
Welcome

Welcome to the People to People Peer Education Program. Missouri is one of three states participating as a Peer Educator Training Site (PETS) in a larger national program, which is funded by the federal government's Health Resource Service Administration, also known as HRSA.

The purpose of this project is to build the capacity of organizations and Peers to develop and replicate HIV Peer Education programs. The project is research-based, which means that we will look to you to help us gather information that may guide future program policies. Your input will be important in demonstrating how effective Peer support can be for engaging persons living with HIV into care.

Peer-to-peer education has proven to be highly effective in the treatment of diseases such as cancer, multiple sclerosis and others. This project seeks to integrate Peer Educators into the medical care team for patients who have been diagnosed with HIV. Studies show that patients are more likely to speak openly with Peers who have had similar experiences and who are dealing with similar health challenges.

This manual covers the Level I training curriculum, which is an eight-hour program. The curriculum focuses on providing a foundation of knowledge about HIV, how it affects people and how, as a Peer Educator, you can help other HIV-positive people learn to live with the diagnosis. This manual also shows the important role Peer Educators play in helping others who are living with HIV increase their knowledge and engage in primary care.

At the end of Level I, participants will decide if they wish to continue on with the remainder of the Peer Education training in Levels II and III. The additional training curricula will provide participants with more in-depth information and skill-building activities that will equip them to serve as Peer Educators in a medical setting that provides HIV primary care.

Level I curriculum is divided into eight unique training activities, each requiring between five and 50 minutes to complete. Activity sheets and other handout materials may be reproduced for use in the program, as needed. A sample agenda for an eight-hour day is included for planning purposes.

Any comments or questions about this program and the training curriculum should be addressed to:

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Table of Contents

	Page
Level 1 Training Agenda	4
Program Overview	5
Introduction Icebreaker	7
HIV/AIDS Frame Discussion	8
Search for Answers Training Activity	10
Word Match Training Activity	15
HIV Testing Overview Training Activity	21
Stages of HIV Infection Training Activity	27
What Is a Peer Training Activity	32
What Does It Take To Be a Peer Educator Training Activity	37
Role-Play Demonstration Training Activity	41
Did You Know? Optional Training Activity	44

Level 1 Training Agenda

Welcome/Overview of Agenda	5 minutes
Program Overview	5 minutes
Initial Evaluation/Consent Paperwork	50 minutes
Introduction Icebreaker	20 minutes
Break	10 minutes
Key Concepts	
HIV/AIDS Frame Discussion	35 minutes
Search for Answers Training Activity	35 minutes
Word Match Training Activity	30 minutes
Lunch	45 minutes
HIV Testing	
HIV Testing Overview Training Activity	30 minutes
Stages of HIV	
Stages of HIV Infection Training Activity	45 minutes
Peer Education	
What is a Peer Training Activity	45 minutes
Break	10 minutes
Peer Education (cont.)	
What Does it Take to Be a Peer Educator Training Activity	30 minutes
Role-Play Demonstration Training Activity	20 minutes
Evaluation/Level 2 Interest Paperwork	30 minutes
Wrap-Up/Summary of the Day	20 minutes

 **Time Allotted**
5 minutes

 **Participants**
All participants in
one large group

 **Materials Needed**
None

People to People Learning to Live with HIV/AIDS

Program Overview

The first step in this training is to ensure that all participants understand the purpose of the People to People Program and what is expected of Peer Educators.

Objective

To introduce the Peer Educator Training Site (PETS) project to participants.

Facilitator Instructions

Gather all participants into a group and read the following introduction.

“The People to People Program is part of a national initiative funded by the Health Resource Service Administration (also known as HRSA) in the U.S. Department of Health and Human Services. This initiative is designed to build the capacity of organizations and Peers to develop and replicate HIV Peer Education programs. In Missouri, we are one of three sites in the country that is participating in this larger national program; the other sites are in New York City and in Oakland, California. The project is research-based, which means that on a local and national level you will help us gather information that may guide future program policies. Your input will be important in demonstrating how effective Peer support can be for engaging persons living with HIV into care.

“We are excited that you have taken the first step of wanting to participate in Level I training. Today’s Level I training will provide insights about HIV and the important role Peer Educators play both in helping others who are living with HIV increase their knowledge, and in engaging in primary care. By the end of the day you will be in a position to decide whether or not you would like to receive additional training to become a Peer Educator. Additional training is essential and requires a commitment to continue on to Level II and Level III trainings, which will equip you with the skill set to be a Peer Educator in a medical setting that provides HIV primary care.

“Level II training provides a shared language around key concepts of Peer Education. The training includes an introduction to Peer Education, communication skills, cultural sensitivity, how to live positively, workplace skills, advanced HIV 101, and special issues managing HIV/AIDS.

“Level III training continues to build upon the knowledge and skills covered and practiced in Level II. In addition, Level III covers workplace training, facilitation skills and shadowing and reverse shadowing of the role of Peer Educator in the workplace.

) "As stated earlier, another component of the project is building capacity of organizations that provide HIV primary care. We will invite primary care clinics to a training to tell them about People to People and interest them in incorporating a Peer program in their clinics. We will complete a needs assessment of these interested clinics to determine whether the organization has the capacity to have a Peer program and, if not, how to go about developing the necessary capacity."

Discussion Questions

Before continuing, ask the group if anyone has questions about the training program or the People to People Program in general.

What's Next?

Introduction Icebreaker

 **Time Allotted**

20 minutes

 **Participants**

All participants in one large group

 **Materials Needed**

None

Introduction Icebreaker

The Introduction Icebreaker is a simple and fun way to introduce everyone and prepare participants to work comfortably in small group activities.

Objectives

- To acquaint participants with other individuals in the training group.
- To prepare participants to work comfortably in small group activities.

Facilitator Instructions

- Facilitators should plan to participate in this icebreaker.
- Have course participants select a partner.
- Allow one minute for both people to introduce themselves to each other by giving only their name and one thing that a person wouldn't know just by looking at them.
- Come back together as a group.
- Going around the room, each person will introduce to the group his/her partner to the whole group by saying only their name and the one thing you wouldn't know by looking at them.

What's Next?

HIV/AIDS Frame Discussion

HIV/AIDS Frame Discussion

This activity is designed to ensure that everyone in the group has a basic definition and understanding of HIV/AIDS.

Objectives

- To give participants a baseline of information about HIV/AIDS.
- To clear up misconceptions regarding how HIV is transmitted.
- To provide a brief overview of HIV/AIDS facts.

Facilitator Instructions

1. Point out that we all hear and read stories about HIV and AIDS that include incorrect information and personal opinions. In this discussion, participants will learn basic information about HIV/AIDS. Topics to be included are:
 - “What is HIV?”
 - “What is AIDS?”
 - “How do people get infected?”
 - “How don’t people get infected?”
2. Make sure you cover all of the information shown under “Discussion” below.

Discussion

“What do the letters of HIV stand for?”

- H – Human
- I – Immunodeficiency
- V – Virus

What is HIV?—HIV is the virus that causes AIDS.

“What do the letters of AIDS stand for?”


- A – Acquired
- I – Immune
- D – Deficiency
- S – Syndrome

What is AIDS?—AIDS is the result of HIV infection.

“How do people get infected?”

