participated in that exercise. Later on in the sessions, we will go into much more detail on what are safer sex acts. Do you know anyone who knows which sexual acts are unsafe and yet who does them anyway?

Obtain responses.

____ Session 2: Myths About AIDS and What I Need to Know

Why would someone do a sexual act that they knew was risky?

Obtain responses. If there are none, suggest examples:

- **to please their partners**
- **because they were high**
- **for money or in exchange for something**

Exercise 7. Homework

We are about at the end of today's session. It would be helpful if you thought about what you want to come away with after having come to each of the sessions in this program. Please bring your written suggestions and ideas to next week's session and we will collect them.

MATERIALS FOR SESSION 2

S2

NO RISK

S2

SOMEWHAT RISKY

S2

HIGH RISK

S2

FANTASY INCLUDING MASTURBATING ALONE

S2

ANAL INTERCOURSE WITH A CONDOM

S2

MUTUAL MASTURBATION

S2

VAGINAL INTERCOURSE WITHOUT A CONDOM

S2

**BLOW JOB WITHOUT
A CONDOM WITHOUT
SWALLOWING SEMEN**

S2

FRENCH KISSING

S2

GOING DOWN ON A WOMAN

SEXUAL PRACTICES LIST

No Risk (Safe)

- Abstinence
- Masturbation alone
- Mutual masturbation
- Hugging, body rubbing
- Massage
- Social(dry)kissing
- Fantasy

Somewhat Risky*

- Anal or vaginal intercourse with a condom
- French (wet) kissing
- Oral sex with a condom or dental dam
- Oral sex without swallowing semen

High Risk (Unsafe)

- Swallowing semen
- Anal or vaginal intercourse without a condom

* It should be noted that different authorities view some of these practices as having various levels of risk. In our sessions, the subject of oral sex almost inevitably provokes energetic discussion. Although the risks of oral sex are unclear, we recommend telling patients the following: 1. Avoid taking semen into the mouth. 2. If he comes, spit it out, and rinse your mouth with mouth wash. 3. Avoid “deep throating.”

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Water sports in mouth or on skin with sores or cuts

Fisting or rimming

Sharing enema or douching equipment, or sex toys

SESSION 3

How to Use a Condom and Dental Dam

OBJECTIVES

1. To learn why using a condom is essential in practicing safer sex.
2. To demonstrate skill in using a condom.
3. To have less anxiety about using a condom.
4. To learn why using a dental dam is important in practicing safer sex.

RATIONALE

Research shows that use of condoms among psychiatric patients is low. There is no sure way to have safer intercourse or oral sex without using condoms or dental dams. Both males and females need to take responsibility for safer sex, yet are not usually taught how to use a condom or dental dam. Both males and females often feel anxiety about condom use. Males frequently expect decreased pleasure and loss of erections. Females are concerned about condom breakage and leakage. Consequently, attempts to reduce anxiety and provide patients with skills is important.

PROCEDURE

1. Introduce participants.
2. Give everyone condoms to play with in order to reduce discomfort.
3. Model putting on a condom.
4. Have participants practice by putting a condom on two fingers.
5. Model how a dental dam is used.
6. Have participants practice holding a dental dam over their mouths and manipulate the dam.

PREPARATION FOR THE SESSION

Practice for the demonstration of unrolling and putting on condoms. Practice use of dental dam.

MATERIALS

Handouts

Latex condoms and dental dams

“Using a condom”

Do’s and Don’t’s for Condoms

Do’s and Don’t for Dental Dams

Exercise 1. Introduction and Review

Welcome back!

Discuss cards from previous week.

As you know, we are trying to become more competent in keeping ourselves from getting HIV and we are working on leading the kind of life we want for ourselves.

Let's go around and re-introduce ourselves. Tell your name and tell us in your opinion where you think stores should display condoms.

In other words, if you went to buy a box of condoms, where would you want them to be? Behind the counter? In front of the counter? In a display rack?

Just say, "I'm Bill and I think condoms should be sold with the toothpaste."

I'll start, "Hello, I'm ____ and I think condoms should be _____."

Have everyone give their name and what they think.

Very good.

What did you do since we last met to stay safe? I'm interested in anything you did no matter how important or unimportant it might seem.

I want you to be healthy so you can live the kind of life you want.

You can also report on things that you did to make life better. They don't have to be about sex. They can include recreational activities, for example.

So, what did you do?

Listen for responses.

Exercise 2. Getting the Feel for Condoms

Today's session is on how to use a condom.

If you have oral sex with the head of the penis in your mouth, vaginal sex, or anal sex, then you can't be safe without a condom.

So the message is you must use a condom during most acts of sex to be safer. That is why today's session is so important.

_____ Session 3: How to Use a Condom and Dental Dam

First, let's play with some condoms.

Throw or dump or pour on participants' laps or distribute 4 or 5 condoms to each person in whatever way seems light, spontaneous, and surprising . Make sure there are enough condoms for everyone. Patients should not pass condoms to each other, which can cause too much social anxiety.

Now, open them up and do whatever seems wild and wacky to you, but don't pass yours to anyone else.

Blow them up, stretch them, put them on your ear, cover your toe with one. Do something fun and silly.

Model doing all kinds of things with condoms. You want participants to feel as free and natural as possible. Allow time for participants to have fun with the condoms. Make sure each participant has opened several and touched them in many ways. Put a condom on you nose as you walk around and see what's happening.

That's great!

Exercise 3. Steps in Using a Condom

Here are some tips on using a condom that you can take with you.

Hand out "Using a Condom" (p. 44) and go over it briefly.

Exercise 4. Putting on a Condom

Now everyone here needs to practice putting on a condom.

For some patients this may create anxiety. Have them practice on their on hand with two fingers or use a substitute such as a banana, zucchini, or a model (of wood or plastic).

I am going to show you how to use a condom, using two fingers as the penis.

Make sure you have practiced this before trying it in the session. Hold up your middle and index finger. Talk your way through putting a condom on.

Here is a latex condom.

Hold it up.

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Latex is the only kind that keeps the HIV from going through it. Some condoms are made of animal skins, such as lamb skin. Do not use these. HIV can pass through these condoms into your body.

I am going to tear open a package.

Open it.

Now, I am going to unroll the condom slightly to see if it is unrolled correctly.

Unroll the condom slightly onto one finger first.

Now, I am going to squeeze a small dab of lubricant inside the tip of the condom.

This helps when putting the condom on, and increases sensitivity of the penis. Also, the chemicals in the lubricant help kill HIV.

By the way, if you have a foreskin or your partner has one, roll it back before putting on the condom.

Squeeze on the lubricant. Be aware that for some patients lubricants will feel “yucky” or be nasty to get on themselves: “Don’t touch me with that stuff!” Later, you will deal with this perception.

Next, I am going to unroll the condom further, pinching some room at the tip.

Some condoms already have a little extra tip built into them to provide space for the ejaculation.

Squeeze out any excess air because that helps prevent the condom from breaking.

Create the space at the tip and squeeze out any air.

Now roll it all the way down.

Roll the condom all the way down.

Now let’s say that the man has ejaculated. How does he take the condom off? First, take it off while there is still some erection. If the penis becomes too small and soft, it is easy for the cum to leak out.

Before you take off the condom, grasp it firmly at the base of the penis while withdrawing from your partner. You don’t want it to slip off while pulling out.

Hold the condom at the base.

_____ Session 3: How to Use a Condom and Dental Dam

Then you slip the condom off and throw it away. Do not use a condom more than once.

Slip the condom off and throw it away.

I want to go back to where I put the lubricant on. Some people may be uncomfortable about touching a lubricant like K-Y Jelly.

While you talk, take some lubricant and put it on your hands and then rub them together.

Actually, it has no odor and feels like a raw egg. Who wants to put some on their hands?

Give some lubricant to anyone who will try it. Check responses.

Now how does that feel?

Encourage positive reactions.

Now it's everyone's turn to practice putting on a condom. Everyone take a condom and practice putting it on your middle and index finger.

Allow time for everyone to do this.

Now we want to give you a chance to practice putting on a condom, but this time we'll make it more realistic.

I am going to turn the lights off and see if you can put it on two fingers that way.

Turn the lights off, making sure it is fairly dark. Allow time for patients to practice.

How did you feel about putting a condom on in the light and in the dark?

Get responses.

I appreciate the way you practiced with the condoms.

Exercise 5. Using a Dental Dam

You can see that condoms will prevent the exchange of bodily fluids during vaginal intercourse, anal intercourse, or oral sex on a man.

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But what about oral sex on a woman? How can you keep from getting vaginal fluids in your mouth?

Well, that's what dental dams can be used for.

Pass out dental dams.

They are called "dental dams" because they are used in dentist's offices, but they can be bought in pharmacies just like condoms can.

You take the dental dam and stretch it over the lips of the vagina and the clitoris. Your tongue can still stimulate the vagina through the dental dam.

Stretch the dam over your mouth and press your tongue forward against the dam. Practice this before class, so that you are comfortable with it, in order to encourage the participants to be comfortable.

