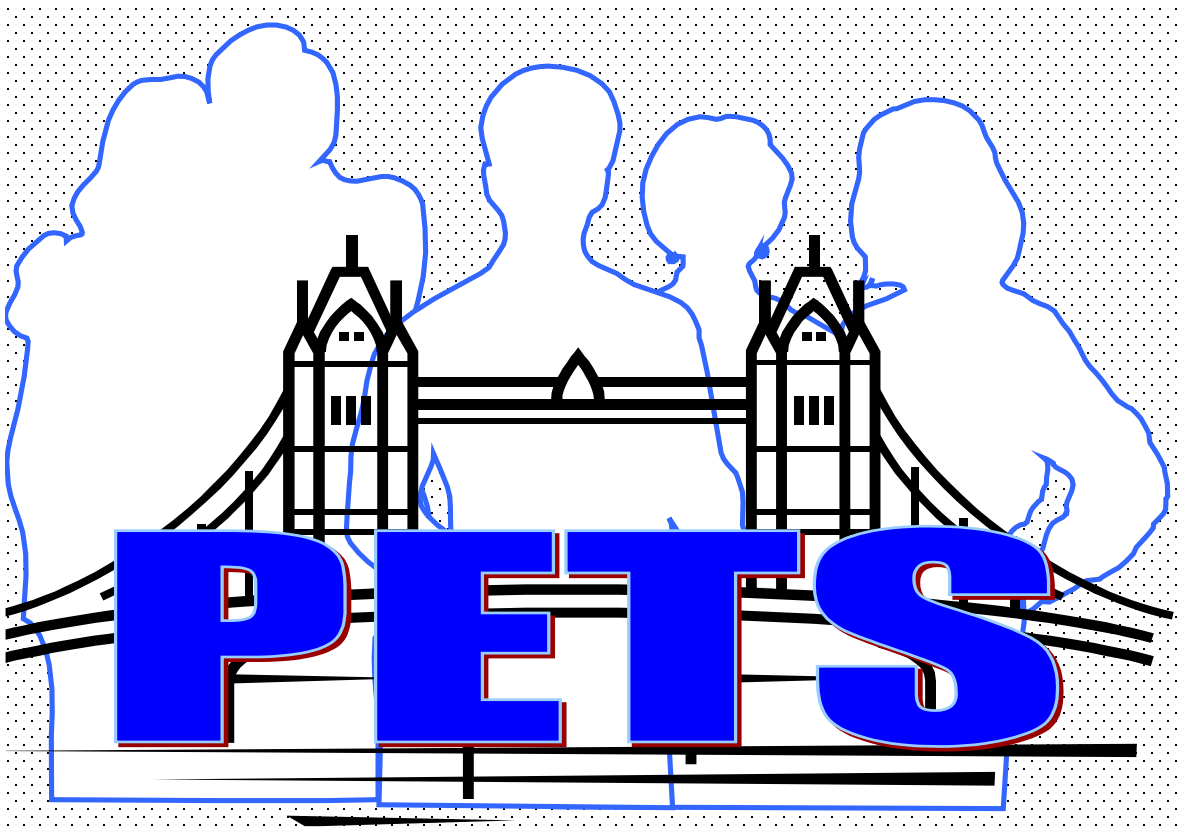


Duke University Medical Center
Pastoral Services-Partners in Caring

Peer Education Training Sites



Level One Curriculum
Training Manual

Duke University Medical Center Pastoral Services-Partners in Caring Peer Education Training Sites Training Manual



Prepared by the staff of the Center for Creative Education, North Carolina HIV/AIDS Training Center-Minority Outreach Program, Partners in Caring, DUKE Infectious Diseases Clinic, Starfire Consulting Inc. and the PETS Community Advisory Board for the PETS project, at Duke University Medical Center

PETS Level One Training**Workshop Agenda Trainer Worksheet**

<i>Time</i>	<i>Training time</i>	<i>Activity</i>	<i>Methods</i>
45 minutes	8:15	Breakfast	
5 minutes	9:00	Welcome	Large group
10 minutes	9:05	Introduction: Goals, Roles and Agenda	Large group
15 minutes	9:15	Ground Rules and Confidentiality Forms	Large group
30 minutes	9:30	Burden Basket and Ice Breaker	Individual work Large group, Dyads
10 minutes	10:00	Peer Education Basics	Large group
15 minutes	10:10	BREAK	
40 minutes	10:25	HIV Transmission: Grab Bag	Large group exercise
30 minutes	11:05	Play it Safe... Part I Intimacy and Sex: Living with HIV	Small group exercise
40 minutes	11:35	Play it Safe... Part 2 Hands-on Demonstrations & Practice	Demonstration; small group exercise
45 minutes	12:15	LUNCH	
5 minutes	1:00	Energizer	
60 minutes	1:05	Adherence	Mini-lecture; small group work
15 minutes	2:05	BREAK	
30 minutes	2:20	In Control: Communicating Effectively with Providers	Interactive lecture and discussion; role play
35 minutes	2:50	Disclosure Issues: Communicating with Partners, Family Members and Friends	Large group discussion, small group discussion
20 minutes	3:25	Self-Care: Stress reduction = Better health	Lecture; demonstration
15 minutes	3:45	Next Steps and Closing: The End!	Action plan; closing exercise
	4:00	End	

SET UP

Instructions and Room Set-up

Time: 1-2 hours

Trainer's notes	STEPS
<p>1-2 hours before start time.</p>	<ol style="list-style-type: none"> 1. Try to create a relaxed environment by having the room set up one hour before the starting time. Use decorations, including posters and pictures hung on walls (if possible). 2. Set up prevention stations in four corners of the room to be used during "Play it Safe" exercise. 3. Check to see that all methods for breaking people into small groups are available. 4. Provide the following: <ul style="list-style-type: none"> • Food: that is familiar and enjoyable to participants including items that are low salt, sugar free and fresh fruit/vegetables. • Music – appropriate for the setting and audience. • All materials such as: notebooks, handouts, pens, and pencils. Do not place the notebooks on the tables. They should be handed out as gifts to the participants. • Signs – bathroom, telephone and water fountain signs should be placed with arrows for directing. • Supplies for persons experiencing medication side effects such as: Depends, scrub pants, hair dryer (for drying clothes), anti-emesis, basin, place to lie down (inflatable mattress) • Polaroid camera with film. 5. Have table set with registration materials clearly displayed (sign-in sheet, name tags, stickers, pens, interview forms). Display sign-in sheet with a pen; participants should sign in as they arrive. 6. Have the room set to preference, (using chairs and tables arranged in horseshoe, u-shape or any set up conducive to room space and training needs – but not classroom style), music should be playing during this time and, if possible, please have food and drink items available. Greeter(s) should be at the door. Encourage participants to eat and mingle.

WELCOME

Time: 5 minutes

Materials:

- Participant Manuals
- *Bridge* handout (one per participant)
- Flip chart
- Markers

Objectives:

By the end of this session, participants will:

- ✓ Establish an atmosphere where everyone is welcome and valued;
- ✓ Acknowledge the work of peer focus groups in setting the agenda;
- ✓ Review the basis of the PETS study.

Take Home Messages:

- ⇒ It is important to bridge the gap between persons living with HIV or AIDS and the medical and social service systems.
- ⇒ Peer educators are experts at living with HIV because they are HIV+.
- ⇒ Peer educators must first advocate for themselves before they can help others to navigate the system.
- ⇒ Peer educators can understand who the health care team is, and help to explain that concept to other peers
- ⇒ A peer educator may help a peer by disclosing his/her HIV status to that peer.

Trainer's notes	STEPS
	<p>1. Trainers should call the group to order at starting time. Acknowledge the value of their time and effort in attending the training. At this time explain PETS and identify all trainers, helpers, and PETS staff.</p> <p>❖ <i>At this time I would ask you to please take your seat. We are going to start now. We have a lot to cover and we want to stay on task.</i></p> <p>❖ <i>Thank you, for taking the time to attend the PETS (Peer Education Training Site) Level 1 Training. By the end of the workshop, I am sure that we will all know each other well and will have learned something new. My name is _____ . Your trainers today are _____ . PETS staff here today are _____ .</i></p> <p>2. Distribute the participant manuals and explain that it is a gift</p>

Trainer's notes	STEPS
	<p>for attending the PETS training.</p> <ul style="list-style-type: none"> ❖ <i>As the staff and trainers of PETS, we want to extend a small token of our appreciation for you being here today. We put these notebooks together to make your participation in the training easier. The information we cover in training is also in your notebooks. That way you don't have to worry about taking a whole lot of notes as we go through the day. Much of the information is already in there.</i> ❖ <i>Also, when you leave PETS I, you will have this notebook and the information in it to remind you of all the fun we had and all the information we covered.</i> ❖ <i>So from our staff to you, here's your notebook to keep.</i> <p>3. Give brief overview of PETS and the Levels of training.</p> <ul style="list-style-type: none"> ❖ <i>PETS is a three level training study that assists persons living with HIV disease to serve as peer educators to others living with the disease to help them get the care and services they need to have a better quality of life.</i> ❖ <i>PETS is a project of the Duke University Medical Center, Adult Infectious Disease Clinic and the Partners In Caring Program, a program of the Pastoral Services Department at the Medical Center.</i> ❖ <i>PETS is also a study funded by Kate B. Reynolds and was initially funded by Minority AIDS Initiative and the Health Resources Services Administration.</i> ❖ <i>There are three levels of training. Each builds on the knowledge and skills gained during the previous training. Today will be a full day of training but Levels 2 and 3 are weeklong trainings. You are not certified or considered a PETS project peer educator until you complete the entire PETS training and the additional follow up group meetings.</i> ❖ <i>This is Level 1, and there will be many Level 1 trainings from now until the end of the project. Each Level 1 training event has about 15-20 slots. That means there will be approximately 400 people trained at the Level 1</i>

Trainer's notes	STEPS
	<p><i>trainings.</i></p> <ul style="list-style-type: none"> ❖ <i>There will be a selection process to determine who from all the Level 1 trainings, (400 people) will move on to the Level 2 training, the first week long training.</i> ❖ <i>If you are not contacted about Level 2 at this time, know that these are ongoing trainings and you may be selected at a later date. We have only 20 slots for the Level 2 training and 4-5 slots for the Level 3 training.</i> ❖ <i>Our hope is that the 10-15 peer educators who complete all three trainings will be given an opportunity to be placed at a clinic/ agency to provide services to their peers. We do not guarantee employment with any agency through PETS.</i> ❖ <i>We will support those who complete all 3 levels of training as they seek employment and volunteer opportunities by giving references upon satisfactory completion of all trainings.</i> ❖ <i>Choosing not to apply for Level 2 or 3 is ok, too. Peer education is NOT for everyone, it requires skill, practice and most importantly a strong network of support. We hope that what you take away from Level I will at the least, empower you to ask questions and advocate for yourself.</i> ❖ <i>These trainings especially today, is for you to gain knowledge and information that will benefit you and that you can share with others in your community. The most important goal of today is for you to gain something for yourself!</i> <p>4. Have available some comfort supplies such as depends, scrubs, and sanitary pads, an air mattress to lie down on, and hair dryer available to help with any accidents or other problems possibly resulting from medication side effects.</p> <ul style="list-style-type: none"> ❖ <i>If you need any assistance throughout the day, we have some comfort supplies, which may help you.</i> <p>5. Move on to the next activity.</p>

Crossing the Bridge to Help Others

Duke University Medical Center is one of four Peer Education Training Sites (PETS) in the United States. The purpose of this research study is to improve the lives of those living with HIV/AIDS and to reduce the spread of infection. We believe the best way to reach this goal is through empowering people with knowledge and skills, to reach out to others in their neighborhoods and communities. Through a series of three trainings, participants receive up-to-date information and practice the skills to help others.

Level I is a one-day workshop for 15-20 participants held in different locations across the state.

Level II builds on Level I and is limited to 15-20 participants each training. It is a five-day training held at a retreat center in Durham, North Carolina. All participants must have successfully completed Level I, be medically adherent (medications, appointments, etc...), and priority is given to those currently employed as peer educators. You will also have a mentor to help support you in areas of improvement.

Level III is a smaller training for four to five participants in this five-day training also held at a retreat center in Durham, North Carolina. This final level includes time in clinics working with patients. Participants must have successfully completed both Level I and II, act in a professional manner, continue to be medically adherent (medications, appointments, etc...), available for training, and priority is given to those currently employed as peer educators.

Participants volunteer to attend Level I trainings. In Level II and III participants are selected according to their interest, involvement, commitment and skills. If you are interested in advancing to Level II or III please contact, Dagney Jochem at (919) 684-3211.

Peer education is a growing profession; completion of the PETS program will improve your knowledge and skills to be a peer educator. Although it does not provide people with jobs, we will let you know about employment opportunities and serve as a professional reference.

Beyond finding a job, we believe that you, in your community, have the most influence, it does not matter if you are a peer educator by “choice” or by “job” you are the hope for others!



INTRODUCTION

Time: 10 minutes

Materials:

- Agenda handout
- Flip chart
- Prepared flipchart for Parking Lot
- Markers

Objectives:

By the end of this session participants will:

- ✓ Review the agenda;
- ✓ Review the parking lot concept;
- ✓ Discuss roles and responsibilities of trainers and participants.

