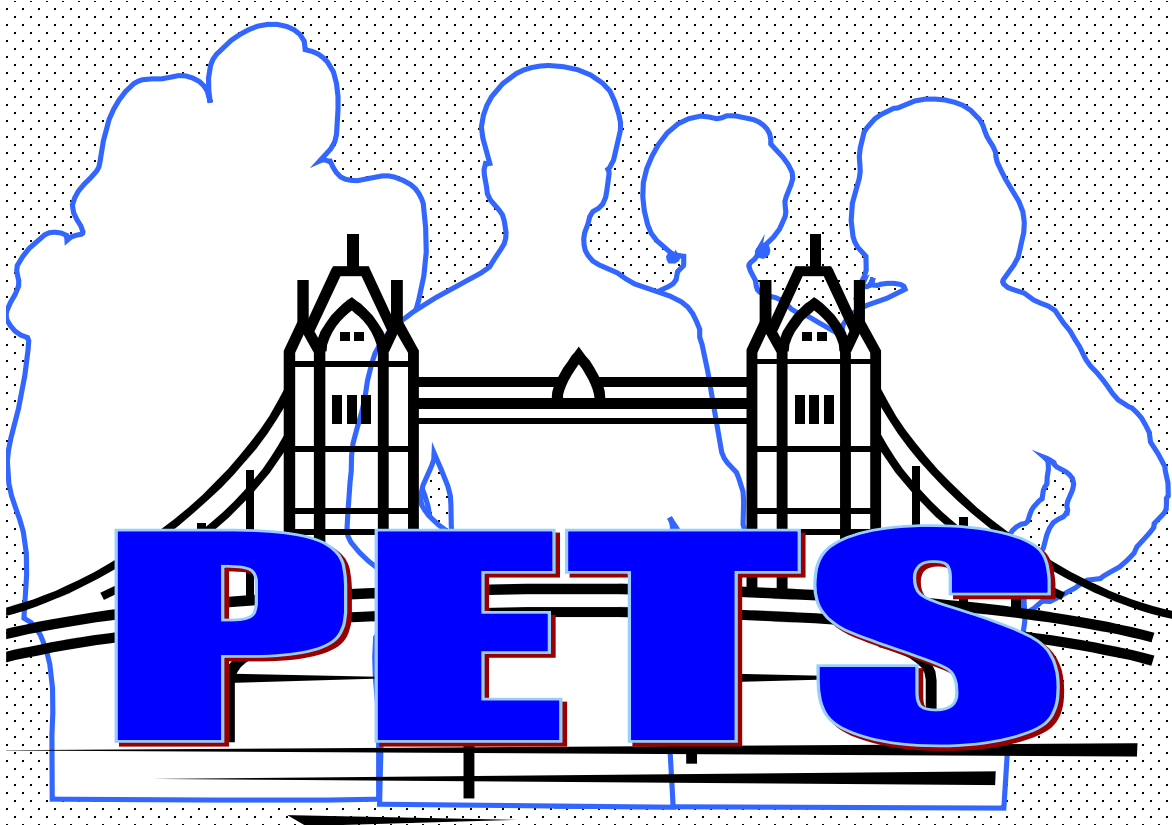


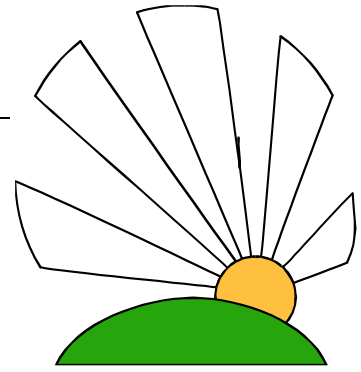
**Duke University Medical Center
Pastoral Services-Partners in Caring
Peer Education Training Sites**



**Level Two Curriculum
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 Disease Clinic, Starfire Consulting, Inc. and the PETS Community Advisory Board for the PETS project, at DUKE University Medical Center

Lessons We Have Learned:
Helpful Tips for Trainers before Your Program Begins



1. It is important to have all activity materials (cards, animals, etc.) in labeled boxes for each day.
2. Trainers should check boxes the day before a session to make sure all materials are present.
3. Rehearse your training session. Avoid reading curriculum but understand the details and relate them to learners—make the curriculum your own.
4. Review entire curriculum, not just your section. This way you can link your session to earlier or later sessions for best results. Also, cite when something was covered in level I or II or whether it will be covered in a later session.
5. Specify facilitator roles early so trainers will have time to become familiar with his or her section.
6. Lead trainer should brief facilitators daily. Clock times may be added to each session on the day of training to help facilitators.
7. Speakers should arrive at least one hour ahead of their section to feel the flow of the program and group dynamics. If this isn't possible, they should be debriefed quickly about the group and helped to avoid pitfalls.
8. Have plenty of drinks on hand like sodas and bottled water.
9. Ground rules should be in plain view each day and reviewed before each session. Never take them down.

10. Watch for anger developing and try to defuse. If a guest speaker walks in on anger, other trainers need to be ready to step in and help the guest speaker. The same is true for other trainers. If anger is developing, co-trainers who aren't active may step in.
11. If possible, trainers and speakers should have handouts ahead of time. Encourage guest speakers to send handouts prior to the training.
12. Go over the curriculum with main trainers before the opening session to ensure no missing pieces.
13. Make sure all speakers are confirmed and remind them of their sessions one week before they are scheduled.
14. Be ready to assist others.
15. Always have two facilitators available and one who is prepared to write.
16. Have a laptop and printer at the training site so flip chart pages generated during training may be typed up and printed at the end of each day.
17. Certificates should be ready before the training begins. If people drop out or don't complete the training, these certificates can just be put away.
18. Although many clients are Christians, it is important to be cognizant of the people who aren't. Try to pick up on those people, and be sensitive to their wishes also.

Walking the Labyrinth

The labyrinth is a symbol found in various forms in all religious traditions around the world. It is an ancient symbol that combines the imagery of the circle (wholeness) and the spiral (growth and transformation). A labyrinth has only one path so there are no tricks to it and no dead ends. The path winds and meanders yet forms a purposeful path throughout; as such it is a metaphor for life's journey. By walking the labyrinth, you are rediscovering a long forgotten mystical tradition of healing, focusing and wholeness.



There are no rules or “right” ways to walk a labyrinth. Simply honor the labyrinth as a sacred space and have an intention to experience your feelings and inner thoughts without judgment. Below are some suggested guidelines to help with your journey.

1. Before entering the labyrinth, take a moment to quiet your mind. Be aware of your breath. Allow your eyes to have a “soft” focus.
2. As you enter the labyrinth, focus your thoughts on things you would like to let go of—like anger, sorrow or greed.
3. When you reach the center, spend time thinking about what you would like to “call” or bring into your life. Stay in the center as long as you’d like.
4. As you walk from the center, focus your thoughts on all the ways you can bring into your life the things you thought about in the center.

Move as you wish through the labyrinth. Some people walk slowly; some saunter; some skip or dance. Allow yourself to find the pace your body wants to go. If you need to pass someone ahead of you, simply step to the side and move around them. The path is two ways so those going in will meet those coming out.

After you finish walking the labyrinth, take some time to think about the experience.

PETS Level II TrainingDay One Agenda

Time	Activity
10 a.m. – noon	Registration and Check in Trainer and Room Set up
12:00 noon	Lunch
1:00 p.m. 40 minutes total (15 minutes) (15 minutes) (15 minutes)	Welcome Pre-assessment Completion Pre-assessment Review Setting the Stage
15 minutes	Icebreaker: That's Me
30 minutes	PETS Game Show- HIV Basic Information
60 minutes	Peer Educators: "Who are they; What do they do?"
30 minutes	Self-Care: Meditation and Breathing Exercise
30 minutes total (15 minutes) (15 minutes)	Closing and Evaluation Life Line: Sharing Pluses and Wishes
5:00 p.m.	Dinner
6:30 p.m.	Evening Activity: African Dance

Welcome.....Training Overview

Time: 20 minutes

Materials:

- Flip chart
- 3-hole punch
- Stapler
- Markers
- Pre-workshop assessments
- Portable stereo
- Music

Objectives:

By the end of this session, participants will:

- ✓ Feel welcome;
- ✓ Build an atmosphere where everyone is valued.

Take Home Messages:

- ⇒ It is important to bridge the gap between persons living with HIV or AIDS and the medical and social service systems.

	<p>PETS staff will be on hand to greet participants, assist them with Avila registration, show them to their rooms and the dining room.</p> <ol style="list-style-type: none">1. Training Room: Create a relaxed environment by having the room(s) set up two hours before the starting time. Use decorations, including posters and pictures hung on walls (if possible). [Note: Avoid using classroom style set-up for the training. See room-set up chart in training resources.]2. Provide the following:<ul style="list-style-type: none">• Music-- appropriate for the setting and audience;• All materials: such as notebooks, handouts pens, and pencils;• Signs, with arrows directing people to bathrooms.3. Have PETS staff and/or greeter available to welcome participants at 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.4. Have the room set to preference, music should be playing
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<p>(10 minutes)</p>	<p>during this time and, if possible, have food and drink items available. Greeter(s) should be at the door, encouraging participants to eat and mingle.</p> <p>5. Trainers should call the group to order at starting time. At this time explain PETS and identify all trainers, helpers, and PETS staff who are present.</p> <ul style="list-style-type: none"> ❖ <i>Please take your seats. We are going to start now. We have a lot to cover and we want to stay on task.</i> ❖ <i>Thank you for taking the time to attend the PETS Level Two 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>6. Give brief overview of PETS and the Levels of Training.</p> <ul style="list-style-type: none"> ❖ <i>PETS is a three- level training that prepares persons living with HIV disease (PLWH) to serve as peer educators. Peer educators help others living with HIV disease get the care and services they need for a better quality of life.</i> ❖ <i>Our mission is to offer valuable training to those who desire to become peer educators. The PETS project is also a research study and part 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. It is funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, sometimes called HRSA.</i> ❖ <i>There are three levels of PETS training. Each one prepares you to be a more effective peer educator. However, each level builds on the knowledge and skills gained during the previous training.</i> ❖ <i>Our hope is that there will be at least 10 peer educators who complete all three trainings and who will be placed at a clinic or agency to provide services to peers in their region.</i>
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<p>(15 min)</p>	<ul style="list-style-type: none"> ❖ <i>This is a professional training. The display of professionalism as well as learning peer educator skills will be part of the consideration for each of you to progress to Phase III. Exhibiting professional behavior during this training includes behaving professionally with your colleagues and trainers. Specifically, we request that all relationships be professional; sexual contact between professionals is inappropriate, no matter what your relationship is outside the professional setting.</i> <p>7. Have Kelly or PIC Peer Educator discuss the rules of Avila and expectations of the program.</p> <ul style="list-style-type: none"> ❖ <i>This is a residential training and all students are expected to stay in residence (don't leave AVILLA) for the entire training. If you have any off-site needs, give Tanya your request and funds. We will go to the store once a day. We also have personal hygiene supplies on-site; just ask.</i> ❖ <i>It probably goes without saying, but anyone who uses substances (illegal-drugs or alcohol), steals or is violent will be asked to leave immediately. We are confident that situation will not arise.</i> ❖ <i>We have a medical provider, counselor and chaplain on call during the entire training. Do not hesitate to ask if you need help with anything.</i> ❖ <i>Since each level is self-contained, you will be a more effective peer educator and able to help peers in your community and in your support groups with each level you complete. Everyone will get a mentor who will check in with them every couple of weeks and see how things are going and offer help and support. 10 people will go on to level 3 training and will work at a community agency or clinic to provide services to peers in their region. We will talk about the criteria for advancing to Level 3 on the last day.</i> <p>8. Ask participants to locate the pre-workshop assessment in their notebooks.</p> <ul style="list-style-type: none"> ❖ <i>Inside your notebooks you'll find a brief pre-workshop</i>
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	<p><i>assessment we'd like you to complete. This isn't a test that you can fail; rather, it is a way for you and for us to see how well we are teaching our information. If you do better on the assessment at the end of the training than you do today, then we will know that WE have done our jobs.</i></p> <p>❖ <i>You may begin the assessment now. If you have questions or need assistance, please raise your hand and a trainer will assist you.</i></p> <p>7. Take up the assessment then review.</p> <p>8. Introduce daily reflection time.</p> <p>❖ <i>During previous trainings, there were requests to include blessings each day. There were also requests that we recognize the diversity among our group and feature blessings that are inclusive of all religions and beliefs.</i></p> <p>❖ <i>So we can honor individual beliefs, we've set aside five minutes at the beginning of each day's training for meditation or reflection. We've also compiled a list of blessings and inspirations from different faiths, which are in your handbooks, if you'd like to read them during this time.</i></p> <p>9. Allow five minutes for reflection. Link to next activity.</p> <p>❖ <i>Let's talk more about what we are going to do today.</i></p>
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Reflections for PETS Training

We join with the earth and with each other

To bring new life to the land

To restore the waters

To refresh the air

We join with the earth and with each other

To renew the forests

To care for the plants

To protect the creatures

We join with the earth and with each other

To celebrate the seas

To rejoice in the sunlight

To sing the song of the stars

We join with the earth and with each other

To recreate the human community

To promote justice and peace

To remember our children

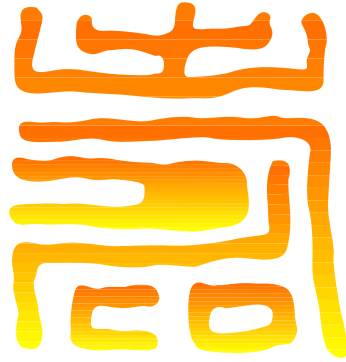


We join with the earth and with each other

We join together as many and diverse expressions
of one loving memory; for the healing of the
earth and the renewal of all life.

--U.N. Environmental Sabbath Program

May beings all live happily and safe
And may their hearts rejoice within themselves.
Whatever there may be with breath of life,
Whether they be frail or very strong,
Without exception, be they long or short
Or middle-sized, or be they big or small,
Or thick, or visible, or invisible,
Or whether they dwell far or they dwell near,
Those that are here, those seeking to exist—
May beings all rejoice within themselves.
Let no one bring about another's ruin
And not despise in any way or place,
Let them not wish each other any ill
From provocation or from enmity.



--The Buddha, Sutta Nipata



May I reach
That purest heaven, be to other souls
The cup of strength in some great agony,
Enkindle generous ardour, feed pure love,
Be the sweet presence of a good diffused,
And in diffusion ever more intense!
So shall I join the choir invisible
Whose music is the gladness of the world.

--George Eliot

I remember with gratitude the fruits of the labors of others, which I have shared as a part of the normal experience of daily living.

I remember the beautiful things that I have seen, heard, and felt—some, as a result of definite seeking on my part, and many that came unheralded into my path, warming my heart and rejoicing my spirit.

I remember the moments of distress that proved to be groundless and those that taught me profoundly about the evilness of evil and the goodness of good.

I remember the new people I have met, from whom I have caught glimpses of the meaning of my own life and the true character of human dignity.

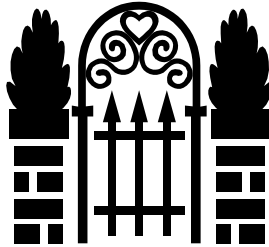
I remember the dreams that haunted me during the year, keeping me ever mindful of goals and hopes which I did not realize but from which I drew inspiration to sustain my life and keep steady my purposes.



I remember the awareness of the spirit of God that sought me out in my aloneness and gave to me a sense of assurance that undercut my despair and confirmed my life with new courage and abiding hope.

--Howard Thurman, "Blessings at Year End"

Do not fear the truth,
hard as it may appear,
grievously as it may hurt,
it is still right
and you were born for it.
If you go out to meet
and love it,
let it exercise your mind,
it is your best friend
and closest sister.



--Dom Helder Camara, "The Desert is Fertile"

I am grateful for and bless the act of creation and all
My loving creators. To be a live is the greatest gift one
Can receive. Life, with its mystery, joy, love, pain,
Difficulties and opportunities. I bless them all as I bless
The wonder of our existence and I bless all who use the
Gift of life to increase the quantity of love and healing
We all require to survive. Peace.

--Bernie Siegel, M.D.

If I am not concerned for myself, who will be for me?
But if I am only concerned for myself, what good am I?
And if now is not the time to act, when will it be?



--Hillel



I hear Great Grandmother singing,
singing as she always has and always will
for she is the sound of all that lives:
she is the breath of the Earth.
She is the weeping of sadness, sorrow,
Betrayal, treachery.

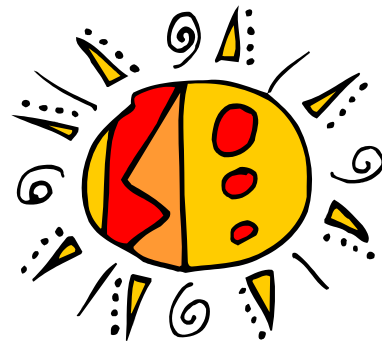
She is the voice of hope, joy, justice,
thunder of the ocean morning
of the river silence
of the cave wisdom
of the other shore.
I hear Great Grandmother singing,
singing through me.

--From *Jewels on a String*

The sun is the light of our lives. It is the sustenance of
life, the mirror of our joy, the source of the light that we
are inhabited by.

When the sun is shining our spirits are lifted,
exalted by seeing the light. When the sun hides its face,
our hearts are exhausted. We need, we feed on the light.
Today, give thanks for the sun: the life, the joy, the
power, the source, the eye of God beholding us, in
whose light we shine.

--Daphne Rose Kingma



To the good I am good;
to the non-good I am also good,
for Life is goodness.
To the faithful I am faithful;
to the unfaithful I am also faithful,
for Life is faithfulness...
the person of calling accepts them all as his or her
children.



--Tao Te Ching

How happy are the poor in spirit;
theirs is the kingdom of heaven.
Happy the gentle;
they shall have the earth for their heritage.

Happy those who mourn:
they shall be comforted.
Happy those who hunger and thirst
for what is right:
they shall be satisfied.
Happy the merciful:
they shall have mercy shown them.
Happy the pure in heart:
They shall see God.
Happy the peacemakers:
they shall be called children of God.
Happy those who are persecuted
in the cause of right:
theirs is the kingdom of heaven.



--Matthew 5:3 - 10



Pre-Workshop Assessment

Short answer:

1. List two ways someone could get an STD.

1. _____

2. _____

2. If someone is sharing needles with another person, what should s/he use to clean the needles to keep from transmitting or getting HIV, hepatitis B or hepatitis C?

3. Why is re-infection with HIV infection of other illnesses a particular health risk for people with HIV?

4. List two services that help people who are living with HIV:

1. _____

2. _____

Multiple Choice—circle one:

5. What is a protease inhibitor?
- a. A test to measure CD4 count
 - b. A type of drug that blocks a part of HIV that makes new HIV copies.
 - c. A test to determine your viral load.
6. What lab test tells you how fast HIV is reproducing in the blood?
- a. Western Blot
 - b. Viral Load
 - c. ELISA test

7. What does adherence mean?
 - a. Following the rules of confidentiality.
 - b. Sticking to a plan to take medicine as prescribed make and keep appointments and do what is necessary to feel your best.
 - c. An antiretroviral therapy.
8. Hepatitis B and hepatitis C cause damage to the _____.
 - a. Heart.
 - b. Brain.
 - c. Liver.

True or False—circle one:

9. Not taking your medications as prescribed by a health care provider could make you resistant to HIV drugs. **True or False**
10. There are both male and female condoms. **True or False**
11. It is okay to tell family members that your clients are HIV positive. **True or False**
12. Substance abuse could affect safer sex by causing people to forget or not care about using protection. **True or False**
13. Using an animal membrane condom along with a latex condom is recommended for people who are allergic to latex. **True or False**
14. Peer educators must have all the answers to give their clients. **True or False**
15. High levels of stress have been linked to HIV disease progression. **True or False**



KEY

Pre- and Post -Workshop Assessment

KEY

Short answer:

1. List two ways someone could get an STD.

Any two of the following:

- **Unprotected vaginal sex**
- **Unprotected oral sex**
- **Unprotected anal sex**
- **From mother to child during childbirth or through breast milk**
- **Sharing needles with someone who is infected**

2. If someone is sharing needles with another person, what should s/he use to clean the needles to keep from transmitting or getting HIV, hepatitis B or hepatitis C?

Bleach and water

3. Why is re-infection with HIV infection of other illnesses a particular health risk for people with HIV?

Any one of the following:

- **Re-infection with another strain of HIV makes the immune system have to work harder and medications might not work as well.**
- **Having HIV makes a person more susceptible to other infections.**
- **Some diseases are opportunistic infections, meaning they take advantage of a weak immune system, causing a person with HIV to be sicker than an uninfected person.**

4. List two services that help people who are living with HIV:

Any two of the following:

- **AIDS Service Agencies**
- **AIDS Info (formerly ACTIS)**
- **Project Inform**
- **AIDS Treatment Data Network**
- **HIV/AIDS Nightline**
- **CDC National STD and AIDS hotlines**
- **Body Positive Helpline**
- **OTHERS**

Multiple Choice—circle one:

5. What is a protease inhibitor?
 - a. A test to measure CD4 count
 - b. A type of drug that blocks a part of HIV that makes new HIV copies.**
 - c. A test to determine your viral load.
6. What lab test tells you how fast HIV is reproducing in the blood?
 - a. Western Blot
 - b. Viral Load**
 - c. ELISA test
7. What does adherence mean?
 - a. Following the rules of confidentiality.
 - b. Sticking to a plan to take medicine as prescribed make and keep appointments and do what is necessary to feel your best.
 - c. An antiretroviral therapy.
8. Hepatitis B and hepatitis C cause damage to the _____.
 - a. Heart.
 - b. Brain.
 - c. Liver.**

True or False—circle one:

9. Not taking your medications as prescribed by a health care provider could make you resistant to HIV drugs. **True or False**
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12. Substance abuse could affect safer sex by causing people to forget or not care about using protection. **True or False**
13. Using an animal membrane condom along with a latex condom is recommended for people who are allergic to latex. **True or False**
14. Peer educators must have all the answers to give their clients. **True or False**
15. High levels of stress have been linked to HIV disease progression. **True or False**

Setting the Stage.....Goals, Roles and Norms

Time: 15 minutes

Materials:

- Flipchart
- Overall agenda handout
- Prepared flipchart for parking lot
- Prepared flipchart with today's agenda
- Prepared flipchart of overall agenda
- Prepared flipchart for evening activities
- Markers
- Cups
- Slips of paper for appreciations (5-10 slips for each participant)
- *Ground Rules* handout sheet from Level One
- *Avila Rules and Announcement* handouts
- *Confidentiality Forms*

Objectives:

By the end of this session, participants will be able to:

- ✓ Understand the role of the focus groups in determining the content of the training;
- ✓ Agree on the ground rules under which the training will operate;
- ✓ Set the foundation of trust among workshop members;
- ✓ Create and agree on group norms;
- ✓ Build an atmosphere where everyone is valued.

Take Home Messages:

- ⇒ Peer educators are experts in living with HIV.
- ⇒ Structure, in the form of group agreements, helps people feel safer.
- ⇒ People learn better when they feel safe around the other learners.

Trainer's notes	STEPS
Overall training agenda handout; flipchart with	<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. We all have a great deal to share. We are here today because, as peers, we care about our health and others'.</i> ❖ <i>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. Pass out handout of agenda and refer to flipchart. Review the agenda in

<p>agenda</p>	<p>detail and paraphrase key topics for the next four days.</p> <p>❖ <i>The agenda for the week is as follows:</i></p> <ul style="list-style-type: none"> ○ <i>Today we will become oriented with the Avila Retreat Center; go over goals of training and become better acquainted. We will also begin an overview of basic HIV information, look at the concept of peer educators and share our wishes and hopes for this week.</i> ○ <i>On Tuesday, will get more acquainted with activities and continue with basic HIV information. You'll also have a chance to "ask the experts" your questions about HIV and remember: all questions are valid and important! We'll also go over improving listening skills and tackling one of our most difficult roles—that of the interviewer.</i> ○ <i>On day 3, we will explore some difficult topics—including substance abuse, mental health and setting boundaries.</i> ○ <i>Then on our last full-day session, Thursday, we'll have a number of exciting activities, including working through case studies, discussing legal issues and talking about confidentiality and the sometimes difficult topic, disclosure.</i> ○ <i>Remember that Friday is a half-day session, but it's also full. We'll say goodbye to new friends and talk about where we go from here.</i> ○ <i>Are there any questions about the week-long agenda?</i> ○ <i>But we're also here to have fun. So let's take a few minutes to talk about our evening activities.</i>
<p>Flipchart with evening activities</p>	<ul style="list-style-type: none"> ○ <i>We have a schedule of "fun" events that we'll be offering in the evenings [Note to trainer: display flipchart with evening activities posted.] We'll talk about the activities more in detail at the end of each session, but for now, here's an overview.</i> ○ <i>Tonight we'll take some time to get to know each</i>

	<p><i>other better. We'll also be showing off our "performance arts" skills.</i></p> <ul style="list-style-type: none"> ○ <i>Tomorrow we will do karaoke and have a dance.</i> ○ <i>On Wednesday we'll be making ice cream sundaes and having a movie night. If you have special dietary needs—like allergies, need for sugar-free, dairy free or vegan products, etc., please see a trainer during a break so we'll be sure to have those supplies. We'll also set up some art supplies for those who'd like to make a collage, paint or draw in journals. Also be thinking of some movie titles because we're going to be taking votes on what you want to see later today.</i> ○ <i>And on our last night, we'll go bowling.</i> ○ <i>These are voluntary activities, but we hope everyone will join us!</i> <p>3. Inform participants of the breaks and give them logistics information such as location of restrooms, water fountain, and phones. 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 a "Self-Care" break before we close each day.</i> ❖ <i>Once again, my name is _____ and this is _____ and we will be trainers throughout the program. We are here to provide information, ask questions, answer questions, facilitate discussions and activities, and make sure we stay on task.</i> ❖ <i>If you should become ill or need "emergency" supplies (aspirin, sanitary products, etc.), please see a trainer so that arrangements can be made. We have some supplies here and will do all we can to help you.</i> ❖ <i>As a reminder, the PETS (Peer Education Training Site) program is a study that has been funded by the Minority AIDS Initiative. The materials that we are using have been written by several professionals who have been writing programs like this, but not for HIV+ peer educators, for</i>
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<p>Prepared flipchart for parking lot</p>	<p><i>many years. Because this type of program has not been done before, we need to be sure that the materials are working to help peers to help peers. That is the reason that it is called a study.</i></p> <ul style="list-style-type: none"> ❖ <i>We will try to answer the questions you may have throughout the program, but we don't have all the answers.</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 later in the training.</i> <p>4. Introduce the parking lot.</p> <ul style="list-style-type: none"> ❖ <i>The agenda shows that we will be talking about many different topics throughout the workshop. We conducted focus groups or group interviews to get an idea of what your interests were and what you would want to know about peer education.</i> ❖ <i>Based on what some of you and people from HIV agencies have stated, we developed the sessions for the training. However, there may be other topics that come up that are of interest to you.</i> ❖ <i>Each day is filled with a variety of activities and we'll be covering a lot of information. However, there may not be time to discuss everything that you want to discuss. And in some cases, we might be covering the topic 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 questions and/or 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 don't exactly fit, what we are discussing. By writing down such ideas in a parking lot, we can keep track of them and refer back to them later.</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</i>
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	<p><i>within the time and scope of the workshop.</i></p> <ul style="list-style-type: none"> ❖ <i>The parking lot is a forum for you. While the trainers may post topics that we aren't able to discuss at a given time, we'd like to invite you to post your own questions on the parking lot during breaks, or you may ask a trainer to make sure your point is recorded on the flip chart. We'll have markers available on the training table.</i> ❖ <i>If we cannot address it during Level II, we may have to get the information to you after the workshop.</i> ❖ <i>Please remember: if we place something in the parking lot, we will move on with the discussion, so we won't take up too much time on something that we'll cover later in this training, during a break, or in another level of training.</i> <p>5. It is the trainers' responsibility to delegate items to 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 discussed later) and ask participants whether an item could be put in the parking lot.</p> <p>6. 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. You may talk with a trainer individually if appropriate." If possible, trainers should gather information about the resources and bring it to the next session.</p> <ul style="list-style-type: none"> ❖ <i>Your role in this training is to participate. The training is designed to get you involved in the activities and interact with the other learners in the group.</i> ❖ <i>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 the experience could be improved. Not only is this training for you to participate in and learn something new from, it is also an opportunity for you to tell us ways to make it better for the next group.</i>
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<p>Prepared flipchart for ground rules; copy of ground rules from level one; confidentiality forms</p>	<ul style="list-style-type: none"> ❖ <i>There are a lot of different experiences in the room, including some that are very emotional for some people. There may be times when people will be angry or sad.</i> ❖ <i>We value what you have to say because we want to make PETS trainings great for everyone. We also want to think about moving away from our personal experiences with HIV and towards helping others.</i> <p>10. Move into ground rules; introduce activity as a way to create a safe learning environment. Co-trainers should pass out the <i>Confidentiality Forms</i> to participants.</p> <ul style="list-style-type: none"> ❖ <i>You may remember ground rules from Level One. We will come up with our own group ground rules for this week of training in Level Two.</i> ❖ <i>Ground rules (also called group norms) help create a safe environment promoting respect. They also help us stay on task to efficiently accomplish what we planned to do.</i> ❖ <i>First we should mention that there may be people in this group who 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 coming to you for services or information.</i> ❖ <i>We'd like to ask everyone, including the trainers, to keep the personal information we share during this training, and in our role as peer educators, in confidence.</i> ❖ <i>This means we will not disclose to anyone outside of the group information about the people we work with during our role as peer educators.</i> ❖ [Introduce ground rules from Level I.] <i>These are the ground rules we used in Level One training, which of these rules were most important?</i> ❖ <i>Which of these were the most difficult to follow?</i> ❖ <i>Think about the times when you have been in a training or meeting and something happened that really bothered you. What ground rule could have kept that from happening?</i>
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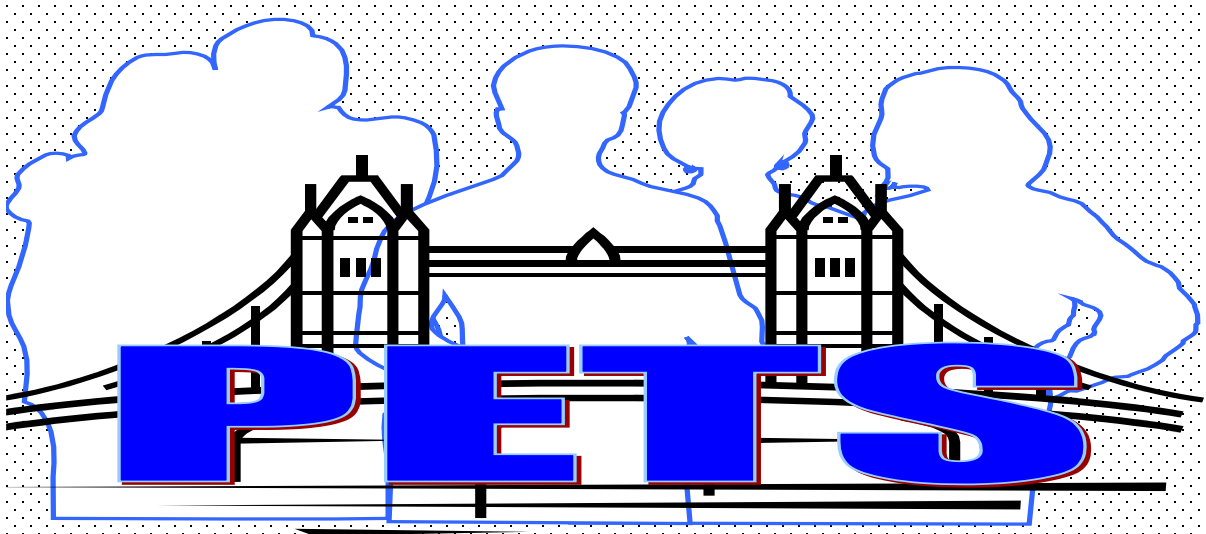
	<p>❖ <i>What other rules can help contribute to a good learning environment?</i></p> <p>11. Add group suggestions to the ground rules and check off the existing ground rules. Also, provide rules the Avila Center has established [trainers will need to research these prior to session]. Be sure to include rules that should be adhered to as they relate to safety and medical issues.</p> <p>12. Read the rules that have been agreed upon aloud. (Have a typed list for the group at the next day of training). Trainers may give the examples of ground rules from previous groups include:</p> <ul style="list-style-type: none"> • <i>Start on time. Let's agree to begin and end each activity on time. We have much to cover, and to fully benefit from the training we need time to cover all the information.</i> • <i>Step-up/Step-back. If you are usually quiet during a training, make an effort to talk more. If you are one who contributes a lot, step back sometimes so that others may speak.</i> • <i>Place pagers and cell phones on vibrate or turn them off. 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> • <i>Allow each person time to talk and don't interrupt.</i> • <i>Speak for yourself, not other people ("I" statements rather than "everybody" or "other people").</i> • <i>Stay on the topic. We have A LOT of things to do this week 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.</i> • <i>Be open-minded. There are different people in the room. For example, we might use the word "partner" as well as husband/boyfriend or wife/girlfriend. Also understand that peers must be able to work with everyone.</i> • <i>Give positive feedback.</i> • <i>Listen. It is hard to hear when you are speaking, and we need to respect what each person has to say.</i> • <i>Value each person's unique opinions and</i>
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	<p><i>experiences. We all have had experiences that may be different and we all need to value each others.</i></p> <ul style="list-style-type: none"> • <i>Discuss ideas, not individuals.</i> • <i>No comment is stupid.</i> • <i>It's okay to disagree, but do so respectfully, and don't take things personally.</i> We are all different and may not see things the same way. That is okay and does not mean I don't like YOU as a person. • <i>Each person is in charge of his/her own learning (i.e., take breaks, ask for clarification, have the right to pass).</i> • <i>Keep personal comments said during the workshop confidential.</i> If at anytime you feel you cannot follow the rules of confidentiality you may excuse yourself from the room. • <i>Don't be afraid to ask for help.</i> If you need assistance with ANYTHING please ask for it from a trainer or another peer. We are here to help each other. • <i>If you need to leave the grounds for any reason, let the PETS staff know. This is important for your safety and our liability.</i> We don't anticipate the need for anyone to leave the grounds, but if you leave, be sure to let us know and do not take anyone with you. • <i>If you have a medical emergency please contact a trainer if during the day or Dagney in her room during the night.</i> • <i>Please don't have sex, use drugs or alcohol while you are here.</i> Smoking is permitted in designated areas only. <p>13. It is important that the ground rules be clearly written and visibly posted throughout the workshop. Suggest using the posted ground rules and recommend additions or revisions. Ground rules should be typed up and available for Day 2.</p> <p>❖ <i>These rules were created to give us a guide; we can accept these rules, or make changes and additions based on what you want as a group. They will be posted all week and we will give you a copy for your notebook/folder.</i></p> <p>❖ <i>If you have a medical emergency or problem please contact _____. They will assist you with those issues. After training hours, _____ is available in Room _____ or at Phone Number.</i></p>
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<p>Cups, slips of paper</p>	<p>14. Read the ground rules to the group; ask for changes and revisions of the rules. Trainers should collect signed confidentiality forms.</p> <p>15. Introduce <i>Cups of Appreciation</i>, distribute cups, slips of paper and provide instructions.</p> <ul style="list-style-type: none"> ❖ <i>Throughout this training, you will be giving each other appreciation through a cup of good wishes. Please put your name on a cup. In a moment, we'll handout slips of paper. During the training, please write appreciations, wishes, blessings, compliments or motivators for other participants in the group.</i> ❖ <i>At any time, you may place good wishes in someone's cup. On our last day together, you may choose to share some of the comments received (optional) at the end of training.</i> <p>16. Ask participants if they have questions about the activity.</p> <p>17. Link to the ice breaker.</p> <ul style="list-style-type: none"> ❖ <i>Now we will move on and find out more about the people who here today.</i>
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Avila Retreat Center Rules and Announcements

- Cars should be parked on the lower lot after unloading passengers and baggage.
- Keep all doors closed for summer and winter comfort, as well as for keeping out birds.
- Absolutely no smoking in the bedrooms. Ash trays are located on the outside patios.
- Incoming phone messages will be posted on the meeting room door.
- Front office will be locked at 10:00 p.m. each night.
- Emergency incoming calls after 10:00 p.m. will be delivered to guests personally.
- Turn off all lights and water urn when leaving to retire for the evening.
- Before leaving Avila, please strip your bed, remake it and carry sheets and towels to the laundry room. Extra linens are in the rooms (cottages C-G in closet; cottages A-B in desk drawer).
- Thermostats in Room 3, cottages C-G.
- Restrooms are located next to kitchen and between meetings 1 and 2.
- Bedroom check-out time is 11:00 a.m.
- Will you help us? If you are sharing a room with someone, would you agree for one person to shower at night and the other in the morning? Thank you for your consideration.
- Please be prompt for meals.
- There will be coffee available at 7:00 a.m. outside the dining room.