You can also sexually stimulate the clitoris by sucking through the dam.

Demonstrate sucking through the dam.

So if a man or another woman has oral sex on a woman, dental dams will prevent an exchange of fluids.

While it is not common for two women to transmit HIV to each other, it is possible. Also, some lesbian women may have had sex with HIV infected men some time in the past, and could have gotten infected that way.

Now put the dental dams against your mouths and try both sucking and poking your tongue into the dam.

Pass them out and allow time for experimenting with the dental dam.

What questions do you have about dental dams?

Answer questions. If you don't know the answer, say so and indicate that you will find out and let them know next time.

Exercise 6. Selecting Condoms

We need to take some time to talk about selecting condoms because there are all different kinds.

_____ Session 3: How to Use a Condom and Dental Dam

First, the basic rule is always buy latex because HIV cannot get through them. HIV can get through lambskin condoms.

You need to find the condoms that please you most.

Some condoms have a little tip to hold the ejaculation and some do not. With the tip you don't have to worry about making a little space.

Some condoms are already lubricated. The lubricant makes it entering easier, but some people don't like the feel of the lubrication.

If your condom didn't have a little tip on the end of it and you were worried about not having room for the semen, would it be a good idea to punch a little hole at the end of a condom?

Encourage ideas that will show misconceptions and myths.

What makes for a good condom and a bad one?

A bad condom is one that is used, has a hole in the end of it, is too small or too big, or is made of lambskin.

Demonstrate by holding up a condom unrolled and out of the package to show a used one; blow air in one to see if it has a hole.

Usually, you don't check a condom this way, because once it is unrolled it is nearly impossible to put on. Anyway, you don't want to handle a condom because you might accidentally put a tear into it. You can just look to see if the expiration date is past and once it is open, make sure that the condom isn't discolored or dried out.

Remember, lambskins don't stop the HIV virus, only latex condoms used with a water based lubricant.

Exercise 7. Summarizing the Do's and Don't's

Today we worked on using condoms and dental dams. I want you to tell me the do's and don't's for condoms and dental dams. Write your list on a piece of paper, and work rapidly.

Divide the group into two smaller groups. Give one the task of developing do's and don't's for condoms and the other for the dental dams. Allow five minutes.

OK, let's hear the list for dental dams.

Listen to the presentation.

Now for the condom group.

Listen to the presentation.

What do you think about these lists?

Discuss.

Hand out "Do's and Don't's of Condoms" and "Do's and Don't's of Dental Dams." (See p. 45)

On the page about condoms, in number five, it says not to even touch the penis to the vagina, anus, or mouth unless there is a condom on it. Why is that?

Go over answers.

The reason is that a long time before a man ejaculates a liquid comes up through the penis and a drop or two will appear on the head of the penis. In that little drop of liquid can be sperm, sexually transmitted disease, and HIV.

The do's and don't's also refer to not using an oil-based lubricant. Can anyone give me examples of oil-based lubricants?

Go over answers.

Right, oil-based lubricants include Vaseline, baby oil, and vegetable oil.

We are getting to the end of today's session. You have done a great job today. By the way, we'd like you to carry a condom with you at all times. Be prepared.

Give compliments. At this point, the leader should tell the patients where, when, and how they can get condoms--such as from the nurses, or in the nurses station or the local public health clinic. This information will vary, of course, with local rules, regulations, and conditions.

Exercise 8. The Female Condom

Has anyone heard of the female condom? I would like to show you one. It's like a diaphragm. Let's pass them around. They are not as safe as the male condom, either for preventing pregnancy or preventing HIV transmission. Also, they are expensive—about \$4 each.

Show picture of female condom if you do not have one available.

MATERIALS FOR SESSION 3

USING A CONDOM (RUBBER)

PUTTING ON A CONDOM

(Buy latex only because lambskin lets HIV through)

1. Open the package carefully.
2. Put a drop of water-based lubricant inside the tip of the condom.
3. Roll down 1/2 inch of condom.
4. Put the condom against the head of the hard penis. (If the penis is uncircumcised, pull back the foreskin first.)
5. Squeeze any air out of the condom.
6. Roll the condom all the way down to the base of the penis.
7. Gently smooth out any extra air.

TAKING OFF A CONDOM

1. Pull penis out gently while it is still hard.
2. Hold the condom at the base of the penis while pulling out so the condom doesn't leak or fall off.
3. Starting at the base, roll the condom off carefully so that the cum doesn't spill, and stays inside the tip of the condom.

4. Throw the condom away. (Never use a condom twice.)

DO'S AND DON'T'S FOR CONDOMS

DO

1. Use only latex condoms.
2. Use for vaginal, anal, and oral sex.
3. Use only with water-based lubricant such as K-Y Jelly.
4. Check out the condom package for punctures.
5. Put condom on before the penis even touches the vagina, anus, or mouth.
6. Pull back foreskin, if there is one.
7. Roll condom all the way to the base of the penis.
8. Leave room in the end of condom for cum.
9. Squeeze out any air pockets.
10. Hold on to the rim of the condom at the base when pulling penis out.
11. Carefully remove condom, with cum remaining in the tip.
12. Throw condom away. Never re-use condoms

DON'T

1. Use an oil-based lubricant such as Vaseline or hand lotion.
2. Use a condom more than once.
3. Puncture the condom.
4. Use lambskin condoms.

DO'S AND DON'T'S FOR DENTAL DAMS

DO

1. Use for mouth to vagina or mouth to anus sexual contact.
2. Use only with water-based lubricants such as K-Y Jelly.
3. Place dental dam completely over anus or vagina.
4. Use the same side of the dam against the vagina or anus if you move it.
5. Use a different dental dam for each partner.

DON'T

1. Use more than once.
2. Use it for vaginal or anal intercourse.
3. Use it with oil-based lubricants such as Vaseline or hand lotion.
4. Puncture it.

SESSION 4

How Serious Is the Threat to Me?

OBJECTIVES

1. To learn to perceive the threat of HIV and AIDS as real.
2. To increase skills in assessing the risks posed by sexual partners.
3. To increase skills in screening sexual partners.

RATIONALE

A critical skill is being able to assess whether or not a potential partner is likely to involve one in unsafe behavior.

PROCEDURES

1. Introduce the group members and have each share one wish for the future.
2. Introduce an exercise which will demonstrate why screening is important to group members.
3. Role-play screening partners in order to determine how safe they are.

MATERIALS

Group materials:

Blackboard and chalk

Handout:

Diagram, "HIV transmission"

Exercise 1. Introduction and Review

Discuss cards from previous week.

Today we are going to look at how much of a threat HIV and its consequences are to you personally.

First, however, I would like you to introduce yourself by telling us your name and telling us what one of your wishes would be for the future.

In other words, if you could have one good thing happen to you in the future, what would it be? I'll start. My name is _____ and I would like _____. Make your wish real.

At the end of the last session, I asked you to think of one or two things that would help you practice safer sex. What did you come up with?

Discuss responses. If there are none, use examples such as:

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- **carrying a condom at all times.**
- **getting to know someone better before having sex.**

I'm glad to see you found actions that you could take to improve your safer sex practice.

Exercise 2. How Much of a Threat is HIV?

Before doing this exercise, familiarize yourself with the diagram on p. 51.

Many people think that they are safe from HIV because they only have one partner. But every time you have sex, you are not just having sex with one person. In a way, you are having sex with everyone that your partner has had sex with.

I'm going to hand out a diagram which I'd like you to look at with me.

Hand out diagram.

Now, let's say you (on top of diagram) decide to have sex with Ann.

As you can see from the picture, Ann had sex with 2 other people in her life time, Felipe and Tom. She knows them both and they both seem healthy.

But Tom had sex with 2 people, Jose and Lydia, and Felipe had unsafe sex with Juan and Ellen, both of whom are infected with HIV. Juan may have given it to Felipe, who may have given it to Anne, who may have given it to the person you are about to have sex with!

So, if you have sex with one person at the top of the list, in a way you are having sex with everybody whom your partner and partner's partner had sex with. If your partner once had sex with someone who was HIV positive, then, in effect, you're having sex with someone who is HIV positive.

In other words, you are having sex with everybody on the diagram, and you don't know what these people have been doing!

For example, let's say that Susan and Bob (at bottom right) had sex and they were both IV drug users and infected with HIV. Let's say that they went into detox and stopped using drugs. Two years later, Bob met Marie and had sex with her but didn't tell her he had used drugs. He also didn't tell her he was HIV positive.

Maybe he didn't even know he was. He could have infected Marie, who then had sex two years later with one of you.

Session 4: How Serious is the Threat to Me?

This is why screening partners is so important. What are your reactions?

Get Feeling Thermometer readings and discuss the reactions.

What comments do you have about today's session?

Discuss reactions.

Let's thank the other group members for their contributions to the work we did today.

Encourage giving strokes.

Exercise 3. Other Sexually Transmitted Diseases (STDs)

Now I would like to talk a little about sexually transmitted diseases other than AIDS. Does anyone know what STD or sexually transmitted disease means? Does anyone know the names of other STDs?

