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AIDS HOTLINE DEVELOPMENT WORKSHOP

INTRODUCTION

This notebook contains all the materials you will need for the AIDS Hotline Development Workshop. This workshop is intended for members of National AIDS Committees, Ministries of Health, staff at clinics, educators, and other community leaders in a position to help implement AIDS prevention activities. The AIDS Hotline Development Workshop was developed in response to the interest expressed in hotline operations from representatives from a number of Caribbean countries.

The idea for a regional workshop followed the successful workshop held in September 1988 in Washington D.C. for representatives of two Caribbean countries in the early stages of hotline development. Both of these countries -- Jamaica and Trinidad and Tobago -- reported that the workshop was very helpful to their process. Trinidad and Tobago's hotline began operations in December 1988. Jamaica's line began taking calls in late 1989.

The curriculum developed for the workshop last September has been modified to reflect the suggestions of the participants, staff and volunteers of operating hotlines, people in countries working to establish hotlines, and representatives of CAREC and Ministries of Health in the Caribbean.

The intent of the curriculum is to provide all the tools necessary to develop a national hotline. These tools are necessarily developmental in nature; each country's situation is different, and each hotline developed will be unique.

The curriculum does not offer a recipe to follow to create a hotline. It does provide steps to build skills, resources to answer questions, exercises to address feelings and attitudes related to AIDS, and a process to connect these elements into a meaningful learning experience.

ACKNOWLEDGEMENTS

This AIDS hotline trainers' guide and the accompanying participants' manual are the result of an international collaboration among AIDS educators and health care providers from the Caribbean nations of Trinidad and Tobago, the Bahamas, and Jamaica and their counterparts in the United States. The development of these publications was sponsored by AIDSCOM, a program funded by the United States Agency for International Development, and the Caribbean Epidemiology Centre (CAREC), a regional health promotion and disease surveillance organization affiliated with the Pan American Health Organization (PAHO).

Several nations in the Caribbean and elsewhere in the world have given a high priority to AIDS information hotlines to inform their populations of the threat of AIDS and the means of preventing its spread. Hotline services provide a unique contribution to AIDS education by giving callers information and listening to their concerns in an anonymous and compassionate manner.

The experiences of AIDS hotlines in the Caribbean and in North America contributed to the design and content of these publications. The guide and the manual are intended for use in specific AIDS hotline development workshops, but they can also be used by individuals who are planning community or national hotlines.

AIDSCOM and CAREC would like to express special gratitude to the following individuals and organizations:

Jack Stein, Ruth Finkelstein, Ernesto de la Vega, Michael Helquist, Susan Saunders, and Lori Leonard of AIDSCOM for developing the hotline workshop and drafting the manual.

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Jai Narain, Cheryl O'Neil, and the administrative support staff of CAREC for their assistance with the development and coordination of the Caribbean regional hotline development workshop and for their help with the distribution of these publications throughout the Caribbean region.

The staff and volunteers of the National AIDS Hotline of Trinidad and Tobago and of the Helpline in Jamaica.

HOW TO USE THIS MANUAL

Our hope is that this manual will be useful to you during this workshop and also as a reference if you develop a hotline when you return home.

The manual is organized by days. Behind the first tab, you will find an overview, the workshop agenda, and introductory material. Behind each successive tab you will find all the material for each day's work.

There is a table of contents for the materials for each day. The days are divided into sessions --three or four per day. For each session, you will find an overview sheet providing the session's summary, purpose, objectives, and listing resources. This overview is followed by any worksheets you will use during the session. The workshop facilitator will indicate when you need to use these.

The worksheets are followed by resources assembled for each session. These range from reference articles to sample forms to fact sheets. The facilitator will direct your attention to some of the resources during sessions; others you may want to pursue later.

The manual is yours to keep, so feel free to make notes or markings in it as you see fit during the workshop. However, our experience has shown that many times people wish to copy portions of the manual for others upon their return home. Therefore, you may want to make your notes on separate notepaper.

At the conclusion of the workshop, you will be asked to complete an evaluation of the entire workshop, including the manual.

AIDS HOTLINE DEVELOPMENT AND TRAINING WORKSHOP OVERVIEW

DAY ONE

- I. Introductions and Overview**
- II. AIDS and STD Update**
- III. AIDS Prevention Programmes and Roles for Hotlines in Caribbean Countries**
Participants' country presentations
Hotline goals

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- VII. Voices of Operators: On-the-Job Experiences**
- VIII. Development of a Referral Resource System: Help Callers Get More Help**

DAY THREE

- IX. Risk Reduction Counselling**
- X. Recruiting and Selecting Hotline Staff**
- XI. Training the Hotline Staff**

DAY FOUR

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Overview

Country Presentations Guide

Goal Statement of the Jamaica National Hotline

What Hotlines Can and Cannot Do

National AIDS/STD Hotline Goal Worksheets

I. INTRODUCTIONS AND OVERVIEW

SECTION SUMMARY: This introductory session provides you with time to meet the other participants and the trainer as well as a chance to discuss the objectives and format of the training.

PURPOSE: To become comfortable with each other and to review the workshop format.

OBJECTIVES:

1. To learn each others' names, positions, and perspectives.
2. To establish a comfortable atmosphere for exchanging views.
3. To describe the overall objectives for the workshop.
4. To become familiar with the manual to be used in the workshop.

RESOURCES:

Agenda

II. AIDS/STD UPDATE

SECTION SUMMARY: Brief overview of AIDS and STD epidemiology in the Caribbean, basics on transmission, risk reduction, natural history of disease, clinical and psycho-social dimensions, and treatments.

PURPOSE: To provide an information update on AIDS, HIV infection, and STDs in the region.

OBJECTIVES:

1. To describe the epidemiology of AIDS and STDs in Caribbean countries.
2. To review the ways these diseases are transmitted, and to discuss the relationship between transmission modes and behaviours recommended in risk reduction guidelines.
3. To provide an update on the clinical and psycho-social dimensions of HIV, including opportunistic infections, treatments, denial, and prevention counselling needs.

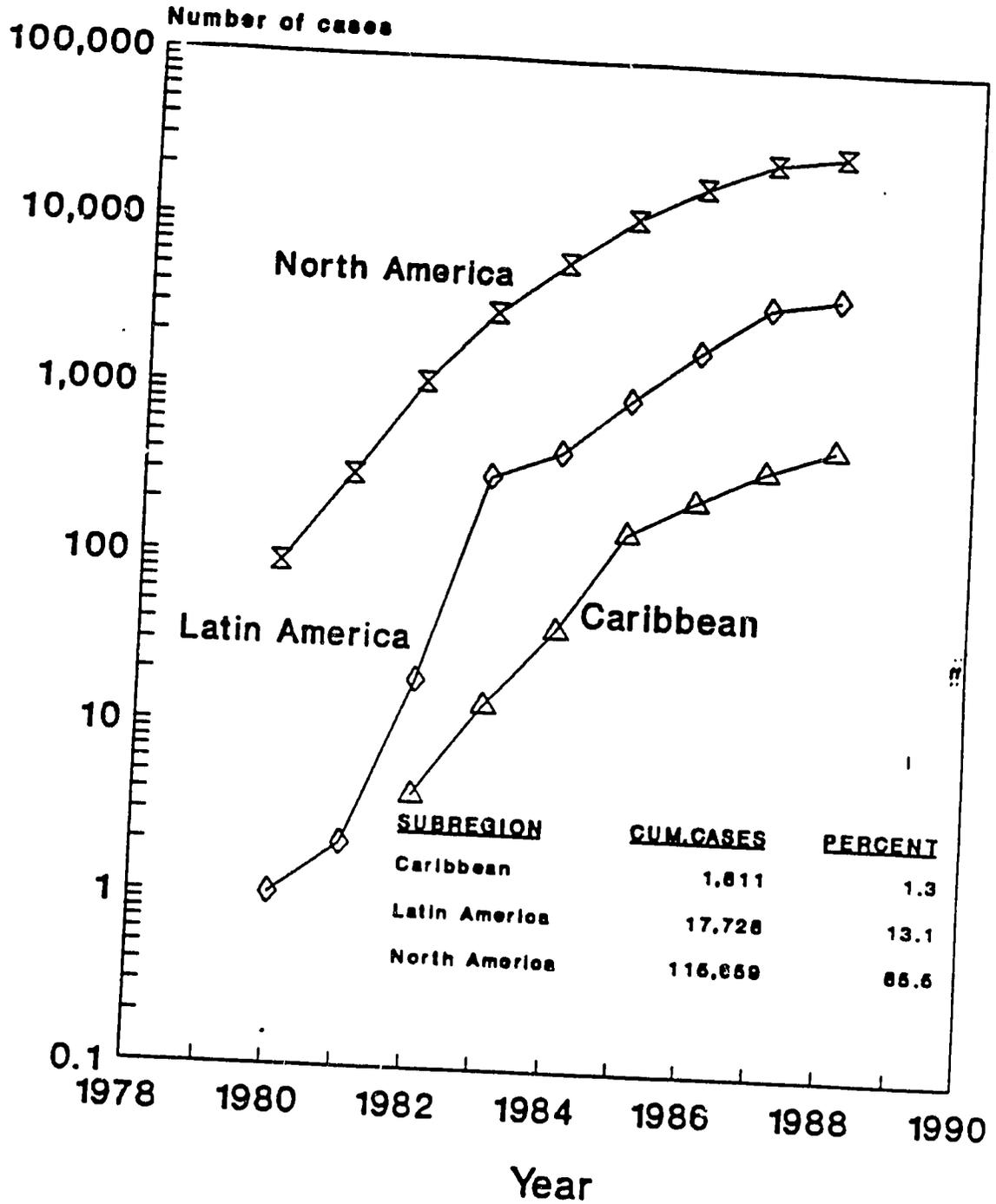
RESOURCES:

Outline on AIDS and STD presentation.
Cumulative cases for region: AIDS, HIV, STDs.

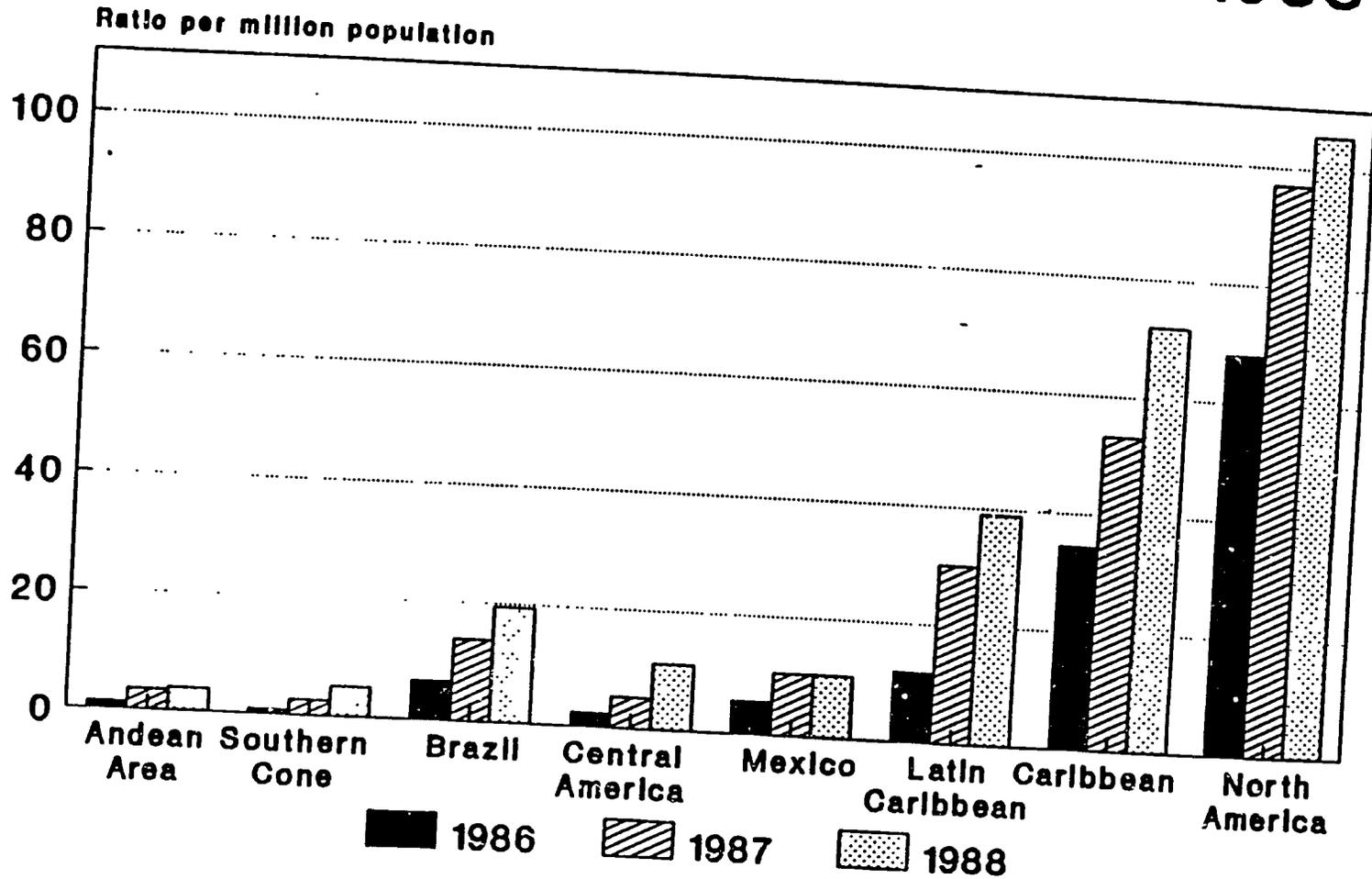
AIDS/STD UPDATE OUTLINE

You may use page to take notes during the presentation if you would like.

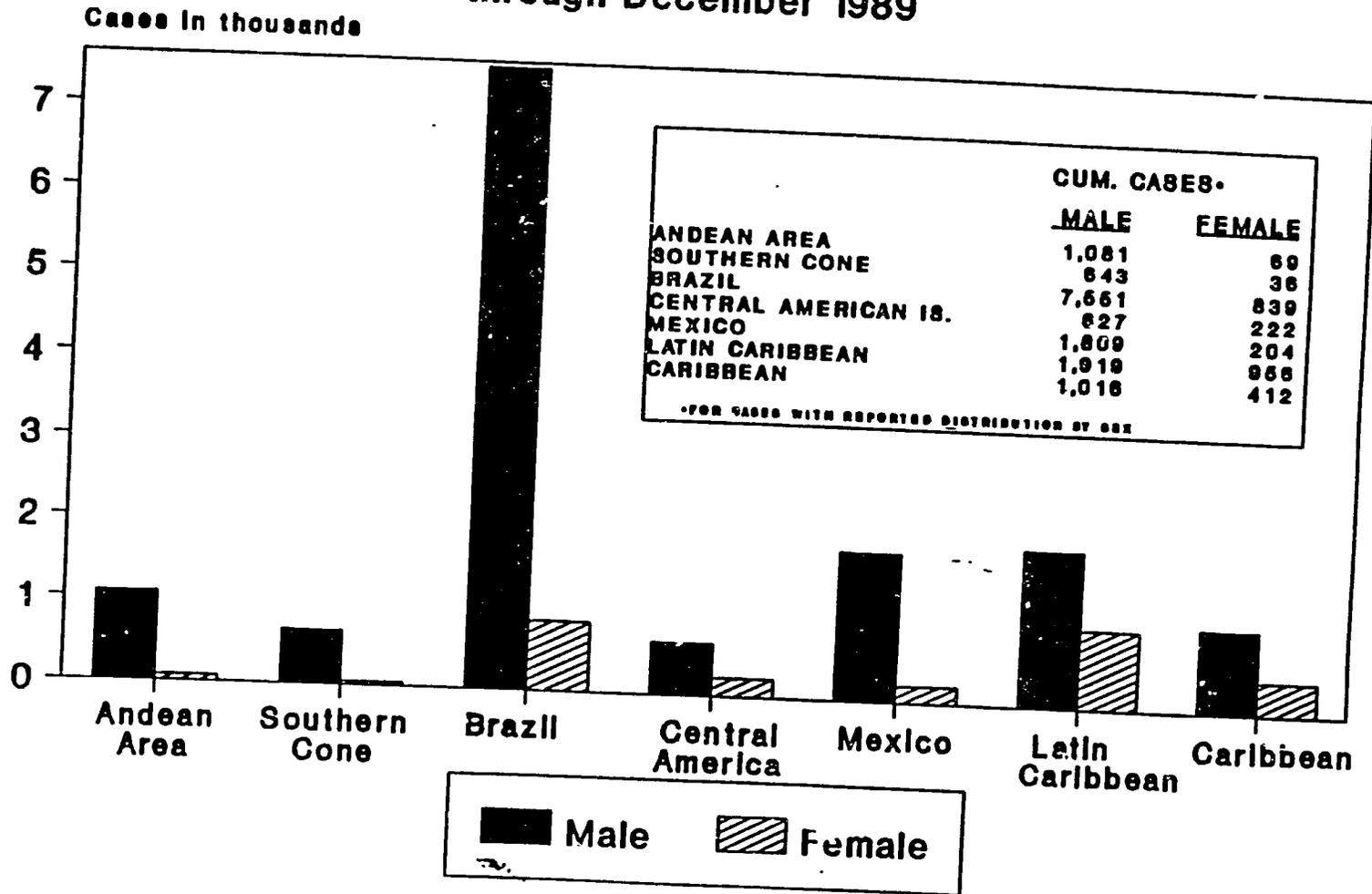
NUMBER OF CASES REPORTED BY MAJOR SUBREGION OF THE AMERICAS 1980-1988



Reported AIDS cases per million population, by Subregion, 1986-1988



Number of reported cases, by sex, Latin America and the Caribbean through December 1989



CARIBBEAN

COUNTRY	CASES thru 1986	CASES year 1987	CASES year 1988	CASES year 1989	CUM total cases	T o t a l deaths
Anguilla	0	0	3	0	3	0
Antigua	2	1	0	0	3	2
Bahamas	86	90	93	123	392	203
Barbados	31	24	15	31	101	73
Cayman Islands	2	1	1	0	4	2
Dominica	0	6	1	3	10	6
French Guiana	78	25	33	1	137	78
Grenada	3	5	3	3	14	10
Guadeloupe	46	37	45	25	153	46
Guyana	0	14	36	20	70	29
Jamaica	11	33	30	55	129	71
Martinique	25	21	25	33	104	32
Montserrat	0	0	0	1	1	0
Netherlands Antilles	0	23	16	2	41	16
St. Lucia	3	7	2	4	16	10
St. Kitts	1	0	17	0	18	9
St. Vincent	3	5	8	3	19	10
Suriname	4	5	2	0	11	11
Trinidad	149	82	158	120	509	337
Turks & Caicos	3	3	1	0	7	6
Virgin Isl (UK)	0	0	1	0	1	0
Virgin Isl (US)	7	0	32	29	68	31
TOTAL	454	382	522	453	1811	982

III. AIDS PREVENTION PROGRAMMES AND ROLES FOR HOTLINES

SECTION SUMMARY: In this session, you will hear about the development of a hotline in a Caribbean country, and each participant will give a brief presentation about the AIDS and STD prevention strategies in their own countries. Following these presentations, we will have a group discussion of the situation in the Caribbean countries, and begin to develop goals for national hotlines. The goal development process will continue in small work groups.

We will pay attention to the potential of hotlines to assist with research and information gathering as well as information dissemination.

PURPOSE: To develop national hotline goals responsive to the needs in the Caribbean countries.

OBJECTIVES:

1. To review the current AIDS and STD prevention and treatment resources and plans in Caribbean countries.
2. To describe the possible roles of a hotline in AIDS prevention strategies.
3. To discuss the limitations of a hotline service.
4. To consider including research and information gathering in development of goals for hotline.
5. To identify specific target populations to be served by each hotline.
6. To establish goals for each hotline to be developed.