Confidentiality Agreement

I shall protect the privacy and confidentiality of all participants and trainers I encounter because of my participation in the PETS Program.

I will not share any confidential information

I will not misuse or be careless with confidential information.

By signing this, I agree that I have read, understand and will comply with this agreement.

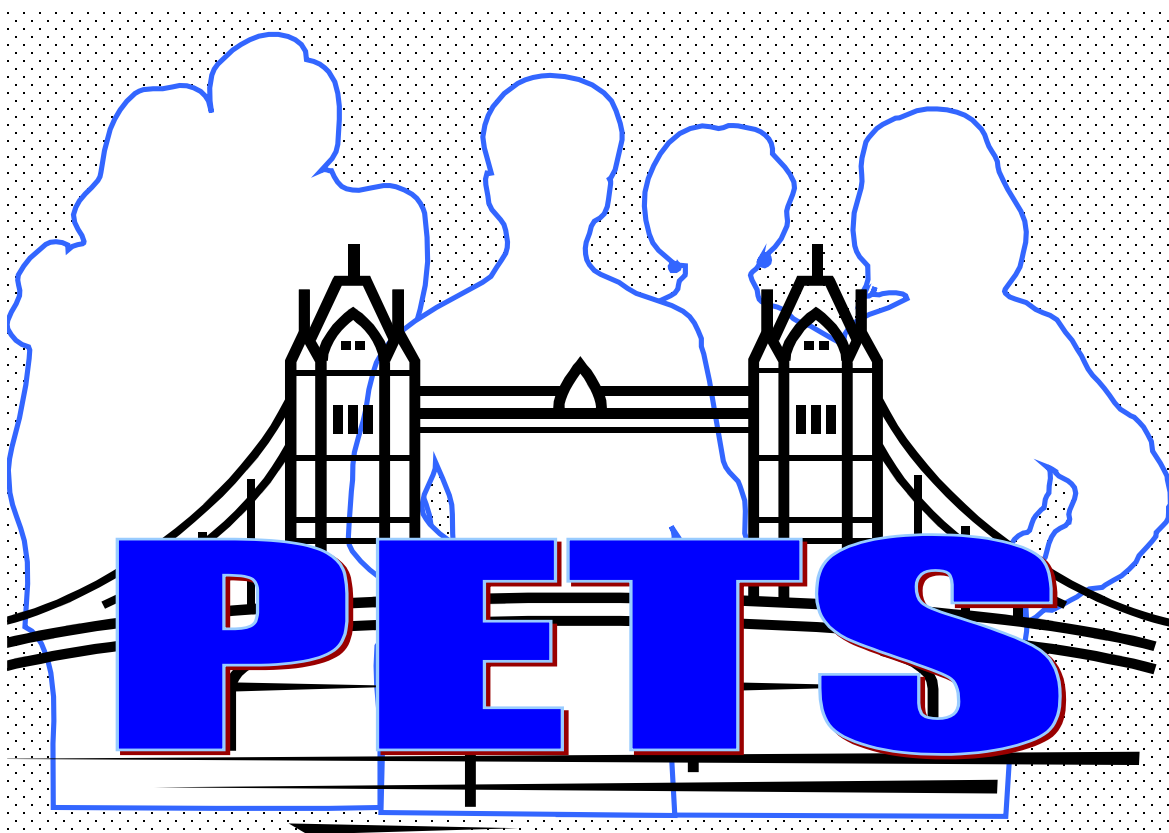
Signature: _____ Date: _____

Release of Information For Personal Distribution

I agree to have my picture taken for sharing with other friends and peers at the Peer Education Training Sites, a program that is connected with the Duke University Medical Centers' Partners-In-Caring and the Duke University Infectious Diseases Clinic.

Signature of Participant

Date



Release for Photographs for Possible Publication and Distribution

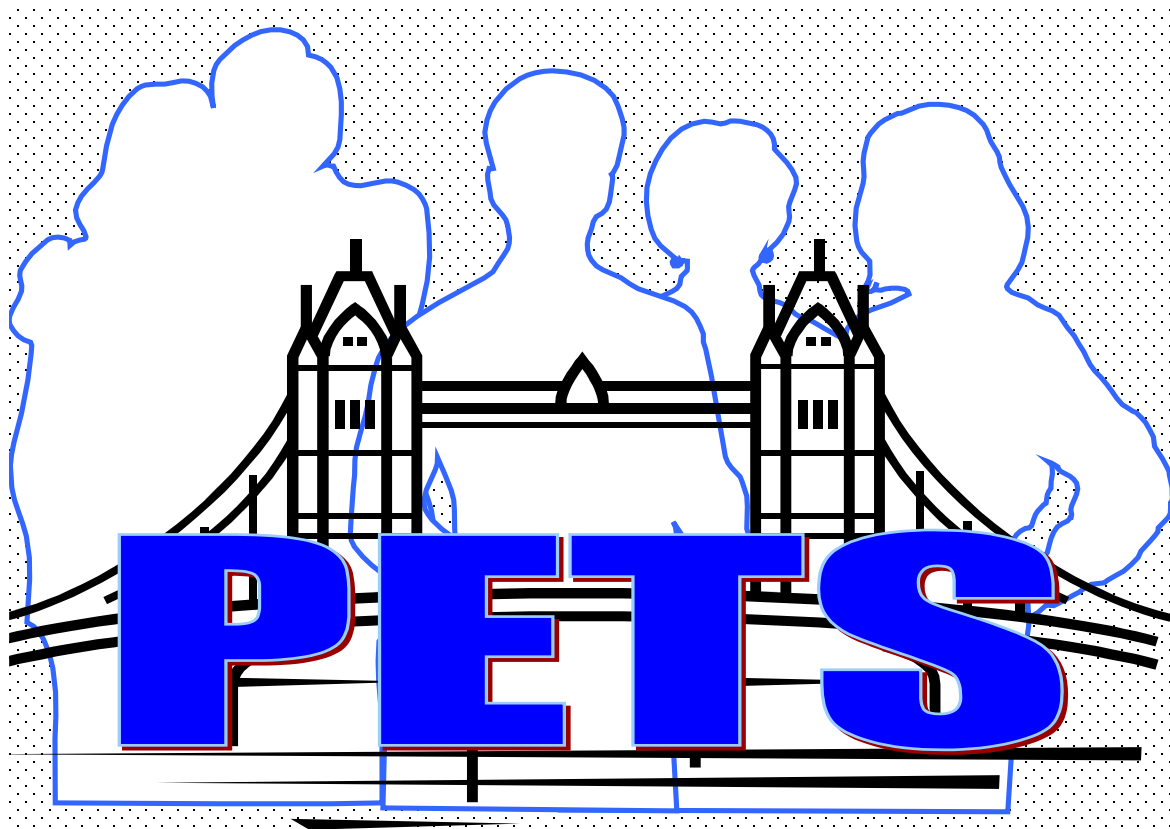
I give permission to allow pictures to be taken of me for a Peer Education Training Site (PETS) poster and other presentations related to PETS through Duke University Medical Center.

Signature Participant

Date

Signature of Trainer

Date



That's Me.....Ice Breaker

Time: 15 minutes

Materials:

- List of questions

Objectives:

By the end of this session, participants will be able to:

- ✓ Share information about themselves;
- ✓ Learn about commonalities shared with each other.

Take Home Messages:

- ⇒ Participating in this way helps create an atmosphere in which everyone is valued and participation is encouraged.
- ⇒ People learn better when they feel safe around the other learners;
- ⇒ Each peer educator has the opportunity to have his or her voice heard in the room.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> <li data-bbox="623 932 1474 1184">1. Give instructions for the ice breaker. ❖ <i>I am going to read a series of statements. If the statement is true for you, put your arms in the air (or stand up) and say "That's me." Let's practice. If I say "I'm attending a workshop today," you would put your arms in the air and shout, "That's me!"</i> <li data-bbox="623 1226 1474 1541">2. Begin asking questions using the list of questions on the following page. Questions should begin with 2-3 general ones that most people are likely to resonate with and then move to ones that pertain to the topic of the workshop. Note: Since it is important for people to introduce themselves, the trainer asks everyone to briefly introduce her/himself and say where they live. Reassure the group we will be doing more in depth introductions tomorrow. Continue until everyone has introduced her/himself. <li data-bbox="623 1583 1474 1646">3. Note: If time is limited ask the questions with an asterisk beside them. <li data-bbox="623 1688 1474 1751">4. Thank the group for being good sports and affirm the diversity in the room.

That's Me Questions

Note: If time is limited ask the questions with an asterisk beside them.

I'm someone who:

1. *has children***
2. has grandchildren
3. has a dog
4. has a cat
5. has another kind of pet
6. *likes to dance***
7. *likes to shop***
8. has worked on a farm
9. likes gospel music
10. has been to a concern in the last year
11. exercised this morning
12. has quit smoking
13. *has lived with the virus for over 10 years***
14. *has lived with the virus for over 5 years***
15. *has been recently diagnosed with HIV***
16. *belongs to an HIV support group***
17. *is on an HIV community advisory board***
18. *stands up for HIV in my community***
19. *wants to learn more about being a good peer educator***

HIV Basic Information Game

Show.....Review

Time: 30 minutes

Materials:

- Flip chart/markers
- Game board and play money
- Condom brand handouts
- Colored sticks (2 colors)
- Prizes
- Piece of tape to demonstrate “adhesive”

Objectives:

By the end of this session, participants will be able to:

- ✓ Discuss HIV prevention, detection, and treatment;
- ✓ Distinguish between myths and facts;
- ✓ Differentiate between levels of risk of different sexual behaviors;
- ✓ Gather information for the next session.

Take Home Messages:

- ⇒ Peer educators should be able to demonstrate non-judgmental communication;
- ⇒ Peer educators need a sense of self-awareness and empathy;
- ⇒ Peer educators need to give accurate information.

Trainer’s notes	STEPS
<p>Game board; play money; prizes; colored sticks</p>	<ol style="list-style-type: none"> 1. Introduce activity. <ul style="list-style-type: none"> ❖ <i>Next, we are going to play a game to review and learn more about issues around HIV and AIDS.</i> ❖ <i>The term HIV refers to the Human Immunodeficiency Virus, the virus that causes AIDS. AIDS stands for Acquired Immune Deficiency Syndrome.</i> 2. Split participants into two groups by colored sticks. Groups can come up with team names. <ul style="list-style-type: none"> ❖ <i>To play the game, we need to split into two teams. Take a stick. If you took a _____ stick you are on Team A. If you took a _____ stick you are on Team B.</i> 3. Explain game.

	<ul style="list-style-type: none"> ❖ <i>We are going to play a game called the PETS Game Show. There are 3 categories that teams can choose from. Each category has five questions, which are worth between 100 and 500 prize dollars. The more money a question is worth, the more difficult to answer.</i> ❖ <i>There are a few questions that may seem easy because we have talked about them in the Level I workshop. But they are important points.</i> ❖ <i>To make things a little more interesting, two of the questions have double points. [Note to trainer: questions that are worth double points are marked with an asterisk (*). If you choose one of those questions and answer correctly, your team will get double points.</i> ❖ <i>Teams can choose any category for any amount. Teams will switch turns after every question, regardless of whether they answer right or wrong. If a team gets the question wrong, that money is lost to the bank. The other team does not get the money.</i> ❖ <i>There are 3 different categories: Prevention, Medications and Mixed Bag (which is a variety of questions).</i> ❖ <i>I am not going to say a lot about the categories because I don't want to give away answers. This is a team effort. The team should discuss the answer before telling the game show host.</i> ❖ <i>Hopefully, this will be a fun review of HIV information you know and a chance to learn more about other information. Are there any questions? [Note to Trainer: You may need to explain the rules twice for clarity. The co-trainer can distribute the money during the game.]</i> ❖ <i>At the end, the team with the most prize dollars wins. But this game is not about winning and losing. You already know about HIV/AIDS. Let's try to have some fun and learn more about it.</i> <p>Note to Trainer: (Read correct information for all responses.) For true or false questions, participants only have to answer true or false. For multiple-choice questions, participants only have to select an answer. Participants are not required to</p>
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justify their answers. Ask questions.

The PETS Game Show!

Prevention/Transmission

100 points

True or False? There are both male and female condoms.

TRUE. Male condoms that fit over a penis are common. However, a female condom is also available. The female condom is made out of a material called polyurethane and can be used both for vaginal and anal sex. (Pass around a female condom and discuss how to use it.)

200 points

You can reduce the risk of HIV transmission by:

Having safer sex

Using latex condoms every time you engage in sex

Avoid sharing needles, “works,” or “rigs”

All of the above

300 points

True or False? STDs can only be spread through penetrative vaginal sex.

FALSE. STDs can be spread through vaginal, anal, or oral sex.

That means that any sexual act in which your vagina, anus, or mouth comes into contact with someone else’s vagina, penis, anus, mouth, or their bodily fluids can transmit STDs. STDs live in warm, moist areas of the body. Some STDs, like herpes, can also be spread by skin-to-skin contact.

400 points

What should you clean your needles, works or rigs with in order to keep from transmitting HIV, hepatitis B or hepatitis C?

Oil and vinegar

Soap and water

Bleach and water

Salt and vinegar

None of the above

Using new needles before using drugs is the best way to prevent HIV, hepatitis B or hepatitis C transmission. But if people are going to share or re-use needles, cleaning them with bleach and water, and repeating the cleaning process at least three times, will reduce the risk of passing or contracting HIV, hepatitis B and/or

<p>Condom brand handouts</p>	<p>hepatitis C.</p> <p><u>* 500 points</u></p> <p>If someone is allergic to latex, his or her partner could do which two of the following things:</p> <ul style="list-style-type: none"> a. use an animal membrane condom b. don't use a condom <u>c. use an animal membrane condom over a latex condom</u> <u>d. use a polyurethane condom</u> <p>C or D. Use an animal membrane condom over a latex condom OR use a polyurethane condom.</p> <p>Latex or polyurethane condoms provide the best protection against pregnancy and STDs. Latex condoms are more common than polyurethane condoms. Some people are allergic to latex, so polyurethane is a good alternative. Polyurethane condoms are sturdier than latex condoms. Or people can use both a latex condom and an animal membrane condom. Latex and polyurethane condoms come in different sizes, textures, flavors, and sensitivities to fit people's needs. (Durex®, LifeStyles® Natural®)</p> <p>You might remember from level one that it was recommended to use only one condom at a time. We'd like to take this opportunity to clarify that using two <u>latex</u> condoms is not safe, but an option for people who are allergic to latex is to use an animal membrane condom with latex. The animal membrane condom should be placed over the latex condom if the bottom person is allergic to latex. If the top person is allergic to latex then the latex condom should be placed over the animal membrane condom. Lambskin condoms or novelty condoms alone do not provide proper protection against pregnancy or STDs. Are there any questions about this?</p> <p>Medications</p>
<p>Masking tape</p>	<p><u>100 points</u></p> <p>True or False. You should stop taking your medications if you do not understand how to take them?</p> <p><u>FALSE.</u> If you do not know how to take your medications or have trouble figuring out how to take them properly, you should ask for help. Don't just stop before you talk to your health provider; your virus level goes up fast when you stop medications.</p>

200 points

True or False. The only medications that people living with HIV take are for fighting HIV.

FALSE. In additions to medications to fight HIV, people living with HIV often take other medications that may be for specific symptoms. This may include antidepressants, medications that prevent infections, appetite stimulants, pain medications and many others.

***300 points**

True or False. Resistance to HIV drugs can result from not taking your medications in the prescribed dose or on schedule.

TRUE. Drug resistance can occur by not taking HIV drugs on the prescribed schedule, not taking HIV drugs at the prescribed dose, stopping and starting HIV drugs without the advice of your health care provider and by taking drug holidays.

400 points

When taking HIV drugs, it is important to stick to the prescribed schedule in order to:

- A. Get the full effect of the HIV drugs
- B. Lower the chances of getting drug resistance
- C. **Both A and B**

500 points

What is a protease inhibitor?

- A. It is not an HIV-related drug
- B. It is a test to measure your CD4 count
- C. **A type of drug that blocks a part of HIV that makes HIV copies. If blocked, HIV cannot infect new cells.**
- D. It tells you your viral load.

C. Protease inhibitors are a class of anti-viral drugs. They work by blocking a part of HIV called protease. When protease is blocked, HIV makes copies of itself that can't infect new cells. Studies have shown that protease inhibitors can reduce the amount of virus in the blood and increase T4 cell counts. In some cases these drugs have improved T4 cell counts even when those counts were very low or zero. There are other classes of medications that we will talk about a little later in training.

Mixed Bag

100 points

	<p>True or False. When you visit your provider, especially your HIV provider, you should take a list of symptoms or changes to your body that you have noticed.</p> <p>TRUE. In order for you to remember to ask about side effects, signs and symptoms you have experienced, it would be a good idea to write them down to discuss with your provider and take your note to your next visit.</p> <p>200 points</p> <p>True or False. “Undetectable” means that your viral load is so low that it cannot be measured by available blood tests. This means you can no longer pass HIV to someone else.</p> <p>FALSE- Undetectable means that your viral load is so low that it cannot be measured by available blood tests. It does <u>not</u> mean that the virus is completely gone from your body. You can still pass HIV to a sex partner, a drug-using partner, or an unborn baby when your viral load is undetectable.</p> <p>300 points</p> <p>What lab test tells you how fast HIV is reproducing in the blood?</p> <ul style="list-style-type: none"> A. CD4 cell count B. <u>Viral load</u> C. Western blot D. Elisa test for HIV <p>B. The viral load measures the amount of virus in the bloodstream and indicates how the body is dealing with HIV infection. (the higher the viral load, the more risk of damage to be done by HIV and the higher the risk of getting sick).</p> <p>400 points</p> <p>What test measures the effect HIV has had on the immune system or how strong your immune system is?</p> <ul style="list-style-type: none"> A. Viral Load B. <i>CD4 cell count</i> C. Combination therapy D. Drug Resistance <p>B. The CD4 cell count measures the effect HIV has on the immune system. The lower the count the more damage HIV has done to the system. The normal range of CD4 cells is 800-1200. A diagnosis of AIDS occurs when a person has fewer than 200 CD4 cells.</p>
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	<p><u>500 points</u></p> <p>True or False. Adherence means doing your best to be faithful to a plan or agreement set by you and your HIV provider to take your medicine as prescribed, make and keep appointments, eat right, exercise and do what is necessary to feel your best.</p> <p><u>TRUE.</u> 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, make and keep appointments, eat right, exercise and do what is necessary to feel your best.</p> <p>Basically, adherence means sticking to whatever you and your provider decide to do for you to have the best health possible. Just like this tape is sticking or adhering to this piece of paper/wall, sticking to the plan is what adherence can mean.</p> <p>4. Continue game until the time runs out. Participants do not have to answer every question. Synthesize main points that were not covered. Have teams count their prize dollars. Award prizes.</p> <p>5. Acknowledge how well both teams played. Move to the next activity.</p> <p>❖ <i>Thank you all for playing, and I hope everyone learned something new. Now we are going to talk about what a peer educator does.</i></p>
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Peer Educators: Who are they?.....Brainstorm

Time: 60 minutes

Materials:

- Flipchart
- Bridge handout
- Deck of playing cards for breaking people into small groups (enough for even groups)
- *Peer Education Basics* handouts
- Markers
- Pens/pencils

Objectives:

By the end of this session, participants will be able to:

- ✓ Communicate the roles of peer educators;
- ✓ Understand what is expected of them as peer educators;
- ✓ Know the limitations of a peer educator.

Take Home Messages:

- ⇒ It is important for peer educators to know their role;
- ⇒ It is important to know that you can not FIX everyone's problems;
- ⇒ Peer educators do not have all the answers;
- ⇒ Peer educators are valued and important members of the HIV community and care team;
- ⇒ It is important to know where to get help and support.

Trainer's notes	STEPS
Bridge handout	<p>1. Beforehand, make sure the breakout room is clearly marked and set up for small group work. Explain the basics of peer counseling and the importance of working with peers. Emphasize that the responsibility is first to listen, then assist or help with problems. It is <u>not</u> to tell peers "what to do."</p> <p>❖ <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. We're passing out a handout with the bridge graphic you were introduced to in level one. You may wonder what a peer educator is actually supposed to do. The answer is based on the individual needs of each person living with HIV that you may come in contact with.</i></p> <p>❖ <i>We are going to do an activity that will allow us to discuss</i></p>

<p>Playing cards; flipchart paper; markers</p>	<p><i>what a peer educator can and cannot do. To do this we will need to break up into four groups.</i></p> <p>2. Using playing cards, have the participants form four groups.</p> <ul style="list-style-type: none"> ❖ <i>Please take a card. You will draw either a club, diamond, heart or spade. Find the people who have the same suit as you, and this will be your team for the activity.</i> ❖ <i>Before we break into groups, I'll explain the activity. Our goal is for each group to discuss what a peer educator should and should not do. We discussed this a little in Level One, and now we'll talk about it a little more.</i> ❖ <i>The 2 groups who have clubs and diamonds will discuss and record what kinds of things a peer educator SHOULD do. You can write your ideas on the flipchart paper provided.</i> ❖ <i>The 2 groups who have hearts and spades will discuss and record what kinds of things a peer educator SHOULD NOT do. You may also write your on the provided flipchart paper.</i> <p>3. Allow participants time to find the members of their group and trainers should assist in pointing groups to separate areas.</p> <ul style="list-style-type: none"> ❖ <i>You will have 25 minutes with your group to come up with the things that a peer should or should not do. Each group will report back and we will compare our responses. There will be trainers available to assist you if you have any questions.</i>
<p>Four trainers</p>	<p>4. Two groups can stay in the room at opposite ends of the room and the other two may go into the alternate training areas to the left and right of the main room. Four trainers should be available to assist groups in each area. When time is called have the groups return back to the main training area for sharing.</p> <ul style="list-style-type: none"> ❖ <i>Please share with us first what a peer educator should not do. I need one of the groups with that category to please share their responses first.</i> <p>5. Allow time for second group to add any new information. Then ask one of the groups working on what a peer educator</p>

	<p>should do to share their ideas responses, and ask the other if they have anything to add. You can tape the flipcharts to the front wall of the room. Examples may include but are not limited to:</p> <p>[Note: Participants responses should be typed up and prepared as a handout before the next session.]</p> <p>Peer Educator DON'Ts:</p> <ul style="list-style-type: none"> • Give medical advice • Serve as a counselor • Make promises • Judge or look down on peers • Ignore feelings • Act aggressively • Do things for the peers that they can do for themselves • Talk about themselves too much • Break confidentiality <p>Peer Educator DO's:</p> <ul style="list-style-type: none"> • Listen • Help find resources such as employment, social services, mental health and medical services • Care about peers • Model self care • Make themselves available to peers they serve • Know that everyone has a different experience • Encourage peers to ask questions • Bridge gaps with providers and case managers • Act direct, clear and assertive <p>❖ <i>These are all very good responses and we would like to remind you of a few things: first peer educators must be able to listen carefully to others and help them find ways to solve their problems.</i></p> <p>❖ <i>This can be accomplished by drawing on our own experiences and learning from others' experiences. When sharing, be sure to remember that the focus should be on the peer and not yourself.</i></p> <p>❖ <i>As peer educators we are the people who may be able to answer questions for others concerning health care, medications, symptoms, services, etc. Sometimes peer educators just listen to what others have to say about these</i></p>
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	<p><i>issues.</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 for medical assistance/treatment. If you'll look in your notebooks at your bridge handouts, you'll see peers are a very important part of health care delivery. You serve as the link between people living with HIV and the providers and agencies who serve them. In your handouts you have a Peer Education Basics handout for reference.</i> ❖ <i>Thanks for your participation in this activity. I hope we are all clearer about the role of a peer educator.</i> <p>6. Move to next activity.</p> <ul style="list-style-type: none"> ❖ <i>As we discussed in the Level One trainings, it is important to take care of ourselves and now we will move into the Self Care portion of today's training activities.</i>
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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 your peer 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.



Self Care.....Meditation

Time: 35 minutes

Materials:

- Prepared flipchart
- Markers
- *Serenity Prayer* handout (may be printed on cardstock and cut out to be used as a bookmark)
- Comfortable quiet space

Objectives:

By the end of this session, participants will:

- ✓ Review the negative effects of stress;
- ✓ Review simple techniques for reducing negative effects of stress that were taught in the Level One training.
- ✓ To discuss strategies for promoting wellness.
- ✓ Practice relaxation techniques of conscious breathing and simple meditation, which were reviewed on Day One;
- ✓ Introduce exercise to increase awareness of body and breath. Introduce other relaxation techniques.

Take Home Messages:

- ⇒ Wellness is not just physical health;
- ⇒ There are many ways that one can cope with the various negative aspects of living with a chronic illness;
- ⇒ Peer educators can encourage clients to engage in activities that promote health and wellness;
- ⇒ Peer educators are human and have their own needs.
- ⇒ Everybody experiences stress;
- ⇒ Stress can be defined as anything (real or imagined) that is perceived to be a threat;
- ⇒ Stress has negative effects on the body, the mind, and the breath. High levels of stress have been linked to HIV disease progression;
- ⇒ People with HIV who suffer high levels of stress tend to have a poorer response to antiretroviral therapy, with lower T cell counts and higher viral loads;
- ⇒ Practicing simple relaxation techniques such as deep breathing and meditation on a daily basis can reduce the negative effects of chronic stress;
- ⇒ Peer educators can teach these simple techniques to clients.

Trainer's Notes	STEPS
	<ol style="list-style-type: none"> 1. Review the simple techniques for reducing negative effects of stress that were taught in the Level One training. (See take home messages from above). 2. Briefly connect stress to methods of promoting wellness. 3. Have various terms posted on flipchart paper, then engage in discussion about how each term promotes mental and physical wellness. <p>❖ <i>As you can see there are various terms or activities written on this flipchart paper. Let's have a discussion about these activities. Someone choose a term and talk to the group about how it reduces stress and promotes wellness.</i></p> <ul style="list-style-type: none"> • <i>Spirituality:</i> <i>Peer educators will encounter clients from all walks of life, representing many different religions and spiritual paths. A person's spiritual life is very intimate and private, and any and all spiritual practices should be honored and encouraged.</i> • <i>Depression:</i> <i>Sustained depression has been linked with disease progression. Peer counselors can help direct clients to the type of professional help they may need. Psychotherapy and antidepressant medications are often very helpful in managing depression and improving quality of life.</i> • <i>Positive thinking:</i> <i>Negative expectations have been linked with disease progression. Don't worry about the things you can't control. Focus, rather on the things you can control and change. Repeat the serenity prayer. [Handout copies of the Serenity Prayer.] Replace negative thoughts with positive thoughts.</i> • <i>Be yourself:</i> <i>Shakespeare said, "To thine own self be true". Self-acceptance is a huge step toward healing. Concealing one's true nature and identity has been linked with disease progression. Issan Dorsey, a Zen teacher, used to say "The first thing you must do is make friends with yourself".</i> • <i>Mindfulness in everyday life:</i> <i>Pay attention! Moment to moment awareness of the details of everyday life leads to a sense of well-being and a sense of control. Take time throughout the day to stop what you are doing and check in</i>

	<p><i>with yourself. Try to limit “multi-tasking” so that you can approach each task with full awareness and attention.</i></p> <ul style="list-style-type: none"> • <i>Visualization:</i> <i>Visualizations can be powerful tools for healing. Encourage clients to visualize themselves as healthy and happy. Encourage use of visualizations with medications (describe specific examples).</i> • <i>Social Support:</i> <i>Low levels of satisfaction with social support systems are linked with disease progression. Encourage clients to develop a supportive network of family and/or friends. Take advantage of supportive group activities such as classes, church, special interest groups, support groups, etc.</i> • <i>Humor:</i> <i>Always try to get clients to smile. Encourage clients to lighten up. Encourage silliness, funny movies and books, funny group activities.</i> • <i>Exercise:</i> <i>Encourage regular exercise to enhance health, strength, and flexibility. Get up and get moving. Park far away at the mall or supermarket. Take the stairs. Find an exercise buddy. Join a club.</i> • <i>Diet:</i> <i>This is a huge topic, and what is right for one may not be right at all for another. Encourage clients to maintain healthy weight and take advantage of nutrition counseling whenever available. Generally speaking, a diet rich in fresh fruits and vegetables, lean sources of protein, and whole-grain foods is good for most people. Avoid fast food and junk food such as sodas, candy, cookies, and chips, especially if you are suffering from treatment-related diarrhea. It is always important to drink lots of water. Eat several small meals throughout the day if you have a poor appetite. Drink nutritional supplements such as Ensure or Boost if you are trying to put on weight.</i> • <i>Rest:</i> <i>Fatigue is the number one complaint of people with HIV/AIDS across the board, whether or not viral load and CD4 counts are under good control with medication. Medications themselves can sometimes lead to fatigue. Encourage clients to get plenty of rest. Pace yourself throughout the day. Avoid activities that are exhausting. Avoid overexertion, especially in the heat. Take power naps.</i> • <i>Eliminate “if only” thinking:</i> <i>As the old saying goes, “If we had some rice, we could have some rice and gravy, if we had some gravy!” Work at accepting things as they are. Denial as a</i>
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	<p><i> coping mechanism has been linked with disease progression. “If only” thinking is a set up for disappointment and despair.</i></p> <ul style="list-style-type: none"> • <i>Try to find meaning in adversity:</i> Victor Frankl, in his 1963 book <i>Man’s Search for Meaning</i>, wrote, “Man is not diminished by suffering but, by suffering without meaning.” Try to see the positive lessons in the bad things that happen to you. • <i>Creative expression:</i> Creative expression can be very healing. Encourage clients to engage in activities such as singing, dancing, writing, drawing, anything that is creative and fun. • <i>Knowledge = Power:</i> Learn as much as you can about HIV. Encourage clients to ask their providers for information. Read. Take advantage of community forums. Researchers at UNC, in a study published last year on stress and HIV, reported that long-term survival in people with HIV infection was linked with a collaborative relationship with their provider. • <i>Stress reduction:</i> Many studies have confirmed that stress management has a protective effect on health. Take advantage of the simple stress reduction techniques learned in the PETS training, and teach them to your clients. Be inventive; come up with new ways of relaxing and reducing stress. <p>4. Lead group into full belly “conscious” breathing.</p> <p>❖ <i>Let’s practice one form of relaxation by mediating.</i></p> <p>5. Summarize main points associated with stress, from take home messages above.</p>
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Pluses and Wishes.....Day One Closing and Evaluation

Time: 15 minutes

Materials:

- Flip chart
- Markers

Objectives:

By the end of this session, participants will be able to:

- ✓ Verbalize objectives and take home messages from the day's sessions.