Chlamydia, gonorrhea, herpes, syphilis, and genital warts are the most common STDs and all need to be talked about.

Write the names on the blackboard. Hand out STD chart.

*How do you contract an STD? The simple answer is by unsafe sex, including anal and vaginal intercourse and oral sex.. What are some of the signs and symptoms of STDs? **Discuss list.***

*What should you do if you think you may have an STD? **Discuss suggestions.***

If you think you may have an STD, go to your local clinic or to your physician. Most STDs are easily treated with antibiotics. Failure to be treated can result in more serious infection, including damage to reproductive organs and sexual functioning. It can also increase your risk for contracting the HIV virus during unsafe sex. You must carefully follow the doctor's instructions in order for the treatment to work.

Exercise 4. Homework

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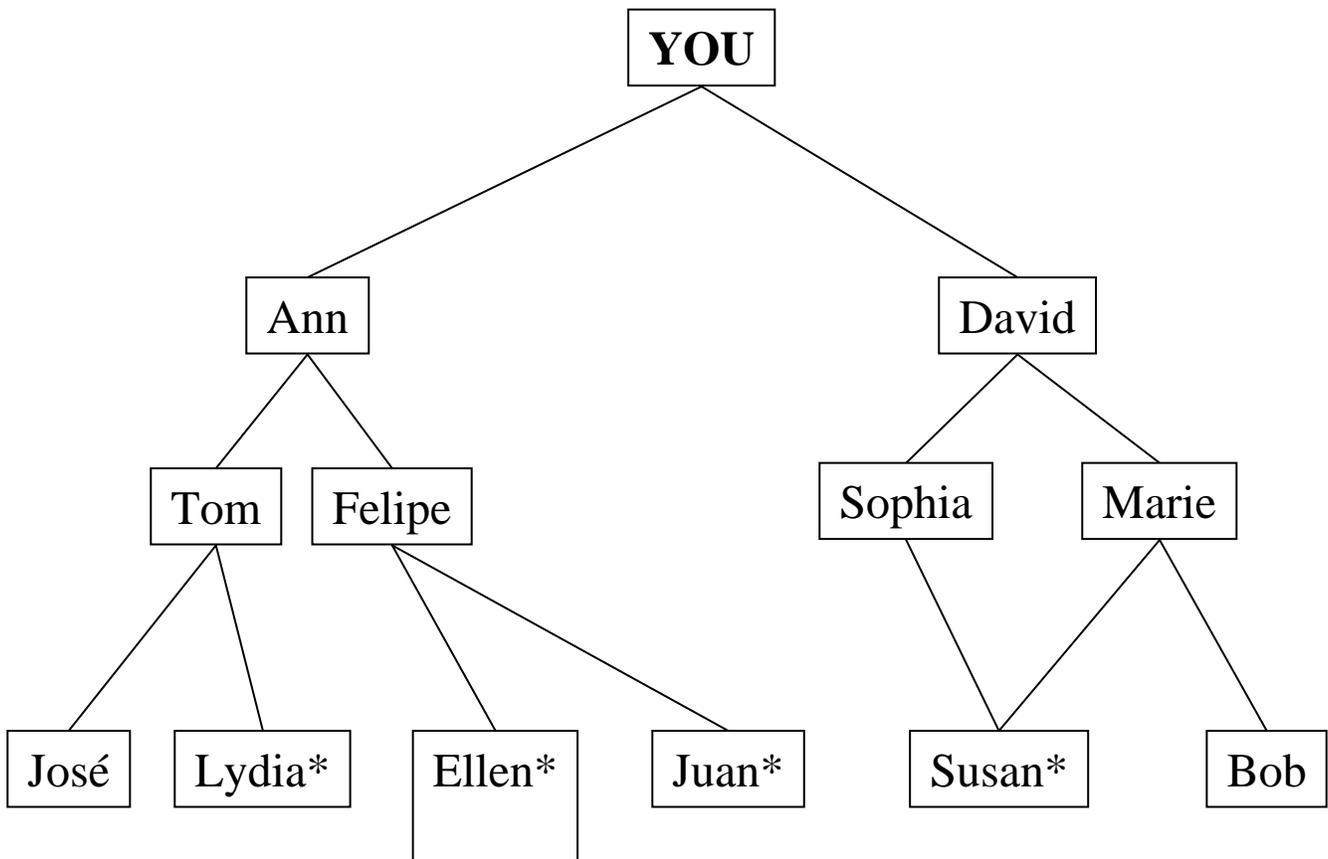
We are at the end of our time today. For homework: tell someone how you get HIV and how you give it to someone else.

I'll see you for session 4 next week.

MATERIALS FOR SESSION 4

HIV Transmission

Adjust names and genders to the composition of your group.



* Infected with HIV.

Common Symptoms of Sexual Transmitted Diseases Spread During Oral, Vaginal, or Anal Sex

STD	Symptoms
SYPHILIS	<ul style="list-style-type: none"> • Symptoms show up 1 to 12 weeks after having sex. • A painless, reddish-brown sore on the mouth or sex organs. • Lasts 1-5 weeks. • Sore may heal without treatment, but you still have syphilis. • A rash or flu-like symptoms may occur in 6 weeks to 6 months after infection.
HERPES	<ul style="list-style-type: none"> • Symptoms show up 2-30 days after having sex. • Some people have no symptoms. • Small, painful blisters on the sex organs or mouth. • Itching or burning before the blisters appear. • Blisters last 1-3 weeks. • Blisters go away, but you still have herpes. Blisters can come back.
CHLAMYDIA	<ul style="list-style-type: none"> • Symptoms show up 7-21 days after having sex • Most women and some men have no symptoms <p>WOMEN:</p> <ul style="list-style-type: none"> • Discharge from the vagina • Bleeding from the vagina between periods • Burning or pain when you urinate (pee). • Stomach ache, sometimes with fever and nausea. <p>MEN</p> <ul style="list-style-type: none"> • Watery, white drip from the penis. • Burning or pain when you urinate (pee).
GENITAL WARTS	<ul style="list-style-type: none"> • Symptoms show up 1-6 months after having sex. • Small, bumpy warts on the sex organs and anus. • The warts do not go away • Itching or burning around the sex organs.
GONORRHEA	<ul style="list-style-type: none"> • Symptoms show up 2-21 days after having sex. • Most women and many men have no symptoms. <p>WOMEN:</p> <ul style="list-style-type: none"> • Thick yellow or white discharge from the vagina. • Burning or pain when you urinate (pee) or have a bowel movement. • More pain than usual during periods. • Cramps and pain in the ??? <p>MEN:</p> <ul style="list-style-type: none"> • Thick yellow or white drip from the penis. • Burning or pain when you urinate or have a bowel movement.

SESSION 5

High Risk Situations

OBJECTIVES

1. To learn to identify high risk situations.
2. To determine what people get out of practicing unsafe sex.
3. To learn how to deal with rationalizations that encourage unsafe sex.

RATIONALE

1. For patients to practice safer sex they need to become aware of the situations in which they personally find it difficult to employ safer sex strategies. By knowing their own high risk situations, they can learn to cope with them.
2. Patients also need to be aware of positive reinforcements that keep them engaging in unsafe sex acts, such as rewards of money, cigarettes, or acceptance.
3. Patients must realize when they are rationalizing, and how self-destructive rationalization can be.

PROCEDURES

1. Distribute Risky Situation Scripts before class begins.
1. Patients re-introduce themselves, this time indicating their favorite foods, since this session deals with appetites for unsafe sex.
2. Group members work on thinking of risky situations.
3. Group members anonymously identify the circumstances under which they might be tempted to engage in, or find themselves unable to resist unsafe sex.
4. As unsafe sexual behavior in risky situations is often explained away, participants first understand how rationalization works. Then through using rationalization cards each person demonstrates how he or she would argue against a rationalization.
5. Ideas are reviewed and discussed.

MATERIALS

Blackboard and chalk
Appreciation slips
Risky Situations Scripts
Blank 3x5 cards
Rationalization cards
Paper and pencils

Exercise 1. Introduction and review

Welcome back.

Discuss cards from previous week.

As you know, we are building up our abilities to keep us from getting HIV, and we are working on leading the kind of life that we want for ourselves.

Let's go around the room and re-introduce ourselves. This time, tell us your name and your favorite food.

I'll start. I'm _____ and my favorite food is _____.

Have everyone say their name and favorite food.

Last week I asked you to tell someone how you get HIV and how you give it to someone else. How did that go?

Encourage each person to talk about that experience. If they didn't do it, find out why.

Very good. How are you feeling now on the feeling thermometer?

Encourage answering.

Remember how important it is to take note of your level of comfort, and notice what those feelings are..

Exercise 2. Finding My High Risk Situations

Let's say I'm trying not to drink too much.

And let's say I had figured out that if, on my way home from work, I went down 145th Street past Billy's Bar where all my friends hung out, I'd end up going in there, drinking for hours, and coming out with a few too many.