- By having vaginal, anal or oral sex with someone who has HIV
- By sharing needles or syringes with someone who has HIV
- During pregnancy, birth or breastfeeding from an infected mother to her baby

 **Time Allotted**
35 minutes

 **Participants**
All participants in one large group

 **Materials Needed**

- Newsprint
- Markers
- HIV/AIDS Frame Poster
- Masking Tape
- PowerPoint file

-
- Body fluids of an infected person that spread HIV may include:

- Semen

- Blood

- Vaginal Fluid

- Breast Milk

- Any other body fluids containing blood

“How don't people get infected?”

- People can choose not to have sex or use drugs
- People can choose ways to be affectionate that do not spread HIV infection or other STDs/STIs
- If people do decide to have sex, using a latex condom (barrier) the right way every time greatly reduces the risk of HIV infection and other STDs/STIs

Answer any further questions from participants.

What's Next

Search for Answers Training Activity

TRAINING ACTIVITY

Search for Answers

The American Red Cross HIV/AIDS Facts Book is a valuable resource that participants will use to learn more about HIV/AIDS and to clarify misperceptions they may have heard or read. This exercise is designed to ensure that participants can quickly become familiar with the Facts Book and know how to use it.

Objectives

- To help participants understand the design of the Facts Book.
- To provide participants with practice using the Facts Book.
- To provide additional information on HIV/AIDS facts.

Facilitator Instructions

1. Hand out an American Red Cross HIV/AIDS Facts Book.
2. Point out that we all hear and read stories about HIV and AIDS that include incorrect information and personal opinions. In this exercise, participants will learn how to use the Facts Book as a tool to determine fact from fiction.
3. Briefly review the format of the Facts Book and explain what information they will find on each of the following pages:

Page	
v	Questions About HIV and AIDS
1	Introduction
5	Key to Using the Facts Book
329	Glossary
347	Bibliography
375	Supplemental Materials
4. Next, explain the difference between the “Basic” and “Detailed” answers to questions.
 - The “Basic” answers the question in a simple, straightforward way.
 - The “Detailed” answer provides more background information for the answer, including an overview of research that supports the “Basic” answer.
5. Ask a volunteer to select one question about HIV or AIDS from page v. Show participants how to look up the answer to that question in the table of contents (pp. vxiv) of the Facts Book, and how to find the answer in the Facts Book.
6. Now, distribute the Activity Sheet: Search for Answers and go over its instructions.
7. Assign participants to work either individually or in pairs on this exercise. Ask half of the participants to start with the first exercise question and work through the questions in order. Assign the rest of the participants to begin with the last exercise question and work through the questions in reverse order.



Time Allotted

35 minutes



Participants

All participants working individually or in pairs



Materials Needed

- American Red Cross HIV/AIDS Facts Book
- Activity Sheet: Search for Answers in participant folder
- Answer Key for Search for Answers
- Small prize or prizes (optional)
- Pencils and/or pens

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8. Give participants 10-15 minutes to find answers to the questions.
9. When participants have finished answering the questions on the activity sheet, ask them to take turns reading questions and answers from their sheets until you have covered all of the questions.

Discussion

Using the Answer Key provided, answer any questions from participants about information covered during the Search for Answers exercise. Ask volunteers to identify new information they learned during this exercise.

Answer any further questions from participants.

What's Next

Word Match Training Activity

ACTIVITY SHEET

Search for Answers

Find the "Basic" answers to the following questions using the American Red Cross HIV/AIDS Facts Book. Write the page number(s) where you found the answer and take notes if you like. We will review the answers as a group.

	Page #
What is the immune system and why is it important?	_____
What is an opportunistic infection?	_____
What is the connection between Hepatitis C and HIV?	_____
What kinds of services do families who are coping with HIV/AIDS need?	_____
How does HIV/AIDS in babies and children differ from HIV/AIDS in adults?	_____
Can a doctor notify a patient's spouse if that patient tests positive for HIV?	_____
Are there laws protecting people with HIV/AIDS from discrimination?	_____
Does everybody with HIV get AIDS?	_____
Why are sexually transmitted diseases associated with getting HIV?	_____
If I am HIV-positive or have AIDS, whom should I tell?	_____

ANSWER KEY

Search for Answers

Facts Book page numbers are listed in the left margin.

- | Page | Question/Answer |
|-------------|--|
| 15 | <p>What is the Immune System? Why is it important?
The immune system is a collection of cells and substances, including white blood cells, T cells and antibodies, which act as the body's defense against germs and other infections that make people sick. Antibodies are substances that form in the blood when germs enter the body. Antibodies usually defend against illnesses and infections, although HIV antibodies do not always protect against HIV infection.</p> |
| 27 | <p>What is an opportunistic infection?
An opportunistic infection is an illness that occurs only when someone's immune system is not working normally. When the body is in a weakened state, germs can invade the body and multiply.</p> |
| 33 | <p>What is the connection between Hepatitis C and HIV?
Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). The virus spreads from an uninfected person or from an infected mother to her baby during birth. People at risk for HCV may also be at risk for contracting HIV because both viruses are transmitted in similar ways. About 80 percent of people with HCV do not have symptoms.</p> |
| 304 | <p>What kinds of services do families who are coping with HIV or AIDS need?
Families living with HIV (the virus that causes AIDS) need ready access to a wide range of medical and social services, such as those offered in community clinics. Services must also be available to serve ethnically diverse populations.</p> |
| 277 | <p>How does HIV/AIDS in babies and children differ from HIV/AIDS in adults?
AIDS (a result of HIV infection) is caused by a virus (HIV). Babies and children who have the virus are more likely than HIV-positive adults to get bacterial infections. Many babies and children with HIV have problems growing and gaining weight and may experience damage to the nervous system that causes developmental difficulties.</p> |
| 295 | <p>Can a doctor notify a patient's spouse if that patient tests positive for HIV?
When patients test positive for HIV (the virus that causes AIDS), doctors may encourage them to tell their sex or needle-sharing partners. If patients who have HIV do not let their partners know about their possible risks, even after being counseled to do so, doctors themselves can notify partners, using confidential procedures in good faith. Over half the states have specific laws that make it a crime for knowingly exposing or transmitting HIV to others.</p> |

141 Are there laws protecting people with HIV/AIDS from discrimination?

Yes. The Americans with Disabilities Act (ADA) of 1990 protects people with disabilities (including HIV infection) from discrimination in the workplace and in public accommodations solely on the basis of their disabilities. Other laws give some protection from discrimination in certain areas. However, no laws completely protect HIV-positive people and their families from discrimination.

17 Does everybody with HIV get AIDS?

Since 1992, scientists have estimated that about half the people who have HIV will develop AIDS within 10 years of being infected if they do not receive treatment. However, protease inhibitors, used in combination with other antiviral drugs, can suppress the ability of HIV to replicate. These treatments can extend and improve the quality of life for many people with HIV.


51 Why are sexually transmitted diseases associated with getting HIV?


AIDS is a result of HIV infection. Sexually transmitted diseases (STDs) that cause genital sores may make it easier for HIV to enter the body and cause infection. Other STDs produce inflammation, which also may increase the chances of HIV infection. Using a latex (or polyurethane if allergic to latex) condom consistently and correctly during sex greatly reduces the risk of HIV transmission, as well as some other STDs.