RESOURCES:

Worksheets on identifying needs and developing goals.

Goal statements from the existing national hotlines.

Outline to guide individual country presentations.

"What a hotline CAN and CANNOT do."

COUNTRY PRESENTATIONS

Guide to assist with preparation

A valuable part of the upcoming workshop on developing National AIDS Hotlines is the opportunity to learn about the experiences of countries in the English-speaking Caribbean. In order to help participants from neighboring countries understand your country's experience, it would be helpful if you give a brief and informal oral presentation. The following questions may help you to structure your presentation. They are intended as only a guide; adapt the guide as you see fit.

Context

What are the leading causes of illness and death in your country?

How would you describe the degree of religious feeling?

What is the level of government participation in health-- both treatment and prevention?

Epidemiology

How many cases of AIDS have been reported?

How many cases of other STDs?

Is it your sense that reporting is fairly complete?

How would you describe the AIDS cases in terms of sex, age, sexual orientation, and drug use behaviour?

Are there any studies or statistics suggesting how many people have HIV?

National Response

What are two or three major prevention programmes in your country?

What treatment resources are available for AIDS and for other STDs?

What is the funding situation for AIDS and for STDs?

National AIDS Hotline

Is there an AIDS hotline operating? in development? planned?

Is there a Hotline Advisory Committee? If so, what type of representatives serve on it?

What other factors will help us understand your country's experience?

NOTE: Although there are several questions listed above, plan on delivering a 15-minute presentation. Time for questions and answers will follow.

GOAL STATEMENT OF THE NATIONAL AIDS/STD HOTLINE OF JAMAICA

MEETING NATIONAL NEEDS

A National AIDS Hotline can assist with decreasing the spread of HIV infection and AIDS within the population by:

1. Providing an educational service.
2. Providing an emotional support service.
3. Offering needed referrals.
4. Reaching the "unreached, the invisible, and the hard-to-reach."
5. Providing a first entry into the service system established to meet the needs of persons with HIV infection and AIDS.
6. Advancing the National Planning efforts in AIDS Prevention and Control.

PURPOSE OF THE HOTLINE

To provide a telephone information listening/referral service to persons who need confidential advice about AIDS and HIV infection.

OBJECTIVES OF THE HOTLINE

1. To offer a highly confidential, non-judgmental, compassionate and anonymous service to those individuals with anxieties about HIV infection and AIDS.
2. To decrease the incidence of HIV transmission in Jamaica by providing a listening and referral service, using the telephone as a medium for Information and Education.

HELPLINE TARGET AUDIENCES

The Service is being designed to reach:

International travellers.

Persons with multiple sex partners.

Individuals panicking about AIDS.

AIDS/HIV infected persons.

Families and friends of AIDS/HIV infected persons.

"Worried-well" individuals.

Developed by the Steering Committee of the Jamaica National AIDS/STD Hotline.

NATIONAL AIDS/STD HOTLINES

WHAT HOTLINES CAN DO:

Meet a wide range of needs for information:

- about prevention (risk reduction)**
- about treatment**
- about services**
- about fears and worries**

Help connect people with available assistance.

Provide some emotional support to callers.

Provide information to health care planners and providers about people's concerns.

Help develop a group of informed and active volunteers.

WHAT HOTLINES CANNOT DO:

Stop transmission of HIV/STDs directly.

Provide extensive counselling.

Provide medical care or social services directly.

DEVELOPING A NATIONAL AIDS/STD HOTLINE

A. NATIONAL NEEDS TO BE MET

1. Please list the national needs which are to be met with the hotline.
2. After your list is made, identify the top 1-5 priorities. (Circle the top priorities listed in 1, above).

B. TARGET AUDIENCES

1. Identify the various target audiences who you hope to reach with the hotline.
2. Identify 3 primary audiences and 3 secondary audiences.

C. GOALS OF THE HOTLINE

Develop goal statements for your hotline.

Below is a sample goal statement.

EXAMPLE: TO INCREASE THE LEVEL OF AWARENESS ABOUT THE SPREAD AND PREVENTION OF AIDS IN THE GENERAL POPULATION.

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IV. DEVELOPING HOTLINE POLICIES

SECTION SUMMARY: In this session, you will begin to identify policy issues facing national AIDS hotlines. Through presentation of a Caribbean country's experience with hotline policy development and through a values clarification exercise, the group will generate one sample draft policy. The group will also discuss the policy-making process, and analyze some difficult policy issues facing hotlines.

PURPOSE: To model the process of policy development for national AIDS hotlines and to discuss the difficult issues facing hotlines.

OBJECTIVES:

1. To describe the policy development process for a National AIDS Hotline.
2. To participate in a values clarification exercise generating issues about sexuality, death, and confidentiality issues related to an AIDS hotline.
3. To develop a sample policy on a difficult issue.
4. To discuss difficult policy issues facing hotlines.

RESOURCES:

Scenarios for clarifying personal values.

Sample policy statement from existing Caribbean hotline.

List of "difficult policy issues."

**NATIONAL AIDS PROGRAMME
"AIDSLINE"
A HOT LINE SERVICE**

PHILOSOPHY

It is believed that since matters related to homosexual and bisexual practices including the general expression of sexuality are not topics easily discussed or generally accepted behaviours in this society, the provision of a listening service which provides anonymity will facilitate the ventilation of such individual concerns, issues and challenges.

AIDS and HIV infection though not exclusively related to the practice of homosexuality and bisexuality in this society, carry with them a certain amount of stigma, alienation, abandonment, loneliness, and depersonalization of individuals experiencing the infection. A telephone service therefore provides a channel for befriending, supporting and maintenance of the dignity of the person who has HIV infection or who is diagnosed as having AIDS.

Since AIDS is an infectious disease whose consequences are terminal, with a host of myths, beliefs and inaccurate information as to how it is spread, a telephone service assists individual callers to clarify their misconceptions and reduce personal phobias associated with the disease.

PERSONS providing this LISTENING and REFERRAL service via the telephone are committed to the goals of the AIDS Programme being sensitive to the issues of confidentiality and related social and emotional problems associated with the infection and its ramifications. Such persons are good listeners, tactful, courteous, have accurate up-to-date knowledge about HIV infection and AIDS and are responsive to the needs of the caller.

Persons manning the lines are aware of all the facilities/services - public and private available for potential users of the AIDSLINE and are able to refer callers appropriately.

Such persons recognize the limitations of their preparation and training and those of the service provided through a telephone link. They recognise the responsibilities of others in the extended support services provided for the AIDS problem and refer callers appropriately.

PURPOSE OF THE AIDSLINE

To provide a 24 hour - listening/referral service with confidential advice to people with anxieties about AIDS and HIV infection.

FUNCTIONS OF THE LISTENER - REFERRAL PERSON:

1. To listen and befriend the caller.
2. To refer the caller to facilities/services available at private or public facilities provided for HIV infection and AIDS.
3. To maintain appropriate records.
4. To be committed to providing the service at rostered times, so as to ensure continuity of service to callers.
5. To attend meetings related to the administration of the service.
6. To ensure that knowledge related to HIV infection and AIDS as well as local support services is current.
7. To ensure that the anonymity of the caller and the listener-referral person is maintained at all times.

Excerpted from documents of the National AIDS Hotline of Trinidad and Tobago.

CONFRONTING SOME ETHICAL ISSUES IN AIDS WORK

This worksheet will help you to participate in an exercise which will be conducted by the workshop facilitator. The purpose of this exercise is NOT to identify the "right answers" to these questions. The purpose of this exercise is to stimulate you to think about the complexity and diversity of ethical issues.

To participate in this exercise, read statements A.-F. on this page, and then rate your level of agreement with each, using a scale from 1-5.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

For example, if the statement reads, "I believe stealing is wrong," you rate your level of agreement with that statement indicating strong agreement with a 5 and strong disagreement with a 1.

Rate your level of agreement, by writing a number that reflects your feeling at the end of each statement.

- A. I believe every person has a right to the best available medical and social services when they are ill no matter what caused the illness.
- B. Babies with AIDS deserve the highest priority in allocating scarce resources among AIDS patients.
- C. Families should support and care for their members if one becomes sick with AIDS.
- D. I would care for my brother with AIDS in my two-room house where I live with my newborn baby and two small children.
- E. Confidentiality is necessary for a good doctor-patient relationship.
- F. I would want to be notified by a health official if my sexual partner had a contagious disease and refused to tell me.

SCENARIOS FOR IDENTIFYING POLICY ISSUES

I.

A nurse calls the hotline from a family planning clinic saying that she has a patient, Sarah, who is 10 weeks pregnant. Sarah says her boyfriend, Tony, was told at a clinic in the U.S. that he is HIV+. She says that Tony has not received any medical or social service since he has been home, but she reports that he has been calling the hotline frequently for support. The nurse wants you to confirm that Tony has been calling the hotline and whether he is HIV+. You know exactly who she is talking about. What do you do? Why? What hotline policy decision is needed for this situation?

II.

You are setting up the Advisory Board for the Hotline. Everyone agrees that community leaders, especially members of the clergy are critical Board members. A pastor of a leading church has expressed interest in serving on your Board. You do not normally attend his church, but a friend invites you to accompany her to a Sunday service. During his sermon, this pastor characterizes AIDS as retribution for the last generation's loose morals, for unnatural sex acts, and for a departure from family values. After the service, the pastor sees you and reiterates his interest in joining your Board. What do you do? What policy decision is needed for this situation?

III.

A physician who is very angry calls the hotline. He has just seen a bisexual man with AIDS who says he got the physician's name from a referral from the hotline. The physician demands to talk with the "person in charge" and to "be taken off the list of doctors wasting their time on these perverts." Your investigation reveals that the physician's name was included on the referral list because he very sensitively and skillfully treated several women with AIDS in the hospital. Physicians with skill and experience taking care of people with AIDS are scarce. Should you take the physician off your referral list, only send women to him, let your callers decide, or what? What policy decision is needed for this situation?

SCENARIOS FOR IDENTIFYING POLICY ISSUES

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IV.

A call comes to the hotline from a distraught woman. She has a cousin who lives in her district and has been sick off and on for some time, and has lost a great deal of weight. She saw his wife at the market, and realized she had not seen her cousin in several weeks. When she asked his wife how her cousin was doing, his wife seemed evasive. While his wife was at work, the caller brought some soup and paid her cousin a visit. She was shocked to find her cousin in bed with the shades drawn looking drawn, feverish, and pained. He told her that there is nothing more that can be done for him, that he is dying, and that he wants to die quietly in his own home. He asked the caller please not to alarm the family, and repeated that he is as comfortable as he can be. The caller wants to know what she should do: call the family? Call the doctor? Talk further with his wife? Nothing? How do you advise her? What policy decision is needed here?

V.

One of the other hotline operators comes from a large and very sociable family who are always in the middle of everything. Consequently, the operator goes to every party and knows everybody in town. As time goes by, he begins to recognize a few hotline callers by their voices and some of the situations they describe. He starts piecing together a string of affairs and liaisons involving people he knows casually. At a party, you hear him telling his sister intimate details about an acquaintance's sexual activities. How do you handle this? What policy decision is needed to cover the action of the volunteer?

VI.

A tourist calls the hotline very upset. She reports that she has been vacationing on the island for a week. On her second night she met a man on the dance floor who --literally-- swept her off her feet. She spent every night with him until last night when he came to her room very drunk. He told her that she was special to him because she represented his hundredth conquest. He bragged to her that not even "that damn doctor claiming I have AIDS can hurt my style." The woman is not too sure where the man is from, but says his name is Andrew, knows he's "from the islands" and demands that we DO SOMETHING to help her and to protect future victims. What do you do? What policy decision is needed to cover this situation?

DIFFICULT POLICY ISSUES FOR AIDS HOTLINES

confidentiality of callers

confidentiality of staff

limited resources

availability of people who can donate labor to staff the hotline

issues about staff competence (particularly when labor is donated)

policies on responding to calls regarding:

safer sex practices and negotiations

drug use

prostitutes or other sex workers

HIV antibody testing advisability

death and dying

religious beliefs/morality

competence of specific providers

mental health crises

treatments

accurate assessment of risk behaviours

adequacy of government response

information you do not know

requests by medical or service providers that callers either be referred to them or steered away from them.

V. RESPONDING TO CALLS: INTRODUCTION AND CALLS

SECTION SUMMARY: In this session, you will begin to discuss the calls a national AIDS hotline is likely to receive and methods for handling calls. Common hotline calls will be discussed and sample guidelines for call response developed. You will also have the opportunity to make calls to an existing hotline.

PURPOSE: To begin to develop strategies for responding to common hotline calls and to become familiar with a hotline by calling an existing service.

OBJECTIVES:

1. To describe the more common types of hotline calls.
2. To describe the information an operator will need to handle these calls.
3. To develop general guidelines for responding to all hotline callers.
4. To experience hotline calls directly by making them.

RESOURCES:

Most Frequently Asked Questions

Active Listening article

Information on types of calls to the hotline in Trinidad and Tobago

MOST FREQUENTLY ASKED QUESTIONS

The following is a general guideline developed for answering calls common at the National AIDS Hotline in the U.S.

If you ever encounter a question you are unable to answer, an appropriate response would be: "I don't know, but I'll find out". Please remember, if you promise a caller that you will do something, follow up on it.

DO NOT TRY TO DIAGNOSE AIDS. Instead, if a caller is concerned about symptoms, refer to a physician or clinic.

Q. What is Acquired Immune Deficiency Syndrome or AIDS?

A. AIDS is the name of a medical condition that effects the immune system. "Acquired" indicates that it is not inherited or explained by an underlying illness. "Immune Deficiency" is the factor common to all cases: The inability of the body to defend itself against infections. "Syndrome" refers to the variety of diseases which can occur; these are sometimes referred to as opportunistic infections or opportunistic cancers. They take advantage of this loss of natural immunity against disease.

Q. Are there any symptoms of AIDS?

A. The symptoms for AIDS are:

SIGNIFICANT WEIGHT LOSS
WITHOUT TRYING

SWOLLEN GLANDS

PERSISTENT FEVERS

CHRONIC FATIGUE

LOSS OF APPETITE

PERSISTENT NIGHT SWEATS

DIARRHEA THAT LASTS 3-6
MONTHS

DRY COUGH

PURPLE SKIN LESIONS

ALL OF THESE SYMPTOMS CAN BE LINKED TO MANY OTHER ILLNESSES.

Q. What causes AIDS?

A. A virus known as HIV.

Q. How is the virus transmitted?

A. There are two major ways of becoming infected with the virus: unprotected sex or sharing I.V. needles. Casual contact, such as that in an office or school, does not spread the virus. The blood supply in Caribbean countries is now screened for the presence of HIV.

Q. Who gets AIDS?

A. Anyone who practices risky behaviours can get AIDS. Risky behaviours include having multiple sex partners, sharing needles, or having sex with someone who has multiple sex partners or shares needles.

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Q. What can be done to stop the spread of AIDS?

A. Most immediately, education in schools and the media to continue teaching people how best to keep from getting AIDS: Having sex with one faithful partner is safest. Correct use of condoms for sex significantly reduces chances of getting AIDS, but it does not guarantee absolute protection from the virus. Drug users should never use a needle someone else has used, unless it has been thoroughly cleaned with bleach or another disinfectant - because the virus is transmitted through blood.

The first human testing of a vaccine has begun, but scientists predict it will be eight to ten years, if then, before an AIDS vaccine may emerge as reliable and safe.

AZT, a drug that stops the AIDS virus from duplicating and spreading to new cells, is being used by adult patients and some children. However, it is not a cure, and can cause serious side effects. Many other drugs are in development but are not yet approved as treatment. Most are quite expensive and can be very difficult to obtain in some countries.

Q. Are doctors afraid to treat AIDS patients?

A. In general, the answer is "no." But since the epidemic began, more than a dozen U.S. health care workers and laboratory technicians have been infected with the AIDS virus through contact with infected blood. Most had accidentally stuck themselves with needles previously used on infected patients. In a few cases, the infected blood had gotten on the health care workers' chapped or broken skin, or in their eyes or mouth. Because hundreds of thousands of health workers have cared for AIDS patients and other infected patients, and only a handful have become infected themselves, the risk of occupational infection is considered slight.

Q. What about life insurance?

A. Unlike health insurance, most life insurance is sold as individual policies requiring a physical examination and other tests in advance. Most life insurance companies now require a test for HIV antibodies and reject those testing positive as too great a financial risk.

Q. What are some of the specific diseases affecting AIDS patients?

A. Many have had one or both of two rare diseases: Kaposi's Sarcoma (KS), a type of cancer; and Pneumocystis carinii pneumonia (PCP), a parasitic infection of the lungs. In addition, severe life-threatening bacterial, yeast, or viral infections also can occur. In the Caribbean, people ill with AIDS often suffer from severe diarrhea.

Q. How is AIDS treated?

A. Since AIDS is the result of a series of conditions, specific infections can be treated. Treatments do exist for some of these conditions, and people with AIDS should be encouraged to seek health care.

Q. Can children get AIDS?

A. Yes. HIV can be transmitted if the mother has AIDS or is antibody positive. The disease is passed from mother to child shortly before birth or during the birth process. There is a one in two chance of giving birth to an antibody positive child if the mother is herself antibody positive. Also it is possible for infants to get the virus from breast milk.

Q. *How can I tell if I have AIDS?*

A. The best person to answer questions about your personal health is your health care provider. We can refer you to a someone who is well informed about AIDS.
REMEMBER, A DIAGNOSIS OF AIDS CANNOT BE MADE OVER THE PHONE!!

ACTIVE LISTENING

Active listening is a fancy phrase for being a good listener. On the hotline, since your only means of communication is through conversation, listening is vital in assessing the caller's needs.

The majority of your time should be spent listening to the caller. You will learn much more by listening to callers than by talking at them about whatever it is you think they need to know!

It may seem obvious that you need to listen carefully to what a caller is and is not saying before you jump in with expert advice. Unfortunately, we all fall into the trap of knowing so much about AIDS, we think everyone should know (and wants to know) as much as we do. This is simply not true. Listen for the caller's needs and concerns, without forcing your own agenda into every conversation.

Remember, too, that callers may not always be able to ask the question(s) of greatest importance to them. Many AIDS-related topics contain intimate details about a person's sex life, family relations, lover's fears, etc. These are not always easy subjects to discuss. In fact, callers may be unable to mention the topic of greatest concern to them because they are embarrassed or unaccustomed to discussing such things as sex, death and fear.

As a hotline worker, it is your responsibility to ask the questions a caller may not be able to say out loud. It is also your responsibility to help the caller focus on real questions, as opposed to the many questions they may ask you simply because they don't know what else to say.

Following are some basic "do's and don'ts" of active listening. These are intended as general guidelines, not hard and fast rules which you must not violate. Above all, active listening is common sense. Listen to the caller with the same respect, compassion and sense of humor that you would give to a friend. Be patient. And humble. You too had to learn about AIDS at one point.

DO SAY THINGS LIKE:

- It sounds like you...
- It seems like...
- I feel you are...
- it sounds like a lot is going on. What is your biggest concern?

EXAMPLE:

Caller: Can you tell me the symptoms of AIDS? What causes the disease? Where did it come from? Can I get it from a Coke can that someone else has used?

Hotline Worker: It seems like you have a lot of questions about AIDS. We can take as much time as you like to cover all the topics. Which question concerns you the most?

- Many people seem to feel like you do.
- You have some legitimate concerns.
- It sounds like a difficult situation.

EXAMPLE:

Caller: My 4 year old son plays with a neighborhood child who has AIDS. I'm terrified he might get the disease. Can he get AIDS from his playmate?

Hotline Worker: Many people have the same concerns as you. Your child will not get AIDS from his playmate. We often receive calls from parents who want to know how to protect their children from AIDS. Fortunately, we know how the disease is and is not transmitted. AIDS is a sexually transmitted disease.

- Medical experts believe that...
- It might be helpful for you to...
- Maybe you could try...

EXAMPLE:

Caller: Do I have to give up sex now that AIDS is around?

