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Training Manual

AIDS/STD Education and Counseling

AIDSTECH



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Table of Contents

Introduction	1
Group Introductions	11
AIDS Information	15
Myths about AIDS and Other Sexually Transmitted Diseases (STDs)	21
Sexual Decision-Making	23
Condom Races	26
Understanding Goals and Objectives	28
Goals and Objectives Continued	30
Beliefs About Sexuality	33
Communication Skills	36
Talking About AIDS	42
Loss Exercise	46
Condom Use	48
Sexual Words	49
Men's and Women's Sexuality	52
Moving Survey	56
Sexual Orientation	59
Homosexuality Comfort/Discomfort Questionnaire	64
Heterosexual Questionnaire	68
HIV Antibody Testing: Pros and Cons	71
Counseling Presentation	74
Empathy Real Plays	80
Counseling Practicum	83
Counseling Pairs	90
Round Robin Questions	93
Closing	96

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Introduction

Issues related to AIDS and other sexually transmitted diseases (STDs) are complex. Our responses to those issues must be varied and direct. Counseling and education are the most effective means we have to bring about the changes that must take place if we are to effectively respond to those challenges. We must answer people's questions about risks of HIV infection, about the problems faced by those who have AIDS or other STDs, and about concerns for health care workers.

We also know that counseling and education must be many faceted. We must design interventions that not only impart knowledge, but impact attitudes, values, and skills as well. People learn in different ways. Some respond well to lectures, while others learn better when they are actively involved. Thus, the exercises in this training manual include cognitive, attitudinal, and behavioral components that raise awareness regarding important skills of an effective counselor or educator.

The philosophy that forms the foundation for this manual is that training is an interaction between the trainer and the participants. Trainers are facilitators of the learning process. Individual participants have experiences and will share thoughts that enhance the effect of the training. They must be active partners in the training process. The trainer who uses this manual should plan to share power and control with group members. This approach to training may seem threatening. The trainer takes the risk that an exercise might fail, that group members might not want to take part in the activity or will not understand key points of a lesson. Nonetheless, we consider the results to be worth the risk.

The trainer must understand and acknowledge that participants already have much of the knowledge they need in order to be effective in their work. An ideal goal is to provide an environment where participants can integrate what they already know. That will prepare them to use the knowledge effectively in new situations. Sometimes that means getting new information or bringing together what seem to be different sets of unrelated material. It may mean identifying and challenging beliefs. It may mean having the opportunity to practice a skill or to apply information in a structured setting.

As a trainer you will provide the framework in which learning can take place: the setting, the situation, and the circumstances. You are in a key position to make a difference for those who come to your training and for all the people whom they contact in their professional and personal lives.

This training program was presented in the field and was well received. Participants have gone on to develop effective AIDS/STD education and counseling programs using the principles of this workshop.

This training will be most effective when conducted for about fifteen participants. Small group activity is not possible if there are less than five people, and organization becomes difficult when there are more than twenty participants.

It is suggested that a team of two or more trainers conduct this workshop. That will allow trainers to focus on the process as well as the content. It will also permit more guidance for participants during small group exercises.

How To Use This Manual

This training manual provides an outline and instructions for a four-day training about AIDS and other STDs. It includes a training schedule and instructions for twenty-five different exercises that support knowledge, attitude, and behavior change. The manual also includes a schedule for a two-day workshop with thirteen exercises that provide a basic education about AIDS/STDs issues.

The agenda is divided into four major areas: general AIDS/STD information, communication skills building, sexuality education, and counseling skills building. Each exercise is marked to designate the area(s) of learning being emphasized, using the following code:

- Knowledge — 
- Attitude — 
- Behavior — 

Each exercise contains:

Title: a brief phrase to describe the exercise

Goals: a general statement about what is to be accomplished during the exercise

Objectives: the primary things participants will be able to do after the exercise

Materials: items needed to accomplish the exercise, including printed materials to be prepared or copied prior to the workshop

Time: the estimated time it will take to complete the exercise

Format: specific instructions, a step-by-step guide to conduct the exercise

Process: a brief description of what the trainer should expect during the exercise

Handouts: information to be copied and given to participants during the training

The "Process" section suggests responses to comments of participants and lists key points for the trainer to emphasize during the exercise. We strongly recommend that before conducting an exercise, in addition to reviewing the "Format" section, you carefully study the "Process" section.

You may use this manual as a template for a four-day training. You may also choose selected exercises to stand alone or incorporate them into other kinds of training events. We recommend that you read the entire manual before using any of the exercises. It is helpful to understand how each exercise fits into the overall design.

Some of the subject areas covered are very sensitive. The design of the workshop allows the participants to develop trust in the trainer and the other participants before trying some of the more sensitive exercises. If you take one or more of the exercises from the manual, please consider the values and sensitivities of the persons being trained. Some activities require such a high level of trust in the group that they probably should not be used apart from other exercises.

The background information we have included in this manual about AIDS and other STDs is minimal. There are many fine references you can use that will provide full information. A short reference section in the back of the manual will provide you with basic reference material. Please remember that **AIDS/STD epidemiological statistics and other information change over time. It will benefit you to stay updated about the latest information.**

A Note About Language

The language we use is an important aspect of communication. In this manual we use the word "AIDS" instead of "HIV Disease," which has become a common expression in some areas. That is because most people your participants deal with will not know of their HIV infection until they are diagnosed with AIDS.

We do not refer to persons living with AIDS as "AIDS victims." These people are often courageous; they are not victims of AIDS. Similarly, we do not talk about "innocent victims," because we don't want to suggest that some people with AIDS should be considered "guilty."

Talking about the prevention of AIDS and other STDs requires frank discussion about sex and drug-using behaviors. Some people, including counselors and educators, are not comfortable discussing these topics. If we are at ease when discussing these and other issues important to AIDS/STD prevention, our clients and audiences will be more able to deal with sensitive subjects.

Before you lead this workshop you should assess some of your own attitudes about a number of topics. If you are not comfortable with some of the issues that will be addressed during this workshop, you should consider having someone else lead those sessions. Or you may want to talk with someone until you are relaxed with those topics that now cause you discomfort.

You should look at the following topics to see which ones you are most comfortable speaking about. Use the assessment form on page 4 to evaluate your own attitudes about the issues that will be presented during this workshop.

- sex
- condoms
- oral sex
- anal sex
- homosexuality
- bisexuality
- drug use
- drug injection
- addiction
- prostitution
- death and loss
- suicide

Sensitivity Exercise: How would I feel?

Conducting training about AIDS and other STDs involves dealing with sensitive situations that may evoke many different feelings for participants and for trainers. To increase our effectiveness in doing this work, it may help to anticipate those situations, explore our possible reactions to them, and plan how to manage our feelings where appropriate.

Self-Comfort Inventory

Below are situations that can occur in AIDS/STD training. Read each situation, and circle the number to the right that most closely resembles your feelings at the thought of being involved in the situation, according to the scale below:

- | Very Uncomfortable | | Neutral | | Very Comfortable |
|--|---|---------|---|------------------|
| 1 | 2 | 3 | 4 | 5 |
| 1. Distributing condoms to participants and demonstrating their proper use. | | | | |
| 2. Being asked by a participant if you use condoms. | | | | |
| 3. Discussing homosexuality and bisexuality if you know there are homosexuals in your audience. | | | | |
| 4. Discussing sexuality with a participant whose opinions about what is right and wrong are very different from yours. | | | | |
| 5. Pronouncing slang words for terms such as penis, vagina, sexual intercourse, etc. | | | | |
| 6. Discussing sexual HIV risk reduction strategies. | | | | |
| 7. Discussing drug use HIV risk reduction strategies. | | | | |
| 8. Discussing issues for people with AIDS if you know that a person living with AIDS is in your audience. | | | | |
| 9. Specifically discussing the behaviors that put people at risk for transmitting HIV. | | | | |
| 10. Discussing sexual intercourse, including oral and anal sex. | | | | |

There are no "right" or "wrong" ways to feel about these issues. It is important for you, as a trainer to evaluate your possible reactions to sensitive situations. The rating on this scale will help you identify those areas that are particularly sensitive for you.

Resources

In many areas some of the materials we have suggested may not be available. Do not be discouraged. There are many effective ways that you can present the information without relying on all of the items listed in this manual.

Below you will find suggestions to replace some of the materials listed in the exercises in this manual. If these are not appropriate for your setting, be creative. It will enhance your workshop and increase the likelihood that participants will repeat the exercises.

If you do not have . . .

newsprint (flip charts)
markers
photocopier

Use instead . . .

a blackboard
colored chalk
carbon copies or have participants copy the worksheet texts by hand (Be sure to allow extra time in the session for this.)

Pre-Training Activities

Trainers should arrive at least 30 minutes before the start of the workshop to survey the training room and to make sure that everything is set up, including:

- seating for participants
- easels, newsprint, markers, and tape
- registration area and materials
- an area for breaks and refreshments
- signs to give directions to the training room, if necessary.

Staff members or volunteers may greet participants at a central location and

- pass out prepared name tags or print name tags in large block letters
- ask participants to review workshop goals posted in the front of the training room
- explain that the workshop will begin on time as scheduled.

The local host or program authority may begin the workshop by:

- welcoming the participants
- discussing any critical details, including locations of bathrooms, lunch arrangements, smoking restrictions, etc.
- introducing the lead trainer.

Workshop Goals

During this workshop participants will:

Increase knowledge about AIDS and other STDs.

Identify strategies for AIDS/STD prevention.

Assess personal attitudes about AIDS and other STDs, including sexuality issues.

Increase ability to design goals and objectives for AIDS/STD counseling and education.

Develop general communication skills and apply them to AIDS/STD education and counseling.

Develop specific AIDS/STD counseling and education skills.

Suggested Schedule - Four Days

Day 1:	9:00 am	Introductions	30 min.
	9:30 am	AIDS Information	3 hours
			(with 15 break)
	12:30 pm	Lunch	60 min.
	1:30 pm	STD Myths	30 min.
	2:00 pm	Sexual Decision Making	45 min.
	2:45 pm	Break	15 min.
	3:00 pm	Condom Races	25 min.
	3:25 pm	Goals/Objectives	25 min.
	3:50 pm	Homework: Beliefs Worksheet	5 min.
		Homework: Goals and Objectives	5 min.

Day 2:	9:00 am	Processing	20 min.
	9:20 am	Goals and Objectives	30 min.
	9:50 am	Beliefs Worksheet.....	45 min.
	10:35 am	Break	15 min.
	10:50 am	Communication Skills	120 min.
	12:50 pm	Lunch	60 min.
	1:50 pm	Talking About AIDS	60 min.
	2:50 pm	Break	15 min.
	3:05 pm	Loss Exercise	45 min.
	3:50 pm	Homework: Condom Use	5 min.
		Homework: Homophobia Questionnaire.....	5 min.

Day 3:	9:00 am	Processing	20 min.
	9:20 am	Condom Use	15 min.
	9:35 am	Sexual Words	45 min.
	10:20 am	Break	15 min.
	10:35 am	Sexuality - Men and Women	75 min.
	11:50 am	Moving Survey	60 min.
	12:50 pm	Lunch	60 min.
	1:50 pm	Sexual Orientation	30 min.
	2:20 pm	Homosexuality Questionnaire	45 min.
	3:05 pm	Break	15 min.
	3:20 pm	Heterosexual Questionnaire	30 min.
	3:50 am	HIV Antibody Test Counseling	40 min.

Day 4:	9:00 am	Processing	20 min.
	9:20 am	Counseling Lecture	45 min.
	10:05 pm	Break	15 min.
	10:20 am	Empathy Real Plays	75 min.
	11:35 pm	Counseling Practicum	90 min.
	1:05 pm	Lunch	60 min.
	2:05 pm	Counseling Pairs	60 min.
	3:05 pm	Break	15 min.
	3:20 pm	Round Robin Questionnaire	45 min.
	3:55 pm	Closing	30 min.