197 If I am HIV+ or have AIDS, whom should I tell?

It is not easy for people who have HIV to tell others. Sex or needle-sharing partners (past, present and future) need to know that they are at risk for HIV infection. Over half of the states have specific laws that make it a crime for knowingly exposing or transmitting HIV to others. People with HIV may choose to also tell their doctors, dentists, dental hygienists or anyone who may come into contact with their blood, semen, vaginal fluid or breast milk.

 **Time Allotted**
30 minutes

 **Participants**
All participants in one large group

 **Materials Needed**

- American Red Cross HIV/AIDS Facts Book
- Word Match Cards
- Answer Key for Word Match
- Index cards, either 3" x 5" or 4" x 6"
- Avery® 5389 or other compatible cards (optional)
- Paper clips
- Glue

TRAINING ACTIVITY

Word Match

The Word Match exercise is a fun way for everyone in the training group to begin to apply the information they have learned in the discussion thus far. It will help participants increase their knowledge of HIV/AIDS facts.

Objective

To help participants learn and reinforce HIV/AIDS facts information.

Facilitator Instructions

1. Photocopy and cut out the Word Match cards. You can paste them to index cards or photocopy them onto Avery cards.
2. Shuffle the question cards and answer cards together, so they are mixed.
3. Arrange the room so participants will be sitting around one large table or several small tables, facing each other.
4. Tell participants they will now begin to apply some of the information they have learned during the discussion so far. Explain that this is a group exercise and the Facts Book will help them complete the Word Match. Tell them this exercise will also help to build a good foundation of HIV knowledge.
5. Ask everyone to sit together around the table(s).
6. Distribute the cards to the participants as if you were dealing a deck of cards. Some cards have questions on them and some have answers.
7. Have one person begin by reading one of his or her cards aloud. All participants should then look at their cards to see if they have the matching question or answer for that card.
8. The participant who has the match reads it aloud. Check to make sure that all participants understand why this is the correct match for the card that was read. Use the Answer Key, if necessary, to verify that the correct match has been made.
9. If participants have difficulty making a match, set that card aside. When all the other cards have been matched, the group can work together to find the match. They may use the Facts Book, the instructional posters or the handouts to find the correct match.
10. Paper clip the matched questions and answers together.
11. Continue the process until all cards are matched.

Discussion

Answer any questions and clarify or correct any misinformation.

What's Next?

HIV Testing Overview Training Activity

TEACHER'S TOOL**Word Match**

Photocopy the following Word Match cards, cut them apart and paste them onto index cards or photocopy them onto Avery cards.

HIV	A retrovirus that causes AIDS. The virus spreads from person to person through blood-to-blood and sexual contact. The virus was identified in 1983.
AIDS	AIDS is a condition that results from HIV infection. The condition is caused by the weakening of the immune system as a result of the virus (HIV). By the time people with HIV develop AIDS, their immune systems have become damaged and may no longer be able to fight off other infections.
STD/STI	Sexually Transmitted Disease/Infection. A contagious disease usually acquired by sexual intercourse or genital contact.
HAART	Highly Active Antiretroviral Therapy. Sometimes referred to as combination therapy or "Drug Cocktails."
CD4	Cells in the immune system that play a major role in defending the body against germs; also a major target of HIV infection.
Viral Load	A measurement of the amount of the human immunodeficiency virus (HIV) in the blood, expressed as a number of copies per milliliter.


RNA	Abbreviation for ribonucleic acid.
ARVs	Antiretroviral. A class of drugs effective against retroviruses.
Cell	The fundamental unit of all living tissue.
Antibodies	Substances that form in the blood when germs enter the body. Antibodies usually defend against illnesses and infections.
Ryan White CARE Act	The federal Ryan White CARE Act provides health care for people with HIV disease. Enacted in 1990, it fills the gaps in care faced by those with low incomes and little or no insurance.
Drug Resistance	The ability of a disease to resist the effects of drugs that were previously toxic to them.


<p>ELISA</p>	<p>Abbreviation for Enzyme-Linked Immunosorbent Assay. Primary test used in screening for HIV antibodies.</p>
<p>Western Blot</p>	<p>A laboratory blood test to detect the presence of antibodies to specific antigens. It is regarded as more precise than the Enzyme-Linked Immunosorbent Assay (ELISA) and is sometimes used to check the validity of ELISA tests.</p>
<p>Universal Precautions</p>	<p>Guidelines to protect healthcare workers, as well as patients, from exposure to HIV and other blood borne germs.</p>
<p>Post Exposure Treatment</p>	<p>Combination drug therapy started within 24 to 72 hours of exposure. This has been shown to reduce the risk of HIV infection. Even when taken properly, post-exposure treatment is not 100% effective. Attempting to prevent HIV infection by combination drug therapy should never take the place of adopting and maintaining prevention behavior.</p>
<p>CDC</p>	<p>Abbreviation for Centers for Disease Control and Prevention.</p>

ANSWER KEY
Word Match

Fact Book Page	Term	Definition
10	AIDS	AIDS is a condition that results from HIV infection. The condition is caused by the weakening of the immune system as a result of the virus (HIV). By the time people with HIV develop AIDS, their immune systems have become damaged and may no longer be able to fight off other infections.
15	Antibodies	Substances that form in the blood when germs enter the body. Antibodies usually defend against illnesses and infections.
CDC definition	ARVs	Antiretroviral. A class of drugs effective against retroviruses.
CDC definition	CD4	Cells in the immune system that play a major role in defending the body against germs; also a major target of HIV infection.
CDC definition	CDC	Abbreviation for Centers for Disease Control and Prevention.
CDC definition	Cell	The fundamental unit of all living tissue.
CDC definition	Drug Resistance	The ability of a disease to resist the effects of drugs that were previously toxic to them.
104	ELISA	Primary test used in screening for HIV antibodies. Abbreviation for Enzyme-Linked Immunosorbent Assay.
37	HAART	Highly active antiretroviral therapy. Sometimes referred to as combination drug therapy or "Drug Cocktail."
9	HIV	A retrovirus that causes AIDS. The virus spreads from person to person through blood-to-blood and sexual contact. The virus was identified in 1983.
93	Post Exposure Treatment	Combination drug therapy started within 24 to 72 hours of exposure. This has been shown to reduce the risk of HIV infection. Even when taken properly, post-exposure treatment is not 100% effective. Attempting to prevent HIV infection by combination drug therapy should never take the place of adopting and maintaining prevention behavior.
CDC definition	RNA	Abbreviation for ribonucleic acid
www.hopkins-aids.edu/ manage.ryan_white.html	Ryan White Care Act	The federal Ryan White CARE Act provides health care for people with HIV disease. Enacted in 1990, it fills gaps in care faced by those with low-incomes and little or no insurance.
CDC definition	STD/STI	Sexually Transmitted Disease/Infection. A contagious disease usually acquired by sexual intercourse or genital contact.
59	Universal Precautions	Guidelines to protect healthcare workers, as well as patients, from exposure to HIV and other blood borne germs.
39	Viral Load	A measurement of the amount of the human immunodeficiency virus (HIV) in the blood, expressed as number of copies per milliliter.
104	Western Blot	A laboratory blood test to detect the presence of antibodies to specific antigens. It is regarded as more precise than the Enzyme-Linked Immunosorbent Assay (ELISA) and is sometimes used to check the validity of ELISA tests.