Hotline Worker: No. But you may need to change your sexual activities. If you want to avoid exposing yourself to the AIDS virus, then you need to use condoms during sexual intercourse with every partner. And it might be helpful for you to talk to your partner before you have sex to discuss exactly what you will and will not engage in.

- I don't know the answer to that question. Let me see if I can find out.

DON'T SAY THINGS LIKE

- You should...
- You shouldn't...
- Don't worry.
- You are...
- What you're really worried about is...
- You have a lot to worry about.

EXAMPLE:

Caller: I have a problem with sever diarrhea and I have been sweating a lot at night.

Hotline Worker: What you really want to know is if you have AIDS. And let me tell you, you have a lot to worry about. You should hang up the phone and get to a doctor immediately.

If you give out one of these presumptuous messages, there is a risk that the caller will become defensive and either justify the feeling further, or stop talking entirely.

TALKING ABOUT SEX PROFESSIONALLY

There are many ways in which people talk about sex over the phone. To be professional about this, it is important for the volunteer to assess how the caller is talking about sex. The volunteer should respond using the same terminology when possible and be sensitive to the degree of the caller's openness.

EXAMPLE:

Caller: "I did it last night with a stranger. Will I get AIDS?"

Hotline worker: "In order for us to determine your risk, we will need to discuss more specifically what you did."

C: "You know, I just did it."
HW: "Did you engage in sexual intercourse?"
C: "Yes."
HW: "Was it vaginal intercourse?"
C: "Yes."
HW: "Was a condom used?"

The conversation should continue until enough information is obtained to determine the caller's risk, and then an accurate, appropriate response can be given.

The opposite of the above example may be someone who gives a very graphic sexual description and uses terminology that the volunteer may never have heard of. In this case a caller may be put on hold, and the volunteer can ask someone else for the information they need.

If the volunteer feels uncomfortable with the call, he or she can tell the caller that someone else can better answer their questions, put the caller on hold, and ask someone else to take the call.

Most callers are fairly comfortable in telling what they did sexually because they want accurate information about their possible risk. Also, since callers are able to maintain their anonymity over the phone, it encourages them to be more open.

TERMINOLOGY

In the same way that callers talk about sex differently, they also give and receive information differently. It is important to identify their language level, and communicate with them at that level.

For instance, if someone calls and the hotline volunteer deduces that his or her literacy level is fairly low, then it would be appropriate to give AIDS information in a simpler, yet thorough, manner.

Sometimes the hotline volunteer will give an explanation, and it won't be understood by the caller. Instead of saying the exact same thing over again, try rewording the explanation. One or two different words said in a slightly different way will probably help the caller to comprehend what the hotline volunteer is saying.

VI. VISIT TO AN OPERATING HOTLINE

SECTION SUMMARY: In this session, the entire workshop group visits an existing hotline, and has a chance to talk with staff, and listen to operator responses.

PURPOSE: To observe an operating hotline and have an opportunity to ask questions related to the visit.

OBJECTIVES:

1. To provide the opportunity for general questions about hotlines to arise when there is plenty of workshop time left to address them.
2. To provide direct access to hotline workers.

RESOURCES:

May be provided at the hotline. (Brochure and posters, if available).

VII. VOICES OF OPERATORS: ON-THE-JOB EXPERIENCES

SECTION SUMMARY: This session is a discussion led by operators from an existing hotline. You will hear directly from people answering calls about their common calls, difficult calls, and concerns. You will also be able to talk with operators in more detail in small group discussions.

PURPOSE: To further familiarise you with the nature of calls and the concerns of operators.

OBJECTIVES:

1. To hear first-hand about the nature of calls received.
2. To discuss calls which existing hotline operators find difficult.
3. To increase your awareness of the concerns, training and support needs of operators.
4. To provide current hotline staff the opportunity to share their expertise.

RESOURCE:

Issues list prepared from survey of current operators.

ISSUES LIST

(to be prepared from survey of current hotline operators)

VIII. DEVELOPMENT OF REFERRAL RESOURCE SYSTEM

SECTION SUMMARY: In this session, a case scenario will stimulate discussion of the kinds of services hotline callers may need. The group will then discuss service availability in Caribbean countries, and will develop a system to catalogue available services for hotline operators to use for referrals.

PURPOSE: To determine the availability of AIDS-related services and to develop a referral catalogue for operators to use.

OBJECTIVES:

1. To identify types of resources for which a need is anticipated.
2. To assess the actual availability of existing resources in each country.
3. To develop a format and mechanism to maintain a referral catalogue.
4. To design a system to update the referral catalogue.

RESOURCES:

Case example (a prevention counselling video if equipment available).

Sample Resource Directory Listing.

Trinidad and Tobago Resource Directory excerpts.

**NATIONAL AIDS HOTLINE
RESOURCE REFERRAL DIRECTORY**

SUBSTANCE ABUSE

COUNSELLING AND TREATMENT CENTRES

CAURA HOSPITAL
SUBSTANCE ABUSE UNIT

TEL: 668-221
668-7024 / 662-5356

CONTACT: WALK-IN CLINIC
WITH REFERRAL LETTER
FROM DR. / SOCIAL
WORKER

SCHEDULE: TUESDAY 8am-11am

PORT OF SPAIN:

FAMILIES IN ACTION
82 MARAVAL ROAD

TEL: 628-2333

CONTACT:

SCHEDULE: MON - FRI 8am-4pm

SERVICES: COUNSELLING
VOLUNTARY REFERRAL

LIVING WATER COMMUNITY
109 FREDERICK STREET

TEL: 623-4677

CONTACT: MS. RHONDA MAINGOT

SCHEDULE: MON - FRI 8am-4pm

SERVICES: COUNSELLING
VOLUNTARY REFERRAL

NARCOTICS ANONYMOUS
(Section of New Life Ministries)

TEL: 627-5104

CONTACT:

SCHEDULE: WEDNESDAY 9am-2pm

SERVICES: COUNSELLING
VOLUNTARY REFERRAL

(Excerpted from Trinidad and Tobago Resource Referral Directory)

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IX. RISK REDUCTION COUNSELLING

SECTION SUMMARY: This session provides an opportunity to discuss and practice risk reduction counselling. Sample client profiles stimulate discussion of principles of risk reduction counselling. Following this discussion, small groups will practice counselling with sample callers. After the practice, the whole group will reassemble to discuss the application of risk reduction counselling principles to handling hotline callers.

PURPOSE: To discuss principles of risk reduction counselling, their applicability to handling hotline calls, and to practice risk reduction counselling.

OBJECTIVES:

1. To introduce risk reduction guidelines and counselling techniques.
2. To outline the possibilities and limitations of doing risk assessment and counselling with hotline callers.
3. To practice risk reduction counselling.

RESOURCES:

Risk reduction guidelines from prevention counselling workshop.

Client profiles from prevention counselling workshop.

Worksheets for use during roleplays

Risk reduction counselling article

CLIENT PROFILE #1

Name: Joshua X

Age: 34 Years Old

Address: St. George's, Grenada

Social Status: Middle Class

Religion: Roman Catholic

Occupation: Civil Servant

Marital Status: Divorced for 4 Years

Children: Two Boys: Age 10 Years and 8 Years

Family Origin: Both parents, married and alive and well. Two sisters, age 18 years and 20 years. One brother, age 24 years.

Presenting Problem: Tested HIV positive six months ago, now diagnosed as AIDS.

Precipitating Events: Visited STD clinic six months ago for gonorrhoea infection at the same time tested for HIV, resulting in a positive result.

Past Medical History: Measles and mumps as a child, fractured leg at 3 years of age. No history of blood transfusion or drug dependency/addiction.

Present Medical History: No major trauma or illness. Not currently taking medication.

Reason for Visit: Is now willing to speak to a counsellor.

Sexual History: Sexually active. Multiple sex partners including other men. Presently involved with a male partner faithfully for the past two years.

Social History: Drinks socially, not involved in drug use. Lives in a nice residential neighborhood. A non-smoker. Has weekend custody of children. Attends church occasionally.

Present Relationship: Lives with Henry B who is a 26-year old store-keeper who has been diagnosed with AIDS.

Key Concerns of Joshua

1. Confidentiality: wonders if the STD clinic staff will reveal his HIV status.
2. Job Situation: fears that he could lose his job.
3. Children: worried about risks for transmission to them.
4. Relationship: concerned that current health status will disrupt his relationship.
5. Social Acceptance: worried that he will be isolated.
6. Death/Dying: scared for himself and his partner.

CLIENT PROFILE #2

Name: Jennifer B

Age: 28 Years Old

Address: Belmont, Trinidad and Tobago

Social Status: Middle Class

Marital Status: Single

Children: Two, Ages 12 and 3

Occupation: Unemployed

Presenting Problem: Tested HIV positive 1 month ago.

Past Medical History: No major illnesses in childhood or adulthood.
No accidents or major trauma.
No history of drug or blood transfusions.
No history of drug abuse, especially not with I.V. drugs.
Normal pregnancies and deliveries.
No history of other sexually transmitted diseases.

Sexual History: Sexually active.
Heterosexual sex.
Not loose.
She has had two boyfriends in the last 15 years. The father of her two children was her first boyfriend. Has been in current relationship with boyfriend for 7 months, since relationship with the children's father ended.

Had a brief 3 month interlude, a visiting relationship, that was purely sexual in nature. This man, Peter, probably had other loose sexual contacts as well. Jennifer did not know fully about his life away from her. She reported having anal sex with Peter frequently throughout this 3 month period. She also had oral sex. There was no evidence that Peter had been involved in drug abuse. The present relationship with her partner, John, is gentle, caring, and committed.

Hish-Risk Possibility: Past sexual contact puts her in this category.

Decisions Needed: To tell her current partner, John, about her HIV status. She has requested help from her doctor in doing so.

To use a condom if she has sex with John between now and when she tells him.

Make an early appointment for John to come visit the doctor.

She is not willing to tell her family right now.

She is still considering whether to tell her past sexual partner, Patrick, and the father of her children.
Jennifer agrees to return the next day for a follow-up appointment.

ROLEPLAY WORKSHEET

The purpose of this worksheet is to help the person designated as "observer" in each roleplay. Making your notes on this sheet may help you to structure your perceptions and observations so you can offer useful feedback to the other members of your group.

Indicate which case profile you were observing (#1 Joshua or #2 Jennifer).

What were the major elements of risk in the case presented?

How would you describe the manner in which the counsellor responded?

What techniques of risk reduction did the counsellor suggest?

What was the emotional tone of the client?

Did the counsellor respond helpfully to the affective issues presented by the client?

Do you have suggestions or recommendations based on your observations?

RISK REDUCTION GUIDELINES DEVELOPED IN THE CARIBBEAN

GUIDELINES FOR SEXUAL SAFETY

REMEMBER:

PEOPLE WHO LOOK "GOOD" CAN HAVE THE AIDS VIRUS AND CAN PASS IT ALONG TO THEIR SEXUAL PARTNERS UNLESS PRECAUTIONS ARE TAKEN.

HAVING SEX WHILE "HIGH" LEADS TO TAKING RISKY CHANCES.

SAFE THINGS YOU CAN DO:

- ** HUGGING UP, RUBBING UP, NECKING, PETTING, FEELING UP.**
- ** SHARED MASTURBATION (FINGERING, JERKING OFF, FLYING KITE).**
- ** KISSING WITH MOUTH CLOSED.**
- ** WATCHING OR SHOWING THE NAKED BODY.**
- ** USING IMAGINATION AND FANTASY (MAGAZINES, SEXUAL IMAGES, CLOTHES ITEMS OF YOUR PARTNERS, SELF-FULFILLING IMAGES, ETC.).**

THINGS YOU MAY DO WITH CARE:

- ** DEEP KISSING.**
- ** VAGINAL SEX (FRONT PASSAGE) WITH A CONDOM EACH TIME.**
- ** ANAL SEX (BACK PASSAGE) WITH A CONDOM (RUBBERS, FRENCHIES) EACH TIME.**
- ** USING MOUTH ON THE VAGINA.**
- ** BLOW JOB USING A CONDOM.**
- ** USING SPERMICIDAL FOAM OR LUBRICANT WITH A CONDOM.**

THINGS YOU SHOULD NOT DO:

- ** ANAL OR VAGINAL SEX WITHOUT A CONDOM.**
- ** ORAL SEX WITHOUT A CONDOM.**
- ** USING MOUTH ON ANUS.**
- ** SPERM OR URINE IN THE MOUTH.**
- ** CONTACT WITH BLOOD ON BROKEN SKIN (SORES) OR IN THE MOUTH.**
- ** SHARING SEX TOYS (DILDO, VIBRATOR).**

DON'T FORGET: THE AIDS VIRUS CAN ONLY BE PASSED FROM ONE PERSON TO ANOTHER IN VERY SPECIFIC WAYS. YOU CAN PROTECT YOURSELF FROM AIDS AND OTHER DISEASES BY TAKING PRECAUTIONS.

QUESTIONS? FOR MORE INFORMATION, CONTACT YOUR HEALTH DEPARTMENT, PHYSICIAN, HEALTH CLINIC, FAMILY PLANNING WORKER, YOUR LOCAL AIDS ORGANIZATION OR AIDS HOTLINE.

HOW TO HELP PEOPLE WITH AIDS OR HIV INFECTION LIVE WELL AND SAFELY

Health care workers and counsellors know better than most people what HIV infection and AIDS can mean to people. They are the ones who often deliver the news of a positive test result or an AIDS diagnosis. They frequently see individuals who have not yet made the necessary behaviour changes. And they often witness the worry, fear, and confusion that people with HIV infection or AIDS experience. For all these reasons health care workers and counsellors play a vital role in helping these individuals learn to live safely and well and to remain contributing members of society.

GUIDELINES FOR HEALTH CARE WORKERS AND COUNSELLORS

1. **Develop Trust and Understanding**
 - * Be sure the individuals know that you care about them.
 - * Emphasise that you will keep confidential the information about them.
 - * Present information in a clear and confident way.
 - * Let them know you understand the difficulties they face.
 - * Hold the counselling session in a private place.
2. **Set Your Goals - Prevention and Support**
 - * Find out what they know about AIDS and HIV infection.
 - * Reinforce accurate information; correct misconceptions.
 - * Review risk reduction guidelines with them, including faithfulness and correct condom use.
 - * Provide written materials about AIDS/HIV infection.
 - * Encourage individuals to discuss what they feel.
 - * Ask who might provide help and support; consider other possibilities such as support groups.
 - * Develop with the individual a step-by-step prevention plan so that the infection will not be spread.
 - * Emphasize regular exercise, a balanced diet, and plenty of sleep. Discourage the use of drugs and alcohol which may affect judgement.

3. Provide Help With Managing Community Life

- * Help the individual to decide who to tell, what to tell, how to tell, and when to tell about their condition.
- * Discuss whether and how to tell current and former sexual partners about their condition.
- * Offer to provide information and support to family members also.
- * Encourage adults to remain active in the community and to maintain contact with their families.
- * Emphasize to parents that children with AIDS/HIV infection do not need to be isolated from other children.
- * Whenever possible, offer to see the individual again and make a specific appointment to do so.

These guidelines were developed by health care workers from CAREC member nations during an AIDS Prevention Counselling Workshop sponsored by CAREC and AIDSCOM.

Motivating Patients to Use Condoms

...

By Edward E. Bartlett, Ph.D.

Condom counseling is an essential skill for health professionals involved in HIV care. The Surgeon General's Report concluded that with appropriate education and information, 12,000-14,000 lives could be saved from AIDS in 1991. The only truly "safe sex" is abstinence or a mutually monogamous relationship with an HIV-negative partner. However, for those persons at high risk for HIV infection who do not wish to follow these measures, use of a condom can contribute significantly to stemming the spread of the HIV epidemic. Condoms act as a physical barrier to transmission of HIV and an appropriate spermicide can also kill the virus.

Condoms are appropriate to both male homosexual and heterosexual intimate contact. While they are less protective for anal intercourse than for vaginal intercourse, some protection is better than none. Condoms should be used whether both *either, or neither* (but there is uncertainty of that fact) of the partners has the HIV virus. Discussing condom use is appropriate at all points in the spectrum of HIV infection: primary prevention, before and after HIV testing, and for patients who are seropositive, have ARC, or have AIDS.

When it comes to counseling about condom use, health professionals fall into one of two categories: the avoiders and the inundators. The avoiders are squeamish about taking a detailed sexual history and make a hurried allusion to "avoiding body fluids." The inundators go to the opposite extreme. Operating under the premise that "more is better," they launch into their standard speech on the need for and techniques of condom use. I recall an enthusiastic counselor who saw a woman whose husband was an IV drug user. Only after he delivered his routine 10-minute condom discourse did he realize that she was sexually abstinent.

The problem for the avoiders is they just do not know where to start. The problem for the inundators is their approach is very inefficient, and often ineffective. Use of the behavioral diagnosis technique can solve both counseling problems.

It is almost trite to say that the premise of effective medical care is that diagnosis precedes treatment. So it seems odd that when it comes to counseling, we omit the diagnostic step, and select our educational "treatments" based only on a priori assumptions of what the patient needs.

What is a "Behavioral Diagnosis"?

Behavioral diagnosis is the process of identifying the obstacles to making the

desired behavior change. These include knowledge deficits, misconceptions, fears, lack of skills, lack of social support, or inadequate resources to purchase the product. Sometimes these obstacles seem ridiculous or unjustified to the AIDS counselor. Yet experience shows that taking these obstacles seriously and trying to address them often spells the difference between success and failure in achieving behavior change.

Experience with condom counseling to reduce transmission of the HIV virus reveals 18 common obstacles and objections to condom use, including such problems as embarrassment in purchasing condoms, believing that one can "pick out" persons who are virus-free, and fear of reduced sensation and condom breakage. These obstacles will vary with the client's cultural and racial background. Hispanic patients, for example, often associate condoms with prostitution. Attempting to cover all 18 concerns may take from 30 to 60 minutes, and is inappropriate because a given person typically has only two to five concerns. Therefore, the key to effective and efficient counseling is to first do a behavioral diagnosis.

How Do You Do a Behavioral Diagnosis?

You can easily make a behavioral diagnosis by asking open-ended questions such as: "Have you used condoms be-

How To Advise Your Patients on Condom Selection and Use*

fore? . . . What problems did you have?" "What do you think will be the most difficult about using condoms on a consistent basis?"

Sometimes the HIV counselor will need to supplement the open-ended questions with closed questions such as: "Some of my patients feel that using a condom means you do not really trust your partner—is that one of your concerns?" "Have you ever had the condom accidentally slip off?"

Sensitivity to the clients' lovemaking preferences and perceptions also will promote an honest exchange: "I know that using condoms for oral sex is the last idea many people want to consider—is that a concern for you?"

It is important that rapport be adequately established before attempting the behavioral diagnosis. Patients will reveal their true concerns only in a supportive environment. Failure to achieve this will elicit excuses rather than the true obstacles to making difficult behavior changes.

The initial behavioral diagnosis often reveals two or three obstacles. As the caregiver addresses these, additional obstacles may become evident, and these will also need to be discussed. As the client attempts to use condoms, he or she will encounter new or unexpected problems. The behavioral diagnosis will need to be updated and revised during subsequent clinic visits.

Once the barriers to behavior change are identified, the counseling strategies are straightforward. If the person simply forgot, he or she needs to be reminded to develop the habit of always using a condom. If the client complains of reduced sensation, emphasize ways that condoms can enhance sexual pleasure. (See Table 1 list of the 18 obstacles and corresponding educational strategies.)

Behavioral Diagnosis in Practice

Hundreds of physicians, nurses, and counselors around the nation have been

1. Condoms should be made of latex, not lambskin. Condoms should have a reservoir tip and have the spermicide nonoxonyl-9 which has been shown to kill the HIV virus. Ramses Extra® and Excita Extra® are two brands that meet these criteria.
2. Water-based lubrication is essential to avoid condom breakage. Lubrication should be applied to the outside of the condom and to the inside of the partner.
3. To assure the condom is correctly placed, it should be put on after the penis is erect but before either partner is extremely aroused. Be careful that long fingernails do not tear the condom.
4. Unroll the condom to the bottom of the penis. Holding the condom

with the hand will assure the condom does not come off during exuberant intercourse. In heterosexual intercourse, this can also provide the woman with extra stimulation.