Suggested Schedule - Two Days

Day 1:	9:00 am	Introductions	30 min.
	9:30 am	AIDS Information	3 hours (with 15 break)
	12:30 pm	Lunch	60 min.
	1:30 pm	STD Myths	30 min.
	2:00 pm	Sexual decision-making	45 min.
	2:45 pm	Break	15 min.
	3:00 pm	Condom Races	25 min.
	3:25 pm	Talking About AIDS	60 min.
	4:25 pm	Homework: Beliefs Worksheet	5 min.

Day 2:	9:00 am	Processing	20 min.
	9:20 am	Beliefs Worksheet.....	45 min.
	10:05 am	Sexual Words	45 min.
	10:50 am	Break	15 min.
	11:05 am	Moving Survey	60 min.
	12:05 pm	HIV Antibody Test Counseling	40 min.
	12:45 pm	Lunch	60 min.
	1:45 pm	Counseling lecture	45 min.
	2:30 pm	Counseling Practicum	90 min.
	4:00 pm	Break	15 min.
	4:15 pm	Round Robin Questionnaire	45 min.
	5:00 pm	Closing	30 min.

Glossary

AIDS (Acquired Immune Deficiency Syndrome) - A disease state associated with a virus (HIV) that reduces a person's ability to fight certain types of infections and cancers. AIDS is diagnosed when a person has certain diseases that show lowered ability of the immune system to function along with the presence of HIV.

Acquired - obtained or contracted, not inherited

Immune - the body's defense system, provides protection from most diseases

Deficiency - a defect or weakness, unable to respond; when linked with the immune system, this refers to the inability of that system to perform its functions and combat antigens

Syndrome - a group of symptoms and diseases that indicate a specific condition; it is not, by itself, a disease.

AIDS virus - the virus associated with AIDS, a synonym for HIV.

Antibody - a natural defense produced by the immune system when an antigen enters the body. It's purpose is to protect the body from disease, by countering or marking the antigen for destruction.

Antigen - any foreign substance that gets into the body causes the immune system to respond. Examples include viruses, bacteria, and fungi. Specific antigens are associated with different diseases.

Asymptomatic - having an antigen in the body but showing no outward symptoms. People who are asymptomatic may transmit HIV or other STDs.

Bisexual - being emotionally and sexually attracted to members of both genders.

Condom - a protective covering that fits over the penis and provides a barrier to prevent passing sperm or antigens from one partner to another during intercourse. Latex condoms are effective barriers to prevent the transmission of HIV.

Erotic - the arousal of sexual feelings, fantasies, and emotions.

Gender - our maleness or femaleness, composed of:

gender assignment - the biological component of being a man or a woman

gender identity - the psychological and social aspect of being male or female, often called masculine or feminine, it is influenced by social norms.

Hemophilia - an inherited condition where blood does not clot normally. It is a disorder that only affects males and causes extreme, sometimes spontaneous bleeding.

AIDS/STD Education and Counseling

Heterosexual - being emotionally and sexually attracted to members of the other gender.

HIV Disease - defines the entire range of disease states from infection with HIV to the severe stages of AIDS. It includes asymptomatic and symptomatic HIV infection.

HIV Antibody Test - a laboratory test to detect the presence of antibodies, the body's response, to HIV. It is not a test for AIDS.

ELISA - enzyme linked immunosorbent assay, a simple and inexpensive test for HIV antibodies.

Western Blot - more specific and accurate than the ELISA test. It is also more expensive and is often used to confirm positive ELISA test results.

Homosexual - being emotionally and sexually attracted to members of the same gender.

Human Immunodeficiency Virus (HIV) - the virus that is associated with AIDS.

Immune System - the cells that protect the human body by recognizing and neutralizing antigens when they get into the body.

Incubation period - the period between exposure to a virus or other antigen and the appearance of the first symptom or sign of infection. The incubation period for HIV can be very long. Symptoms may not appear for ten or more years after infection.

Injecting drug use - taking substances by injection. Substances may include prescription drugs, illegal drugs, vitamins, etc. Injection may be into a vein (IV), a muscle, or under the skin.

Intercourse - sex that involves one partner entering another. Intercourse may refer to oral, anal, or vaginal sex.

Opportunistic Infection - those diseases that are caused by agents that are often present in our bodies or surroundings that do not cause disease when our immune systems are performing normally.

Retrovirus - a group of RNA viruses that cause a variety of illnesses in animals. HIV is the first retrovirus that is known to affect human beings.

Semen - a fluid produced by the male reproductive system that contains sperm.

Sex - sexual activity or behavior; what we do to express our erotic feelings; what is meant when we say "having sex."

Sexuality - the experience of being sexual, shaped by behavioral, psychological, emotional, social, and orientation factors.

Sexually Transmitted Diseases (STDs) - diseases that are transmitted during sexual contact from an infected person to his/her partner(s).

Sexual orientation - divisions are commonly considered heterosexual, bisexual, or homosexual; determined by who a person is erotically and emotionally attracted to.

Symptomatic HIV Infection - sometimes called AIDS-Related Complex (ARC), a condition when the immune system is affected by HIV and does not function normally. Symptoms include prolonged fever, weight loss, swollen lymph glands, or infections with fungi. Persons with ARC may become very ill or die, but do not have the diseases considered to qualify for AIDS diagnosis.

T-Cells - white blood cells that help manage the immune system. T-cells are the primary targets of HIV and become HIV factories when infected.

Helper T-cells (T4) - turn on antibody production

Suppressor T-cells (T8) - turn off antibody production.

Unprotected sex - sexual activity that involves passing of semen, vaginal fluid, or blood from one partner to the other. It also may refer to intercourse without a condom.

Vaccine - a fluid that contains an agent that has been modified to stimulate immune response but not cause infection. It may protect the body against future infection with that agent. There is no vaccine for AIDS nor for most other STDs.

Vaginal fluids - liquids produced by the female reproductive system that provide moistness and lubrication of the vagina. They are sometimes called cervical secretions.

Virus - a microscopic agent that invades and gets benefit from a cell while disrupting or destroying the cell's normal functions.

Window period - the time it takes the immune system to produce antibodies after an antigen has entered the body. For HIV, the window period may be 3 weeks to 6 months.

Title: Group Introductions

Goals:

- To establish ground rules for workshop
- To introduce the trainer(s) and participants to each other
- To begin the process of personal sharing among group members
- To identify participants' expectations for the workshop

Objectives: At the end of this exercise, participants will be able to:

- explain the ground rules for the sessions.
- describe their personal expectations for the workshop.

Time: 30 Minutes**Materials:** Prepared newsprint "Introductions" (p. 14)
Prepared newsprint "Ground Rules" (p. 14)
Newsprint or chalkboard
Markers or chalk
Tape**Format:**

1. Prior to the exercise prepare newsprint sheets with "Introductions" and "Ground Rules."
2. Introduce yourself, giving your name and a brief description of yourself and your experience with AIDS. Allow other trainers to introduce themselves.
3. Display the prepared newsprint "Introductions." Instruct participants that they will be introducing themselves, telling:
 - their names
 - their current occupation and/or position
 - their experience with AIDS
 - one expectation they have for the workshop.
4. Allow participants to introduce themselves. Write their expectations on newsprint as they report them.
5. Describe the overall content of the sessions, including the topics of each individual session. Use the schedule on page 6 to get this information. Tell participants that the workshop is designed to provide them with experiences to help them better understand AIDS and other STDs. Explain that it will not be just a long lecture, and they will be active participants in the process.

6. Identify which expectations of participants will be addressed during the workshop, and note which expectations will not be dealt with.
7. Post newsprint with "Ground Rules." Read "Ground Rules" aloud.
8. Emphasize that confidentiality means that they must not tell others about specific conversations that occur during the workshop or identify who said what. Remind them that confidentiality can never be assured and they should keep that in mind when they share information about themselves. Ask participants to raise their hands if they agree to observe confidentiality.
9. Ask participants how they feel about these ground rules. Ask if there are any rules they do not understand or if there are others they want added to the list.
10. If anyone suggests additions, seek group consensus before adding them. If the group agrees, write the additions on the newsprint.
11. Tell participants they should ask questions if something is not clear, including words used and instructions given during the exercises. Tell them, "If something is not clear to you, it may not be clear for others. If you ask for an explanation, others will benefit too." Clearly state, "There is no such thing as a foolish question. So, if you're not sure about something, please ask."
12. Bridge to the next exercise by stating that in the next section you will be providing important information about AIDS.

Process:

This exercise will set the tone for your workshop. It is important that participants have the opportunity to introduce themselves and tell a little about their backgrounds. Introductions allow participants to establish their roles in the group. During introductions you can assess the experience and backgrounds of the participants. This will help you decide what topics you will emphasize. When people describe their "experience with AIDS" some will describe professional experiences while others will offer personal experiences. Both can contribute to the process.

Participants may come with expectations that will not be met by this workshop. It is important for them to know early if they have expectations that the workshop will not address.

When describing the schedule of the workshop, you can tell the participants that sessions have been divided into four major categories:

- specific information about AIDS and STD prevention
- communications exercises
- developing counseling skills
- understanding values and attitudes that affect AIDS/STD counseling and education.

You may also want to explain that each of the activities will emphasize one or more of the following areas:

- knowledge, information about AIDS/STDs and related issues
- attitudes, how we feel about the issues
- behaviors, practicing skills that will help us apply what we know.

Ground rules provide the foundation upon which you build the workshop. It can be difficult for a group to operate without an agreed upon set of standards. You may want to provide the following explanation for the ground rules.

It is very important to stress confidentiality. Knowing that you expect confidentiality to be observed helps establish an environment where people can talk honestly about their concerns. At the same time, you should warn participants that absolute confidentiality can never be guaranteed. The act of having participants hold up their hands if they agree to observe confidentiality can be very reinforcing.

You can assure participants that you will not require them to participate in activities that are particularly uncomfortable for them. Persons experience a sense of control when you inform them that it is "okay to pass." Being able to not answer or not join in an activity actually provides freedom to take part during sensitive exercises. If you have participants who continue to pass throughout the workshop, you may want to talk to them privately and encourage them to participate more actively.

You can let them know that all opinions are equally valid and equally valued, even if more people hold an opposing opinion. The ground rules "each is entitled to his/her own opinion" and "no judgments of what others say" invite participants to present their opinions without the fear of being attacked. This is very important. Your willingness to accept the opinions of others will provide an example for the participants to follow.

The reason participants are encouraged to use "I" statements is that it prompts them to make personal comments. By concentrating on their own attitudes and behaviors they can expect the greatest benefit from the activities. This will also help avoid participants lecturing others about what they "should" think or how they "should" feel.

You may want to tell participants that they will benefit from this workshop in direct relationship to what they put into it. The ground rule "be willing to take a risk" encourages participants to try something new, to take a chance. You can explain that while it is okay to pass, we hope participants will balance that with the willingness to take a risk. Remind them that gaining new skills takes practice. Also remind them that many of the feelings they experience in this workshop are the same feelings their clients experience when attempting new behaviors.

Once you present the ground rules it is important that you be sure they are followed. If you add other ground rules, make sure you monitor them as well to insure they are observed during the entire workshop. This will enhance the trust you are developing between you and the participants and among the participants themselves.

→

The prepared newsprint "Introductions" should include the following subjects:

- Name
- Current occupation and/or position
- Experience with AIDS
- One expectation for the workshop

The prepared newsprint "Ground Rules" should read as follows:

- Confidentiality
- OK to pass
- Each is entitled to his/her own opinion
- No judgments of what others say
- Use "I" statements
- Be willing to take a risk

Title: AIDS Information

Goals:

- To provide accurate, up-to-date information about AIDS
- To provide accurate, up-to-date epidemiological figures
- To distribute facts about effective ways of reducing the risk of HIV infection and AIDS

Objectives: At the end of this exercise, participants will be able to:

- identify the impact of AIDS on different communities.
- define and describe the progressive stages from HIV infection to AIDS.
- describe at least 3 possible symptoms of HIV infection.
- list at least 3 ways that HIV can be transmitted.