Take Home Messages:

- ⇒ Processing and sharing observations and feelings about training experiences are important components of adult learning.

Trainer's notes	STEPS
<p>Agenda and objectives flipcharts; flipchart for pluses and wishes; markers</p>	<ol style="list-style-type: none"> 1. Introduce evaluation. Summarize the objectives. Ask participants to review the activities for the session and say two or three important take home messages. <ul style="list-style-type: none"> ❖ <i>We did a lot today. It is important to briefly think about today's session along with what worked and what did not. Today's closing is an activity called Pluses and Wishes. First, let us review what we wanted to do and how we planned to do it. (Summarize objectives)</i> ❖ <i>Today we found out what peer education really is about. Can someone review the activities that we did and what the important messages were?</i> 2. Allow participants to share and then move to Pluses and Wishes. Draw a line down the middle of the flipchart. Write "Pluses" on one side of the line and "Wishes" on the other side. Explain the process of Pluses and Wishes. <ul style="list-style-type: none"> ❖ <i>Pluses are things that you liked about the session. Wishes are things that you would like to be done differently at future sessions. Pluses and wishes can be about any part of the training (i.e., content covered, noise level or temperature of room, refreshments, distractions, comfort of seating, etc). After the list is complete, the workshop planners will meet to make changes that are possible and appropriate.</i> 3. Ask the group to call out some "pluses" and "wishes."

	<p>Participants can name pluses and wishes back-to-back; trainer should be sure to record comments in the appropriate category.</p> <ul style="list-style-type: none"> ❖ <i>Thank you for all of your input. We appreciate your acknowledgment of the pluses and will try to address the wishes as best we can.</i> <p>4. Review parking lot. Cross off items that were addressed.</p> <ul style="list-style-type: none"> ❖ <i>Were any of the parking lot items addressed? If so, they can be taken off the list. (Note to trainer: put a check by each item that was addressed). We will try to address some of these other items tomorrow.</i> ❖ <i>I am glad that all of you are here today to learn more about PETS and that you're interested in becoming a peer educator. Please remember to give each other appreciations, wishes or blessings in your cups throughout the week.</i> ❖ <i>Dinner begins promptly at 5:00.</i> ❖ <i>Tonight's evening activity will begin at 7:00. We'll be having a "African dance with Chuck Davis" and getting to know each other better. Everyone is welcome and encouraged to participate.</i> ❖ <i>As we mentioned earlier, we'll be having a movie night on Wednesday. Please let us know what you'd like to see—we'll rent a few different movies according to what people request. Take your vote with you to dinner. [Note to trainer: collect movie suggestions so assistants will be able to rent movies before Wednesday's evening activity.]</i> ❖ <i>Breakfast will be served at 8:00 in the morning and we will begin the training at 8:30 am. Have a great evening.</i>
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PETS Level II TrainingDay Two Agenda

Time	Activity
8:00 a.m.	Breakfast
8:30 a.m. 15 minutes	Review/Preview
5 minutes	Reflection
30 minutes	Group Bonding: Life Line Exercise
15 minutes	Ask the Expert: HIV Basic Information Review
20 minutes	Fighting the Virus Role Plays
60 minutes	Adherence
15 minutes	Break
35 minutes	Effective Communication Skills: Telephone Game
12:00 noon 1 hour	Lunch
10 minutes	Energizer
60 minutes	Communication about Risk: Role Plays
15 minutes	Break
60 minutes	Communication Skills: Pushing all the Buttons
30 minutes	Self-care
30 minutes (15 minutes) (15 minutes)	Closing: Take home messages and Feedback Cards Lifelines
5:00 p.m.	Dinner
6:30 p.m.	Evening Activity

Day Two.....Setting the Stage

Time: 10 minutes before session begins

Materials:

- Nametags, pens
- 3-hole punch
- Stapler
- Flipchart
- Markers
- Tape

Training Objectives:

At the end of this activity trainers will have:

- ✓ Completed the logistical aspects of the workshop.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Make sure the room is set up by start time. See "Room Set Up" section in session overview for specifics. The training room/s should be set up while participants are at breakfast. Inform participants to prepare to move into the training room 10 minutes before the session activities begin. ❖ <i>In 10 minutes we will be moving into the training room to begin today's session. Let us remember our ground rule to start on time, and please move into the training room by 9:00.</i> 2. Have trainers greet participants as they enter. Address any needs such as providing pens, paper, etc. Remind participants that emergency supplies are needed if necessary. 3. Have someone near the door to assist people as they arrive. Allow participants to get settled. Move into training session.

Day Two Opening.....Review/Preview

Time: 15 minutes

Materials:

- Prepared flipchart with agenda
- Ground rules posted on the walls
- Parking lot
- Pluses and wishes
- Typed ground rules to be distributed
- Typed list of *Peer Educator Dos and Don'ts*
- Burden Basket
- Pieces of paper or marbles (to put in burden basket); approx. 3 per participant
- Flipchart, markers and tape
- Key messages from Day One handout
- Rattle (for ground rules coach)

Objectives:

By the end of this session, participants will be able to:

- ✓ Resolve any issues from the previous day;
- ✓ Focus on today's activities.

Trainer's notes	STEPS
<p>Pluses and Wishes from day one</p>	<ol style="list-style-type: none"> 1. After everyone is seated, welcome everyone. Acknowledge any new observers, guest trainers, etc. Mention the ground rules from the previous day, which should be posted where everyone can see them. Ask participants how the evening activity went for everyone last night. <ul style="list-style-type: none"> ❖ <i>Welcome to day two! Thanks to everyone who participated in last night's activity. How did that go? Was it valuable to do something fun after your hard work yesterday?</i> ❖ <i>Today's session is about good communication. We may really test the ground rules before we are done. Is there anything you wish to change about the Ground Rules before we go ahead?</i> 2. Post Pluses and Wishes from previous day. Acknowledge pluses. <ul style="list-style-type: none"> ❖ <i>I really appreciate your feedback. People had positive comments about...(list a few pluses).</i>

<p>Key messages from day one handout</p>	<p>3. Review Wishes from Day 1. Explain how and why they were or were not addressed.</p> <ul style="list-style-type: none"> ❖ <i>Some suggestions that you made were... (list wishes). We could accommodate these requests (list) by doing (...). However, these requests (...) are beyond the scope of this workshop.</i> ❖ <i>Thank you once again for expressing both your pluses and wishes. We will try to address as many as possible to meet your needs.</i> <p>4. Review agenda and key messages from Session 1. Distribute handouts and encourage participants to read over them.</p> <ul style="list-style-type: none"> ❖ <i>These are the key messages we should have received on yesterday (Day One):</i> <ul style="list-style-type: none"> • Peer educators need to give accurate information; • It is important for peer educators to know what their role is; • It is important to know that you can not FIX everyone's problem; • Peer educators do not have all the answers; • Peer educators are valued and important members of the HIV community and care team; • It is important to know where to get help and support; • Everybody experiences stress; • Stress can be defined as anything (real or imagined) that is perceived to be a threat; • Stress has negative effects on the body, the mind, and the breath. High levels of stress have been linked to HIV disease progression; • People with HIV who suffer high levels of stress tend to have a poorer response to antiretroviral therapy, with lower T cell counts and higher viral loads; • Practicing simple relaxation techniques such as deep breathing and meditation on a daily basis can reduce the negative effects of chronic stress; • Peer educators can teach these simple techniques to clients. ❖ <i>Does anyone have any questions about information or activities from yesterday?</i> ❖ <i>Yesterday we came up with some group ground rules. We</i>
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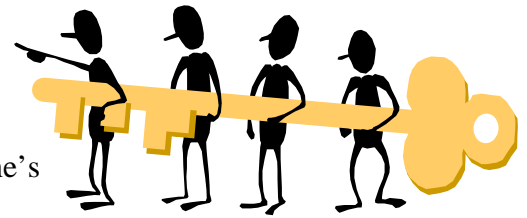
<p>Rattle</p>	<p><i>would like someone in the group to take responsibility for making sure we are abiding by these ground rules. Would someone be willing to be our group coach for today and if it seems like someone is violating the ground rules, shake this rattle?”</i></p> <p>5. Thank the volunteer and tell the group that a different person will take this role each day of the training.</p> <p>6. Distribute Peer Educator Dos and Don'ts from yesterday's session.</p> <p>❖ <i>Yesterday you came up with a great list of peer educator dos and don'ts. We've typed them up for you to keep as a reminder.</i></p>
<p>Burden basket; slips of paper; pens; marbles</p>	<p>7. Introduce concept of the Burden Basket.</p> <p>❖ <i>Many times, especially during trainings or meetings, it may be hard to relax and fully participate since we all have so many things on our minds. There are jobs to do, children to take care of, mouths to feed and bills to pay.</i></p> <p>❖ <i>But during this week, I hope 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></p> <p>❖ <i>At this time, please put aside all those things that are cluttering your mind. To help you do this we have the Burden Basket, you may remember this from Level One. This basket will hold all your burdens throughout the workshop.</i></p> <p>8. Explain the “Burden Basket.” Participants may “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.</p> <p>9. Pass out material (paper or marbles). Participants can write their worries on the paper, or they can assign their worries to marbles. If participants want to reclaim their worries at the end of the session, they'll need to put an identifying mark (their initials, a symbol, etc.) on the piece of paper or marble.</p> <p>10. Co-trainer should prepare the burden basket and items as</p>

	<p>trainer introduces the activity and assists 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 few of your worries. You don't have to share them with anyone. Perhaps you have to pay some bills, do laundry, or feed your kids. Whatever is weighing heavily on your mind right now, can be placed 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 marbles: Take two or three marbles. Hold the marble in your hand while you think of your worry.</i> <p>11. 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>Before we get further into the session, let's pass around the Burden Basket. I ask that you put your worries aside during the workshop and really take time for yourself.</i> ❖ <i>Think of some of your worries. Toss them in the basket. If you want them at the end of the training, they will still be there. Hopefully in the meantime, we can enjoy this time learn more about PETS and peer education.</i> <p>12. Review Day 2 learning objectives. Tape the "Day 2 Objectives" on the wall.</p> <ul style="list-style-type: none"> ❖ <i>Now let us look at what we are going to do today.</i> <p>13. Mention that participants can volunteer to act out scenarios.</p> <ul style="list-style-type: none"> ❖ <i>During the role-plays we need two people to read and act out brief skits. If anyone is interested, please let me know.</i> ❖ <i>As we discussed yesterday, the parking lot is a place to keep track of concerns that come up which we cannot</i>
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	<p><i>address immediately. We will mark off items as they are discussed.</i></p> <p>14. Move to the next activity.</p> <p>❖ <i>Let's begin today with a few minutes for reflection.</i></p>
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Key messages From Day One:

- Peer educators need to give accurate information;
- It is important for peer educators to know what their role is;
- It is important to know that you can not fix everyone's problem;
- Peer educators do not have all the answers;
- Peer educators are valued and important members of the HIV community and care team;
- It is important to know where to get help and support;
- Everybody experiences stress;
- Stress can be defined as anything (real or imagined) that is perceived to be a threat;
- Stress has negative effects on the body, the mind, and the breath. High levels of stress have been linked to HIV disease progression;
- People with HIV who suffer high levels of stress tend to have a poorer response to antiretroviral therapy, with lower T cell counts and higher viral loads;
- Practicing simple relaxation techniques such as deep breathing and meditation on a daily basis can reduce the negative effects of chronic stress;
- Peer educators can teach these simple techniques to clients.



Opening Reflections

Time: 5 minutes

Materials:

- Handouts with typed blessings

Purpose:

Starting the day with a few moments of reflection is a way to honor various spiritual beliefs and values.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided participants with an opportunity to reflect and meditate.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> <li data-bbox="625 791 1477 1155"> 1. Explain the purpose for a daily reflection. <ul style="list-style-type: none"> <li data-bbox="673 861 1469 1144">❖ <i>We know from last time that people like to start our sessions with a blessing, reflection or blessing. We also know that there are a variety of ways people express their beliefs. We'd like to use this time for quiet reflection. You may also choose to look through the inspirations found on page ____ in your participant handbook. These blessings are from the book, A Grateful Heart. They are inclusive and come from many different traditions.</i> <li data-bbox="625 1186 1477 1270"> 2. Allow a few minutes of silence for people to say their own blessings or to meditate.

Life Lines.....Ice Breaker

Time: 30 minutes (and throughout the week)

Materials:

- Precut construction paper flags for *lifelines*. (any flag shape: triangles, rectangles).
- Markers, crayons, feathers, sequins, rubber cement, scissors, stickers, etc...
- Thin rope and clothespins to hang *lifelines*, or tape to wall after each person shares a *lifeline*

Objectives:

By the end of this session, participants will be able to:

- ✓ Contribute to establishing a safe and comfortable learning environment by valuing the experiences and voices of everyone in the room;
- ✓ Learn more about other learners and trainers.

Take Home Messages:

- ⇒ Participating in this way helps create an atmosphere in which everyone is valued and participation is encouraged.
- ⇒ People learn better when they feel safe around the other learners;
- ⇒ Each peer educator has the opportunity to have his or her voice heard in the room.

Trainer's notes	STEPS
Precut flags; markers, crayons, stickers, glue and other materials; rope and clothespins (or tape)	<p>5. Introduce this activity as an exercise to get to know each other better and a fun way to start thinking about becoming a better peer educator.</p> <p>❖ <i>The activity we are going to do now will help us to get to know each other a little better. Some of you may know one another, but we want to take this time to learn more about everyone.</i></p> <p>6. Hand out pre-cut flag shapes to participants. Have markers, pens, glitter, glue, stickers and crayons available for decorating the flag lifelines.</p> <p>❖ <i>The flags I am handing out are our lifelines. We will personalize them by drawing or using pictures, stickers and/or symbols only—not words. When we finish we will share with the whole group. We will be sharing our lifelines throughout most of the training, in the morning when we start and at the close of each day.</i></p> <p>7. Ask learners to personalize their <i>lifelines</i> by illustrating their personal cultures—using drawings or symbols only—not</p>

	<p>words. For example, they might consider drawing family members, homes, a belief or items of importance. Trainers should create <i>lifelines</i>, too.</p> <p>❖ <i>You may decorate your flag any way you wish. Try to show something personal about yourself and why you used a particular item, drawing or symbol. For example, you might consider drawing important people in your life like your family, your home, a belief, or one thing that is important to you. You might want to put a symbol about some experiences you bring to this training.</i></p> <p>8. Give participants 15 minutes to illustrate their flags.</p> <p>❖ <i>You will have 15 minutes to complete your lifeline. I will need 2 or 3 people to volunteer to tell about their lifeline. Everyone will have a chance to share before the training week ends.</i></p> <p>9. After 15 minutes, the trainer should call time and begin by sharing his/her <i>lifeline</i> first. The trainer should model what and how much time should be spent sharing <i>lifelines</i>.</p> <p>10. After sharing, the trainer should ask for two or three volunteers to share their <i>lifelines</i>. Ask each person to tell the group about the symbols on his or her <i>lifeline</i>, and then hang it up for display.</p> <p>11. After participants discuss <i>lifelines</i>, hang in training room and display throughout the training, as a reminder of the different experiences everyone brings to the group.</p> <p>12. Link to next activity.</p> <p>❖ <i>Thank you for your willingness to share some things about you as a person. There is a lot of experience in this group. Hopefully, this training will help you work towards becoming the best peer educator you can be. Now, before we explore peer education, let's review some information with HIV Jeopardy.</i></p>
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Ask The Expert.....Fighting the Virus Skit

Time: 35 minutes

Materials:

- *HIV Basic Information Review Q and A*
- Five prepared signs (one for each role)
- Masking tape
- Five hats for each person playing a role (optional)

Objectives:

By the end of this session, participants will be able to:

- ✓ Understand the implication of medication non-adherence on the development of drug resistance;
- ✓ Understand how resistance may affect CD4 cell count, viral load and clinical symptoms of HIV;
- ✓ Understand the purpose of some HIV medications.

Take Home Messages:

- ⇒ Peer educators need to have a basic understanding of clinical lab tests;
- ⇒ Peer educators need to know how to properly use prescribed medications.

Trainer's notes	STEPS
15 minutes	<ol style="list-style-type: none"> 1. Facilitate a group discussion using the basic HIV review questions at the end of this section. Facilitator should select a few questions and pose to the group, one at a time. 2. Link to role play. <p>❖ <i>Now that we've reviewed some basic HIV information, let's try on some acting skills.</i></p>
20 Minutes	<ol style="list-style-type: none"> 1. Before the skit begins, set up two chairs in front of the room. 2. Ask for five volunteers to act out parts in a skit. 3. Provide each volunteer with a hat (if desired) and give each person a card with one of the following roles and ask them to tape their role on their front like a name tag: <ul style="list-style-type: none"> • HIV • CD4 Cell • Viral Load • Combination Therapy

	<ul style="list-style-type: none"> • Drug Resistance <ol style="list-style-type: none"> 3. Ask volunteers to stand in front of the group, near the chairs, then explain the activity. <ul style="list-style-type: none"> ❖ <i>In a moment, the volunteers will be acting out a skit while the rest of us provide cues. Each volunteer will be acting out HIV, a CD4 cell, viral load, combination therapy or drug resistance.</i> 4. Begin the skit by reading the scenario at the end of this section. 5. After skit has been performed, thank the actors for acting out the roles and the rest of the group for their participation. Ask everyone to sit down. 6. Process the activity with the following questions: <ul style="list-style-type: none"> • What were some of the main points covered in the skit? • What questions do you still have about HIV? 7. Link to adherence exercise. <ul style="list-style-type: none"> ❖ <i>Now that we've discussed ways to fight the virus, let's talk more about drug adherence.</i>
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HIV Basic Information Review

What is HIV?

HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS, which stands for Acquired Immune Deficiency Syndrome.

What does HIV positive mean?

HIV positive means a person has been infected with HIV. A person is considered to be HIV positive when s/he has a positive HIV antibody test. HIV antibody testing is done primarily through county health departments. Persons undergoing testing receive counseling before and after the test. There are two blood tests that are needed to confirm HIV infection. The first test is called an ELISA test. If the ELISA test is positive, the second test, called a Western Blot, is performed. A person is considered to be HIV positive when both the ELISA and the Western Blot are positive.

What are the symptoms of being HIV positive?

Sometimes HIV positive individuals have no symptoms at all. Most people who are HIV positive have some fatigue, and may have difficulty gaining weight. When a person is first infected with HIV they may experience flu-like symptoms such as rash, fever, night sweats, and diarrhea.

How do people get infected with HIV?

HIV is transmitted from one person to another through blood or body fluids. HIV is found in blood, semen, vaginal fluid, and breast milk. People usually get exposed to HIV by having sex without a condom with someone who is HIV positive. HIV is not spread through casual contact such as hugging, kissing, or eating and drinking after someone who is HIV positive. HIV can also be spread from one person to another by sharing needles for injecting drugs. Infants can get HIV from the mother before or during birth, or through breastfeeding.

Is there more than one kind of HIV?

There are two types, or strains, of HIV. HIV-1 and HIV-2. Most people in the U.S. are infected with HIV-1, the most common strain of the virus. HIV-2 is more common in parts of Africa. The strains are similar, and both can lead to AIDS.

Is it okay for two HIV positive individuals to have sex without a condom, or share needles?

No. There are other serious diseases can be spread through blood and body fluids, such as hepatitis. Also, HIV positive persons can spread resistant strains of the HIV virus by sharing blood or body fluids. A “resistant strain” of virus means that the virus has changed in a way that makes it resistant to certain HIV drugs, meaning the drugs won’t work anymore.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is caused by HIV—Human Immunodeficiency Virus. HIV infects and kills T cells, also called CD4 cells, which are white blood cells that are the cornerstone of the immune system. An HIV-infected person is considered to have AIDS when the total T cell count drops below 200, or when a person develops an HIV-related disease, called an opportunistic infection, such as PCP pneumonia.

Is there a cure for AIDS?

No. At this time there is no cure for HIV infection or AIDS. However, people with HIV infection can often lead normal lives by taking medications, called antiretrovirals, which kill the HIV and keep it from destroying T cells and leading to AIDS.

Do HIV medications work for everyone?

Unfortunately there are some people with HIV infection that do not get better with HIV medications (antiretrovirals). When a person does not get better with HIV medications, it usually means the virus has become resistant, and the medications are no longer effective. Resistance to HIV medications develops when there is not enough medication in the blood. That is why it is so important to always take the HIV medications as directed and not skip doses.

What are the side effects of HIV medications?

Most medications used to treat HIV have some side effects. Some people experience more side effects than others. Some common side effects include nausea or indigestion, diarrhea or loose stools, headache, fatigue, and muscle aches. Fever is not a common side effect of HIV medications, and may indicate a serious condition. A person with HIV or AIDS who develops a fever should contact their provider, especially if the T cell count is below 200.

Does everybody with HIV infection have to take drugs?

Not everyone who is HIV positive has to take medications. Some people can live with HIV for many years without losing a significant number of T cells. These individuals are called “long term non-progressors.” Other people with HIV infection may not have to take medication for many years after becoming HIV positive. Antiretroviral medications are prescribed with the total T cell count drops below 350, the HIV viral load rises above 50,000, or the person has developed symptoms and feels sick as a result of having HIV.

What are universal precautions?

Health care workers who may be exposed to blood or body fluids practice what is called “universal precautions”. This means that ALL blood and body fluids are considered to be potentially infected with HIV, no matter who the patient is. Health care workers practice universal precautions by always wearing latex gloves when handling blood or body fluids.

Fighting the Virus Role Play

Note to trainer: Script is in italics; roles are in bold and answers and instructions are in parentheses.

- > *The **CD4 Cell** count is below 500 and the **Viral Load** is high.* (Instruct the **CD4 Cell** to sit down and the **Viral Load** to remain standing.)
- > ***HIV** is reproducing at a rapid rate.* (Instruct **HIV** to act as though it is reproducing at a rapid rate.) *How might a person with HIV might feel at this point?*
- > *Who/what part could be asked to come help **HIV**, and why?* (**Combination Therapy**)

Note: Answers may include a type of monotherapy. Be prepared to discuss the potential benefits and risks of monotherapy vs. combination therapy. Stress that combination therapy leads to a higher and more sustained rise in CD4 count and a greater, more sustained decrease in viral load, decreased risk of resistance and decreased risk of clinical disease progression. Combination therapy has been shown to prolong survival in some patients. Patients at different stages of HIV infection may respond differently to antiretroviral therapy.

- > *What might happen to **HIV** after combination therapy is initiated?* (It starts to reproduce more slowly. Instruct **HIV** to move slowly or fall down.)
- > *What might happen to **Viral Load** after **Combination Therapy** is initiated?* (It goes down. Instruct **Viral Load** to sit down.)
- > *What might happen to **CD4 Cell** after combination therapy is initiated?* (It goes up. Instruct **CD4 Cell** to stand up.)

- > *What do you think a person with **HIV** might feel like on **Combination Therapy**. (S/he could experience bad side effects; feel tired; feel better, etc.)*

- > *Imagine that the person with **HIV** has stopped taking his/her medication as prescribed, either because of the medication side effects; because s/he feels good; or because s/he does not understand the need to continue therapy. (Instruct **Combination Therapy** to come and go. Emphasize that it is important to talk about the potential risks of antiretroviral therapy, side effects of medications and drug interactions with the health care team. It is important to work with the health care team in managing any side effects. Stress that although one may feel well and have no symptoms, one needs to continue the therapy recommended by the health care team because **HIV** can still cause damage to the immune system during this time.)*

- > *What could happen as a result of not taking antiretroviral therapy as prescribed (HIV could become resistant to the drugs. Instruct **Resistance** to stand next to **Combination Therapy**. Other possible answers include no clinical or lab benefits.*

- > *What might happen to **HIV** now? (It begins to reproduce again. Instruct **HIV** to move rapidly again.)*

- > *What might happen to **Viral Load** now? (It goes up. Instruct **Viral Load** to stand up.)*

- > *What might happen to **CD4 Cell** now? (It goes down. Instruct **CD4 Cell** to sit down.)*

- > *How might a person with **HIV** know that s/he has developed **Resistance**? (S/he may feel sick, develop an OI or notice that the **Viral Load** goes up and the **CD4 Cell** count goes down.)*

- > *How can **Resistance** be prevented?* (Take medications as prescribed. Treat **HIV** infection like a chronic infection that must always be treated, even though you may feel well. Discuss potential side effects and drug interactions with your treatment team.)

- > *What can a person do if **Resistance** develops?* (If the medication is not working as well as it used to, then new medications may be needed. Discuss other treatments with your health care team.)

(Adapted from T.H.E. Course (Tools for Health Empowerment), produced by Glaxo Wellcome, now GlaxoSmithKline.)

HIV

CD4 Cell

Viral Load

Combination Therapy

Drug Resistance

Adherence.....Simulated Treatment Exercise

Time: 60 minutes

Materials:

- Flip chart
- Prepared flip chart with adherence-related terms
- Markers
- Sets of colored chips (five different colors)
- Medication cards (ComboCards) ***Note: additional cards may be ordered from www.combocards.com.**
- Pens
- Pill boxes
- Skittles® or M & Ms®
- Prepared flip chart with adherence issues

Objectives:

By the end of this session, participants will be able to:

- ✓ Define the importance of adhering to an HIV treatment plan;
- ✓ Review barriers of being adherent;
- ✓ Experience the challenges of another person's HIV treatment plan.

Take Home Messages:

- ⇒ Taking medications regularly and as prescribed by your doctor will keep viral load down and prevent drug resistance;
- ⇒ Adherence is important for your health and the health of others;
- ⇒ Adherence is a challenging process and it is important to understand these challenges.

Trainer's notes	STEPS
15 minutes	<ol style="list-style-type: none"> 1. Explain that one of the roles of a peer educator is to help peers become more adherent to their treatment plans. <ul style="list-style-type: none"> ❖ <i>We now know that taking your HIV medications properly, and taking every dose is crucial to keep your medications working properly and to avoid resistance to medications. One of your roles as a peer educator is to meet with people who are having trouble with adherence. Let's start by reviewing some terms from the skit in the previous exercise.</i> 2. Show flip chart with the following terms and define as a group. [Note: ask group to define each term, one at a time, then add missing information from the list at the end of

<p>30 minutes Colored chips, pill boxes, Skittles or M & Ms, ComboCards, prepared flip chart, pens</p>	<p>this section.]</p> <ul style="list-style-type: none"> • Adherence: <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. Basically adherence means sticking to whatever you and your provider decide to do for you have the best health possible.</i> • Viral Load: <i>The term “viral load” refers to how much of the virus is present in your bloodstream. There are tests like the PCR that measure the amount of new HIV released into the bloodstream.</i> • Undetectable: <i>The best viral load test result is “undetectable.” This doesn’t mean there is no virus in your blood; it just means that there is not enough for the test to find and count.</i> • Resistance: <i>This term refers to HIV’s sensitivity to a particular drug. Resistance is thought to result when the virus mutates or changes. In HIV, such mutations can change the structure of viral enzymes and proteins so that an antiviral drug can no longer bind with them as well as it used to, and as a result, the drug may not work for you any longer.</i> <p>3. Explain the next activity.</p> <ul style="list-style-type: none"> ❖ <i>It’s human nature to “know better than we do.” In other words, we often know the right thing to do in a situation, but we to choose an option that is not in our best interest. Based on the idea that we know better than we do, let’s think about our motivations—what are some reasons we don’t always make good decisions about keeping medical appointments, taking our medicine, practicing safer sex and using substances? [Allow a few responses.]</i> ❖ <i>We’re going to do an activity now where we’ll ask you to put your own adherence experiences aside and explore how someone else might feel. In a moment, we’ll get into groups where we’ll be filling pill boxes for a simulated HIV treatment plan.</i>
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15 minutes	<ol style="list-style-type: none"> 4. Distribute colored chips and ask participants to form groups according to their colors. There should be five groups of three. 5. Provide instructions. Facilitators should be available to help each group as they get started. <ul style="list-style-type: none"> ❖ <i>Each group will need load their boxes for the week. The note taker should record the adherence issues:</i> <ul style="list-style-type: none"> • <i>How many times a day;</i> • <i>The number of pills;</i> • <i>Full or empty stomach;</i> • <i>Water issues;</i> • <i>Side effects.</i> <p>[Note: provide adherence issues on a flip chart for reference.]</p> 6. Give each group a pill box and a treatment card and ask them to identify a recorder. 7. Give groups 10 minutes to load their pill boxes and discuss the issues they noted. After 10 minutes, call them back and have each group present their medication. Each group should have two minutes to present. 8. Process by asking the following questions. <ul style="list-style-type: none"> • What are some messages from this exercise? • What is the big picture? <p>[Note: Make sure to include the following take home message:]</p> <ul style="list-style-type: none"> ❖ <i>Through these different exercises, each person can see how difficult it is to load pill boxes, to think through whether the medications need to be taken with food or without, to be taken more than once a day and to see whether there are likely to be difficult side effects such as nausea, headaches and diarrhea. As peer educators, it is important to validate the difficulty in being adherent, while also being a cheerleader and advocate.</i> 9. Summarize and link to break. <ul style="list-style-type: none"> ❖ <i>Thanks for your hard work. We are assuming that, by attending level 2 training, you are serious about your drug regimen, and that you are as adherent as possible. If you have issues with the medications you have been prescribed by your doctor, you are either taking them, or you feel comfortable advocating for yourself to your health care</i>
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	<p><i>provider. If you are taking a drug holiday without communicating with your provider, please talk to one of the staff here at this meeting. We will help you find a way to talk to your provider.</i></p> <p>❖ <i>Although peer educators are not doctors, you can be active listeners and appreciate the issues involving adherence that each client has. You can also offer to help to communicate with providers regarding issues relating to their clients adherence. Let's take a break now.</i></p>
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Active ListeningTelephone Game

Time: 35 minutes

Materials:

- Flip chart
- Markers
- *Roadblocks to Communication Skills* handout
- *Helpful Communication Techniques* handout
- A written statement for the trainer that can be easily misinterpreted. Example: ***Yolanda's aunt shared her secret sweet potato pie recipe with me.*** The trainer **does not** distribute the statement in writing; s/he whispers it in the ear of a participant.

Objectives:

By the end of this session, participants will be able to:

- ✓ Demonstrate the importance of communicating clearly with others;
- ✓ Demonstrate how easy it is to miss exactly what others are saying and discuss what that means for communication.

Take Home Messages:

- ⇒ It is important for peer educators to develop good listening skills;
- ⇒ Mistakes in communicating clearly are easy to make.

Trainer's notes	STEPS
10 minutes	<ol style="list-style-type: none"> Explain activity. Participants are to whisper a statement to the next person. See above example for a statement. Choose first person. <ul style="list-style-type: none"> ❖ <i>Next, we are going to do an activity called the Telephone Game. Some of you may have heard about or played this game before.</i> ❖ <i>I have a statement that I am going to whisper into (name of first person)'s ear. (name of first person) is going to whisper the statement into (name of second person)'s ear...</i> [Note to trainer: designate either a clockwise or counter-clockwise direction.] ❖ <i>The trick is that a person can only say the statement once, no repeating is allowed! Whatever you hear, pass along the statement the best you can to the next person.</i> The last person will be (name of last person). When the

<p>15 minutes Flipchart and markers</p>	<p>statement comes around to that person, s/he will say aloud what s/he heard.</p> <ol style="list-style-type: none"> 3. Begin the game. Trainer whispers statement (“Yolanda’s aunt shared her secret sweet potato pie recipe with me.”) in the first person’s ear. The first person whispers what she heard in the second person’s ear. This continues around the circle until the last person has heard the statement. 4. Have the last person say aloud what s/he heard. Then state the original phrase. Compare what the last person heard to the original statement. 5. Discuss activity. <ul style="list-style-type: none"> ❖ <i>How was it that (last person) heard “...” when the original statement was “...”?</i> ❖ <i>How often do messages change like this in everyday life?</i> ❖ <i>What rules of the game were responsible for the changes in the statement? (whispering, no repeating)</i> ❖ <i>When people are really paying attention to you, how do you know? What are some ways they sit? What are some ways they talk? What are some ways they look at you? What does it feel like?</i> 6. Facilitate a discussion on communication skills.. <ul style="list-style-type: none"> ❖ <i>In order for effective communication to take place, both the speaker AND the listener must actively participate. What are some reasons you might not always give your full attention to a speaker? [Note to trainer: record participants ideas on a flipchart.]</i> <ul style="list-style-type: none"> • No time to listen to everything a person says • Multitasking—doing more than one thing at a time • Other tasks seem more important • Judgments interfere—you don’t agree with what the person has done or is talking about • Personal agenda—you want to push your solution ❖ <i>Now, what risks do these “communication stoppers” pose to the peers you are trying to educate?</i> <ul style="list-style-type: none"> • Listeners feel alienated • They don’t feel supported
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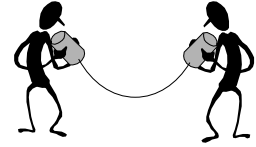
<p><i>Helpful Communication Techniques and Roadblocks to Communication Skills</i> handouts</p>	<ul style="list-style-type: none"> • Trust could be compromised <p>❖ <i>Let's take a few minutes and talk about what makes an effective communicator. Think of someone who you think is a "good" communicator. [Give participants 30-60 seconds to think of an example, and 30-60 seconds in between the following questions.] What are some things this person did well? How did this person make you feel when s/he listened to you? How willing were you share things about yourself or your problems with this person?</i></p> <p>❖ <i>What are some communication skills you valued in this person? [Write responses on flipchart. Some responses might include the following:]</i></p> <ul style="list-style-type: none"> • Attentive to feelings • Non-judgmental • Available • Fair • Empathetic • Interested <p>❖ <i>Yesterday and in Level One we discussed the importance of good communication skills. We will spend more time today practicing listening and attending, and paying attention to what helps and what blocks communication with others.</i></p> <p>7. Distribute <i>Helpful Communication Techniques and Roadblocks to Communication Skills</i> handouts.</p> <p>❖ <i>Thanks for you work. Before we break for lunch, I want to thank everyone for contributing to the cups of appreciation. Please remember to give good wishes throughout the week.</i></p>
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HELPFUL COMMUNICATION TECHNIQUES

1. Using silence

2. Accepting

Yes.
Um Humm.
I follow what you said.