Take Home Messages:

⇒ Peer educators are experts in living with HIV

Trainer’s notes	STEPS
<p>Agenda handout, Parking Lot flip chart, markers</p>	<ol style="list-style-type: none"> 1. Acknowledge the value of the experiences that everyone has to share. <ul style="list-style-type: none"> ❖ <i>There is a lot of experience in the room and we are counting on the participation of everyone here. We all have a great deal to share. We are here today because, as peers, we care about our health and the well being of others and ourselves.</i> ❖ <i>By coming here today we can share knowledge and experiences. By the end of the training we will understand what being a peer educator is really about.</i> 2. Provide an overview of the parts of the training using prepared flip chart. Distribute a handout of the agenda or refer to the correct page number in the student notebook. <ul style="list-style-type: none"> ❖ <i>The curriculum we use was developed based on information we gathered from focus groups. We conducted a series of focus groups made up of health care providers and consumers. Each of these groups was asked what they thought a good peer educator should know, should be, and should do. We asked about skills and about information. The information gathered from the participants in the focus groups helped to guide the development of the curriculum,</i>

Trainer's notes	STEPS
	<p><i>the materials and the agenda for today.</i></p> <ul style="list-style-type: none"> ❖ Inform participants of the breaks and give them logistics information such as location of restrooms, water fountain, and phones. <p>3. Introduce concept of parking lot.</p> <ul style="list-style-type: none"> ❖ <i>Ask for a volunteer to explain the parking lot concept as it relates to training. Answer should include: a way to help us stay focused and on task while still addressing our questions and concerns.</i> ❖ <i>Each session is filled with a variety of activities. Often times these activities and discussions generate questions about topics that will be covered later in the workshop.</i> ❖ <i>To help solve the problem of topics that we are not able to immediately cover, we have a "parking lot." The parking lot is a place to write down issues that come up that we cannot address adequately during the session.</i> ❖ <i>It is also a place to write down topics that are related to but not exactly what we started out discussing. By writing down such ideas in a parking lot, we can keep track of them and refer back to them.</i> ❖ <i>The parking lot will be posted throughout the whole training. We will keep track of the parking lot and make sure each point is addressed to the best of our ability within the time and scope of the workshop.</i> ❖ <i>If we cannot address it today, we may have to get the information to you after the workshop. I may add items to the parking lot during the training. You can also add things to the parking lot.</i> ❖ <i>Just remember, if we place something in the parking lot, we will need to move on with the discussion.</i> <ul style="list-style-type: none"> • It is the trainers' responsibility to put items in the parking lot before too much time is lost on something that cannot be immediately addressed or is outside the scope of the workshop. Trainers should clarify why the topic should be put in the parking lot (i.e., will be

Trainer's notes	STEPS
	<p>discussed later) and ask participants if an item can be put in the parking lot.</p> <ul style="list-style-type: none"> • Topics that can't be addressed (i.e., because they are not closely related to the curriculum) should be dealt with by saying that they "are outside the scope of this workshop, but there are other resources in the community." If possible, trainers should gather information about the resources and inform the participant where they could go to get the information. <p>4. Introduce the roles and responsibilities of learners and trainers.</p> <ul style="list-style-type: none"> ❖ <i>It is important that we continue to take care of ourselves so, throughout the training we will have "Self Care" breaks and we will also have some time for lunch.</i> ❖ <i>We are all here to provide information, ask questions, answer questions, facilitate discussions and activities, and make sure we stay on task.</i> ❖ <i>We will try to answer the questions you may have throughout the program, but we don't have all the answers. If we don't know an answer we will find a person who does.</i> ❖ <i>By working together, we can usually answer each other's questions. However, if a question comes up that we don't know the answer to, we'll work on finding the right answer and get back to you.</i> ❖ <i>Your role in this training is to participate. The training is designed to get you involved in the activities, and to help you interact with the other learners in the group.</i> ❖ <i>Hopefully, by participating and sharing your knowledge and experiences, we will all learn a lot from each other over the course of the training.</i> ❖ <i>As we go through the training please feel free to let us know if something is missing or needs to be changed in the future. Not only is this training for you to participate in and learn something new, it is for you to tell us ways to make it better for the next group.</i>

Trainer's notes	STEPS
	<ul style="list-style-type: none"> <li data-bbox="626 233 1406 302">❖ <i>We value what you have to say, because we want to make PETS trainings great for everyone.</i> <li data-bbox="574 344 943 375">5. Move on to next activity. <li data-bbox="626 417 1325 487">❖ <i>Now we will prepare to really get involved with the training.</i>

GROUND RULES

Time: 10 minutes

Materials:

- Flip chart
- *Ground Rules* handouts (one per participant)

Objectives:

By the end of this session, participants will:

- ✓ Create and agree upon ground rules (group norms) under which the training will operate;
- ✓ Set the foundation of trust among workshop members;
- ✓ Build an atmosphere where everyone is valued.

Take Home Messages:

- ⇒ People learn better when they feel safe around the other learners.
- ⇒ Structure, in the form of group agreements, helps people feel safer.

Trainer’s notes	STEPS
	<p>1. Introduce activity as a way to create a safe learning environment.</p> <ul style="list-style-type: none"> ❖ <i>Now we need to think of ways to make talking and sharing in a group more comfortable. This is our group, so we should come up with our own group ground rules.</i> ❖ <i>Ground rules (also called group norms) are guidelines developed by the participants to be used within the workshop setting. Ground rules help create a safe environment and enable tasks to be accomplished efficiently.</i> <p>2. Ask the group to generate rules for the group norms flip chart.</p> <ul style="list-style-type: none"> ❖ <i>How should we conduct ourselves today to make our time together as comfortable as possible?</i> <p>3. Responses and additions to the brainstormed list of ground rules should include the following: Trainer should elaborate if necessary.</p> <ul style="list-style-type: none"> • <i>Start on time.</i> <i>We all have to do our best to make sure we begin and end each activity on time. To get the full benefit of all the information we have to cover, we must stay within the time frames.</i> • <i>Place pagers and cell phones on vibrate or turn them off.</i>

Trainer's notes	STEPS
	<p><i>If you need to make a call or answer a call please do so outside of the room so you do not disrupt the training.</i></p> <ul style="list-style-type: none"> • <i>Allow each person time to talk and don't interrupt.</i> • <i>Keep personal comments said during the workshop confidential. If at anytime you feel you cannot follow the rules of confidentiality you may excuse yourself from the room.</i> • <i>Stay on the topic.</i> <i>We have A LOT of things to do today and we need to stay on task. That is why we have the parking lot, and there are just some things we WILL NOT be able to get to today.</i> • <i>Be open-minded.</i> <i>There are different people in the room. We should try to use the word partner instead of husband-wife/girlfriend.</i> • <i>Don't be afraid of mistakes and ask for help.</i> <i>If you need assistance with ANYTHING please ask for it from a trainer or your neighbor. That is why we are here today - to help each other.</i> • <i>Give positive feedback.</i> • <i>Listen.</i> <i>It is hard to hear if the trainers or participants are talking. We need to respect what each person has to say.</i> • <i>Value each person's unique opinions and experiences.</i> <i>We all have had experiences that may be different and we all need to value each others experiences.</i> • <i>Discuss ideas, not individuals.</i> • <i>No comment or question is stupid.</i> • <i>It's okay to disagree, but do so respectfully.</i> <i>If you are disagreed with, don't take it personally. We are all different and we may not see things the same way. That is okay. That does not mean I don't agree with YOU as a person.</i> • <i>Speak for yourself, not other people ("I" statements rather than "everybody" or "other people").</i> • <i>Each person is in charge of his/her own learning (i.e., take breaks, ask for clarification, have the right to pass).</i> <p>4. It is important that the ground rules be clearly written and visibly posted throughout the workshop. Gain consensus by asking participants if they can agree to follow and help others follow the ground rules. Inform participants that similar rules are listed in their manuals.</p> <p>❖ <i>You all created these rules because you believe that if they are followed we can have a safe and fun training time together. By a show of hands, who can agree to follow</i></p>

Trainer's notes	STEPS
	<p><i>these rules today? By a show of hands, who can agree to help others follow these rules with small and gentle reminders? You can find these rules and others similar in your manuals.</i></p> <p>5. Ask participants to sign confidentiality forms.</p> <ul style="list-style-type: none"> ❖ <i>We should mention that there may be people in this group whom you recognize or who you may know but didn't know that they were HIV+. As a peer educator you are sure to run into folks you recognize who are coming to you for services or information. Just as your HIV infection is private, we must all promise to keep any information that we receive during this training and later in your role as peer educators in the strictest confidence.</i> ❖ <i>This means that we will not talk about anything or anyone we come in contact with as peer educators to anyone outside of this group, and we will not seek any additional information about those we serve unless specifically requested to do so by that person. Therefore, we will need each of you to sign this confidentiality form.</i> <p>6. Move to next activity.</p>

PETS Level One Training.....Ground Rules

- Start and end on time
- Place pagers and cell phones on vibrate or turn off
- Allow each person time to talk and don't interrupt
- Keep personal comments said during the workshop confidential Stay on the topic
- Be open-minded
- Don't be afraid of mistakes and ask for help
- Give positive feedback
- Listen
- Value each person's unique opinions and experiences
- Discuss ideas, not individuals
- No comment or question is stupid
- It's okay to disagree, but do so respectfully, If disagreed with, don't take it personally
- Speak for yourself, not other people ("I" statements rather than "everybody" or "other people")
- Each person is in charge of his/her own learning (i.e., take breaks, ask for clarification, have the right to pass)

PEER EDUCATION BASICS

Time: 10 minutes

Materials:

- Flip chart
- *Peer Education Basics* handouts (one per participant)

Objectives:

- By the end of this session, participants will:
- ✓ Identify the role of peer educators.

Take Home Messages:

- ⇒ People talk more about the lives and circumstances when given the opportunity to do so.

Trainer’s notes	STEPS
<p>Prepared flip chart with peer education basics</p> <p><i>Peer Education Basics</i> and <i>Bridge</i> handouts</p>	<ol style="list-style-type: none"> 1. Distribute handouts (these should be in the participant manual) and explain the basics of peer counseling and the importance of serving or having peers at agencies. Emphasize that the responsibility is to first listen, then to assist-help with problems, but not to tell peers what to do. <ul style="list-style-type: none"> ❖ <i>It is important to bridge the gap between persons living with HIV or AIDS and the medical and social service systems. This is where peer educators play an important role, as the bridge. You may wonder what a peer is actually supposed to do. The answer is based on the individual needs of each peer you may come in contact with.</i> ❖ <i>Because peer educators are understood to be HIV+, sometimes, their most important role is in sharing their HIV status with the peers with whom they meet. This lets the peers know that they are not alone.</i> ❖ <i>Peer educators must be able to listen carefully to others and to help them in solving their problems. This is accomplished by drawing on their own experiences and learning from others’ experiences.</i> 2. Using the bridge diagram, show how a peer serves in the bridging of clients to agencies and services. <ul style="list-style-type: none"> ❖ <i>As peers we are the people who may be able to answer questions for others concerning health care, medications,</i>

Trainer's notes	STEPS
	<p><i>symptoms, services and sometimes just to listen to what others have to say about these issues. Peers may also be asked to explain who is in the health care team, and who will have information about their HIV status.</i></p> <ul style="list-style-type: none"> ❖ <i>Peer educators are not doctors and should never give any medical advice. Peer educators can inform peers of places and resources to go to and to get medical assistance/treatment. As you can see, peers are a very important part of health care delivery. In your handouts you have a peer education basics handout to refer to.</i> <p>3. Using the flip chart “Peer Education Basics” or the handout discuss the following principles.</p> <ul style="list-style-type: none"> • <i>A Basic Definition for Peer Education: Peer Education is the use of simple listening and problem-solving skills-in combination with learned knowledge and lived experience- to counsel people who are your peers.</i> • <i>A Basic Principle for Peer Education: People are capable of solving their own problems if given a chance.</i> • <i>A Basic Philosophy: Most of the time, people are served best by a relationship which supports their own empowerment and decision-making.</i> • <i>The Goal: To help your peer find his/her own solutions to their own problems, not to solve their problems for them.</i> • <i>Your Tools: Tools to use in this process are active listening skills, problem solving skills and your own experience with personal and cultural issues.</i> <ul style="list-style-type: none"> ❖ <i>As peers it is important to build a relationship of trust with each other. It is important for you, as the peer educator, to be trusted, especially when peers may need to disclose confidential information to you.</i> ❖ <i>We are going to discuss ways to be a good peer educator and to learn how to communicate with each other in order to provide the best service we can. Remember that listening is the beginning of effective communication.</i> ❖ <i>We talk and communicate with others everyday. What we say to them depends on our relationship with them.</i> ❖ <i>What do you think makes a good peer educator.</i>

Trainer's notes	STEPS
	<p data-bbox="672 237 1377 300">Responses may include the following as recorded from PETS focus group responses:</p> <ul data-bbox="626 348 1276 768" style="list-style-type: none"><li data-bbox="626 348 1040 380">• Serves as someone to talk to;<li data-bbox="626 386 773 417">• Listens;<li data-bbox="626 424 1154 455">• Provides encouragement and support;<li data-bbox="626 462 997 493">• Makes no false promises;<li data-bbox="626 499 1276 531">• Works together to solve and learn about issues;<li data-bbox="626 537 1110 569">• Asks questions on behalf of peers;<li data-bbox="626 575 810 606">• Is trusting;<li data-bbox="626 613 1040 644">• Knows how to build rapport;<li data-bbox="626 651 1263 682">• Knows how to listen and to be compassionate;<li data-bbox="626 688 932 720">• Has a desire to help;<li data-bbox="626 726 1032 758">• Gives no advice, judges not.

Peer Education Basics



Basic Definition: Peer education is the use of simple listening and problem-solving skills- in combination with learned knowledge and lived experience- to assist people who are your peers.



Basic Principle: People are capable of solving their own problems if given a chance.

Basic Philosophy: Most of the time, people are served best by a relationship with supports their own empowerment and decision-making.



Your Goal: To help peers find their own solutions to their own problems; not to solve their problems for them.



Your Tools: Tools to use are active listening skills, problem solving skills and your own experience with personal and cultural issues.

BURDEN BASKET

Time: 10 minutes

Materials:

- Marbles, paper, or rocks for the burden basket (10-15 of each, so for each participant may have a choice of material)
- Pens and pencils
- Basket

Objectives:

- By the of this session, participants will:
- ✓ Relieve stress to better focus on training.

Take Home Messages:

- ⇒ People learn better when they can concentrate and put other concerns aside and pay full attention to the training.
- ⇒ It is important to recognize that we all have other responsibilities and concerns.