 **Time Allotted**
30 minutes

 **Participants**
All participants in
one large group

 **Materials Needed**

- Activity Sheet: HIV Testing Glossary; in participant folder
- Sample Test Kits (OraSure, OraQuick)
- Sample Risk Assessment

TRAINING ACTIVITY

HIV Testing Overview

As Peer Educators, participants need to know about the most common HIV testing methods, how they work and what the possible results can be. They should also become familiar and comfortable with the HIV testing process and understand the consent requirements, pre- and post-test counseling issues, risk reduction counseling and risk assessment.

This training activity is designed to provide participants with a broad overview of these issues. More detailed knowledge will be provided in Levels II and III to those who are selected to continue with their Peer Education training.

Objectives

- To introduce participants to the most common HIV testing methods.
- To familiarize participants with the consent process involved with an HIV test.
- To understand HIV testing technologies and test results.


Facilitator Instructions

1. Secure one or more sample test kits and sample risk assessments for use in this lesson. Be sure you know how they work.
2. Refer participants to the HIV Testing Glossary in their folders.
3. Present the information shown below under “Discussion.” Take time to answer questions as they arise. Be sure everyone in the group has an opportunity to examine the sample test kits and look at the sample risk assessment.

Discussion

1. What is an HIV antibody test?

When HIV enters the body, it begins to attack certain white blood cells called T4 lymphocyte cells (helper cells). A doctor may also call them CD4 cells. The immune system then produces antibodies to fight off the infection. Although these antibodies are ineffective in destroying HIV, their presence is used to confirm HIV infection. Therefore, the presence of antibodies of HIV results from HIV infection.

 *HIV tests look for the presence of HIV antibodies; they **do not** test for the virus itself.*

2. What are the 3 most common ways to get an HIV Test?

Venipuncture: Most commonly known as a “blood draw.” The method takes blood from a vein in the arm rather than the fingertip.

Oral Method: OraSure® and OraQuick Advance HIV1/2 are currently the only FDA-approved oral-fluid tests. Fluid is collected from inside the mouth and analyzed using an

EIA (ELISA) test and supplemental Western blot test, if necessary. (*Pass around the sample test kits so participants may see them.*)

Rapid Test: The OraQuick® ADVANCE™ Rapid HIV-1/2 Antibody Test is used to see if a collected sample of oral fluid or blood contains HIV antibodies. The healthcare provider will collect an oral fluid sample, or take a small droplet of blood from a finger, or draw blood from the vein. He/she will then run the test and give the results during the same visit. The OraQuick® ADVANCE™ test is very accurate and usually takes about 20 minutes to process. However, additional testing is necessary to confirm a preliminary positive result.

3. What happens when an HIV test is given?

Before any test is given, the patient must provide his/her **Consent** to be tested. Proper consent requires that a patient be competent, able to understand the purposes, risks, harms and benefits of being tested, as well as those of not being tested, and their participation must be voluntary. The patient is required to sign a Consent Form.

Anonymous Testing: Anonymous testing means that names are not recorded, and only the people getting tested can find out their own test results. Not all areas have facilities for anonymous testing. The Client will receive a number associated with his/her specific test and he/she must present that number in order to receive the results. Without the number, the test results will not be given.

Confidential Testing: Confidential testing means that, although test results will be recorded, no one can give them out without permission of the people tested, except where required by state law.

Whichever testing method is used, people can get counseling both before and after being tested and after receiving the results.

Pre-Test Counseling is an important component of the testing process. Pre-test counseling is usually provided by the healthcare provider or Peer Educator and should:

- Explain the difference between anonymous and confidential testing.
- Inform the patient of the availability of a home test.
- Review the facts about HIV infection.
- Review the reasons for testing and the Client's expectations.
- Review individual risk behaviors and risk reduction measures.
- Discuss the meaning of positive and negative results.
- Assess the Client's personal and social support network.

Post-Test Counseling occurs after the results of the HIV test have been received.

Post-test counseling should include the following:

- Review the meaning of the test results and their implications.
- If test results are positive:
 - > Assess Client's reaction and ability to cope.
 - > Anticipate the need for support and close follow-up plan for medical evaluation.

■ If test results are negative:

- > Remind the patient of the possibility of seroconversion (the change of a serologic test result from a negative to a positive as a result of antibodies induced by the introduction of antigens or microorganisms into the host. The client could be in the "window" period.) if the Client is involved in high-risk activities.
- > Carefully dispel any false beliefs regarding invulnerability or immunity to HIV infection.

Risk Assessment: This includes gathering information about the Client's sexual and other risk behavior as well as their personal and social support systems. This information will help guide the both the Peer and the Client in making a risk reduction plan for the Client. *(Pass around a sample Risk Assessment Form for participants to see.)*

Risk Reduction Counseling is an important component of both pre-test and post-test counseling. In order to reduce the risk of spreading the HIV disease to others, the diagnosed patient should be counseled to follow these guidelines:

- Reduce or limit his/her number of sexual partners.
- Use latex condoms and water-based lubricant for all sexual activity.
- In the case of injection drug use:
 - > Enter into a treatment program.
 - > Do not share needles with anyone.
 - > Use sterile needles. If sterile needles are not available, clean used needles with bleach as directed.

4. **What are the possible results of an HIV test?**

An HIV test may return positive, preliminary positive, confirmatory positive or negative results.

A **Positive result** means that the test detects HIV antibodies in the Client's blood or oral fluid.

A **Preliminary Positive Result** suggests that antibodies to HIV may be present in the Client's blood or oral fluid. If this is the result on the test, the Client will need to have another test to confirm the results.

A **Confirmatory HIV Positive Result** is sought for those patients who test positive on the rapid test. Confirmatory tests are not required if the initial venipuncture or OraSure test result is negative or if there are signs of immune deficiency (oral thrush, Kaposi's Sarcom, etc.). A different type of test (standard EIA or Western Blot) on the same sample will be used for confirmation.

A **Negative Result** indicates that the test did not detect HIV antibodies in the blood or oral fluid. This could mean that the Client is negative or that they are in the "Window Period" for testing and will need to be tested again in 3-6 months.



Be sure to answer any questions from the group regarding HIV testing before you move on to the next section.

What's Next?

Stages of HIV Infection Training Activity

ACTIVITY SHEET

HIV Testing Glossary

Anonymous Testing: Anonymous testing means that names are not recorded, and only the people getting tested can find out their own test results. (Not all areas have facilities for anonymous testing.)

Confidential Testing: Confidential testing means that, although test results will be recorded, no one can give them out without permission of the people tested, except where required by state law.

Confirmatory Positive Test Result: A confirmatory HIV test is recommended for all patients who test positive on the rapid test. Confirmatory tests are not necessary if the test result is negative or if there are signs of immune deficiency (oral thrush, Kaposi Sarcoma, etc.). A different HIV rapid test, standard EIA, or Western Blot test can be used for confirmation.

Consent: Requires that a patient be competent and able to understand the purposes, risks, harms and benefits of being tested, as well as those of not being tested. A patient's participation must also be voluntary.

EIA: Enzyme immunoassay, sometimes referred to as ELISA, is a commonly used screening test to detect antibodies to HIV

Enzyme Linked Immunosorbent Analysis (ELISA): The standard screening test used to detect the presence of HIV antibodies. The ELISA should be used with a confirmatory test. Tests that detect other signs of HIV are available for special purposes, such as for additional testing of the blood supply and conducting research. Some of these tests are expensive or require more sophisticated equipment and specialized training.