Knowing that is a risky situation for me, I can do something about it.

Today, I want to find out what sexual situations are risky for you. Then, you can do something about them.

Let's start with going through a scene we've written. There are two roles, Angie and Fred. Who'll play Angie, and who'll play Fred?

Obtain volunteers. (Remember to use appreciation slips. The scripts, which you distributed at the beginning of the session, appear beginning on page 58.)

Go ahead and read.

That was great! How about some applause?!

This scene was an example of a risky situation. Can someone tell me what made that situation risky?

What are some other kinds of risky situations? Let's see how many you can think of. Just call them out and I'll write them down.

Write ideas on the blackboard. Try to include ideas such as going out alone, going to places where you get picked up, attending certain kinds of parties, not having condoms, making out in a bedroom.

Now I want you to think about what is the most risky situation for you?

Again, that means when might you be tempted to have unsafe sex even though you knew it was taking a big chance?

Write the most risky situation on this card but don't put your name on it. If you need help writing, we'll help you.

Pass out a 3 x 5 card to each participant. Allow 3 minutes for writing down the risky situation. Then collect the cards, shuffle, and pass them out.

Read aloud what each card says, discuss them one by one, and ask what makes that situation risky

Exercise 3. What Do I Get Out of It?

In the very first session that we had, we went over why people keep acting in a certain way. And we said that people do things when they expect something good to come out of it.

So, for example, a person might have unsafe sex because she expects to make some money from it. Or she might do it so that her partner will like her more.

I want you to get into two groups and try to figure out what you and your friends hope to get out of unsafe sex.

What good things do you think you are going to get out of it? Put your ideas on a piece of paper.

Divide the group into two smaller groups and give them paper and pens. Allow ten minutes. Bring the group back together and go over their ideas. Some possible ideas might include feeling better about myself self, instant pleasure, reducing loneliness, could be the right person in my life, looking big in other's eyes, gaining acceptance. If necessary, one group leader should be in each group to offer help.

Tell us what ideas you came up with.

After the group presents, discuss.

What do you think of these ideas?

Discuss.

Where are you on the Feeling Thermometer right now?

Deal with extreme discomfort by exploring what thoughts are behind it. Be supportive.

Exercise 4. Dealing with Rationalizations

Sometimes we tell ourselves that unsafe sex is OK. A rationalization is the word we use to describe making excuses for ourselves. It is how we explain away the fact that we did something that wasn't too smart.

When you start telling yourself that unsafe sex is OK, one way to deal with that is to argue against your rationalizations.

Let's say I told myself, "Nothing else is going right in my life now, so what have I got to lose?" How would you shoot that idea down?

Encourage suggestions. Put examples of how to counter rationalizations on the board.

I was thinking of saying to myself, "First, you have your life to lose. Second, if you keep telling yourself that life sucks, instead of doing something to make it better, you'll work yourself into a big depression.

Each person will get a card.

The person who gets the card will read you a rationalization. Your job is to argue against that rationalization. When you are finished, the person will turn the card over and read the suggestion on the back.

Pass out the cards (starting on p. 60) one at a time. When the first person has answered, give a card to the second person. Keep going until everyone has had a chance to argue against a rationalization.

You did very well. How did you feel?

Obtain responses on feelings.

So, what did you think of practicing on the rationalizations? Did they sound familiar and can you think of other ones?

Write personal rationalizations on the board.

We are at the end of today's session, so let's go around and each person mention something you really appreciated that the person sitting to the right of you did today.

Encourage giving appreciation of each other.

For homework, see if you can think of another risky situation for yourself. What might get you into unsafe sex? I'll see you next week.

MATERIALS FOR SESSION 5

Risky Situation Scripts

Role playing is a way to rehearse real-life situations and to practice being in difficult situations. Today we will practice trying to get your partner to use a condom.

This scene depicts two lovers, one of whom has a pass from a psychiatric inpatient unit. She has attended the HIV Group at the hospital, and she wants to use a condom.

Script 1

Partner 1: Darling, have I missed you!

Partner 2: So have I!

Partner 1: You sure look pretty!

Partner 2: So do you!

Partner 1: I sure have missed having sex.

Partner 2: Well, at the hospital, I went to this HIV Group, and they taught me that we should use a condom to protect yourself.

Partner 1: But I'm clean—I don't need to use condoms.

Script 2

Angie: Quick! Put the rubber on!

Fred: I can't! I'm too excited! I got to slip it in!

Angie: Oh, please!! I can't hold it back. Put the damned thing on!

Fred: I can't wait! I can't wait!

Angie: Oh, stop! I'm getting too worked up!

Fred: I can't stop!

Angie: Get it on fast...pull out! Pull out!

Fred: I...ohhhhh!

Angie: You bastard.

Fred: God, that was great.

Let the participants continue for about 2 minutes with their own dialogue. If they get stuck, ask other group members to help.

In future sessions, we will be doing more role-plays to practice this kind of difficult situation

S5

**I'VE BEEN HAVING
UNSAFE SEX ANYWAY,
SO WHY STOP NOW?**



S5

**I LIKE THE WAY IT
FEELS**

S5

I CAN'T GET IT
BECAUSE MY
BOYFRIEND DOESN'T
HAVE IT

S5

I DON'T SHOOT UP, SO I
CAN'T GET IT

S5

GOD WILL PROTECT ME



S5

**I'VE BEEN IN THE
HOSPITAL FOR OVER A
YEAR, SO WHAT DOES
IT MATTER?**

S5

I'VE ALREADY BEEN
TESTED, AND I'M
NEGATIVE, SO I CAN'T
GET IT.

S5

EVERYONE HAS TO DIE
SOME DAY

SESSION 6

Direct Talk About Sex and Coercive or Abusive Behavior

OBJECTIVES

1. To learn how to make one's needs known while respecting the other person's needs.
2. To learn how to deal with group pressure and practice handling group situations.
3. To learn about "unsafe" or coercive behavior.

RATIONALE

1. To handle interactions with others--individually and in groups--patients need a number of skills, including self-confident communication in which requests and refusals are made in an assertive manner; and problem solving which may lead to applying a variety of coping approaches such as developing social supports and appropriate avoidance behaviors.
2. Patients also need to be aware of what is unsafe, abusive, or coercive behavior.

PROCEDURES

1. Introduce participants and having them indicate when they feel good about themselves.
2. Explain self-confident communications using "The Rights of a Self-Confident Person" and "I Statements."
3. Practice making "I Statements" and communicating with confidence through the use of practice cards with situations around safer sex.
4. Practice making requests through role-playing.
5. Go over coping with pressure.
6. Go over the "unsafe" formula.
7. Distribute myth cards.

MATERIALS

Group materials

Myth cards

Blackboard and chalk

Handouts

"To Communicate Your Needs Self-Confidently"

"The Rights of a Self-Confident Person"

The "I Statement" description

3 Role-play scripts

Exercise 1. Introduction

Discuss cards from previous week.

Let's go around and introduce ourselves. Tell your name and when you feel proud of yourself. Pick something you feel really good about.

Just say, "I'm Jose, and I feel good about ____."

I'll start. I'm _____ and I feel good about _____.

Have everyone give their name and what they feel good about in themselves.

That was good. Last week, for homework, I asked you to think of a risky situation for yourself. What did you think of?

Encourage sharing.

By the way, would each of you hold up the condom you carry with you at all times?

Exercise 2. Communicating With Confidence

To take care of yourself in situations that could lead to unsafe sex, you need to be able to communicate with confidence.

That means being comfortable in telling someone what your needs are: what you'll do and what you won't do.

First, when you are talking to someone else about what you want and what you'll do, you have some rights.

I'm going to pass out a list of some of those rights.

Pass out the "Rights of a Self-Confident Person" (p. 75).

Let's go over these rights.

Have each person read one aloud and then have the group members indicate which right has the most meaning to him or her as an individual.

Please go around with each person reading one right out loud. Which right hits home most for you?

Obtain comments.

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These rights are really saying that you can make decisions for yourself. What do you think of these rights? What would you add or change?

Discuss.

In communicating that you want safer sex what is important is making an “I Statement.”

Among the handouts is a description of an “I Statement” (p. 74). Find this page, and let’s go over it together.

“I” statements are typically used after you’ve already asked for what you want such as, “Please put a condom on.” And then, when nothing happens, you try to state what the problem is, what this does to you, what you want and how you will feel if you get what you want.

You state what you think the other person wants.

Remember, you have to put it in your own words so that it doesn’t sound fake.

Remember first that you may still not get what you want. And second, this isn’t a technique to manipulate your partner. It is a way of stating honestly and explicitly what your needs are.

To summarize, the basic principal in self-confident communication is stating clearly what you want, recognizing what is important to the other person, and trying to find a solution that meets both people’s needs.

Exercise 3. Practicing How to Make “I Statements”

We are going to practice making “I Statements” which will help us get the idea, but for now, do you have any questions?

Answer questions.

Let’s get ready for practicing self-confident communication. Each person will get a chance to practice.