3. Giving recognition

It is difficult to talk with someone you don't know.
Hello Jane, we've talked before.

4. Offering self

I'll be here till 3:00.
I'm interested in what you have to say.

5. Giving broad openings

Is there something you'd like to talk about?
Where would you like to begin?

6. Offering general leads

Go on.
And then?
Tell me about it.

**7. Placing the event in time
or in sequence**

What seemed to lead up to.....?
Was this before or after.....?
When did this happen?

8. Making observations

Your voice sounds shaky when you talk about....
It makes me feel uncomfortable when you

**9. Encouraging descriptions
of perceptions**

Tell me when you feel anxious.
What is happening?
What does he do when he "gets ugly"?

10. Encouraging comparison

Was this something like.....?
Have you had similar experiences?

**11. Restating
(especially useful when you
can't identify the feeling)**

My lawyer doesn't believe me when I say he hit
me when I was pregnant.
Your lawyer doesn't believe your story.

12. Focusing

This point seems worth looking into.

13. Exploring

Tell me more about
Will you describe that more fully?

14. Giving information

This line is answered 24 hours a day.
My purpose in being here is

15. Seeking clarification

I'm not sure I follow.
What would you say is the main point of what you've
said?



ROADBLOCKS TO COMMUNICATION

COMMUNICATION STOPPERS

1. **Directing, ordering:** To tell someone to do something in a manner that gives the other person little or no choice.
2. **Warning, threatening:** To tell the other person that if the behavior continues, then certain consequences will happen.
3. **Moralizing, preaching:** To tell someone things they ought to do.
4. **Persuading, arguing:** To try to influence another person with facts, information, and logic.
5. **Advising, recommending:** To provide answers to a problem.
6. **Evaluating, criticizing:** To make a negative interpretation of someone's behavior.
7. **Praising:** To make a positive evaluation of someone's behavior.
8. **Supporting, sympathizing:** To try to talk the other person out of his or her feelings, or to deny someone's feelings.
9. **Diagnosing:** To analyze the other person's behavior and communicate that you have their behavior figured out.
10. **Diverting, bypassing:** To change the subject or not talk about the problem presented by the other person.
11. **Kidding, teasing:** To try to avoid talking about the problem by laughing or by distracting the other person.
12. **One Upmanship:** To try to "top" the persons problems by telling a worse one
13. **Killer Phrases;** For example, "Don't worry, things could be worse." "Cheer up." "What do you have to feel sorry about?"

Word and Deed Energizer

Time: 10 minutes

Purpose:

To get people up and moving, while providing them the challenge of doing two things at once.

Materials:

- None

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Introduce activity. <ul style="list-style-type: none"> ❖ <i>I hope everyone enjoyed lunch. Before we get back to covering our training material, let's do a fun activity to test how well you can do two things at once.</i> 2. Ask participants to stand (preferably) or sit (if these are people with physical limitations) in a circle. 3. The trainer begins by doing one action while describing another. For example, the trainer would say, "I'm cooking" while pretending to type. 4. The person to the trainer's right then acts out the action the person says s/he was doing (in this case "cooking") while saying s/he is doing something else like "I'm scratching my nose." 5. This pattern continues around the circle until everyone has had an opportunity to try his or her skill at multi-tasking. 6. Process the activity with the following questions: <ul style="list-style-type: none"> ❖ <i>What happens when people say one thing but do something different in real life?</i> ❖ <i>What message can we take from this as peer educators? [It's important to do what we say we'll do.]</i>

Communication About Risk and Safer SexRole Plays

Time: 60 minutes

Materials:

- Method for breaking people into small groups (different denominations of play money)
- Strips of paper with role play scenarios, “Safer Sex Characters” printed out, one per scenario
- Flipchart
- Markers
- Masks (optional)—one for each character. These should be cut out and laminated before training

Objectives:

By the end of this session, participants will be able to:

- ✓ Demonstrate the importance of communicating clearly with others;
- ✓ Enhance participants' ability to discuss safer sex with their clients and assist them in making and following through with their safer sex decisions;
- ✓ Establish a link between effective communication and successful peer support for prevention.

Take Home Messages:

- ⇒ It is important that peer educators demonstrate non-judgmental communication;
- ⇒ It is important that peers help clients identify their prevention support needs;
- ⇒ Communicating effectively is hard work and takes practice.

Trainer's notes	STEPS
10 minutes Play money	<ol style="list-style-type: none"> 1. Explain that this is an exercise to practice discussing safer sex with clients while maintaining a supportive and nonjudgmental attitude. For groups larger than 10, break participants into triads using three different denominations of play money (e.g., \$1; \$5; and &10). For groups of 10 or fewer, break into pairs. <ul style="list-style-type: none"> ❖ <i>We're going to do an activity now to practice ways to talk about issues with your peers. What are some topics that could be difficult to talk about with someone?</i> [Some possible answers include: sexual orientation, marital status, relationships, drugs, etc.] 2. Explain that because they will be doing only two role plays, not everyone will have a chance to be in each role. Have the person with the brightest-colored shirt be the counselor; the person with the birthday closest to today's date be the client; and the other person will be the observer. For the second role-

<p>Role play strips</p> <p>30 minutes</p> <p>20 minutes</p>	<p>play, the observer becomes the counselor; the counselor from the first role play becomes the client and the client becomes the observer.</p> <p>3. Pass out role-play index cards to the "clients" in each triad, and ask them not to share. Give them five minutes to prepare their roles; then, they can act out the discussion for the group.</p> <p>❖ <i>The client's job is to play the character on their index card. The counselor's job is to use what s/he has learned in the workshop while counseling the client. The observer's job is to give the counselor honest feedback about strengths and areas for growth. Counselors should take in the feedback without dismissing compliments or making excuses.</i></p> <p>4. Allow 10 minutes for each role-play—six minutes to role-play and four minutes for feedback. Cue participants to switch. Trainers should check in with all groups. Also, some groups might need help reading cards, so trainers should be available to assist.</p> <p>5. After 30 minutes, call group back together and process with the following questions:</p> <p>❖ <i>What did you learn about listening?</i></p> <p>❖ <i>What was successful?</i></p> <p>❖ <i>What was difficult?</i></p> <p>❖ <i>What will you do the same way or differently when talking to peers in the future?</i></p> <p>6. Announce today's self-care exercise.</p> <p>❖ <i>Thanks for your work. Let's get ready to practice some relaxation techniques.</i></p>
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Safer Sex Role Play Client Characters

Frita/Freddie Frightened

You are in an abusive relationship.

You have been having unprotected sex, and know your partner is cheating on you. Tell your counselor: "I'm afraid I'll get hit if I ask my partner to use a condom."

Teresa/Thomas Too-late-Now

You've had unsafe sex a couple of times with your new partner. Tell your counselor that you don't see why you should have safe sex now—if you are going to catch something you would have already and it's too late to do anything about it.

Sally/Sammy Sex-Worker

You are a prostitute and sometimes your Johns don't want to use condoms, or they offer to pay you a lot more to go without. Tell your counselor that you really need the money.

Geraldine/George Go-Down

You are HIV+, heterosexual or bisexual and date a lot.

You've had several sexual partners in the last year.

You use condoms for vaginal/anal sex, but not for oral sex. Ask your counselor if s/he thinks that's okay.

Carlotta/Charles Caught-in-the-Moment

You are currently in non-monogamous relationships with two men. You always have the intention of having safer sex, but you hate the way latex feels.

Sometimes intercourse even hurts with latex whereas it feels fantastic without. Frequently you get caught up in the passion and don't use a condom for several minutes, or sometimes the whole time. This happens with both partners. Tell your counselor that you're worried about your risk.

Maria/Martin Mood-Saver

You are a single person who has dated several people in the last year. Sometimes you have unsafe sex because it feels like dragging out the latex will ruin the mood. Tell your counselor that you just don't like condoms. (Make your counselor ask why.)

Communication: Pushing all the ButtonsSmall Group Work

Time: 60 minutes

Materials:

- Flip chart
- Markers
- Deck of playing cards
- Prepared flipcharts with six questions
- *Pushing all the Buttons* handouts
- Scenario handouts

Objectives:

By the end of this session, participants will be able to:

- ✓ Demonstrated the importance of communicating clearly with others;
- ✓ Established a link between effective communication and a successful peer relationship.

Take Home Messages:

- ⇒ It is important that peer educators demonstrate non-judgmental communication;
- ⇒ It is important that peer educators have a sense of self-awareness and empathy;
- ⇒ Good peer communication takes practice.

Trainer's notes	STEPS
<p>10 minutes</p> <p>Deck of cards (use three suits); prepared flipchart with questions; handouts with questions; handouts with scenarios; blank flipchart paper; markers</p>	<p>1. This activity will be done in three small groups of five participants. Participants will need an area to write such as a table. The success of this activity depends on an established level of trust and rapport with participants and trainers.</p> <ul style="list-style-type: none"> ❖ <i>We are going to start the afternoon with an activity that will help us communicate better with our peers and become more aware of issues that may cause us discomfort. These scenarios might raise some difficult or sensitive issues. Once we identify the issues, we want to provide options that are available to you as a peer to address the issue.</i> ❖ <i>Please take a card; you will get either a diamond, club or a heart. Those with diamonds will form one group, clubs a second group and hearts a third group.</i> ❖ <i>The first thing you will need to do in your group is to assign a facilitator. This will be the person who makes sure the group stays on time and asks questions related to the scenario.</i>

25 minutes	<ul style="list-style-type: none"> ❖ <i>The group facilitator will note and share what was discussed in the group. Facilitators should be sure not to make any judgment or try to counsel anyone.</i> <p>2. Allow groups to begin and give scenarios and instructions to identified facilitators.</p> <ul style="list-style-type: none"> ❖ <i>We will give your facilitator the copies of the scenarios and they will take five minutes to read it to you.</i> <p>3. Inform facilitators that they will ask for reactions to the scenarios and hand them the questions to ask their groups. Facilitators will ask the groups to share and discuss the following:</p> <ul style="list-style-type: none"> • What or who in the scenario would “push your buttons?” • What feelings do these situations bring up in you? • How can you manage your feelings so you can be an effective peer educator if or when these situations arise? • What support and/or resources can you draw on for handling your feelings? • What might be some possible approaches to deal with this peer effectively? • What referral resources are available in the community to help the peer educator or peer? <p>4. At least one trainer should be in each group to assist during this process. Be sure to respect participants’ boundaries, and allow them to disengage from this activity.</p>
25 minutes	<p>5. Groups should record their ideas on flipchart paper. After each group has discussed the assigned scenario have the large group return and allow for each group to share what they learned in this session.</p> <p>6. Process small group exercise with the following questions:</p> <ul style="list-style-type: none"> ❖ <i>Okay, we will need to come back together and discuss what we learned during this group activity.</i> ❖ <i>What other situations do you think will push your buttons or make it difficult for you to remain objective?</i> ❖ <i>Think about the small group work we just completed. What key points do you think that a good peer educator should follow when his/her buttons are pushed?</i>

	<p>❖ <i>Remind the group that as human beings we were brought up differently, therefore we have different experiences, expectations, values, and opinions. With that said, what we feel a peer should follow may not be a priority for them or be the best for their current situation. It's important that we remain objective and practice how to effectively control our discomfort when our values or expectations are opposed.</i></p> <p>7. After participants share, give participants a 15-minute break.</p>
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Scenario 1

A married HIV (+) female peer has come to you for assistance because she knows that her husband, who is HIV (-) is sleeping around. He has a woman he keeps in an apartment, and his other girlfriends come by and call their home. She is afraid to ask him to use a condom. When asked why she is afraid, she admits that he beats her, and then wants to have sex with her. She feels he doesn't love her because he is having affairs with other women and is beating her. She doesn't know why he wants to continue to have sex with her. When he wants to have sex, she agrees because she is afraid of him.

They have two small children and her husband controls the car and the family's money.

Scenario 2

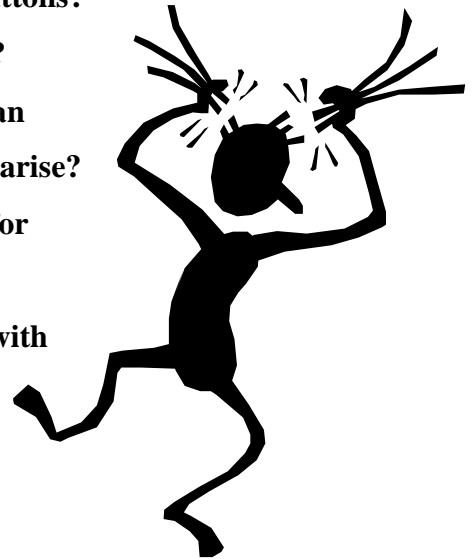
Your peer has been referred to you after being discharged from the hospital. She is a single parent of two children ages two and six. Her cocaine and heroin addictions have resulted in the loss of both her job and her house. She has begun turning tricks on the street in order to get money to support her children and her addictions. She was diagnosed with HIV three years ago, prior to the birth of her second child, and was recently discharge from the hospital after having bacterial pneumonia. In the hospital she became depressed and thought about suicide. It has been 36 hours since she has had some drugs. She complains of having severe pain and anxiety and wants you to help her do something to ease the pain. She's begging you to help her.

Scenario 3

An HIV+ woman has an HIV- partner. He, the partner, is aware of her HIV infection but wants to be with her. However, he sometimes refuses to use a condom when they have sex. She doesn't want to infect him and he isn't trying to catch the virus, but he says that sometimes he just wants to be close to her in that way. When talking with them, you find that they are both aware of the implications and risks. However, this is a choice they have made.

Pushing all the Buttons

- What or who in the scenario would “push your buttons?”
- What feelings do these situations bring up in you?
- How can you manage your feelings so you can be an effective peer educator if or when these situations arise?
- What support and/or resources can you draw on for handling your feelings?
- What might be some possible approaches to deal with this peer effectively?
- What referral resources are available in the community to help the peer educator or peer?



Self Care.....Focused Meditation

Time: 30 minutes

Materials:

- None needed (if pleasant weather)
- Comfortable and quiet space
- A blanket and pillow

Objectives: By the end of this session, participants will:

- ✓ Explore

Take Home Messages:

- ⇒ We all have made decisions or acted in a manner that pushed the buttons of someone that is concerned about our well-being.
- ⇒ Remember how others responded when you “pushed their buttons” and use that experience to assist in remaining objective with peers.

Trainer's Notes	STEPS
	<ol style="list-style-type: none"> 1. Inform the group that during this meditation exercise they may quietly walk around the campus or sit in the room. 2. Introduce the labyrinth and other trails around Avila. <ul style="list-style-type: none"> ❖ <i>In the last activity we talked about different situations that you may face as a peer that could “push your buttons” or cause you to lose objectivity.</i> ❖ <i>For this self-care exercise, we want you to focus on a specific question and your thoughts and feelings around it.</i> ❖ <i>As you walk around the campus or sit in this room, we want you to find a quiet space away from others. It is very important that you do not talk to anyone but ponder the following question.</i> ❖ <i>Think about a time when you have pushed someone else's buttons by making a decision or acting in away that may have been against your best interest.</i> ❖ <i>Think about how they reacted. Were they angry? Did they “give up” on you? Were they accepting of your decision or action?</i> ❖ <i>How did their response make you feel? Did you do</i>

	<p><i>anything differently because of their reaction?</i></p> <p>3. After participants return, process their quiet time.</p> <ul style="list-style-type: none"> ❖ <i>What was that time like for you?</i> ❖ <i>What were your overall thoughts?</i> ❖ <i>What did you take away from your focused meditation?</i> ❖ <i>How do you think that this time allows you to take care of yourself?</i> <p>4. Read the “Serenity Prayer” and connect to pushing the bottoms.</p>
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GOD,
grant me the
Serenity
to accept the things
I cannot change,
Courage
to change the
things I can,
and the
Wisdom
to know the difference.



Life Lines.....Continued

Time: 15 minutes

Materials:

- Prepared lifelines
- Rope and clothespins to hang *lifelines*, or tape to tape them to the wall after they've been shared

Objectives:

By the end of this session, participants will be able to:

- ✓ Establish a safe and comfortable learning environment by valuing the experiences and voices of everyone in the room;
- ✓ Learn more about each other and about the training team.

Take Home Messages:

- ⇒ People learn better when they feel safe around other learners.
- ⇒ Peer educators have the opportunity to have their voices heard in the room.
- ⇒ Participating in this way helps create an atmosphere in which contributions are valued and participation is encouraged.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Remind the group that they'll be sharing <i>lifelines</i> each morning and evening through Day 4. ❖ <i>It's time to share a few more lifelines. Who is ready?</i> 2. Give at least three participants five minutes each to describe their <i>lifeline</i> flags. Ask each person to tell the group about the symbols on his or her <i>lifeline</i>, then hang it up for display. 3. Link to next activity. ❖ <i>Thanks for sharing your lifelines. Let's wrap up now.</i>

Feedback Cards.....Day 2 Closing and Evaluation

Time: 15 minutes

Materials:

- 3x5 index cards 2 different colors per participant
- Pens, markers

Objectives:

By the end of this session, participants will be able to:

- ✓ Verbalize objectives and take home messages from the day's sessions.

Take Home Messages:

- ⇒ For adult learning, it is important to process and share-learning experiences in order to review what has been learned and identify unresolved issues or questions.

Trainer's notes	STEPS
5 minutes	<ol style="list-style-type: none"> 1. Introduce evaluation. Summarize objectives. Ask participants to review the session's activities and note 2 or 3 important take home messages. <ul style="list-style-type: none"> ❖ <i>We did a lot today. What were key things you took from today's session?</i> 2. Let participants know that we'll be conducting different closing and evaluation exercises throughout the week. <ul style="list-style-type: none"> ❖ <i>As always we are interested in what you think about the trainings. The closing is an opportunity to reflect on what was covered in the session, gather feedback from the group about the session, and prepare for the next session.</i> ❖ <i>These daily check-ins help the trainers know whether participants' needs are being met and whether accommodations to the curriculum should be made. Yesterday we did "Pluses and Wishes," and we'll be conducting different closing and evaluation exercises throughout the week.</i> 3. Pass around two stacks of 3 x 5 index cards. Each stack should be a different color (best to use colors that are easily distinguishable from each other, e.g., blue and yellow rather than pink and orange). Ask each participant to take one card of each color.

	<p>❖ <i>Please take one card of each color.</i></p> <p>4. Ask participants to write, “One thing you really liked or appreciated about this day of training” on the ____ color card.”</p> <p>❖ <i>Please write one thing you really liked or appreciated about this day of training on the ____ color card.</i></p> <p>5. Ask participants to write, “One thing you wished had been different about this day of training or 1 suggestion for an improvement” on the ____ color card.</p> <p>❖ <i>Please write one thing you wished had been different about this day of training on the ____ color card.</i></p> <p>6. When participants have completed the cards, ask that they pass both cards to the front.</p> <p>7. Thank participants for their input and assure participants that the trainers will carefully consider their feedback.</p> <p>❖ <i>Thank your feedback. It will make us aware of which activities worked well and which didn't.</i></p> <p>8. Review parking lot. Cross off items that were addressed. Close the session and remind participants about the evening activity and times for tomorrow's session.</p> <p>❖ <i>I am glad that all of you are here today to learn more about PETS and interested in becoming a peer educator.</i></p> <p>❖ <i>Tonight's evening activity will begin at 6:30. The African-American Dance Company will be performing, then giving instruction. Everyone is welcome and encouraged to participate.</i></p> <p>❖ <i>Breakfast will be served at 8:00 in the morning and we will begin the training at 9: 00 am. Have a great evening!</i></p>
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PETS Level II Training.Day Three Agenda

Time	Activity
8:00 a.m.	Breakfast
8:45 a.m. 10 minutes	Review/Preview
5 minutes	Reflection
15 minutes	Life Line Sharing
30 minutes	Human Tic-Tac-Toe
45 minutes	Boundaries
15 minutes	Break with snacks
40 minutes	Sexual Life after HIV Diagnosis
35 minutes	Mental Health and HIV
12:00 noon 1 hour	Lunch
15 minutes	Energizer: Alphabet Search
35 minutes	Bingo – Hepatitis ABC
45 minutes	Substance Abuse
45 minutes	Behavior Change
35 minutes	Self-Care
5 minutes	Closing: Take Home Messages and “Today’s Session Made Me Feel”
5:00 p.m.	Dinner
6:30 p.m.	Evening Activity

Day Three.....Setting the Stage

Time: 10-20 minutes

Before session begins

Materials:

Nametags, Pens

Training Objectives:

At the end of this activity trainers will have:

Completed the logistical aspects of the workshop.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 4. Make sure the room is set up by start time. See "Room Set Up" section in session overview for specifics. The training room/s should be set up while participants are at breakfast. Inform participants to prepare to move into the training room 10 minutes before the session activities begin. ❖ <i>In 10 minutes we will be moving into the training room to begin today's session. Let us remember our ground rule to start on time, and please move into the training room at 9:00.</i> 5. Have trainers greet participants as they enter. Address any needs such as providing pens, paper, etc. Remind participants that emergency supplies are needed if necessary. 6. Have someone near the door to assist people as they arrive. Allow participants to get settled. Move into training session.

Day Three Opening.....Review/Preview**Time:** 10 minutes**Materials:**

- Ground rules posted around the room
- Parking lot
- Prepared flipchart with agenda
- Key messages from day two
- Feedback cards from day two
- Flipchart, markers and tape

Objectives:

By the end of this session, participants will be able to:

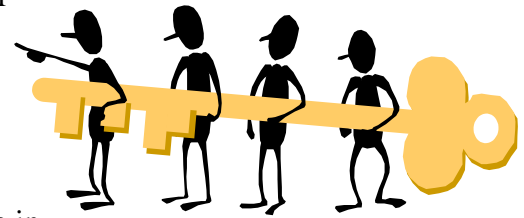
- ✓ Resolve any issues from the previous day;
- ✓ Focus on today's activities.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. After everyone is seated, welcome everyone. <ul style="list-style-type: none"> ❖ <i>Good morning everyone, I hope you all had a wonderful night.</i> 2. Review evaluation from previous day. <ul style="list-style-type: none"> ❖ <i>Thank you for your comments on the feedback cards yesterday. We need feedback from you so we can know if we are doing a good job providing you with information that you need to be the best peer educator you can be.</i> 3. Summarize some of the feedback from day 2—both positive and negative. Ask if anyone has any questions or concerns from the previous session. <ul style="list-style-type: none"> ❖ <i>Does anyone have any questions about information or activities from yesterday? Please locate the handout "Key Messages from Day Two" in your notebooks. Who would like to volunteer to read these key messages from yesterday?</i> 4. Remind participants to contribute to the cups of appreciation.

	<p>❖ <i>I hope you're all remembering to contribute to the cups of appreciation. Thanks for your wishes so far.</i></p> <p>5. Review Day 3 agenda.</p> <p>❖ <i>Now let us look at what we are going to do today. As promised, the parking lot is posted to keep track of concerns that come up which we cannot address immediately. We will mark off items as they are discussed.</i></p> <p>6. Move to today's reflection.</p>
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Key messages From Day Two:

- People learn better when they feel safe around other learners;
- Peer educators have the opportunity to have their voices heard in the room;
- Participating in this way helps create an atmosphere in which contributions are valued and participation is encouraged;
- Peer educators need to have a basic understanding of clinical lab tests;
- Peer educators need to know how to properly use prescribed medications;
- Taking medications regularly and as prescribed by your doctor will keep viral load down and prevent drug resistance;
- Adherence is important for your health and the health of others;
- Adherence is a challenging process and it is important to understand these challenges;
- It is important for peer educators to develop good listening skills;
- Mistakes in communicating clearly are easy to make;
- It is important that peer educators demonstrate non-judgmental communication;
- It is important that peers help clients identify their prevention support needs;
- Communicating effectively is hard work and takes practice;
- It is important that peer educators demonstrate non-judgmental communication;
- It is important that peer educators have a sense of self-awareness and empathy;
- Good peer communication takes practice.



Opening Reflections

Time: 5 minutes

Materials:

- Handouts with typed blessings

Purpose:

Starting the day with a few moments of reflection is a way to honor various spiritual beliefs and values.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided participants with an opportunity to reflect and meditate.

Trainer's notes	STEPS
	1. Allow a few minutes of silence for people to say their own blessings or to meditate.

Life Lines.....Continued from Days 1 and 2

Time: 15 minutes

Materials:

- Rope and clothespins with hanging *lifelines*, or *lifeline* taped to wall

Objectives:

By the end of this session, participants will be able to:

- ✓ Establish a safe and comfortable learning environment by valuing the experiences and voices of everyone in the room;
- ✓ Learn more about each other and the training team.

Take Home Messages:

- ⇒ People learn better when they feel safe around other learners.
- ⇒ Peer educators need the opportunity to have their voices heard in the room
- ⇒ Sharing in this way helps create an atmosphere in which contributions are valued and participation is encouraged.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Remind participants of the purpose of this exercise. <ul style="list-style-type: none"> ❖ <i>Who would like to share their lifelines today?</i> 2. Give at least 4 participants 3 minutes each to illustrate their flags. Ask each person to tell the group about the symbols on his or her <i>lifeline</i>, then hang it up for display. 3. Link to next activity. <ul style="list-style-type: none"> ❖ <i>Now, we will move into our training activities.</i>

Human Tic-Tac-ToeGroup Review

Time: 30 minutes

Materials:

- Masking tape
- Review questions from sessions 1, 2 and first half of day 3
- Red and black checker pieces, one for each participant (half red, half black)
- Prizes

Objectives:

By the end of this session, participants will be able to:

- ✓ Revisit material from earlier sessions.

Trainer's notes	STEPS
Masking tape, red and black checker pieces to organize people in teams, review questions, prizes	<ol style="list-style-type: none"> 1. Make a large tic-tac-toe board with masking tape on the floor. Split group up into two teams—using black and red checker pieces. Have two teams on either side of the game board. 2. Explain to group that we're going to play a version of tic-tac-toe, only in order to get an "X" or "O" on the board, teams will need to correctly answer review questions. <ul style="list-style-type: none"> ❖ <i>Since we all might be ready for a nap after lunch, let's play a game before we cover new material. We're going to review the information we've discussed so far this week in a tic-tac-toe game. How many people know how to play tic-tac-toe? [Wait for a show of hands, then allow a participant to explain it to the group to make sure everyone is clear on how to play. Concept of x's/o's, three in a row wins, etc. should be mentioned.]</i> ❖ <i>Please take a game piece out of the bag, all those who have a red checker are on the same team, and those with a black checker are on the other team.</i> ❖ <i>Now split up into two teams, and I need those with red checkers to sit _____, and those with black sit_____.</i> ❖ <i>I'll read questions that relate to the information we've been talking about these past few sessions. If you know the answer, raise your hand. If you have the right answer, you can take a square on the tic-tac-toe board for your team. The team who correctly answers questions to get three</i>

	<p><i>members in a row, wins.</i></p> <ol style="list-style-type: none"> 3. The first team to get three in a row wins. Repeat until review is complete (usually best out of three games will be sufficient, but check in with participants to see if they'd like to continue review). 4. Distribute prizes to winning team. Link to disclosure segment. <p>❖ <i>Now that we've moved around a little bit, let's share some more life lines.</i></p>
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Human Tic Tac Toe Questions & Answers

*****Unlike Monday, if someone misses, the other team DOES get the chance to answer unless it is a TRUE/FALSE question.***

1. What is the difference between HIV and AIDS? *HIV is the virus that causes AIDS. AIDS is the diagnosis that is received by a physician.*
2. What does AIDS stand for? *Acquired Immune Deficiency Syndrome.*
3. What does HIV stand for? *Human Immunodeficiency Virus*
4. Name 1 of 2 ways a doctor diagnoses AIDS? *If the person has 1 or more opportunistic infections or if the T-cell count falls below 200.*
5. What is the difference between HIV 1 and HIV 2? *HIV-1 is most commonly found in the United States. HIV-2 is most commonly found in Africa and is transmitted by heterosexual sex.*
6. What are Universal Precautions? *Wearing gloves, masks, or using a resuscitation device when handling blood or cleaning a spill by treating all body fluids as infected with HIV or any blood-borne disease.*
7. What is the NORMAL range of CD4 cells? *800 – 1200*
8. List two options a person who is allergic to latex can do in order to have sex and not have an allergic reaction to the latex? *The person who is allergic could use the animal/lamb skin condom placed next to their skin or the person could use a polyurethane female/male condom.*
9. What lab test tells you how fast HIV is reproducing in the blood? *Viral load*
10. TRUE or FALSE. If you must share needles, you should use bleach and water twice each to clean the needles and use alcohol if you do not have bleach? *False. You should remember 3x3x3, three times cleaned with water, 3 with bleach and then a final 3 times with water will ensure proper cleansing of used needles.*
11. What test measures the effect HIV has had on the immune system or how strong your immune system is? *CD4 cell count*
12. List 3 Do's of a Peer Educator. *Do be supportive, a good listener, supportive, honest, available, dependable, (any correct answer)*

13. List the 4 body fluids that HIV can be transmitted? *Blood, breast milk, semen and vaginal fluids contain high amounts of HIV that can infect a person if they are exposed. Remember HIV is in all your body fluids but only these have the highest and most infectious amounts.*
14. List 3 skills of a good communicator. *Listens, uses appropriate language, nods, has good open body language, focuses on the conversation, gives attention and shows respect.*
15. List 3 communication stoppers. *No eye contact, does other things while someone else is talking, speaks fast, does not repeat or check in for understanding, has a bad attitude and appears judgmental.*
16. How does stress physically affect a person living with HIV? *People with HIV who suffer high levels of stress tend to have a poorer response to antiretroviral therapy, with lower T-cell counts and higher viral loads.*
17. TRUE or FALSE? A person taking HIV medications should stop when their side effects are too much for them to handle. *False. Make sure to talk with their doctor about the side effects. Continue to take the medication because stopping could result in resistance.*
18. What does adherence mean? *Doing your best to stick to the plan made with you and your doctor to take your medications, keep and make appointments, exercise and anything else you need to do to be healthy.*
19. TRUE or FALSE? If a person becomes resistant to a drug, they may become resistant to all the drugs within that class. *True.*
20. How do would you respond to your peer if they tell you they think it is ok for them to have unprotected sex with their partner because they are both HIV infected. *Explain that there are other serious diseases that can be spread through blood and body fluids. Also, HIV positive persons can spread resistant strains of the virus by sharing blood or body fluids*
21. TRUE or FALSE? *Peer Educators should have ALL of the answers? False. Peer Educators should only suggest options and be knowledgeable on various topics, but they are not experts. Peer Educators should have a wealth of referral to respond to varying needs of the client.*
22. List 3 DON'Ts of a Peer Educator. *Give medical advice, serve as a counselor, judge or look down on peers, act aggressively, break confidentiality, talk too much (Any correct answer)..*

Setting Boundaries: Friend vs. Friendly..... Role Play

Time: 45 minutes

Materials:

- Boundaries Skit

Objectives:

By the end of this session, participants will be able to:

- ✓ Outline the role of the peer educator and limitations;
- ✓ Understand why professional boundaries are needed and useful;
- ✓ Understand when and how to use professional boundaries with colleagues and clients.

Take Home Messages:

- ⇒ It is important for peer educators to know the difference between being “friendly” and being a “friend;”
- ⇒ It is important to know when, where and how to get support and assistance as a peer educator.

Trainer's notes	STEPS
10 minutes	<ol style="list-style-type: none"> 1. Tell participants that being able to manage their lives is an important skill to have. <ul style="list-style-type: none"> ❖ <i>It is important to take care of ourselves while we are helping others. Also, as peers it's important we understand that we don't have all the answers.</i> ❖ <i>In this session we're going to discuss professional boundaries. What are “boundaries”? [Note: possible answers include rules, limits, outline of expectations, etc.]</i> 2. Demonstrate personal boundaries with a “sharing weight demonstration.” <ul style="list-style-type: none"> • Pre-select partner from the group and discuss/practice exercise in advance. • Designate a partner A & B for participant pairings. <p>[Note: The following are instructions on sharing weight to demonstrate where personal boundaries begin and end:]</p> <ul style="list-style-type: none"> • Designate which partner (A/B) will give/share weight.