Time: 3 hours, with a 15 minute break

Materials: Prepared newsprint "Continuum of HIV Infection" (p. 18)
Prepared newsprint "4 Means of HIV Transmission" (p. 18)
Newsprint
Markers
Tape

Format:

1. Prior to the exercise prepare newsprint sheets with "Continuum of HIV Infection" and "4 Means of HIV Transmission."
2. Ask participants to explain what they know about AIDS, what it is and what it does to the body. Record information on newsprint as it is provided.
3. Write the following words on pieces of newsprint:
 - A - Acquired
 - I - Immune
 - D - Deficiency
 - S - Syndrome

Ask participants to help define these terms. Write answers on newsprint sheets. Acknowledge correct information; correct misinformation. When the process is complete, use the material on the sheets to relate the definition of AIDS.

4. Write HIV on a newsprint. Define HIV and write key words on the newsprint. Make sure participants understand the difference between HIV and AIDS.
5. Briefly review epidemiological information - statistics on numbers of cases of AIDS and breakdown by risk behavior, race, gender, and geographical area.

6. Present information about the immune system and HIV. Include the normal immune response and characteristics of HIV.
7. Display the "Continuum of HIV Infection" newsprint and explain the states, highlight the symptoms (or lack of symptoms) of each. Discuss what is known about the chances of a person progressing from one state to another. Remind participants that much is still not known about long-term HIV infection.
8. Discuss cofactors. Write each cofactor on newsprint as you discuss it.
9. Divide the participants into 2 groups. Ask one group to list ways HIV can be passed from one person to another and the other group to list how the virus is not transmitted.
10. Tell the participants that each group should choose someone to be recorder and another person to be reporter. The recorder will write group members' comments on newsprint, and the reporter will present the group's findings to the larger group.
11. Tell the groups they will have about 5 minutes to complete their lists.
12. After the groups have finished their lists and returned to the larger group, instruct recorders to tape their lists onto the wall. Direct reporters to read the lists aloud to the rest of the group.
13. Ask the reporter to clarify any items that are not clear.
14. Display the "4 Means of HIV Transmission" newsprint. Provide a summary of transmission information. Cover "high risk" and "low/no risk" situations. Include definitions for "infection" and "exposure."
15. Present information about preventing HIV transmission. Cover these three areas: sex, drugs, and health care settings.

Process:

We have provided a simple outline that gives you key topics and main points to cover. The outline does not provide the information you will need to discuss AIDS in depth or to answer all the questions your participants might have. **If you are not already familiar with the issues in the outline, you will need to study and prepare.** Remember, there is a lot of information about AIDS. Some of it changes frequently. It is important for trainers to continue to study.

Unless you are willing to have your presentation directed by the interests and questions of the participants, inform them that questions that are not answered during the presentation will be answered at the end of the session. Most questions people have will be answered during the presentation.

When you allow people to interrupt with questions, it is easy for you to get off your outline. Also, since participants have varying degrees of information, it is easy



for participants to get confused. It is also possible that you will need to spend an extended time on specific issues and not have enough time to cover all the points you consider important. You can write down questions as they are presented to keep track of which ones need to be answered at the end of the program.

The primary concern people share is a personal fear of becoming infected. Questions may be asked in various ways, but that is the underlying concern.

When reporting on early warning signs of HIV infection you may use the following list:

- swelling of the lymph glands,
- purple or discolored lumps or bumps on or beneath the skin or mucous membranes,
- oral thrush, a white coating of the tongue and lining of the mouth,
- shingles, a herpes-like infection that causes sores on the skin,
- weight loss, 10 or more pounds in a month without an effort to lose weight,
- persistent fever,
- heavy night sweats,
- persistent cough or shortness of breath, not related to smoking or other causes,
- persistent diarrhea,
- easy bruising or bleeding,
- fatigue.

It is important to remember when you review HIV transmission that blood, semen, and vaginal fluids are the "body fluids" capable of transmitting HIV. Saliva, tears, and urine cannot pass HIV. Another point to stress is that a person must have the virus to pass it to another person. Also, people with the virus may appear healthy, so you cannot tell if someone has HIV in their body just by looking at them.

When discussing prevention you should concentrate on presenting accurate information. Not having sex is the only 100% way not to get HIV infection. Although sexual activity that does not involve penetration, such as masturbation, is considered very safe. Condoms, when used correctly offer an excellent protection. You may want to think about prevention on the following continuum:

- | | |
|---------------|--|
| Safest | abstinence |
| | sex without penetration |
| | sexual intercourse with a condom, and a spermicide |
| | sexual intercourse with a condom, no spermicide |
| | using a spermicide alone |
| | reducing the number of sexual partners |
| Unsafe | sexual intercourse, no condom, no spermicide |

When you review condom use, include information about latex condoms used with Nonoxynol-9 and a water-based lubricant. Stress that most condom failure is the result of the condom not being used correctly. You may want to tell them the proper way to use a condom or use a penis model to do a demonstration. If you are not sure how to do a condom demonstration, you can look at the "Condom Races" exercise for suggestions. Condom demonstration booklets are available from AIDSTECH.

→

When discussing drug use prevention, stress that abstinence is the only 100% safe behavior. Remind participants that the mood altering effects of drugs can put people at risk of having unsafe sexual experiences. Regarding drug injection, stress that it is not injection of illicit drugs into the veins that puts people at risk. If injection equipment is shared, the injecting of medications and vitamins also put people at risk, and injection into the muscle or under the skin also may pass the virus. If persons use only new equipment or do not share their equipment, they should not be at risk through injection.

Remember, it is very likely that persons in your audience are dealing personally with AIDS, either because they are HIV infected or someone they care for is HIV infected or has died of AIDS-related illnesses. You should consider these people during your presentation. If you don't remember this, it is easy to speak in terms that separate those who are directly affected by HIV from those who are not.

The prepared newsprint "Continuum of HIV Infection" should include the following subjects:

- Acute Infection
- Asymptomatic Infection
- Symptomatic HIV Infection
- AIDS

The prepared newsprint "4 Means of HIV Transmission" should read as follows:

- Sexual
- Sharing drug injection equipment
- Blood contact
- Perinatal



Lecture Outline

Epidemiology

Numbers of cases of AIDS by risk behavior
by geographical area
by gender
by age
by race

Immune System and HIV

Normal Immune Response macrophages
B cells
T-4 Helper cells
T-8 Suppressor cells

Characteristics of HIV attraction to certain cells
macrophages, T-4 cells, brain cells
permanent establishment in body
long inactive state
incubation up to 10 or more years
rapid reproduction when active
rapid mutations
100 times more frequent than flu viruses

Continuum of HIV Infection

Acute Infection possibly no symptoms
possible flu symptoms
few weeks after infection
resolves in 3 to 14 days
antibodies produced

Asymptomatic Infection no symptoms
may go on to become sick
able to infect others
sometimes called HIV+
may continue 10 or more years

Symptomatic HIV Infection not well-defined
no specific set of illnesses/symptoms
chronic symptoms that do not resolve
can be fatal

AIDS opportunistic infections/cancers
dementia and wasting syndrome



Cofactors

reinfection with HIV
other infections, especially STDs
drug use hormone changes (particularly among women)
other diseases, such as cancer or diabetes
poor nutrition or sanitation
allergies
pregnancy and labor
vaccinations with "live" materials

HIV Transmission

Definitions	infection - an antigen has actually entered the body, invaded a living cell, and begun to multiply exposure - there was an opportunity for an antigen to enter the body; infection may or may not have taken place
High Risk	sharing needles and drug equipment unprotected sexual intercourse receiving infected blood/blood products mother to fetus during pregnancy, labor, birth (and possibly breast feeding)
Low/No Risk	care for persons with HIV infection/AIDS health care providers
Prevention	sex drugs occupational



Title: Myths about AIDS and Other Sexually Transmitted Diseases (STDs)

Goals:

- To help participants identify some of the common myths about AIDS and other STDs
- To begin to identify strategies to deal with these myths when providing education or counseling

Objectives: At the end of this exercise, participants will be able to:

- identify some common myths about AIDS and other STDs.
- discuss the implications for counselors and educators if the persons they are serving believe these myths.

Time: 30 minutes

Materials: Prepared newsprint "Myths About STDs"
Prepared Newsprint "Myths About AIDS"
Newsprint
Markers
Tape

Format:

1. Prior to the exercise prepare newsprint sheets with the titles "Myths About STDs" and "Myths About AIDS."
2. Divide the participants into 2 groups. Give one group the newsprint sheet "Myths About STDs." Ask them to list all the myths they can think of about STDs other than AIDS. Give the other group the newsprint sheet "Myths About AIDS." Ask them to list all the myths they can think of about AIDS.
3. Tell the participants that each group should choose someone to be recorder and another person to be reporter. The recorder will write group members' comments on newsprint, and the reporter will present the group's findings to the larger group.
4. Tell the groups they will have about 5 minutes to complete their lists of myths.
5. After the groups have finished their lists and returned to the larger group, instruct recorders to tape their lists onto the wall. Direct reporters to read the lists aloud to the rest of the group.
6. Ask the reporter to clarify any items that are not clear.

7. After both lists have been read aloud, ask the participants to identify:
 - items that are on both lists or that could be on both lists
 - items that are unique to the list "Myths about STDs"
 - items that are unique to the list "Myths about AIDS."
8. Lead the group members in a discussion about why it is important for them to know what people believe about AIDS and other STDs when they are conducting counseling or education sessions.

Process:

You may want to introduce some fun and energy into the process. One way is to introduce the choosing of a recorder by telling the participants that at the count of 3 they should each point to the person who will be the recorder. After doing so, with fingers pointing in different directions, they can simply choose someone to be recorder.

If a participant asks what you mean by "myth," you can provide the following definition, "a myth is something people believe that is false or is based on inaccurate information." It may be difficult for some groups to identify myths. You may need to prompt them by asking: What do some people believe about how a person gets AIDS or another STD? What do some people believe about how to prevent, treat, or cure AIDS/STDs?

Try not to give participants answers. If necessary, continue to ask questions until they begin to generate their own answers. Examples of answers you might see include the following:

Myths About STDs

- you can cure it by having sex with a virgin
- you catch it in the toilet
- it's caused when someone gives you the evil eye
- you always know when you have an STD
- If you only have sex with the the person you love you won't get an STD

Myths About AIDS

- you can catch it in the toilet
- you can get it from kissing
- everybody who gets AIDS dies
- it's caused when someone gives you the evil eye
- if someone looks healthy they can't have AIDS
- it's a disease that only gay men get
- there is a cure for AIDS

Some of the items on the lists of myths may be accurate, not myths but facts. It will be important for you to distinguish between those items that seem to be accurate and those that are clearly myths. Members of the group may not agree, so you may need to provide a balance between providing accurate information and respecting a participant's personal beliefs.

The discussion about applying this information to counseling and education is an important part of this exercise. During the discussion you should cover at least two major points:

- we may not know what people believe, so we should ask,
- we need to respect people's beliefs while providing accurate information.

You may also want to discuss that people act according to what they believe. It is often difficult for people to change their beliefs, so having information does not always result in behavior change. This discussion can provide ground work for the counseling instruction later in the workshop.

Title: Sexual Decision-Making

**Goals:**

- To have participants identify what they consider to be important when making decisions about sexual activity.
- To have participants recognize how they make decisions when dealing with others.

Objectives: At the end of this exercise, participants will be able to:

- rate from best to worst the characters in the exercise.
- identify their beliefs about what is important to consider when making decisions about sexual activity.
- discuss their own decision-making styles when working with others.

Time: 45 minutes

Materials: "Sexual Decision-Making" worksheets (p. 25) for all participants

Newsprint

Markers

Tape

Format:

1. Divide participants into groups of 4-5 people. Distribute "Sexual Decision-Making" worksheets to all participants.
2. Explain to them that they must each read the story and, individually, rate the characters from best to worst.
3. Tell them they must then, as a group, reach consensus about the order of the characters from best to worst.
4. Inform participants they will have 15 minutes to complete rating all characters, so they will need to work quickly. Inform them that each group will need to select a reporter to speak for the group.
5. Notify the groups when they have 10 minutes left and again when they have 5 minutes left.
6. After 15 minutes, or when all groups have reached consensus, ask the reporter from each group to read their consensus list. Record each group's listing on newsprint.
7. After reporters from all groups have read their lists aloud, ask them to explain to the rest of the participants why their group rated the characters as they did.
8. Discuss with the participants how the factors they considered when rating the characters in the story relate to counseling or educating people about sexuality issues.