Trainer’s notes	STEPS
	<p>1. Introduce the concept of the Burden Basket.</p> <ul style="list-style-type: none"> ❖ <i>Many times, especially during trainings or meetings, it may be hard to relax and really participate since we all have so many things on our minds. There are jobs to do, children to take care of, mouths to feed, bills to pay.</i> ❖ <i>But during this time, I hope that you can put those things aside. It is important to take time out for you- to clear your mind, renew your spirit, and energize your soul. I hope this training will help you do that.</i> ❖ <i>At this time, I ask you to put aside all those things that are cluttering your mind. To help you do this we have a Burden Basket. This basket will hold all your burdens throughout the workshop.</i> <p>2. Explain the “Burden Basket.” Participants can “put their worries” (in the forms of pieces of paper, marbles, etc.) in the Burden Basket. This allows participants to fully participate by encouraging them to release their burdens. Distribute material (paper or rocks). Participants can write their worries on pieces of paper, or they can assign their worries to the rocks. If participants want to reclaim their worries at the end of the session, they need to put some sort of identifying mark (their initials, a symbol, etc.) on the piece of paper or rock.</p>

Trainer's notes	STEPS
	<p>3. Co-trainer should prepare the burden basket and items as trainer introduces the activity and assist participants with selecting and distributing the items in the basket.</p> <ul style="list-style-type: none"> ❖ <i>This Burden Basket allows you to release your worries- at least during the workshop. If you really want your worries back at the end of the workshop, you can have them.</i> ❖ <i>To use the Burden Basket, think of a couple of your worries. You don't have to share them with anyone. Perhaps you have to bills to pay, laundry to do, job to find, etc. Whatever is weighing heavily on your mind <u>right now</u>, you can put those thoughts in the Burden Basket.</i> ❖ <i>If using paper: Write two or three of your worries on a piece of paper. If you want your worries back, put some sort of symbol such as your initials, a number, or a design on the piece of paper. That way you will be able to tell which worries are yours.</i> ❖ <i>If using rocks: Take two or three marbles. Hold the marble in your hand while you think of your worry.</i> <p>4. Pass around the Burden Basket, while participants place their worries in the basket. Put the Burden Basket aside.</p> <ul style="list-style-type: none"> ❖ <i>Put your burdens in the basket. Now since your burdens are in this basket, we can enjoy this time together and learn about peer education.</i> <p>5. Move to next activity.</p>

ICE BREAKER: PEER INTERVIEWS

Time: 20 minutes

Materials:

- Name tags/ tents
- Markers
- Flip chart
- *Peer Interview* handout (one per participant)
- Items for partnering (for example, stuffed animals, cards, colored sticks, etc. 2 of each type for all participants)

Objectives:

By the end of this session, participants will:

- ❖ Share each other’s names;
- ❖ Describe fellow participants’ experiences and expectations related to the training.

Take Home Messages:

⇒ People learn better in an environment where they know something about each other.

Trainer’s notes	STEPS
Break up method	<p>1. Introduce this activity as an exercise to get to know each other better and feel more comfortable with each other. Instruct participants to locate their <i>Peer Interview</i> handouts in their notebooks.</p> <ul style="list-style-type: none"> ❖ <i>Please find your peer interview form in your manual; it has a picture of two people on the top. I would like for you to pair with someone else and interview them and then share the information with the larger group. I will read each statement for you and then you may begin your interview.</i> ❖ <i>When I say, “switch” then the other person is interviewed. Only share what you choose to share. You will have 6 minutes to interview each other.</i> ❖ <i>To make it easier to find a partner, please take an object from this basket and the person with the same object is your partner. If you know that person let us know and we will find you another partner.</i> <p>2. While the activity is being introduced, a co-trainer should pass the basket around and allow participants to pick out an item. Be sure there are not more objects than participants to ensure everyone will have partner. Trainers may participate. The flip chart should be prepared with one portion of the page to list</p>

Trainer's notes	STEPS
	<p>hopes or expectations for the training and the other part to note the number of years of experience.</p> <p>❖ <i>After you have picked the object, find your partner and begin to interview him or her. We'll let you know when time is up. We are going to go around the room and each person will share what they have learned about their partner.</i></p> <p>3. Go around the room and have each pair introduce their partner. Ask for a volunteer to go first (the person with the brightest shirt). Have a co-trainer record on prepared flip chart the number of years of HIV experience on one part and the hopes and expectations on the other portion. Trainers should keep participants focused on answering the questions. Continue until all participants have been introduced.</p> <p>4. Summarize activity by pointing out how many collective years we have in working with HIV. Emphasize that there is a lot of experience in the room. Address the topics that will be covered during the training.</p> <p>❖ <i>Collectively, there are ___ years of HIV experience in the room. With that much experience we will be sure to learn from each other. Thank you for sharing your hopes for this training.</i></p> <p>5. Move into next activity.</p>

PEER INTERVIEW

Name:

1. How many **years** have you been involved with HIV/AIDS?

2. What expectations or hopes do you have for the training today?

HIV TRANSMISSION: HIV GRAB BAG

Time: 40 minutes

Materials:

- Flip chart
- Markers
- Large container with the following items:
 1. Latex glove
 2. Can of bug repellent
 3. Empty plastic bleach bottle
 4. Box of household plastic wrap
 5. Dental floss
 6. Empty beer bottle/can (Soda, juice can or sports water bottle)
 7. Packet of birth control pills
 8. Baby doll
 9. Toothbrush/Razor
 10. Telephone
 11. Massage oil
 12. Flyer advertising a blood drive
 13. Water based lubricant

Objectives:

By the end of this session, participants will:

- ✓ Discuss and identified the 4 main ways HIV is transmitted.
- ✓ Identify every day items and activities that do not transmit HIV.

Take Home Messages:

- ⇒ HIV is a blood-borne pathogen that is transmitted in specific ways that involve certain body fluids that must have a way to enter the bloodstream.
- ⇒ HIV cannot be transmitted through everyday casual contact.
- ⇒ Outside of the specific ways HIV is transmitted, HIV is hard to contract.

Trainer’s notes	STEPS
Container with specified items to review transmission basics Break up method – 2 teams	<ol style="list-style-type: none"> 1. This session will allow participants to discuss how HIV is transmitted and not transmitted. 2. Using any break up method, divide participants into 2 teams of equal size. 3. Introduce the HIV Grab Bag Game by saying the following: <ul style="list-style-type: none"> ❖ <i>In this bag/container, are lots of items. Some of them have to do with HIV transmission, some of them do not. When it’s</i>

Trainer's notes	STEPS
<p>Number between 1 and 75 to decide who will go first</p> <p>Prize – candy or condoms</p> <p>Flip chart outlining the basics of transmission</p>	<p><i>your team's turn, a member of your team must come to the table, reach into the bag or box, and pull out an item and take it back to your team. Your team members have 30 seconds to identify what the item has to do with HIV transmission. If you succeed, your team gets a point. (Keep score on flipchart for each team) If you don't identify it correctly within 30 seconds, the other team gets a chance to identify that item and its relationship to HIV transmission.</i></p> <ul style="list-style-type: none"> ❖ <i>If they are correct, they get a point, if incorrect, the trainer keeps the item and the action trades back and forth until all items have been identified.</i> ❖ <i>The team with the most points at the end of the game wins a prize.</i> <ol style="list-style-type: none"> 4. Decide which team will go first. 5. Begin the game making sure to keep the pace moving without letting too much time expire. 6. Award prize at the end of the game to the winning team. 7. Review the discarded items that neither team got correct. 8. Review the basics of transmission. <ul style="list-style-type: none"> ♦ Someone has to have HIV in order to give it to someone else. ♦ HIV is transmitted through 4 fluids: <ul style="list-style-type: none"> ◦ Blood ◦ Semen (pre-seminal fluid – pre-cum) ◦ Vaginal Secretions ◦ Breast Milk ♦ These 4 fluids have to get in the bloodstream through <ul style="list-style-type: none"> ◦ Vein ◦ Cut/open abrasions ◦ Mucous Membranes – any natural opening in the body. Fleshy material that acts like a sponge and absorbs the virus into the bloodstream <ul style="list-style-type: none"> √ Penis √ Vagina √ Anus

Trainer's notes	STEPS
	<p style="text-align: center;">√ Mouth</p> <ul style="list-style-type: none"> ♦ So the main ways HIV is transmitted given these parameters is: <ul style="list-style-type: none"> ◦ By having unprotected sex with someone who has HIV (anal and vaginal sex are higher risks than oral sex) ◦ By sharing needles with someone who has HIV ◦ A mother can pass it on to her baby before, during and after deliver (meds have reduced the chance) ◦ Through blood transfusions (testing of blood have made this route extremely rare) <p>9. Review all the modes of transmission from above list as a conclusion to the exercise. Address questions from the group.</p> <p>10. Inform the group that we will use this information as we continue into the other activities of the day.</p> <ul style="list-style-type: none"> ❖ <i>This information we just covered are the basics of HIV transmission. When you know the ways it's transmitted and the ways it is not, then you are armed with a wealth of information in which to live your lives.</i> ❖ <i>By knowing the specific ways it's transmitted along with where blood, semen, and vaginal secretions must get in for HIV to be transmitted, then you also have a sense of how to prevent it. Namely by not getting those fluids in those particular areas. We will use this information, in the next two activities.</i>

HIV GRAB BAG ITEMS AND ANSWER KEY

Telephone: No transmission risk from casual contact.

Bug repellent: No prevention efficacy, you can't get HIV from insects.

Bleach: A 1:10 solution kills HIV on surfaces contaminated with body fluids. Can be used to clean needles.

Birth Control Pills: Not effective prevention against HIV risk from sexual intercourse.

Toothbrush, razor: May become contaminated with blood.

Latex Glove: Effective barrier against HIV on mucous membranes or in body fluids. Can be used as a dental dam.

Household Plastic Wrap: Used in place of a dental dam...don't suffocate!

Dental Floss: Flossing teeth before being receptive partner in oral sex can increase your risk of acquiring HIV.

Beer Can/Bottle: Alcohol may impair judgment and increase risk behaviors, but sharing the beer can or bottle is not a risk for transmission.

Baby Doll: Infants can get HIV from their mothers during pregnancy, delivery, and breastfeeding.

Massage Oil: A good alternative to intercourse. It's a bad sexual lubricant because it can weaken the condom and cause it to break.

Water Base Lubricant: Reduces risk, enhances enjoyment of condoms.

Blood Drive: Can't get HIV from donating blood.

*******Source:** Adapted from the Southeast AIDS Education and Training Center, Atlanta, GA.

INTIMACY AND HIV: PLAY IT SAFE PART I

Time: 30 minutes

Materials:

- Prepared flip chart with five senses
- *Sensuality Sacks* contents—items may include:
 - **Sight:** candles, erotic videos, magazines, photos, posters, tattoos, fingernail/toe nail polishes, body paints, scarves, high heels, massage/sex books, note cards, paper, pictures, mirrors, sex toys, edible underwear, uniforms, and colored condoms.
 - **Smell:** candles, perfume, colognes, flowers, bath oil, incense, food, scented oils, work clothes.
 - **Touch:** velvet, silk and satin materials, feathers, massage oils, bubble baths, love lotions, dental dams, condoms, spray bottles, dildos, latex gloves, sponges, loofah, towels, hair brushes, hands, belts, straps, whips, ice, and hair (wigs).
 - **Sound:** music, love poems to be read, whispering, drums, breathing, moaning, fountain, relaxation tapes, and dirty talking.
 - **Taste:** chocolates, honey, whip cream, sour candy, mints, flavored massage oil, flavored condoms, and candy.
- Playing cards to divide people into four groups

Objectives:

By the end of this session, participants will:

- ✓ Discuss the differences between sexual intercourse (exchanging body fluids) and other ways to have sexual pleasure;
- ✓ Practiced touching sex equipment in order to become familiar with how it may be used, how it can malfunction, and to describe the pleasure it can provide;
- ✓ Discussed sexually satisfying alternatives to sexual intercourse;
- ✓ Practiced discussing sex and intimacy with others;
- ✓ Recognized that abstinence does not mean abstaining from sexual pleasure.

Take Home Messages:

- ⇒ People living with HIV/AIDS, like all people, want information and skills in talking with sex partners about intimacy and sex;
- ⇒ There are many ways to have sex safely, and there are alternatives to having penetrative sexual intercourse that are both pleasurable and satisfying;
- ⇒ Sex means different things to different people and everyone should respect the choices others make regarding sex/intimacy. Anal, vaginal and oral penetrative sex are ways in which HIV is transmitted;
- ⇒ It is okay to talk about abstinence but be sure you understand what you peer really means by that. There are many ways to be intimate without penetration.
- ⇒ Sex is a healthy part of life and abstinence is a valid choice and does not mean avoiding intimacy and sexual pleasure.

Trainer's notes	STEPS
	<p>occur with using or seeing some of the items. Observe group interactions carefully. The teams should choose 2 of the items to explore and explain to the group.</p> <ul style="list-style-type: none"> ❖ <i>Look at the items in your sack. These items may be used to enhance intimacy and sensuality with a partner. This is a fun exercise that will allow you to be creative.</i> ❖ <i>As a team, discuss how the items can be used to enhance sexual pleasure and intimacy. Be sure to think about safer sex. After your team discussion, each group will share 2 of items and explain what and how we could use the 2 items in their sack. You will have 10 minutes in your team before we come back together as a large group.</i> <p>4. Move around the room and engage groups in discussion or listen to their discussion about the items.</p> <ul style="list-style-type: none"> ❖ <i>Remember while this discussion may be personally uncomfortable to you as a peer educator you need to be prepared to hear about and be asked about many different kinds of intimacy and sex, and you need to work towards being non- judgmental and understanding.</i> ❖ <i>The items may be used in many ways to enhance sexual pleasure intimacy. Be sure to be creative in your descriptions, and think of being safe as well. Remember that people have sex in different ways.</i> ❖ <i>There are women who have sex with men; men who have sex with men; women who have sex with women; you can masturbate; or you can masturbate with someone else. There are many ways to have sex and be intimate with someone else.</i> ❖ <i>Think about how someone can use these items safely. Think about the types of penetrative sex: oral, anal, and vaginal, as well as masturbation and other non-penetrative ways to give and receive sexual pleasure. How can these items be used in place of penetrative sex, to enhance intimacy and to be used safely?</i> ❖ <i>You are going to have to be REALLY creative in your thinking, and think beyond what you like, and think of what other people may enjoy as well.</i>

Trainer's notes	STEPS
	<p>5. Allow 10 minutes for the groups to examine and discuss the contents of the sensuality sacks. Then call them back together. Ask for one group to volunteer to be first.</p> <ul style="list-style-type: none"> ❖ <i>I need you to pick someone from your group who will tell us about the 2 items you chose. I will go first and describe the many uses of this candle for sexual pleasure and intimacy.</i> ❖ <i>This candle can have many purposes in my mind. You can light it for romantic lighting. If it is scented, you can use it to enhance your sense of smell. You can also blow it out and allow the warm wax to be poured on your body or someone else's.</i> ❖ <i>As far as safety, I would say not to pour extremely hot wax on your skin, because you do not want a severe burn. Other than that, a warm candle is a great item to enhance intimacy. The candle should not be used as a penetrating object (anal, vaginal). Now, we will need one team to go first in sharing what was in the "sack of sensuality". Who would like to go first?</i> <p>6. Trainers should be sure to discuss safety with oils, condoms, and sharing of sex toys. Oils can damage and weaken the latex in condoms, diaphragms and dental dams. Condoms, if not used correctly, can break or tear. Sex toys, if shared, can also transmit other infections such as trichomonas. They should be washed with warm soapy water.</p> <ul style="list-style-type: none"> ❖ <i>When using oils, condoms and sex toys, it is important to know that oils can damage and weaken the latex in condoms, diaphragms and dental dams; if you do not use condoms correctly they can break or tear, and you should never share sex toys without first cleaning them before and after each use because they can transmit other bacteria/viruses such as trichomonas or hepatitis.</i> ❖ <i>Thank you for sharing your creativity. Now we can discuss more issues about safer sex, pleasure and intimacy and how to use items that may prevent transmission of diseases.</i> <p>7. Move into demonstrations.</p> <p><small>Activity adapted from T.H.E Course Tools for Health and Empowerment Curriculum by Glaxo Wellcome, 1997.</small></p>

PLAY IT SAFE PART 2: PREVENTION EXERCISES AND DEMONSTRATIONS

Time: 30 minutes

Materials:

- Four stations (**set up in room prior to session**)
- Flip chart/ markers
- Pelvic/Penis models
- Female and various male condoms, Dental dams, Bleach kits
- Lubricants, Dildos, wipes/paper towels, trash bag
- Method for dividing people into four groups
- Handouts: Condom use instructions (male and female condoms), dental dam instructions, cleaning works

Objectives:

By the end of this session, participants will:

- ✓ Practice touching safer sex equipment in order to become familiar with how it is used, how it can malfunction, and to describe what it is and what it does;
- ✓ Overcome reluctance to talk about safer sex and safer drug use;
- ✓ Brainstorm strategies to encourage partners and others to use risk reduction equipment;
- ✓ Help others understand barriers to using these materials;
- ✓ Discuss ways that condoms and dental dams can be part of foreplay, rather than a barrier to satisfying sex.