<p>10 minutes</p>	<p>Demonstrate while giving instructions.</p> <ul style="list-style-type: none"> • Adjust so that partners are comfortably aligned and sharing weight equally to start. • Face your partner and place the palms of your hands together. • Have partners mirror what you demonstrate: <ul style="list-style-type: none"> • A gives weight; B takes weight; • A gives weight gently in increments; B takes weight and holds firmly; • B pulls back when physical boundaries are violated (too close); • Switch partners; B gives weight; A takes weight... • Repeat instructions for sharing weight. <p>3. Process with the following questions:</p> <ul style="list-style-type: none"> • What happened when too much weight was put on a person? • When have you ever experienced a time when your physical boundaries were violated? • How did it feel? • Where do you feel boundary violation in your body? <p>4. Pair participants and have them do the exercise.</p> <ul style="list-style-type: none"> • Invite participants to get a partner and follow along with exercise (optional). • Caution peer/participants that these exercises involve shifting weight back and forth, bending and stretching. They should not be undertaken if someone has a physical limitation that might be aggravated by this kind of activity. Watching is a useful way to benefit from this exercise. <p>5. Process with the following questions:</p> <ul style="list-style-type: none"> • How did it feel to take all the weight? • What did the person taking the weight notice about his/her ability to stand up? • How does this exercise related to the kind of relationships we want to create with our peers? <p>6. Allow the volunteers to read over the skits and then act them out.</p> <p>❖ <i>We will now see two role-plays. I need four volunteers for the skits.</i></p>
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<p>15 minutes Skit scenarios</p>	<p style="text-align: center;"><i>Skit # 1</i></p> <p>Keith is a peer educator sitting with his family to celebrate his son's birthday. Enters Chris, an HIV-infected peer.</p> <p>Chris: What's up? Looks like you're having a party Keith: We are; pull up a seat and join us. Chris: Oh I just wanted to come and drop off my phone bill, but I would love to join you. Keith: Let me introduce you to my family. Bob, Billy this is Chris. He is one of the people Daddy works with. Chris: Nice to meet you. Hey, do you want to go get some ice cream after this, my treat? If I do not have to pay the phone bill I'll have enough money to splurge a little. Keith: That is nice but we are going skating after we eat. That is what Billy wanted for his birthday. Chris: Skating, I would love to go. I am a GREAT skater! Keith: Ummm. Okay, I guess that will be okay.</p> <p>That Friday, Keith and Chris set a meeting to discuss his budget. Chris gets to the clinic site late.</p> <p>Chris: Sorry I am late I overslept. Keith: I understand, let's get started on this budget. I'll finish what I was working on later. Chris: I don't know how I can work on a budget. I never know what my expenses are going to be. For example, my car broke down on the way from skating with you the other night; I had to walk two miles. Can I borrow your extra car until I get mine fixed? Keith: My car? How will I get around? Chris: Can't your wife bring you to work? What about your co-worker? Keith: I guess you're right. How thoughtless of me; here are the keys.</p> <p>7. At the conclusion of the first skit, ask participants the following questions:</p> <ul style="list-style-type: none"> ❖ <i>What did Keith do well in this situation?? (Note to trainer: follow the "11 second rule." Allow 11 seconds of silence for participants to respond.)</i> ❖ <i>When did Chris overstep Keith's boundaries? Did Keith respond appropriately? (11 second rule)</i>
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- ❖ *What other ways can boundaries get set? (11 second rule)*
- ❖ *How would you feel as Keith the next time you saw Chris?*
- ❖ *How you Chris feel the next time he saw Keith*
- ❖ *What do you think negative reactions, like not wanting to see or deal with someone like Chris, are telling us?*
[Possible answers: comfort zone has been crossed; he's trouble—keep away; fear of legal ramifications or job security, etc.] *Strong feelings like this are usually a sign that our boundaries have been crossed or our comfort zone has been invaded?*

Skit #2

Keith is a peer educator meeting Alyssa, a new peer for the first time. The case manager has arranged the meeting.

Keith: Hi, I'm Keith the peer educator. We're here today to start the process of working with you as a peer.

Alyssa: Nice to meet you, but I'm about to leave this office.

Keith: We should plan to meet on Friday, because I know you have been a little overwhelmed today.

Alyssa: I do not have a car and it is hard for me to pay for gas for someone else to bring me here. Can you come to my house instead?

Keith: Of course. Many clients prefer that, I work from 8 am until 12 o'clock noon on Fridays. What time do you want me to come?

Alyssa: How long will it take?

Keith: Usually an hour.

Alyssa: Can you come at night?

Keith: No, all of my work is done from 8-5, unless it is an emergency or something I can do on the phone.

Alyssa: Okay, what about 10:00 am?

Keith: That will work for me.

Alyssa: By the way, can you help with my utility payments?

Keith: I can't personally, but I can give you names of many agencies that help with utilities.

Alyssa: What about getting my phone back on? I missed a few payments after I got sick.

Keith: We should probably sit down and make a budget to see what you can do to get yourself back on track.

Alyssa: Thanks, I feel so relieved that I do not have to go

	<p>through this alone.</p> <p>Keith: You're not alone, I know that you are a strong person and want to do as much for yourself as possible. I'll be here to give you a little guidance and moral support.</p> <p>8. At the conclusion of the second skit, ask participants the following questions:</p> <ul style="list-style-type: none"> ❖ <i>What was different about Skit #2 as compared to Skit #1? (Note to trainer: follow the "11 second rule." Allow 11 seconds of silence for participants to respond.)</i> ❖ <i>What were some of the differences? (11 second rule)</i> ❖ <i>What did Keith do well in this scenario?</i> ❖ <i>Any suggestions for improvement for Keith?</i> ❖ <i>What other ways can boundaries get set? (11 second rule)</i> ❖ <i>How would you feel as Keith the next time you saw Alyssa?</i> ❖ <i>How you Chris feel the next time he saw Alyssa?</i> <p>9. Link to sharing weight demonstration.</p> <ul style="list-style-type: none"> ❖ So how do these skits link to the demonstration we saw earlier? <i>[Note: allow a few responses. Possible answers include the following:]</i> <ul style="list-style-type: none"> • Skit #1 where the peer educator's personal and professional boundaries are tested by the peer relates to weight sharing (palm-to-palm). • Skit #2 where the peer educator bends over to take the peer's weight relates to the concept of sharing weight to have a balanced, healthy peer-peer educator relationship <p>10. Discuss that boundaries are important for both the peer educator and the peer.</p> <ul style="list-style-type: none"> ❖ <i>Why do we need boundaries? [Potential answers include: personal comfort "we know better than we do" explain concept of aligning our actions with our best intentions, safety, legal issues, professional codes and ethics, so others will know what to expect from us, etc.]</i>
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10 minutes	<ul style="list-style-type: none"> ❖ <i>As a peer educator, both you and your patient will have boundaries. Some boundaries, like those that ensure safety, professionalism or legal issues, will be the same for every peer educator. Setting boundaries helps both people know what to expect. Clear boundaries keep our relationships healthy. Hurt, frustration and anger can actually harm or kill the relationship.</i> ❖ <i>Boundaries are important for both the peer educator and the client. These should be discussed early on with time allowed to identify boundaries and needs. Conflict in boundaries between a peer educator and client should be negotiated.</i> ❖ <i>As a peer educator, both you and your patient will have boundaries. Some boundaries will be the same for every peer educator. What do you think some of these are? [Possible answers include: maintain confidentiality; do not have sex with a client; do not buy, share, or use drugs or alcohol with a client; do not give, lend or borrow money from a client; do not live with a client.]</i> ❖ <i>Other boundaries are individual but it is important to know the policy of the Institution you are working for when figuring out your own boundaries. What examples can people come up with of personal boundaries? [Possible answers include: working after work hours; finding acceptable places to meet with a client; giving out the phone or pager number and being clear when calls are appropriate; giving people rides.]</i> ❖ <i>Sometimes as caregivers, we feel that it is not compassionate or nice to say “NO” to people or to set limits. Setting boundaries is an important way for peer educators and peers to be clear about what to expect.</i> ❖ <i>Knowing your boundaries also deals with knowing when to refer clients for things such as mental health, adherence counseling, case management or a provider’s care.</i> ❖ <i>Who do you think peer educators have professional boundaries with and where do we have them? [Answers include the following:]</i> <ul style="list-style-type: none"> • Clients – in their homes in public places like human service agencies or if we see them around town; • Peers – other human service providers – in professional
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	<p>setting – at non-professional settings – if you see a colleague in a restaurant;</p> <ul style="list-style-type: none"> • Doctors, human service administrators – professional settings & non-professional settings. <p>❖ <i>When do we use professional boundaries? [At a client's home or if you see them in public; at clinics and hospitals, etc.]</i></p> <p>❖ <i>You are a professional, not a friend on a social visit or a casual acquaintance Know the “protocol” or appropriate behavior when you see a colleague out in public. Discussions using people's names in front of non-professionals are disrespectful, inappropriate and illegal. Remember the confidentiality form you all signed. This is an example of both the professional code and legal statute.</i></p> <p>❖ <i>These are complicated issues that even seasoned professionals have a hard time with. You may want to talk later with your mentor. The take home message is to understand what some of these “rules” or boundaries as a peer educator are:</i></p> <ul style="list-style-type: none"> • <i>Empower don't enable</i> • <i>Be clear and honest - Don't let clients blur boundaries between providers</i> • <i>Use direct assertive communication</i> • <i>Know your limits – when to refer – where to refer</i> • <i>And remember, it's a job, not your life – don't take it personally, and remember to take care of yourself first.</i> <p>11. Link to break.</p> <p>❖ <i>We'll take a 15-minute break now and return to the training room at ____.</i></p>
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Skit # 1

Keith is a peer educator sitting with his family to celebrate his son's birthday. Enters Chris, an HIV-infected peer.

Chris: What's up? Looks like you're having a party

Keith: We are; pull up a seat and join us.

Chris: Oh I just wanted to come and drop off my phone bill, but I would love to join you.

Keith: Let me introduce you to my family. Bob, Billy this is Chris. He is one of the people Daddy works with.

Chris: Nice to meet you. Hey, do you want to go get some ice cream after this, my treat? If I do not have to pay the phone bill I'll have enough money to splurge a little.

Keith: That is nice but we are going skating after we eat. That is what Billy wanted for his birthday.

Chris: Skating, I would love to go. I am a GREAT skater!

Keith: Ummm. Okay, I guess that will be okay.

That Friday, Keith and Chris set a meeting to discuss his budget. Chris gets to the clinic site late.

Chris: Sorry I am late I overslept.

Keith: I understand, let's get started on this budget. I'll finish what I was working on later.

Chris: I don't know how I can work on a budget. I never know what my expenses are going to be. For example, my car broke down on the way from skating with you the other night; I had to walk two miles. Can I borrow your extra car until I get mine fixed?

Keith: My car? How will I get around?

Chris: Can't your wife bring you to work? What about your co-worker?

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Alyssa: Nice to meet you, but I about to leave this office.

Keith: We should plan to meet on Friday, because I know you have been a little overwhelmed today.

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Alyssa: Can you come at night?

Keith: No, all of my work is done from 9-5, unless it is an emergency or something I can do on the phone.

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Keith: We should probably sit down and make a budget to see what you can do to get yourself back on track.

Alyssa: Thanks, I feel so relieved that I do not have to go through this alone.

Keith: You're not alone; I know that you are a strong person and want to do as much for yourself as possible. I'll be here to give you a little guidance and moral support.

Sexual Life after HIV DiagnosisSmall Group Work

Time: 40 minutes

Materials:

- Flip chart
- Markers
- Method for breaking people into small groups (topic cards)
- Sexual life topic scenarios (should be printed and laminated before session)

Objectives:

By the end of this session, participants will be able to:

- ✓ Discuss the emotional impact of HIV and sexual life;
- ✓ Understand information and skills for assisting those who are HIV positive to regain the sex lives that they enjoyed prior to diagnosis;
- ✓ Assist peers and their partners in remaining safe sexually, while relieving some of the anxiety, fear, and negative feelings that often interfere during intimate sexual relations.

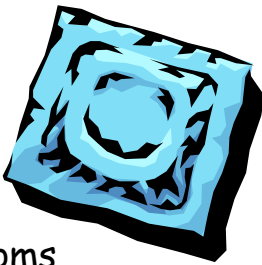
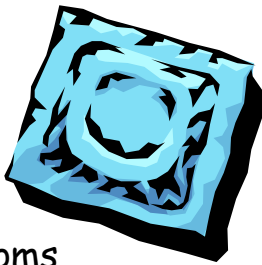
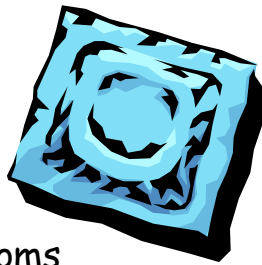
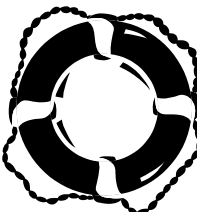
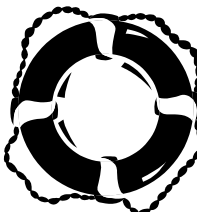
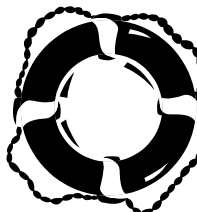
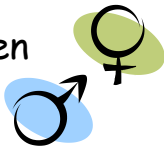
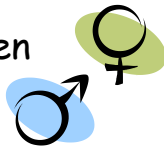
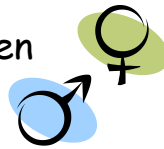
Take Home Messages:

- ⇒ It is important to understand the emotional factors associated with HIV and sexual life;
- ⇒ Peer educators are an excellent resource for helping newly diagnosed HIV positive peers process their concerns about regaining their sex lives.

Trainer's notes	STEPS
3 minutes	<p>1. Introduce the topic of sexual life after an HIV diagnosis.</p> <ul style="list-style-type: none"> ❖ <i>A person's sexual life may be halted or changed by a positive HIV antibody test, or by the diagnosis of AIDS. Plans to marry, find a life partner or have children may change. These losses can be painful and intense, and feelings about them can be hard to share and difficult for others to grasp.</i> ❖ <i>The stigma attached to HIV disease and AIDS, along with others' fears and misinformation about how a person can become infected or transmit HIV, only adds to the pain, isolation and worries of families. Some people choose secrecy with neighbors, friends, and even relatives, rather than risk rejection or discrimination. Other people choose to be open about their HIV status. Reactions can vary from understanding and overwhelming support to violent acts.</i>

<p>10 minutes</p>	<p><i>These are difficult decisions and people may be isolated from others when they need them most.</i></p> <p>2. Encourage the group to discuss some of their experiences and reactions about how HIV affects sexuality. [Note: trainer should encourage the group’s experiences but be prepared to redirect people if participants get off track or the conversation goes on too long.]</p> <p>❖ <i>What are some words you think of when you hear “sex after HIV”? [Note: allow a few responses and write on flipchart, then move to the next question.]</i></p> <p>❖ <i>Think back to when you first learned you were HIV positive. What are some of the thoughts or experiences you had regarding sex and intimacy? [Answers may include the following:</i></p> <ul style="list-style-type: none"> • Loss of libido • Fear of infecting a partner • Anxiety about disclosing status to a new potential sexual partner <p>❖ <i>Thank you for sharing such personal experiences. Now let’s talk about how we can assist peers who are struggling with sexuality concerns.</i></p>
<p>10 minutes</p> <p>Topic cards for breaking people into small groups; sexual life topic cards</p>	<p>3. Give instructions for the activity.</p> <p>❖ <i>In a moment, we’ll get into three groups of five. Each group will need to develop some responses for talking to peers about sexual life after HIV. We’ve prepared three areas to address, condom use and abstinence; unsafe sex; and talking about sex. In your small groups, discuss your scenario and develop some responses and questions for your peer. After 10 minutes, we’ll report back on our topics.</i></p> <p>4. Break large group into three smaller groups. Distribute topics.</p> <p>5. After 10 minutes, call groups back together and allow each group to share their issue and report on the responses they developed.</p> <p>6. After all groups are finished, acknowledge the difficult nature of discussing sexual life with peers and process with the following questions:</p>

	<ul style="list-style-type: none">❖ <i>Talking about sex is difficult. Especially when it's someone you don't know very well.</i><ul style="list-style-type: none">• <i>How comfortable are people with discussing these issues with peers?</i>• <i>What are some of your success stories regarding good communication with sexual partners?</i>• <i>What other questions do you have about sexual life after HIV?</i> <p>7. Link to the next topic.</p> <ul style="list-style-type: none">❖ <i>Thanks for your work. Now let's move on to a related topic, HIV and mental health.</i>
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 <p>Condoms and Abstinence</p>	 <p>Condoms and Abstinence</p>	 <p>Condoms and Abstinence</p>
<p>Unsafe Sex</p> 	<p>Unsafe Sex</p> 	<p>Unsafe Sex</p> 
<p>Sex Talk: How & When</p> 	<p>Sex Talk: How & When</p> 	<p>Sex Talk: How & When</p> 

Topics for groups**Condoms and Abstinence**

Your peer comes to you with questions about safer sex. As a group, come up with answers to the following questions posed by your peer.

- * Is sex without condoms always unsafe?
- * Does "unsafe" mean different things for HIV-negative and HIV-positive people?
- * Should I just stop having sex?

Unsafe Sex

Your peer tells you that s/he has not been using condoms when having sex. As a group, come up with questions to discuss the circumstances involving unsafe sex.

Sex Talk: How and When?

Your peer comes to you with questions about how to talk to a new potential sex partner. As a group, help your peer develop strategies for talking to a new partner.

Trainer notes**Condoms and Abstinence**

Your peer comes to you with questions about safer sex. As a group, come up with answers to the following questions posed by your peer.

- * Is sex without condoms always unsafe?
- * Does "unsafe" mean different things for HIV-negative and HIV-positive people?
- * Should I just stop having sex? (Possible answers: Why might you choose abstinence or not having sex? Emphasize that this is an individual choice but people who have been sexually active shouldn't feel that they must be abstinent just because they are infected with HIV. They should choose abstinence because that's what they want.)

Unsafe Sex

Your peer tells you that s/he has not been using condoms when having sex. As a group, come up with questions to discuss the circumstances involving unsafe sex.

(Possible answers:

What circumstances cause you to want unsafe sex?

When you have wanted to have unsafe sex and didn't, what stopped you?)

Sex Talk: How and When?

Your peer comes to you with questions talking to a new potential sex partner. As a group, help your peer develop strategies for talking to a new partner.

(Possible answers: What are some of your success stories regarding good communication with sexual partners?

What are your fears about discussing sex with your partner?

How can you practice talking about sex?)

Mental Health.....Group Discussion

Time: 35 minutes

Materials:

- Markers
- Flip chart
- Helpful / Unhelpful Response slips
- Green, yellow & red cards
- Green-Yellow-Red light situations
- Handout on tips for stress, anxiety and depression
- Handout on emergency referral

Objectives:

By the end of this session, participants will be able to:

- ✓ Recognize that stress, depression and anxiety may be common responses to dealing with HIV infection for many people;
- ✓ Recognize when a person needs more help than a peer educator can handle on their own.
- ✓ Recognize a mental health emergency and know how to get help in an emergency.

Take Home Message:

- ⇒ Peer educators cannot diagnose or treat mental *or* physical illness -- know your limits and remember to refer!

Trainer's notes	STEPS
Flip chart and markers	<p>❖ <i>We all want to be as healthy as possible. As we have discussed in self-care, stress can affect our health. Similarly, when we feel sick or are in pain, it can affect our mood and make us anxious or depressed. Side effects from medication can also affect our state of mind. Mental health and physical health are closely related to one another.</i></p> <p>1. We all have things that create stress in our lives. Ask group members to take a moment to think about this question:</p> <p>❖ <i>What is one thing you find stressful and how do you cope with it?</i></p> <p>❖ <i>What is one way that you deal with stress? [List coping strategies on the flip chart.]</i></p> <p>2. Some stressors are small and easy to deal with while others are huge and can be overwhelming. HIV is a long term stressor that is difficult to live with. For some people HIV may be the most stressful thing in their lives, but other people living with HIV may have other things that stress them more, such as</p>

<p>Painter's tape, response slips, with "helpful" and "unhelpful" headers.</p>	<p>substance abuse, domestic violence, death of a loved one, or other serious problems.</p> <ul style="list-style-type: none"> ❖ <i>People living with HIV/AIDS often deal with emotional problems like depression and anxiety. In a survey at local infectious diseases clinics, 2/3 of PLWHAs self reported depression and/or anxiety symptoms.</i> ❖ <i>In the United States more than 17 million people every year are affected by depression.</i> <p>3. Prepare to distribute cards and explain what participants will do.</p> <ul style="list-style-type: none"> ❖ <i>When someone is feeling depressed or anxious people want to help. Some of the things they say may be helpful, and others are not helpful.</i> ❖ <i>Here are some common responses. Please take a card. When you are ready, come up and stick the card up under the heading where you think it belongs – helpful or unhelpful.</i> <p>4. Read the responses and discuss some of them with the group.</p> <p>[Note to trainers: participants may argue that they have been helped by being confronted, and told to get off their pity pot, or to count their blessings. If this comes up, explain that there are exceptions to every rule, but <i>usually</i>, a peer educator can be more effective using a supportive, non-judgmental response.]</p> <p>5. If time permits ask group members to think of other <i>helpful</i> things they could say.</p> <ul style="list-style-type: none"> ❖ <i>What are some helpful things that you could say?</i> <p>6. Sometimes problems are more complex.</p> <ul style="list-style-type: none"> ❖ <i>You might encounter a peer who needs more help than you can provide. Here are a few signs of more serious problems:</i> <ul style="list-style-type: none"> • <i>Feeling depressed or anxious for more than two weeks</i> • <i>Not keeping appointments</i> • <i>Not getting out of bed</i>
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<p>Green, yellow, and red cards for all participants.</p> <p>Give out handouts</p>	<ul style="list-style-type: none"> • <i>Not eating, bathing, dressing</i> • <i>Thoughts of hurting themselves or someone else</i> <p>❖ <i>If a peer expresses thoughts about suicide or homicide, DO NOT try to decide whether the person is “serious” or “just wants attention.” If she or he says it, it IS serious.</i></p> <p>❖ <i>How could you still assist your peer?</i></p> <ul style="list-style-type: none"> • <i>Find community resources, refer to physician or specialist.</i> • <i>Accompany them to the emergency room or mental health center</i> • <i>Call the crisis line</i> • <i>Make sure they are not alone</i> <p>7. Distribute colored cards. Explain the Green-Yellow-Red light activity.</p> <p>❖ <i>I am going to read some different situations. Each of you should hold up the color of card they think corresponds to the situation.</i></p> <ul style="list-style-type: none"> • <i>A green light situation would be what you would consider normal levels of stress, anxiety, or depression,</i> • <i>a yellow light situation is more serious and requires a referral, and</i> • <i>a red light situation indicates an emergency – take immediate action.</i> <p>8. Discuss answers when participants have different interpretations of the situations.</p> <p>❖ <i>It’s ok to trust your instincts, and make an emergency referral in a borderline situation between yellow and red, when you have a strong “gut feeling” about it.</i></p> <p>9. Wrap up and link to the next discussion.</p> <p>❖ <i>HIV, mental health issues, and substance abuse have a lot in common. In all three, adherence to treatment or programs can be challenging. There can be “stigma” around all three. People dealing with any of them may find it hard to ask for help, and feel very alone. As a peer educator you may be the first person a peer opens up to. You can’t diagnose or treat, but you can make a big difference by providing non-judgmental listening,</i></p>
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	<p><i>information and referrals.</i></p> <p>❖ <i>Thank you for participating in ways to recognize and respond to mental health challenges. Now let's talk about substance abuse.</i></p>
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Helpful and Unhelpful responses

Usually helpful

- I know you are hurting.
- You're not alone in this.
- I'm here for you.
- Do you want a hug?
- These feelings will pass; you'll get through this.
- I'm sorry you're in so much pain.
- If you need someone to talk to, I'm here for you.

Usually unhelpful

- It's all in your mind.
- No one ever said life was fair.
- There are a lot of people worse off than you.
- You should count your blessings.
- Stop your pity party
- Stop thinking about yourself and focus on your kids.
- You think *you've* got problems!
- Cheer up! Come on and give me a smile.

Green-Yellow-Red Light situations

[Green means normal response to difficult things in life, yellow means referral is needed, and red means emergency referral. Some of these may vary depending on the context so it's ok if different group members have different opinions about them.]

- Your peer is feeling really blue on the anniversary of his partner's death [green]
- Your peer has a history of suicide attempts and is feeling REALLY blue today on the anniversary of his partner's death [yellow or red]
- Your peer is feeling unusually tense and angry today. [green]
- Your peer is so anxious and panicky lately that she can't eat and is losing a lot of weight [yellow]
- You call your peer to find out why he missed his appointment, and he says he just can't get out of bed.
- Your peer tells you wanted to tell you goodbye, because he plans to kill himself tonight. [red]
- Your peer says she can't come to her appointments anymore because she feels too panicky when she leaves her apartment. [yellow]
- Your peer says her meds have been making her feel moody and depressed [green to yellow]
- Your peer says she has had really bad insomnia for over two weeks. [yellow]
- Your peer is making plans to kill the person who infected her. [red]
- Your peer says "Nothing matters to me anymore. I wish I were dead." [probably red – peer educator may need to probe for more information to find out if actively suicidal]
- Your peer says he has been "cutting" himself to help him cope with all the emotional pain he is going through [yellow to red]

Mental Health Emergencies

- ❖ *If a peer expresses thoughts about suicide or homicide or wanting to hurt themselves or others, DO NOT try to decide whether the person is “serious” or “just wants attention.” If she or he says it, it IS serious.*
- ❖ *What can you do in an emergency? Depending on the situation and resources in your area, you could:*
 - *Ask members of your team to help you make an emergency referral.*
 - *Refer to physician or specialist.*
 - *Accompany your peer to the emergency room or mental health center*
 - *Call the crisis line*
 - *Call 911*
 - *Make sure they are not alone*

Tips for dealing with stress, anxiety or depression (mild)

- Talking to a trusted friend, family member or religious leader
- Exercising
(*Exercise has been found to be as effective as medications in treatment of depression*)

- Helping others
- Keeping busy, finding something positive to do
- Writing in journals
- Take deep breaths
- Spend time in nature
- Relaxation, meditation
- Prayer
- Creative projects, arts, crafts, hobbies, or gardening
- Attending a support group meeting
- Attending religious services or other gatherings
- Add self-care tips that work well for you

Symptoms of Clinical Depression

Not everyone experiences clinical depression in the same way. Different people have different symptoms. The National Mental Health Association recommends that you see a doctor or a qualified mental health professional if you experience five or more of these symptoms for longer than two weeks, or if the symptoms are severe enough to interfere with your daily routine.

- ☐ A persistent sad, anxious or "empty" mood
- ☐ Sleeping too little or sleeping too much
- ☐ Reduced appetite and weight loss, or increased appetite and weight gain
- ☐ Loss of interest or pleasure in activities once enjoyed
- ☐ Restlessness or irritability
- ☐ Persistent physical symptoms that don't respond to treatment [such as headaches, chronic pain, or constipation and other digestive disorders]
- ☐ Difficulty concentrating, remembering, or making decisions
- ☐ Fatigue or loss of energy
- ☐ Feeling guilty, hopeless or worthless
- ☐ Thoughts of death or suicide

Symptoms of Anxiety Disorders

There are several types of anxiety disorders and not everyone experiences the same symptoms. An accurate diagnosis and treatment should be made by a qualified mental health provider.

- ☐ Excessive worry more days than not
- ☐ Inability to control the worry
- ☐ Restlessness, feeling keyed up or on edge
- ☐ Fatigue, feeling easily tired
- ☐ Irritability, or sudden anger outburst
- ☐ Muscle tension
- ☐ Trouble falling asleep or staying asleep
- ☐ Fatigue or loss of energy
- ☐ Repeated, unexpected “attacks” when you are suddenly overcome by intense fear or discomfort, for no apparent reason
- ☐ Repeated, distressing memories or dreams of a life-threatening event you experienced
- ☐ Feeling “on guard”
- ☐ Feeling detached from other people
- ☐ Intense, persistent fear of a social situation in which people might judge you
- ☐ Extreme anxiety with pounding heart, trembling or shaking, sweating, nausea or abdominal discomfort, fear of losing control
- ☐ Feeling worthless or guilty

Alphabet Search.....Energizer**Time:** 15 minutes**Materials:**

- None

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. <u>Divide participants into small groups.</u> 2. <u>Instruct each team to work together to find one item beginning with each letter of the alphabet. Items can be collected from around the room, players' own personal belongings, or outside of the classroom.</u> 3. <u>Facilitators may set boundaries if desired.</u> 4. <u>The first team to collect an item representing every letter wins.</u> 5. Link to next activity. <p>❖ <i>This activity was just an energizer to get you moving after lunch. Finding items based on letters of the alphabet were important to the next activity because we will play BINGO regarding Hepatitis A, B, and C.</i></p>

Hepatitis A,B,CBingo

Time: 30 minutes

Materials:

- Bingo cards
- Marbles for markers
- Small prizes

Objectives:

By the end of this session, participants will be able to:

- ✓ Review the basic Hepatitis A, B, and C information including prevention, transmission, testing, and treatment.

Take Home Messages:

- ⇒ It is important to understand the relationship between HIV and co-infection with Hepatitis A, B, and C.
- ⇒ Hepatitis A and B have vaccines to prevent infection.
- ⇒ Hepatitis B is transmitted similar to HIV.
- ⇒ Hepatitis C is more virulent than HIV and is transmitted by exchange of blood.