IFA: Indirect immunofluorescence assay is a confirmatory test like Western blot.

Negative result: The test did not detect HIV antibodies in blood or oral fluid.

Oral Method: Orasure® and OraQuick Advance HIV1/2 are currently the only FDA-approved oral-fluid tests. Fluid is collected from inside the mouth and analyzed using an EIA test and supplemental Western blot test, if necessary.

Positive result: The test did detect HIV antibodies in blood or oral fluid.

Preliminary Positive Result: This result suggests that antibodies to HIV may be present in blood or oral fluid. If the Client receives this result on the test, another test will have to be taken to confirm the results.

Rapid Test: The OraQuick® ADVANCE™ Rapid HIV-1/2 Antibody Test is used to see if a collected sample of oral fluid or blood contains HIV antibodies. The healthcare provider

will collect an oral fluid sample or take a small droplet of blood from a finger, or draw blood from the vein. He/she will then run the test and give the results during the same visit. The OraQuick® ADVANCE™ test is very accurate and usually takes about 20 minutes to process. However, additional testing is necessary to confirm a preliminary positive result.


Risk Assessment: Provides prevention counseling tailored to individual Client needs and should be used to involve Clients in identifying their risk behaviors.


Seroconversion: Initial development of detectable antibodies specific to a particular antigen; the change of serologic test result from a negative to positive as a result of antibodies induced by the introduction of antigens or microorganisms into the host.

Venipuncture: Most commonly known as a “blood draw.” The method usually takes blood from a vein in the arm rather than the fingertip.

Western blot: A laboratory test that detects antibodies specific for components of HIV. Its chief use is to confirm the presence of HIV antibodies in specimens found repeatedly reactive using the EIA test.

 **Time Allotted**
45 minutes

 **Participants**
All participants in
one large group

 **Materials Needed**

- Activity Sheet: The Stages of HIV Infection; in participant folder
- Newsprint and markers

TRAINING ACTIVITY

Stages of HIV Infection

It is important for Peer Educators to fully understand the various stages of HIV infection, how to recognize the stages and what they mean for the person who is infected. This exercise provides an opportunity for participants to learn about these stages and to ask questions to clarify their understanding.

Objective

To help participants understand basic concepts about how HIV infection affects the body.

Facilitator Instructions

1. To prepare for this discussion, you may find it easier to make a transparency or PowerPoint slide of the activity sheet or draw the stages of HIV infection on newsprint.
2. At the beginning of this activity, remind participants that they have discussed basic facts about HIV and AIDS. Now, they will learn how HIV infection affects the human body.
3. Ask participants to look at the Activity Sheet. Inform participants that the diagram reflects the stages of infection for a person that is not taking HIV-related medication. Point to the circle, "Person becomes infected with HIV." Explain that for an infection to occur, a "germ" (disease agent) must enter into the body of a "susceptible person" in a particular way ("route") and in the sufficient amount ("dose").
4. Print the words **germ**, **dose**, **route** and **susceptible person** on newsprint. Explain what is meant by each term:
 - In an HIV infection, the **germ is HIV**, and HIV is a particular kind of germ called a "virus."
 - Viruses are different from other kinds of germs, such as bacteria or fungi, because viruses cannot reproduce and survive on their own.
 - Viruses have to have a host cell in order to survive and reproduce.
 - In the case of HIV, the host cell is the T-helper cell or CD4+ cell, a white blood cell essential to the body's immune system.
 - HIV can get into cells because a part of HIV and the host cell fit together like pieces of a jigsaw puzzle.
 - The primary host cell used to reproduce more HIV is the T-helper cell. HIV can also infect other cells in the human body.
5. Explain that it is not possible to say what **dose (amount)** of HIV is needed to infect people. Scientists have identified four body fluids that can carry enough HIV to infect people. These fluids are blood, semen, vaginal fluids and breast milk.

-
6. Ask participants the open-ended questions shown below to initiate a discussion on the stages of HIV infection.

Discussion Questions

Correct answers are provided so that you can add to incomplete information and correct misinformation.

1. What are the routes through which HIV can enter the body?"

HIV can enter the body through several routes:

- Blood-to-blood contact, such as sharing needles and syringes
- Sexual contact in which blood, semen, or vaginal fluids from an infected person enter the body of another person
- An infected mother can spread the virus to her child during pregnancy, birth or breast-feeding

2. What does "a susceptible person" mean?

- People are susceptible to HIV infection if they engage in behaviors that put them at risk.
- A susceptible person is someone who allows or in some way gives the germ a chance to enter and affect the body. A person can be susceptible for many reasons, depending on the disease. For example, malnutrition may make people susceptible to diseases that well-nourished people can resist. Sometimes susceptibility to a disease runs in families (heredity).

3. What behaviors put people at risk for HIV infection?

- Sexual activities that involve the exchange of body fluids, such as vaginal, oral or anal sex with an infected partner.
- Behaviors that involve blood-to-blood contact with an infected partner, such as sharing needles to inject drugs, or for other reasons, such as ear piercing or tattooing.
- Use of non-injection drugs, such as marijuana, crack cocaine, and alcohol may also put people at risk. Because their judgment may be impaired, they may engage in risky behaviors, such as injecting drugs or having sex without a latex (or polyurethane if allergic to latex) condom. Anyone who participates in these behaviors is "susceptible" to possible HIV infection.
- Some people may be less able to resist a germ because of their overall health.
- A person who has a sexually transmitted disease (STD) is at greater risk for being infected with HIV through sex than someone who does not have a sexually transmitted disease.
- People who for some reason already have an impaired immune system may be more susceptible to HIV infection.



*Tell participants that for infection to occur, all four conditions (germ, dose, route and susceptibility) have to be present at the same time. The virus must enter the body through body fluids that carry enough virus to cause infection. The person must engage in activities that bring him or her into contact with the body fluids that carry the virus. Point to the black dot that indicates the time of **infection** on the Activity Sheet.*

4. Using the terms we've defined in this discussion, what does the black dot on the Activity Sheet mean?

- The point at which a sufficient amount of HIV entered the body of a susceptible person by an effective route.

*Have participants look at the next segment on the Activity Sheet, which represents **acute infection**.*

5. How long does acute infection last?

- A week to a month.

6. Does everyone who is infected with HIV experience the symptoms of acute infection?

- Not everyone has the flu-like symptoms of acute infection.
- People who do experience acute infection may not recognize it as a sign of HIV infection. The flu-like illness will go away on its own, and unless people realize they may have been exposed to HIV, they may not connect the symptoms with HIV infection.

*Draw attention to the **window period**.*

7. What is a window period?

- The period between infection and the point at which tests can detect signs of infection is sometimes called a window period. If people are tested during this time, they may have a negative test result even if they are infected.

*Have participants look at the **asymptomatic period**.*

8. What affects the asymptomatic period?

- Combination therapy slows the development of infection in people with HIV by blocking the ability of HIV to multiply, thus protecting the immune system for some time (6 months to more than 10 years).

9. Why is this time period called the asymptomatic period?

- This is the time when infected people look and feel healthy. People may not know they are infected. Even an infected person who looks and feels healthy can infect others.

10. Can someone explain what HIV is doing in the body during this time?

- The virus multiplies, infecting and destroying the T-helper cells and other cells in the body.