Process:

There are no apparent heroes in this story, so people may come up with markedly different ratings. The design of the exercise demands that people explore their values about sexuality issues. When group members discuss their ratings, they may be surprised to find that others have strikingly different values.

The rating participants give the characters in the exercise is not important. The process they go through to make those decisions is important. Some people will make their decisions for moral reasons. Others will look at health issues. Some may try to determine who is responsible or what is right or wrong. You should encourage participants to explore what qualities they used to make their decisions. It is vital that each asks, "Why do I think this?"

Reaching consensus is an important part of this exercise. The rating is not as important as why individuals and groups rated the characters the way they did. The exercise allows participants to practice negotiating sexual topics and to see how they handle views and opinions that differ from their own. Some participants may be very aggressive when they try to persuade group members about their ideas. Others will participate minimally or not at all.

Your primary role during the discussion is to help people identify their values and see how those values influenced how they rated the characters in the story. You should also help people understand how they dealt with negotiating sexual issues. Questions to prompt discussion include:

- What qualities did the characters you rated highest have?
- What qualities did the characters you rated lowest have?
- Did most of your group initially agree or disagree?
- How did you reach consensus?

Participants should discuss and examine how their decision-making styles might affect their decisions about sexual activity. They should also discuss how their personal values and decision-making styles might influence their counseling and education activities.



SEXUAL DECISION MAKING

The Islands

Five people live on two islands in the South Pacific Ocean:

- Alice, a young woman
- Bertha, her mother
- Charlie, an older man
- David, a handsome young man
- and nondescript Ernest

Alice, walking alone on the beach one day, sees David on the distant smaller island. She waves and thinks she sees him waving back. Two weeks later, a bottle washes up on the beach with a message from the young man, introducing himself. A friendship develops between the two young people, and messages float back and forth in bottles. One day David's message reads: "I love you. Come to my island, and I will marry you."

Excited, Alice seeks her mother's advice. Bertha simply says, "It is your decision to make." Alice goes away and thinks deeply. She wants to accept David's proposal, but how can she get across the water? Only Charlie has a boat. An idea comes to her.

Seeking out Charlie, she asks him to take her across the water to David. A gleam comes to Charlie's eye. "I will row you over," he says, "but first you will have to spend the night with me."

Troubled, Alice again seeks her mother's advice. "Do not ask me," Bertha responds; "You are on your own. Do what you think is best." At last Alice gives in to Charlie's demands. The next morning he rows her across to the other island, where David is waiting. David is more handsome than Alice had ever imagined. They rush into each other's arms as Charlie pulls away in his boat.

Then comes the moment of truth: "I must tell you, David, before I marry you, that I slept with Charlie." David is stunned and angry: "You did? I cannot think of marrying you!" he shouts as he turns on his heel and stalks away.

Distressed, Alice wanders aimlessly into the woods. Eventually she comes to a clearing as a cold rain begins to fall. She sees the rumpled figure of a man huddled over a campfire, cleaning fish. He looks up and motions to her to come warm herself by the fire. That night, Ernest builds her a rough lean-to next to his own. After a few days, he says, "Alice, let's make a deal. Stay here with me. We need each other. I will hunt and fish; you cook and keep our place tidy." Alice agrees, and settles down to live with Ernest.

Which person in this story do you think the most of? Why?

Rate the five characters, listed below, from 1 (the best) to 5 (the worst). After everyone in your group has individually rated the characters, see if you can arrive at group consensus about these people.

- _____ Alice
- _____ Bertha
- _____ Charlie
- _____ David
- _____ Ernest

Title: Condom Races

Goals:

- *To have participants improve their knowledge about how to use a condom correctly*
- *To create a fun environment where participants can talk about using condoms and about using creative activities to help people learn*

Objectives: At the end of this exercise, participants will be able to:

- *Identify the correct steps for using a condom for sexual intercourse.*
- *discuss the reasons for doing this exercise.*
- *Identify the content-based and group building goals of this exercise.*

Time: 25 minutes

Materials: Condom Race Cards (2-3 sets) (p. 27)
Newsprint
Markers
Digital watch or clock with second hand

Format:

1. Divide the participants into 2-3 groups of 6-10 people each, depending on the number of participants.
2. Explain that you will be distributing a set of twelve cards that have been mixed up. When put in the correct order, the cards describe the steps to complete a task. It is a task they have already discussed during the AIDS lecture.
3. Inform participants that their group's job is to:
 - line the cards up on the floor in their correct order, from the beginning to the end of the task, and
 - do that faster than the other groups. The first group to finish with no mistakes will be the winner.
4. Hand each group a set of cards and let the race begin.
5. Keep time for each group. Let all groups finish before judging finished line-ups for accuracy.
6. Review each group's line-up, and ask the other groups to correct any mistakes.
7. Announce the winner.
8. Ask the participants to return to the larger group.
9. Ask the participants to consider the reasons why this exercise is included in the workshop. Write participants' responses on newsprint.

Process:

This exercise is usually a lot of fun for participants and can be used to build energy in the group. It also provides an excellent opportunity to get participants to talk about using condoms. It also allows you to correct incorrect ideas participants may have about how to use a condom.

Participants may become very competitive about winning the contest. Someone may want to argue about the order of the cards. You can use that opportunity to review the steps, explaining each with slightly more detail. Do not spend too much time defending the order.

If you are not experienced with using condoms during intercourse, it is a good idea to prepare for this exercise. You can take a condom and a penis model and go through the steps of placing the condom on a penis. This will help you appreciate why the steps are listed in the specific order they are. Substitutes for a penis model include bananas, cucumbers, or wooden rods.

The discussion about why this exercise is included in the workshop is vital to the learning process. Participants can usually identify the cognitive (content-based) reasons for conducting this exercise. Without prompting, they may not recognize that having fun and building group spirit are also legitimate goals of this exercise. If they do not identify all reasonable goals and objectives, it is important for you to point them out and add them to the list. The list might include:

- talk openly about condom use
- learn the proper steps for using a condom
- clarify inaccurate information
- increase comfort for talking to clients about condom use
- have fun
- work as a group.

CONDOM RACE CARDS

In large letters write one sentence on each cardboard sheet, 8.5" x 11"

Remove condom from package

Make sure condom will unroll properly

Place condom on the tip of the erect penis

Squeeze air out of tip of condom

Roll condom down penis

Smooth out air bubbles

With condom on insert penis for intercourse

After ejaculation, hold on to condom at base of penis

Withdraw while still erect

Remove condom from penis

Tie condom to prevent spills or leaks

Dispose of condom safely

(This list represents the correct order for cards.)

To keep the sets of cards separate, you might want to print the instructions for each set on different colored cards.



Title: Understanding Goals and Objectives

Goals:

- To have participants understand what goals and objectives are and to have them identify the key components of each
- To have participants see how they can use goals and objectives to improve their education and counseling activities

Objectives: At the end of this exercise, participants will be able to:

- provide the definition of a goal and the definition of an objective as they are used in education and counseling.
- explain the difference between goals and objectives and identify the key components of each.
- Identify the goals and objectives for an educational exercise.

Time: 25 minutes

Materials: Prepared newsprint "Definition of Goal"
Prepared newsprint "Definition of Objective"
Newsprint
Markers
Tape

Format:

1. Prior to the exercise prepare newsprint sheets with "Definition of Goal" and "Definition of Objective."
2. Display prepared newsprint with definitions. Define a goal as: "a statement of educational intent expressed in general terms."
3. Define an objective as: "specific, measurable behaviors that the learner will be able to do that will demonstrate that the goal has been achieved." Emphasize the qualities "specific" and "measurable."
4. Give two examples of goals and two examples of objectives.
5. Ask participants to think about the "Condom Races" exercise and identify the goals and objectives for that exercise.
6. List their answers on the newsprint.
7. Acknowledge correct responses. Correct incorrect responses. Answer questions that arise during the discussion.

Process:

This exercise is very simple. It is designed to increase participants' understanding of how they can use goals and objectives in their counseling and education sessions. At the end of the exercise they should understand that appropriate goals and objectives will direct their efforts without limiting their creativity. They should also see that planning in advance will help them develop goals and objectives that are realistic and concrete.

They should understand that goals are more general and all-encompassing while objectives include specific and measurable outcomes. You may give the following as examples of goals and objectives:

Cognitive:

Goal: To have participants understand how to use a condom effectively.

Objective: Participants will be able to explain, in order, the twelve steps of putting on a condom.

Affective:

Goal: To have participants incorporate effective condom use in their counseling.

Objective: Participants will make a commitment to counsel every client in the STD clinic about effective condom use.

Behavioral:

Goal: To have participants demonstrate how to use a condom.

Objective: Participants will be able to demonstrate how to put a condom on while explaining the twelve steps.

It is important that you understand the stated goals and objectives for the "Condom Races" exercise. Be sure to review them before conducting this exercise. It is also important that you encourage participants to be definite and precise when identifying goals and objectives. Participants can usually identify the cognitive (content-based) objectives for the "Condom Races" exercise. It is equally important for them to understand that laughing and having a good time during an educational experience are also legitimate objectives.

Given a specific training or counseling strategy, participants should be able to state one or more goals and objectives. Participants should also begin to see that their expectations about what they can accomplish in an education or counseling session need to be realistic. For example, in a one-hour educational program they may get subjects to understand effective condom use or be able to discuss issues about using condoms. They should not expect that all subjects will begin using condoms during each act of sexual intercourse after a one-hour educational program.

Title: Goals and Objectives

Continued

Goals: To have participants practice their skills at constructing goals and objectives

Objectives: At the end of this exercise, participants will be able to write appropriate goals and objectives for a specific counseling or training intervention.

Time: 5 minutes, part 1
30 minutes, part 2

Materials: "Goals and Objectives Worksheet" (p. 32) for all participants
Newsprint
Markers
Tape

Format:

Part 1

1. Tell participants that they will have a homework assignment to complete for the next session.
2. Distribute "Goals and Objectives Worksheet." Explain that their homework assignment is to write goals and objectives for two exercises they have previously participated in, "AIDS Information" and "Myths About AIDS and Other Sexually Transmitted Diseases."
3. Instruct participants to return to the next workshop session with their sheets complete.

Part 2

4. Ask participants to take out their "Goals and Objectives Worksheets."
5. Begin with the exercise "AIDS Information." Ask for a volunteer to share the goal(s) he/she identified for that exercise. Solicit suggestions from other volunteers. Discuss until you are sure participants have a clear understanding of the goals for this exercise.
6. Proceed to objectives and follow the same process.
7. Complete a similar process for the goals and objectives for the exercise "Sexual Decision Making."
8. Note the similarities and differences between the goals and objectives for the 2 exercises.

Process:

This exercise is the foundation for future exercises. It is important that participants clearly understand goals and objectives. They should be able to identify the goals and objectives for an exercise and to write their own goals and objectives for exercises they will conduct.

The purpose of this exercise is to train participants to think from the general to the specific. They should begin to ask questions such as:

- What can be accomplished in a 45 minute education program . . . or a 3 hour program . . . or 1 counseling session?
- What do I want my client to be able to do at the end of this counseling or education session?
- Based on my actions, what do I expect my client to be able to do?

You should review and be aware of the stated goals for the two exercises that are being discussed. Participants should receive affirmation for answers that are the same or similar to the stated goals and objectives. Sometimes they will give answers that fit the exercises but were not included in manual. Recognize the accuracy of those answers too.

The most common mistake people make when writing objectives is that they are not specific and measurable. They are written too vaguely. Another problem is when objectives describe what the trainer will do instead of what the participants will be able to do as a result of participating in the exercise.



GOALS AND OBJECTIVES WORKSHEET

Exercise: AIDS Information

Goals:

1. _____
2. _____
3. _____

Objectives:

1. _____
2. _____
3. _____

Exercise: Myths About AIDS and Other Sexually Transmitted Diseases

Goals:

1. _____
2. _____

Objectives:

1. _____
2. _____

Title: Beliefs About Sexuality

Goals:

- To have participants examine some common beliefs about men's and women's sexuality
- To have participants observe whether they accept or reject those beliefs

Objectives: At the end of this exercise, participants will be able to:

- identify some common beliefs about men's and women's sexuality in our culture.
- describe what they think and how they feel about those beliefs.
- recognize how beliefs about sexuality can affect AIDS/STD counseling and education.