Have two people volunteer for the first role-play. (See “Guidelines for Role-Plays” on p. 7.)

The two of you will act out the scene together.

Remember, your task is to be self-confident in this situation.

Session 6: Direct Talk About Sex and AIDS

That means saying what you want, recognizing the other person's needs and trying to find a way that brings satisfaction to both of you without violating what's important to you.

Let me give you an example--you can follow along with me on one of the sample role-play scripts which are among the handouts you received at the beginning of the meeting.

Use sample dialogue on p. 71.

"You and your partner have been practicing safer sex for about four months. One night your partner comes home stoned, wants sex, and gets really turned on. Suddenly he says to you: Let me put it in without a rubber. I promise I'll pull out before I come."

So, I have to think how to tell him that I want to continue practicing safer sex.

I might say, "I know you'd like to have that old feeling without a rubber, but I would really prefer using a rubber like we have been doing."

Then my partner might say: "I promise with all my heart that I'll pull out in time."

I say, "We have been having such good sex. I don't want to have to worry about being unsafe. Doing it without a rubber will make me less responsive." And so on.

Have you got the idea? Who will play Phil and who will play Gloria?

Now have the volunteers play the following scene as Phil and Gloria. Consider having a man play Gloria and a woman play Phil.

Phil and Gloria sleep together and use a condom when they have sex. Phil knows that when Gloria gets drunk she sleeps with other guys and doesn't have them use a rubber. Phil has never said anything to her about it, and he cares for Gloria even though she sleeps around.

Phil wakes up in the middle of the night with Gloria drunk, on top of him, and trying to make him have an erection. Phil decides he is going to ask her to stop having unprotected sex. Gloria loves Phil and simply wants some good sex with him.

I want to know from both Phil and Gloria what your goal is and what your feeling level is now.

Get goals and Feeling Thermometer readings. Phil's goal: for Gloria stop having unprotected sex. Gloria's goal: to have good sex with Phil tonight.

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Let's make assignments about what the rest of us will look at.

Assign coaches and monitors. (See p. 7, "Guidelines for Role-Plays.")

OK, let's do the role-play.

When the role-play is over, obtain feedback and discuss. Also, obtain the Feeling Thermometer readings from participants.

First, I want know what their feelings are now, what they liked, and what they would do differently next time.

Obtain responses.

Now, let's hear the feed-back. What did you observe? What did you like? And if you were doing it, what would you do differently?

Report and discuss. Have the group members come up with a situation (there are two additional samples in the materials section beginning on page 71) until all participants have had a chance to role-play an "I Statement."

Exercise 4. What to Do When the Pressure Is On

There is a lot of pressure on you to be involved with unsafe sex. What can you do? Remember that there lots of different ways to cope.

See box for material to be written on blackboard.

CAPITAL LETTERS INDICATE MATERIAL TO BE WRITTEN ON BLACKBOARD. *Italics is material to be read and discussed.*

WAYS OF COPING

STAND YOUR GROUND: *Fight back. Let your feelings out. Take risks.*

KEEP DISTANCE: *Push the pressure away from you by forgetting it, playing it down, getting involved with something else.*

CONTROL YOURSELF: *Keep your feelings to yourself. Relax. Stay cool. Don't act in haste. Rehearse things in your mind.*

SEEK SUPPORT: *Get help and sympathy from other people such as friends, family, and religious or spiritual leaders, as well as health professionals.*

SOLVE THE PROBLEM: *Find ways to work the situation out by defining what is wrong, seeing what is important to you, coming up with alternatives and trying an alternative out.*

CORRECT YOURSELF: *Admit your responsibility in the matter. Apologize. Lecture yourself. Make commitments to change and do better.*

ESCAPE THE SCENE: *Avoid the problem by wishing it would go away. Take it out on others. Sleeping, eating, drinking, drugging, smoking too much. Act like nothing happened. Run away.*

Here's an example:

BACKGROUND: *Donna and Stan are having mad, passionate sex. Stan promised Donna that when he gets ready to put it in he will use a rubber. Suddenly Stan rubs his penis against Donna's vagina. Donna looks down and realizes that Stan does not have on a rubber.*

DONNA'S "I STATEMENT": *"Stan, when you don't put on a rubber like you agreed to, I feel really angry because I expect you to do as you said you would. I don't want to get HIV. I know you think it feels sexier without one. I want us both to be satisfied. Listen, if you keep your part of the deal by putting it on, I'd feel a lot happier and I'd be willing to have sex with you all night long.*

Don't assume that because you use an "I Statement" the other person will suddenly change. The point is not to manipulate the other person, but to communicate honestly what your needs are.

Let's role-play some scenes.

Exercise 5. The “UNSAFE” Formula

Something sexual that you do is not SAFE if it fits into one or more of the U, N, S, A, F, or E categories that I’ll write on the blackboard. So, you will know that something is not safe --

ALL MATERIAL IN THIS BOX TO BE WRITTEN ON BLACKBOARD

U	=	If it is <u>U</u> psetting to you or your partner.
N	=	If your partner says “ <u>N</u> o” at anytime.
S	=	If it must be kept a <u>S</u> ecret. For example, an adult having sex with child and telling the child not to tell.
A	=	If it is <u>A</u> busive to yourself or others.
F	=	If any <u>F</u> orce is used, other than in a situation where two people have agreed.
E	=	If it is <u>E</u> xcessive to the point where you feel out of control

Exercise 6. Myth Cards

Give out myth cards one at a time to each group member to read aloud. Each member should give his or her response to each myth. Then discuss the responses with the group.

Today’s session is about over. How are you feeling?

Encourage sharing of the feeling thermometer readings.

How about expressing our appreciation for what group members contributed today?

MATERIALS FOR SESSION 6

ROLE-PLAY 1: Session 6, Exercise 3

To be read by the selected man: “You and your partner have been practicing safer sex for about four months. One night your partner comes home stoned, wants sex, and gets really turned on. Suddenly he says to you: “Let me put it in without a rubber. I promise I’ll pull out before I come.”

Partner: I know you’d like to have that old feeling without a rubber, but I would prefer using a rubber like we have been doing.

Man: I promise with all my heart that I’ll pull out in time.

Partner: We have been having such good sex. I don’t want to have to worry about being unsafe. Doing it without a rubber will make me less responsive.

ROLE-PLAY 2: Session 6, Exercise 3

Jack: I'm going to use this condom.

Jill: Let me see that (*she looks at it and touches it.*) I know all about these things. These things are poison!

Jack: No, baby, they will protect you from the poison, HIV, the AIDS virus. It will keep us safe. Just use it.

ROLE-PLAY 3: Session 6, Exercise 3

Roberto: I'm not using a rubber

Ann: Look, I've told you before that I don't want to take a chance on getting HIV. It's really important to me that you use one.

Roberto: I'm clean! Don't you trust me?

Ann: Please use the rubber.

Roberto: No way!

Ann: No way, then no sex. I like you. I want to have sex with you, but I'm more important than having sex. Let me know when you are ready to use one.

TO COMMUNICATE YOUR NEEDS SELF-CONFIDENTLY

1. Decide what the problem is.
2. Ask the person to do what you want:
 - Look the person in the eye.
 - Speak slowly and clearly.
3. Show understanding for the other person's needs
4. Try to find a solution together
5. Keep at it. Don't give up!

If this doesn't work, use "I Statements"

"I" STATEMENTS

After a simple request has been made without any positive result, use "I Statements." An "I Statement" tells someone directly what you want and how you feel. Here are some steps to making an "I Statement."

1. Describe the problem.
2. Tell the person how it makes you feel.
3. Say exactly what you want. For example, "I want you to use a condom."
4. State the consequences—particularly, what will happen if they change their behavior. Avoid threats.

THE RIGHTS OF A SELF-CONFIDENT PERSON

1. You have the right to say “yes” to something safe.
2. You have the right to offer no reasons or excuses for justifying your behavior.
3. You have the right to change your mind even if you promised to do something unsafe.
4. You have the right to make mistakes—and be responsible for them—without feeling obligated to make the same mistake again.
5. You have the right to say, “I don’t know,” and think carefully before you act.
6. You have the right to say “no” even if someone has been nice to you in the past.
7. You have the right to judge your own behavior, thoughts, and emotions, and to be responsible for them and their consequences.

S6

Any woman can get raped.



S6

If a woman gets drunk at a party and has sex with a man she just met there, then it's okay for other men at the party to have sex with her whether she wants to or not.

S6

Men need sex more than women
do.

S6

Many times a woman will pretend
she doesn't want sex, but she is
really hoping that the man will
force her.

S6

If I tell someone what to do sexually and they do it, that means they will always do it because they really want to.

S6

The only way I could do harm to someone when I have sex would be to use physical force to get that person to have sex with me.

SESSION 7

Questions and Answers About HIV

OBJECTIVES:

1. To practice the skills already learned and cope with reactions in real-life situations
2. To increase knowledge about high risk situations

RATIONALE:

Comfort in talking to partners about safe sex will increase with practice.