5. The condom should be removed before the penis is completely relaxed.
6. A new condom should be used for each ejaculation.
7. Do not store condoms in warm places such as hip pockets or glove compartments.

* Adapted from *Safer Sex: Guidelines for the Prevention of Transmission of the AIDS Virus*, Department of Hematology, George Washington University Medical Center, Washington, D.C.

trained in the behavioral diagnosis technique since 1983, when it was first introduced in an article in *Patient Counseling and Health Education* (Vol. 4, 1983, pp. 29-35). The technique can be taught to a group of health professionals in a one- to two-hour presentation, which may entail a minimum of \$600 in training expenses. Experience reveals that although the technique can be easily learned, its consistent application requires unlearning the caregiver's usual approach and developing a more interactive style of counseling. This may require follow-up and observation in the clinical setting.

Some caregivers perceive that doing a behavioral diagnosis will require more time. In fact they are currently doing little or no behavioral counseling, their perception is no doubt correct. However, those who use the lecture approach are often surprised at how much time they save when they target the discussion to overcoming the actual obstacles. And use of this approach may well make the difference in remaining HIV-free for many

Avoiding Unwarranted Assumptions

The behavioral diagnostic approach to condom counseling helps the caregiver to avoid making unwarranted assumptions.

One of the most common fallacies is assuming that because the patient has led a "swinging single" lifestyle, he or she is sophisticated in sexual matters. One female patient seen at a local HIV testing clinic had had many male partners, but was completely ignorant of the reason for the condom's receptacle end. Many others continue to use VASELINE petroleum jelly or baby oil for lubrication, which can weaken the condom.

A 34-year-old man with AIDS made the following statement shortly before he died: "I have AIDS, and AIDS is not my problem. AIDS is your problem. Through better education, we can prevent a single additional person from getting the AIDS virus." Following the approach described here will be one of the most important steps the health professional can take to meet this challenge.

Edward E. Bartlett, Ph.D., is a consulting patient education based in Rockville, Maryland, and an associate adjunct professor Georgetown University School of Medicine. He was named Health Educator of the Year in 1985 by the Health Educators Association of Alabama, and has trained more than 4500 health professionals in patient communication since 1980. He has specialized in AIDS education for the past year and a half.

Cutting the Risks for STDs

Alan Grieco, PhD

Many people at high risk won't accept the need to use condoms or to talk to their sexual partners about using them. You can convince these patients to change their negative attitudes.

Prevention of sexually transmitted diseases (STDs), like many other aspects of modern medicine, is largely an effort to change behavior in those at risk. Unlike changes in dietary, smoking, or exercise habits, however, changes in sexual behaviors typically involve sensitive interpersonal issues. Physicians and other health professionals have often provided education and encouragement to populations at risk for various other illnesses, but have typically overlooked the specific interpersonal obstacles to adopting STD-preventive behaviors. This oversight requires attention, since primary care physicians are viewed by the general public as a highly desirable source

of education on sexual matters; yet only about five percent of a national probability sample reported obtaining such information from physicians.¹ As is well known, the Surgeon General has designated STDs as one of 15 health priorities for national prevention and control.

One of the most common serious complications of STDs, for example, is pelvic inflammatory disease (PID), which cost this nation \$2.6 billion in 1984.² The efficacy of barrier prophylactics in protecting against PID is well established.³ Prevention of STDs by increasing the use of condoms (or other prophylactic barriers) was one of five specific objectives listed by a recent World Health Organization/Pan American Health Organization Scientific Group.⁴ This objective

has become even more important as a result of the AIDS epidemic, and the established usefulness of condoms as an important factor in preventing HIV infection.

Behaviors relevant to STD prevention

The specific behaviors relevant to the primary prevention of STDs may be grouped as follows:

- Use of mechanical or other barrier prophylactics;
- Questioning of potential sexual partners;
- Visual inspection of potential sexual partners prior to exposure;
- Avoidance of some specific sexual activities;
- Reduction of the number of sexual partners;
- Abstinence.

Uninfected partners engaged in a stable, monogamous relationship are not considered at risk. Behaviors relevant to secondary prevention include:

- Seeking medical attention

Alan Grieco is a clinical psychologist in private practice in Winter Park, FL.

Acknowledgement: William H. Masters, MD, provided guidance and many helpful comments. This paper was prepared during a Postdoctoral Clinical Fellowship at the Masters and Johnson Institute, St. Louis, 1986.

*Reprinted from *Medical Aspects of Human Sexuality*, March 1987, pp. 70-77.

relationship did not reach statistical significance.¹⁰ The most important difference, according to several other studies, between condom acceptors and nonacceptors was *prior behavior*, namely, previous experience with a condom. This study and others suggest that the importance of prompting initial condom use is a clear implication of the behavioral emphasis.¹¹⁻¹⁴

Based on the knowledge available to date, deficits in interpersonal skills consequent to a lack of learning opportunities appear to be the most potent obstacles to initial and subsequent condom use. Many of the prerequisites to condom use, such as bringing up the topic of condoms with a potential sexual partner, are simply unknown to large segments of at-risk populations, especially adolescents. That is, they typically have no direct experience in discussing, and then resolving this problem with their sexual partners. Nor do they have any appropriate models for this behavior in film or literature, little or no discussion within the family or peer groups, and no rehearsal of such a discussion in fantasy.

A study of male high-school students indicated that about two-thirds of the males who had previously used condoms discussed the topic with their partners. Thus, although this is not the usual scenario, some youngsters can simply put in place and use a condom without any discussion. About one-third of these students admitted that it was difficult for them to talk to their girlfriends about birth control (and, by implication, prophylaxis). They did not specify the

difficulties, but obviously these include not knowing what to say, when to say it, or how; in other words, they were not familiar with necessary processes of empathy and negotiation, and were unable either to deal with partner resistance or rejection, to identify sexual alternatives, or to overcome inhibitions.

Setting the stage for intervention to prevent STDs

Based on all of the obstacles that inhibit at-risk individuals from using appropriate preventive techniques, the first step is to explain

“Another study investigating where teenage males obtained their first condom indicated that 12 percent stole them.”

the patient's relative risk of acquiring one or more STDs, followed by tailoring the intervention to meet the most obvious obstacles to behavioral change. Thus, during a routine systems review, you need to inquire about your patient's sexual behavior, especially if the patient is an adolescent, homosexual, or young single adult, so that you can determine whether he or she is considered at risk for STDs. All adolescents who admit to being sexually active or pregnant, and those living in group homes and similar populations should be screened routinely for STDs.¹⁴ It is also helpful to

establish whether the individual reports being sexually inexperienced, is sporadically or regularly active, and the number of different partners in the past month. Younger adolescents require special reassurances of confidentiality.

You'll also need to become thoroughly conversant with your state's legal and medical ethics codes, as they pertain to sexual counseling of minors. To date, some states have not yet established the right of minors to sexual counseling or to STD treatment without parental consent.

Once you have a baseline of the patient's current sexual behavior, and have made him or her feel comfortable through your sensitive, sympathetic questioning, you can readily estimate prophylaxis use patterns and related obstacles to initial or continued use, then discuss these. With the recent widely prevalent risk of AIDS, patients are more than likely to appreciate learning how they can avoid the risks of contracting the disease or any other STD.

Removing interpersonal obstacles to behavior change

Recent evidence from related studies in sex education is beginning to dispel some tenacious myths, suggesting that the public may now be more receptive to new initiatives to curb the STD epidemic.

The following seven steps have been designed to help you motivate your patients, and teach them the interpersonal skills relevant to condom use. Similarly, you can adapt these guidelines to help patients achieve other behavioral

Discussing Condoms with Resistant, Defensive, or Manipulative Partners

Partner Response

Rejoinder

You Don't Need It

"I'm on the Pill, you don't need a condom."

"I'd like to use it anyway. It protects us both from infections we may not realize we have."

"I know I'm clean (disease-free); I haven't had sex with anyone in X months."

"Thanks for telling me. As far as I know, I'm disease-free too. But I'd still like to use a condom since either of us could have an infection and not know it."

"I'm a virgin."

"I'm not. This protects us both *and* the relationship."

It's a Turn-Off

"I can't feel a thing when I wear a condom; it's like wearing a raincoat in the shower."

"I know there is some loss of sensation and I'm sorry about it. But there's still plenty of sensations left."

"I'll lose my erection by the time I stop and put it on."

"Maybe I can help you put it on—that might give you extra sensations, too."

"By the time you put it on, I'm out of the mood."

"I know it's distracting but what we feel for each other is strong enough to stay in the mood."

"It destroys the romantic atmosphere."

"It doesn't have to be that way. It may be a little awkward the first time or two but that will pass."

"It's so messy and smells funny."

"Well, sex is that way. But this way we'll be safe."

"Condoms are unnatural, fake, a total turn-off."

"There's nothing great about genital infections either. Please let's try to work this out—either give the condom a try or let's look for alternatives."

Alternatives

"What alternatives do you have in mind?"

"Just petting and maybe some manual stimulation. Or we could postpone orgasm, even though I know we both want it."

jection are more likely to actually do so in the future.

5. Provide behavioral scripts. You can make such scripts or scenarios available in printed form, which patients can read during the office visit, or while waiting to be seen. You can subsequently answer any questions or concerns. Of course, the male can simply put on a condom without comment. On the other hand, you can supply a script based on which he may announce, "I plan to use a condom; I hope you don't mind." The female can either request that her partner use a condom or alternatively, state, "I have a condom with me. If we're going to have intercourse, I want you to use it." Patients who demonstrate these assertive skills in the office are theoretically better equipped and more likely to use them in real-life situations.

You can also coach the patient to respond to specific negative partner reactions (see Box 1). This type of material can also be conveyed in video format.

6. Suggest gradual practice. Don't expect patients to change their behavior overnight. Instead, suggest a small, but steadily increasing number of behavioral changes in the desired direction, and offer praise and encouragement with each step. For example, you might tell the adolescent who is too embarrassed to purchase condoms to first go to the drug store and buy something else; next, suggest that he return to talk to the pharmacist, and on the subsequent visit there, suggest that he specifically inquire about condoms. Similarly, a sexually active young woman who is

References

1. Abelson H, Cohen R, Heaton E, Suder C. National survey of public attitudes toward and experience with erotic materials. in *Technical Report of the Commission on Obscenity and Pornography*, vol VI. Washington, DC. US Government Printing Office. 1971.
2. Washington AE, Arno PS, Brooks MA: The economic cost of pelvic inflammatory disease. *JAMA* 255:1735, 1986.
3. Kelaghan J, Rubin GL, Ory HW, Layde PM: Barrier-method contraceptives and pelvic inflammatory disease. *JAMA* 248:184, 1982.
4. Cates W, Wiesner PJ: National strategies for control of sexually transmitted diseases: A US perspective, in Holmes KK, et al (eds): *Sexually Transmitted Diseases*. New York, McGraw-Hill, 1985.
5. Darrow WW, Paub ML: Health behavior and sexually transmitted diseases. in Holmes KK, et al (eds): *Sexually Transmitted Diseases*. New York, McGraw-Hill, 1985.
6. Simon KJ, Das AD: An application of the health belief model toward educational diagnosis for VD education. *Health Ed Q* 11:403, 1984.
7. Judson FN, Stolz E: Organization of clinical facilities for STD control, in Holmes KK, et al (eds): *Sexually Transmitted Diseases*. New York, McGraw-Hill, 1985.
8. Stone KM, Grimes DA, Magder LS: Personal protection against sexually transmitted diseases. *Am J Obstet Gynecol* 155:180, 1986.
9. Clark BC, Zabun LS, Hardy JB: Sex, contraception and parenthood: Experience and attitudes among urban black young men. *Fam Plann Perspect* 16:77, 1984.
10. Darrow WW: Attitudes toward condom use and the acceptance of venereal disease prophylactics, in Redford Mh, Duncan GW, Prager DJ (eds): *The Condom: Increasing Utilization in the United States*. San Francisco, San Francisco Press, 1974.
11. Brown IS: Development of a scale to measure attitude toward the condom as a method of birth control. *J Sex Res* 20:255, 1984.
12. Fisher WA: Predicting contraceptive behavior among university men: The role of emotions and behavioral intentions. *J Appl Soc Psychol* 14:104, 1984.
13. Werner PD: Applications of attitude-behavior studies for population research and action. *Stud Fam Plann* 11:294, 1977.
14. Silber TJ, Woodward K: Sexually transmitted diseases in adolescence. *Pediatrics Ann* 11:832, 1982.
15. Harris RWC, et al: Characteristics of women with dysplasia or carcinoma *in situ* of the cervix uteri. *Br J Cancer* 42:207, 1980.

X. RECRUITING AND SELECTING HOTLINE STAFF

SECTION SUMMARY: In this section, strategies for staffing the hotline are discussed. You will develop a plan to recruit and to select appropriate operators and other staff, and develop application and interview guidelines. One major issue to be addressed is the feasibility, advantages and disadvantages of using donated labor.

PURPOSE: To develop a strategy to recruit and select operators.

OBJECTIVES:

1. To discuss the advantages and disadvantages of using donated labor to staff the hotline.
2. To list possible methods to recruit staff.
3. To develop criteria and a mechanism to select operators.
4. To discuss staffing options if donated labor is unavailable.

RESOURCES:

Sample Volunteer Application forms.

Sample Volunteer Commitment form.

VOLUNTEER SCREENING

CONFIDENTIAL.

All answers to this application form will be treated in the strictest confidence and will only be seen by those directly concerned with the selection of volunteers.

Surname:
Forename:
Address:

Marital Status:
Telephone (home)
Telephone (work)
Occupation:
Any physical disabilities:

.....

1. Why do you wish to do Aidsline work?
2. What do you feel you have to offer:
 - (a) To Aidsline?
 - (b) To Aidsline clients?
3. (a) If you have worked with any other voluntary organization what was it?
(b) If you are no longer actively involved, why did you give it up?
4. What activities are you involved with, other than those connected with your job
5. What are your hobbies and interests?
6. How do you think:
 - (a) Your best friend would describe you:
 - (b) Other people who know you well would describe you?

The next three questions are a few examples of the situations which may come your way. You will be given guidance in dealing with them at the Preparation Classes. At this stage please indicate what line of action you would take.

7. A client calls for the first time. He is in tears. He has just been told that he has AIDS. Would you:
 - (a) Tell him to pull himself together
 - (b) Contact AIDSLINE consultants
 - (c) Hand out information about AIDS
 - (d) Talk to him to clarify his feelings.

SAMPLE

8. A woman comes in very distressed saying that she had just been shopping in a mall and had stolen a bag full of goods and does not know what came over her. She keeps saying "Can you help me?" Would you:

- (a) Suggest she take the goods back immediately.
- (b) Offer to help her work out what the articles are worth so she could send the money.
- (c) Sit her down and comfort her.
- (d) Talk to her so that she has sufficient confidence to contact the store manager.
- (e) Suggest she seeks immediate psychiatric help.

9. How would you respond to the following situations

- (a) A 15 year old girl says she wants an abortion
- (b) A ragged unshaven man comes to the Centre because he is about to be evicted with his wife and two children. He demands we do something at once.
- (c) A 17 year old, who says he is a homosexual, and has just been jilted by his lover, rings in tears.
- (d) A middle aged man, demands that you tell him details about his son who he believes is a client.
- (e) A married primary school teacher visits the Centre and claims that she can cure AIDS. She cures people regularly through her television.
- (f) A dishevelled man turns up saying that his wallet was stolen just as he was about to catch a boat to visit his dying mother in Tobago.
- (g) A young man calls saying that he has AIDS and if you don't come at once he will infect a young child in his care.

10. (a) If you belong to any religious, philosophical or similar organization or group, what is it?

(b) Do you feel that you should bring the teachings and ideas of that group into helping Aidsline clients?

11. Are you willing to devote a regular amount of time at least one night per week or four hours during the day to the work of Aidsline?

12. If you are married, or a minor living at home, does your spouse or do your parents know and approve of your desire to join Aidsline?

13. How did you hear of Aidsline, and what prompted your offer of services now?

Signature.

Date.....

.....

.....

FOR OFFICE USE ONLY

Aidsline Number

HERO

Health • Education • Resource • Organization

APPLICATION FOR HOTLINE VOLUNTEER SERVICE

DATE OF APPLICATION:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

WORK PHONE:

OCCUPATION:

PLACE OF EMPLOYMENT:

HOW MANY HOURS IS YOUR USUAL WORK WEEK?

ARE YOU A STUDENT? FULL TIME _____ PART-TIME _____

HOW STRESSFUL IS YOUR WORK? low 1 2 3 4 5 6 7 8 9 high

HOW MANY HOURS A WEEKS ARE YOU ABLE TO VOLUNTEER? _____

HOW MANY MONTHS WOULD YOU COMMIT TO VOLUNTEERING? 6 9 12 more

HOW DID YOU HEAR ABOUT HERO? _____

WHY DO YOU WANT TO VOLUNTEER FOR HERO? _____

(MORE SPACE AVAILABLE ON BACK)

AVAILABILITY (please check)

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

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VOLUNTEER AGREEMENT

AIDS ACTION LINE / AIDS ACTION COMMITTEE

I _____, offer my volunteer services to the AIDS Action Line and the Massachusetts AIDS Information Line for a duration of at least six months.

I understand that as a volunteer of the Hotline, I am responsible for the coverage of one three hour shift per week and am expected to attend monthly meetings for further education and evaluation of the service. As a volunteer, I understand that I must abide by all of the rules of confidentiality regarding callers, fellow volunteers, and the general AIDS Action Committee services.

I fully understand that I am a volunteer under the supervision of the Coordinator of the AIDS Action Line and the policies of the AIDS Action Committee. Under extenuating circumstances, either party reserves the right to renegotiate the terms of this agreement.

Signed _____

Witness _____

Date _____

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XI. TRAINING THE HOTLINE STAFF

SECTION SUMMARY: This is a "hands on" session where you will develop outlines for the components of staff training and practice conducting such training.

PURPOSE: To develop a curriculum outline and skills necessary to conduct a training programme for hotline staff.

OBJECTIVES:

1. To identify the major components of a training programme for hotline staff including operators and other positions.
2. To determine the major goals to be achieved by each of these training components.
3. To develop a curriculum overview and an agenda for staff training.
4. To practice training skills and techniques.

RESOURCES:

Operator Training Outline-- Overview and Part I of a sample Curriculum.
Staff Training materials packets.

MINISTRY OF HEALTH
NATIONAL AIDS PROGRAMME
TRINIDAD AND TOBAGO HOTLINE TRAINING PROGRAMME
OCTOBER, 1988

I. DESCRIPTION OF THE PROGRAMME

This training programme is designed to assist potential listeners to develop the abilities, knowledge, attitudes and skills required to effectively service a hotline for HIV infection and AIDS.

The programme seeks to provide knowledge and skills which deal with understanding of self and others; listening, communication, human relationship and interpersonal skills; stress management for self and others; human sexuality, HIV infection and AIDS; concepts of loss and crisis intervention; principles and practices of a hotline service including resource referral information.

II. OBJECTIVES OF THE PROGRAMME

At the end of the training programme each participant will be able to -

1. Explore his/her awareness of self in terms of attitudes, beliefs and values relevant to being an effective listener on the AIDS Hotline in Trinidad and Tobago.
2. Develop appropriate listening and human relationship skills so as to become an effective Hotline operator.
3. Use knowledge about HIV infection and AIDS which is accurate and current in order to meet the needs of callers.
4. Utilize knowledge of various services available in the Health Care Sector and the wider community so as to make appropriate referrals.
5. Use knowledge of stress management, concepts of loss and crisis intervention, human sexuality to help himself or herself and others.
6. Understand the philosophy, principles and practices of a Hotline operation, so as to be able to function on the AIDSLINE.
7. Understand the impact of AIDS and HIV infection on the individual, family and the wider community.
8. Identify the various family forms present within our society, and the nature of relationships (social, emotional, economic, sexual) which exist within them.