Time: 5 minutes, part 1
45 minutes, part 2

Materials: "Beliefs Worksheets" (p. 35) for all participants

Format:

Part 1

1. Tell participants that they will have a homework assignment to complete for the next session.
2. Distribute "Beliefs Worksheets" to all participants. Explain that their homework assignment is to consider each item carefully, then place on the line before each statement the number that best describes how much they agree or disagree with that statement.
3. Instruct participants to return to the next session with their sheets completed. If any participants find something on the sheets that is not clear, tell them that they will discuss the questions at the next session. Emphasize that they will not have to turn their sheets in.

Part 2

4. Ask participants to take out their "Beliefs Worksheets."
5. Go through each item on the "Beliefs Worksheet" and ask participants to discuss their answers. Encourage discussion among those who agree and those who disagree. Remind participants there are no "right" or "wrong" responses on these sheets, that everyone's responses are valid.
6. Continue until discussion ends or the allotted time has been used.
7. Discuss with the participants how their responses to items on the "Beliefs Worksheet" relate to counseling or educating people about sexuality issues.

Process:

There are two major reasons for assigning this exercise as homework. It allows participants to take time to study the questionnaire so they do not rush to complete it. The homework also encourages participants to continue thinking about the information they have learned and the exercises they have participated in during the day.

It is important for the participants to interpret each statement personally. Anything you say about the questions can influence participants' responses. Therefore, you should avoid answering questions about the statements on the "Beliefs Worksheet" when you give the assignment.

The basic purpose of this exercise is to have people identify and examine their opinions and beliefs. It also helps them understand that other people may have very different beliefs. Some members of the group may be unwilling to talk about their opinions or may try to give answers they think are "correct." If that happens, you can ask how they deal with other people who have opinions that are different from theirs.

It is important for you to encourage full expression from everyone. Those with unpopular opinions should be made to feel comfortable expressing those opinions. You should also prevent louder, more aggressive participants from trying to make others think that their answers are wrong. While it is fine for participants to disagree, if persons feel they are being judged, they will hold back during discussions. You can explain to participants that people can disagree with others without attacking each other.

Since there are about 45 minutes to discuss 19 items on the worksheet you will want to pace the discussion so you can cover all items. If discussion about the items considered first takes a long time, and you are running out of time, you can ask if there are any other questions about which people feel strongly and discuss those.

During discussion you can relate this exercise to the counseling and education sessions that will take place later in the workshop. Examples of questions to ask are:

- When the client has different beliefs than yours, how can you explore those opinions without being judgmental or making the client feel judged or attacked?
- It may be difficult for some clients to talk about their beliefs about sex and sexuality. What techniques might you use to encourage the client to discuss sexual beliefs?



BELIEFS WORKSHEET

Directions: Consider each item carefully, then place the number that best describes how much you agree or disagree with the statement on the line before the statement. This worksheet will not be collected.

	Strongly Agree 1	Agree 2	No Opinion 3	Disagree 4	Strongly Disagree 5
_____	1.	Men always want to have sex.			
_____	2.	Women do not think much about sex.			
_____	3.	Women should wait for their partners to start sexual activity.			
_____	4.	Men are always ready to have sex.			
_____	5.	A woman who is prepared for sex is "easy."			
_____	6.	Having sex is like performing for an audience.			
_____	7.	Women have difficulty having orgasms.			
_____	8.	If a man goes too long without having sex, it is bad for him.			
_____	9.	When a woman says "no" to having sex, she really means "yes."			
_____	10.	If a man loses his erection, he will not be able to have sex.			
_____	11.	Women have sex just for the relationship.			
_____	12.	All physical contact must lead to sex.			
_____	13.	Men are turned off by aggressive women.			
_____	14.	Women need to be in the mood to have sex.			
_____	15.	"Good" sex must end in orgasm.			
_____	16.	Once a man has an erection, he must have sexual intercourse to achieve satisfaction.			
_____	17.	Women are always passive during sex.			
_____	18.	Sexual health care is a woman's responsibility.			
_____	19.	It is the woman's responsibility to introduce condom use.			

Title: Communication Skills

Goals:

- To have participants recognize the barriers to accomplishing clear, accurate communication
- To have participants relate that understanding to education and counseling about issues related to AIDS and other STDs

Objectives: At the end of this exercise, participants will be able to:

- Identify factors that hinder or enhance communication.
- relate their insights about communication to AIDS/STD prevention work.

Time: 2 hours

Materials: "Squares" Sheet #1 (p. 40)
"Squares" Sheet #2 (p. 41)
Paper and pencils or pens
Newsprint
Markers
Tape

Format:

1. Provide a brief overview of the communication process, using the "two faces" (p. 39) model. Use the following procedure to design the model. Ask for group participation to help put the model together.

On newsprint draw the faces titled "Sender" and "Receiver" with the "message" line between them.

Add mask over the face of the receiver and label it "filter" and "interpretation."

Include the box in the upper right corner with a list including: "history, values, environment, status, gender, and relationship."

Add the "feedback loop" with an arrow from the receiver to the sender.

Complete the drawing with a box in the lower right corner with a list including: "individual, group, country, etc."

2. When the overview is complete, request a volunteer to help the group look at a practical application of the communication process. Ask the volunteer to come to the front of the room.
3. Provide the volunteer with "Squares Sheet #1" and tell him or her to read the instructions on the sheet and, facing away from the group, describe the drawing so group members can draw it correctly. Emphasize that participants will not be able to talk or ask questions during this part of the exercise.

4. After the volunteer has finished, ask those group members who think they drew it correctly to raise their hands. Compare participants' drawings with the original.
5. Ask the volunteer to describe how it felt to take part in this exercise. Was it easy? Difficult? What made it so? What would have made it better?
6. Ask the group members how they felt about this exercise? Was it easy? Difficult? Is there anything they would have changed?
7. After some discussion has taken place, ask for a new volunteer.
8. Repeat directions 3 through 6 with "Squares Sheet #2" but note that this time participants may interact with the volunteer. They may ask him or her questions and clarify directions.
9. Lead a discussion about how the process for "Squares Sheet #2" was different from the process for "Squares Sheet #1."
10. Ask the participants to suggest ideas about how this process relates to AIDS/STD counseling and education. Include discussion about the impact that the relationship between the trainer/participant or the counselor/client has on the process of communication. As the participants provide examples, mark them on the newsprint.

Process:

It is important for the trainer to be able to respond to whatever happens during the exercise. In some cases the volunteers will do an excellent job describing the designs. Some will leave out key information. Others will provide so much information they will confuse the other participants. The volunteers have an opportunity to see how well they can explain verbally the visual designs.

An important aspect of this exercise is for participants to see that their opinions and constant interpretations of what people are saying can hinder accurate communication. The point of this exercise becomes very clear if most of the participants are not able to copy accurately the design on "Squares Sheet #1." However, if there are participants who do complete the design accurately, you should compliment them. They will still be able to identify thoughts and feelings they have in response to this exercise.

When discussing the experience participants had during the exercise, encourage them to be very specific. Ask, "what would you have wanted changed? Do you wish the volunteer had talked slower . . . or faster?"

Another key point to make about the first round of this exercise is that there is no "feedback loop." You can point out the frustration people feel when they cannot ask clarifying questions. You can also discuss the barriers that are added when the speaker cannot see his/her audience. This removes many of the non-verbal cues we count on in order to understand messages, including body position and facial expressions. The "feedback loop" is replaced for the second round of the exercise. Emphasize how important it is to maintain feedback. →

The discussion about how this relates to AIDS/STD education and counseling is very important. It will allow participants to relate the concepts of this exercise to their daily work. It is also important to note that communication about AIDS/STDs is even more complex than communication about "squares." Discussion about AIDS/STDs must include talk about sex, drug use, illness, and death. These are issues about which people have strong values, attitudes, and emotions.

When you are leading the discussion about how this exercise relates to AIDS/STD prevention you may expect answers, such as:

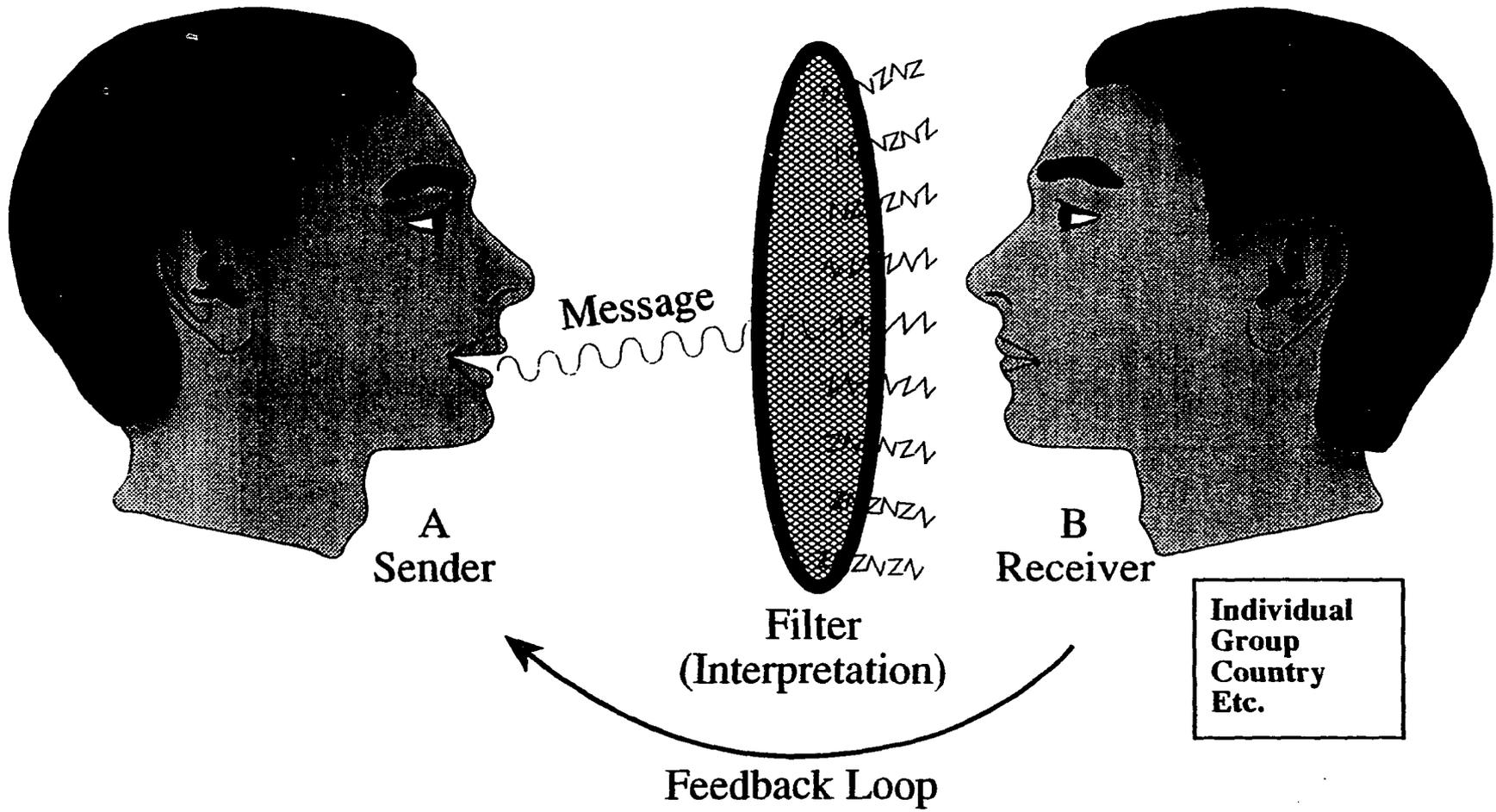
- Asking clarifying questions is important
- Watching body language is important
- We don't always hear what people are saying
- We presume we know what people are thinking by what they say
- When we speak we cannot always be sure the other person understands us.