PROCEDURES:

1. Use role-plays to help participants increase comfort.
2. Each role-play in this session will begin with a question. One partner will ask the question; a second will answer it and then other group members will be asked their opinions.

SESSION 7 PARTICIPANT QUESTIONS AND ANSWERS

Can you get HIV infection if someone sneezes or coughs on you, or if you are bitten by a mosquito?

No. HIV infection is not spread through the air, and it cannot be contracted from mosquitoes or any other insect.

If we don't have anal sex, then we don't have to worry about HIV infection?

That's false. HIV can be contracted through heterosexual or homosexual contact, including oral sex, or anal or vaginal intercourse.

Can you always tell who has HIV infection?

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No. Many people who are HIV infected do not have visible symptoms.

My partner isn't the type to be infected.

False. AIDS doesn't discriminate

Can patients spread HIV infection by sharing eating utensils, coffee cups, or cigarettes?

No. HIV is not transmitted through casual contact.

Can anyone can get AIDS?

[Let group discuss answers.]

Does having unprotected sex put you at risk for HIV infection?

[Let group discuss answers.]

What do you think about this statement? "AIDS education may be okay outside the hospital, but inside patients don't have sex, so there is no reason to talk to them about this."

[Let group discuss answers.]

Does using condoms during sex help protect you from getting HIV infection?

[Let group discuss answers.]

If two men use a condom and a lubricant when having anal sex, is there is no risk of getting HIV?

There is always some risk with anal sex because of the possibility of tearing the condom.

Can a woman who is pregnant and has HIV/AIDS pass the AIDS virus to her unborn baby?

Yes. HIV can be passed from mother to unborn baby. But research now shows that if an infected pregnant woman takes HIV medication, the baby is far less likely to contract HIV.

If I give a guy a blow job and I don't swallow his semen, can I still get AIDS?

Yes. Although present research seems to show small risk, the HIV virus has been found in pre-cum.

If I have unprotected sex once with someone who has the HIV virus, can I get AIDS?

Yes.

Is a person who has unprotected sex with someone who injects drugs at risk for HIV infection?

Yes. When you have unprotected sex with an IV drug user, you are at risk for HIV infection even if you don't shoot up yourself.

SESSION 8

Coping with the Pressure to Use Drugs and Alcohol

OBJECTIVES

1. To understand the relationship between substance abuse, alcohol, and HIV.
2. To practice refusing drugs, alcohol, and unsafe sex.
3. To understand that drug and alcohol use should not be an excuse for failing to practice safe sex.
4. To learn to deal with group pressure and practice handling group situations that involve illegal drugs.
5. To understand that mixing drugs and alcohol with prescribed medications can be medically dangerous.

RATIONALE

Though the use of illegal drugs and alcohol is usually strongly discouraged, studies show that large numbers of psychiatric patients at some time drink alcohol or use drugs, and about 25% have documented substance abuse problems. The goal of this session is to inform patients that inhibitions are lowered when they use drugs or alcohol and that they should practice safe sex even if they are high.

PROCEDURES

Use role-plays to help participants determine how drugs and alcohol may alter their ability to practice safe sex.

MATERIALS

Group Materials

Role-Play cards

5 Role-Play scripts

Handouts

Blank cards

Pencils

PREPARATION FOR THE SESSION

Determine local resources for bleach kits and needle exchange and be prepared to explain them in this session

___Session 8: Coping with the Pressure to Use Drugs and Alcohol

Exercise 1. Introduction and Review

Welcome back!

Discuss cards from previous week. Include answers to any questions about dental dams.

Today we are going to be discussing how drug and alcohol use can lead to unsafe sex. Let's remember that everything discussed in the group, stays in the group.

Let's go around the room and re-introduce ourselves.

Exercise 2. Alcohol, Drugs, and Staying Safe

Today we are going to continue discussing ways to stay safe. You see, we don't want you to get HIV.

Some studies show that if you are already HIV positive, you can be infected with another strain that can make your problem worse. So even if you are HIV positive, safe sex is as important to you as it is to your partner. We want to slow the spread of HIV and AIDS in ourselves, our friends, and the community. Also, we want you to know your goals and to reach the goals you have set.

Each one of you has plans for the future, right?

In this session we are going to work on being able to handle drugs and alcohol so that you don't endanger yourself with either one.

With drugs, the problems are obvious. Everybody in this room knows that you can get HIV from sharing a needle when injecting yourself with heroin or cocaine.

But even drugs you don't inject can make you unsafe. Alcohol messes with your mind so that you can't make decisions as intelligently as you can when you're sober. Alcohol also takes away some fears, so that you might take a risk you wouldn't take if sober.

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Those are the reasons why it is important to handle drugs and alcohol very carefully.

First, I am going to pass out some blank cards.

On the cards, write down for questions #1 and #2, “yes” or “no,” as I ask them. Don’t put your name on the card.

- 1. Do you ever feel pressure to drink alcohol or use street drugs?*
- 2. Have you ever had sex when you were high on drugs or alcohol?*

Collect all the cards, add up the yes answers and the tell the group:

___ of you feel pressure to drink alcohol or use street drugs.

___ of you have had sex while high on alcohol or drugs.

If you want to figure out if using drugs and alcohol encourages you to take risks, here are some questions you may want to ask yourself:

Would you be more likely to go to a deserted building with someone if you were high?

Would you be more likely to take part in sex exchange if you were high?

I am sure you guessed the main point: you can make some very unwise decisions when you are high.

Exercise 4. Role-plays

Let’s now try to spend time practicing ways to either avoid drugs entirely, or at least to practice safe sex while you are high.

Since the situations where drugs and alcohol affect your ability to make safer sex choices are tricky, let’s do some role-plays. (See p. 86.)

Do the role-plays encouraging everyone to participate. Ask if any of the scenes rings a bell with anyone.

Exercise 5. How to Clean a Needle

We are going to review how to clean a needle. Even if you don't shoot up, you can help a friend who does.

Clean needles slow the spread of HIV. In New York City, bleach kits can be obtained from the Health Department. Also, New York City sponsors several needle exchange programs.

Elsewhere: determine local resources and explain them.

Read this procedure out loud.

- 1. POUR LIQUID BLEACH INTO GLASS.*
- 2. FILL THE SYRINGE WITH BLEACH.*
- 3. EMPTY BLEACH FROM SYRINGE INTO A SINK.*
- 4. FILL GLASS WITH CLEAN WATER.*
- 5. FILL SYRINGE WITH WATER.*
- 6. EMPTY WATER FROM SYRINGE INTO A SINK.*
- 7. REPEAT PUTTING WATER IN SYRINGE AND EMPTYING IT.*
- 8. THROW AWAY USED BLEACH.*

Liquid bleach is a household cleanser which kills HIV. You don't want to drink it or inject it into your veins by mistake, but if a little of the 10% bleach solution were left in a needle after you finished rinsing it, it wouldn't hurt you.

That was very good. We are at the end of our time for today.

For next week's session, I'd like you to teach someone one thing about AIDS. See you next week!

MATERIALS FOR SESSION 8

Role-Plays for Session 8, Exercise 4

Scene 1. Pick two group members. This is an open-ended role-play where one part is scripted and the other is impromptu.

SCENE: Your partner wants you high because your partner thinks you are freer sexually when you have some drinks in you. Sometimes you wonder if you can really trust your partner. Once your partner put something in your drink. You go to your partner's place. The drinking has already started. A drink is poured for you. You resist drinking it.

Partner: I've been waiting for you. Thinking about that nice body of yours. Here's a drink to get you started. Just a lot of orange juice and a drop of vodka. Drink it down.

Reply:

Partner: That's not enough vodka in there to kill a fly.

Reply:

Partner: Would I do something sneaky to you? Don't you trust me?

Reply:

Role-Plays for Session 8, Exercise 4

Scene 2. See directions for Scene 1.

SCENE: You go over to your good friend's to hang out. Your friend is smoking crack and is pretty high. He offers you some, but you resist smoking.

Friend: Take a smoke. I got plenty of it -- good stuff. Come on, you'll love it.

Reply:

Friend: It's not going to hurt you. Really! Are you my good friend or not? I'm telling you it's the best I've had in years.

Reply:

Friend: Don't give me that shit! Wait till you see what else I got. Really hot porno pictures. They will really get you wet. I'm so horny. Please. You got to try this crack.

Reply:

Friend: You're in such a bad mood. This stuff will help you, seriously.

Role-Plays for Session 8, Exercise 4

Scene 3. See directions for Scene 1.

SCENE: You are sitting around with 4 or 5 of your friends. One of them recently stole a little money and has offered to buy some crack for everybody to smoke together. They are all getting ready to go find some crack and smoke it. You resist going.

Friend: You're coming, aren't you? Everybody's going.

Reply:

Friend: It's going to be great. Come on, let's go. We've been waiting for this. And it's a gift.

Reply:

Friend: What's happening to you? Going soft on us? We're not good enough for you?