III. UNITS OF PROGRAMMES

UNIT 1: PHILOSOPHY, PRINCIPLES AND PRACTICE OF A HOTLINE SERVICE: AIDSLINE

A. SPECIFIC OBJECTIVES

At the end of the unit participants will be able to:

1. Discuss the beliefs expressed in the statement of the philosophy of AIDSLINE; purpose, objectives of AIDSLINE, meeting national needs, target audiences and functions of listeners.
2. Verbally subscribe to principles and practice of the AIDSLINE.

B. CONTENT

1. AIDSLINE

- 1.1 Philosophy
- 1.2 Purpose
- 1.3 Objectives
- 1.4 Meeting National Needs
- 1.5 Target Audiences
- 1.6 Functions of the Listeners

2. PRINCIPLES AND PRACTICE OF AIDSLINE

- 2.1 Befriending
- 2.2 Anonymity of Listener/Client
- 2.3 Client Centred Decision Making
- 2.4 Confidentiality
- 2.5 Desired Qualities of an Effective Listener
- 2.6 Responsibilities of the Listener
- 2.7 Accuracy/Recency of Information

UNIT 2: SELF AWARENESS; UNDERSTANDING SELF AND OTHERS

A. SPECIFIC OBJECTIVES

At the end of the unit participants will be able to:

1. Identify the basic components of the self.
2. Discuss how perception of the self is related to behaviour.
3. Discuss the factors which shape our beliefs and values.
4. Describe how attitudes are formed.
5. Explore our attitudes, values and beliefs about our expression of human sexuality and dying/terminal illness.

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6. Explore ways of modifying our attitudes about sexually transmitted diseases.
7. Define the concept of body image.
8. Describe the effects of body image changes due to illness, on the individual, significant others and care giver.

B. CONTENT

1. The Self
 - 1.1 Definition
 - 1.2 Basic Components
2. Perception of self as it relates to behaviour
3. Values and Beliefs
 - 3.1 Definition
 - 3.2 Shapers of
4. Attitudes
 - 4.1 Definition
 - 4.2 Formation
5. Attitudes, Values, Beliefs Related to
 - 5.1 Human Sexuality
 - 5.2 Dying/Terminal Illness
6. Modifying Attitudes About
 - 6.1 Sexually Transmitted Diseases
7. Concept of Body Image
 - 7.1 Definition
8. Body Image Changes Due to Illness
 - 8.1 Effect on the individual
 - 8.2 Effect on the significant others
 - 8.3 Effect on the care giver

UNIT 3: HIV INFECTION AND AIDS

A. SPECIFIC OBJECTIVES

At the end of the unit participants will be able to -

1. Discuss the history of the AIDS experience in Trinidad and Tobago.
2. Describe in some details the goals, strategies and activities of the National AIDS Programme with special reference to the role of the Hotline for AIDS.
3. Describe the high risk behaviours, causative agent, immunological responses, clinical presentations, associated with HIV infection and AIDS.
4. Identify some of the psychosocial factors, problems, issues which are associated with HIV infection and AIDS as they impact on the individual (at home and at work), family and community.
5. Explore the myths associated with HIV infection and transmission.
6. Identify safer sex practices which prevent HIV infection.
7. Identify those lifestyle practices which may lead to HIV infection and transmission.
8. Discuss the implications of AIDS as a terminal illness for the individual, family and community.
9. Identify infection control measures to be used in the home when caring for an AIDS patient.
10. Describe the measures which a member of family/friend can use to support a relative suffering from HIV infection/AIDS.
11. Describe measures/actions which are taken locally to make blood transfusions safe.
12. Discuss the implications of HIV testing and interpretation of results.

10. HIV Infection/AIDS

10.1 Befriending, supporting the infected person

11. Safety measures/precautions

12. HIV Testing

12.1 Implications of testing

12.2 Interpretation of results

UNIT 4: HUMAN SEXUALITY AND FAMILY DYNAMICS

A. SPECIFIC OBJECTIVES

At the end of the unit each participant will be able to -

1. Describe the psychosexual and psychosocial stages of development throughout the life cycle.
2. Describe the developmental tasks associated with each developmental stage.
3. Discuss the psycho-socio-cultural factors which influence our expression of sexuality (male and female) in this society.
4. Examine the myths and beliefs which influence expression of sexuality in the male and female in this society.
5. Explain concepts of normalcy in sexual expression.
6. Give examples of more commonly occurring physiological and psychological sexual dysfunctions.
7. Explore issues/concerns related to their own sexuality.
8. Describe basic psychosocial factors associated with the practice of homosexuality, bisexuality and prostitution, incest and rape in this society.
9. Give examples of the variety of family forms present within our society.
10. Describe the nature of relationships which exist within defined family forms.
11. Identify common roles and expectations of people as they relate to male/female and male/male relationships in Trinidad and Tobago.
12. Examine the development of values and beliefs related to relationships within the family, community groups in Trinidad and Tobago, and their impact on the AIDS situation.

B. CONTENT

1. History of AIDS in Trinidad and Tobago.
2. National AIDS Programme
 - 2.1 Goals
 - 2.2 Strategies
 - 2.3 Activities
 - 2.4 Role of an AIDS Hotline Service
3. HIV Infection
 - 3.1 High Risk Behaviours
 - 3.2 Causative Agent
 - 3.3 Immunological Response
 - 3.4 Clinical Presentations
 - 3.5 AIDS
4. HIV Infection/AIDS
 - 4.1 Psychosocial Factors
 - 4.2 Socio-Economic Problems
 - 4.3 Other Related Societal Issues (Funeral Arrangements)
5. HIV Infection - Myths
 - 5.1 In the Society
 - 5.2 In the Home
6. HIV Infection
 - 6.1 Safer Sex Practices
 - 6.2 Healthy Life Style Practices
7. Life Style Practices which Predispose to HIV Infection/Transmission
8. AIDS - A Terminal Illness
 - 8.1 Individual Response
 - 8.2 Helping Relationships
 - 8.3 Coping Strategies
9. AIDS - Infection Control Procedures
 - 9.1 In the home

UNIT 5: LISTENING, COMMUNICATION AND HUMAN RELATIONSHIP SKILLS

A. SPECIFIC OBJECTIVES

At the end of the unit each participant will be able to -

1. Define communication, listening, human relationships.
2. Describe briefly the communication process.
3. Differentiate between active and passive listening.
4. Differentiate between verbal and non verbal communication.
5. Establish an atmosphere conducive to self expression with specific reference to non face-to-face contact.
6. Strengthen personal ability to listen while focusing on verbal and non-verbal cues (use of verbal tone, silence, showing interest, understanding and sincerity).
7. Develop the art of assisting the other person (e.g. a caller) to focus the dialogue/discussion.
8. Accept verbally, that personal feelings can colour messages received by self or conveyed to others.
9. Examine the effect of personal feelings, values and beliefs about issues relevant to AIDS and HIV infection, on the ability to listen and respond in a positive manner.
10. Respond to a call within the limits of his/her preparation and the principles and policies of the AIDSLINE.
11. Deal with the effect of environmental stimuli/noises, so as to respond in a positive and helpful manner to the caller.
12. Practice the art of responding by restating the question, use of voice tone and appropriate timing of questions, being non-judgemental and respecting the personal rights and autonomy of the caller.
13. Access services and/or information without losing the interest of the caller.
14. Use effectively the support provided by the companion or leader.

- B. CONTENT**
1. Psychosexual and psychosocial stages of development.
 2. Developmental stages and tasks throughout the life cycle.
 3. Human Sexuality - Development
 - 3.1 Physiological
 - 3.2 Psychological and socio-cultural influencing factors.
 4. Expression of Human Sexuality in Trinidad and Tobago
 - 4.1 Myths, Beliefs
 - 4.2 Phantasies
 5. Sexual Expression
 - 5.1 Concepts of Normalcy
 6. Sexual Dysfunctions
 - 6.1 Physiological
 - 6.2 Psychological
 7. Human Sexuality
 - 7.1 Personal Issues/Concerns
 8. Psychosocial Aspects of Human Sexuality
 - 8.1 Homosexuality
 - 8.2 Bisexuality
 - 8.3 Prostitution
 - 8.4 Incest
 - 8.5 Rape
 9. Family Forms in Trinidad and Tobago
 - 9.1 Examples
 10. Family Forms
 - 10.1 Nature of Relations
 11. Roles and Expectations of People in
 - 11.1 Male/Female Relationships
 - 11.2 Female/Female Relationships
 12. Values, Beliefs in Relationships
 - 12.1 Within Family (in Trinidad and Tobago)
 - 12.2 Within Community Groups (in Trinidad and Tobago)

B. CONTENT

1. Definition of
 - 1.1 Communication
 - 1.2 Listening
 - 1.3 Human relationship
 - 1.4 Skill
2. Communication Process
 - 2.1 Components
 - 2.2 Barriers
3. Listening
 - 3.1 Active
 - 3.2 Passive
4. Communication
 - 4.1 Verbal
 - 4.2 Non-verbal
5. Establishing Atmosphere Conducive to Self Expression
 - 5.1 Non face-to-face contact
6. Development of Effective Listening Skills
 - 6.1 Focus on the verbal
 - 6.2 Use of non-verbal cues
 - voice tone
 - silence
 - showing interest
 - showing understanding
 - showing sincerity
7. Assisting the Caller
 - 7.1 Focusing of Dialogue
8. Two-way Effect of Personal Feelings on Messages
9. Ability to Listen/Respond
 - 9.1 Effect of personal feelings, values and beliefs -AIDS and HIV infection
10. Responding to call within
 - 10.1 Limits of preparation
 - 10.2 Limits of principles and policies of AIDSLINE
11. Effect of Environmental Stimuli/Noises
 - 11.1 Responding positively

12. Art of Responding

- 12.1 Restating the question
- 12.2 Use of voice tone
- 12.3 Appropriate timing of question
- 12.4 Non-judgmental
- 12.5 Respecting personal rights and autonomy of caller

13. Maintaining interest of caller

- 13.1 Accessing service/information

14. Use of the companion/leader

UNIT 6: CONCEPTS OF LOSS AND CRISIS INTERVENTION

A. SPECIFIC OBJECTIVES

At the end of the unit each participant will be able to -

1. Give examples of life experiences which can be identified under the concept of loss.
2. Describe some behaviours manifested by individuals experiencing loss.
3. Discuss the implications of AIDS as a terminal illness for the individual, family and community.
4. Identify socio-cultural practices utilized by this society in order to cope with grief due to terminal illness.
5. Describe the effect of social stigma on the person experiencing HIV infection/AIDS.
6. Define crisis, crisis intervention, developmental crisis and situational crisis.
7. Give three examples of situational and developmental crisis.
8. Describe the components which precipitate a crisis.
9. Discuss how crisis can be perceived by self and other members in a family setting.
10. Give examples of positive and negative reactions/responses to crisis in the family.
11. Identify some characteristics of crisis as they relate to the individual, family, community and the nation in terms of loss.
12. Identify behavioural and emotional responses as they relate to HIV infection and AIDS in the family.

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B. CONTENT

1. Loss
 - 1.1 Definition of concept
 - 1.2 Examples of loss
2. Stages of Dying
 - 2.1 Examples of behaviours of each stage
3. AIDS as a Terminal Illness
 - 3.1 Implications for the individual
 - 3.2 Implications for the family (include burial)
 - 3.3 Implications for the community
4. Coping with Grief/AIDS
 - 4.1 Socio-cultural practices in Trinidad and Tobago
5. Social Stigma
 - 5.1 Concept of
 - 5.2 HIV infection (individual, family)
6. Definition of
 - 6.1 Crisis
 - 6.2 Crisis intervention
 - 6.3 Developmental crisis
 - 6.4 Situational crisis
7. Examples of
 - 7.1 Developmental crisis
 - 7.2 Situational crisis
8. Components of a crisis
9. Perception of Crisis in the Family
 - 9.1 By self
 - 9.2 By other members
10. Reactions/Responses to Crisis in Family
 - 10.1 Positive
 - 10.2 Negative
11. Characteristics of Crisis in Terms of Loss
 - 11.1 Individual level
 - 11.2 Family level
 - 11.3 Community level
 - 11.4 National level

12. HIV Infection and AIDS in the Family

- 12.1 Behavioural responses
- 12.2 Emotional responses

UNIT 7: STRESS MANAGEMENT: FOR SELF AND OTHERS

A. SPECIFIC OBJECTIVES

At the end of the unit each participant will be able to -

1. Define stress, stressors.
2. Identify sources of stress in daily life, and in the life of an AIDS/HIV infected person, family members and significant others.
3. Develop an awareness of personal stress levels, reactions to and tolerance for stress.
4. Develop cognitive ability in determining the stressful impact of conflicting values.
5. Make effective use of internal and external support systems to cope with stress in daily life.

B. CONTENT

1. Definitions
 - 1.1 Stress
 - 1.2 Stressor
2. Sources of Stress
 - 2.1 In daily life
 - 2.2 For the HIV infected person
 - 2.3 For the AIDS patient
 - 2.4 For family members
 - 2.5 For significant others
3. Personal Stress
 - 3.1 Levels of stress
 - 3.2 Reactions to stress
 - 3.3 Tolerance for stress
4. Impact of Conflicting Values as They Relate to Stress Reaction and Coping
5. Coping with Stress
 - 5.1 External support systems
 - 5.2 Internal support systems

UNIT 8: RESOURCE REFERRAL

A. SPECIFIC OBJECTIVES

At the end of the unit participants will be able to -

1. Identify HIV and/or Sexually Transmitted Disease (STD) testing sites available in North, Central and South Trinidad, as well as in Tobago.
2. Discuss cost of or conditions under which HIV and/or STD testings are done.
3. Identify agencies/programmes which provide counselling services for HIV infection and AIDS/STD, in the public and private sectors.
4. Identify institutions/agencies which provide medical care for HIV infection, AIDS/STD in the public or private sectors.
5. Identify agencies which provide food, shelter, transportation or monetary support for HIV infected or AIDS patients and family.
6. Identify support groups or services which befriend the HIV infected or AIDS patient and family members.
7. Identify agencies which provide information about HIV infection/AIDS and STDs.
8. Describe the national programme strategies and activities which are geared to prevention and control of AIDS/HIV and STD infections in Trinidad and Tobago.

B. CONTENT

1. HIV/STD Testing Sites
 - 1.1 North Trinidad
 - 1.2 Central Trinidad
 - 1.3 South Trinidad
 - 1.4 Tobago
2. HIV/STD Testing
 - 2.1 Cost
 - 2.2 Rights and responsibilities of the client
 - 2.3 Referral/other
3. Counselling Services for AIDS/HIV/STDs
 - 3.1 Private sector agencies
 - 3.2 Public sector agencies
 - 3.3 Who can seek counselling
 - 3.4 Times of service
 - 3.5 Referral/other
4. Medical Care Institutions/Agencies for HIV/STD
 - 4.1 Private sector
 - 4.2 Public sector

5. Support Agencies for HIV Infected Clients
 - 5.1 Food
 - 5.2 Shelter
 - 5.3 Transportation
 - 5.4 Monetary support
6. Support Groups/Services for HIV Infected Clients/Family
 - 6.1 Befriending
7. Informational Services - HIV/STD
 - 7.1 Private agencies
 - 7.2 Public sector agencies
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 - 8.2 Prevention of sexual transmission
 - 8.3 Prevention through blood
 - Blood transfusion
 - Skin piercing instruments
 - 8.4 Prevention of perinatal transmission
 - 8.5 Reduction of impact of HIV infection on individuals, groups and societies.

NATIONAL AIDS HOTLINE OF TRINIDAD AND TOBAGO

This is to certify that

attended an AIDS Hotline Listeners Training Programme

covering the following topics:

- AIDSLINE: Philosophy, objectives
- Listening/Communication Skills
- Human Sexuality
- HIV Antibody Testing
- Blood Transfusion - Safety Practices
- AIDS: History, Facts, and Practices
 Psycho-social Aspects
- Sexually Transmitted Diseases
- Safer Sex Practices
- Care of AIDS Patients
- Coping with Loss/Grief

.....
CHAIRMAN: NATIONAL AIDS
PROGRAMME. M.O.H.

.....
CO-ORDINATOR NATIONAL AIDS
PROGRAMME

.....
CO-ORDINATOR NATIONAL AIDS
HOTLINE

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XII. HOTLINE RESEARCH AND EVALUATION: ARE YOU MAKING A DIFFERENCE?

SECTION SUMMARY: In this session, you will hear a presentation describing the research potential and evaluation needs of hotlines. The presenter will focus on the evaluation needs, methods, and purpose for three aspects of hotline operations: describing calls, evaluating operators' effectiveness, and assessing the impact of the hotline on knowledge, attitudes, and practices of target audiences. A discussion about implementing research and evaluation plans will follow the presentation.

PURPOSE: To increase awareness of the research potential of hotlines and to increase skills in basic data collection methods and in evaluation design.

OBJECTIVES:

1. To define and discuss the research and information gathering potential of a hotline.
2. To identify the purposes for evaluating various aspects of hotline operations.
3. To define operations for which an evaluation will be developed.
4. To introduce the basic concept of determining the impact of the hotline service.
5. To identify the specific information to be collected from each call.
6. To identify possible ways to evaluate operators upon conclusion of training.
7. To explore methods for ongoing evaluation of operator effectiveness.
8. To discuss the concept of using KAP surveys (or other research strategies) to evaluate the impact of the hotline.

RESOURCES:

Call Record Form from Trinidad and Tobago

Sample Hotline Call Log Sheet

Sample Hotline Monthly Report

Sample Hotline Test

Outline of research potential, evaluation methods presentation

OUTLINE: PRESENTATION ON RESEARCH AND EVALUATION

I. Use of Hotlines as Research Tool

A. Introduction

- * primary purpose of hotlines is to provide information and a listening and referral service;
- * additional valuable role of hotlines is to obtain information in an anonymous, non-threatening manner and thus becomes a research tool;
- * the research role complements the primary information and referral service; the research element helps gain information to improve the service and to inform AIDS educators.

B. Types of Research Approaches

- * preliminary studies of feasibility or usefulness of starting an AIDS hotline;
- * monitoring studies to ensure a high-quality hotline service;
- * information gathering efforts to determine the knowledge, attitudes, and practices of the population regarding AIDS;
- * impact studies to determine the effectiveness and the "reach" of the service (e.g. how many people use the service? do people use the referral service? are there any indications of behaviour change?)

II. Is Research and Evaluation for You and Your Program?

A. Introduction

Working with limited resources, we often feel very successful if we can get a telephone line, office space, volunteers, and funds to keep the operation going day by day, month by month. We often "feel sure" that AIDS hotlines are an important tool for AIDS prevention. Do we need to try to prove it? Why should we bother with research?

B. You may want to do a "feasibility study" if:

- * you have to choose between an AIDS hotline or a training of health care workers programme because there are only funds for one activity;
- * your supervisors believe that hotlines are not practical in a country with so limited resources; they advise a radio call-in programme instead of a hotline;
- * you want to answer questions about the extent of service to provide in the beginning: 4 or 8 hours a day? service during the evening? recorded messages or live responses? advertising for special audiences, such as, teens or women?

C. You may want to conduct a "monitoring study" if:

- * your program has been underway for 3 months and things are relatively stable; now you want to know how good you are doing;
- * you want to find out how well your volunteer operators or listeners are doing when they are talking with hotline callers (are they giving accurate information and referrals? are they being judgmental to callers? do your listeners need further training?)
- * you want to persuade supervisors or funding sources that your programme is reaching a large number of people with good quality information;
- * you want to decide if you should extend the number of hours of your service or whether you should advertise the programme more and you want to know the best way to advertise.