When addressing the impact of the relationship between the trainer/participant or the counselor/client, you can use your relationship with the participants in this training to present examples. Discuss position (who's standing and who's seated), clothing, tone of voice, and eye contact. Discuss touching. You may ask, "what is the cultural norm about touching? Who may touch whom? What does it mean when a counselor touches a client or a trainer touches a participant?"

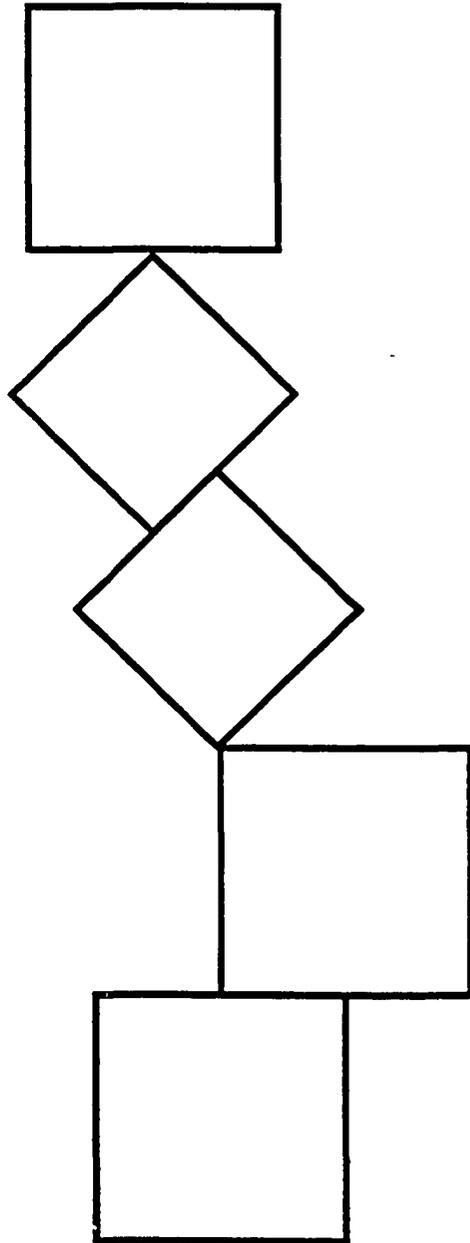
It is important that participants understand that they are not being told how to stand, how to talk, or even what to say. However, they should understand that many issues affect communication. If they have thought about what they want to communicate and organized the situation to support that communication, they are more likely to accomplish their purpose. The most important issue for participants to be aware of is that their communication "style" has an impact on their effectiveness.

Communication

History
Values
Environment
Status
Relationship



Squares 1



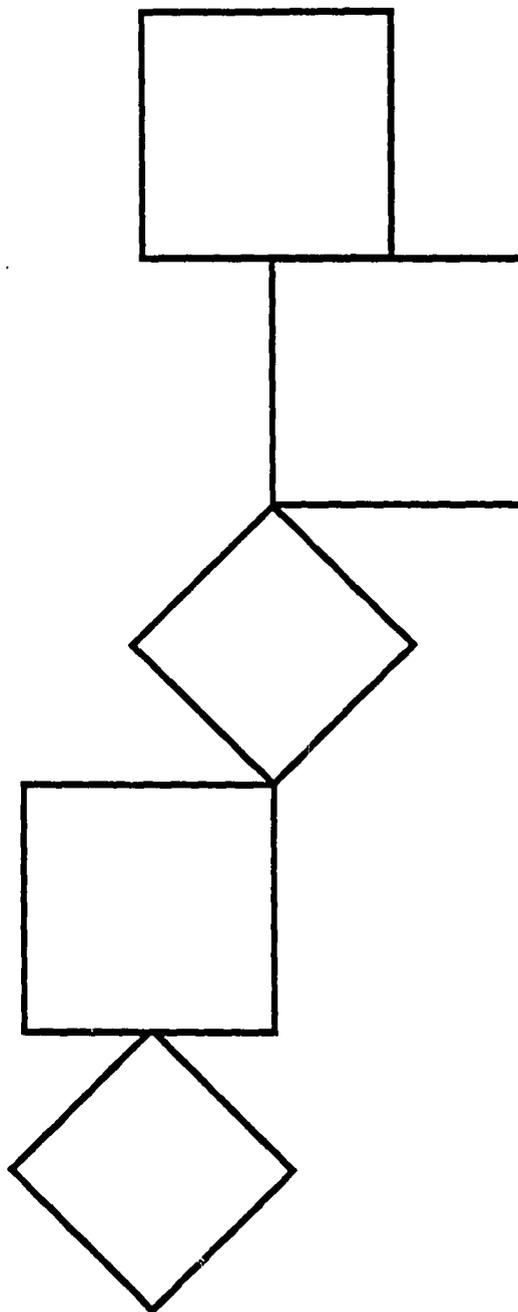
Instructions:

Describe the figure above for the group to draw it correctly.

You may not show this paper or draw the figure.

The group may not talk or ask questions during the exercise.

Squares 2



Instructions:

Describe the figure above for the group to draw it correctly.

You may not show this paper or draw the figure.

The group may talk and ask questions during the exercise.



Title: Talking About AIDS

Goals:

- To help participants become familiar with some of the issues specific to talking about AIDS
- To increase awareness about the values and attitudes that are revealed by the language used to discuss AIDS

Objectives: At the end of this exercise, participants will be able to:

- Identify words and phrases that may be inaccurate, incorrect, or judgmental in communicating information and ideas about AIDS.
- Describe methods to improve communication about AIDS.

Time: 60 minutes

Materials: "Sentence Worksheets" (p. 45) for all participants
Pencils or pens

Format:

1. Divide the participants into groups of 3-4 persons, depending on the size of the larger group.
2. Distribute "Sentence Worksheets" to all participants.
3. Read the instructions aloud and make sure all participants understand the task. As a group, they are to correct the sentences they think need to be changed, without modifying the basic meaning of the sentence. Tell them their group must reach consensus about changes.
4. Inform participants they will have only 20 minutes to complete all sentences, so they will need to work quickly. Advise them that each group will need to assign a reporter to speak for the group.
5. Notify the groups when they have 10 minutes left and again when they have 5 minutes left.
6. After the time is up or all groups have completed their work, ask the reporter from each group to read what the group has for the first sentence. Give each group a turn.
7. Then ask reporters, with the help of others in the group, to explain why the group made changes and what issues the group discussed.
8. Proceed through all 10 sentences using this format.
9. Lead a discussion about what participants learned during this exercise.

Process:

The key issues to address are explained on the attached sample handout. You should read and be familiar with that information so you can explain the reasons for suggested changes.

It is important to emphasize that you are not telling participants how to speak. You are only helping them understand the implications of what they say. Thus, you need to accept a participant prefers to refer to children with AIDS as "innocent victims." You can also point out that a phrase such as "innocent victims" may have implications beyond what the speaker intends. The intent is for educators and counselors to choose words and phrases with a specific purpose and not merely memorize "correct" sentences.

If none of the groups identifies or addresses issues that are important in this exercise, you should address them.

1. You can't be infected with HIV easily.
(HIV is the virus that is transmitted. AIDS is the condition resulting from HIV infection. Also, one does not "catch" HIV or AIDS the way one catches a cold. HIV is transmitted by a few, specific behaviors.)
2. Vaginal intercourse seems to be somewhat less risky than anal intercourse.
(“Normal intercourse” suggests that anal intercourse is abnormal. “Vaginal intercourse” is less judgmental.)
3. The HIV Antibody Test is available in a number of places.
(While newspapers and television often talk about the AIDS test, it is actually the “HIV Antibody Test.” It does not test for AIDS. It doesn't even test for HIV. It tests for the body's response to HIV infection.)
4. One of the most tragic issues is that children have AIDS.
(The word “innocent” implies that others who have AIDS are guilty. “Victim” is also problematic, because it implies passivity and defeat. The preferred term is “person/people with AIDS.”)
5. AIDS is almost always a fatal disease.
(Not everyone with AIDS has died. Also, people are living longer and controlling their disease with medication.)
6. With STDs, you can't necessarily tell who's infected.
(The word “clean” has been used by some people to describe those who are not infected. It suggests that those who are infected are “dirty.” This phrase carries moral implications.)
7. The human immunodeficiency virus (HIV) uses chemicals in a cell to reproduce itself.
(These details are interesting to doctors and scientists. Most people you will be talking to will not have the background information to understand this material, and they probably don't need to know it.)



-
8. You can get HIV from injecting drugs with a needle that contains the blood of someone who has previously used the needle.
(The phrase "dirty needles" does not address the primary element of transmission which is "blood." HIV can be transmitted when blood that contains HIV is present in the needle or anywhere else it can get drawn up into the syringe and injected into another person's body. "Dirty" is not accurately descriptive; it sounds as if someone dropped the needle into mud.)
 9. Once you become a person with AIDS, your life is different.
("AIDS patient" is an accurate description of someone who is in a hospital. Otherwise it is more accurate to say "person with AIDS" or "person living with AIDS.")
 10. People who have unprotected sex with more than one sex partner are at higher risk of getting an STD.
(First, "promiscuous" is a term that often has a negative connotation. It describes people who engage in sexual intercourse indiscriminately or with many persons. You could also say persons who have sex with more than one person, without a condom, increase their risk of getting an STD. The more people they have unprotected sex with, the more likely they are to come into contact with an STD.)

SENTENCE WORKSHEET

Instructions: Below are sentences that may be used in an AIDS/STD education program. See whether you like the sentences as they are. Some may be fine as is; others may need to be changed. Critique them and revise as needed, staying as close to the meaning of the original as possible.

1. You can't catch AIDS easily.
2. Normal intercourse seems to be somewhat less risky than anal intercourse.
3. The AIDS test is available in a number of places.
4. One of the most tragic issues is the innocent victim — the child.
5. AIDS is a fatal disease.
6. With STDs, you can't necessarily tell who's clean.
7. The human immunodeficiency retrovirus utilizes a cell's DNA after undergoing a process involving reverse transcriptase.
8. You can get HIV from dirty needles.
9. Once you become an AIDS patient, your life is different.
10. Promiscuous people are at higher risk of getting an STD.

Title: Loss Exercise

**Goals:**

- To have participants understand the sense of loss persons may experience when they or someone they love has AIDS

Objectives: At the end of this exercise, participants will be able to:

- give 5 examples of losses people with AIDS may experience and identify at least 5 feelings associated with those losses.
- identify how being sensitive to the experience of loss can improve AIDS counseling and education.

Time: 45 minutes

Materials: Newsprint
Markers
Tape

Format:

1. **Ask** participants to join in an exercise that will help them identify and understand the thoughts and feelings people experience when they or someone they love has AIDS.
2. **Explain** that they will be expected to share only such information that they choose, and **nothing they write will be collected.**
3. **Ask** participants to list the following 5 things on a piece of paper:
 - a material possession you value,
 - a physical attribute you are proud of,
 - a favorite activity,
 - some personal information you have kept secret or shared with only a few people (**Tell** them they may wish to write this information in code.),
 - the name of someone whose support has been important to you.
4. **Inform** participants that their list is very personal and they should treat it as a personal possession.
5. **Read** the following list. **Instruct** participants to put a mark through the related item they have listed on their paper as you read each item on the list, except for the secret that becomes public. **Instruct** them to underline that item when you read it.
 - something you didn't expect causes you to lose or sell your material possession,

-
- an accident causes you to lose your physical attribute,
 - because of an accident or some other occurrence you are unable to engage in your favorite activity,
 - through a combination of events, your secret has become public (make sure they underline this item),
 - because of all the other situations, your important support person abandons you.
6. Allow a minute for the participants to experience what they have just given up. Ask them to think about what they are feeling.
 7. Ask participants to report what they feel about these losses. List their responses on newsprint.
 8. Acknowledge how powerful and important those feelings are.
 9. Ask participants to discuss the connection between their feelings in response to loss and the possible reactions of clients with HIV infection and AIDS. Discuss any insights they have. Address how they can use this knowledge to support their counseling and education efforts.
 10. Go through the list again and replace all the items that were lost by participants during the exercise: the material possession, the physical attribute, the favorite physical activity, the secret, the important support person. Acknowledge that this is a powerful exercise. Confirm that participants have emotionally recovered all of the items they had given up.