Take Home Messages:

- ⇒ If a person living with HIV/AIDS has unprotected sex with a partner who is also HIV-infected, he/she can exchange different strains of the virus, which can make them both sicker.
- ⇒ Safer sex practices protect against other sexually transmitted diseases. STDs can cause additional stress on an HIV-positive person’s immune system.
- ⇒ Safer sex practices, such as condom use, can be fun and exciting.
- ⇒ Cleaning your works is important to reduce the transmission of HIV and Hepatitis B and C.

Trainer’s notes	STEPS
	<ol style="list-style-type: none"> 1. During this exercise it is important to be aware of any negative feelings that may occur with using or seeing some of the items. Be sure to continue to observe and respect the participants’ rights to try out the various items. Before beginning this session, set up four demonstration stations, one each for the male condom, female condom, dental dam, and safe injection equipment. 2. Stations should have been prepared earlier — the male condom station with penis models, dildos, condoms, and lubricant.

Trainer's notes	STEPS
<p>ABCs of Safer Sex handout</p>	<p>Equip the female condom station with pelvic models, female condoms, and lubricant. Equip the dental dam station with dental dams, original household wrap, female pelvic model, and lubricant. Equip the safe injection station with syringes and bleach kits. Assign a member of the training team to each station. Place handouts with instructions for correct use of each type of barrier/equipment at each station.</p> <ul style="list-style-type: none"> ❖ <i>As you've just demonstrated, there are many pleasurable ways to have safer intimacy. Now we're going to talk about specific ways to make sexual intercourse and injection drug use safer.</i> ❖ <i>Please take a look at your ABCs of Safer Sex handout.</i> <ul style="list-style-type: none"> • <i>A-Abstinence. Not having sex at all or using masturbation to meet sexual needs.</i> • <i>B- Being Monogamous. Having only one lifetime partner.</i> • <i>C-Condoms and other barrier methods such as dental dams.</i> • <i>S-Safer sex. Non-penetrative safer sex practices that you and your partner are willing to engage in.</i> ❖ <i>In order for us to have a conversation about safer sex it is important to know what we are talking about. This also means knowing what items are available and how to use these items.</i> ❖ <i>Some of these methods may be difficult to use for some people, or may not be realistic for others. The important thing is to know what the methods are and to find one that is most suitable for you. Then you will be able to discuss these with your peers when you are trying to help. Try thinking of these methods in creative ways.</i> ❖ <i>For this activity we are going to discuss condoms, dental dams, and cleaning works.</i> ❖ <i>STD/HIV sexual prevention methods are called "barrier methods" because you use an object that you put between you and your partner in order to prevent the exchange of body fluids or skin-to-skin contact. This includes using condoms, dental dams, etc...</i>

Trainer's notes	STEPS
<p>Timer set for 6 minutes</p> <p>How to Use a Condom handout</p>	<ul style="list-style-type: none"> ❖ <i>These methods are very effective when people use them correctly. The major problem is that some people have never learned how to use them the correct way. The best way to learn how to use them properly is to practice.</i> ❖ <i>I think we sometimes view condoms and dental dams or other barrier methods as punishment or to prevent pregnancy, spreading disease etc. If we need to change the way we think about these items and think of them as enhancing sexual pleasure and fun by making them a regular part of foreplay, then we and others may be more likely to use them.</i> ❖ <i>We are all going to take turns talking through or demonstrating the proper use of safe sex items. You will go to each station to view demonstrations on the male condom, female condom, dental dams and cleaning syringes.</i> ❖ <i>We are going to split you into four groups. Each group starts at a different station. If you choose not to go to a station, you do not have to, but please do not distract the other participants.</i> <p>Station One: Male Condom Station Two: Female Condom Station Three: Dental Dam Station Four: Cleaning Syringes</p> <ul style="list-style-type: none"> ❖ <i>After your group has been at your station for about 6 minutes, we'll call time and you can move to the next station.</i> <p><u>AT STATION 1:</u> Demonstrate how to use each condom following the proper steps. During the demonstration, trainers will discuss what each item is made of, proper storage of condoms, how to tear the condom package, application of lubrication, etc...</p> <ul style="list-style-type: none"> ❖ <i>Before you use a condom what do you want to check for? (expiration date, tears, etc...)</i> <p>Discuss latex allergy and use of polyurethane condoms such as Avanti® by Durex. After demonstrating, have participants practice putting condoms and lubrication on penis model. Have</p>

Trainer's notes	STEPS
<p>How to Use a Female Condom handout</p>	<p>various condoms available to discuss which condoms are best for oral, vaginal and anal sex. Think of ways condom use can add to pleasure.</p> <p><u>AT STATION 2:</u> Demonstrate how to use a female condom following proper steps. Using the female model demonstrate use of Reality and discuss proper female condom and penis insertion into the vagina. Have participants practice inserting the female condom into the model. Discuss how and when to use lubricant. Distribute diagrams and instructions (in manuals).</p> <p>* Discuss new World Health Organization suggestions about reuse of female condoms (1-12 parts bleach then gentle wash - 4 uses ok [because of the expense]).</p> <p>* Discuss importance of knowing where someone can get female condoms.</p>
<p>How to Use a Dental Dam handout</p>	<p><u>AT STATION 3:</u> Demonstrate how to use both dental dams and household plastic wrap to cover a female partner's genital area by applying the dam to the female pelvic model. Discuss how and when to use lubricant, how to avoid suffocation risks. Distribute diagrams and instructions (in their manuals).</p> <p>* Dental Dams and household plastic wrap can also cover the anal area for rimming. While this may be surprise to some, it won't be to others. Cover all the areas/openings.</p> <p>* How can the use of a dental dam add to sexual pleasure? A. Smell, when you use flavored dental dams B. Friction with lubrication can add to sexual pleasure</p>
<p>Cleaning Needles and Works handout</p>	<p><u>AT STATION 4:</u> * NOTE: The trainer needs to watch for anxiety levels because many are uncomfortable with needles. Some have a strong fear of needles, and for former injecting drug users needles may be a "trigger."</p> <p>* Policies and laws about needles vary from state to state. It is important to know the current laws where each training is held. This station should include handouts about ways to obtain sterile needles such as needle exchange programs, pharmacies, etc.</p>

Trainer's notes	STEPS
	<ul style="list-style-type: none"> ❖ <i>We know that HIV and hepatitis can be spread through blood. It is important to know that sharing and reusing needles and works is risky. This is especially important with hepatitis C because many are infected within the first year of needle use.</i> ❖ <i>There are other uses for needles besides injecting drugs. For example, tattooing and injecting steroids to “bulk up.” Some Latinos believe medicine is most effective when injected.</i> ❖ <i>Any reuse of needles, cookers, cotton, or other paraphernalia. is a risk. The best choice is to use new sterile syringes and works each and every time. Disinfection does not sterilize, but it is a back up plan to reduce and/or inactivate <u>some portion</u> of HIV and hepatitis B & C. Laboratory studies have shown that disinfection works against hepatitis B and scientists <u>think</u> it can also inactivate hepatitis C.* (*Dr. T. Steve Jones, MD, Centers for Disease Control and Prevention)</i> ❖ <i>Drug injectors use syringes, cotton, cookers, and water. These are known as “works.” EVERYTHING that comes in contact with blood can be contaminated.</i> <p>“Shooting the Works” Demonstration</p> <ul style="list-style-type: none"> ▪ Have 5 clear cups marked “arm,” “drug,” “first rinse,” “bleach,” and “rinse.” ▪ Fill the “arm” cup with water with red food coloring; fill the others with clear water. Add a piece of cotton to the “drug” cup. ▪ Draw the “drug” up into the syringe through the cotton ▪ Put syringe in “arm” cup. Say, “<i>People draw some blood into the syringe to make sure they have hit a vein and because it is part of the ritual.</i>” ▪ Push the “drug” out into the “arm cup” (Note: This is particularly difficult for some former IDUs.) ▪ Say, “<i>The needle looks clean, but is it?</i>” Draw up some clear water into the syringe and show it is colored red. ▪ Demonstrate needle-cleaning practices with each of the cups. ▪ Say, “<i>It is important to also clean the cooker by soaking it in full strength bleach, to use new cotton, and to keep the tourniquet clean.</i>”

Trainer's notes	STEPS
	<ul style="list-style-type: none"> ▪ Encourage participants to use syringes (without needles) to practice these techniques. <p>Cleaning instructions:</p> <ol style="list-style-type: none"> 1. Flush the syringe three times with fresh, clean water to clear most of the blood away. This step is especially important for hepatitis B because of the relatively large levels. 2. Fill the syringe with full strength bleach. Shake for 2 minutes to get the bleach into all the spaces and give it time to work. 3. Squirt the bleach out of the syringe through the needle. 4. Repeat steps 2 and 3 two more times. 5. Rinse the “bleached” syringe and needle well with clean water. Draw the water up through the needle into the syringe and push out. 6. Repeat step 5 two more times. 7. Review the three steps: Step one gets the red out; step two gets the virus out; and step three gets the bleach out. 8. Soak cooker in full strength bleach and rinse well. 9. Do not reuse cotton. 10. Keep tourniquets clean. <p>[Note to trainer: Discuss with participants discomfort that many feel with needles. Some have extreme discomfort, an aversion, to needles and will want to move away. Some recovering needles users who describe themselves as “addicted” to needles need to address this in recovery. This may be particularly important with medications that need to be injected.]</p> <ol style="list-style-type: none"> 3. Be sure to call “time” every six minutes until each group has visited each station. Trainers should be sure to discuss all known ways to use the items such as female condom for anal sex, gloves for digital play, cut condom or glove and household plastic wrap for oral contact, etc. The discussion should be inclusive of all sexual activity options. 4. Trainers should be sure to ask the following questions to each group: <ul style="list-style-type: none"> ❖ <i>What makes it hard to use these items?</i> ❖ <i>What can go wrong with using these items?</i>

Trainer's notes	STEPS
	<p>5. Allow for responses, and remind participants that safer sex doesn't just involve buying and using condoms or barriers, but also includes communication with partners</p> <ul style="list-style-type: none"> ❖ <i>Buying and using barriers is important. However, safer sex also involves communicating with partners. We all need to be able to communicate with our partners as well as others. It can be very difficult to talk about sex, our feelings and our bodies. Practice and the approach to these methods are keys to successful communication.</i> ❖ <i>You'll find some prevention information handouts in your notebooks.</i> <p>6. Move to the next section.</p>

The **A B C - S** of **SAFER sex**



Abstinence. Not having sex at all *or masturbation to meet sexual needs.*



Be Monogamous. Have only one lifetime partner.



Condoms and other barrier methods such as dental dams.



Safer sex. Non-penetrative safer sex practices that you and your partner are willing to engage in.

How to Use a Condom



1. Open package at one corner, being careful not to tear into the condom... sharp fingernails or rough handling can damage the latex. Be sure package and condom appear to be in good condition. Check the expiration date if it has one.



2. Squeeze the tip of the condom. This is to eliminate air bubbles as you unroll it onto an erect penis. Leaving the tip empty helps reduce the chance of breakage and allows room for the ejaculation fluid (cum).



3. Unroll the condom fully, to base of penis, if possible. The proper fit is important and there are a lot of different styles available. There ARE different sizes of condoms available. You may apply a water-based lubricant if needed.



4. After intercourse, withdraw while the penis is still erect, and hold onto the base of the condom to prevent contents from spilling.

Condoms - Do's and Don'ts

DO's:

- DO use only latex or polyurethane (plastic) condoms.
- DO keep condoms in a cool, dry place.
- DO put the condom on an erect (hard) penis before there is any contact with a partner's genitals.
- DO use plenty of water-based lubricant (like KY Jelly[®] or Astroglide[®]) with latex condoms. This reduces friction and helps prevent the condom from tearing.
- DO squeeze the air out of the tip of the condom when rolling it over the erect penis. This allows room for the semen (cum).
- DO hold the condom in place at the base of the penis before withdrawing (pulling out) after sex.
- DO throw the condom away after it's been used.