D. You may want to conduct a "KAP study" if:

- * you want to find out the knowledge, attitudes, and practices (KAP) of a sample or a sub-sample of your callers;
- * your supervisors want to know if you can help them design an educational programme for a specific group, like teens, and you think a survey of hotline callers can provide information on what is needed in such a programme;
- * you want to demonstrate the varied uses and benefits of the hotline to persuade officials that the hotline is worth continuing and funding.

E. Finally, an "impact study" may be helpful, if

- * you want to determine how many people use the service, what time periods are the busiest, what impact do advertising or news events have on hotline calls, what parts of the city/town/country use the hotline the most, and do callers get the information they need to protect themselves;
- * you want to determine the usefulness of the hotline as an important tool for AIDS prevention;
- * you want an answer to the Minister or other official who questions "How do you know that the hotline is working and is worth the money and effort?"

III. Where to Start and How to Begin

A. Introduction

Schedule one or a few research studies or strategies into your quarterly or annual plan for operations so that research does not get lost as a priority. Decide what is most important for you to know and whether you need help from experts to get the information or design the research study.

B. Resources

- * Advertising agencies, health education units, regional organizations (like CAREC), private research firms, international donor community (like USAID or the European Community) may have the expertise to help you determine the scope and design of your study.
- * Sample questionnaires, surveys, research study designs, and descriptions of techniques such as focus groups, in-depth interviews, etc. are available through AIDS information centres like the one at CAREC.

Conclusion

Research and evaluation studies can strengthen hotline programmes and other AIDS prevention programmes undertaken in the country. Research can be undertaken to different degrees at nearly all locations; they need not be expensive, and they need not be so technical to make you think that they don't fit your programme. Assistance and resources may be available to help you with your individual study development and implementation.

RESEARCH AND EVALUATION: QUALITY ASSURANCE MONITORING

To evaluate the accuracy of information provided and attitudes of the staff toward callers, it is helpful to monitor some calls. One easy way to do this is to have outsiders call the line and monitor the call. Appropriate people to do quality assurance monitoring calls are outside experts who are familiar with the hotline goals, philosophy, and information. (Advisory Board members or volunteers who are not operators can do this.) Suggest the monitors ask common questions and complete a monitoring form summarizing the response. A sample quality assurance monitoring form follows.

QUALITY ASSURANCE MONITORING FORM

Call date _____ Call time _____

Question asked:

Summarize response:

Was the information given accurate?

yes _____ somewhat _____ no _____

Was the response sufficient in terms of information?

yes _____ somewhat _____ no _____

What was the most useful information you received?

What was the least useful information you received?

Was the person who answered supportive and non-judgmental?

yes _____ somewhat _____ no _____

What aspect of affect and style do you most appreciate?

What aspect of affect and style did you least appreciate?

Did the person who answered help draw out your underlying concerns as well as answer your stated questions?

yes _____ somewhat _____ no _____

How would you rate the overall effectiveness of the person who answered your call?

Excellent _____ Good _____ Adequate _____ Needs improvement _____

Please help us plan future training by making suggestions for topics based on your call. (feel free to write on the back)

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RESEARCH AND EVALUATION: FEASIBILITY STUDY

A feasibility study can help to answer questions about whether a hotline will work in a country at all, and can also address the issues of whether a hotline will reach the specific populations identified as priorities. For example, if you have identified young adults as a priority population, it could be useful to explore their access to telephones in your feasibility study. Below are some sample questions which could be useful in a feasibility study.

Telephone Access

How many telephones are there in the country?

If possible, find out how many phones are in homes and in businesses.

What percentage of homes have telephones?

What is the geographic distribution of telephone service (for example, are there phones in rural areas or only cities)?

If possible, find out information on the economic distribution of phone service. (For example, do only wealthy families have phones?)

Possible sources of this information include market research firms, the phone company, and the government agency overseeing utilities.

Telephone Acceptability

Are there other hotlines (mental health, suicide, crisis, etc.) operating in the country?

If so, talk to them about their experience with who calls, from what type of phone, and at what hours.

Have any telephone surveys been conducted in your country? (again, both market researchers and government statistics offices may be information sources.)

If there are any AIDS and STD prevention and treatment programs in your country, talk to the staff who work directly with the public. Do they feel a hotline would be acceptable and accessible to their students or clients or patients? If possible, ask some of the students or clients directly.

Specific Populations

If you have identified specific populations as priorities to serve, it is important to assess whether a hotline would reach them. Therefore, for priority populations, try to assess phone access and acceptance with the same kinds of questions as above. Also, be sure to contact service, community, and advocacy groups working with your priority populations and discuss the feasibility of the hotline idea with them.

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RESEARCH AND EVALUATION: MONITORING STUDY

Basic monitoring of your hotline service is accomplished by compiling and analyzing the call information sheets completed after each call. Information commonly collected from these sheets includes demographic and risk information about the caller, referrals made, and source of the hotline number. (A sample call information form and report are included in this section.)

However, you may want to do additional monitoring to answer specific questions or concerns. For example, you may want to determine whether the hotline is convenient for your priority populations, whether your callers are satisfied with referrals, or more information about where your callers heard about the hotline.

To conduct a monitoring study, simply ask a subset of your callers at the conclusion of their calls if they would answer a few questions to help you improve your service. It is important to keep your survey brief (5-6 questions at most). You will need to train your operators to conduct the survey.

What you ask depends on what you want to know! A few questions are included below as examples.

Convenience and accessibility of the hotline

Where is the phone you are calling from? (home, work, neighbor, public phone, etc.)

Are our hours convenient for you? What hours would be better?

Did you have to pay long distance charges for this call? What town or region are you calling from?

How could we make the line easier for you to use?

Satisfaction

Have you ever called the hotline before?

If so, did you ever follow up on referrals we made? If not, why not? If so, were you satisfied? Why or why not.

Would you recommend this service to a friend? Why or why not?

Can you make any suggestions to improve your satisfaction with the hotline?

Referral source information

Where did you hear about the hotline?

Which newspaper, radio station TV station, clinic, etc.

If you heard of the line on a radio or TV station, can you remember when you were listening?

RESEARCH AND EVALUATION: IMPACT STUDIES

An impact study is a way to evaluate a specific change. For example, if you have been in operation for a while, and then the newspaper runs a big article about AIDS and includes your phone number, you may want to know whether this article had an impact on your number of calls, caller's concerns, or caller characteristics. Or perhaps you initiate the change by running a promotional campaign including public service announcements, posters, active participation at Carnival and other community events. An impact study could help you assess whether your campaign met its objectives.

The key to conducting an impact study is having baseline information to compare. Thus, to evaluate the impact of a change, you need to know how things were before the change. This is another good reason to do call information sheets. The simplest impact study is simply to compare your call information sheet data from a comparable period before the change you are trying to evaluate to data from after the change. This can be very effective: you can show changes in numbers of calls, characteristics of callers, caller's concerns, source of hotline information, number and nature of referrals made, and anything else that you regularly collect on your call information sheet.

For example, you can compare the number and nature of calls before you run a series of public service announcements to number and nature of calls during and immediately after the campaign.

The second way to do an impact study is also not difficult, but it requires a little more planning. You can design a monitoring study of a subset of callers as described on the Monitoring Study Resource sheet immediately preceding this one. In this monitoring study, ask questions about the aspect of calls or callers that you anticipate the change will impact. Then conduct the monitoring study for a period of time before you implement the change and again after you implement the change. Comparison allows you to evaluate the impact of the change.

Yet a third variation on this theme helps you do an evaluation if a problem is identified by a monitoring study. You can then make a change to solve the problem, and evaluate your success by conducting the same monitoring study.

For example, imagine you conducted a monitoring study on satisfaction with your hotline service, and discovered that many callers complain that your staff don't know enough about the services available. You attempt to solve this problem by updating your referral catalogue and conducting additional staff training on area resources, and you wish to evaluate whether these changes have solved the problem. Conduct the same monitoring study after the change and compare the results.

RESEARCH AND EVALUATION: KNOWLEDGE, ATTITUDES, AND PRACTICES STUDY

A knowledge, attitudes, and practices (KAP) study can help you find out how much a population knows about AIDS and STDs, gives you information about their attitudes toward these diseases and toward risky and safer behaviours, and about their actual practices which could put them at risk of exposure. KAP studies are tricky for a number of reasons, but also useful. They are useful to learn about the present knowledge, attitudes, and practices of a specific population. They are useful to monitor big trends in knowledge, attitude and behaviour change in populations through time.

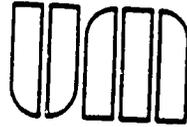
However, it is difficult to attribute a change in knowledge, attitudes, or practices to any one particular factor. Therefore, use of KAP studies to evaluate an intervention is tricky, and usually requires a controlled study. (In a controlled study, members of a representative sample of a population are randomly assigned to a study group or to a control group. Both are administered pre-tests, then the study group receives the intervention, like an educational session. Then both are administered post-tests. A comparison of change in the study group to change in the control group reveals change you can attribute to the intervention. These studies are difficult to design, implement, or fund in real life.)

Therefore, KAP studies can best be used by hotlines to monitor overall trends in populations or sub-groups of populations, or to investigate current knowledge, attitudes, and practices of a specific subset of callers.

For example, suppose the National AIDS Committee notices some reported cases, and wishes to design an educational programme for rural farm workers. However, they know very little about the current knowledge, attitudes, or practices of these folks with regard to AIDS. You could conduct a KAP survey of a subset of your callers from rural areas.

KAP surveys tend to be a little longer than the questionnaires we have discussed, and are best when designed by people with some expertise in survey design. They are also best when specific and appropriate to a specific population. We recommend using questionnaires already developed, rather than designing your own. Regional resources such as CAREC, the Ministry of Health, private research firms, international donor agencies may be sources of such surveys.

We have included a sample KAP survey from the U.S. as an example.



THE UNIVERSITY OF MARYLAND
COLLEGE PARK CAMPUS

Department of Communication Arts and Theatre

April 17, 1987

Dear University of Maryland Student:

AIDS has received more media attention than any other health issue in the eighties. Many health experts feel this issue is vital to college students. To reach students with the most salient information about AIDS, health professionals need to discover what college students know, believe, and are doing about AIDS. Therefore, the Campus Health Center is sponsoring our Speech 400 class, a communication research methods course, in surveying a sample of University of Maryland students about this important health issue.

You have the rare opportunity to influence the direction of AIDS education with your assistance in this survey. Your name has been randomly selected from the total University population. We assure you that your responses will remain completely ANONYMOUS. As fellow students, we understand the apprehension that often accompanies filling out surveys, especially one dealing with such a sensitive topic as this one. We urge you to take a few minutes from your busy schedule to fill out the attached questionnaire and return it in the postage paid envelope provided. In addition, please mail the enclosed postcard separately from the questionnaire, so we can insure the anonymity of your answers. Moreover, this will also guarantee that you will not be bothered by further requests for returning your questionnaire. Because only a small percentage of University of Maryland students have been chosen to participate, your individual response to our survey is very important to the accuracy of our findings.

Thank you for your time and assistance. Your completion of this questionnaire will be very beneficial to our class, the Health Center, and the University as a whole. If you have any questions, feel free to contact our instructor, Dr. Vicki Freimuth, at 454-5813. Again, we would like to stress the anonymity and the importance of your responses.

Sincerely,

Speech 400 Class

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6. CAN THE AIDS VIRUS BE TRANSMITTED FROM PERSON TO PERSON BY . . .

	Yes	No	Don't Know	
sharing dirty needles				(C19)
vaginal intercourse (penis-vagina)				(C20)
anal intercourse (penis-rectum)				(C21)
blood transfusions				(C22)
saliva				(C23)
tear drops				(C24)
vaginal secretions				(C25)
insect bites				(C26)
oral intercourse (mouth-penis/vagina)				(C27)
toilet seats				(C28)
pregnancy				(C29)
eating utensils				(C30)

7. CAN THE AIDS VIRUS BE TRANSMITTED BY SOMEONE WHO IS INFECTED BUT DOESN'T SHOW ANY SYMPTOMS?

yes no don't know (C31)

8. HOW EFFECTIVE DO YOU THINK CONDOMS ARE IN PREVENTING THE SPREAD OF AIDS?

Very effective Not at all effective
 1 2 3 4 5 6 (C32)

9. WHAT DO YOU THINK THE CHANCE IS OF BEING INFECTED BY THE AIDS VIRUS IF ONE ENGAGES IN A SINGLE UNPROTECTED SEXUAL ENCOUNTER WITH SOMEONE WHO IS INFECTED WITH THE AIDS VIRUS?

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% (C33-5)

10. IF SOMEONE HAS BEEN INFECTED WITH THE AIDS VIRUS, HOW LONG DO YOU THINK IT TAKES BEFORE A BLOOD TEST WOULD SHOW POSITIVE FOR THE AIDS VIRUS ANTIBODIES?

immediately after exposure
 one or two days
 within one week
 more than one week but less than one month
 one month or longer
 don't know (C36)

11. HOW WELL DO YOU THINK THE UNIVERSITY OF MD. IS DOING AT EDUCATING THE STUDENT POPULATION ABOUT AIDS?

Excellent Good Fair Poor
 1 2 3 4 (C37)

1

HOTLINE OPERATOR TEST

This test was developed by a hotline in the U.S. to test their operators after training.

HOTLINE TEST

1. Name the 3 types of antibody tests which are currently accepted as ways of detecting HIV antibodies:

1. _____
2. _____
3. _____

2. What process does a virus culture test use to determine the presence of the virus?

3. Why should Hotline workers avoid actively recommending that someone take the antibody test?

4. In addition to giving information, what are the two most important communication skills for Hotline workers?

1. Listening
2. Asking questions

5. When a new drug or treatment is announced, what is our "standard line" about its effectiveness?

6. What percentage of children who have AIDS are children of color?

21

7. True or False: if a woman caller is infected with the virus, we should tell her not to get pregnant.

8. Explain your answer to number 7.

9. "BOOTING" is a practice that many IV drug users do that makes sharing needles even more dangerous. What is booting?

10. Name the most serious side effect of AZT:

11. Name the 3 fluids that have been found to be capable of transmitting the AIDS virus:

1. _____
2. _____
3. _____

12. The Foundation's Client Services Dept. serves which of these groups?

1. People who have an AIDS diagnosis
 2. People with AIDS or ARC
 3. People with AIDS or ARC or seropositives
- 13

13. Because of one of the side effects of AZT, about ____ of those who take the drug need a blood transfusion.

14. If a hearing person calls on the TDD line, you should ask them to

15. When someone calls and asks for the symptoms of AIDS, what is the first thing you should say to them?

16. What opportunistic infection is of concern to people who own a cat?

17. To date, how many health care workers in the U.S. have been infected with HIV as a result of on-the-job accidents? _____

18. If someone calls who has just been diagnosed with AIDS and wants to speak to someone else in that same situation, you should refer them to:

19. True or False: If an IV drug user calls, you should attempt to convince them to get into a drug rehab program. _____

20. Explain your answer to number 19.

No.....

NATIONAL AIDS HOTLINE
INFORMATION SHEET
TRINIDAD

Date of Call:..... Time:.....
1st Time Caller:..... Repeat Caller:..... Length of Call:.....
Age:..... Sex:..... Location:.....

TYPE OF CALLER:

- 1. HETEROSEXUAL
- 2. HOMOSEXUAL
- 3. BISEXUAL
- 4. WORRIED WELL
- 5. HIV POSITIVE
- 6. AIDS

CALLED ON BEHALF OF:

- 1. SELF
- 2. FRIEND
- 3. LOVER/HUSBAND/WIFE
- 4. FAMILY MEMBER
- 5. CHILD
- 6. OTHER.....

RISK CATEGORY:

- 1. SEXUAL ENCOUNTER
- 2. DRUG USER
- 3. PERINATAL
- 4. OCCUPATIONAL
- 5. BLOOD TRANSFUSION
- 6. OTHER.....
- 7. NOT APPLICABLE
- 8. NOT DETERMINED

SOURCE OF NUMBER:

- 1. NEWSPAPERS
- 2. T.V.
- 3. RADIO
- 4. HEALTH CENTRE
- 5. DOCTOR'S OFFICE
- 6. EDUCATIONAL MAIL OUT
- 7. OTHER.....
- 8. NOT APPLICABLE

REFERRALS:

- 1. QPCC & C
- 2. U.W.I. CLINIC
- 3. LOCAL TEST SITE
- 4. PRIVATE LABS:.....
- 5. M.D.:.....
- 7. NOT APPLICABLE

GENERAL DETAILS OF CALL:

FOR COORDINATOR/LEADER:

- 1. Further Action
- 2. Special Referrals

Completed By:.....

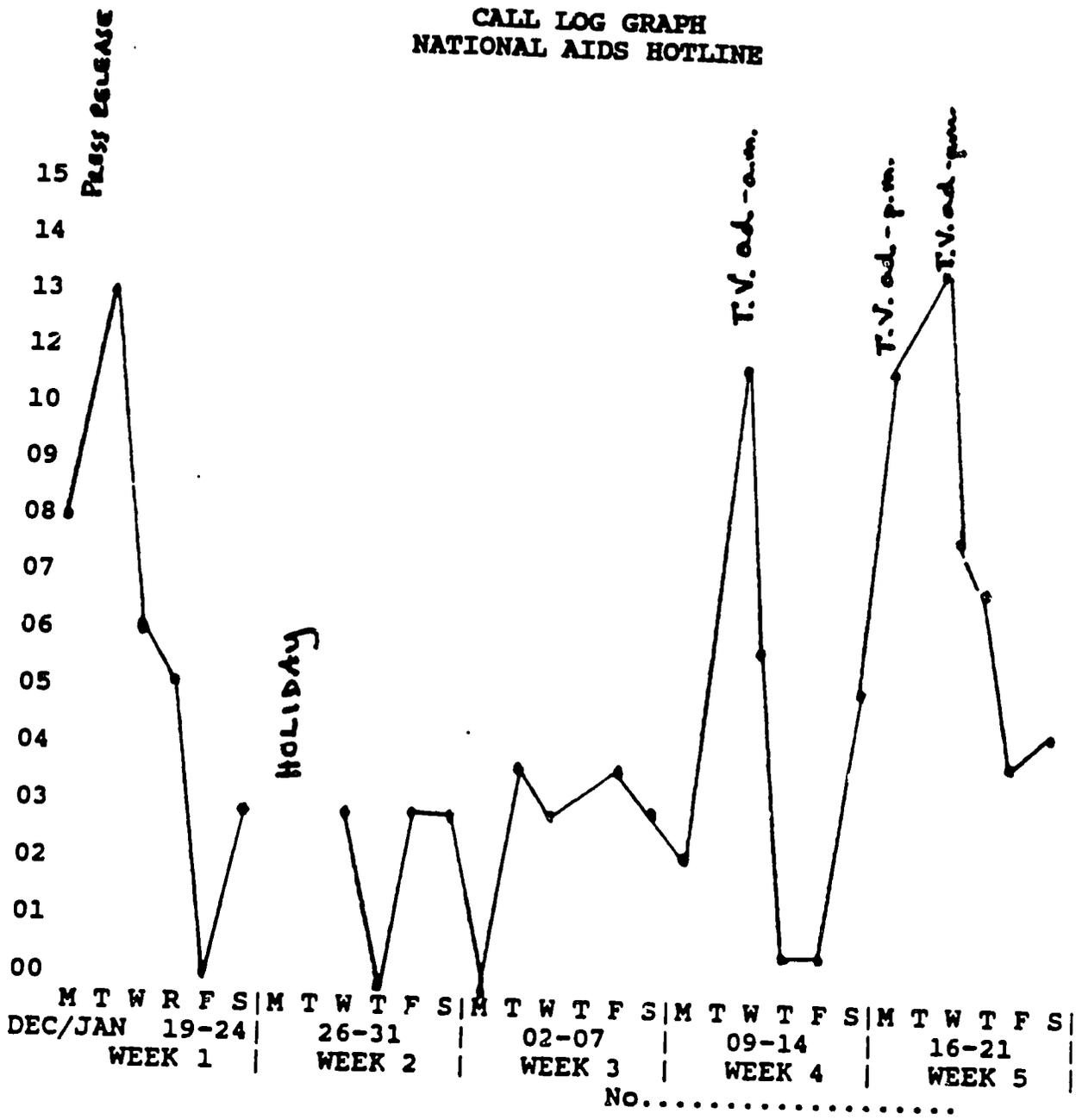
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NATIONAL AIDS HOTLINE
DATA SHEET (EXCERPT)

<u>TOTAL CALLS</u>			<u>MALE</u>	<u>FEMALE</u>	<u>NOTES</u>
<u>REC'D</u>					
WEEK 1 DEC					
19	MON	8	6	2	
20	TUE	13	8	4	P.R. RUN
21	WED	6	4	1	
22	THU	5	2	1	
23	FRI	-	-	-	NO WORK
24	SAT	3	2	1	
WEEK TOTAL		35	22	9	
WEEK 2					
26	MON	-	-	-	NO WORK
27	TUE	-	-	-	
28	WED	3	2	1	
29	THU	-	-	-	
30	FRI	3	1	2	
31	SAT	3	2	1	
WEEK TOTAL		9	5	4	
WEEK 3 JAN					
02	MON	-	-	-	NO WORK
03	TUE	4	3	1	
04	WED	3	3	-	
05	THU	-	-	-	
06	FRI	4	2	1	
07	SAT	3	2	-	
WEEK TOTAL		14	10	2	
WEEK 4					
09	MON	2	1	1	
10	TUE	11	3	8	RADIO
11	WED	6	3	2	
12	THU	1	-	1	
13	FRI	1	-	1	
14	SAT	5	4	1	
WEEK TOTAL		26	11	14	
<i>Day Four</i>			21		

at

CALL LOG GRAPH
NATIONAL AIDS HOTLINE



XIII. PROMOTION: HOW TO ENCOURAGE HOTLINE USE

SECTION SUMMARY: In this session, the importance of a promotional plan will be discussed. Techniques to insure that promotional materials are appropriate to reach identified populations are presented, and you will be able to practice using them. In addition, the group will share experiences working with the media, and develop strategies to gain favorable publicity for the national hotlines.