Trainer's notes	STEPS
Bingo cards Marbles	<p><i><u>1. Briefly give general information about Hepatitis.</u></i></p> <ul style="list-style-type: none"> ❖ <i>Hepatitis refers to inflammation of the liver. The liver acts as a filter for toxins in the body.</i> ❖ <i>There are different types of Hepatitis which can be caused by bacteria or viruses.</i> ❖ <i>The 3 we discuss regarding sexual health are caused by viruses and include Hepatitis A, B, and C.</i> ❖ <i>Hepatitis is not curable though in some instances it can self-resolve (go away on its own) or become undetectable with treatment.</i> ❖ <i>Discussing hepatitis with PLWHA is significant because it affects an already compromised immune system. Also Hepatitis A, B, and C can be transmitted through sexual activity and/or injecting drugs.</i>

	<ol style="list-style-type: none">2. <u><i>Distribute BINGO cards and marbles.</i></u>3. Ask participants if they remember the object or how to win BINGO. ❖ <i>The trainer will ask a question and if you think you have the correct answer then put a marble in the spot. The first person to get marbles diagonally, straight up or down, or across and say HEPATITIS wins.</i>4. Cover hepatitis information in depth and answer any questions participants may have once there is a winner and before moving on to the next set of questions.5. Depending upon time, allow for 2-3 rounds.6. Distribute prizes to winners.
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VIRAL HEPATITIS BINGO

CONDOMS	HEPATITIS	CO- INFECTED	BREAST MILK
NEEDLE STICK	1992	SEX	HIV
HEPATITIS E	RIBAVIRIN & INTERFERON	FREE SPACE	HEPATITIS A
FALSE	HEPATITIS C	SHARED INJECTION EQUIPMENT	BLOOD

VIRAL HEPATITIS BINGO

LIVER	BREAST MILK	HEPATITIS	ALCOHOL
1992	NEEDLE STICK	HEPATITIS C	CIRRHOSIS
HEPATITIS B	~ 30%	SHARED INJECTION EQUIPMENT	HEPATITIS A & B
INTERFERON	BLOOD	FREE SPACE	CHRONIC

VIRAL HEPATITIS BINGO

LIVER	BREAST MILK	CIRRHOSIS	VACCINE
1992	FREE SPACE	HEPATITIS C	HIV
HEPATITIS A	~ 30%	SHARED INJECTION EQUIPMENT	HEPATITIS B
ACUTE	BLOOD	HIGH	FALSE

VIRAL HEPATITIS BINGO

FACT	BREAST MILK	HIGH	VACCINE
1992	LONGER	HEPATITIS C	HIV
HEPATITIS B	FOIL	SHARED INJECTION EQUIPMENT	ANTIBODIES
RIBAVIRIN	BLOOD	FREE SPACE	ELISA

VIRAL HEPATITIS BINGO

FACT	RIBAVIRAN & INTERFERON	HIGH	SEX
MENTAL HEALTH PROVIDER	1992	HEPATITIS C	CONDOM
HEPATITIS B	~ 30%	SHARED INJECTION EQUIPMENT	ANTIBODIES
LONGER	FALSE	FREE SPACE	BLOOD

VIRAL HEPATITIS BINGO

FREE SPACE	INTERFERON	ALCOHOL	SEX
1992	CONDOMS	HEPATITIS C	HIV
HEPATITIS B	ALCOHOL	HEPATITIS A	ANTIBODIES
RIBAVIRIN & INTERFERON	FALSE	CO- INFECTED	BLOOD

VIRAL HEPATITIS BINGO

LIVER	ACUTE	HEPATITIS C	FALSE
1992	MENTAL HEALTH PROVIDER	CIRRHOSIS	HIV
HEPATITIS B	HEPATITIS E	BLOOD	ANTIBODIES
INTERFERON & RIBAVIRIN	FALSE	FREE SPACE	SHARED INJECTION EQUIPMENT

VIRAL HEPATITIS BINGO

LIVER	RIBAVARIN & INTERFERON	HEPATITIS C	SHARED INJECTION EQUIPMENT
1992	MENTAL HEALTH PROVIDER	HIGH	ELISA
HEPATITIS B	CO-INFECTED	BLOOD	ANTIBODIES
ALCOHOL	FALSE	HEPATITIS B	FREE SPACE

VIRAL HEPATITIS BINGO

LIVER	SALIVA	HEPATITIS C	SHARED INJECTION EQUIPMENT
1992	FREE SPACE	ALCOHOL	CO- INFECTED
CONDOMS	~ 30%	BLOOD	ELISA
RIBAVIRIN & INTERFERON	FALSE	HEPATITIS A & B	BREAST MILK

VIRAL HEPATITIS BINGO

FACT	SALIVA	HEPATITIS C	SHARED INJECTION EQUIPMENT
1992	FREE SPACE	BLOOD	CO-INFECTED
HEPATITIS B	LIVER	TRUE	SHORTER
RIBAVIRAN & INTERFERON	FALSE	LONGER	SEX

VIRAL HEPATITIS BINGO

HIGH	RIBAVIRIN & INTERFERON	HEPATITIS C	ALCOHOL
1992	FREE SPACE	MENTAL HEALTH PROFESSIONAL	HEPATITIS
SALIVA	LIVER	BLOOD	CO-INFECTED
SPOON	FALSE	HEPATITIS A	SEX

VIRAL HEPATITIS BINGO

FACT	ALCOHOL	HEPATITIS C	H2O
1992	FREE SPACE	BLOOD	CO-INFECTED
HEPATITIS B	NO	BREAST MILK	ANTIBODIES
RIBAVIRAN & INTERFERON	FALSE	HEPATITIS A & B	CIRRHOSIS

VIRAL HEPATITIS BINGO

HEPATITIS A	FACT	HEPATITIS C	DECREASE LIVER DAMAGE
1992	FREE SPACE	BLOOD	CO-INFECTED
LOW	LIVER	SALIVA	ANTIBODIES
RIBAVIRAN & INTERFERON	FALSE	HEPATITIS	ALCOHOL

VIRAL HEPATITIS BINGO

CHRONIC	24 WEEKS – 1 YEAR	HEPATITIS C	SHARED INJECTION EQUIPMENT
QUALITATIVE PCR	FREE SPACE	BLOOD	CURE
ACUTE	LIVER	FACT	ANTIBODIES
RIBAVIRAN & INTERFERON	FALSE	HEPATITIS B	SEX

VIRAL HEPATITIS BINGO

HEPATITIS B	1992	HEPATITIS C	SHARED INJECTION EQUIPMENT
FACT	FREE SPACE	BLOOD	CO-INFECTED
HEPATITIS A & B	LIVER	SHORTER	HEPATITIS
SALIVA	FALSE	HEPATITIS A	HIGH

VIRAL HEPATITIS BINGO

FALSE	SPOON	HEPATITIS C	SHARED INJECTION EQUIPMENT
24 WEEKS – 1 YEAR	FREE SPACE	BLOOD	BREAST MILK
HEPATITIS B	LIVER	MENTAL HEALTH PROFESSIONA L	ANTIBODIES
RIBAVIRAN & INTERFERON	FALSE	HEPATITIS A and B	HIGH

BINGO STATEMENTS

1. Hepatitis C is passed through what body fluid? **(Blood)**
 - a. **Or any fluids with blood in them, like.... (ask for examples)**
2. Hepatitis affects what organ of the body? **(Liver)**
3. Inflammation of the liver is called _____? **(Hepatitis)**
 - a. **Just means "inflamed liver"- can be caused by too much alcohol, other illnesses, Tylenol + alcohol, etc**
 - b. **Viral hepatitis – like A,B,C – are caused by a specific virus**
4. The current medical treatment for HCV is _____ **(Interferon and Ribavirin).**
 - a. **Interferon causes flu-like symptoms because it's what our bodies produce to fight off illness- that's why we feel sick when we have flu**
 - b. **Almost everyone is potentially a candidate for treatment – decided on a case-by-case basis. People should know their status so they can decide.**
5. Myth or Fact: HCV can live outside of the body longer than HIV can **(Fact)**
 - a. **About four times longer – that's what researchers say now**
6. The best way to protect yourself against HCV is to _____. **(avoid contact with blood, or body fluids that have blood in them)**
7. What forms of Hepatitis are there vaccines for? **(HAV or HBV)**
 - a. **There is no vaccine for HCV**
8. Hepatitis B is transmitted by the same body fluids as HIV but there is one other one. What is the one fluid that transmits HBV and NOT HIV? **(saliva)**
9. What type of Hepatitis is passed through oral contact with feces? **(Hepatitis A)**
 - a. **What sexual activity can transmit HAV? (oral-anal)**
 - b. **Who knows the slang term? (rimming, tossing the salad)**
10. Tattooing with unsterilized equipment is considered (low, high, no) risk for HCV **(HIGH)**
 - a. **The artist should always use new ink and a new needle for each person**

11. When a person has 2 diseases at the same time,(such as HCV and HIV) then we say that they are _____. (**Co-infected**)
12. The most common way that HCV is transmitted or passed. (**Shared Injection Equipment**)
 - a. **Includes shared works too. Ask for examples: cooker, cotton, water**
 - b. **Accounts for about 60% of HCV cases in the U.S., if anyone asks**
13. The final stage of liver disease that affects how blood flows in and out of the liver along with impairing normal liver functions. (**CIRRHOSIS**)
 - a. **People with advanced cirrhosis are not candidates for HCV treatment, but CAN be on maintenance therapy to help the liver function better**
 - b. **It's important for coinfectd people to know about treatment options, and to be treated early on if they are candidates for treatment**
14. Transmission of HCV through blood transfusions and organ donations is pretty much unheard of in the U.S. since what year? (**1992**)
15. What test shows that you have a chronic HCV infection, or had it in the past and got over it? (HCV antibody test)
 - a. The antibody test is like a footprint – you have the virus, or did in the past
 - b. PCR RNA test, or viral load. Tells how much virus is in your blood and whether you have chronic HCV.
16. There is ACUTE Hepatitis and CHRONIC Hepatitis. Which one means “sudden onset of illness; is of short duration and can be severe?” (**Acute**)
 - a. **most people go on to have chronic HCV (80-85%)**
 - b. **Can they pass it to others? YES!**
 - c. **¾ of infected people don't even know they have the HCV virus.**
 - d. **Some people get rid of the virus on their own (like a cold) –about 15%**
17. Using a (**Condom**) consistently and correctly will reduce a person's chance of getting a sexually transmitted disease.
 - a. **The CDC says about 15% of HCV cases are sexually transmitted**
 - b. The best way to protect yourself against HCV is to avoid contact with blood, or body fluids that have blood in them
18. Hepatitis B and C are treated by Interferon and Ribavirin. How long does most treatment for HCV last— 2 weeks to a month, 24 weeks to a year, or a lifetime? (**24 weeks to a year**)

19. Of all the people in NC who have HIV, what percentage also have HCV? (**about 30%**)
- a. **And how many don't know it? About $\frac{3}{4}$ of them...**
 - b. **Does everyone here know your HCV antibody status?**
 - c. **The leading cause of death (about 1/3) for people with HIV disease is end-stage liver disease. People are living with HIV, but then dying of liver problems.**
20. What substance could be most harmful to a person's liver? (**alcohol**)
- a. **Like throwing lighter fluid on a fire – really flares up the liver.**
 - b. **No safe level has been determined yet.**
 - c. **Harm reduction model – reduce usage if not going to stop..**
21. A side effect of interferon is depression. Therefore, in addition to seeing an infectious disease specialist, the patient may also have to see who? (**a mental health professional, psychiatrist**)
- a. **Emphasize: It's caused by the medication, not because someone is a "weak" person**
22. True or False. Vaccinations for Hepatitis A and B are recommended for someone who has HCV. (**True**)
- a. **Avoiding other infections with the liver will help sustain it longer when treating HCV.**
23. A mother can pass HBV to her child during birth, or after birth through what? (**breast milk**)
24. The CDC recommends that a person clean their works by using 3parts water, 3 parts bleach, and 3 parts water for a total of 4.5 minutes (30 seconds with each fluid) to kill HIV. Should a person clean their works for a longer or shorter period of time to kill HCV? (**Longer; 2 minutes with each fluid**)
- a. **There aren't really definitive recommendations for this at this point in time. Better to use a clean needle every time.**
25. Myth or Fact. It is possible for someone to be co-infected with Hepatitis A, B, and C. (**Fact**)
26. When a person is co-infected with Hepatitis C and HIV, then which of the two diseases usually progresses faster? (**Hepatitis C**)
- a. **That's why it's especially important for people who are HIV+ to know their HCV status**

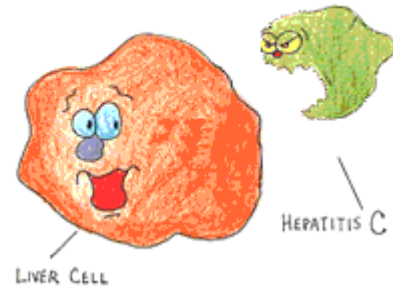
Summary Points:

1. It's a blood-borne virus – has to get from an infected person's blood into someone else's bloodstream
2. Hepatitis C can be sexually transmitted
3. Treatment decisions are made on a case-by-case basis. It depends on many factors- the person's health, the 'strain' of virus, and their liver health. But **EVERYONE** is potentially a candidate for treatment.
4. Everyone who is HIV+ should be tested and should know their Hep C status.

Hepatitis C Information Sheet

Hepatitis C is a liver disease caused by the Hepatitis C Virus (HCV). It has also been called non-A and non-B hepatitis. About 25,000 people are infected each year.

- About a quarter of people infected with HIV are also infected with HCV
- HCV progresses more rapidly to liver damage in HIV infected persons
- HCV can impact the management of HIV infection



Hep C is primarily spread by direct contact with human blood. Some ways it is transmitted is through:

- Contact with HCV-infected blood through sharing of needles or works that have not been properly cleaned between users. Injecting drug use is the most common risk factor for contracting Hep C at this time. Co-infection of HIV and HCV is common (50-90%) among HIV-infected IDUs.
- Sharing items such as razors or toothbrushes with someone infected with HCV since they may have had his or her blood on them
- Tattooing or body piercing with needles that have not been cleaned
- Blood, blood products or organs from donor whose blood contained HCV (before 1992- at this time risk is extremely low—less than 1 chance per million units transfused)
- If you were on long term kidney dialysis as you may have unknowingly shared supplies/equipment that had someone else's blood on them
- Needlesticks/ contact with blood on the job (for healthcare workers)
- Hep C may be passed from an infected mother to her baby during birth
- Hep C may be transmitted sexually, but not that often.

HCV Symptoms

Acute infection: (newly acquired)

- Often a person will have no symptoms. Some people with acute infection will have jaundice (yellowing of skin and eyes) or mild flu-like symptoms.

Chronic infection (persistent)

- 75-80% of people with acute Hep C will not be able to get rid of the virus after 6 months and will have chronic or long-term hep C.
- Most people with chronic HCV will have only mild to moderate liver disease.
- In some individuals, the damage is so great they have cirrhosis (scarring of the liver), liver failure or liver cancer and need a liver transplant. HIV-HCV co-infection has been shown to speed up to the progression to liver disease and there is an increased risk of scarring of the liver.
- Hep C is the leading cause of liver transplants

Treatment

- Treatment varies depending on the stage of illness at the time treatment is sought
- Some options include:
 - Treatment with interferon alone
 - Combination therapy with interferon and ribavirin
 - Protecting your liver by not drinking alcohol (it can do further damage)

(Adapted from the American Social Health Association & CDC)

Substance Abuse.....Group Discussion

Time: 60 minutes

Materials:

- Markers
- Flip chart
- Color-coded break up method
- 3 substance abuse card w/ 1 category per color (should match the group)
- Substance use activity list
- Prepared flipchart with substance continuum for substance abuse segment

Objectives:

By the end of this session, participants will be able to:

- ✓ Understand the difference between substance use, abuse and addiction.
- ✓ Understand the impact substances have on HIV.

Take Home Messages:

- ⇒ It is important to understand the issues surrounding substance use, abuse and addiction.

Trainer's notes	STEPS
Prepared flipchart: "Substance Abuse"	<p><u>1. Introduce topic of substance use and abuse.</u></p> <ul style="list-style-type: none"> ❖ When I say "substance abuse," what kind of substances do you think of? <p>2. Give participants the opportunity to respond and list on flip chart.</p> <ul style="list-style-type: none"> ❖ Substances include marijuana, cocaine, heroin, inhalants, methamphetamine, alcohol, tobacco, steroids, caffeine and other psychoactive drugs. ❖ Prescription drugs can also be abused. Some of these substances are legal while others are illegal. They may include: oxycontin, methadone, morphine, valium, xanax, dilaudide. ❖ Alcohol, drugs and some prescription drugs like pain medications can change the way we feel – usually in a short period of time. What are some of the reasons

<p>Flipchart with continuum At top write categories at bottom, write “consequences” with an arrow across sheet “few” on left side and “many” on right.</p>	<p><i>someone might drink or use drugs to change their feelings?</i></p> <p>[Note to trainer: offer more responses if necessary. Other responses may include the following:</p> <ul style="list-style-type: none"> • Celebrate, party • Reduce stress • Improve appetite • Sleep • Feel more comfortable socializing • Overcome hang-ups/fears about having sex • Forget bad memories/experiences • “Self medicate” depression • cope with stress • control anger • keep from “jonesing”, going into withdrawal <p>❖ <i>Not everyone who uses drugs or alcohol are substance abusers. Substance use occurs on a continuum.</i></p> <p>❖ <i>Recreational/Social Use → Misuse/Abuse → Addiction</i></p> <p>❖ <i>Many people can drink alcohol or use recreational drugs from <u>time to time</u> without any problems. These are recreational/social “users.”</i></p> <p>❖ <i>Abuse is when you develop a pattern of drug or alcohol use. It can be compared to a new romance: It feels good—euphoric—you look forward to the next time; it takes up a lot of your attention and thoughts. But it also takes your focus away from important activities like work, family and taking care of yourself.</i></p> <p>❖ <i>Addiction is when the drug “takes over the person.” They use regularly and it takes more to get as high. It becomes everything: their lover, best friend, confidant, family. The drug, not the person, is in control. The drug becomes more important than children, lovers, work, self-respect and health. Addicts often “chase the high;” they want to feel as good as “the first time, but they can’t. Instead of euphoria, they use to escape pain and feel “normal.” Even though there it causes a lot of problems, it has become the only coping method. Quitting may seem impossible.</i></p> <p>❖ <i>During addiction, some drugs cause “physical dependence. At this stage, people “jones” or go into withdrawal without regular use. Examples include opiates, like heroin, methadone, oxycontin. Without proper detox,</i></p>
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<p>Method for breaking people into small groups; flashcards; activity list</p>	<p><i>many relapse because they can't stand it. Unlike opiates, withdrawal from alcohol and tranquilizers can be life threatening. If someone is drinking or taking these pills daily, it is urgent that you get them evaluated. Severe symptoms include DTs, seizures, and hallucination. Other health conditions, like hypertension, can exacerbate the problem.</i></p> <p>❖ <i>Now we're going to do an activity to help you better understand the difference between social/recreational use, abuse and addiction.</i></p> <p>3. Social/Recreation Use – Abuse – Addiction 2-part activity.</p> <p>4. Divide group into 3 groups. Explain PART 1 of the activity.</p> <p>❖ <i>This activity has 2 parts. After you have completed part 1, then you will receive instructions for part 2. Note: Only complete PART 2 if there is time.</i></p> <p>❖ <i>PART 1: In your participant manual is a blank chart called the Recreation/Abuse/Addiction Activities list. On this form you will see 15 scenarios or behaviors. As a group, you are to determine which category that behavior fits into—Recreational Use, Abuse, or Addiction—and discuss what excludes that behavior from the other categories. There will be a trainer/facilitator in the group with you to participate in the discussion and go over your answers. Note: the trainer will have the answer key.</i></p> <p>5. Bring attention to the larger group for processing.</p> <p>6. Ask group if they were surprised at any of the answers.</p> <p>❖ <i>Now that we've talked about the difference along the substance use continuum, what are some of the reasons you think people abuse substances?</i></p> <p>Some answers might include:</p> <ul style="list-style-type: none"> • Hereditary or genetic – people with family members with addiction problems are more likely to inherit it; • Environment – living conditions – living in neighborhoods where there is a lot of substance use, poverty, hopelessness; • Undiagnosed or untreated mental illness, such as depression;
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	<ul style="list-style-type: none"> • <i>Substance is a substitute for a condition or behavior that people desire – for example sleep, appetite.</i> <p>7. Explain PART 2 of the activity.</p> <p>❖ <i>PART 2: Each group will present information to the rest of the class. The facilitator has been given a card with instructions for your group to follow during your presentation. Based on your presentation, the rest of the class will guess which category you are reporting on.</i></p> <p>8. Allow each group to present their skit.</p> <p>9. Allow the rest of the class to guess the category then discuss.</p> <p>10. Link to topic of substance abuse and safer sex.</p> <p>❖ <i>In tomorrow's session, we'll cover how re-infection with HIV along with other STDs poses particular concern to people living with HIV. So, safer sex is an important part of preventing these risks. How could substance abuse affect safer sex? [Answers might include the following:]</i></p> <ul style="list-style-type: none"> • Gives a "don't care" attitude • Impairs motor skills • Harder to take meds as prescribed • More impulsive, harder to say "no" • Causes you to forget or not care about using protection • Lowers inhibitions and allows you to do things you wouldn't if you weren't under the influence <p>11. Ask group for their thoughts on how substance abuse impacts the immune system. Take a few responses and lead into mini-lecture.</p> <p>❖ <i>Substance abuse compromises the immune system and makes it harder for the body to suppress the virus and use the medicine that you are taking to boost your immune system.</i></p> <p>❖ <i>Some street drugs interact with medication. The liver breaks down medications used to fight HIV. Protease inhibitors and non-nucleoside reverse transcriptase inhibitors in particular are metabolized by the liver. It also breaks down recreational drugs, including alcohol. When drugs and medications are both "in line" to use the liver, they might both be processed much more slowly.</i></p>
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	<p><i>This can lead to a serious overdose of the medication or of the recreational drug. An overdose of a medication can cause more serious side effects. An overdose of a recreational drug can be deadly.</i></p> <ul style="list-style-type: none"> ❖ <i>We know that it's very important to take every dose of anti-HIV medication. When we take all our doses, it's called being adherent. Drug use is linked with poor adherence and can lead to treatment failure.</i> ❖ <i>Missing doses can cause higher levels of HIV in the blood and can result in resistance to the very HIV medications that someone is taking to help fight the disease. Since there are only a certain number of anti-HIV medications, resistance to one or more of them limits what can be done to fight the virus.</i> <p>12. Ask if there are any remaining questions or thoughts about substance use and abuse.</p> <p>13. Wrap up.</p> <ul style="list-style-type: none"> ❖ <i>Many people can drink alcohol or use recreational drugs from time to time and not have a problem. Others cannot use drugs or alcohol without abusing them, and addicts who abuse drugs and alcohol regularly can create serious problems for their health and others.</i> ❖ <i>In order for us to help and educate others, it's important to remember the circumstances that contribute to people using substances. What are some risks with lecturing others about substance abuse? [Answers might include the following:</i> <ul style="list-style-type: none"> • Alienating your audience • Causing your audience to miss the take home message <p>14. Link to next activity.</p> <ul style="list-style-type: none"> ❖ Thank you for your attention during this long day! Now we're going to talk about behavior change.
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Use/Abuse/Addiction Activities List

Social/ Recreational Use	Misuse/Abuse	Addiction

1. Lost your job due to a series of absences because you were too hung-over to work
2. Kids went to foster care because you were out buying crack on the Child Protective Worker's last 3 visits
3. Took a drink to stop arms from shaking
4. Drank wine at a family reunion
5. Drinking causes you to be late to work, school, other appointments
6. Stopped by a friend's house and s/he invites you to smoke a joint
7. Sold your mother's car to buy heroin
8. Spent paycheck on drugs
9. Drank a few beers at a holiday party
10. Lost your keys after taking ecstasy at a bar
11. Smoke pot 1x/day to keep your appetite up
12. Got a DWI
13. Take double doses of pain medications to feel better emotionally
14. Blacked out the night before using a combination of crank and alcohol
15. Drink 6 beers about 4x/week

Use/Abuse/Addiction Activities List---KEY

Social/ Recreational Use	Misuse/Abuse	Addiction
Drank wine at a family reunion	Drinking causes you to be late to work, school, other appointments	Lost your job due to a series of absences because you were too hung-over to work
Stopped by a friend's house and s/he invites you to smoke a joint	Lost your keys after taking ecstasy at a bar	Sold your mother's car to buy heroin
Drank a few beers at a holiday party	Blacked out the night before using a combination of crank and alcohol	Kids went to foster care because you were out buying crack on the Child Protective Worker's last 3 visits
	Got a DWI	Took a drink to stop arms from shaking
	Smoke pot 1x/day to keep your appetite up	Spent paycheck on drugs
	Take double doses of pain medications to feel better emotionally	
	Drink 6 beers about 4x/week	

Misuse/Abuse

Group Instructions:

1. Create a skit using the scenario below to display the above category. Based on your skit, the rest of the class should be able to determine your substance abuse category.
2. Your skit should demonstrate:
 - What Misuse/Abuse looks like;
 - How it may affect possible transmission or re-infection of an STD/HIV

Scenario:

You went to a party with a friend. You had a few mixed drinks, but felt no side-effects. You were asked to try ecstasy by someone that you were attracted to and you did. This was the first time that you used it. The next morning, you woke up in bed together. You remember the entire night and had a great time.

Addiction

Group Instructions:

1. Create a skit using the scenario below to display the above category. Based on your skit, the rest of the class should be able to determine your substance abuse category.
2. Your skit should demonstrate:
 - What addiction looks like;
 - How it may affect possible transmission or re-infection of an STD/HIV

Scenario:

After your car accident 6 months ago, you were prescribed oxycontin for pain. You took your pills everyday for 4 months. When you went back to the doctor for a check-up, you lied and told him that you needed more pills because your pain was still severe, though you were not having had pain at all. After that prescription ran out, you decided to stop but experienced withdrawal. A few days later you stole the oxycodin pills from your partner's brother who has cancer.

Recreational/Social Use

Group Instructions:

1. Create a skit using the scenario below to display the above category. Based on your skit, the rest of the class should be able to determine your substance abuse category.
2. Your skit should demonstrate:
 - What recreational/social use looks like;
 - How it may affect possible transmission or re-infection of an STD/HIV

Scenario:

Every 1st Friday of the month there is a huge party at a local club. When you go with your friends, you tend to buy a few drinks for yourself and then drink whatever others purchase for you. By the time you head home you are usually pretty wasted. That is the only time you drink alcohol during the month.

(Continuum for flipchart)

Recreational/Social Use → **Misuse/Abuse** → **Addiction**

How People Change Their Behaviors.....Group Work

Time: 60 minutes

Materials:

- Handouts: *Behavior Change and Me, Essential Elements of Behavior Change, Stages of Change*
- Flipchart with “Wheel of Change”
- Color-coded cards for assigning people to pairs
- Flipchart
- Markers

Objectives:

By the end of this session, participants will be able to:

- ✓ Identify how people make changes in their behaviors;
- ✓ Ask questions that can help a peer identify their readiness to change a behavior.

Take Home Messages:

- ⇒ It is important for peer educators to understand that people change in their own way and at their own pace;
- ⇒ Change is a process that usually takes several tries before change it lasts.
- ⇒ Information alone is not always enough for people to change their behaviors.

Trainer's Notes	STEPS
20 minutes	<ol style="list-style-type: none"> 1. Introduce activity. <ul style="list-style-type: none"> ❖ <i>Many of us are peer educators because we hope that through education people will adopt more healthful behaviors. Whether we work in HIV/AIDS, substance abuse or another program, we all hope our education will make a real difference.</i> 2. Acknowledge that behavior change is a complex process. <ul style="list-style-type: none"> ❖ <i>There are many different theories of behavior change (approximately 51). In this workshop, we will learn about a widely used model, called “stages of change.”.</i> ❖ <i>This will help us understand how behavior change happens so we can be more effective in supporting the peers we work with.</i> 3. <i>Ask each participant to think of some behavior she or he has tried or wanted to change.</i>

<p><i>Behavior Change and Me</i> handout</p> <p>10 minutes</p> <p>Color cards for pairs, <i>Stages of Change</i> handout, <i>Ingredients of Behavior Change</i> handout</p> <p>10 minutes</p> <p>10 minutes</p> <p><i>Essential Ingredients of Behavior Change</i> handout</p>	<ul style="list-style-type: none"> ❖ Think of a behavior you have tried to change that you are willing to share. ❖ <i>Please take out the handout Behavior Change and Me. Take a few minutes to fill out the questions about a behavior you tried to change. [Note to trainers: be available if participants need help reading or filling out the questionnaire.]</i> <p>4. Place participants in pairs using their color-coded cards. Instruct them to share their responses with their partners, with the first partner sharing all of his/her steps and then the second partner sharing all of his/hers.</p> <ul style="list-style-type: none"> ❖ <i>We are going to find our partners based on our cards, and share our responses with our partners. Please take turns sharing with your partner and then come back to the large group.</i> <p>5. Call the group back together after 10 minutes and ask participants to share any insights gained during this exercise with the group.</p> <ul style="list-style-type: none"> ❖ <i>What did you realize about your change process?</i> ❖ <i>How many people needed more information in order to make a behavior change?</i> ❖ <i>Did anyone say something to you that really helped you make the change?</i> ❖ <i>Did you succeed the first time?</i> <p>6. Refer participants to the “Wheel of Change” flipchart and <i>Essential Ingredients of Behavior Change</i> handout. Review the wheel of change. Discuss the tasks at each stage.</p> <ul style="list-style-type: none"> ❖ <i>Please look at the Essential Ingredients of Behavior Change handout. Look at the different factors at each stage and what helps people change. Peers can help people identify what it will take to change a behavior. Please look at the Stages of Change handout. With your partner, think of something a peer could say to clients at each stage of change that helps them focus on <u>their</u> goal of</i>
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<p>10 minutes</p> <p>Prepared flipchart with the wheel of change</p>	<p>changing?</p> <p>7. <i>After 10 minutes, ask for suggestions for each stage. Emphasize that people need more than information to change behaviors. Challenge the peer educators to remember this point when talking to peers. Some examples include:</i></p> <ul style="list-style-type: none"> ○ <i>Stage 1 Pre-Contemplation – “Did you know this is happening to other people just like you?” “Gee, there are advantages to your behavior. Are there are any negatives?”</i> ○ <i>Stage 2 – Contemplation – “Why is it important for you to make this change?” “How will you feel when you have achieved it?”</i> ○ <i>Stage 3 - Decision – “Sounds like you’re ready. “What are you going to do to make the change?” “What resources can help you?” “What might get in the way and what can you do to help overcome any barriers?”</i> ○ <i>Stage 4 – Action – “How is it going? How do you feel about yourself? What is working really well? What is getting in the way?”</i> ○ <i>Stage 5 – Maintenance – “Way to go! What might trip you up?”</i> <p>❖ <i>Stage 6 – Recycle/Relapse – “Give yourself a break. We all fall down, and then we get up. Change is hard and failure is often part of the process. It’s normal, but it doesn’t feel good. Do you know anyone else who failed at first? Are you ready to get back on track? Do you need to make any changes in how you are doing it? Who and what would help you?” How can you use these when working with peers?</i></p> <p>8. <i>Close by thanking the group for their suggestions.</i></p> <p>❖ <i>Thank you for your suggestions. Now let’s do a self-care exercise.</i></p>
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Essential Ingredients of Behavior Change

How it happens

- Peer-centered - the peer has to want to change.
- This is the peer's process NOT yours - meet them where they are - let them set the pace.
- Help peers discover for themselves what realistic steps are necessary to change.
- Keep checking in and be a cheerleader throughout the process.
- Work with the peers to figure out how much responsibility they are willing to take for their own behavior change process. Help them remember how important their role is in the process.



What knowledge, information, facts are needed?

(What the PEER EDUCATOR can DO to help peers change behavior)

- Educate about why change would be helpful.
- Provide new information to make change possible.
- Help find tools; learn skills; get information and other resources.
- Figure out where to begin.

If you believe it, you can do it!

- Peer believes there are steps s/he can take to make change happen.
- Peer understands the risk of NOT changing.
- Peer believes that change is possible → HOPE.
- Peer has self-confidence that s/he can change.
- Peer understands barriers/obstacles to change.
- Peer believes s/he will feel better about themselves once they have changed.

Making it happen: knowledge in action)

(What the peer has to do to change their behavior)

- Use tools and apply skills to make change happen - "What do I need to learn to do differently to make the change I want?"
- Use tools and apply skills in new situations
- Communicate with others to get them to support the change they want

The world around us.

The PEER EDUCATOR can help the peer to:

- Identify a support system, role models and mentor for making and maintaining change.
- Figure out how society, neighborhood and family expectations can affect the behavior change they want to make
- Decide where there are incentives and rewards to motivate behavior change
- Identify obstacles, challenges and opportunities around their behavior change
- Understand laws, rules, and financial limitations around their behavior change

Other important things a PEER EDUCATOR can do to help:

- Partner with the peer to create a plan for change.
- Be a cheerleader all the way! - Celebrate every little step.

Behavior Change and Me

Think about a behavior change you have made (or tried to make) and answer the questions below with your partner:

The behavior I tried to change was:

I decided I wanted to make this behavior change because:

I believed that if I made this behavior change, my life would be different by...

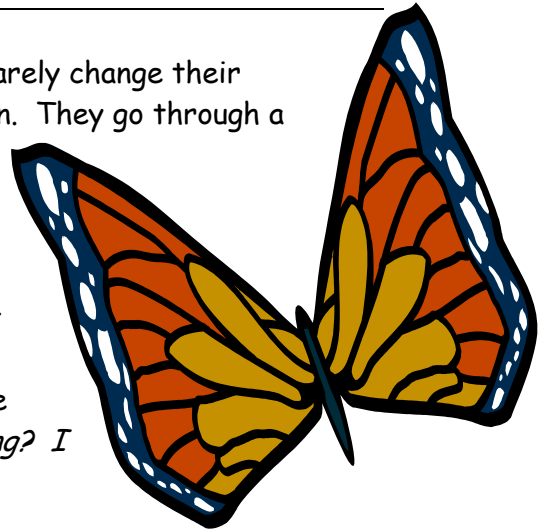
The new things I needed to know or learn in order to make this behavior change were:

People and activities that helped me make this change were:

Other things that blocked me from making this change were:

Stages of Change

Successful behavior change is a **PROCESS**. People rarely change their behavior immediately when they get new information. They go through a series of stages or steps, and may "re-cycle" a few times before they change successfully.



Stage 1: "Not even thinking about it." People at this stage don't think that information about risk applies to them. For example, a person at this stage might say, *"What do you mean I need to quit drinking? I can drink a 12-pack and not pass out!"*

What can a PEER EDUCATOR say to a peer this stage?

Stage 2: "Thinking about it." People at this stage know they eventually want to make a change, but they are not quite ready. For example, *"People in my family tend to get diabetes in their fifties. I should probably start watching what I eat."*

What can a PEER EDUCATOR say to people at this stage?

Stage 3: "Now I'm ready!" People at this stage are ready to take action. They might say, *"My case manager got me a new pillbox and helped me fill it up so I can take my meds everyday like my doctor wants me to."*

What can a PEER EDUCATOR say to people at this stage?

Stage 4: "I'm doing it!" People at this stage have begun practicing their new behavior. For example, *"I take a friend with me now when I go out to bars and she stops me from ordering that second drink."*

What can a PEER EDUCATOR say to people at this stage?

Stage 5: "Keep on keeping on." People at this stage have successfully changed something. You might hear, *"For the past six months I make sure I have condoms with me at all times, and I use them every time I have sex."*

What can a PEER EDUCATOR say to people at this stage?

Stage 6: "Whoops!" People at this stage have gone back to an old behavior, usually for a reason. For example, *"I was sober for over a year, but then my mom died and I couldn't handle it."*

What can a PEER EDUCATOR say to people at this stage?

Wheel of Change



Self Care.....Body Scan

Time: 30 minutes

Materials:

- Comfortable quiet space
- A blanket and pillow
- Mediation tape (for example, “Progressive Relaxation,” Richard S. Surwit, Ph.D., Duke University Medical Center, 1983)

Objectives: By the end of this session, participants will:

- ✓ Practice relaxation techniques of conscious breathing and simple meditation, which were reviewed on Day One;
- ✓ Introduce exercise to increase awareness of body and breath. Introduce other relaxation techniques.

Take Home Messages:

- ⇒ Gaining a deeper awareness of the body and its strengths and limitations is a cornerstone of self-healing;
- ⇒ The “body scan” is a technique for deepening awareness of the body, breath, and mind.

Trainer’s Notes	STEPS
	<p>4. Introduce “body scan.” Participants will be invited to lie on the floor on a blanket, but may also choose to remain seated in chair.</p> <ul style="list-style-type: none"> ❖ <i>If you’re comfortable lying on the floor, get a pillow and find a spot on the floor. Make sure you move any glasses, drinks, etc. out of your way.</i> ❖ <i>Lie down on your back. Take a deep breath and let it out. Put your hands on your belly and breath in, then push out the air.</i> ❖ <i>It’s been a busy week already, and we’re going to take some time to do something very important—taking care of ourselves.</i> ❖ <i>Notice where you’re feeling tight—is it in your shoulder, jaw, neck? Keep breathing. Concentrate: pay attention to your muscles.</i> <p>5. Play the mediation tape.</p>

	<p>6. After the tape ends, discuss the group's experience with relaxation.</p> <ul style="list-style-type: none"> ❖ <i>Take a moment to open your eyes, then roll to your side and get up from your side.</i> ❖ <i>What did you notice during this exercise? How was it to relax like this?</i> <p>7. Give participants a 15-minute break.</p> <ul style="list-style-type: none"> ❖ <i>Let's take a 15-minute break to wake up now that everyone is relaxed and rested. Please be back in 15 minutes so we can finish our activities for the day.</i>
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“Today’s Session Made Me Feel”.....Day 3 Closing and Evaluation

Time: 15 minutes

Materials:

- Flip chart
- Markers
- Handout with faces for evaluation

Objectives:

By the end of this session, participants will be able to:

- ✓ Verbalize objectives and take home messages from the day’s sessions.
































































Take Home Messages:

⇒ Processing and sharing observations and feelings about training experiences are important components of adult learning.