Reply:

Friend: Don't be stubborn. A little crack never hurt anybody.

Role-Plays for Session 8, Exercise 4

Scene 4. See directions for Scene 1.

SCENE: Your partner believes that using a condom cuts down on the feeling of sex. But you have an agreement to use one. Often, when your partner gets drunk, your partner tries to sneak in getting laid without a condom. You and your partner have been drinking. You insist on using a condom.

Partner: I can tell you are feeling mellow. One more drink and you'll be ripe. I'm way ahead, but you are catching up. Then we can get between the sheets without anything between us.

Reply:

Partner: Skin on skin. Juice on juice. That's the best way. Have another drink.

Reply:

Partner: Baby, you are too good to have something come between us. Please, pretty please. Have some more to drink.

Reply:

Partner: You make me so sad. I love what you have, but I want it raw, not cooked.

Role-plays for Session 8, Exercise 4

Scene 5. See directions for scene 1

SCENE: Bill is with his friend who is not on any medications. They are drinking beer. Bill has been told by his doctor that he shouldn't drink while taking his medication. Bill resists drinking.

Friend: Hey, let's have a drink.

Reply:

Friend: Don't be a sissy. You believe that stuff?

Reply:

Friend: Don't give me that shit. All doctors tell you not to drink.

Reply:

Friend: Hey, we'll have a few drinks and get it on.

Reply:

SESSION 9

HIV and Family Planning

OBJECTIVES

1. To broaden knowledge about birth control.
2. To learn ways to prevent unwanted pregnancies.
3. To come to understand how the HIV virus can affect pregnancy and the newborn child.

RATIONALE

Issues of HIV prevention and those of family planning are often connected. Patients need to know the facts about the relationship between HIV status and child bearing in order to make responsible decisions.

PROCEDURE

1. Introduce the day's topic. Have group members give their names.
2. Divide into groups to determine reasons people have sex other than to have children.
3. Present the facts of birth control methods.
4. Use Birth Control Cards

MATERIALS

Group materials

Blackboard and chalk

Handouts

Paper and pencils

Birth Control Pamphlet (Brochures that can either be obtained from a local Planned Parenthood office or the chart can be Xeroxed from this book. The chart begins on p. 96.

Birth Control Cards

Exercise 1. Introduction

Hello, I'm glad to see you all today.

Discuss cards from previous week. Have each group member report on last week's assignment.

At the end of the last session I asked you to teach someone one thing about AIDS. How did that work out?

By the way, would each of you hold up the condom that you carry with you at all times?

Have each person hold up a condom that they have been carrying with them. Give Appreciation Slips to those group members who produce them.

You see, we don't want you to get HIV. If you are already HIV positive, we don't want you to become symptomatic.

In this session, we are going to be talking about birth control and HIV. These are connected in various ways.

First, only condoms can help protect you from HIV; other forms of birth control don't protect you from HIV.

Second, you pass the virus through unprotected sex. If you're trying to get pregnant, you are not using condoms—so you're open to infection.

Another concern is that HIV can be passed from an infected mother or father to the child while still inside the mother. So if you are HIV positive or your partner is HIV positive or if you haven't been tested for HIV but have done risky things, you have to consider that you may infect your baby. A child runs the risk of being infected if one parent carries HIV. And though children with HIV are living longer and longer, AIDS remains a serious disease

Exercise 2. Why Do People Have Sex?

People have sex for all kinds of reasons. In the first part of this session we will explore reasons people have sex.

There are a variety of reasons to have sex, and these reasons change from person to person, and from time to time, and from age to age. There is no right or wrong reason to have sex.

Break the group into two small groups to see which can come up with the most reasons for having sex. As they read their lists, one group at a time, write answers on the board, including some of the suggestions below, if needed:

MATERIAL IN THIS BOX CAN BE WRITTEN ON BLACKBOARD

Reasons for Having Sex

to prove masculinity or femininity
to get or give physical pleasure
to keep up with friends, to show off
to show anger or degrade someone
to give in for fear of being hurt by someone
to show love
to relieve physical tension
to relieve loneliness
to get acceptance, to please someone
to keep a boyfriend or girlfriend, or to make a commitment
to have fun
to get something in exchange for sex
to have children

Here is our list. I've also added some others.

What do you think about each of the reasons? Which ones seem reasonable and why? Which ones are not reasonable, and why?

Go around and get each person to say what he or she thinks.

Exercise 3. Feelings About Sex

Now I would like to make a list of statements and questions about sex and birth control. Let's all say what we think about each of them.

- 1. The woman should be responsible for birth control.*
- 2. A couple should discuss birth control before having sex.*
- 3. A woman who uses birth control is more likely to have sex with different men.*
- 4. Which birth control methods will also help prevent HIV?*
- 5. Should you be tested before you have a child?*
- 6. Having a man pull out is as good as wearing a condom.*
- 7. You can't get AIDS from doing it one time.*

Exercise 4. Birth Control Methods

There are many different forms of birth control, and many different reasons for choosing among them.

How well it works, whether it is convenient, what risks and side effects it has, how effective it is, how much it costs, how easily available it is—some or all of these factors might be considered.

Your age, or how often you have sex may also affect which birth control method you use. Religious and personal beliefs may play a part. And of course your partner's choice and what you are used to will also influence your selection.

There are many places where you can get birth control. Sometimes, the easiest way is to purchase condoms from pharmacies or vending machines. There are public agencies like city and state health centers, and private groups like Planned Parenthood which offer birth control information and equipment. You can also get information from a physician who takes care of your medical needs, or you can ask your psychiatrist about it.

Tailor your statement to the particular circumstances of your patients.

Write the following list on the board and explain how each works. Refer to chart on p. 96 .

MATERIAL IN THIS BOX TO BE WRITTEN ON BLACKBOARD

Methods of Birth Control

Abstinence
Birth control patch
Condoms
Oral contraceptives
Intrauterine device (IUD)
Female condom
Foam
Diaphragm
Sponge
Coitus interruptus
Natural family planning (rhythm method)
Sterilization
 tubal ligation (a woman having her tubes tied)
 vasectomy (a man having his sperm blocked)
Unintentional infertility caused by disease or removal of uterus or tubes

Hand out birth control pamphlet, or Xeroxes of pages in materials section.

MATERIALS FOR SESSION 9

BIRTH CONTROL METHOD	DESCRIPTION	CHANCES OF AVOIDING PREGNANCY*
Diaphragm	<ul style="list-style-type: none"> •Small cup that fits inside the vagina, over the cervix, the opening to the womb (uterus). •Contraceptive jelly is used with it. •Must be prescribed and fitted by a clinician. 	97% effective, if you are very careful.
Condoms	<ul style="list-style-type: none"> •A latex “rubber” that fits over the penis. 	If used properly, 98% effective. This is the only method that protects you from the HIV virus.
Foam, Suppositories, Cream & Jelly	<ul style="list-style-type: none"> •Chemicals which kill sperm. They are inserted into the vagina. 	99% effective if used with a condom.
IUD	<ul style="list-style-type: none"> •Device placed in womb for specific periods of time. •Must be inserted by a clinician. 	95-98%

(Continued on next page)

BIRTH CONTROL METHOD	DESCRIPTION	CHANCES OF AVOIDING PREGNANCY*
Female condom	Placed in the vagina, forming a barrier to sperm.	Approximately 88%
Sponge	<ul style="list-style-type: none"> •Soft sponge containing chemicals, which is placed over the opening to the womb. 	When carefully used every time, 92-95%. When not, 72-82%.
Norplant™	<ul style="list-style-type: none"> •Artificial hormones surgically implanted under the skin by a clinician. •Capsules release hormones into bloodstream. •Stops ovulation; makes it harder for sperm to enter the womb. 	More than 99%.
Rhythm Method	<ul style="list-style-type: none"> •Woman looks for signs of ovulation to determine when she is least likely to get pregnant. 	Even being very careful with this method can't significantly reduce the chances of pregnancy.
Sterilization	<ul style="list-style-type: none"> •Operation that makes men or women permanently unable to have babies. 	99.6%
Pill	<ul style="list-style-type: none"> •Artificial hormones in pill form. •Prevents the release of eggs. 	99%, unless you forget to take the pill.

*Effectiveness rates from Contraceptive Technology 1990-1992. New York: Irvington Publishers, Inc., 1990.

SESSION 10

Should I Be Tested?

OBJECTIVES

1. To consider the issues involved in deciding to take the HIV antibody test.
2. To learn about the HIV test and what it means.
3. To learn about confidentiality in HIV testing.
4. To learn about the possible consequences of positive test results.

RATIONALE

Whether or not to be tested is a serious decision whose consequences may not always be advantageous or even predictable. This session will assist patients in making informed choices.

PROCEDURE

1. Re-introduce group members.
2. Introduce the day's topic.
3. Present the facts.
4. Review confidentiality.
5. Consider the advantages and the disadvantages of testing.

MATERIALS

At least 9 blank 3 x 5 cards.

PREPARATION FOR THE SESSION

Prepare 3 x 5 cards as described on page 103.