PURPOSE: To develop effective publicity activities and to learn how to use the media to promote the hotline to identified populations.

OBJECTIVES:

1. To discuss when and if hotlines need to be promoted widely.
2. To learn the importance of an effective promotional plan.
3. To describe how to use a focus group to guide materials development and pilot testing.
4. To introduce the characteristics of an effective press release and press kit.
5. To suggest methods for obtaining free publicity.
6. To discuss methods for effective dissemination of information gained by hotline evaluation and research.

RESOURCES:

Focus group information

Sample press release

Sample hotline news item

Sample hotline brochures

TRINIDAD AND TOBAGO
NATIONAL AIDS HOTLINE

"AIDSLINE"

PROMOTIONAL PLAN
JULY 1989 - JUNE 1990

I. OBJECTIVES

The objectives of all AIDSLINE promotional activities during this period are:

- A. To increase the number of calls to the AIDSLINE, particularly from first-time users.
- B. To obtain material assistance (funds and other resources) and support from key influencers in T & T society.

II. STRATEGIES

Promotional strategies have been developed in order to meet both of the plan's objectives.

A. Target Audiences

The primary target audience for promotional activities intended to increase usage of the AIDSLINE is the general population of Trinidad and Tobago. In addition, certain segments within the general population have been identified that may benefit from targeted efforts.

- * young adults/teens
- * women
- * gay/bisexual men
- * sex workers
- * substance abusers
- * people residing in southern Trinidad and in Tobago

The target audience for activities intended to obtain material assistance and support from key influencers is defined as:

- * business community leaders
- * T. and T. government agencies
- * local celebrities
- * health care providers
- * press
- * service groups

B. Key Message Strategies

The key message to be communicated to the general population is: AIDS concerns everyone. You can take the first step to stop the spread of AIDS - call the AIDSLINE, an anonymous and confidential service offering expert information and compassionate support.

Copy points to be included in all communication materials are:

- * AIDSLINE phone numbers
- * hours of operation
- * National AIDS Hotline

Note: If the budget can accomodate it, separate strategies and messages may be developed that will specifically target segments within the general population.

The key message to be communicated to influencers is:

AIDS is a serious threat to our future. You can help to stop the spread of AIDS - support the AIDSLINE.

Copy points will include:

- * description of AIDSLINE services
- * specific needs for which assistance is sought (i.e. funding, materials, advertising support, and public appearances).
- * contact name and phone number at AIDSLINE.

C. Diffusion Strategies

General Population

The strategy for diffusion of messages targeted to the general population is to reach the greatest number of people as often as possible using free advertising space in mass media, editorial, direct mail and collateral (posters, flyers, stickers, etc). The purchase of advertising space will be considered pending budget approval.

1. Media Selection

The specific media to be utilized include:

- T.V.: "Gayelle" - local program of cultural events. Potential for production and broadcast of :10 or :20 video spots on a low cost or donated basis is being investigated; editorial coverage.

- Radio:** Radio 610 monthly call-in program and promotional announcements at no cost; editorial coverage.
- Print:** Small space ads (no cost) in the Trinidad Guardian and Express newspapers. Editorial coverage. "The Blast," a weekly, may also donate some ad space.
- Direct Mail:** Promotional insert in T and Tec. bills is being considered.
- Posters/Brochures:** Channels of distribution will be street postings, retail outlets, health clinics, workplace (offices, factories, etc.), bars, etc.
- In-house newsletters:** Internal distribution in many large corporations. Space to be negotiated.
- In-flight magazines:** To be negotiated with BWIA.
- Events:** In particular, in conjunction with T&T World AIDS Day. Opportunity for message diffusion, celebrity participation. To be coordinated with T&T government and with CAREC activities.
- T-shirts, coasters, stickers:** For distribution at events, in bars, and during Carnival.

2. Geographic considerations

Special efforts will be made to ensure appropriate levels of diffusion in the south of Trinidad and in Tobago.

3. Scheduling

In addition to on-going efforts, heavier promotional activity is scheduled to coincide with the planned launch of the AIDSLINE around December 1. Activity will be concentrated in the November 15 to December 15 period to also take advantage of World AIDS Day activities.

February will see the greatest level of editorial coverage during the pre-carnival period. Additional planned activities will focus primarily on distribution of brochures & stickers, T-shirts, etc. Any potential tie-ins with Tourist Board activities will be investigated.

Activities through June will continue with the base level of support.

4. Targeted efforts

Efforts will be made on an on-going basis to utilize channels of distribution that will reach key segments of the general population as previously defined (gay/bisexual men, young adults/teens, women, sex workers, substance abusers). Posters and brochures will be distributed at locales that are visible and accessible to these targets.

KEY INFLUENCERS

The strategy for diffusion of the messages targeted to key influencers is to utilize special interest media, direct mail and personal contacts.

1. Media selection

The specific media to be utilized include:

T.V.: "Business World" - program targeted to business community. Editorial coverage or promotional announcements to be negotiated.

Print: Potential for editorial or ad space to be explored in T&T Chamber of Industry and Commerce publications, Management Development Centre Magazine, BWIA in-flight magazine. The "Guardian" will also be utilized to reach community leaders.

Direct Mail:

Solicitation will be done via mail on an on-going basis. Christmas cards with a special AIDSLINE message will be sent.

2. Scheduling

Activity will be scheduled to build awareness and support leading up to the AIDSLINE launch and World AIDS Day. Potential corporate sponsors of an AIDSLINE promotional event will be targeted during this period (October and November) along with celebrities (disc jockeys, singers, etc.) who may lend support.

A mailing may be scheduled to coincide with the Family Planning Association Telethon that may also be promoting AIDSLINE.

Press releases, mail and personal contacts will also focus efforts during the March-May period, promoting AIDSLINE success stories and activities.

AIDSLINE

PROMOTIONAL CALENDAR
JULY 1989 - JUNE 1990

<u>Month</u>	<u>General Population</u>	<u>Key Influencers</u>
July	Radio 610 call-in program Guardian and Express ads Editorial Poster distribution	Personal Contact
August	Radio 610 call-in program Radio 610 promotional spots Guardian and Express ads (new copy) Editorial Poster distribution	Personal Contact Editorial
Sept.	Radio 610 call-in program Radio 610 promotional spots Guardian and Express ads Editorial Distribute new poster Distribute new brochure	Personal contact Editorial Guardian ads
October	Radio 610 call-in program Radio 610 promotional spots Guardian and Express ads Press releases (workshop/Telethon) Poster/brochure distribution Caribvision - coverage of hotline workshop CANA - print and radio	Personal contact Direct mail (World AIDS Day) P r e s s r e l e a s e s (workshop/Telethon) Guardian ads Special Interest pubs/ads
November 15 through December 15	T.V. "Gayelle" coverage and promotional spots Radio 610 call-in and promotional spots Press Releases (AIDSLINE launch/World AIDS Day Event) Celebrity Event Print ad heavy-up Coaster distribution T-shirt sales	Special Interest publications/ads/editorials Christmas card mailing Press releases (AIDSLINE launch/World AIDS Day Event) Personal Contacts

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January	Guardian and Express ads Radio 610 call-in and promo spots Carnival T-shirt sales Sticker distribution	
February	Guardian and Express ads Editorial coverage Radio 610 program Carnival T-shirts stickers, coasters, posters Tourist board tie-ins	
March	T & Tec Direct Mail Poster and brochure distribution Guardian and Express ads Radio 610 program	Post-carnival press release and direct mail Special interest publications/ads Personal contacts
April	Continue basic levels of support	
May	Continue basic levels of support	
June	Continue basic levels of support	

Production Requirements

<u>Item</u>	<u>Quantity</u>	<u>Action Proposed</u>	<u>Timing</u>
small space print ads	2	Develop new ad copy for general population and influencers.	To creative 15/7 To papers: 1/8
radio promotional spot	1 /month	Write script. Test copy. Announcer will read on-air.	To writer: 30/7 Test: 15/8 To station: 1/9
AIDSLINE Poster and brochure	5,000 posters 100,000 brochures	Develop new copy and design. Test copy. Print and distribute.	To creative: 30/7 Test: 15/8 Print: 30/8 Distribute: 15/9
October Press Kit	20	Write press release, prepare mailing	Release: 1/10
October Direct Mail	100	Write cover letter, insert promo. materials Prepare mailing	Mail: 1/10
"Launch" T.V. spot	1	Develop creative, test, produce via "Gayelle" or other T.B.D.	To creative: 1/10 Test: 15/10 Produce: 1/11 Air: 15/11
"Launch" Radio Spot	1	Write script. Test copy. Announcer will read on air.	To creative: 1/10 Test: 15/10 Air: 15/11
"Launch" Press Kit	20	Write press release, prepare mailing	Release: 1/11
"Launch" Print Ads	2	Develop new ad copy for both general population and influencers	To creative: 15/10 To papers: 15/11

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Production Requirements

<u>Item</u>	<u>Quantity</u>	<u>Action Proposed</u>	<u>Timing</u>
Event collateral (banners, etc.)	T.B.D.	Develop creative, produce	To creative: 1/10 To printers: 1/11
Coasters	T.B.D.	T.B.D. pending agreement with brewery	Deliver: 15/11
"Launch" T-shirts	500	Develop creative, produce	To creative: 1/10 To printer: 1/11
Christmas cards	1000	Develop creative, produce	To creative: 1/10 To printer: 1/11
Carnival T-shirts	500	Develop creative, produce	To creative: 15/11 To printer: 7/1
Carnival stickers	2,000	Develop creative, produce	To creative: 15/11 To printer: 7/1
Carnival poster	1,000	Develop creative, produce	To creative: 15/11 To printer: 7/1
T & Tec Direct Mail	20,000	Develop creative, coordinate with T & Tec for production and distribution	To creative: 7/1
March Press Kit	20	Write press release, prepare mailing	Release: 1/3
March Direct Mail	100	Write cover letter, insert promo materials Prepare mailing	Mail: 1/3

NATIONAL AIDS HOTLINE
PROMOTIONAL BUDGET
JULY 1989 - JUNE 1990

CREATIVE DEVELOPMENT

Freelance labor (writer and designer)
to produce finished art/copy

\$US

\$ 5,000

MATERIALS PRODUCTION

<u>ITEM</u>	<u>QUANTITY</u>	<u>\$US</u>
AIDSLINE poster	5,000	\$ 600
AIDSLINE brochures	100,000	\$ 7,000
Launch/World AIDS Day Event collateral (banners, posters)	T.B.D.	\$. 500
T-shirts (launch, carnival)	1,000	\$ 5,000
Stickers	2,000	\$ 1,000
Carnival poster	1,000	\$ 200
Christmas cards	1,000	\$ 100
T & Tec insert	20,000	\$ 1,000
T.V. spot (:15 video)	1	\$ 1,000

DIRECT MAIL

postage

\$ 100

MEDIA

opportunistic ads (4/year)

\$ 2,500

\$24,000

PROMOTION: PUBLIC SERVICE ANNOUNCEMENTS

Public Service Announcements (PSAs) are short, simple announcements which you can send to the newspapers and radio stations.

Public Service Announcements (PSAs) are a very inexpensive way to communicate with a large and diverse audience. They will be run when time or space is available for no charge.

Simple announcements work best for PSAs. For example, announce the phone number and hours of operation for your hotline service.

Radio stations accept PSAs from 10-60 seconds long, but they tend to play shorter ones more often. Therefore, send 10-20 second announcements. Announcers say approximately 20 words in 10 seconds, so it is a good idea to keep your PSAs down to 20-45 words.

Newspaper announcements should be even shorter: 15-30 words.

Send your information so it can be used with little or no editing or rewriting. Listen to public service announcements on the radio and read them in the newspaper. Model your PSAs on the ones that are effective.

It is important to send your PSA to the right person. Call the radio station and ask them who handles PSAs or community relations. Send your PSA directly to that person. Identify the name of the community events column in your local newspaper. Call the paper to find out the name of the person in charge of that feature, and send your PSA directly to that person. Keep a list of your media contacts. If it has been a long time since you were in contact, call to be sure you have the right person.

PUBLIC SERVICE ANNOUNCEMENTS

(page 2)

Format for PSAs:

Type your announcement triple spaced on plain white paper.

Leave wide margins and lots of room on the page.

Type only one announcement per page.

At the top of the page list:

your organization's name and address
name of a contact person, their title, and phone number
the date sent, the dates to run the announcement
time and number of words of your PSA (for radio only)

Send your PSAs out so they reach the station or newspaper right before you want them to run. Sometimes they get lost if you send them too far in advance.

Sample Radio PSA:

Date

National AIDS Hotline
Address (or bag number)
Contact person
Phone numbers of contact person
(both day and evening numbers, if possible)
For release from start date to expiration date.
Number of words, Reading time.

PUBLIC SERVICE ANNOUNCEMENT

INCLUDE YOUR ORGANIZATION'S NAME AND THE
EVENT YOU ARE TRYING TO PUBLICIZE. IF AN EVENT,
BE SURE TO INCLUDE THE DATE, TIME, LOCATION, AND
A NUMBER TO CALL FOR MORE INFORMATION.

PROMOTION: MEDIA CALLS AND INTERVIEWS

Providing information to reporters from TV, radio, newspapers, and magazines can be an effective way to get the word out about your Hotline. However, it is important to know how to handle the media so they spread the word you want them to. Sometimes news stories - especially about controversial issues such as AIDS-- can be distorted. The following tips may help you and your staff to use your contacts with the media to help the Hotline.

- o In advance of conducting any interviews, determine your hotline's press policy. Can the staff be filmed? Can real calls be filmed or taped? Who can talk to the press? Can the office location be revealed? Include press policy in training for all staff.
- o Before you talk to a reporter (even if he or she called you), think of the ONE major idea you wish to communicate in this interview.
- o Listen carefully to the question. If you are unsure of an answer, do not give a partial one. Find out when the reporter needs the information, and promise to call back.
- o Be accurate, but attempt to simplify technical or medical information so it can be clearly understood.
- o You do not need to answer any question posed to you. However, avoid saying, "No comment." Instead, shift the question to one that helps you get your point across. For example, if the reporter asks you if people with AIDS work on the Hotline, and you do not wish to reveal that, discuss with the reporter the facts about casual transmission of HIV, and appropriate public health policy regarding HIV in the workplace.
- o Handle threatening or baiting questions calmly with reasonable information. You are rarely effective if you get pulled into an emotional exchange, no matter how right you are.
- o Prepare some strategies to smoothly move the conversation back to the point you wish to make if a reporter is getting too far afield.
- o Cultivate friends among the media. If a reporter does a story you particularly like, call or send a note to thank him or her. You may want to call that person directly with news or information in the future.

PROMOTION: NEWS RELEASES

One way for you to communicate with the media is to send a news release. A news release should include all the material to write a news story, and a person to contact for more information.

News releases should be written with the most important information at the top and background information at the bottom.

The key to an effective news release is to grab the reader's attention with an interesting opening, followed with who, what, when, and where. Additional detail goes at the end.

If you want to include your organization's opinion or response, include a quote from your spokesperson. However, do not editorialise in the body of the news release.

Provide background information at the end of the release.

Be sure the release is about real news. If your organization gets the reputation of sending out unimportant or uninteresting releases, your major news items may be ignored.

Get your facts right, and double check everything from spelling of names to dates.

Use clear, concise sentences; avoid using jargon or technical terms. Try to use active verbs.

Send the news release to the right people. If you have reporters you know and trust, be sure they get your release. Send your release to the assignment editor (for newspapers) and the news directors (for radio and TV). If possible, get the name of the assignment editor or news director. Keep a media list, and address your news releases directly to the correct person.

Format for a news release:

Type your announcement double spaced on plain white paper.

Leave wide margins and lots of room on the page.

The news release should be one (or at most, two) pages.

At the top of the page list:

your organisation's name and address
name of a contact person, their title, and phone number
the date sent, and "For immediate release"

You may use a headline if you wish, but there is no guarantee that it will be used by the press.

Indicate END at the bottom of your news release.

A sample news release follows.

Date

National AIDS Hotline
Address (or bag number)
Contact person
Phone numbers of contact person
(both day and evening numbers, if possible)

FOR IMMEDIATE RELEASE

A new study shows AIDS prevention help goes to those who need it the most. Today, the Ministry of Health announced the results of a one year study of callers to the National AIDS Hotline conducted during 1988. The study reveals that most hotline callers want information about how to avoid infection with HIV, the virus believed to cause AIDS.

Callers to the Hotline include people with multiple sexual partners (65%), health care workers and other care givers (20%), with the rest of the calls from other concerned individuals. Hotline Advisory Board Chairman, Ms. (first name last name), responded to the study results:

"The entire Hotline staff, listeners, and Advisory Board value the opportunity to provide practical, up-to-date risk reduction information to the people who most need it. The long hours so generously given by everyone on the Hotline have been worthwhile."

Callers most commonly ask about ways AIDS can be spread, and are given clear information and practical suggestions to reduce risk.

The National AIDS Hotline is open (hours) and can be reached at (number). It is funded by (funding sources), and staffed by trained listeners.

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PROMOTION: PAID ADVERTISING

One component of a plan to promote your hotline is purchase of paid advertising. Paid advertising can be effective, but is expensive. It is important to learn some basics about purchasing advertising so that your money will be well spent.

Also, do not skip this page if you do not have the funds for paid advertising. Many of the principles underlying paid advertising also apply to unpaid promotional strategies. These key principles include: **PLAN A MARKETING STRATEGY, IDENTIFY YOUR MESSAGE, TARGET YOUR AUDIENCE, SELECT YOUR MEDIA, AND TEST YOUR ADVERTISING.**

PLAN A MARKETING STRATEGY: This crucial step is too often ignored. As the client, that is, the people with a product to sell, you work with an advertising agency to develop an overall promotional plan. It is important to work with an advertiser who has experience with non-profits, and is familiar with fitting paid advertising into a plan that relies on unpaid promotion.