*Explain that once enough of the body's defenses are destroyed, the person begins to develop symptoms. This is called the **symptomatic period**.*

- The symptoms at first may be generalized complaints, such as the ones listed on the handout.
- Once the person's T-cell count is at 200 ml or less and the person develops an AIDS-defining illness (such as *Pneumocystis carinii* pneumonia), the person is diagnosed with AIDS.

Continue the discussion using the following questions:

11. Is there a test that determines if a person has AIDS?

- The tests commonly used screen for signs of HIV. Only a doctor can look at a person's signs and symptoms and diagnose AIDS.

12. What does the phrase "incubation period" mean?

- Incubation period refers to the time from infection (the black dot on the handout) to the time when the AIDS defining signs and symptoms occur.

13. How soon do people infected with HIV develop AIDS?

- Without treatment, about half the people with HIV develop AIDS within 10 years of infection. Combination treatments that include protease inhibitors have been shown to slow the pace of infection in some people, extending and improving the quality of life for many.
- People with AIDS may have illnesses healthy people don't get. They may have more severe versions of other illnesses. People with AIDS have a T-cell count that is usually below 200. People with healthy immune systems have T-cell counts at around 1,000.

Point to the segment on the Activity Sheet which shows the stage after a person develops AIDS.

- The maximum survival time is unknown.

Ask for volunteers to summarize points from the discussion and list these points on newsprint.

Answer any final questions from participants.

What's Next?

What Is A Peer Training Activity

ACTIVITY SHEET

The Stages of HIV

Person becomes infected with HIV.



Acute

Person may have flu-like symptoms:

- Fever
- Headache
- Tiredness
- Enlarged Lymph Glands

Asymptomatic

Person may look and feel well.

Symptomatic

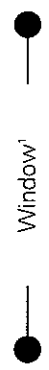
Person may have enlarged lymph glands, tiredness, weight loss, fever, chronic diarrhea or yeast infections (oral or vaginal) among other conditions.

AIDS

The virus weakens and eventually destroys the immune system. When a person with HIV develops AIDS, his or her body has lost most of its ability to fight off certain bacteria, viruses, fungi, parasites and other germs.

A diagnosis of AIDS is made if—

- T cell count is below 200/ml, and
- There is a confirmed appearance of certain illnesses called opportunistic infections.



Incubation Period²

- A person who has HIV can infect others even if they look healthy and feel well.
- One person with HIV may have different combinations of signs and symptoms from someone else who is also infected.
- Only an HIV test can show if someone is infected with HIV.
- Only a doctor can diagnose AIDS.

¹Window Period: Time it takes for antibodies to become detectable in the body; usually within three months

²Incubation Period: Time from point of infection to development of AIDS.

Note: This handout intentionally omits a time frame because people are affected differently by HIV. Their health, access to treatment and many factors determine how long they stay in one stage. For detailed information about the stages of HIV infection, please refer to the National Institute of Allergy and Infectious Disease (NIAID) at <http://www.niaid.nih.gov/factsheets/hivinf.htm>.

TRAINING ACTIVITY

What Is A Peer?

This training activity focuses on the roles, responsibilities and benefits of being a Peer Educator. As a result of this training, participants will know what makes an effective Peer Educator, why Peer Education programs are important, and what they can expect from this experience.

Peer Education programs share the following principles:

- An understanding that people are more likely to hear and accept information that is presented and modeled by their Peers; and
- A belief in the value and ability of people to bring about positive change in themselves and others.

Peer Education programs were first developed to target youth in an effort to address youth sexual and reproductive rights, according to the International Planned Parenthood Federation. They were also designed to encourage positive student modeling and mentoring at high schools.

Success with youth-oriented Peer Education programs has led to Peer programs that target people of all ages and with a variety of chronic diseases. In the past decade there has been an interest in incorporating Peer Educators in health care programs to promote adherence to health routines, such as patients attending medical appointments, taking medications, navigating social service systems and in chronic disease prevention. Research has shown that Peer programs are successful in the fields of mental health, cancer, multiple sclerosis, heart disease and HIV/AIDS nationally and internationally.

Objectives

- To be able to describe a Peer's function.
- To identify what makes an effective Peer Educator.
- To identify core roles and responsibilities of Peers.
- To understand the benefits of a relationship with a Peer.

Facilitator Instructions:

1. Introduce the activity by explaining to participants that they are going to do a brainstorming activity that is designed to help them define what a Peer is, identify a Peer's roles and responsibilities and understand some of the key concepts of Peer Education.
2. Pass out the Activity Sheet, What Is a Peer.
3. Assign participants to small groups to brainstorm answers to key questions.



Time Allotted

45 minutes



Participants

6-20 participants, working in small groups



Materials Needed

- Newsprint (one copy for each small group, prepared with a question listed on the activity page that each group will discuss)
- Markers
- Masking Tape
- Activity Sheet: What is a Peer; in participant folder

-
4. Give each small group a piece of prepared newsprint that has one of the activity questions written at the top. Instruct the groups to use the newsprint to brainstorm answers to the question. Ask each group to appoint a presenter.
 5. Tell the groups they will have 10 minutes to complete this activity.
 6. After 10 minutes, bring the entire group back together and ask each presenter to go over his or her group's work.
 7. Ask open-ended questions to draw out their thoughts on how a Peer might be of service to a person living with HIV.
 8. Discuss any other brainstorming answers to all the questions.
 9. Have a sample of Peer programs currently active in your geographic area available to use as examples for participants.

Discussion

Ask participants if they now understand what makes an effective Peer Educator, the benefits of working with a Peer Educator, and the roles and responsibilities of a Peer Educator.

Explain to participants that responsibilities will change based on the needs of the environment/agency that a Peer Educator may be working at, but the core components remain the same.

What's Next?

What Does it Take to Be a Peer Educator Training Activity

ACTIVITY SHEET

What is a Peer?

What is a Peer?

What makes an effective Peer Educator?

What are the roles and responsibilities of Peer Educator?

What are the benefits of being a Peer Educator?

ANSWER KEY

What is a Peer?

“What is a Peer?” (possible answers)

- Someone who is approximately the same age
- Someone who has similar life experiences
- Someone a client can relate to
- Someone who provides support
- Someone who fights the same fight
- Someone with whom I have something in common
- Someone who helps bring about positive change in others
- Someone who doesn't pass judgment

“What makes an effective Peer Educator?” (possible answers)

- A person who instills a sense of hope to others
- A person who plants seeds of knowledge
- An effective communicator
- A person who provides general health information
- A person who helps gets people into care
- A good listener
- A good role model
- A problem solver
- A person who knows the Ryan White system of services
- A person who is available when needed
- A person who does not give advice

What is not an effective Peer Educator?

- Gives medical advice. Only Doctors, Nurse Practitioners and Nurses are trained to provide this type of information. Peers receive updated information on treatment options and side effects of medications, but will always refer the Client back to the health care provider if more information is needed..
- Serves as a licensed counselor. (The capacity of a Peer is to provide support. Licensed Counselors receive Education, supervision and complete state licensure examinations)
- Makes promises. (Part of human nature is to want to help others. However if we say that we are going to do something and we don't, Clients do not forget. The trust factor in the relationship will be affected.)
- Judges or looks down on Peers. (The relationship should be on the same playing field with mutual respect.)