Prepare to answer questions on local regulations concerning HIV testing and confidentiality.

IMPORTANT NOTE

Since the topic of testing is often upsetting to patients, we recommend that group leaders be available after group either to discuss this topic or set up individual sessions to do so.

Exercise 1. Introduction and Review

Hello, I'm glad to see you back here today!

Discuss cards from previous week.

What did you do to stay safe since we last met? Include any steps you took to make things better for yourself.

I'm interested in even the smallest thing you did because I want to see you stay healthy.

So what did you do?

Encourage responses.

By the way, would each of you hold up the condom that you carry with you at all times?

A few weeks ago we talked about HIV facts. There's a test which can tell you if you have the virus.

Today we will be giving you basic facts about the test. We'll discuss what it does and doesn't tell you. And we'll talk about the advantages and disadvantages of being tested.

Knowing the facts about the test is fine, but what would testing do for you personally?

Exercise 2. What is the HIV Antibody Test?

The HIV antibody test detects the antibodies for the virus that causes AIDS. Antibodies are made by your blood when a virus, like HIV, enters it.

Antibodies usually protect you. Even though there are antibodies in your blood, they are not effective in stopping HIV.

The test tells you if your body has produced antibodies in response to the virus that causes AIDS.

HIV Prevention for People with Mental Illness_____

Just because you test positive to HIV, that does not mean that you have AIDS. As you know, there can be a delay of years between getting infected with HIV and developing AIDS. There is no way to know how long.

Are there any questions?

Discuss questions.

The blood test is usually the only way to tell if you are infected with the AIDS virus. In most cases, the antibodies can usually be detected between 6 weeks and 3 months after exposure.

However, there are cases in which it takes longer to detect the antibodies in your blood. This is why we strongly advise you to repeat testing at 3 months, 6 months, 9 months and 1 year after your last possible exposure. You must also continue to practice safer sex during that time.

Also if you test negative, you must practice safer sex to remain negative.

Even if your partners tell you they had the test and are negative, and even if they are telling the truth, you still need to use a condom since they may have had unprotected sex since that test or even right before it, in which case they might not have yet made antibodies which would show up on the test.

If you have had unprotected sex or if you shared needles, you should wait 6 weeks since your last exposure before being tested, then repeat the testing as we said before.

If you are HIV positive, it is very important to decide on a treatment plan with your doctor.

Ask the group what they think a person with HIV could do to help remain healthy. Be sure to mention these things:

- **getting enough sleep**
- **eating healthy foods**
- **avoiding alcohol and illicit (street) drugs**
- **adhering to a prescribed medicine regimen**
- **obtaining good medical care**
- **advocating for yourself; this means learning about new treatments, and following up to make sure you are included in new medical trials.**
- **practicing safer sex to avoid infecting others or re-infecting yourself.**

Discuss HIV/AIDS medications. Tell the group that there are effective medications to treat HIV/AIDS. Taking these medicines as prescribed can improve the quality of your life and help you live longer. Also, most of these medicines can be taken with your psychiatric medications.

Session 10: Should I Be Tested?

Talking about this issue can upset some people. Let's take a reading of the Feeling Thermometer now.

Go around the room. If patients seem upset, or their Feeling Thermometer readings are high, discuss these concerns.

Exercise 3. Types of Testing

1. Blood test: Most HIV/AIDS antibody tests require a nurse, doctor or technician taking a small amount of your blood. Some of the tests can give you very quick results, usually in a few days.
2. Orasure: There is a test in which a clinician collects saliva and sends it to a lab; however, often the result needs to be confirmed by a blood test.
3. Home Testing: A number of home testing kits are now available for purchase. With these kits, you prick your finger to obtain a blood sample or use a swab to get a saliva sample. You send the sample to a laboratory for analysis, and then, on the appointed day, you call the laboratory for the results. With the results, you receive some post-test counseling.

Mention local laws and regulations that might apply to confidentiality of HIV information.

Exercise 4. How to Decide Whether to Take the HIV Antibody Test

The decision to take the HIV antibodies test is difficult and important. Remember: It is a decision that is yours alone.

You may choose to discuss it with your psychiatrist, therapist, lover, or family member, also. But it is important to remember that it is ultimately your decision to make, even if someone is pressuring you to take the test.

What might be some of the main advantages of taking the test?

Discuss the advantages that group members mention, and be sure to include the following:

1. *Early treatment can improve the length and quality of your life.*
2. *Knowing the results can be important in making safer sex decisions and/or in planning a family.*
3. *Knowing the results could help your doctors decide if you have any HIV related illnesses.*

Has anyone thought about what may be some of the disadvantages to being tested?

HIV Prevention for People with Mental Illness_____

Find out what the participants see as disadvantages and be sure to include the following.

- 1. You could be discriminated against (in housing, employment, insurance, and socially).*
- 2. The results could be emotionally upsetting and in some cases might worsen your psychiatric condition.*

Discuss here: increased anxiety, depression, denial, anger, etc.

Anyone who takes the test should be prepared to cope with either a negative or a positive result.

Some people take the test to reassure themselves that they are negative. But it is important to prepare yourself emotionally for a positive result. Why is that important?

Find out why participants think this might be important.

In New York state, it is required that you meet with a counselor before you take the test. A counselor will review your risk factors such as unprotected sex and IV drug use. In addition, a counselor should ask if you have a plan should you test positive for the AIDS virus. The counselor will then assist you in developing a plan so that you are as emotionally ready as possible for the results.

In other states, mention local requirements, if any.

If you decide not to take the test now, you can always change your mind in the future.

Take a Feeling Thermometer reading again.

Exercise 5. If You Test Positive, Whom Should You Tell?

Hand out cards with the following words written on them:

Psychiatrist

Mother

Lover

Son/Daughter

Other Patients

Best Friend

Landlord or Super

Welfare Worker

Neighbor

Now, I'd like each of you to look at your card. One at time, give your opinion about whether someone should tell the person on the card that they are HIV positive.

Discuss.

That's the end of today's session. If you have any questions, either write them down anonymously and we'll try to answer them next week, or we will be available privately today after group or another time to discuss these important issues with you.

Thanks for coming to today's session. See you next week.

ADDITIONAL OPTIONAL SESSION 1

Understanding The Sexual Side Effects Of Medication

We recommend including this session only if it is relevant to your group, since some group leaders may feel that participants are too impressionable about the sexual side effects of drugs to participate in these exercises. The session is short to allow groups to repeat parts of other sessions if necessary. Parts of this session may also be used instead of the entire session.

OBJECTIVES

1. To understand the importance of continuing their medication in order to be able to make safer sex decisions.
2. To understand that stopping medication can lead to hypersexuality and unsafe sex.
3. To learn to be comfortable talking to staff about sexuality, medication, and specific sexual side effects associated with psychiatric medications.

RATIONALE

Controlling psychotic symptoms will increase the ability to make safe sex choices.

PROCEDURES

1. Introduce group members.
2. Role play.

MATERIALS

Sample role-play script

Exercise 1. Introduction

Discuss cards from previous week.

Many patients stop medication because they feel their medication inhibits their ability to have sex. Has anyone in this room ever felt this urge?

Get responses.

What should you do if this happens?

Additional Optional Session:
Understanding the Sexual Side Effects of Medication

Get comments from group members, then tell them:

- 1. Talk to your psychiatrist.*
- 2. Ask whether another medication with fewer side effects could be tried.*

What should you do if you feel the medication is affecting your sexual drive or performance?

See the Addendum for a list of side effects reported in the literature.

Now we are going to practice talking to your psychiatrist about sexual issues.

Use the role-play on the following page.

MATERIALS FOR ADDITIONAL SESSION

ROLE-PLAY Session 10

Wallace: My girlfriend complains that I no longer feel like having sex.

Doctor: How long has this been going on?

Wallace: For about 2 months.

Doctor: How often did you have sex before this period?

Wallace: Two or three times a week.

Doctor: When was the last time you felt like doing it?

Wallace: Hey, I don't even remember.

Doctor: Maybe we will try to adjust your medication and see if anything changes. Let's talk in a week.

Exercise 2. A Beautiful day with Chris and BJ

Instructions: Divide the group into two sections of between 5 and 12 members each and have each section develop a story by completing the following exercise.

A Beautiful Day with Chris and BJ

It was a beautiful day.

Chris and BJ decided to go to_____.

They had been dating for_____months/years. Chris asks BJ for \$_____in order to
_____.

BJ thinks Chris is always out of money and accuses Chris of _____.

Chris's response to BJ is "_____". BJ yells at Chris and calls Chris a _____.

Chris begins to cry and says that BJ never _____. They sit in silence for ____ minutes.

Suddenly, Pat walks by them and says to Chris, "Hey! Give me a call!" BJ blows up and accuses Chris of _____ with Pat. But Chris says "_____

_____." BJ hits Chris with a _____. BJ grabs Chris's arm and demands, "_____."

Chris's head lowers, and then he says, "I promise I won't _____, I love you."

It was a beautiful day.