Trainer’s notes	STEPS
Handout	<p>5. Introduce evaluation. Summarize the objectives. Ask participants to review the activities for the session and say 2 or 3 important take home messages.</p> <p>❖ <i>We did a lot today. Let’s briefly think about today’s session and how you were feeling during the day’s activities. We’ll complete a handout called “Today’s session made me feel.” Do not put your name on this paper—it will remain anonymous.</i></p> <p>❖ <i>Before we begin the evaluation, can someone review the activities that we did and what the important messages were?</i></p> <p>6. Allow participants to share and then move to the handout. Pass out the handout and ask them to circle the face that describes how they feel. On the lines beneath ask them to write one thing that they liked about today’s session.</p> <p>❖ <i>The handout has different faces with emotions on them. Please circle the face that shows how you feel about the things we did today.</i></p> <p>❖ <i>Underneath the emotions please write one thing you liked about today’s session. You may write more than one thing</i></p>

	<p><i>if you like.</i></p> <p>7. Collect the completed handouts. Review parking lot. Cross off items that were addressed.</p> <p>❖ <i>Tonight's evening activity will begin at 7:00. We'll have makings for ice cream sundaes available from ____ to _____. We'll also have some art supplies available. Movies will begin at _____. There are two televisions so we'll have videos in each room. We hope that by having two rooms there will be something for everyone. Everyone is welcome and encouraged to participate.</i></p> <p>❖ <i>Breakfast will be served at 8:00 in the morning and we will begin the training at 8: 45 am. Have a great evening!</i></p>
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eMotions

						
aggressive	alienated	angry	annoyed	anxious	apathetic	bashful
						
bored	cautious	confident	confused	curious	depressed	determined
						
disappointed	discouraged	disgusted	embarrassed	enthusiastic	envious	ecstatic
						
excited	exhausted	fearful	frightened	frustrated	guilty	happy
						
helpless	hopeful	hostile	humiliated	hurt	hysterical	innocent
						
interested	jealous	lonely	loved	lovestruck	mischievous	miserable
						
negative	optimistic	pained	paranoid	peaceful	proud	puzzled
						
regretful	relieved	sad	satisfied	shocked	shy	sorry
						
stubborn	sure	surprised	suspicious	thoughtful	undecided	withdrawn

PETS Level II Training.Day Four Agenda

Time	Activity	Training Method
8:00 a.m.	Breakfast	
8:45 a.m. 5 minutes	Review/Preview	Lecture/review
5 minutes	Reflections	Meditation
10 minutes	Participant Check-in and Life Lines	Brainstorm and review
55 minutes	STDs and Other Infections	Lecture, game, group discussion
15 minutes	Break with snacks	
30 minutes	“If You Were in Charge” – Case studies	Case studies
60 minutes	Ask the Expert: Legal Issues with Carolyn McAllaster	Lecture, Q & A
12:00 noon 1 hour	Lunch	
45 minutes	Confidentiality	Large group discussion
60 minutes	Disclosure: Benefits and Risks	Large group discussion
15 minutes	Break with snacks	
45 minutes	Self-Care	Forgiveness exercise
30 minutes	Closing: Take Home Messages and “Parting Gifts” Life Lines Sharing	Evaluation
5:00 p.m.	Dinner	
6:30 p.m.	Evening Activity (Karaoke)	

Day Four.....Setting the Stage

Time: 10-20 minutes before session begins.

Materials:

- Markers
- Flipcharts
- Pen
- Paper

Training Objectives:

At the end of this activity trainers will have:

- ✓ Completed the logistical aspects of the workshop.

Trainer's notes	STEPS
	<p>7. Make sure the room is set up by start time. See "Room Set Up" section in session overview for specifics. The training room/s should be set up while participants are at breakfast. Inform participants to prepare to move into the training room 10 minutes before the session activities begin.</p> <p>❖ <i>In 10 minutes we will be moving into the training room to begin today's session. Let us remember our ground rule to start on time, and please move into the training room at 9:00.</i></p> <p>8. Have trainers greet participants as they enter. Address any needs such as providing pens, paper, etc. Remind participants that emergency supplies are needed if necessary.</p> <p>9. Note to trainer: by day four, look for people who are starting to get worn out from training. Provide energizers or extra breaks, if necessary.</p> <p>10. Have someone near the door to assist people as they arrive. Allow participants to get settled. Move into training session.</p>

Day Four Opening.....Review/Preview

Time: 5 minutes

Materials:

- Ground rules
- Parking lot
- Prepared flipchart with agenda
- Prepared flipchart with objectives
- Flipchart, markers and tape

Objectives:

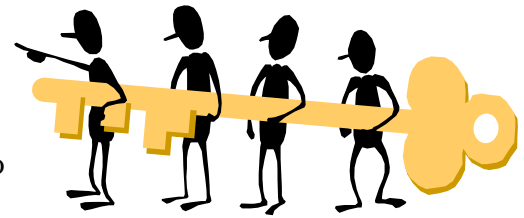
By the end of this session, participants will have:

- ✓ Reviewed the take home messages from Day Three.
- ✓ Previewed the topics to be covered in today's session.

Trainer's notes	STEPS
	<p>7. After everyone is seated, welcome participants to day four. Acknowledge any new observers, guest trainers, etc.</p> <p>8. Review evaluation from previous day.</p> <p>❖ <i>We really appreciate your feedback. People had positive comments about...(list some comments). Some things people were feeling include....</i></p> <p>9. Move into the review/preview. Briefly summarize key points from day three (refer to handout in participant notebooks). Review day four learning objectives and agenda. Tape objectives and agenda on the wall.</p> <p>❖ <i>Does anyone have any questions about information or activities from yesterday?</i></p> <p>10. Move to the next activity.</p>

Key messages From Day Three:

- It is important for peer educators to know the difference between being “friendly” and being a “friend;”
- It is important to know when, where and how to get support and assistance as a peer educator;
- It is important to understand the emotional factors associated with HIV and sexual life;
- Peer educators are an excellent resource for helping newly diagnosed HIV positive peers process their concerns about regaining their sex lives;
- Mental health complications are a normal part of HIV disease and other long-term chronic diseases;
- It is important for peer educators to request and support communication between HIV and mental health providers;
- Resources for mental health vary widely from place to place and clients can’t always get one-on-one counseling;
- It is important for peer educators to know when a problem is too complex for them to handle;
- It is important to understand the issues surrounding substance use, abuse and addiction;
- It is important for peer educators to understand that people change at their own pace;
- Behavior change is a process that usually gets repeated several times before change is lasting;
- The liver is important because it is the organ vital for processing HIV drugs and Hepatitis C can impact the management of HIV infection.
- Hepatitis C and liver disease is the leading cause of death among persons with HIV.
- Peer educators can encourage clients to engage in activities that promote health and wellness.



Opening Reflections

Time: 5 minutes

Materials:

- Handouts with typed blessings

Purpose:

Starting the day with a few moments of reflection is a way to honor various spiritual beliefs and values.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided participants with an opportunity to reflect and meditate.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Ask today's volunteer to read a blessing. 2. Allow a few minutes of silence for people to say their own blessings or to meditate.

A.M. Stretch.....Participant Check-in

Time: 10 minutes

Purpose:

It is important to check for learner understanding during training. This check-in session gives participants a chance to share what's going well and what they need in training.

Materials:

- None

Trainer's notes	STEPS
	<ol style="list-style-type: none"> <li data-bbox="586 682 1485 1081"> 1. Acknowledge that a full-day training can take a lot out of people. <ul style="list-style-type: none"> <li data-bbox="634 745 1469 892">❖ <i>You've all made it to day four—congratulations! We know that along with all the fun activities and valuable learning experiences, training can also be draining and tiring. How's everyone doing?</i> <li data-bbox="634 934 1469 1081">❖ <i>Let's take a few minutes now to share some thoughts of where we are in this process. What are some things you're feeling good about? What are some things that have challenged you in training so far?</i> <li data-bbox="586 1123 1404 1186">2. Trainers might want to ask if participants want to add to the Burden Basket after this exercise. <li data-bbox="586 1228 1437 1375"> 3. Introduce today's final <i>lifelines</i>. <ul style="list-style-type: none"> <li data-bbox="634 1291 1437 1375">❖ <i>Now that we've checked in with everyone, let's share some lifelines.</i>

Life Lines.....Continued from Previous Days

Time: (as time permits)

Materials:

- Rope and clothespins to hang *lifelines*, or tape to tape them to the wall after they've been shared

Objectives:

By the end of this session, participants will be able to:

- ✓ Establish a safe and comfortable learning environment by valuing the experiences and voices of everyone in the room.
- ✓ Learn more about each other and about the training team.

Take Home Messages:

- ⇒ Peer educators need the opportunity to have their voices heard in the room.
- ⇒ Sharing in this way helps create an atmosphere in which contributions are valued and participation is encouraged.

Trainer's notes	STEPS
	<p>4. State that today will be our last chance to share lifelines.</p> <p>❖ <i>Today is the last chance we'll have to share our lifelines. Who'd like to share today?</i></p> <p>5. Give at least 4 participants 3 minutes each to describe their <i>lifelines</i>. Ask each person to tell the group about a few symbols on his or her <i>lifeline</i>; hang for display.</p> <p>6. Explain that we'll be sharing the remaining <i>lifelines</i> at the end of today's session.</p> <p>7. Link to next activity.</p> <p>❖ <i>Thank you for your creativity and willingness to share, we are now going to have a discussion on other infections and HIV.</i></p>

Other Infections.....Group Discussion

Time: 55 minutes

Materials:

- Flipchart
- Markers
- Bug game handout
- Bug game key
- Hepatitis C, TB and flu handouts
- Prepared flipcharts

Objectives:

By the end of this session, participants will be able to:

- ✓ Identify the risks associated with hepatitis B and C, as well as other STDs and what they mean for people with HIV infection;
- ✓ Identify other infectious diseases (TB, flu, etc.) and what they mean for people with HIV.

Take Home Messages:

- ⇒ It is important for peer educators to understand diseases related to HIV so they can give peers accurate information about them;
- ⇒ It is important for peer educators to understand other diseases related to HIV so they can protect their own health.

Trainer's notes	STEPS
Prepared flipchart; handouts on STDs	<ol style="list-style-type: none"> 1. Lead group into a brief discussion about other STDs. <ul style="list-style-type: none"> ❖ <i>Next we're going to talk about infections and how they're related to HIV. We'll also review HIV and STD transmission. First, let's talk about other STDs that we've heard about. What are some of them?</i> 2. As participants respond, write the STDs they list in three separate columns on a flipchart: bacterial, viral and parasitic. Fill in STDs that aren't mentioned. [Note to facilitator: see STD references in training resources.] <ul style="list-style-type: none"> ❖ <i>Now let's talk a little how about how these STDs are transmitted. How can you get an STD?</i> 3. Allow participants to answer. Responses should include the following:

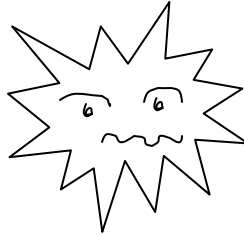
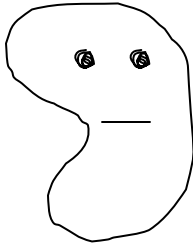
<p>Bug game handouts, key for trainer</p>	<ul style="list-style-type: none"> • Through sex—vaginal, anal and oral, and sometimes through genital rubbing. • Sharing body fluids like blood, semen and vaginal fluids. • Some STDs (like syphilis, herpes and HIV) are passed from mother to baby during childbirth. • HIV is passed person to person through infected blood, semen, vaginal fluids or breast milk. • HIV and hepatitis C are passed by sharing needles with someone who is infected.
<p>Handouts on hepatitis C, flu, TB</p>	<p>4. Refer to Bug Game handout. Facilitator should randomly select participants to answer questions. This will provide an opportunity for everyone to participate.</p> <p>❖ <i>Please take out the handout entitled, “Don’t Let These Bugs Get You!” We’ll answer these clues together. There may be some members in the group that are more knowledgeable, but this is a way for all of us to learn something new. There is also no such thing as a stupid question.</i></p> <p>5. Acknowledge how well participants worked together to answer the questions and move to hepatitis discussion.</p> <p>❖ <i>You did a great job. If there are no more questions, we are going to talk a little about hepatitis C.</i></p> <p>6. Facilitate discussion on co-infection with hepatitis C.</p> <p>❖ <i>What is hepatitis C?</i></p> <p>7. Allow participants to respond. Responses should include:</p> <ul style="list-style-type: none"> • Hepatitis C is a liver disease caused by the hepatitis C Virus (HCV). • It is also called non-A, non -B hepatitis. About 25,000 people are infected each year. <p>8. Introduce TB and Flu Information.</p> <p><u>TB Lecture</u></p> <p>❖ <i>Now we are going to talk about TB and flu. TB is short for a disease called tuberculosis and flu is short for influenza. Both can spread through the air when an infected person sneezes or coughs. Let’s begin with</i></p>

	<p><i>TB.</i></p> <ul style="list-style-type: none"> ❖ <i>In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but remain alive in the body and can become active later. This is called latent TB infection. People with <u>latent TB infection</u>:</i> <ul style="list-style-type: none"> • <i>Have no symptoms</i> • <i>Don't feel sick</i> • <i>Can't spread TB to others</i> • <i>Usually have a positive skin test reaction</i> • <i>Can develop TB disease later in life if they do not receive treatment for latent TB infection.</i> ❖ <i>Many people who have latent TB infection never develop TB disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.</i> ❖ <i>TB bacteria become active if the immune system can't stop them from growing. The active bacteria begin to multiply in the body and cause TB disease. Some people develop TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick later, when their immune system becomes weak for some reason.</i> <p>12. Ask participants what they know about TB.</p> <ul style="list-style-type: none"> ❖ <i>What are some of the symptoms of TB disease? [Note: Allow participants to respond. Symptoms include:]</i> <ul style="list-style-type: none"> • A bad cough that lasts longer than 2 weeks • Pain in the chest • Coughing up blood or phlegm from deep inside the lungs • Weakness or fatigue • Weight loss • No appetite • Chills • Fever • Sweating at night ❖ <i>How does HIV infection affect TB?</i> <ul style="list-style-type: none"> • People with latent TB infection and HIV infection
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	<p>are at very high risk of developing TB disease.</p> <ul style="list-style-type: none"> • It is especially important for people with HIV infection to <u>get tested for TB</u> (each year) and to be sure to get treatment as soon as possible if they have latent TB infection to prevent them from developing TB disease. If they have TB disease, they must take medicine to cure the disease. <p><u>The treatment of TB</u></p> <ul style="list-style-type: none"> ❖ <i>TB disease can be prevented and cured, even in people with HIV infection. It is very important that TB medications are taken correctly because, when taken correctly,</i> <ul style="list-style-type: none"> • <i>There are higher cure rates;</i> • <i>It reduces the chance that the disease will be passed on to someone else;</i> • <i>It reduced the chance the disease will come back; and</i> • <i>It reduces the chance that it will result in a resistant strain of TB.</i> ❖ <i>The treatment can be a lengthy process, but it is very important for everyone to follow the treatment regimen correctly.</i> <p><u>Flu Lecture</u></p> <ul style="list-style-type: none"> ❖ <i>Another infection to be aware of is the flu. As was mentioned earlier, the flu is spread from person to person when the virus is sent into the air when an infected person coughs, sneezes, or talks. Unlike the common cold, the flu causes severe illness and life-threatening complications in some people. Complications include bacterial pneumonia, dehydration and worsening of chronic conditions. Because people with HIV infection have a compromised immune system, it is important to get the flu vaccine each year to reduce or prevent getting the flu.</i> <p>13. Distribute handouts on TB and Flu to participants at this time or refer to the participant notebook if placed in book prior to discussion.</p> <ul style="list-style-type: none"> ❖ <i>These handouts provide an overview of TB and Flu and can be used as a reference. What other questions are there about hepatitis C, TB or Flu before we move on to our next section?</i>
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	<p>14. Ask if there are questions and link to next activity</p> <p>❖ <i>Thank you for your participation during this session. Our next session will address HIV laws and legal issues.</i></p>
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Flipchart for STD Discussion



<p>Bacterial—Curable with antibiotics (Bacteria—one-celled micro-creatures that can reproduce or multiply on their own.)</p>	<p>Viral—Not Curable but often manageable with medications or lifestyle changes (Viruses—tiny particles that need the body’s machinery, i.e., cells, nerves and tissues, to reproduce.)</p>	<p>Parasitic—Curable with Antifungals, Creams, Ointments or Other Topical Treatments (Parasites—organisms that must have a host to survive.)</p>
<ul style="list-style-type: none"> ◦ Syphilis (bad blood, chancres) ◦ Gonorrhea (the clap, drip) ◦ Chlamydia 	<ul style="list-style-type: none"> ◦ Human Immunodeficiency Virus (HIV) ◦ Hepatitis C ◦ Hepatitis B ◦ Hepatitis A ◦ Herpes ◦ Human Papillomavirus (HPV, genital warts, dysplasia) ◦ Molluscum contagiosum virus (MCV) 	<ul style="list-style-type: none"> ◦ Crabs ◦ Scabies (Mites, ◦ Trichomoniasis (Trich, Trichomonads)

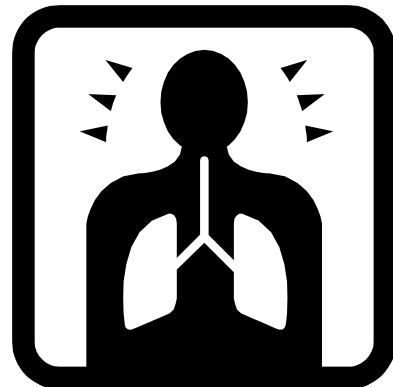
How STDs are Transmitted

Anal Sex	Vaginal Sex	Oral Sex	Anal Sex	Mutual Masturbation	Genital to Genital Skin Contact
Majority of STDs	Majority of STDs	Gonorrhea Syphilis Herpes, Hepatitis B, HIV, Chlamydia (less likely) HPV (less likely)	Oral Herpes	Relatively safe provided no sexual fluids are exchanged and partners have no cuts, sores or lesions present on hands or genitals	Herpes HPV Molluscum Contagiosum (It is possible to pass these diseases to or from genital skin areas not covered by a latex condom)

Toilet Seats	Shared Clothing and Bedding	Towels, Swimming Pools, Shared Baths	Rimming	Perinatal Transmission
Crabs Scabies (unlikely but may be possible)	Crabs Scabies (unlikely but may be possible)	Molluscum Contagiosum (MCV), Trichomoniasis (May be possible through towels and bathing suits, but has not been well documented and would be unusual) (less likely)	Chlamydia Gonorrhea Herpes Amoeba, Amebiasis Campylobacteriosis, Giardiasis, Salmonella, Shigellosis, Hepatitis A, Syphilis, HPV (less likely)	Chlamydia Gonorrhea, Herpes, Syphilis HIV, HPV, Streptococcus B, Hepatitis B and C' (Some of these are transmitted at delivery, some in utero, and some at either time. HCPs not sure how some are transmitted)

Tuberculosis (TB) Information Sheet

TB is short for a disease called tuberculosis. TB is spread through the air from one person to another. The bacteria (or germs) are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected. TB usually attacks the lungs, but may affect other parts of a person's body. Individuals who are in close contact with someone who is infected are at risk for developing TB.



TB is particularly dangerous for people infected with HIV, because it moves more quickly from TB infection to TB disease.

TB Infection:

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent **TB infection**. People with latent TB infection

- have no symptoms
- don't feel sick
- can't spread TB to others
- usually have a positive skin test reaction
- can develop TB disease later in life if they do not receive treatment for latent TB infection

Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

TB Disease:

TB bacteria become active if the immune system can't stop them from growing. The active bacteria begin to multiply in the body and cause TB disease. Some people develop TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick later, when their immune system becomes weak for some reason.

Symptoms:

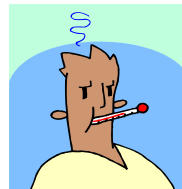
Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause



- a bad cough that lasts longer than 2 weeks
- pain in the chest
- coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are

- weakness or fatigue
- weight loss
- no appetite
- chills
- fever
- sweating at night

**HIV infection affects TB in a couple of ways:**

A person can have latent TB infection for years without any signs of disease. But if that person's immune system gets weak, the infection can quickly turn into TB disease. Also, if a person who has a weak immune system spends time with someone with infectious TB, he or she may become infected with TB bacteria and quickly develop TB disease.

Because HIV infection weakens the immune system, people with latent TB infection and HIV infection are at **very high risk** of developing TB disease. All HIV-infected people should be given a TB skin test to find out if they have latent TB infection. If they have latent TB infection, they need treatment for latent TB infection **as soon as possible** to prevent them from developing TB disease. If they have TB disease, they must take medicine to cure the disease.

TB disease can be prevented and cured, even in people with HIV infection.

Treatment of TB

It is important that the TB medications are taken correctly.

When taken correctly:

- there are higher cure rates
- it reduces the chance that the disease will be passed on to someone else
- it reduces the chance that the disease will come back
- it reduces the chance that it will result in a resistant strain of TB



(Adapted from the CDC)

Flu Information Sheet



Influenza, commonly known as the flu, is a highly contagious viral infection found in the nose, throat and lungs (respiratory tract). It spreads when an infected person coughs, sneezes, or talks and the virus is sent into the air. Unlike the common cold, the flu causes severe illness and life-threatening complications in some people. Flu symptoms include fever, chills, muscle/joint pain and extreme fatigue.

According to the CDC, each year an estimated 10-20% of US citizens get the flu, and an average of 114,000 persons are hospitalized for flu-related complications. About 36,000 Americans die on average per year from the complications of flu. Complications include bacterial pneumonia, dehydration and worsening of chronic conditions such as diabetes, congestive heart failure, and asthma.

A flu vaccine is available each year and may be taken to reduce or prevent getting the flu.

(Adapted from the CDC)

If You Were in Charge.....Case studies

Time: 30 minutes

Materials:

- Markers
- Flipchart
- Colored paper clips (three different colors, enough to put participants into three groups)
- Three scenarios (printed and cut so each group receives a different scenario)
- Control Measures handout

Objectives:

By the end of this session, participants will be able to:

- ✓ Identify and discuss the public health law mandates.
- ✓ Explore the role of the peer in assisting others in following control measures.

Take Home Messages:

- ⇒ There are things that happen after a person tests positive for HIV that may not seem fair but are the law;
- ⇒ Peer educators need to have a basic knowledge of the public health laws, partner notification and other issues to better advise clients.

Trainer's notes	STEPS
	<p>1. Introduce the activity.</p> <p>❖ <i>Before we get into much of this session's topic, HIV law, we want to figure out how close our beliefs are to actual laws.</i></p> <p>2. Divide the participants into 3 groups using colored paper clips.</p> <p>❖ <i>You will need to divide into groups for this activity based on the color of your paper clip. Each group will read and analyze a case study. Then you will discuss the special circumstances in the scenario as well as decide what you would do as the peer educator helping the person in the scenario.</i></p> <p>❖ <i>We realize that this is a sensitive topic. Being diagnosed and/or notified that a person has HIV is a difficult time. We'd like to ask that for the purpose of this exercise, you set aside your personal experiences and practice how</i></p>

	<p><i>you'd work with a peer.</i></p> <p>3. Inform the groups what the role of a peer educator, in determining what steps will be taken to the main person in your scenario.</p> <ul style="list-style-type: none"> ❖ <i>People get tested for HIV and given their HIV test results in several different places. People may get tested by their private doctor, at a clinic, a health fair, or anywhere where tests may be given. It does not matter where you get tested, there will be someone who will give you results.</i> ❖ <i>When a person is given positive HIV results they are also told about public health rules/laws that they must follow. These laws are for the good of all our public health and safety. Many people refer to these laws as Communicable Disease Control Measures.</i> ❖ <i>Does anyone know what "Control Measures" mean?</i> (Allow responses and correct information) ❖ <i>Control measures are public health laws given to people who are infected with HIV. After your results you are told what these measures are.</i> ❖ <i>The following are the control measures for persons infected with Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection:</i> <ul style="list-style-type: none"> (a) refrain from sexual intercourse unless condoms are used; exercise caution when using condoms due to possible condom failure; (b) not share needles or syringes, or any other drug-related equipment, paraphernalia, or works that may be contaminated with blood through previous use; (c) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs , or breast milk; (d) have a skin test for tuberculosis; (e) notify future sexual intercourse partners of the infection; if the time of initial infection is known, notify persons who have been sexual intercourse and needle partners since the date of infection; and, if the date of initial infection is unknown, notify persons who have been sexual intercourse and needle partners for the previous year. ❖ <i>Remember that your role as a peer educator is to support</i>
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	<p><i>and keep the confidentiality of the person you are working with. However, you may become aware of someone who is not following control measures.</i></p> <p>4. Distribute one case study to each group. Trainers may be assigned to each group to read scenarios. Inform the groups that they will have 10 minutes to discuss the scenario.</p> <p>❖ <i>You will have 10 minutes to discuss what actions you would take and then we will report back to the larger group.</i></p> <p>5. Reconvene as a large group and have each group report their scenario and their decision on how the person will be handled.</p> <p>❖ <i>Now we will have each group report back on their scenario. Tell us how you decided on the actions that you would take as a peer educator. Each group will have 5 minutes.</i></p> <p>6. Allow five minutes for each group's report. Ask the group how it felt to know someone is breaking control measures and disclosing the information to you.</p> <p>❖ <i>How did it feel to know that much personal information about someone and not know exactly what to do with it?</i></p> <p>❖ <i>In some cases the peer educators has to do what is best for the peer and keep confidentiality. The best thing for the peer educator to do is to review the control measures with the peer and inform their supervisor of what has occurred.</i></p> <p>❖ <i>Now let's share how this makes you feel. What feelings do you have about these scenarios?</i></p> <p>7. Allow time for 2 or 3 comments, write comments down to share with Carolyn. Some responses may include:</p> <ul style="list-style-type: none"> • Confusion about telling Supervisors • Confusion about when people are given control measures • Anger • Overwhelming • Sad, because I've gotten myself to the point of being tested and there are these rules that are against me • Who are they to tell me what I can and cannot do? <p>8. Wrap up and move into discussion about actual laws.</p>
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	<p>❖ <i>It's a tough job to be responsible for the health and concerns of the public, as well as to consider the rights of individuals. Some states have merged the two schools of thought. Carolyn McAllaster is here to discuss some of these laws.</i></p>
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Control Measures

Control measures are public health laws given to people who are infected with HIV. After your results you are told what these measures are.

The following are the control measures for persons infected with Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection:

- (a) refrain from sexual intercourse unless condoms are used; exercise caution when using condoms due to possible condom failure;
- (b) not share needles or syringes, or any other drug-related equipment, paraphernalia, or works that may be contaminated with blood through previous use;
- (c) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs , or breast milk;
- (d) have a skin test for tuberculosis;
- (e) notify future sexual intercourse partners of the infection; if the time of initial infection is known, notify persons who have been sexual intercourse and needle partners since the date of infection; and, if the date of initial infection is unknown, notify persons who have been sexual intercourse and needle partners for the previous year.

Case Studies—If You Were in Charge

Carson is a junior at UNC. Carson and some friends participated in a health fair, getting their blood pressure screened and cholesterol checked, as well as being tested for HIV. Carson's HIV test came back positive. He couldn't believe that he of all people had tested positive for HIV. So, he put it out of his mind and finished his next two semesters as if nothing had changed—dating as usual. Since he was diagnosed, he has had dated two girls and had sex with both of them.

Faye is a 42-year old mother of three. Faye is recently divorced from her husband of 15 years. Faye is HIV+ and was infected by her ex-husband who cheated on her during most of their marriage. She is angry and resentful, feeling that she is HIV+ through no fault of her own. Soon after her divorce, Faye had sex with some men she dated. Mostly, it was protected sex, but there were times when she had unprotected sex.

Luke is an 24-year old who was recently diagnosed with HIV and hepatitis C. He is addicted to both cocaine and heroin and sometimes turns tricks to support his habit. He feels he should tell the people he's sleeping with, but he figures if he uses condoms, there's no harm done.

Ask The Expert.....HIV and Public Health Law

Time: 60 minutes

Materials:

- Flipchart
- Markers

Objectives:

By the end of this session, participants will be able to:

- ✓ Understand legal rights and issues surrounding HIV.

Take Home Messages:

- ⇒ Peer educators need to have a basic understanding of legal rights and issues;
- ⇒ Peer educator needs to know what legal resources are available.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Introduce background on public health law. <ul style="list-style-type: none"> ❖ <i>Public health law and criminal law have 2 very different purposes:</i> ❖ <i>Public health law or codes are to stop the spread of the disease in the least restrictive manners where criminal laws punish the wrong-doers and serve as a deterrent for others.</i> ❖ <i>Public health law tries to use the least restrictive measures whereas criminal law typically seeks the maximum restrictive measure allowable.</i> ❖ <i>They both have their place when it comes to HIV.</i> 2. Introduce today's "expert," Carolyn McAllaster <ul style="list-style-type: none"> ❖ <i>Today's expert is here to give an introduction about HIV and the legal system. Carolyn McAllaster is founder and Director of the AIDS Legal Clinic at Duke University.</i> 3. McAllaster will lead a mini-lecture on the following: <ul style="list-style-type: none"> • Overview of services provided by the AIDS Legal Clinic, Duke University • Disability • Guardianship, living wills and last wills

	<ul style="list-style-type: none"> • Financial Power of Attorney • Health Care power of attorney • Public health law • Hospital procedures • Consent forms • Testing • Confidentiality • Disease control measures • Partner notification <p>4. After the lecture, invite participants to ask Dr. McAllaster their own questions. Some possible questions include the following:</p> <ul style="list-style-type: none"> • What rights to protect children and assets does a person with HIV have? • How do NC guardian laws affect me? My clients? • Why do certain laws exist? • Is it illegal for HIV+ women to have children? <p>5. Wrap up.</p> <p>❖ <i>Thanks to Carolyn McAllaster for speaking to us today. We'll break for lunch now, and return to the training room at 1:00.</i></p>
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Confidentiality.....Group Discussion

Time: 45 minutes

Materials:

- Flipchart
- Markers

Objectives:

By the end of this session, participants will be able to:

- ✓ Understand confidentiality issues surrounding HIV;
- ✓ Have a basic understanding of HIPAA regulations.

Take Home Messages:

⇒ Confidentiality issues are crucial to our patients with HIV.

Trainer's notes	STEPS
	<p>1. Introduce the concept of HIPAA.</p> <ul style="list-style-type: none"> ❖ <i>HIPAA stands for the Health Insurance Portability Assurance Act. All of the issues we will be talking about tie in some way with HIPAA.</i> ❖ <i>Because of HIPAA you may have noticed that you are being asked to sign many forms that are called “releases of information.” HIPAA also means that no one can give information to anyone without your permission. If information is learned about you within your health care team, the team can share the least amount of information necessary for your care with the rest of the team. However, your health care team cannot give this information even to family members without your permission.</i> ❖ <i>What would be some examples of ways that HIPAA has affected you? (Responses could include-signing releases at the pharmacy, the dentist, etc.)</i> ❖ <i>What would be some examples of ways that your HIPAA rights might be broken? (answers could include—doctors discussing your sexuality in the hall of the hospital or your pharmacist telling your family member that s/he has your AZT and would they like to take it to you to save time, without your permission.</i>

	<p>❖ <i>So, these releases of information allow the doctor, dentist or pharmacy to file insurance etc., on your behalf, but the rules also restrict. For instance, the pharmacist can no longer give refills to your partner without your expressed and written permission.</i></p> <p>2. Introduce the importance of confidentiality.</p> <p>❖ <i>You may recognize clients with whom you are working in other parts of your life. It is important that you keep their identities and their information confidential.</i></p> <p>❖ <i>There are times when you must disclose information related to your clients to other professions. When might these times be? [Allow for responses. They should include the following:]</i></p> <ul style="list-style-type: none"> • S/he is suicidal • S/he is homicidal • S/he is being abused • S/he is abusing or neglecting minor children <p>3. Define Confidentiality.</p> <p>[Give participants a few seconds to respond.]</p> <p>❖ <i>What exactly is meant by confidentiality?</i></p> <p>❖ <i>Who gets to know of your infection?</i></p> <p>❖ <i>Everyone is bound by confidentiality. If you know someone is infected with HIV, you cannot tell anyone else. If you know that someone is infected because you've been working with him or her this week, then you cannot tell anyone else that was not at this training about "Jim" or "Mary's" HIV status—whether one is positive or negative for HIV.</i></p> <p>❖ <i>An example: Mary is test counselor who gave Barry his positive test result. Later, she sees Barry with her brother. She cannot tell her brother about Barry's HIV status. This would be a breach of confidentiality. What would happen if Mary disclosed Barry's status? She could be reported, reprimanded and/or fired.</i></p> <p>❖ <i>As peer educators, what are some repercussions of revealing someone's status? [Answers should include the following:]</i></p>
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	<ul style="list-style-type: none"> • There would be repercussions from the agency you are working with and/or the PETS project. You would first get a reprimand and then may be dismissed. <p>❖ <i>Now let's talk a little about ways we could break confidentiality without realizing it. Imagine the following scenarios.</i></p> <p>❖ <i>Linda is a peer counselor who needs to contact Kevin, a new client. She calls him at home and gets his answering machine. Is it okay for her to leave her title and the fact that she works at the local AIDS community center on the machine? Why or why not?</i></p> <p>❖ <i>David has been a peer educator for two years. He has been working with Morris for almost a year. One afternoon while David and his partner are at the mall, they run into Morris. David introduces Morris as a client to his partner. Is this okay? Why or why not?</i></p> <p>❖ <i>How might you acknowledge Morris without breaching his confidentiality?</i></p> <p>4. Lead discussion on whether anyone could be forced to reveal his or her HIV status.</p> <p>❖ <i>What about children who are positive—do you have to tell their school? [No, not in North Carolina. This varies from state to state.]</i></p> <p>❖ <i>What might the benefits of telling in the schools? What might the negatives be? How might you tell the school? (Allow time for responses)</i></p> <p>❖ <i>Can anyone be forced to reveal his or her HIV status? [Allow participants to respond.]</i></p> <p>❖ <i>There are some cases:</i></p> <ul style="list-style-type: none"> • The court can order medical records to be released to determine how to proceed with charges in rape cases. [Note to trainer: You could refer to a past episode on <i>Law and Order</i> where the court ruled for medical records to be released because they were charging a man for having sex with multiple girls]
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	<p>and one became infected when he was her only partner.]</p> <ul style="list-style-type: none"> • If there's an incident involving a police officer or health care worker, for example, he or she was stuck with a needle or had a fight with a prison inmate, the source patient <u>has</u> to be tested and his/her test results are given to the person who was exposed. Permission is not needed to test the source person. The person who learns of the source's status is now bound by confidentiality. • Insurance companies can find out when you file a claim. Sometimes, you can request that the results are not included in the file. Your health care provider would then have to send a notice along with the medical records stating that the file is incomplete. The coverage then varies from company to company. • Insurance companies can ask if you are HIV+ or have other pre-existing conditions. If you do not answer truthfully, your application can be denied and you may be asked to repay. Your estate may even be denied after you have died. <p>5. Facilitate a discussion on confidentiality. Ask participants for their thoughts on these situations. Were they surprised by any?</p> <ul style="list-style-type: none"> ❖ <i>Did it surprise you that someone could be forced to reveal his or her HIV status in these situations? Why or why not?</i> ❖ <i>Why is confidentiality important to you?</i> ❖ <i>Why is confidentiality important to the peers you'll be educating?</i> <p>6. Wrap up and move discussion to "Disclosure: Benefits and Risks."</p> <ul style="list-style-type: none"> ❖ <i>One other note: disclosure to your health care providers is not necessary—they should be utilizing universal precautions to protect them from infection. A doctor may need to know if he or she will take part in treatment of the infection, however.</i>
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	<ul style="list-style-type: none"> ❖ <i>In North Carolina, the physician or medical provider can tell the spouse of an HIV positive person if s/he suspects that s/he has not been told. But, the medical provider is not allowed to disclose to a partner or girlfriend without the permission of a patient. In addition, it is important to remember that in North Carolina (may be any state) “common law” marriages are not recognized, so that a live-in partner, even if s/he has been with the HIV+ person for years, is not considered a spouse in the eyes of the law.</i> ❖ [Trainer may choose whether to include the following:] <i>Arkansas has made it a crime to not disclose your HIV infection to health care providers whether or not they have anything to do with your health with regards to the infection. They are the only state to mandate it and consider it a class-A misdemeanor. However, as time goes by the direction is to be more punitive rather than less, and the laws about disclosure have become more conservative rather than less</i> ❖ <i>You might remember from PETS I that we talked about the advantages of disclosing to a doctor or a dentist. Let’s review those situations.</i>
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Disclosure.....Benefits and Risks

Time: 60 minutes

Materials:

- Flip chart
- Signs—"I would always tell" and "I would never tell" (on different colored paper, if possible)
- Brochures on disclosure
- Markers

Objectives:

By the end of this session, participants will be able to:

- ✓ Understand that everyone has a unique experience with disclosure or partner notification;
- ✓ Empathize with others upon hearing their stories.