-
- Ignores feelings. (Affirming feelings is acknowledgement that they are real for the Client.)
 - Acts aggressively. (Aggressive behavior pushes Clients away instead of building a trusting relationship that is mutually respected.)
 - Does things for the Peers that they can do for themselves. (A Peer provides a Client with knowledge and options and it is up to a Client to make his or her own decisions. The Peer motivates Clients to empower themselves and feel confident that they can be independent.)
 - Talks about himself/herself too much. (A Peer provides comfort to the Client, shares experiences and is living proof that it is possible to live a productive, fulfilling life with HIV. A Peer program is Client-centered and about the Client.)
 - Breaks confidentiality. (When building a relationship, it is vital to assure the Client that what is said is confidential, which encourages open communication. Not respecting confidentiality breaks down the relationship and the work previously achieved.)


“What are the roles and responsibilities of a Peer Educator?” (possible answers)

- Client advocate
- Educator
- Active Listener
- Helps find resources, such as employment, social services, mental health and medical services
- Cares about Peer
- Models self care
- Makes themselves available to Peers they serve
- Knows that everyone has a different experience
- Encourages Peers to ask questions
- Bridges gaps with providers and case managers
- Acts direct, clear and assertive

“What are the benefits of a Peer Educator?” (possible answers)

- Gives the Client a message of hope and wellness and engages them in their own healthcare
- Increases the Client’s knowledge of HIV/AIDS
- Clarifies misinformation and dispels unnecessary fears
- Communicates that HIV disease is chronic and manageable
- Communicates that HIV treatment works
- Demonstrates that achieving adherence is possible for everyone
- Fosters positive beliefs and empowerment

 **Time Allotted**
30 minutes

 **Participants**
All participants in one large group

 **Materials Needed**

- Prepared newsprint sheets with headings for each category (Knowledge, Skills, Qualities)
- Prepared laminated cards with knowledge, skills and qualities concepts/phrases
- Masking Tape

TRAINING ACTIVITY

What Does It Take to Be a Peer Educator?

This training activity provides additional insight into the qualities, skills and knowledge that participants will need to possess in order to be effective Peer Educators. While these lists may change based on the responsibility of Peers in different settings, experience has shown that effective Peer Educators possess and use some or all of these qualities.

Objective

To identify core qualities, the skill set needed and the information/knowledge required to be a Peer Educator.

Facilitator Instructions

1. Prepare laminated cards with knowledge, skills and qualities concepts/phrases.
2. Prepare 3 pieces of newsprint with the headings: "Knowledge," "Skills" and "Qualities".
3. Prepare pieces of masking tape that participants will use to attach the concepts/phrases assigned to the 3 categories. Let participants know that they should use the masking tape to tape their phrases/concepts to the assigned category.
4. Shuffle and pass out the laminated cards to each participant until all are distributed.
5. Tell participants that they can work individually on this activity or can problem-solve with each other if questions arise in assigning a concept/phrase with a category
6. Give participants five minutes to tape their concepts/phrases on the wall under the appropriate category.

Discussion

Review each heading and matching concept/phrase.

Ask the group if there are additional concepts/phrases that they would associate with each heading.

Assure group that these lists change based on the responsibility of Peers in different settings.

Tell participants that there is a wealth of knowledge that Peer Educators have and are able share with Clients.

This activity provided a snapshot of the knowledge and skills taught in Level II training.

What's Next?

Role-Play Demonstration Training Activity

TEACHING TOOL

Knowledge List

Copy each concept onto its own laminated index card.

- Basic HIV 101
- Modes of HIV transmission
- Risk reduction strategies
- Community services that are available to Clients
- HIV Viral Life Cycle
- How to disclose HIV diagnosis
- How to describe CD4 and Viral Load results
- Understand drug resistance
- Basic principles of effective communication
- Where to get STD/STI testing
- Name/know about opportunistic infections
- Medication side effects
- Knowing what videos, pamphlets are good resources for patients
- HIV State Laws
- Where to get an HIV test
- Daily tasks of a Peer
- Understand workplace code of conduct
- Paperwork needed for Client chart

TEACHING TOOL

Skills List

Copy each concept onto its own laminated index card.

- Ability to read and write
- Can read verbal and nonverbal cues
- Develop trust and engage a Client
- Elicit Client information as needed
- Ability to manage time
- Active listening
- Effective communication
- Ability to ask open ended questions
- Give options
- Document services provided to a Client
- Advocate for Client
- Ability to coach a Client
- Ability to use videos/computer
- Speak clearly
- Brainstorm ideas
- Problem solve
- Model behavior change


TEACHING TOOL

Qualities List

Copy each concept onto its own laminated index card.

- Open-minded
- Non-Judgmental
- Flexible
- Patient
- Compassionate
- Connect with others
- Truthful
- Provide Support
- Positive attitude
- Encouraging
- Focused
- Sincere
- Respectful
- Warm
- Interested
- Assertive
- Empower others

 **Time Allotted**
20 minutes

 **Participants**
All participants as an audience; two facilitators conduct the role-play demonstration

 **Materials Needed**
None

TRAINING ACTIVITY

Role-Play Demonstration

This activity is a role-play demonstration showing how a Peer Educator should relate to a Client who has been newly diagnosed with HIV. The scenario is as follows:

“A newly diagnosed HIV+ Client comes in for his/her second office visit with the doctor to discuss laboratory test results. The Client was diagnosed with HIV two weeks ago, at which time he/she met with the HIV Primary Care Team and completed a battery of laboratory tests. The Client understandably is still distraught, scared, and ashamed and is trying to make sense of the diagnosis. The doctor discusses with the Client the many options to HIV care and treatment, but the Client is not ready to discuss them and does not know what to do. The doctor then refers the Client to the People to People peer education program and explains that a Peer Educator is available to provide support to people who are newly diagnosed.”

The following is an example of what that first meeting between the Peer Educator and the Client might entail.

Objective

To observe what a session looks like between a Peer Educator and a newly diagnosed HIV+ individual.

Facilitator Instructions

1. Arrange for a second facilitator to join you in the role-play.
2. Prior to the training, rehearse your roles so the role-play goes smoothly.
3. Read the scenario to the group.
4. Generally follow the script below, although you may adapt it to reflect any changes that will make it more realistic for your group.

Script

Peer Educator

Hi, I'm Anne, how are you?

Client

Well, now I don't really know how I am.

Peer Educator

I understand....you were recently diagnosed HIV+ a couple of weeks ago.

Client

Yes, I just don't know what I'm going to do. I have small children. How am I going to tell them that I'm going to die?

Peer Educator

You know there is no cure for HIV yet, but researchers are working hard every day to find a cure and they are developing more medications to help those living with HIV. HIV is life changing. It's a chronic disease, but it is manageable. Don't get comfortable and focused on dying, because you have a lot of living to do. You found out two weeks ago. Do you have any support, like friends or family?

Client

No, I'm not telling anyone that I have this.

Peer Educator

Family and friends can sometimes provide a lot of support, but if you have any reservations at all about disclosure or telling them about your HIV status, then follow your gut feelings. If you are open to the Peer Counseling Program we have at the clinic, we would be glad to provide that support for you until you feel ready to disclose. We can also arrange to be there with you, if you'd like.

Client

That sounds good. I'm just not ready to tell anyone now.

Peer Educator

I can understand you are still trying to process this yourself.

Client

Yeah.