Process:

This is a very powerful exercise. It should be used only after participants have developed a high level of trust in you and the other participants.

This activity effectively has participants identify with persons who have AIDS and to understand how those persons feel. Remember that some participants may already be affected by AIDS and will respond very personally to the instructions.

It is important that people understand before they begin writing that they will not be asked to show the items they put on their list. As you read through the list, go slowly so people can begin to feel the significance of giving up those things they value most.

Feelings that may be conveyed include: fear, helplessness, hopelessness, anger, rage, depression, and being suicidal. The discussion about counseling allows participants to integrate any feelings they may have experienced. It is very important to return the items people give up during the exercise. Otherwise, persons may not resolve their feelings of loss.

Title: Condom Use

Goals: To have participants begin thinking about condom use for reasons other than for sexual health.

Objectives: At the end of this exercise, participants will be able to identify at least 3 reasons to use condoms other than to avoid AIDS, other STDs, or pregnancy.

Time: 5 minutes, part 1
15 minutes, part 2

Materials: Newsprint
Markers
Tape

Format:

Part 1

1. **Instruct** participants to think of at least 1 reason to use condoms, other than to reduce the risk of AIDS, other STDs, or pregnancy. **Ask** them to consider some benefits of using condoms for sexual activity.
2. **Inform** them that they will have the opportunity to share their ideas with the rest of the group at the next session. **Encourage** them to be creative.
3. **Ask** if everyone understands the assignment, and **check** to see if anyone has questions. **Answer** questions, as needed.

Part 2

4. **Ask** participants to share reasons they have thought of to use condoms other than to reduce the risk of AIDS, other STDs, or pregnancy.
5. **List** the reasons on the newsprint. **Discuss** as appropriate.

Process:

This exercise is very simple. It is designed to increase participants' repertoire to use when educating or counseling clients. It can also help them laugh and have fun with their work.

Examples of suggestions participants might share include: slow down ejaculation, feel more secure, it's cleaner, to show love/caring, or it forces you to talk to partner. If participants experience problems identifying reasons to use condoms, you can suggest they think about how condoms can increase the pleasure of sexual activity. You can also ask them what they might say to convince a client to use condoms.



Title: Sexual Words

Goals: To increase awareness and understanding about how people respond emotionally to words that relate to issues of sex and sexual functioning

Objectives: At the end of this exercise participants will be able to:

- associate words, including slang terms, to formal references about sex and sexual functioning.
- identify attitudes and opinions about sexual issues that may hinder effective counseling and education.

Time: 45 minutes

Materials: Newsprint
Markers
Digital watch or clock with second hand

Process:

1. **Remind** participants of the ground rules:
 - Confidentiality
 - OK to pass
 - Each is entitled to his/her own opinion
 - No judgments of what others say
 - Use "I" statements
 - Be willing to take a risk and
 - any others that may have been agreed upon.
2. **Introduce** the exercise by noting that they will examine the kinds of words we have to describe sexual subjects. **Inform** participants that the group will be discussing sexual terms and that sexually explicit language may be used. **Tell** them some slang terms may be used, and that these words might be offensive to some persons.
3. **Divide** the participants into two groups. Each group will select a reporter to present the group's findings. **Read** the following statement: This is a competition. I will be giving you a series of words. Your task is to see which group can create the longest list of words or phrases that are synonyms for the words I give you.
4. **Distribute** markers and 3 sheets of blank newsprint to each group.
5. **Tell** participants that they will have about 3 minutes to complete a list of words or phrases that mean the same as each of the words you say. **Remind** them that they may use slang terms.

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6. One-by-one write on newsprint in the front of the room the following words: penis, vagina, masturbation, vaginal intercourse, anal intercourse, oral sex, breasts, homosexual, heterosexual, bisexual. Allow 3 minutes between giving a word and giving the next.
 7. When participants have completed writing all their lists, ask for reporters of both groups to read the words on their lists. Ask reporters to alternate reading words. Judge the winning group for each sexual word to be the one with the most words on its list.
 8. After all sets of lists have been read, ask the group how they felt about the exercise and about what they learned from the exercise.
Questions to prompt discussion:
 - Which words were particularly difficult to say or hear?
 - How did you feel saying/hearing the words?
 - Were you surprised by how much you knew? When and why?
 9. Summarize the discussion.

Process:

This can be an entertaining and exciting exercise. However, some people may experience discomfort during this activity. It is valuable for them to notice and acknowledge to themselves, and possibly to the group, their discomfort. Some people respond emotionally to many of these words and may be offended as well as uncomfortable. You don't need to do anything about uneasiness other than recognize it and acknowledge it, if it occurs.

One point you can emphasize during this process relates to the ground rule — take a risk. For some, this exercise requires taking a risk. Counselors and educators ask clients to take risks, such as talking about condoms or negotiating sexual behavior. This exercise helps participants understand how risk taking feels.

While you will need to respond to whatever information you are given by the participants something you might experience and should be prepared for include: Words for "penis" often appear to be positive while words for "vagina" are frequently negative. There are more words for "vaginal intercourse" than "anal intercourse," and words for the latter are usually considered to be negative. Words and phrases about anal intercourse often refer only to anal intercourse →

between men. People do not usually think about anal intercourse between a man and a woman. There are more words to describe oral sex performed on a man than for oral sex performed on a woman. There are many more words for "homosexual" than "heterosexual," and all of them tend to be negative. There are few words for "bisexual," because people often think only in terms of "heterosexual" and "homosexual" without considering bisexuality.

An important result of this exercise is that seeing and hearing the words allows participants to be more responsive when they hear clients use those terms. It is important for persons providing AIDS/STD counseling and education to be able to use sexual terms without becoming embarrassed. As you prepare for this exercise, you may want to write out lists of slang sexual terms and to say the words aloud.

During the summary you may want to explain to participants that the words people use with clients are not necessarily the ones they would use when talking with associates or their partners. The purposes of the exercise include helping counselors and educators to:

- be able to identify slang words that clients may use,
- present information in a language that clients understand,
- increase their vocabulary of sexual terms.

Title: Men's and Women's Sexuality

**Goals:**

- To have participants examine what they believe to be the advantages or disadvantages of the other gender's sexuality
- To help participants understand some of the assumptions they have about male and female sexuality
- To provide a forum for men to hear what some women believe about male sexuality and for women to hear what some men believe about female sexuality
- To provide an opportunity for participants to correct some of the mistaken beliefs that members of the other gender have about their sexuality
- To prepare participants to negotiate more effectively for safer sex by increasing their understanding of beliefs and feelings about male and female sexuality

Objectives: At the end of this exercise, participants will be able to:

- list at least three advantages and disadvantages of both male and female sexuality.
- distinguish what they believe from what others believe about male and female sexuality.
- describe the ways in which understanding male and female sexuality can affect negotiating effectively for safer sex.

Time: 75 minutes

Materials: Newsprint
Markers
Coin

Format:

1. Divide the participants up into two groups - one of men, the other of women.
2. Give each group at least four sheets of newsprint and some markers.
3. Instruct them that each group will have 20 minutes to generate lists of all of the "Advantages" and "Disadvantages" of the other gender's sexuality. In other words, men are to list the positive and negative aspects of female sexuality; women are to list the positive and negative aspects of male sexuality. Advise them that they should make two separate lists: one of advantages and the other of disadvantages.
4. If questions arise, encourage participants to interpret these instructions however they want. If you give examples of what you mean, it may bias what they put on their lists.
5. Advise them that each group will need to assign a recorder to write and a reporter to speak for the group. Tell them to begin.

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6. **Notify** the groups when they have 10 minutes left and again when they have 5 minutes left. When 10 minutes have elapsed **remind** groups that they need to develop 2 lists. **Instruct** them to begin the second list, if they have not already done so.
 7. After the allotted time has elapsed and each group has had time to work on its lists, **bring** the 2 groups back together.
 8. **Explain** that the reporter for each group will read the group's lists aloud and that members of the other group should not comment. They are allowed to ask questions only in order to have something clarified (e.g., if they do not understand what a certain term or phrase means). They should not argue about any of the items or try to point out why something is inaccurate or unfair.
 9. **Flip** a coin to see which group reads its lists first.
 10. **Request** that the reporter from the first group read their lists. **Allow** questions for clarification to be answered, then **instruct** the reporter for the second group to read those lists. **Allow** about 10 minutes for each group to report.
 11. After both reporters have read their lists, **ask** the participants how they felt about the exercise and about what they heard during the reading. Questions to prompt discussion:
 - Did you agree with everything the other group listed as an advantage or disadvantage of their sexuality?
 - What did you feel was accurate? Inaccurate?
 - Were you surprised by anything you heard? If so, what?
 - What was the most difficult thing to hear?
 12. **Conduct** a discussion about what participants believe are the implications of this information for negotiating with a partner for safer sex? Questions to prompt discussion:
 - How do beliefs about men's or women's sexuality affect how people approach the issue of condom use with a partner?
 - What dynamics are different when a person is negotiating with a man rather than a woman?
 - How does negotiation for specific sexual behavior differ from negotiation in other circumstances? What makes it different?
 - What are some possible strategies for addressing the specific concerns of either gender in negotiation situations?
 13. After discussing strategies, **help** the participants focus on the issue of communication. **Discuss** what factors might hinder communication when negotiating sexual behavior.

Process:

When processing this exercise, there are a number of concerns that are important to consider. Try to have the groups' meeting spaces as far apart as possible. The groups are separated for several reasons. First, each group can be more productive if not interrupted by the other group. Second, and more important, it is essential to create an environment where participants can feel comfortable sharing their thoughts, fears, and feelings.

For women, especially, this separate space can represent the opportunity to talk about things they may never have discussed in a group before and, possibly to find that other women share their concerns and feelings. The single-gender groups can provide an opportunity for persons to talk about behaviors or feelings in a "safer" setting than might be available with both men and women present. This context can also provide support to express feelings or to behave a certain way.

During the processing of the exercise, participants' biases for their own gender may become apparent. Men may feel that women are being narrow-minded in their views of men's sexuality. Women may believe that men look only at women's sexuality in physical or reproductive terms. Either group may think that points listed by the other group reinforce common myths about their sexuality.

Anger arising from how men and women are sometimes treated differently may be present during the processing of the exercise. It is important to acknowledge anger and help the group work through that anger. If you need to, stress that it is possible to disagree with what others say without personally (verbally) attacking them.

One intention of this exercise is to help participants develop the ability to negotiate more effectively with a partner for safer sex and to understand that these same considerations affect their clients. Recognizing that misconceptions and assumptions hinder negotiation for both men and women may be a key point in helping them reach this understanding.

The design of the exercise (with each group focusing on the other gender's sexuality), can create a strong bias for heterosexuality while discounting homosexuality. Although many group members may be heterosexual, it is important to refer not only to male-female sexual activity. The intent of the exercise is to help participants think about what it might be like to negotiate safe sex with a man or a with woman, not specifically to negotiate with a person of the other sex.

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Negotiation also takes place in same-sex couples. Thus, the exercise also provides an opportunity to examine some of the sexuality-based issues that may be applicable for women who are sexually involved with other women or men who are sexually involved with other men.

It is important for you not to presume that all members of the groups are heterosexual. Although group members may talk about sex between men and women, you will need to refer to sex with "a partner" and have them think about what this negotiation involves if a person's sex partner is the same gender. A counselor or educator may insult a client by assuming sexual orientation. The client may feel judged and therefore, not receptive to the information or counseling.

You may also want to advise participants to be careful about labels, assumptions, and stereotypes. We might think women are hesitant to talk about sex while men talk easily about sex. However, some men find it very difficult to talk about sex while some women do it very easily. Each person has his or her own level of comfort of dealing with sexual issues.