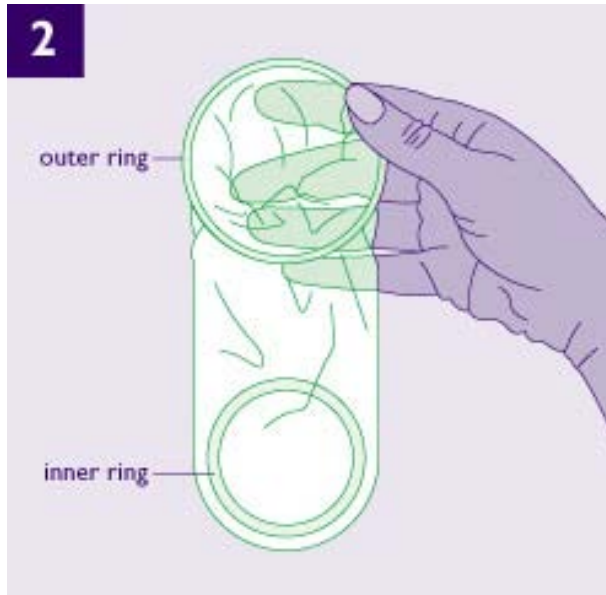
DON'Ts:

- DON'T use out of date condoms. Check the expiration date carefully. Old condoms can be dry, brittle or weakened and can break more easily.
- DON'T unroll the condom before putting it on the erect penis.
- DON'T leave condoms in hot places—like your wallet or in your car.
- DON'T use oil-based products, like baby or cooking oils, hand lotion or petroleum jelly (like Vaseline[®]) as lubricants with latex condoms. The oil quickly weakens latex and can cause condoms to break.
- DON'T use your fingernails or teeth when opening a condom wrapper. It's very easy to tear the condom inside. If you do tear a condom while opening the wrapper, throw that condom away and get a new one.
- DON'T reuse a condom. Always use a new condom for each kind of sex you have.

More information

If you have additional questions about the right way to use a condom, call CDC Health Information Line at 800-CDC-INFO (232-4636) 24 hours/7 days per week.

How to Use a Female Condom

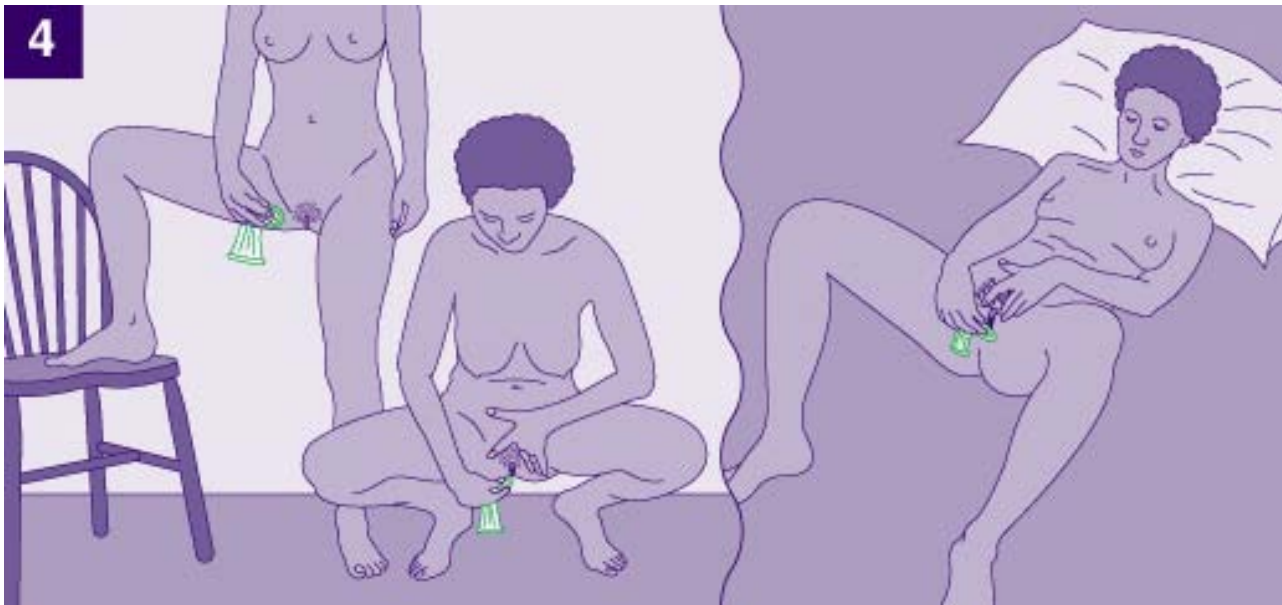


Open the package carefully; tear at the notch on the top right of the package. Do not use scissors or a knife to open.

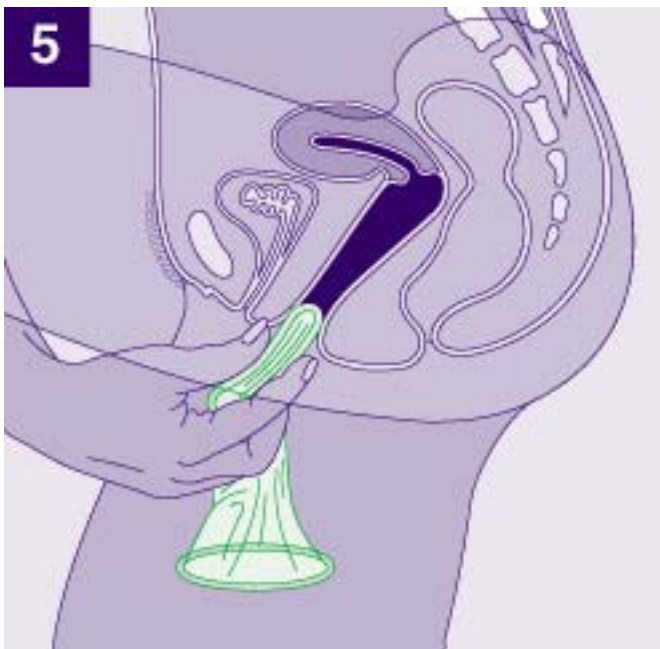
The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during intercourse.



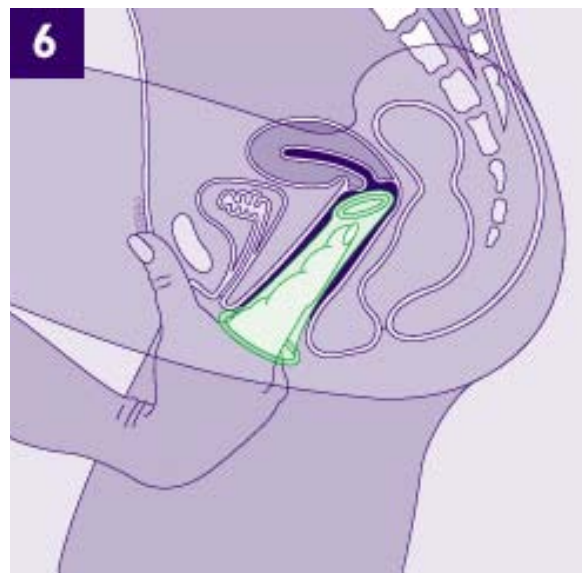
While holding the sheath at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.



Choose a position that is comfortable for insertion – squat, raise one leg, sit or lie down.



Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.



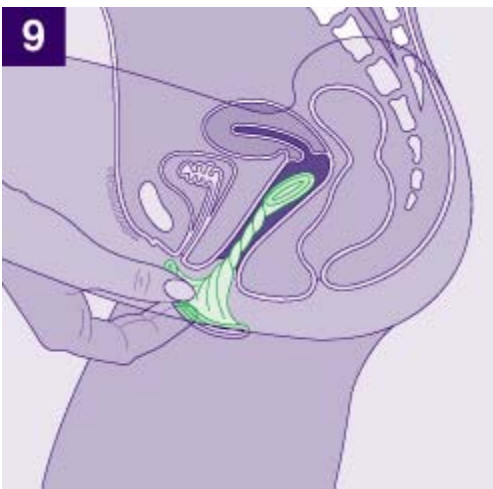
Place, the index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.



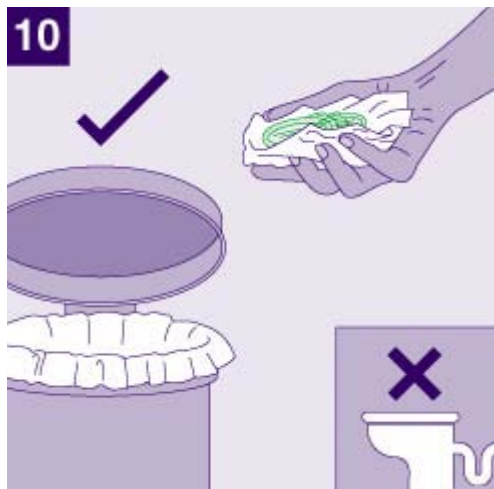
The female condom is now in place and ready for use with your partner.



When you are ready, gently guide your partner's penis into the sheath's opening with your hand to make sure that it enters properly – be sure that the penis is not entering on the side, between the sheath and the vaginal wall.



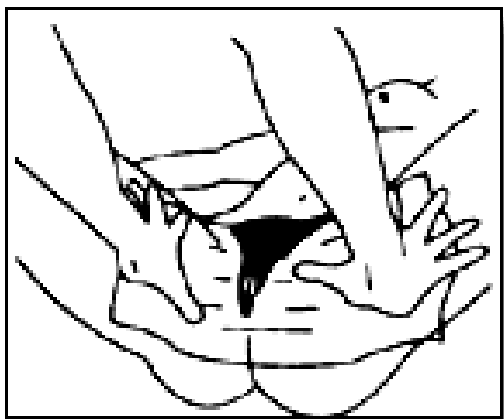
To remove the condom, twist the outer ring and gently pull the condom out.



Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it into the toilet.

How to Use a Dental Dam

1. Like condoms, dental dams should be handled with equal care. Check that the dental dam does not have holes in it.
2. Rinse off the talc with water as it may cause irritation. Talc is usually applied during the manufacturing process.
3. You may use some water-based lubricant on the vagina or anus to increase the stimulation for the receiver. Do not use oil-based products such as lotion or baby oil. Oil can weaken the latex.
4. Holding the latex barrier firmly with both hands, spread the barrier over the vagina or anus.
5. One method is for the partner who is performing the oral sex to hold the dam while the recipient just enjoys the sensation. Another method is for the receiver to hold on to the dam so that the performer can stretch his imagination.
6. Be sure to keep one side toward you and one side toward your partner. Don't forget which side is which.
7. Never use the same latex barrier more than once. When finished, throw the barrier away.



Hints for Using Dental Dams

- ❖ Do not use dams for vaginal or anal intercourse, only for oral/vaginal or oral/anal sex.
- ❖ You can use a condom as a dam by cutting the tip off then slitting it open the long way.
- ❖ You can also use a latex glove as a dam by cutting all the fingers off (leave the thumb) and cutting down the side opposite the thumb.
- ❖ You can also use household plastic wrap as a dental dam by tearing a piece as large as you like and placing it over the vagina or anus.

Cleaning Needles and Works

It is best to use sterile needles and works every time. Do not share works, including cotton, cookers, etc.

STEP 1: Flush with Water – Do this 3 times.

- ✓ Flush the syringe 3 times with fresh, clean water. This is especially important for Hepatitis B, because of the large levels of virus.

STEP 2: Use 100% Chlorine Bleach – Do this 3 times.

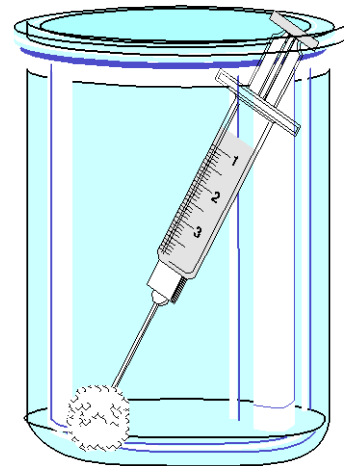
- ✓ Fill syringe to the top with clean, 100% chlorine bleach.
- ✓ Shake the syringe with bleach in for 2 minutes to get bleach in all the spaces and give it time to work.
- ✓ Squirt out.
- ✓ Repeat two more times using fresh bleach.

STEP 3: Rinse with Water – Do this 3 times.

- ✓ Fill syringe to the top with clean water.
- ✓ Shake the syringe and squirt out.
- ✓ Repeat two more times.

STEP 4: Works

- ✓ Soak cooker in full strength bleach and rinse well.
- ✓ Do not reuse cotton or cooking water.
- ✓ Keep tourniquets clean.



ADHERENCE

Time: 60 minutes

Materials:

- Flip chart
- Markers
- Masking tape
- Colored paper clips for breaking people into groups (5 paper clips in four different colors—20 total)

Objectives:

By the end of this session, participants will:

- ✓ List factors that may be barriers for people to do what is good for them;
- ✓ Brainstorm ways to help peers address those barriers and solve adherence problems;
- ✓ Follow a peer-centered approach for discovering what motivates another person to change.

Take Home Messages:

- ⇒ Taking your medications regularly and as prescribed by your doctor will keep your viral load down and avoid drug resistance.
- ⇒ Adherence is important for your own health and the health of others.
- ⇒ Adherence is a challenging process and we should understand how hard it is.