Peer Educator

What have you heard about HIV?

Client

Just what I've seen on TV. Always wear a condom to prevent HIV. I knew that. That's why I feel so stupid.

Peer Educator

Don't beat yourself up. Of course, we should take precautions, but nobody deserves to be infected. Not you, not the person that infected you. Have you talked to them yet?

Client

Yes. He apologized, but that doesn't change anything.

Peer Educator

No it doesn't, but we can start where you are and that is, from this point on, you can learn how to live a healthy life living HIV+. I did.

Client

What? You are HIV positive? But you don't look sick?

Peer

*Yes, I am positive, but the look is a myth. It's not how you look.
(Peer Educator shares their story)*

Client

You got that right!

Peer

The People to People Program helped me and it can help you to by providing you with more Education about HIV disease, how it is transmitted, and how to understand your labs. As your advocate, we can break down those lab values to make some sense of all those numbers your doctor is giving you. We can also talk a little about medications that are currently approved and how nutrition and exercise can help your immune system now more than ever.

Client

What do I need to do to be a part of the program?

Peer

I'll be glad to explain it to you.

END

Discussion

Ask participants open-ended questions such as:

- What were your feelings about the interaction between the Peer Educator and Client?
- What do you think about the services the Peer Educator is able to provide to the Client?
- How do you feel the Peer Educator managed when establishing the relationship with a newly diagnosed Client?
- What do you think encouraged the Client to share with the Peer Educator?

As you were able to observe the interaction between the Peer Educator and Client you see how important it is to have the knowledge and skill set we discussed earlier on in the "What Does it Take To be a Peer?" activity.

Being a Peer Educator can be challenging. However, the scenario shows us that the support a Peer Educator can provide to a Client is invaluable because of the shared experiences. This scenario is just one of the many interactions between a Peer Educator and a Client.

What's Next?

Did You Know Optional Training Activity (if time permits)

OPTIONAL TRAINING ACTIVITY

Did You Know?

This is an optional activity that is designed to give participants more knowledge about HIV, its treatment, and the challenges faced by individuals diagnosed with HIV.

This activity is meant to be informative and is designed to give participants an idea of the topics to be covered in Level II trainings. A light tone is suggested, since this activity comes at the end of a long training session and participants may be getting tired and/or anxious to conclude the session.

Objective

To give participants information about HIV, its treatment and complexity.

Facilitator Instructions

1. Give each participant a copy of the “Did You Know?” Activity Sheet.
2. Instruct participants to answer “true or false” to each item. Participants can work individually or in pairs.
3. After 10 minutes, bring the group back together and begin the discussion.

Discussion

Review all “Did You Know” questions and answers with the group using the Answer Key.

Ask what was the most difficult question? What was the easiest?

Explain that this exercise is designed to introduce the issues and topics that can come up in discussions with Clients in a Peer Educator/Client relationship.

Level II training will provide further knowledge to equip Peer Educators to discuss these topics with Clients in a competent and confident manner.



Time Allotted

20 minutes



Participants

All participants in one large group



Materials Needed

- Activity Sheet: Did You Know?; in participant folder
- Pens and pencils

ACTIVITY SHEET
Did You Know?

Please answer true or false to each question.

True/False

1. Weight loss along with fat redistribution is a sign of lipodystrophy, which repositions fat in the abdomen and face. Steroids, exercise and diet changes are useful treatments. _____
2. World AIDS Day is always on December 1. _____
3. The AIDS epidemic is slowing in the United States, but not among African Americans and Hispanics, who accounted for two-thirds of new infections. _____
4. Anti-HIV drug treatment should cause the CD4 count to go up. _____
5. The viral load test measures how much HIV RNA is in the blood. _____
6. It is not harmful for an HIV positive person to have unprotected anal or vaginal sex with another HIV positive person because they are both already HIV positive. _____
7. Peer Educators are knowledgeable about Client services in the community. _____
8. Missing doses can cause a person's HIV infection to become resistant to medications. _____
9. HIV is a retrovirus that attaches itself to normal DNA cells, then makes other copies of itself _____
10. When a Client is diagnosed with HIV, doctors always begin a regimen of HIV medications to suppress the virus. _____

ANSWER KEY

Did You Know?

1. Weight loss along with fat redistribution is a sign of lipodystrophy, which repositions fat in the abdomen and face. Steroids, exercise and diet changes are useful treatments?

ANSWER – TRUE

Weight loss along with fat redistribution is a sign of lipodystrophy, which repositions fat in the abdomen and face. Steroids, exercise and diet changes are useful treatments.

2. World AIDS day is always on December 1.

ANSWER – TRUE

World AIDS day is celebrated around the world on December 1.

3. The AIDS epidemic is slowing in the United States, but not among African Americans and Hispanics, who accounted for two-thirds of new infections..

ANSWER – TRUE

African Americans represent over 50 percent of new infections, while African-American and Hispanic women account for 78 percent of new cases for women.

4. Anti-HIV drug treatment should cause the CD4 count to go up.

ANSWER – TRUE

Anti-HIV drug treatment should cause the CD4 count to go up. In the case of drug resistance, a regime change may be needed to bring the CD4 count up.

5. The viral load test measures how much HIV RNA is in the blood.

ANSWER – TRUE

The viral load test measures the quantity of HIV RNA in the blood. Results are expressed as the number of copies per milliliter of blood plasma. Higher numbers mean you have more virus in your body. Lower numbers mean that you have less virus in your body.

6. It is not harmful for an HIV positive person to have unprotected anal or vaginal sex with another HIV positive person because they are both already HIV positive.

ANSWER – FALSE

It is harmful for an HIV positive person to have unprotected anal or vaginal sex with another HIV positive person because there are different strains of the HIV virus, which makes it possible to set up resistance to HIV medications.

7. Peer Educators are knowledgeable about Client services in the community.

ANSWER – TRUE

Peer Educators are knowledgeable about Client services in the community; however as services change the Peer Educator must become educated on the impact service changes may have on a Client.

-
8. Missing doses can cause a person's HIV infection to become resistant to medications.

ANSWER – TRUE

Missing doses can cause a person's HIV infection to become resistant to medications. Greater than 90% adherence is the minimum necessary for effective adherence. When a person with HIV takes every dose of every drug every day, viral replication is suppressed almost completely. This suppression effectively eliminates all of the weak virus in the patient's body, and it eliminates all but a very small number of strong viral particles. In fact, highly active antiretroviral therapy may eradicate all of the virus in a patient's blood, leaving only those particles that "hide" from antiretroviral drugs in the brain, lymph tissue, and other so-called sanctuary sites in the body.

9. HIV is a retrovirus that attaches itself to normal DNA cells, then makes other copies of itself.

ANSWER – FALSE

HIV is a retrovirus, meaning that its genetic information is stored on single-stranded RNA instead of the double-stranded DNA found in most organisms. To replicate, HIV uses an enzyme known as reverse transcriptase to convert its RNA to DNA.

10. When a Client is diagnosed with HIV, doctors always begin a regimen of HIV medications to suppress the virus.

ANSWER – FALSE

When a person is diagnosed with HIV, doctors use CD4 and VL laboratory results to determine when to treat, what medication to use, and how to assess if treatment is working. Lab results will confirm if a doctor needs to discuss beginning a regimen of HIV medications. This should always be a collaborative effort between the Client and doctor.