Take Home Messages:

- ⇒ Disclosure is your personal choice;
- ⇒ Peer educators may not agree with but need to respect the decision that others make about disclosure;
- ⇒ Everyone has a unique experience with disclosure and partner notification.

Trainer's notes	STEPS
	<p>1. Introduce activity.</p> <ul style="list-style-type: none"> ❖ <i>In Level One we discussed disclosure and the importance of understanding people's choices about disclosing his or her HIV status to family and friends.</i> ❖ <i>Telling others about your HIV status is your personal choice. You have a right to keep it a secret with the exception of telling: current and past sex partners, anyone that you may have shared needles with, and your doctor or dentist.</i> ❖ <i>People have different reasons for telling or not telling others about their HIV status. There are some risks and benefits of disclosure.</i> ❖ <i>It is important to know that everyone has his or her own unique experiences with disclosure. This exercise will help us learn why people chose or do not chose to disclose their</i>

<p>Signs with “I would always tell” and “I would never tell”</p>	<p><i>HIV status.</i></p> <ul style="list-style-type: none"> ❖ <i>Peer educators may not agree with, but need to respect, the decisions that others make about disclosure.</i> ❖ <i>At this time I will need you to think about an experience when you told someone about your HIV status. Think about who they are: your mother, partner, brother, friend, employee, your whole family, sister, aunt, child.</i> ❖ <i>In that experience was the person or group supportive, angry, violent, judgmental or confused? There are many reactions that may be associated with disclosure, some of which we could have never anticipated.</i> <p>2. Explain the continuum exercise. Place signs or flips chart sheets at opposite ends of a long wall with one reading “I would never tell” and the other “I would always tell”.</p> <ul style="list-style-type: none"> ❖ <i>I need you to line up, to form a straight line across the back of the room. At each end of the room there is a sign. One reads “I would never tell,” and the other “I would always tell.”</i> ❖ <i>Line up by height and if you are the same height, go by the month you were born (January goes to the left). Make sure this is a single line.</i> ❖ <i>We will begin by having the person on the end with “I would always tell...” to share one person/group that they would always disclose to. Those in the middle will share based on their opinions, until we get to the end where the person would share, “I would never tell....” You may add a reason why you would or would not tell this person/group if you wish.</i> <p>3. The trainer should ask for clarification of the instructions and repeat them and use the example below if needed.</p> <ul style="list-style-type: none"> ❖ <i>The example to start could be: “I would always tell my employer because I may need to have time to go to my provider appointments.”</i> <p>4. Allow each person to tell who he or she would or would not disclose to, and process the activity. Ask the following questions.</p>
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<p>Brochures on disclosure</p>	<ul style="list-style-type: none"> ❖ <i>What did you notice about different people or groups and who they would disclose to?</i> ❖ <i>How do you feel about people choosing who they want to disclose to other than those they are required to tell?</i> <p>5. Allow participants to respond.</p> <ul style="list-style-type: none"> ❖ <i>What is the best thing to do when a person tells you that they want to disclose to someone?</i> <p>6. Allow responses. Then go through the disclosure process. Have brochures available. (If brochures are not in the books, make sure to hand them out).</p> <ul style="list-style-type: none"> ❖ <i>Thank you all for sharing. It is important to remember that we all disclose to different people for different reasons. It is not up to peer educators to encourage others to disclose their HIV status, or to decide to whom their clients should tell.</i> ❖ <i>Peer educators should encourage their clients to consider several things before disclosing to someone. These include:</i> <ul style="list-style-type: none"> • <i>What do you need most from the person you are telling?</i> <i>Have the peer think about how this person knowing can help their situation or make it worse.</i> • <i>Who are you most comfortable telling?</i> <i>Have the peer think of someone who can support them in a non-judgmental way while coping with their own feelings.</i> • <i>How important is privacy to you?</i> <i>Have the peer consider how the person s/he's considering disclosing to regularly deals with others' confidential information.</i> • <i>Prepare for reactions.</i> <i>Have the peer consider if the person s/he's going to tell might get upset. S/he might also provide written information on HIV to the person.</i> • <i>Where will you tell?</i> <i>Have the peer choose a place that is comfortable and provides enough privacy?</i> • <i>What are some of the risks?</i> <i>Have the peer think about the risks associated with disclosing, such as jeopardizing a job or telling someone who might become violent.</i>
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	<p>7. Ask participants what some of the benefits of disclosure are. Allow responses.</p> <p>❖ <i>Telling others about your status may take pressure off of you and relieve stress. This can help you stay healthy. Some other benefits of disclosure may be:</i></p> <ul style="list-style-type: none">• Getting emotional support• Relief from the burden of secrecy• Connecting with others who are HIV+• Controlling your own disclosure on your own terms <p>❖ <i>In your handouts we have included a brochure about how to tell someone about your HIV status.</i></p> <p>❖ <i>Thank you again for sharing. Now let's move into our self-care activity for today.</i></p>
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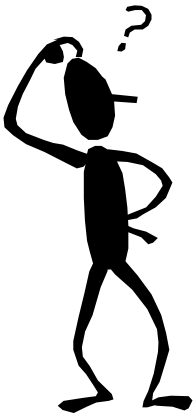
I would always tell.

I would never tell.

Disclosure: Some Considerations Before You Disclose

Peer educators should encourage their clients to consider several things before disclosing to someone. These include:

- **What do you need most from the person you are telling?** Have the peer think about how this person knowing can help their situation or make it worse.
- **Who are you most comfortable telling.** Have the peer think of someone who can support them in a non-judgmental way while coping with their own feelings.
- **How important is privacy to you?** Have the peer consider how the person s/he's considering disclosing to regularly deals with others' confidential information.
- **Prepare for reactions.** Have the peer consider if the person s/he's going to tell might get upset. S/he might also provide written information on HIV to the person.
- **Where will you tell?** Have the peer choose a place that is comfortable and provides enough privacy?
- **What are some of the risks?** Have the peer think about the risks associated with disclosing, such as jeopardizing a job or telling someone who might become violent.





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 Others About Your HIV

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

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)

PETS Level II

- ❖ 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.....Guided Forgiveness

Time: 60 minutes

Materials:

- Quiet space and chairs

Objectives:

By the end of this session, participants will be able:

- ✓ To discuss the topic of forgiveness, and to learn a simple forgiveness meditation.

Take Home Messages:

- ⇒ Harboring resentment towards self or others is a roadblock to health and well-being.
- ⇒ Everybody makes mistakes and we all disappoint each other in one way or another over time.
- ⇒ Learning to forgive and move on is essential for maintaining a healthy relationship with yourself and with others.
- ⇒ Prayer and meditation can be effective tools for forgiveness.
- ⇒ Peer educators are human and have their own needs.

	<ol style="list-style-type: none">1. Begin by telling the group you would like to generate a discussion on forgiveness. Explain that this topic has come up in past PETS trainings because everyone with HIV was infected by someone else and some people with HIV may have infected others. Some may have difficulty forgiving the person who infected them. Some may have difficulty forgiving themselves for infecting another person.2. Mention that there is ongoing research of forgiveness as it relates to people with HIV/AIDS. Researchers are trying to prove what most of us already know—that harboring resentment has a negative effect on our well being and being able to forgive has a healing effect. Two examples:<ul style="list-style-type: none">• Researchers at the Institute for Human Virology in Baltimore MD are evaluating the power of forgiveness and physical health. Specifically they are asking the questions: If one is angry about being diagnosed with HIV, can that hamper his or her immune system? If bitter about how one was infected, is that person at higher risk of infecting others in retaliation? And, if people forgive themselves and/or others for contracting the disease, does that make them stronger, help them live longer and help halt the progressive spread of AIDS? The researchers believe that being able to forgive and forget and let go of angry
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	<p>thoughts and feelings may promote health and well-being.</p> <ul style="list-style-type: none"> • Dr. Brian Childs, a theologian, is also studying forgiveness in the setting of HIV/AIDS. He believes guilt and anger over being infected with HIV leads to higher stress levels and more rapid HIV disease progression. He is examining the effect of training in forgiveness on physical and psychological health of people infected with HIV in a study at Atlanta Medical Center. <p>3. Read the following excerpt from <i>Seeking Peace</i>, by Johann Cristoph Arnold:</p> <p><i>Human nature being what it is, the ability to see a brother or sister in every person we meet is a grace. Even our relationships with those who are closest to us are clouded now and then, if only by petty grievances. True peace with others requires effort. Sometimes it demands the readiness to yield; at others, the willingness to be frank. Today we may need humility to remain silent; tomorrow, courage to confront or speak out. One thing remains constant, however: if we seek peace in our relationships, we must be willing to forgive over and over.</i></p> <p><i>Each of us has been hurt at one time or another, and each of us has hurt others. And therefore, just as all of us must forgive, so all of us need to be forgiven. Without forgiveness, we will not find peace.</i></p> <p><i>Forgiving has nothing to do with being fair, or with excusing wrongdoing; in fact, it may mean pardoning someone for something inexcusable. When we excuse someone, we brush his mistake aside. When we forgive someone, there may a good reason to hold onto our hurt, but we let go of it anyway. We refuse to seek revenge. Our forgiveness may not always be accepted, yet the act of reaching out our hand in reconciliation saves us from anger and indignation. Even if we remain wounded, a forgiving attitude will prevent us from lashing back at someone who has caused us pain. And it can strengthen our resolve to forgive again the next time we are hurt.</i></p> <p>4. Engage the group in a general discussion of forgiveness, and end the session by leading the group in a forgiveness/loving kindness meditation.</p>
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Life LinesContinued**Time:** 15 minutes**Materials:**

- Prepared lifelines

Objectives:

By the end of this session, participants will be able to:

- ✓ Contribute to establishing a safe and comfortable learning environment by valuing the experiences and voices of everyone in the room.
- ✓ Learn more about each other and the training staff.

Take Home Messages:

⇒ Peer educators need the opportunity to have their voices heard in the room.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Introduce the group's last <i>lifelines</i>. <ul style="list-style-type: none"> ❖ <i>This is our last chance to share lifelines. Who has not shared who would like to share theirs now?</i> 2. Ask the remaining participants to discuss their <i>lifelines</i>, then hang them for display. <ul style="list-style-type: none"> ❖ <i>How did the lifelines work as a way to share things about yourself safely?</i> ❖ <i>Would you recommend that we keep this activity as part of the curriculum?</i>

Parting Gifts.....Day 4 Closing and Evaluation

Time: 15 minutes

Materials:

- Basket
- Pen P
- Paper slips

Objectives:

By the end of this session, participants will be able to:

- ✓ Verbalize take objectives and take home messages from the day's sessions.

Take Home Messages:

- ⇒ Processing and sharing observations, feelings and experiences are important components of adult learning.

Trainer's notes	STEPS
	<p>8. Introduce evaluation. Summarize the objectives. Ask participants to review the activities for the session and say 2 or 3 important take home messages.</p> <p>❖ <i>Let's briefly think about today's session and what we learned. Who can share a few things we learned today?</i></p> <p>❖ <i>Whenever a group of people comes together everyone gains something. As our closing exercise today, write down one "gift" this day of work has brought you.</i></p> <p>9. Pass out slips of paper and pens. Give participants five minutes to complete the slip.</p> <p>❖ <i>When you are finished, please fold your paper and place it in the basket. Then when everyone has placed something in the basket, I will go around and take a few slips from the basket and read them to the group.</i></p> <p>10. When all slips are in the basket you may begin to read them. Be sure to be aware of speed and tone in reading. Honor each gift.</p> <p>❖ <i>Thank you for sharing your gift statements. Tomorrow is our last day of training and we will be departing soon after lunch. I hope that you all have received something from this training and will</i></p>

	<p><i>continue to be encouraged to work as a peer educator.</i></p> <p>❖ <i>Tonight's evening activity will begin at _____.</i></p> <p>❖ <i>Breakfast will be served at 8:00 in the morning and we will begin the training at 9: 00 am.</i></p>
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PETS Level Two TrainingDay Five Agenda

Time	Activity
8:00 a.m.	Breakfast
9:00 a.m. 10 minutes	Review/Preview
5 minutes	Reflections
25 minutes	Our Mottos
40 minutes	Navigating the HIV System: Small Group Brainstorming
35 minutes (20 minutes) (15 minutes)	Action Planning I: "What am I going to do?" Action Planning II: "What is PETS going to do?"
15 minutes	Cups of Appreciation
30 minutes	Evaluation
10 minutes	Certificates and T-shirts
20 minutes	Closing Circle
12:00 noon	Lunch <i>to go</i>

Day FiveReview/Preview**Time:** 10 minutes**Materials:**

- Flipchart, markers and tape
- Prepared flipchart with agenda
- Prepared flipchart with objectives
- Parting gift slips from Day 4

Objectives:

By the end of this session, participants will be able to:

- ✓ Get feedback on overall training;
- ✓ Focus on today's activities.

Trainer's notes	STEPS
	<p>11. After everyone is seated, welcome everyone.</p> <p>❖ <i>Welcome to our last day of training—you made it! How's everybody doing?</i></p> <p>12. Thank everyone for a great night at the ballpark. Discuss evaluations from Day Four. Acknowledge participants' feedback.</p> <p>❖ <i>We really appreciate your feedback. These are a few of the parting gifts that were shared on yesterday...(list a few).</i></p> <p>❖ <i>Thank you once again for expressing your feelings about the training activities over the past four days.</i></p> <p>13. Ask if anyone has any questions or concerns from the previous session.</p> <p>❖ <i>Does anyone have questions about information or activities from yesterday? (Allow for responses and address any questions)</i></p> <p>14. Move to today's reflection.</p>

Opening Reflections

Time: 5 minutes

Materials:

- Handouts with typed blessings.

Purpose:

Starting the day with a few moments of reflection is a way to honor various spiritual beliefs and values.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided participants with an opportunity to reflect and meditate.

Trainer's notes	STEPS
	<p>3. Ask today's volunteer to read a blessing.</p> <p>4. Allow a few minutes of silence for people to say their own blessings or to meditate.</p>

Day Five Opening.....Our Mottos

Time: 25 minutes

Materials:

- Paper
- Markers
- Soft music
- Camera to take a group photo

Objectives:

By the end of this session, participants will be able to:

- ✓ Express beliefs and values;
- ✓ Validate participants' strengths and contributions to the group.

Take Home Messages:

- ⇒ People learn better when they feel safe around the other learners;
- ⇒ Peer educators have the opportunity to know that others value them.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Explain that many companies have slogans or "mottos" which reflect their values. <ul style="list-style-type: none"> ❖ <i>Many companies have slogans that reflect their principles—for example, “Just Do It” is what company’s motto? [Nike.] What are some other famous mottoes you’ve heard? [“Quality is Job One,” Ford Motor Company; “Be All That You Can Be,” U.S. Army.]</i> ❖ <i>We’re going to come up with our own mottos. Try to create a motto that relates to your experience this week or your work as a peer educator. You can make your own motto or borrow a slogan. After everyone has created a slogan, we’ll share them with the group.</i> 2. Give participants five minutes to think of their own personal mottos. Ask them to write their mottos on the paper provided. Trainers should be available for those who need assistance. 3. Allow participants to work independently or in groups. Play soft music if it’s not distracting to them.

	<ol style="list-style-type: none">4. After five minutes, ask if they've had enough time. If necessary, allow another five minutes so that everyone has enough time to create a motto.5. When everyone has finished, gather group in a circle to share. Trainers may begin by displaying their mottos.6. As participants and trainers share their mottos, applaud them for their creativity and contributions. Take a group photo of people holding up their mottos. Post mottos in the front of the room.7. Link to the day's activities. <p style="text-align: center;">❖ <i>Now let's move on, and discuss some ways to locate community resources and services for peers.</i></p>
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Navigating the System.....Small Groups

Time: 40 minutes

Materials:

- Flip chart
- Markers
- Chime
- Break-up method: 3 types of plastic farm animals
- Prepared flipchart for navigating the system

Objectives:

By the end of this session, participants will be able to:

- ✓ Demonstrate the ability to locate and refer peers to local services.

Take Home Messages:

- ⇒ Resources vary in each community;
- ⇒ It is important to know what resources are available in the community;
- ⇒ Peers can help each other advocate and search for needed services.

Trainer's notes	STEPS
<p>Method for breaking people into small groups; prepared flipcharts with questions regarding services for people with HIV</p>	<ol style="list-style-type: none"> 1. Introduce the activity. <ul style="list-style-type: none"> ❖ <i>As peer educators, one of our roles is to help peers find appropriate community resources that provide different services. We are going to discuss some needs that our peers may have and think about where we could refer them to get services.</i> 2. Have participants break into three small groups based on the farm animal they chose. Groups should be fairly even in size. Trainers will need to work with each assigned group. <ul style="list-style-type: none"> ❖ <i>I need all the people who have the same farm animal to form groups. One of our trainers will facilitate a discussion with each group to discuss the needs and services available to people living with HIV.</i> ❖ <i>For this next activity, we'll discuss the types of services people with HIV need and where they can go to get these services. After our small group work, we will come back and share our thoughts with the whole group.</i> ❖ <i>Trainer 1 will have all the participants with "pigs."</i>

	<p><i>Trainer 2 will have all the “cows.” Trainer 3 will have all the participants with “horses.”</i></p> <ul style="list-style-type: none"> ❖ <i>The trainers are available if you have questions and to monitor your time. Please go to your assigned flip chart page and answer the question posed there. At the end of 5 minutes, we’ll ring a chime and asking each group to go to a new flipchart page and a new question. You will have chance to answer all 3 questions. We will call time in about 15 minutes.</i> <p>3. Small group brainstorm questions: [Questions should be posted on flipcharts prior to the session.]</p> <ul style="list-style-type: none"> ❖ <i>What are some of the services that people with HIV need?</i> ❖ <i>What are some of the places or people you can go to for these services?</i> ❖ <i>What are some unmet needs for people with HIV in your area?</i> <p>4. Allow groups to generate responses to one question at a time. Ring a chime after five minutes and ask that they move to the next question. Repeat until each group has circulated to all the flipchart pages. After 15 minutes, ring chime and call the large group back together. Allow 5 minutes to report back.</p> <ul style="list-style-type: none"> ❖ <i>Thank you for you for your thoughtful responses. You may have noticed that each group had a variety of places that provide services for people living with HIV, and it is important to know what services are available in your area.</i> ❖ <i>How can you find out about services and resources in your area? [Take responses. Some possible answers include: using existing resource directories, asking social workers or case mangers, looking in yellow pages of he phone book.]</i> ❖ <i>There are several ways of finding out what services are in your area and who provides the. One way is to use the resource directory from the NC Council for Positive Living. Their Web address is ncaan@ncpositiveliving.org.</i> <p>5. Move to next activity.</p>
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	<p>❖ Now let's move on, and begin our plan for what to do next to become peer educators.</p>
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Action PlanningPart I**Time:** 20 minutes**Materials:**

- Pens
- *Action Plan Forms*

Objectives:

By the end of this session, participants will be able to:

- ✓ To develop a plan of action as a peer educator based on the skills they have and those gained in the training;
- ✓ Be aware of strengths and weaknesses they have as peer educators.

Take Home Messages:

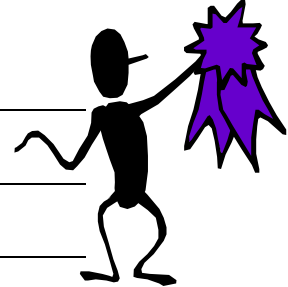
- ⇒ It is important that peer educators recognize their skills and assets;
- ⇒ Action steps work best if they are specific.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> <li data-bbox="623 919 1385 989">1. This section is for the participant to decide what actions s/he will take to become a peer educator. <ul style="list-style-type: none"> <li data-bbox="623 1031 1385 1213">❖ <i>You have learned a lot about each other, as well as new things to help you be an effective peer educator. On the evaluation you will be able to list the things that you learned in the training. Now let's think about the things you learned during the training about yourself.</i> <li data-bbox="623 1255 1385 1396">❖ <i>Think about some things you discovered you were good at doing and some things where you think you could improve. It's important to think about your next steps building your skills as a peer educator.</i> <li data-bbox="623 1438 1385 1621">❖ <i>This type of thinking or planning is sometimes referred to as an "action plan." An action plan, (plan of action) is what you plan on doing to reach a certain goal. In this case, you are planning to be an effective peer educator.</i> <li data-bbox="623 1663 1385 1761">2. Pass out action plan form for participants to complete. Trainers should be available to assist participants in completing the forms. <ul style="list-style-type: none"> <li data-bbox="623 1803 1385 1860">❖ <i>On this form please write 3-4 strengths you discovered during this week. Then, write 3-4 things you would like</i>

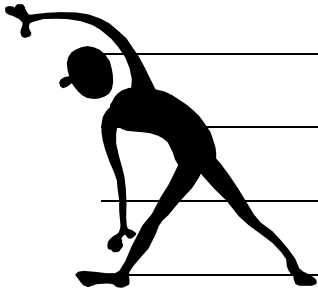
	<p><i>to improve by next year. You can work with a partner if you need help writing. [Trainers should be available to help, too.]</i></p> <p>❖ <i>After you have identified those things, write down who may be available to help you become better at those things. They may be other participants, PETS staff, or others who can assist you with what you want to accomplish.</i></p> <p>❖ <i>You will have 20 minutes to complete the form.</i></p> <p>3. Collect the forms after 20 minutes and move into Action Planning Part II.</p>
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Action Plan

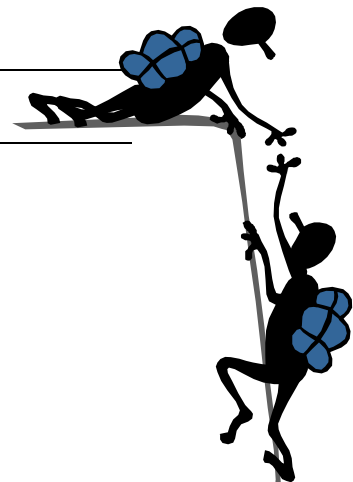
I discovered I'm really good at:



I would like to stretch myself to improve in the following areas:



I could get help from:



Action PlanningPart II**Time:** 10 minutes**Materials:**

- Markers and Pens
- Flipchart

Objectives:

By the end of this session, participants will be able to:

- ✓ To develop a plan of action as a peer educator based on the objectives for the PETS program.

Take Home Messages:

⇒ Action steps work best if they are specific.

Trainer's notes	STEPS
	<p>1. This section is for PETS staff to inform participants about how PETS will support participants in their work as peer educators.</p> <ul style="list-style-type: none"> ❖ <i>The trainers will review your action plans, and the PETS staff will file them. Your mentor will use the action plan to help you achieve your plans. Next year, at our reunion, you'll get a copy of your plan and can review whether you met your goals and improved in the 3-4 areas where you were challenged.</i> ❖ <i>The PETS staff will be making decisions about who will be going onto level 3. Some factors we'll be taking into consideration are: whether you are working on the issues you identified in your action plan; whether you are a good role model; whether you are a good listener; whether you are practicing self care; whether are medically adherent; whether you are abstaining from illegal substances; whether you followed the rules during this training; and whether you are already working in an agency or clinic.</i> ❖ <i>Participants will not be able to move on to level III before they address these issues.</i>

Day FiveCups of Appreciation

Time: 15 minutes

Materials:

- Filled Cups

Objectives:

By the end of this session, participants will be able to:

- ✓ Acknowledge their contributions to this workshop.

Take Home Messages:

⇒ People like to feel appreciated.

Trainer's notes	STEPS
	<p>1. Begin to pass out the cups with the strips of appreciation.</p> <ul style="list-style-type: none"> ❖ <i>During the past few days we have been able to learn a lot from each other and assist each other throughout the training. At this time we'd like to show you just how much the participants and trainers have appreciated the things you have done to make this experience great.</i> ❖ <i>These are "cups of appreciation" and your fellow participants and trainers have written and selected some very nice things to say about you.</i> ❖ <i>Please take a moment to look over the things that people appreciate about you. How does it feel to be appreciated? (Allow Responses)</i> ❖ <i>What happens when people do not tell us we are appreciated? (Allow Responses)</i> ❖ <i>Sometimes people do not tell us but we know we have made a difference in their lives.</i> ❖ <i>The trainers and your fellow participants want to tell you and let you know that they really appreciate you and are grateful that you attended the training.</i> <p>2. Hand out t-shirts and certificates of appreciation.</p>

Symbols Worksheet Evaluation and Post-Workshop Assessment

Time: 30 minutes**Materials:**

- Evaluation Forms
- Pens/pencils
- Post-workshop assessment

Objectives:

By the end of this session, participants will be able to:

- ✓ Summarize their thoughts about the week-long training;
- ✓ List at least three things they're taking from the training;
- ✓ Identify areas of the training they liked and ideas for clarification.

Take Home Messages:

⇒ Processing and sharing observations and feelings about training experiences are important components of adult learning.

Trainer's notes	STEPS
15 minutes for symbols; 15 minutes for post-workshop assessment	<ol style="list-style-type: none"> 1. Introduce evaluation. Ask participants to review the activities for the session and say 2 or 3 important take home messages from the week. 2. Pass out evaluation forms. Play music and ask participants to take 10 minutes to fill out their evaluation forms. Tell them they may remain anonymous or put their names on their evaluation. <ul style="list-style-type: none"> ❖ <i>The form has 5 symbols. Inside each symbol please write your response to each statement.</i> • <i>I came to this training wanting to....</i> • <i>The part I liked best was...</i> • <i>During the training I learned...</i> • <i>I still do not understand...</i> • <i>I plan to use the following 3 ideas...</i> • <i>And one more thing....</i> 3. At the end of 10 minutes, thank the group for their feedback and collect the evaluation forms. Address any last parking lot items. <ul style="list-style-type: none"> ❖ <i>Thank you again for your feedback and we will move on with the post-workshop assessment.</i>

	<p>4. Have participants locate their post-workshop assessments in their notebooks.</p> <p>❖ <i>Just as we did on the first day of training, we're going to take a brief assessment to help you and us see how well we are teaching the information. Please find your post-workshop assessment in your notebooks. Again, this isn't a test you can fail; rather, it is a way for us to know that WE have done our jobs.</i></p> <p>❖ <i>You may begin the assessment now. If you have questions or need assistance, please raise your hand and a trainer will assist you.</i></p> <p>5. After 15 minutes, collect assessments and move onto closing.</p>
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**Post-Workshop Assessment**

Short answer:

16. List two ways someone could get an STD.

1. _____

2. _____

17. If someone is sharing needles with another person, what should s/he use to clean the needles to keep from transmitting or getting HIV, hepatitis B or hepatitis C?

18. Why is re-infection with HIV infection of other illnesses a particular health risk for people with HIV?

19. List two services that help people who are living with HIV:

1. _____

2. _____

Multiple Choice—circle one:

20. What is a protease inhibitor?

- a. A test to measure CD4 count
- b. A type of drug that blocks a part of HIV that makes new HIV copies.
- c. A test to determine your viral load.

21. What lab test tells you how fast HIV is reproducing in the blood?

- a. Western Blot
- b. Viral Load
- c. ELISA test

22. What does adherence mean?
- a. Following the rules of confidentiality.
 - b. Sticking to a plan to take medicine as prescribed make and keep appointments and do what is necessary to feel your best.
 - c. An antiretroviral therapy.
23. Hepatitis B and hepatitis C cause damage to the ____.
- a. Heart.
 - b. Brain.
 - c. Liver.

True or False—circle one:

24. Not taking your medications as prescribed by a health care provider could make you resistant to HIV drugs. **True or False**
25. There are both male and female condoms. **True or False**
26. It is okay to tell family members that your clients are HIV positive. **True or False**
27. Substance abuse could affect safer sex by causing people to forget or not care about using protection. **True or False**
28. Using an animal membrane condom along with a latex condom is recommended for people who are allergic to latex. **True or False**
29. Peer educators must have all the answers to give their clients. **True or False**
30. High levels of stress have been linked to HIV disease progression. **True or False**

Name: (optional) _____

Date: _____

I came to this training wanting to....

The part I liked best
was...

During the training I
learned...

I still do not understand...

I plan to use the following 3
ideas...

1.

And one more thing....

Day FiveCertificates and T-shirts**Time:** 10 minutes**Materials:**

- T-shirts
- Certificates

Objectives:

By the end of this session, participants will be able to:

- ✓ Acknowledge their contributions to this workshop.

Take Home Messages:

⇒ People like to feel appreciated.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Distribute certificates and t-shirts. Acknowledge everyone's contributions and willingness to participate. <ul style="list-style-type: none"> ❖ <i>At this time we would like to show you how much the trainers have appreciated your contributions and all the things you have done to make this experience great.</i> ❖ <i>We have t-shirts and "graduation" certificates to everyone.</i> 2. Hand out t-shirts and certificates of appreciation. As participants collect their certificates, give them a round of applause.

Closing Circle.....The End Day Five

Time: 20 minutes

Materials:

- Markers
- Flip Chart

Objectives:

By the end of this session, participants will be able to:

- ✓ Be aware of strengths and weakness they have as peer educators.

Take Home Messages:

⇒ Peer educators must continue to build on the skills they already have.

Trainer's notes	STEPS
	<ol style="list-style-type: none"> 1. Begin closing exercise. Ask participants to form a circle. ❖ <i>To close, I would like to do a special activity called a closing circle. _____ has agreed to read this poem/say a blessing.</i> 2. Ask one participant (solicited ahead of time) to say a blessing or read a meaningful poem. 3. Thank that participant for sharing the blessing/poem. ❖ <i>Thank you _____ for that touching blessing/poem.</i> 4. Each trainer should express her appreciation for the dedication and enthusiasm of the participants in the group. Then ask if others have anything they would like to share. Allow time for shy people to speak. 5. As the final closing, ask each participant to say one thing they could do differently as a result of this training. This can be from their action plan or a new thought. Trainers should go first. Start statement with "I commit to...." ❖ <i>Who would like to share a few thoughts in our closing circle?</i> ❖ <i>Please say one thing you will do differently as a result</i>

	<p><i>of the training. I will start. I commit to _____.</i></p> <p>❖ <i>Who would like to go next?</i></p> <p>6. Continue around the circle. Thank participants.</p> <p>❖ <i>This has been an amazing experience. We are a dynamic group of people. Thank you for all of your time and energy.</i></p> <p>7. Ask participants if they'd like to take their burdens back.</p> <p>❖ <i>The Burden Basket is still here. If any of you want your burdens back, you can take them now. I hope that you will remember to take opportunities to put your worries aside and make time for yourself.</i></p>
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