Trainer's notes	STEPS
	<p>1. Ask the group why it is important to have access to an HIV care provider.</p> <p style="padding-left: 40px;">❖ <i>We have discussed being a partner with our provider. Why is it important to have access to a HIV care provider?</i></p> <p>2. Allow for responses. Responses may include:</p> <ul style="list-style-type: none"> • Folk medicine is not always safe; we need to make sure that it does good and does not cause harm. • Health care is expensive; care through an HIV care provider may in the long run be cheaper. • The community cannot pay for emergency room care for too many of its citizens. • HIV providers may also be linked to other services that the clients might need. • A single HIV provider better provides continuity of care. <p style="padding-left: 40px;">❖ <i>Although wellness is the ideal, we all get sick. Only doctors and specialists can treat illness.</i></p> <p>3. Begin the discussion on adherence.</p>

Trainer's notes	STEPS
	<p data-bbox="626 268 1127 302">❖ <i>What does adherence mean to you?</i></p> <p data-bbox="574 344 1187 378">4. Allow for responses and record on flipchart.</p> <p data-bbox="626 415 1419 596">❖ <i>Adherence can mean doing your best to be faithful to a plan or agreement set by you and your HIV provider to take your medicine as prescribed, keep and make appointments, eat right, exercise and do what is necessary to feel your best.</i></p> <p data-bbox="626 634 1425 814">❖ <i>Basically adherence means sticking to whatever you and your provider decide for you to have the best health possible. It is just like this tape that is sticking or adhering to this piece of paper/wall. That is what adherence can mean.</i></p> <p data-bbox="574 852 1386 961">5. Ask the group why it is important to continue treatment and adhere to the medication schedule that your provider has prescribed.</p> <p data-bbox="626 999 1390 1108">❖ <i>Why it is important to continue treatment and adhere to the medication schedule that your provider has prescribed?</i></p> <p data-bbox="574 1146 1406 1180">6. Some possible answers suggested by the pilot group include:</p> <ul data-bbox="626 1222 1422 1822" style="list-style-type: none"> • Medications keep us healthy. • It's important not to miss doses of medications because we can build up drug resistance. • It's important to avoid drug resistance because then the medications won't work. • It will keep us from losing services. It's hard to get these services, so we don't want to lose them. • It will keep the doctors and other health care providers from yelling at us or being mad at us. • It will help us to avoid side effects or help tolerate side effects. • It helps us to know the difference between "normal" side effects and life threatening ones. • It helps you feel better about yourself by meeting your goals and being responsible and accountable to yourself. • It helps you live longer and have better quality of life. <p data-bbox="574 1860 886 1894">7. Allow for responses.</p>

Trainer's notes	STEPS
	<p>❖ <i>Many people know that it is important to go to the doctor and to take prescribed medication but there are many things that make it difficult.</i></p> <p>8. Ask the group to brainstorm some of the things that make it difficult.</p> <p>❖ <i>What are some of the things that make it difficult?</i> Note: Remember that the number one reason for lack of adherence is depression.</p> <p>Some possible answers include:</p> <ul style="list-style-type: none"> • Being uninsured; • Not knowing where to go; • Having had bad experiences in the past; • Not being ready; • Having/fearing negative side effects/Bad taste of medications; • Having to change activities to take pills; • Not making it a habit; • Being homeless or lacking of resources; • Feeling healthy and not wanting to take medications until sick; • Being sick with other diseases; • Finding it hard to get medications/costs; • Dealing with complex drug regimens; • Having disclosure issues; • Feeling tired of taking medications; • Having mental illness/active drug use; • Traveling; • Believing drugs won't work or body won't tolerate; • Wanting to avoid chemicals in your body(thinking that medicines are poison chemicals); • Lacking of social support. <p>9. Allow for responses and record on the flip chart.</p> <p>❖ <i>We know that there are some factors that do <u>not</u> influence adherence. These include: patient demographics such as race, gender, history of substance abuse, socioeconomic status, educational level, culture or ethnicity and marital status.</i></p>

Trainer's notes	STEPS
	<p>10. Explain that we are now going to explore creative approaches to overcoming barriers.</p> <ul style="list-style-type: none"> ❖ <i>We are now going to think of creative ways to overcome these barriers.</i> <p>11. Divide the large group into 4 small working groups by passing out different colored paper clips. Co-trainer can count these soon after session has begun.</p> <ul style="list-style-type: none"> ❖ <i>We are going to get into groups and discuss ways to overcome some of these barriers.</i> ❖ <i>Please take a colored paper clip and all the people with the same color will form a group.</i> <p>12. Give each small group a piece of flip chart paper with a barrier from the brainstorm session. Ask each group to think about what clients can do to overcome these barriers. Encourage the group to “think outside the box” and to be creative. Give the groups 15 minutes to come up with some creative and specific solutions for their barriers.</p> <ul style="list-style-type: none"> ❖ <i>On this paper provided, you will have a barrier listed. You will have 15 minutes to discuss your barrier. Please think of creative ways to overcome this barrier. You need to be specific in your solutions to the barrier.</i> ❖ <i>Think of places you may suggest they go, things that could make adherence easier.</i> <p>13. Ask that each group assign a recorder to write the group’s responses on a piece of flip chart paper and a reporter to share the small group’s work with the larger group.</p> <ul style="list-style-type: none"> ❖ <i>You will need to have someone serve as a recorder for the group, and someone who will share it with the larger group when time is called. You have five minutes to complete this.</i> <p>14. Circulate among the groups to make sure they understand the instructions and are on task. At the end of 10 minutes, give them a 5-minute warning.</p> <p>15. Call the large group back together and ask each group, one by</p>

Trainer's notes	STEPS
	<p>one, to report out on their barriers and solutions. Ask that subsequent groups <u>not</u> repeat strategies that have already been mentioned by another group.</p> <p>❖ <i>Okay, time is up. Lets get started with our ways to overcome barriers to adherence. Try not to repeat anything that another group has stated.</i></p> <p>16. Some examples of suggestions from the pilot group include the following:</p> <p><u>EXAMPLES of Flip Chart Barriers</u> <i>Suggestions for Helping Clients Seek Service</i></p> <p>BARRIER – Client is not ready.</p> <ul style="list-style-type: none"> • Find out why s/he’s not ready. • Respect client’s decision to postpone seeking wellness care. • Provide acceptable options for clients in need of attention. • Depending on her/his reasons, share other people’s examples of how they have overcome these fears or beliefs. • Make a referral in case s/he needs professional help. <p>BARRIER – Negative side effects.</p> <ul style="list-style-type: none"> • Let the doctor know. If it is a case of nausea, there are medications available that may be helpful. As a peer educator, you can say, “there are medications out there that can help. Why don’t we ask the doctor what some might be.” • Provide advice (nutrition advice, alternative therapies, suggest relaxation, teas (herbs,), suggest diet changes, cut down work hours). • Always consult with a health care provider if these side effects are severe. • Go to the hospital if symptoms persist or are incapacitating. <p>BARRIER - Mental illness/active drug use.</p> <ul style="list-style-type: none"> • Let the client know the risks of taking drugs with medications (interactions, hard to remember when high). • Refer client for the treatment of substance abuse. • Avoid chemicals; explain to the client that all medications, foods, and drinks have chemicals that may interact or cause problems with judgment or memory.

Trainer's notes	STEPS
	<ul style="list-style-type: none"> • Increase your social support; state role of peer educator is to provide support. • Seek out support groups and counseling services for referrals. • Let the client know that he is not alone, that there are resources available (self –help and support groups): find buddies (mentors in AA, NA). <p>BARRIER – Lack of Motivation</p> <ul style="list-style-type: none"> • Constantly monitor the clients’ progress and reward it. • Give them examples of positive effects of taking medications. • Remind them to remember their loved ones. • Remind client that medications reduce the chance of getting infections. <p>17. During the report out, ask clarifying questions that encourage participants to think very specifically about ways to address barriers. Summarize. Thank everyone for their creative and good thinking.</p> <p>❖ <i>Thank you for your creativity and good thinking. You may be able to use these strategies as a peer educator.</i></p> <p><small>Some responses adapted from US Mexico Border Health Association Promotores Training Program, September 1999</small></p>

IN CONTROL: COMMUNICATING EFFECTIVELY WITH PROVIDERS

Time: 30 minutes

Materials:

- Props: hats, white coat, stethoscope, clipboard, bag, scarf, etc.
- Checklists: *Preparing for A Visit to Your Provider; Questions About Medications*, (one per participant)
- *Patient Rights and Responsibilities* handout (one per participant)
- Role play character instructions and scenarios (one for each role in skits)
- Flipchart

Objectives:

By the end of this session, participants will:

- ✓ Demonstrate helpful and unhelpful ways to build rapport with your health care provider;
- ✓ Discuss strategies for better (more satisfying) appointments with the provider;
- ✓ Learn who the health care team is.

Take Home Messages:

- ⇒ It is important to take charge of your own health care.
- ⇒ It is important to know what information to share with your provider.
- ⇒ It is important to know what questions to ask your doctor.
- ⇒ It is important to know your rights and responsibilities as a patient.
- ⇒ It is important to know how to be a partner with your provider.

Trainer's notes	STEPS
	<p>1. This activity is a group brainstorm of “what do you need to do to prepare for a visit to your provider?” Place responses on the flipchart.</p> <p>❖ <i>You are all in charge of your health care, but it is important to be partners with our providers. What are some things that we can do to prepare and be ready for a visit with our provider?</i></p> <p>2. Possible answers include:</p> <ul style="list-style-type: none"> • Educate yourself – read magazines, brochures, internet • Keep a journal or calendar of symptoms. • Be prepared to describe side effects including symptoms. • Bring medications in a bag or have on a list. • Bring a friend. • Bring a list of questions. • Bring food and something to stay busy.

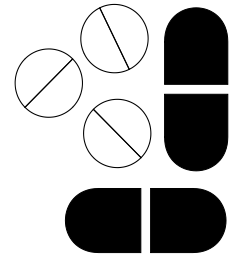
Trainer's notes	STEPS
	<p>resource.</p> <p>7. Introduce and set up the role-plays. A trainer and participant will act out the first role-play: the trainer will be the provider and one of the participants will be the patient. Co-trainer will assist the participant to get into the role and to serve as the narrator. Use props.</p> <p>Role Play 1:</p> <p><i>Narrator:</i> The following is a discussion between a patient and his/her provider. It will be quite obvious by the response and body language of the patient that s/he is really unaware of what the provider is talking about; yet, the patient will not admit this to the provider. Trainers will use props to distinguish the patient from the provider.</p> <p><i>Provider:</i> Well, as I said earlier, I think it's time to start you on medications. Your t-cell counts are at 300 and your viral load is up at 50,000. How do you feel about starting meds at this time?</p> <p><i>Patient:</i> Okay...</p> <p><i>Provider:</i> Are you sure you're okay with this, you sound a little anxious.</p> <p><i>Patient:</i> No, it's okay I guess, if you think I need to.</p> <p><i>Provider:</i> Well, let's start with this combination of medicines and see how it goes. If you should start having any side effects such as high fever or rash, let me know as soon as possible.</p> <p><i>Patient:</i> High fever or rash okay, I will ... I'll let you know.</p> <p><i>Provider:</i> I'll see you back in about a month to see how it's going and to check on your liver. Any questions?</p> <p><i>Patient:</i> No, I don't think so.</p> <p><i>The patient leaves, saying to herself/himself:</i> T-cells and viral load...wonder what he meant by that? And if this stuff is going to cause me to have a fever and a rash, I don't know if I want to take it. Plus he said something about my liver. I feel fine right now, I don't know about taking this stuff.</p>

Trainer's notes	STEPS
	<p>❖ <i>Now, do you think this was a good meeting between the provider and the patient?</i></p> <p>❖ <i>If yes, why?</i></p> <p>❖ <i>If not, why not?</i></p> <p>8. Responses may include:</p> <ul style="list-style-type: none"> • The patient didn't appear to understand t-cells or viral load. • The patient didn't really seem to be ready to start therapy but didn't reveal this to the provider. <p>9. Ask group what the patient could have done to improve that meeting. Answers include:</p> <ul style="list-style-type: none"> • Educated self • Asked questions • Used eye contact <p>10. Have two participants volunteer to be the patient and provider in the next role-play. Give the participants 5 minutes to review the role-play with trainer. Thank participants for playing along.</p> <p>❖ <i>I need a volunteer to play the patient/peer. You will need to put on your wardrobe for this part.</i></p> <p>Role Play 2:</p> <p><i>Narrator: Now let's take another look at a conversation between a provider and patient. This patient is more empowered and has a better understanding of the provider/patient relationship. This patient understands that s/he has rights and responsibilities. These rights ensure that s/he is working together with the provider to maintain the best of health.</i></p> <p>Provider: Well, as I said earlier, I think it's time to start you on medications. Your t-cell counts are down at 300 and your viral load is up at 50,000. How do you feel about starting meds at this time?</p> <p>Patient: To tell the truth, I'm not really sure. Can I ask you a couple of questions first? I wrote them down so I would remember.</p>

Trainer's notes	STEPS
	<p>Provider: Sure, what is it I can help you with?</p> <p>Patient: Well, I know you told me this before but I'm still not sure if my t-cells are supposed to be down and viral load up or is it the other way around. I still get confused.</p> <p>Provider: I understand. It confuses a lot of people. We like to see your t-cells up because it is a measure of how well your immune system is doing, and the viral load we want to be down because viral load is the amount of virus in the body.</p> <p>Provider: I think there's someone in our office that can help you understand all these terms better, if you'd be interested in meeting with him/her, I can refer you to our peer educator for more information. But do you understand a little better now?</p> <p>Patient: Yes, I think I would like to meet with the person you're talking about. But I have another question. Why do you think I should start meds now, I'm feeling just fine and I heard those meds can sometimes make you feel bad.</p> <p>Provider: Well, the reason I think we should start now is because we want to keep your immune system strong. Remember we want to keep those t-cells up and we want to get that viral load down. The medicine will help make that happen if you take it correctly. Yes, you may feel bad at first and experience some side effects but those should go away once your body has adjusted to the meds.</p> <p>Patient: I heard about side effects. They can make you feel really bad. I'm still not sure I'm ready to do the medicine thing. Can I talk to this counselor or educator you were talking about for more information before I make a decision? I really don't think I'm ready to do this medicine thing right now.</p> <p>Provider: I understand, it is a very important decision to make and we want you to be sure you're ready to start these medicines. We will need you to do your best to take these medicines exactly as prescribed in order for them to work. I'll make contact with the peer educator and s/he will give you a call to set up a time to meet with you and discuss your concerns. Then, you and I will talk again in a couple of weeks; is that okay with you? Let's be sure to set your return appointment before you leave today.</p> <p>Patient: Yes: Dr. I would feel much better doing it that way first. This way I'll get all the information I need before starting these</p>

Trainer's notes	STEPS
	<p>medicines. I appreciate your understanding.</p> <ul style="list-style-type: none"> ❖ <i>Okay, as you notice, this meeting was a little longer but the patient and the provider shared more information with each other than in the first conversation.</i> ❖ <i>Was this a good meeting between provider and patient?</i> ❖ <i>If no, why not?</i> ❖ <i>If yes, why?</i> <p>Some responses may include:</p> <ul style="list-style-type: none"> • The patient got a better understanding of t-cells and viral load. • Even though the patient still wasn't sure about starting therapy, s/he discussed this with the provider and made a plan to get more information through the peer educator and then re-visit the issue at the next provider meeting. • The patient was honest with the provider. • The patient understood s/he had the right to refuse until getting more information. <ul style="list-style-type: none"> ❖ <i>We also have a responsibility to ask our provider who the health care team is. The health care team can include: your doctor or physician's assistant or nurse practitioner, your "blood drawer" or phlebotomist, your clinic nurse, your social worker, your case manager, your chaplain, a specialist to whom you have been referred, and perhaps others. It is important to ask the question of your provider in order that you are not later surprised to learn that others know about your HIV infection.</i> ❖ <i>Now that we have talked about being a partner with our provider, we will start our discussion on disclosure and communicating with your partners, family and friends.</i> <p><small>Responses adapted from T.H.E Course Tools for Health and Empowerment Curriculum by Glaxo Welcome, 1997.</small></p>

If your health care provider prescribes medicines, ask the following:



- Why has this medicine been prescribed?
- How should I take it?
- Are there any special storage requirements?
- Should I take it with food or without?
- Will this medicine make me feel worse?
- What are the side effects?
- How many and how often should I take this?
- What do I do if I forget a dose?
- Are there any alternatives?
- How long will I have to take this?
- Will this new medicine interact in a bad way with any other medicine I may be taking?