To develop a marketing strategy, the first step is to decide how you want to "position" your service in people's minds. All aspects of your promotional plan derive from this point. For example, the key positioning of a hotline could be to fight fear with the facts, or to be part of the solution to the AIDS problem.

Any paid advertising used derives from the overall "position" of your service, and the advertising strategy includes five key components:

1. Objective -- what the advertising should do.
2. Target audience -- who is your consumer?
3. Key benefit -- why should the consumer use your product?
4. Support -- a reason to believe in the benefit.
5. Tone and manner -- a statement of the service "personality."

IDENTIFY YOUR MESSAGE: An advertising agency can help you to identify a message that is one key outcome of the creative planning. Your message is a direct product of all the considerations identified in your strategy: it should meet your positioning objective, be appropriate to the audience you are trying to reach, convey to that audience a benefit of using your service, and offer support for the existence of that benefit, and use the tone and manner you wish associated with your service.

The presence of a clear promotional plan and a matched creative strategy helps to avoid a common pitfall in selecting a message: selection of a clever message that is inconsistent with or even undermines the objectives of the service. For example, in AIDS work, it is common to see services promoted with fear inducing messages. While certainly attention grabbers, it is not clear that fear is the most constructive base on which to build behaviour change, and thus may not be the best promotion approach.

TARGET YOUR AUDIENCE: One of the most difficult truths to absorb, especially when operating with limited funds, is that advertising must address a targeted audience. The temptation to develop one brilliant ad that will appeal to everybody can result in the development of ads that actually appeal to no one. The more specific you can be about your target audience, the more possible to develop ads to appeal to them. Therefore, to specify "young adults" as a priority audience is a good start. Even better is to specify "sexually active men and women ages 18-28 with 0-2 children who live in urban areas and are employed at least part time." Obviously, the audience you identify will be one which your epidemiological analysis suggests and who you hope to reach with your hotline.

SELECT YOUR MEDIA: Media choices for advertising include television, radio, newspaper, and magazine. Major campaigns for consumer products use multiple modes because each medium has different characteristics. You may elect to spread your dollars among more than one or to focus on one advertising mode. Your decision will, as always, depend on your objective, your message, and your target population, and the resources you have available.

However, no matter which mode you select, your message will be competing with many others for your audience's attention, and repetition of your message helps you to be noticed. One method of attaining saturation with limited resources is to pick one mode and cluster all your ads in a short period of time. This can be particularly effective if paired with an unpaid promotion opportunity. For example, cluster all your ads during AIDS Awareness Week.

The advertising agency will provide you with more specific information about different media, including information on cost, audience, and effectiveness. The kinds of questions you need to answer to select media include:

- o What are the demographic characteristics of the audience?
- o How do these demographic characteristics compare with your target audience?
- o For print media, what is the literacy rate of your target audience?
- o For radio and television, what is their penetration into the geographic regions you have targeted?
- o For radio and television, how many households have radios and how many have televisions?
- o What are the demographics of the households with these appliances?
- o How do these demographics compare to your target audience?
- o What is the cost of an ad buy in each media?
- o What is the cost per number of target audience members reached in each media?
- o How much control do you have about placement location?
- o How much control do you have over timing?

Here are a few general characteristics of effective ads using different media.

Television

- o The picture must tell the story. When evaluating a storyboard (the way an idea for a TV ad is laid out), the pictures should convey the message.
- o Grab the viewer's attention instantly or they will tune out the entire ad.
- o Keep it simple! You can only convey one idea effectively in a 30 second ad.
- o Avoid "talky" ads. Each word must work hard.

Radio

- o The unique power of radio is its ability to stir the listener's imagination. Use this. Stretch the listener's imagination with sound effects and images.
- o Select your audience early in your message so the right people keep listening. "Are you worried about AIDS?..."
- o Capitalize on special events. Radio ads are easy to change. Change them often to take advantage of natural opportunities.

Newspaper and Magazine

- o Get your message in the headline. Research shows that 4 out of 5 readers ONLY read the headlines.
- o Identify your audience in your headline, and do not be afraid of long headlines.
- o Use a photograph if you can afford it, and put a caption under the photograph that conveys your message as people are more likely to read photo captions than copy.

TEST YOUR ADVERTISING: The best way to know whether your message is appropriate for your target audience is to test it. There are several ways to do this:

- a) assemble a focus group of members of your target audience and have them react to your ads;
- b) run ads in a small test market and monitor response in your service use;
- c) have the advertising agency help you set up evaluations within your target audience.

AIDS HOTLINE

CALL 625-AIDS FOR HELP: IMAGINE SOMEONE afflicted with the AIDS virus, exiled by the society and from the society which bred them, living their last days in absolute despair with no one to turn to for help, no one to relate their fears and anxieties.

Think now of a group of people who have donated of their time and energies to man the AIDS HOTLINE, and who devote hours every week listening to the tears, fears and questions of these two groups of people.

Such is the existence of the listeners on the AIDS HOTLINE which was established on December 19, 1988. Since then they have listened to more than 100 persons who have called in to the line.

One of the objectives of the HOTLINE is to offer a highly confidential, non-judgemental, compassionate and anonymous service to those individuals with anxieties about HIV Infection and AIDS.

It is also designed to decrease the incidence of HIV transmission in Trinidad and Tobago by providing a Listening, Referral and Educational Service, as well as to encourage the increase of community participation in the National AIDS prevention effort.

The service offered by the HOTLINE is aimed directly at those individuals who are panicking about AIDS, those who are not seeking services, those who have been sexually abused, bisexual/homosexual men and their partners, sexually active persons, pre-sexually active individuals, family members and friends of AIDS/HIV infected persons and youths and children of school age.

So far the HOTLINE which is co-ordinated by Helene Joseph, a Medical Social Worker, has attracted 25 volunteers who have all gone through a period of in-service training designed to equip them to handle the amount and nature of the calls.



Macho Felix felled by a deadly killer

By HORACE MONSEGUE

*THERE'S A DEADLY killer out there
on the loose,
And this master killer does not fear the
noose,
He has a fancy name
But, killing is his fame,
Cause he killing big, he killing small, he
killing all.*

CHORUS

*Run brother run, the killer coming
down,
Run brother run, the killer coming
down.
And you better hide, you better hide,
you better hide....*

*He's a real criminal, but he somewhat
fair,
He will not molest you if you take good
care,
But if you be promiscuous,
He'll be right here with us,
And he killing big, he killing small, he
killing all.
Well this deadly killer likes to kill at
will,
The whole world's trying, they cannot
kill him still,
So stick to one partner leave the thing
by the corner.*

*Cause he killing big, he killing small, he
killing all.*

"Lyrics of "AIDS — Awareness And Prevention," written and sung by Denzil T.A. Parris, (Calypso sobriquet "The Giant.") Personnel Manager of the Trinidad Publishing Company.

THE GIANT'S performance of "AIDS-Awareness and Prevention," at the Guardian's Sports and Cultural Club Calypso show earned him second place, but his poignant message is surely good enough to be considered among the best social commentary Calypsoes for the season.

Macho man Felix

It's a pity macho man Felix is not around this year to appreciate the lyrics. Felix really had a "great" time last year and for a short time after the Carnival he boasted about his many conquests.

What a Carnival for Felix! He threw caution to the wind, shook his waist from side to side, ignoring the fact that AIDS does not have any friends, the fact that as of December 1988 there were 310 reported cases of AIDS in Trinidad and Tobago, half of whom have died.

Infected Through Intercourse

About 75 percent of these cases have been homosexuals, 12 percent were women who had been infected through intercourse with bi-sexual men and 10 percent were children.

Felix should have known Acquired Immune Deficiency Syndrome (AIDS) is a disease without cure. The most common symptoms of AIDS are: Profound fatigue, swollen glands, especially in the neck and armpits, unexplained weight loss, more



DENZIL PARRIS
the Giant

*Poignant
message
among the
best social
commentary
Calypsoes
for season*

AIDS HOTLINE COULD HAVE HELPED HIM

than 10 percent of normal body weight, fever and night sweats, lasting for several weeks; shortness of breath and dry cough, diarrhoea, lasting for long periods with no obvious cause.

While some of these symptoms are very common, it does not necessarily mean you have AIDS if you suffer from these symptoms, but Felix was as tired as an old man by Ash Wednesday.

Department Of Medicine

It never dawned on him that he should visit a doctor or the the V.D. Division at Queen's Park East, or the UWI Department of Medicine, located at the Port-of-Spain General Hospital.

One thing Felix was positive about that he could not get AIDS from the use of an unsterilised needle because he was not an intravenous drug user, nor could he have contracted the virus from dirty needles used in piercing his ears or from tattooing his body. All that is heterosexual stuff, Felix was once heard to say.

The more Felix thought about his tiredness and the other symptoms that manifested, the more he ruled out the possibility he had AIDS. Felix thought he was suffering the effects of over indulgence of spreading job, running up too much.

His Fatal Illness

Felix is no longer with us.

Had been alive today he might have been able to diagnose his fatal illness all for himself by calling the AIDS Hotline numbers—625-2807; 625-6646 or 625-6647 which are in service from 8 a.m. to 8 p.m. from Monday to Saturday.

He could have gone to the AIDS Counselling Centre which was opened early this month to provide a service and clinic facilities to members of the public.

As part of its programme to educate the public on the dangers of contracting AIDS, the Caribbean Epidemiology Centre (CAREC) produced a leaflet outlining the needs and issues it felt important to the public.

According to the CAREC leaflet, the public should understand that AIDS has spread to heterosexual communities, and being transmitted from man to man, man to woman and woman to man, as well as mother to child.

CAREC states there is need for sexually active people to re-examine their attitude to sex and sexuality with a view to taking steps to avoid putting themselves and others at risk.

In the same vein, CAREC noted that there was also need for guidance to those who are not yet sexually active to take steps to avoid infection.

Spreading Too Rapidly

With the AIDS virus "spreading too rapidly for comfort and complacency" CAREC indicated the need for compassion, understanding and tolerance towards those afflicted with the virus.

The leaflet states that there must be action on the part of community organisations to assist and be friends to AIDS-stricken families, particularly children, while removing the tendency to stigmatise and ostracise AIDS patients from the mainstream of society.

The constitutional rights of individuals, well or unwell, should be preserved, said CAREC.

Parents should also be open with their children on the topics of sex and sexuality, and in so doing help their charges to develop values of self-control, self-respect and self-esteem.

If Felix had even a small measure of self-control he would have been around to enjoy himself on Carnival Monday and Tuesday.

Don't let this Carnival be your last. Please.

National Aid Hotline

Tel:

625-AIDS(2437)

625-0646

newspaper ad.

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Get The Facts About...

AIDS

& HIV infection

The National AIDS Hotline

*A Compassionate, Confidential and Anonymous
Listening & Referral Service*

Dial: 625-AIDS
and Talk About Your Concerns

Or Call
625-0646
625-2437

The National AIDS Hotline, P.O. Bag 472, Woodbrook

Enterprise Elec. Printery | P.O. Mail St. Phone 62-43191

XIV. HOTLINE MANAGEMENT: MAINTAINING A SMOOTH OPERATION

SECTION SUMMARY: In this session, management issues are discussed including creating an advisory board and committee structure; recruiting, selecting, and managing staff; and coordinating all aspects of hotline operations. Special attention is paid to handling the logistics of hotline development, including obtaining appropriate phone service.

PURPOSE: To introduce basic management issues in a developing organization and to apply management tools to the resolution of these issues.

OBJECTIVES:

1. To describe the structure and function of an advisory board and committees.
2. To outline staff management techniques.
3. To list the coordinating functions needed for hotline development and implementation.
4. To develop selection criteria for hotline staff.
5. To discuss appropriate phone service and to develop strategies to obtain such service.

RESOURCES:

Sample Advisory Board Terms of Reference (Jamaica, Trinidad and Tobago)

Sample schedule sheets

Sample job descriptions

Sample volunteer satisfaction survey

Sample agenda for social and in-service training

Sample hotline coordinator and assistant selection criteria

STEERING COMMITTEE OF THE JAMAICA NATIONAL AIDS HOTLINE

TERMS OF REFERENCE

1. Assist with, and where possible, speed up the implementation of the AIDS Helpline.*
2. Serve as a clearing house to deal with problems arising from the implementation of the Helpline service.
3. Screen volunteers who wish to become Helpline Listeners.
4. Act as a resource and support group for volunteer listeners.
5. Monitor and evaluate the management and operations of the Helpline.
6. Submit monthly reports to the National Committee for AIDS Education (NCAE) and quarterly reports to the National AIDS Committee.

* *"Helpline" is the name for the national hotline recommended by the Steering Committee.*

Excerpted from documents of the Steering Committee of the Jamaica National AIDS Hotline.

MANAGEMENT AND ADVISORY COMMITTEE FOR THE AIDSLINE

TRINIDAD AND TOBAGO

TERMS OF REFERENCE

- Serves as a clearinghouse to deal with problems which arise from providing an AIDSLINE service.
- Acts as a support group to individuals, listeners, and referral persons.
- Assists the Coordinator to ensure that a 24 hour service is always in place.
- Establishes reporting and recording systems so as to monitor the service provided to clients.
- Provides quarterly reports to the National AIDS Committee on the Activities of the AIDSLINE.

Excerpted from reports of the Trinidad and Tobago National Hotline Steering Committee.

LIFELINE OPERATING SCHEDULE

WEEK OF: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<u>9am - 1pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>9am - 1pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>9am - 1pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>9am - 1pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>9am - 1pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>9am - 1pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>9am - 1pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____
<u>1pm - 5pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>1pm - 5pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>1pm - 5pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>1pm - 5pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>1pm - 5pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>1pm - 5pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>1pm - 5pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____
<u>5pm - 9pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>5pm - 9pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>5pm - 9pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>5pm - 9pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>5pm - 9pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>5pm - 9pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____	<u>5pm - 9pm Supervisor:</u> _____ VOL. _____ VOL. _____ VOL. _____ VOL. _____
VOL. _____ VOL. _____ VOL. _____ VOL. _____						

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ADMINISTRATIVE ASSISTANT

JOB DESCRIPTION

Position: Administrative Assistant
National AIDS Hotline

Supervisor: Project Coordinator

Term: Half-time (20 hours per week equivalent)

Responsibilities:

- 1) Assist Project Coordinator with overall operation and development of the programme.
- 2) Supervise daily operations of the hotline, including the schedules of operators, the quality and consistency of information given by the operators, the accuracy of all record keeping, and the need for office supplies.
- 3) With the Project Coordinator, review and determine the training needs of operators.
- 4) Develop plans for the recruitment and training of additional operators including volunteers. Assist with hotline calls as necessary.
- 5) Assist with the preparation of monthly and quarterly financial statements and program reviews as determined by the Coordinator.
- 6) Other support activities as may be assigned by the Project Coordinator.

Qualifications:

- 1) Excellent organizational skills and proven ability to work independently.
- 2) Ability to supervise other project personnel with particular ability to offer support and constructive criticism as needed.
- 3) Attention to detail in record keeping.
- 4) Willingness and ability to deal effectively and without personal bias in a programme that involves information and communication that may be regarded by some as controversial.
- 5) Ability to write and edit reports.
- 6) Familiarity with health promotion guidelines; awareness of AIDS prevention issues is a plus.

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VOLUNTEER OPERATOR POSITION DESCRIPTION

HERO is seeking volunteers to operate the Maryland AIDS Information and Referral Hotline (Lifeline).

Objectives:

The Lifeline provides state-wide toll-free information and referrals to persons seeking information on AIDS. Referrals may be made to a variety of sources as listed in the Maryland AIDS Resource Directory.

Responsibilities:

Volunteer operators will be responsible for answering incoming calls and providing accurate and appropriate information or referrals.

Training:

Volunteers will be required to successfully complete a training program which consists of factual information related to AIDS, communication skills, and telephone techniques.

Qualifications:

Personal qualities include maturity, intelligence, good judgement, dedicated and reliable. Volunteers must be sensitive to different lifestyles and non-judgmental. In addition, the ability to communicate in a manner responsive to caller needs is essential.

Requirements:

Hours- Operators must be willing to commit to at least one 4 hour shift per week. No operator will be permitted to exceed a 4 hour shift nor staff the Lifeline more than three shifts per week. A six month commitment is requested.

Age:

Volunteers must be over 18; 16-18 considered with parental consent.

OPERATOR SATISFACTION SURVEY

SAMPLE

After you have been operating for long enough to have a routine, you may find it useful to survey your operators to see what improvements can be made. This is especially important if your operators are donating their labor. The following questions are simply suggestions; you will have additional ideas for questions based on the concerns you hear about in your hotline operation.

What is the most satisfying about your work on the hotline?

What is least satisfying about your work on the hotline?

Do you feel you can adequately meet the needs of callers?

What could be done to help you meet callers' needs in a better way?

Please list three topics about which you would like to have additional training.

Are there any ways that other hotline staff could make your job easier or provide you with more support?

Do you wish to have more contact with other hotline operators or staff? Any suggestions?

What are the most convenient times and days of the week for you to attend additional hotline training or social events?

Do you have other suggestions, comments, or recommendations for the hotline?

THANK YOU FOR YOUR HELP!

SAMPLE
STAFF IN-SERVICE CURRICULUM OUTLINE AND AGENDA

- 5:15-6:00 Pre-training social/pot-luck dinner
- 6:00-6:30 Introduction/Overview of Training
- (Staff Trainer) Content:
- Review of last training
 - Update of Lifeline activities
 - Announcements of upcoming events
 - Recognition of volunteers
 - Outline for tonight's training
- 6:30-7:45 Keynote Presentation
(Staff Trainer, Guest speaker) Topic suggestions:
- Treatment Modalities
 - Women and AIDS
 - Pediatric AIDS
 - Risk Reduction Techniques
 - Theories of Health Education
 - Antibody Testing as a Prevention Tool
 - The Safety of the Blood Supply
- 7:45-8:00 BREAK
- 8:00-8:30 Operator Problem-Solving
(Staff trainer) Content:
- Staff)
- Identification by operators of problems encountered on the hotline
 - Identification of reported problems
 - Small group strategy sessions to recommend problem resolution
 - Large group process of exercise
- 8:30-9:00 Stress Management Skills Building
(Staff Trainer) Content:
- Identification of stress-reducing factors for operators
 - Suggested methods of reducing identified stress
 - Experiential management exercise
- 9:00 Conclusion
(Staff Trainer) Contents:
- trainings
- Feedback on session
 - Evaluation
 - Identification of topics for future
 - Announcements
 - Adjourn

XV. ACTION PLANNING: WHAT ARE THE NEXT STEPS?

SECTION SUMMARY: In this final section, you may develop an individual action plan including a list of action steps necessary to develop a national hotline in your country, barriers to implementation of these steps, strategies to overcome these barriers, and projected timelines.

PURPOSE: To develop individual action plans for national hotline development.

OBJECTIVES:

1. To list the action steps necessary to implement a hotline in each country.
2. To identify barriers to completion of actions listed.
3. To strategise about means to overcome barriers.
4. To develop timelines for the implementation of the action steps.
5. To provide a final opportunity to discuss individual questions or concerns.

RESOURCES:

worksheets

ACTION PLANNING: NEXT STEPS

FOR EACH PRIORITY, LIST THE FIRST STEPS REQUIRED TO ACHIEVE THIS PRIORITY. RESPONSIBLE AGENT? TIMEFRAME?

PRIORITY 1

WHO

COMPLETION DATE

ACTION STEPS:

1.

2.

3.

4.

5.

ACTION PLANNING: NEXT STEPS

FOR EACH PRIORITY, LIST THE FIRST STEPS REQUIRED TO ACHIEVE THIS PRIORITY. RESPONSIBLE AGENT? TIMEFRAME?

PRIORITY 3

WHO

COMPLETION DATE

ACTION STEPS:

1.

2.

3.

4.

5.