How to Prepare for a Visit with Your Provider

- Keep a journal or calendar of symptoms
- Be prepared to describe side effects including symptoms
- Bring medications in a bag or have on a list
- Bring a friend
- Bring a list of questions
- Bring food and something to stay busy



HIV Patient Bill of Rights

1. The person with HIV has the right to considerate and respectful care regardless of race, ethnicity, national origin, religion, age, sexual orientation, gender or payment source.
2. The person with HIV has the right to, and is encouraged to, obtain current and understandable information concerning diagnosis, treatment and prognosis.
3. The person with HIV has the right to know the identity of the physician, nurses and others involved in his/her care, including those who are students, residents or other trainees.
4. The person with HIV has the right to work with the physician or nurse in establishing their plan of care, including the refusal of a recommended treatment, without the fear of reprisal or discrimination.
5. The person living with HIV has the right to privacy.
6. The person living with HIV has the right to expect that all records and communication are treated as confidential except in the case of abuse.
7. The person living with HIV has the right to review his/her own medical records and request copies of them.
8. The person living with HIV has the right to expect that an advance directive (such as a living will, health care power of attorney) will be honored by the medical staff.
9. The person living with HIV has the right to receive timely notice and explanation of changes in fees or billing practices.
10. The person living with HIV has the right to expect an appropriate amount of time during their medical visit to discuss their concerns and questions.
11. The person living with HIV has the right to expect that his/her medical caregivers will follow universal precautions.
12. The person living with HIV has the right to voice his/her concerns, complaints and questions about care and expect a timely response.
13. The person living with HIV has the right to expect that the medical caregivers will give the necessary health services to the best of their ability. If a transfer of care is recommended, he/she should be informed of the benefits and alternatives.
14. The person living with HIV has the right to know the relationships his/her medical caregivers have with outside parties (such as health care providers or insurers) that may influence treatment and care.
15. The person living with HIV has the right to be told of realistic care alternatives when the current treatment is no longer working.
16. The person living with HIV has the right to expect reasonable assistance to overcome language (including limited English proficiency), cultural, physical or communication barriers.
17. The person living with HIV has the right to avoid lengthy delays in seeing medical providers; when delays occur, he/she should expect an explanation of why they occurred and, if appropriate, an apology.

As a Patient, You Have the Responsibility To . . .

1. Provide your medical caregivers with accurate and complete information, and convey your understanding about what is expected of you in regard to your treatment. If you believe you cannot follow through with your treatment, let them know.
2. Meet your financial obligations as promptly as possible.
3. Be considerate of the rights of other patients and medical personnel in the control of noise and respect of property at your appointments or in the hospital.
4. Recognize the reality of risks and limits of the science of medical care and the human fallibility of the health care professional.
5. Be aware of the health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
6. Become knowledgeable about your health care plan.
7. Report wrongdoing and fraud to appropriate resources or legal authorities.
8. Keep appointments and notify the clinic if unable to do so.
9. Inform the clinic of the existence of, and any changes to, advance directives.
10. Notify the clinic of changes in your condition or care situation.

DISCLOSURE ISSUES: COMMUNICATING WITH PARTNERS, FAMILY AND FRIENDS

Time: 35 minutes

Materials:

- Flipchart and markers
- Disclosure brochures

Objectives:

At the end of this session, participants will:

- ✓ Demonstrate listening skills;
- ✓ Discuss that disclosure issues as a key peer-to-peer discussion subject.

Take Home Messages:

- ⇒ It is important to have someone to listen to them.
- ⇒ Peer educators are not going to fix the problems of others.
- ⇒ Peer educators need to communicate effectively.
- ⇒ Disclosure issues are the most frequent subject of peer to peer discussions.

Trainer's notes	STEPS
866	<p>1. Acknowledge that disclosure is a difficult issue for most people living with HIV.</p> <ul style="list-style-type: none"> ❖ <i>This is a very difficult issue and there are no single right answers regarding who to disclose to except that you should tell your doctor, dentist, and you must tell your current sex partners, and anyone that you have shared needles with.</i> <p>2. Discuss who they must disclose to.</p> <ul style="list-style-type: none"> ❖ <i>Who must know of your HIV infection?</i> <ul style="list-style-type: none"> ○ Current/future sex partners ○ needle sharing partners ❖ <i>No one else has to know your HIV status, but what are some of the reasons you should tell a doctor in the emergency room? What difference does it make to tell that doctor?</i> ❖ <i>What would be the benefit of telling your dentist?</i> <p>3. Possible answers may include:</p> <ul style="list-style-type: none"> • So that either your doctor or your dentist does not have to

Trainer's notes	STEPS
	<p>guess what is wrong with you because they don't know your HIV status.</p> <ul style="list-style-type: none"> • So that they can better understand symptoms you may be having. <p>4. Be prepared to listen to peers about their fears of disclosure. Respond to this issue by stating that this is the most difficult issue in peer education. But, one important point to bring out at this time is that by being a peer educator, you are disclosing to at least that one person that you are also HIV+.</p> <ul style="list-style-type: none"> ❖ <i>We all have trouble with disclosure and we have to work out what, how and when we are going to disclose things.</i> ❖ <i>As a peer educator, our clients will know one thing about us—that we are HIV+.</i> ❖ <i>What are some of the benefits of disclosure? [Answers may include: getting emotional support, getting relief from the burden of secrecy, connecting with others, control over your own disclosure.]</i> ❖ <i>What are some of the risks of disclosure? [Answers may include: being rejected, being harassed or made fun of or even hurt. Some people may try to make you lose your job or the place that you live.]</i> ❖ <i>What about your children or other children? Do you have to disclose to them? (Allow for responses then continue:) Every child is different and at a different level of development. Some children can know, and other children find out. It can be helpful to tell them in your own way, and especially for grown children, to allow them to be part of your support team.</i> ❖ <i>How many people here have been in the hospital? What happens if one of your doctors is talking to another one of your doctors about your medical condition and one of your family members overhears him/her speaking about your HIV—is that against the law? How might you avoid that scenario if you can?</i> ❖ <i>If you are a peer educator, and you are talking to a client and they disclose to you that they are unable to tell their sex partners that they are HIV+, what is your</i>

Trainer's notes	STEPS
	<p><i>responsibility?</i></p> <ul style="list-style-type: none"> ❖ <i>There are only three laws regarding times in which you as a peer educator must divulge (tell) information about your peer. These include threats of suicide or homicide, abuse either to or from adults and/or children.</i> ❖ <i>This may seem strange because we know, for instance that it is against the law to have unprotected sex with another person or to share needles with another person, or even to use illegal drugs. However, privacy laws allow you to keep this information within your counseling session unless you believe that what the person is doing is a danger to him/herself or to others. Having unprotected sex is considered a dual responsibility unless it is rape.</i> ❖ <i>The only law about telling another partner is that a doctor can tell your spouse if you have not. [Note: Laws about informing other partners regarding HIV status of the client vary from state to state. Check with your local health department for your state's law about informing without the client's consent.]</i> <p>5. Ask people to pair up with someone they haven't worked with yet today. Tell each dyad to discuss the following topics with their partner:</p> <ul style="list-style-type: none"> ❖ <i>Describe a situation in which you told someone about your HIV status. Give your partner some context. Who was the person? What was their relationship to you? What was difficult about telling the person about your HIV status? How did they react? What could have made it easier for you to disclose?</i> ❖ <i>Each partner should take 7 minutes to tell their story.</i> ❖ <i>Call the group back together. Ask for the pairs to share what made disclosure difficult and what made it easier.</i> ❖ <i>Ask the group if there are certain categories of people who are harder to tell. What makes this so difficult?</i> ❖ <i>Ask what strategies people have used or could use to make this difficult task easier. Record these on a flip chart. Some possible suggestions might include: Ask the person if</i>

Trainer's notes	STEPS
	<p><i>there is anything you could say or do that would cause them to leave you. Ask how they might want to hear difficult news. Tell them you are about to tell them some difficult news because you love them so much. Tell them you need their support.</i></p> <p>6. Summarize the discussion and move on to the next topic.</p> <ul style="list-style-type: none"> ❖ <i>We all know from personal experience and through the discussion today that disclosure can be difficult whether you plan ahead or it happens inadvertently. We have discussed ways to make this difficult task easier. The more you disclose the easier it will become. Remember that when you disclose your HIV status you're giving them a gift of information. Pick and choose who in your life deserves that gift.</i> ❖ <i>We are now going to move on to the next part of our program.</i>



Telling Others About Your HIV

**Peer Education Training Site
(PETS)
Duke University Medical Center
Box 3284
Durham, NC 27710**

Disclosure is YOUR Choice

Telling others about your HIV status – disclosure – is a very personal decision. You do have the right to keep it secret from others, *except* from those who might be at risk of getting infected. It is important you share your status with these people:

- Current and past sex partners
- Anyone that you may have shared needles
- Your doctor and dentist

Benefits of Disclosure

Telling others about your status may take pressure off of you and relieve stress. This can help you stay healthy. Other benefits include:

- Getting emotional support
- Relief from the burden of secrecy
- Opportunity to connect with others with HIV
- Control over your own disclosure on your own terms

Risks of Disclosure

But disclosing may have serious risks for you at home or work. People may make fun of you, harass you or even try to hurt you. They may try to take away your job or place to live. Even though there are laws to protect people with HIV, you would have to spend time and money to take these people to court or find other legal solutions. This might “out” you as HIV positive to many more people.

How to Tell

If you feel secure enough with your own emotions to disclose, it may help to think about the words you will say. Write them down and practice a few times. Consider the following:

- **What do you need most from the person you are telling?** Think about how this person knowing can help your situation or make it worse.
- **Who are you most comfortable telling?** Choose someone who can support you in a non-judgmental way while coping with their own feelings.
- **Will this person respect your privacy?** Think how this person regularly deals with others’ confidential information.
- **How will this person react?** If they might get upset, give them written information on HIV. Tell them that HIV is a manageable illness.
- **Where would be the best place to tell this other person?** You might choose a place that is comfortable and provides enough privacy.

Telling a Child

You may delay disclosing to a child unless:

- Your health is at risk
- You are making frequent trips to the doctor
- You are taking medications
- Your energy level has declined, then your child may be aware the “something is wrong”.

You may want to avoid letting your child learn about your status from someone else. If you decide to tell them:

- Do it when you are physically and emotionally able to assist them in adjusting.
- Provide accurate information, both verbal and written, based on what your child knows about HIV.
- Identify people they can turn to for support.

Other Issues Pertaining to Children

- When a child is infected:
- ❖ Disclosure to school officials is an individual decision in North Carolina, but may prevent accidental disclosure by the child
- ❖ Disclosure to the school can result in the HIV status being on the child’s school record (unless medical records are kept separate)
- ❖ Disclosure to the school will result in disclosure about the mother’s HIV status
- ❖ Disclosure to “play groups” or friends can provide an opportunity for friends to understand and be supportive
- ❖ Disclosure to these groups can result in the same issues as school issues-

Telling Your Employer

You may wish to tell your employer. However, legal advisors often urge caution regarding disclosure of medical conditions to an employer. Consider your reasons for telling and how it would affect your job and health. Limited disclosure work for you. An example of this might be, “I need to schedule some breaks because I have to take medicines at certain times during the day.”

If you decide to tell your employer, use your human resources department. They are trained to handle difficult issues with confidentiality and professionalism. State clearly to your human resources specialist, “I know that you will keep my questions and concerns confidential.”

Get More Support

Support from others is an important aspect of living well with HIV. When you have people in your life you can talk with and rely on for help, you are better able to keep HIV in perspective and maintain a positive frame of mind. If needed, consider ways to increase your sources of support, such as, support groups, social or volunteer activities. Many communities offer a variety of social support programs for those living with HIV.

Telling a Family Member or Romantic Partner

Disclosure rarely results in violence; but consider your personal safety, especially if there is a history of physical violence in a relationship. Seek out support and resources before disclosure. If you anticipate a violent response, you need to delay and reconsider. In such situations, a social worker or HIV case manager may be able to help you identify needed resources.

This brochure focuses on common issues related to disclosure of HIV. It was adapted from a brochure that was produced by the AIDS Clinical Trials Group Social Workers. Further discussion with a clinical social worker can provide additional guidance and understanding of individual issues related to disclosure. For assistance, call:

Gordon Lipscomb, Dionne Moore, or Mary Washington Duke University Infectious Diseases Clinic (919) 681-4470

SELF CARE: STRESS REDUCTION = BETTER HEALTH

Time: 20 minutes

Materials:

- Flip Chart
- Markers
- Handouts (one per participant):
 - *Instructions for full belly breathing and simple meditation technique*
 - *Suggestions for reducing stress*
 - *Signs and symptoms of stress and burnout.*

Objectives:

By the end of this session, participants will:

- ✓ Recognize physical and emotional symptoms of stress and burnout;
- ✓ Distinguish between effective and ineffective strategies for coping with stress;

Take Home Messages:

⇒ Learning to recognize the negative effects of stress and practicing effective coping strategies can help keep you healthy and prevent burnout.

Trainer's notes	STEPS
Prepared flip char with “What is stress?” written on it; blank flip chart; markers	<ol style="list-style-type: none"> 1. Begin group discussion by participants to define stress. Record group responses on prepared flip chart. <ul style="list-style-type: none"> ❖ <i>What happens when you are stressed? How do you feel? Stress is anything—real or imagined-- that is perceived to be a threat to your wellbeing. Having a diagnosis of HIV infection can certainly be perceived as a threat, and is indeed referred to by many as a life-threatening condition.</i> ❖ <i>What causes you to be stressed? [Answers may include: bills, supervisor, worrying about children or grandchildren, loneliness, bad news, health problems, spouses, fighting, lack of money, etc.]</i> 2. Ask participants, “Does stress affect your viral load and T cell count?” <ul style="list-style-type: none"> ❖ <i>When people with HIV infection experience prolonged high levels of stress the T cell count can drop and the viral load can increase.</i> 3. Ask the group to identify physical and emotional symptoms of stress and burnout, and record responses on flip chart. Some responses may include fatigue, difficulty breathing,

Trainer's notes	STEPS
	<p>nervousness, poor appetite, headaches, inability to sleep, sexual dysfunction, depression, anger...</p> <p>4. Ask the group to identify ineffective ways of coping with stress; behaviors that may alleviate symptoms temporarily, but are not helpful in the long run. Record responses on flip chart.</p> <p>❖ <i>What are some unhealthy things you do to deal with stress?</i> [Answers may include: worry, argue, drink, overeat, don't eat, take medications or follow your diet, have suicidal thoughts, do too much, etc.]</p> <p>5. Ask the group to identify effective ways of coping with stress; behaviors that help to reduce symptoms and improve quality of life. Record responses on flip chart.</p> <p>❖ <i>What are some things that could help reduce stress?</i> [Answers may include: exercise, hot baths, aromatherapy, sex, meditation, yoga, prayer etc.]</p> <p>6. Summarize by pointing out that the group has come up with many signs and symptoms of stress and burnout, as well as many ways that people cope with stress. Emphasize the importance of learning to distinguish between effective and ineffective coping.</p> <p>7. Distinguish for the group the difference between the “stress response” (fight or flight response) and the “relaxation response.”</p> <p>❖ <i>The stress response is what happens to the body when you experience stress. The heart rate goes up; respiratory rate goes up; blood sugar goes up; digestion shuts down; muscles tense; attention turns outward looking for danger; and immune function decreases. Most people recognize this as an “adrenaline rush.”</i></p> <p>❖ <i>When the source of stress is acute, such as when you are suddenly surprised and frightened, these effects last only long enough for you to fight or run (take flight), and then the body automatically brings about the “relaxation response.” When the relaxation response occurs the body relaxes, attention turns inward, immune function goes back to normal, respiration and heart rate slow down, etc.</i></p>

Trainer's notes	STEPS
	<ul style="list-style-type: none"> ❖ <i>However, when the source of stress is chronic and prolonged, the body does not automatically bring about the relaxation response, and you experience all of the negative effects of stress and burnout. It then becomes important to engage in effective ways of coping with stress that bring about the relaxation response and restore the body to health.</i> ❖ <i>There are many ways you can bring about the relaxation response. Most of us intuitively know how to relax, and we all have our own techniques. One simple technique for relaxing that can be easily learned and easily taught to others is deep “full belly” breathing. You have handouts in your manuals with instructions so you can review them at home, and you can use the handouts to teach clients some techniques when you work as a peer educator.</i> <p>8. Ask everyone to move their chairs away from the table. Inform the group that we will demonstrate some “full belly” breathing for a few minutes.</p> <ul style="list-style-type: none"> ❖ <i>Sit up in your chair with your back straight, your feet flat on the floor, and your hands in your lap. (If you are at home you may choose to lie flat on the floor on a blanket with a small pillow to support your head, or lie on a bed or sofa.) Make sure you are not too hot or too cold. Loosen any tight clothing, especially around the waist.</i> ❖ <i>Close your eyes and begin to allow your body to relax.</i> ❖ <i>Begin to breathe slowly and evenly, extending each inhalation and exhalation, gradually deepening and slowing down your breath.</i> ❖ <i>When you inhale, allow your lower belly to completely relax and fill up like a balloon.</i> ❖ <i>When you exhale, allow your lower belly to relax back down to normal. Exhale slowly and completely. Gently tighten your lower belly at the very end of the exhalation.</i> ❖ <i>Continue to breath deeply, slowly, and evenly, expanding the belly as you breath in, and gently contracting the belly at the end of your exhalation.</i>

Trainer's notes	STEPS
Handouts	<p>9. Call people's attention back and accept responses on how the belly breathing felt and how they can incorporate a simple relaxation technique that at home.</p> <p>❖ <i>Okay, everyone bring your attention back to the group. How did that feel? How can you use this technique in your daily lives? This is a simple example of how to do self-care. It doesn't take a long time, just a few minutes to relax and breathe deeply can change how you feel, how you respond to people and how you maintain your sanity and health.</i></p> <p>10. Distribute handouts and thank the group for their attention. Move on to the closing activity and evaluation.</p>

Techniques for Eliciting the Relaxation Response

Full Belly Breathing and Simple Meditation Technique

Les Harmon, NP

1. Full Belly Breathing

Sit in a chair with your back straight, your feet flat on the floor, and your hands in your lap. Or you may choose to lie flat on the floor on a blanket with a small pillow to support your head, or lie on a bed or sofa. Make sure you are not too hot or too cold. Loosen any tight clothing, especially around the waist.

Close your eyes and begin to allow your body to relax.

Begin to breathe slowly and evenly, extending each inhalation and exhalation, gradually deepening and slowing down your breath.

When you inhale, allow your lower belly to completely relax and fill up like a balloon.

When you exhale, allow your lower belly to relax back down to normal. Exhale slowly and completely. Gently tighten your lower belly at the very end of the exhalation.

Continue to breath deeply, slowly, and evenly, expanding the belly as you breath in, and gently contracting the belly at the end of your exhalation.

2. Simple Meditation Technique

Find a quiet place that is not too hot or too cold. Turn off radio, TV, cell phone, etc. Sit in a chair with your spine straight, your feet resting on the floor, and your hands resting in your lap. Or you may choose to sit on the floor on a cushion, or lie on the floor or the bed. Loosen any tight clothing.

Close your eyes and take a few minutes to relax. Allow your body to become very still, and let your breathing become even and quiet. Then begin to focus your attention on an object of meditation. Some suggestions for an object of meditation include a word or phrase, a prayer, or a visual image. The breath is often used as an object of meditation. Simply count your exhalations up to ten, go back to zero and count to ten again, and so on. Or you may choose to inwardly say the word “one” with each exhalation.

Focus all of your attention on the object of meditation. The mind is always active, so it is normal to constantly experience thoughts and feelings. When you find that your focus has shifted to thoughts or feelings simply return your attention to the object of meditation.

Meditate for a few minutes every day at the beginning, gradually increasing your meditation time to 15 minutes or longer.

Signs and Symptoms of Stress and Burnout

Physical symptoms

Fatigue
Poor appetite
Headache
Muscle tension
Sleep disturbances
Shallow breathing
Heart palpitations
Susceptibility to illness

Emotional symptoms

Fear
Anger
Mistrust
Depression
Sadness
Indifference
Forgetfulness
Emotional "numbness"

Behavioral symptoms

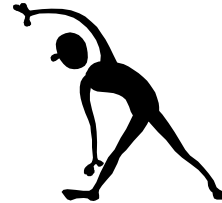
(Ineffective ways of coping)

Acting out
Not taking medications
Isolating and withdrawing
Blaming others
Crying jags
Impatience
Denial and avoidance
Substance abuse (recreational drugs, prescription drugs, alcohol, food)
Inappropriate sexual behavior
Excessive worrying



Effective Ways of Coping with Stress and Burnout

- ♥ Ask for help
- ♥ Talk with family and/or friends
- ♥ Take time off from work
- ♥ Engage in spiritually nourishing activities
- ♥ Meditate
- ♥ Exercise—get up and get moving
- ♥ Avoid junk food
- ♥ Avoid overuse of caffeine, alcohol, tobacco
- ♥ Get plenty of rest
- ♥ Drink plenty of water
- ♥ Take your medications and keep your doctor appointments
- ♥ Engage in creative activities
- ♥ Think positively
- ♥ Don't worry about what you can't control
- ♥ Spend time outdoors
- ♥ Listen to music
- ♥ Reserve a little quiet time for yourself each day
- ♥ Practice deep breathing and stretching
- ♥ Do the things you enjoy the most
- ♥ Build a good support system
- ♥ Avoid negative people and situations
- ♥ Lighten up—keep your sense of humor
- ♥ Look for the positive lessons in the bad things that happen to you
- ♥ Trust your own ability to heal yourself
- ♥ RELAX



EVALUATION

Time: 10 minutes

Materials:

- Flip chart with head, heart and feet drawn on it
- Markers
- *Head, Heart and Feet* evaluation form (one for each participant)

Objectives:

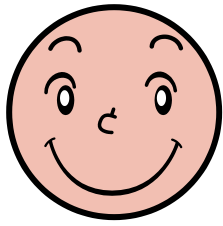
- By the end of this session, participants will:
- ✓ Provide feedback on PETS Level 1 training.

Take Home Messages:

⇒ It is important to get participants’ feed back so the training gets better each time.

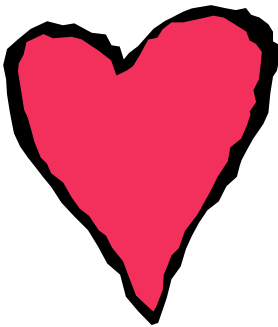
Trainer's notes	STEPS
	<p>1. Tell participants that you value their opinions of the workshop.</p> <ul style="list-style-type: none"> ❖ <i>Thank you so much for your participation today. It is important that we know what you think of the workshop. We will be filling out an evaluation form.</i> <p>2. Pass out evaluation forms, put on some music while the participants are filling out the evaluation. Tell them they can remain anonymous or put their names on the evaluations. Participants may help each other, and co-trainer should complete this activity on a flip chart.</p> <ul style="list-style-type: none"> ❖ <i>We are now at the place where we must evaluate and get feedback about the training today. I would like for you to please complete this evaluation. To do this evaluation you will need to write responses in the space under the different pictures.</i> ❖ <i>The first picture is of a head. In this space please write what you have learned today. While we all have learned a lot today, think of about two things that really stuck with you.</i> ❖ <i>The next picture is of a heart. In this space place write the way the training made you feel today. You may write as much as you like. You may have felt welcome, nervous, at ease, helpful, or happy. If there is a specific activity that made you feel a certain way you may want to write the activity beside that.</i>

	<ul style="list-style-type: none">❖ <i>Finally, the feet represent what you are going to do as a result of the training today.</i>❖ <i>You will have about 10 minutes to finish. If you have questions please let us know. You do not have to put your name on this form; you may put your name on the evaluation if you want to.</i> <ol style="list-style-type: none">3. At the end of 10 minutes, thank the group for the feedback and collect the evaluations. Be sure to complete the formal evaluation.4. Move into closing.
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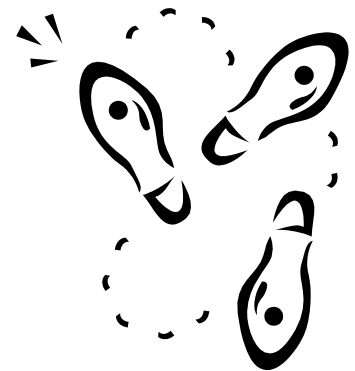


What did you *learn* today?

How did today's workshop *feel* to you?



What will you *do* as a result of the workshop today?



NEXT STEPS AND CLOSING: THE END!

Time: 10 minutes

Materials:

- Certificates
- One pack of Lifesaver candy for each participant and training team member
- Handout: Crossing the Bridge to Help others

Objectives:

By the end of this session, participants will:

- ✓ Discuss future plans for training and details about PETS Level 2;
- ✓ Place closure on the day’s experiences.

Take Home Messages:

- ⇒ It is important to have closure in training experiences.
- ⇒ It is important to discuss where people can go for more information and how to apply for PETS Level Two Training.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Tell participants how much you have enjoyed working with them today. <ul style="list-style-type: none"> ❖ <i>It has been a great pleasure getting to know and work with you all today.</i> 2. State that it is now time to think about what they have learned in the workshop and how they might use some of what they have learned in the workshop. Pass out postcards to the participants. <ul style="list-style-type: none"> ❖ <i>This is the time when we think about what we have learned. What is one thing you have learned today? You may share what you wrote on your evaluation if you like.</i> 3. Ask for a volunteer to go first. <ul style="list-style-type: none"> ❖ <i>Who would like to share first?</i> 4. Give each person a chance to share. <ul style="list-style-type: none"> ❖ <i>Now it is time to think about how you might use some of what you have learned in the workshop.</i> 5. Ask each person to think about one small step that they will do as a result of the training.

Trainer's notes	STEPS
	<ul style="list-style-type: none"> ❖ <i>What is something, it can be a small step that you will take or do because of being here in the workshop today? This could be something that you wrote on your evaluation.</i> ❖ <i>On your postcard write “ I will” and then complete it with what step you plan on taking.</i> <p>6. Give each person a chance to share. Then allow them to write that step on the postcard provided. A trainer should record the steps on a flip chart sheet titled “I will...”</p> <ul style="list-style-type: none"> ❖ <i>Who would like to share first? Great _____, please share your step.</i> ❖ <i>I'm passing out this packet of lifesavers to each of you as a reminder that that's what you are: “a lifesaver” for yourself and for anyone else living with HIV who gets to know and work with you. Thank you for your work.</i> <p>7. Remind the group how future level 2 and 3 training participants are selected and when the next level 2 training will be. Refer them to the “Crossing the Bridge to Help Others” handout in their notebooks. Thank them again for taking time to come to the training, for being great participants and for doing such important work. Encourage them to take care of themselves and each other.</p> <ul style="list-style-type: none"> ❖ <i>Remember, Duke’s Peer Education Training Site (PETS) is a study to train people living with HIV to be Peer Educators to their HIV+ peers. The goal of these trainings is to benefit persons living with HIV/AIDS through self-empowerment and the sharing of information within their community.</i> ❖ <i>Phase One is a one-day training in a convenient location near you. We hope this information will assist you in taking care of yourselves, which is the first thing to do when seeking to help/assist others.</i> ❖ <i>Phases Two and Three are weeklong trainings that require full attendance/participation, professional behavior, and commitment to improving areas identified as weaknesses.</i>

Trainer's notes	STEPS
	<ul style="list-style-type: none"> ❖ <i>Phase II is a five-day residential training conducted in Durham, North Carolina, limited to no more than 20 participants.</i> ❖ <i>Phase III is a five-day residential training conducted in Durham, North Carolina limited to no more than 5 participants.</i> ❖ <i>During your waiting period for entrance or selection to Phase II and/or III we will keep you all informed of various trainings and events sponsored or related to this project. You may also repeat phase I training as a refresher course while waiting. If you do not wish to be contacted after today, please let us know.</i> ❖ <i>Please remember that completion of this training does not guarantee employment with any agency, but the PETS staff is willing to inform participants of various employment opportunities as well as serve as professional reference in “peer” related employment.</i> <p>8. Thank participants and wrap up.</p> <ul style="list-style-type: none"> ❖ <i>Thank you again for being here, and please continue to take care of yourself as you help others!</i>