Title: Moving Survey

**Goals:**

- To have participants begin to identify their own values about AIDS, sexuality, and safer sex
- To have participants understand that, even within a group of apparently similar people, there may be a variety of opinions about sexual activity and AIDS, and that this diversity can be beneficial
- To help participants realize how difficult it can be to express unpopular opinions, particularly about sexuality, sexual activity or AIDS

Objectives: At the end of this exercise, participants will be able to:

- Identify their own values surrounding some sexuality-based issues.
- acknowledge that others may have very different values about some of these issues.
- discuss how unpopular opinions can be difficult to express in a group of one's peers.
- describe their feelings about the process of completing this exercise.

Time: 60 minutes

Materials: Signs "Agree" "Disagree" and "Don't Know"

Format:

1. Move chairs in the room to the sides or move to another room with an open space so participants have an area where they can move around.
2. Post a sign on one side of the room that says "Agree." On the other side of the room post a sign that says "Disagree." In the center place a sign that says "Don't Know." Tell participants that "Don't know" might also mean that one is uncertain or not sure.
3. Explain that you will be reading several statements aloud and, after each statement, participants should go to the area of the room that best shows how they feel about the issue. Tell them that during the exercise, if they hear something that causes them to change their opinion, they may move from one area of the room to another.
4. Read the first statement. Repeat, if necessary, so everyone understands what you have said. Statements to be read (in this order) are:
 - The purpose of having sex is to show love for someone.
 - Any sexual behavior between two consenting adults is OK.
 - Anyone who wants to prevent getting an STD can do so.
 - The person who has an STD is responsible for making sure that condoms are used.
 - If someone cannot ask their partner to use a condom, they should not be having sex at all.
 - AIDS educators should practice what they preach.

5. For each question, after participants move to their chosen response areas, ask someone from each group to explain why they chose that particular position. Continue so all three points of view are represented. Remind them that they may move if they change their opinion.
6. Do not respond, either positively or negatively, to any of the opinions expressed. Acknowledge comments and continue to encourage other comments.
7. After at least one person from each group has expressed his or her point of view, give participants the option of switching positions if they wish. Allow time for people to move. When people move ask them what prompted them to change positions.
8. Repeat for all statements, following the same procedure.
9. After reading and discussing all statements, ask the group to sit in a circle or return to chairs and begin discussion about the process. Ask the following questions:
 - How did it feel to express opinions about these subjects?
 - What made it easy or difficult?
 - For those people who were in minorities (or alone on one side of the room), how did it feel?
 - What did the trainer do, or not do, that made this exercise easier or harder?

Process:

The purpose of the exercise is to get participants to talk about sexuality and to think about their values, to express their beliefs, and to see how they deal with unpopular opinions. The issues raised by this exercise are important ones because they point out that AIDS is more than a medical issue. It touches people socially, emotionally, ethically, and in many other ways. AIDS is a value-laden topic about which there is much disagreement. As people identify their values about AIDS and sexuality issues they are more able to handle AIDS-related situations in their lives. This may include negotiating for safer sex, working with someone living with AIDS or who is afraid of AIDS, or any other sensitive issue.

The exercise can be done without printed signs. You can select areas of the room to represent "agree," "disagree," and "don't know." If you do not have signs, it is very important to be clear in your directions. Without visual cues, some participants may get confused.

Participants may ask questions of the facilitator concerning the meaning of various statements or have questions along the lines of "What if..?" You should simply read the statement again. Do not clarify the meaning of words or statements, as that may influence the results. For example, a participant may ask you what "consenting adult" means. To best accomplish the goals of the exercise, he or she needs to define that word for him or herself. →

This exercise asks participants to examine personal values about sexuality issues and requires them to question their own biases about sexuality. That may threaten some people. You should make the atmosphere as comfortable as possible during this exercise. It is important not to approve of or comment on any specific statements during the Moving Survey. Make sure all opinions are treated equally.

If the same volunteers express their opinions you can encourage others to share their thoughts. If new volunteers do not begin to speak, you may want to start calling on people. This will allow more people to participate actively in the exercise and will provide an opportunity for those who are quiet to express their opinions.

Through this activity, participants may begin to realize that issues they thought were very clear are actually rather confusing for others. They may also see that, for others the issues are as definite, only in a different direction. This exercise requires participants to think about how they communicate about AIDS/STD issues and how they deal with diversity of opinion.

Do not be surprised if participants move together at first or watch each other before declaring their positions. If no one moves to a designated area, you can ask the group how a person with that opinion might defend it. If only one person moves to an area, you can provide support by standing close to that person while persons from other groups are defending their views.

It is important to address the fact that it is often hard to speak up about or defend an unpopular point of view. This is complicated when discussing a topic as sensitive as sexuality. Talking about sexuality concerns with peers can be intimidating.

You can help participants relate their experience during this exercise to the difficulty the people with whom they work experience when discussing "unpopular positions" or issues of sexuality. Finally, the exercise can prompt participants to think about what it means to be "leaders" working with people dealing with sexuality issues. As health care providers, what do they need to be aware of when working with patients? How do values and opinions about sexuality issues affect their work?

Title: Sexual Orientation

**Goals:**

- To have participants understand the difference between sexual orientation and gender roles
- To have participants understand that gender roles are expressed on a continuum
- To have participants understand why a person's sexual behavior may not represent his or her sexual orientation

Objectives: At the end of this exercise, participants will be able to:

- describe the difference between sexual orientation and gender role identity.
- identify why a person's sexual behavior might not reflect his or her sexual feelings.
- define terms important to understanding sexual orientation.

Time: 30 minutes

Materials: Prepared newsprint "Sexual Terms"
Prepared newsprint "Sexual Orientation/Gender Role Grid" (p. 62)
Prepared newsprint "Actions vs. Feelings" (p. 63)
Newsprint
Markers
Tape

Format:

1. Prior to the exercise prepare newsprint sheets "Sexual Terms," "Sexual Orientation/Gender Role Grid," and "Actions vs. Feelings."
2. Display the prepared newsprint "Sexual Terms" and define for participants the following terms:
 - **homosexual** — a person who is emotionally and erotically attracted to members of the same gender; the term applies to men and women
 - **bisexual** — a person who is emotionally and erotically attracted to members of both genders
 - **heterosexual** — a person who is emotionally and erotically attracted to members of the other gender
 - **gay** — applied to homosexuals, usually, but not exclusively, to homosexual men
 - **lesbian** — a woman who is emotionally and erotically attracted to other women; a homosexual woman
 - **sexual identity** — relates to sexual orientation, generally described as homosexual, bisexual, or heterosexual
 - **gender role conformity** — the degree to which a person conforms to societal expectations for his/her gender, generally described as masculine or feminine

-
3. **Display** prepared newsprint "Sexual Orientation/Gender Role Grid." **Explain** that the grid is designed to demonstrate the difference between sexual orientation, designated by the words "heterosexual" and "homosexual," and gender role, designated by the words "masculine" and "feminine." **Plot** at least 6 people on the grid. **Include**
 - a moderately masculine homosexual man,
 - a slightly masculine heterosexual man,
 - a slightly feminine bisexual man,
 - a moderately feminine lesbian,
 - a very feminine heterosexual woman,
 - a very feminine bisexual woman.
 4. **Ask** participants if they have any questions or comments. **Answer** questions as appropriate.
 5. **Display** the "Actions vs. Feeling" grid on newsprint. Plot 4 persons on the grid:
 - a homosexual who has sex only with his/her own gender,
 - a bisexual who has sex equally with men and women,
 - a bisexual who has sex only with members of the other gender,
 - a predominantly homosexual person who has sex mainly with members of the other gender.

Note that because this is a sexual orientation grid you could plot men or women and the grid would look the same.
 6. **Ask** the following questions:
 - Why might a person have certain feelings and have behavior that is entirely different?
 - Can persons move around on this grid, altering either their feelings or their actions?
 - Are behaviors a result of choice? Are feelings a result of choice?
 7. When participants are through discussing these questions, **ask** if there are any questions or comments. **Answer** questions and **acknowledge** comments as appropriate.

Process:

This exercise is designed as a lecture and the goal is to convey information. However, it is important to understand that most people have very strong attitudes and values about sexual orientation. The trainer is "the expert" during this exercise. The information is direct and candid. It is not open to debate. The glossary defines many of the terms. If you are not sure about how to define a word, find the word in the glossary or use a dictionary.

The key points of this exercise include having participants understand the differences between actions and feelings related to sexual expression. They should also appreciate the differences between gender role identity (masculine/feminine) and sexual orientation (heterosexual/bisexual/homosexual).

During the explanation of "Actions vs. Feelings" participants may see that people usually have choices about their behaviors. However, we have very little, if any, choice about our feelings, including our sexual feelings. This will be a new idea for some people. Many people consider homosexual attraction to be a matter of choice. If any participants have trouble with this idea, ask if heterosexuals can easily change their attraction to members of their own gender.

It is important that participants understand "there is no such thing as a wrong sexual orientation." This may be a new idea to some participants. In societies that set heterosexuality as the standard, homosexuality and bisexuality are often treated as inferior or immoral when compared to heterosexuality. This is not the case in all societies.

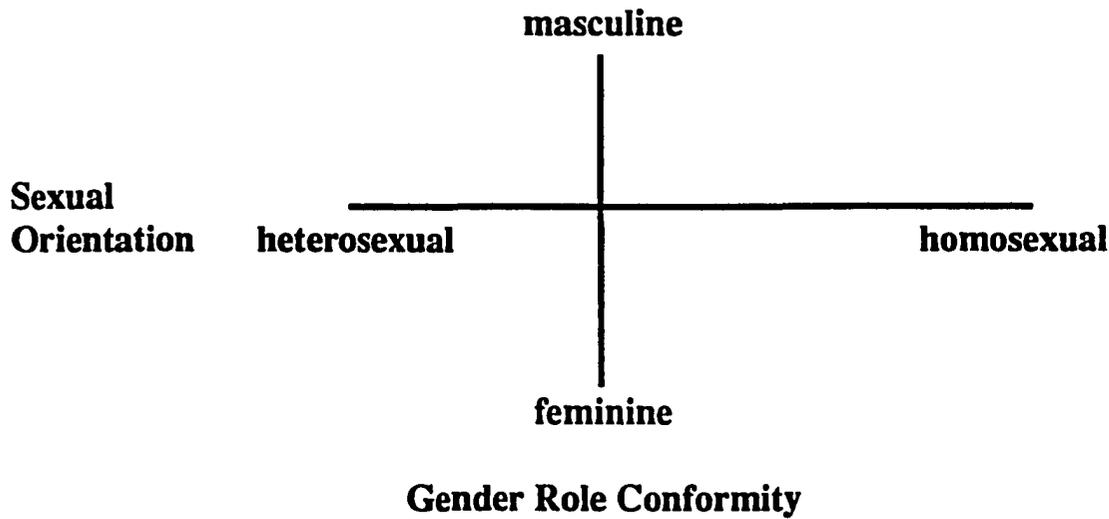
Some people are comfortable with homosexuality as a concept but are not comfortable with it as a personal concern. They may accept people who are attracted to members of the same gender but would be upset if their brother or sister were homosexual. The discomfort people may experience during the exercise is not harmful to them or to the process. Some trainers get upset when participants become uncomfortable, so you may need to monitor your own level of comfort during the exercise.

A good policy during this exercise is to have people presume there are homosexual men and women in the group. They should not make any statements they would not make if they knew there were homosexual men and women in the room. It is possible that homosexual men and women will be present and will not identify themselves as homosexual to the group.

Because homosexuals sometimes attempt to "pass" as heterosexual, if they can, some participants may believe they do not know any homosexuals or even there are no homosexuals in their society. If they do believe this, they may argue that this information is not important to them. In some areas the presence of homosexuals is so slight that participants may not be able to relate to this exercise. They should understand that it appears that homosexuality and bisexuality are present in every culture.

The design of this exercise, as in the other exercises about sexual orientation, is not to change the participant's values. Rather, the intent is for people to identify what their values are. It is important for people to understand that when they say something, or don't say something, it sends a message. You can relate this lesson back to the exercise about communication. You can encourage participants to ask, "From the words I use, what value would people see I have?" They might also ask, "Are the words I use to describe people the same words they would use to describe themselves?"

Sexual Orientation and Gender Role Conformity



Understanding Sexual Orientation

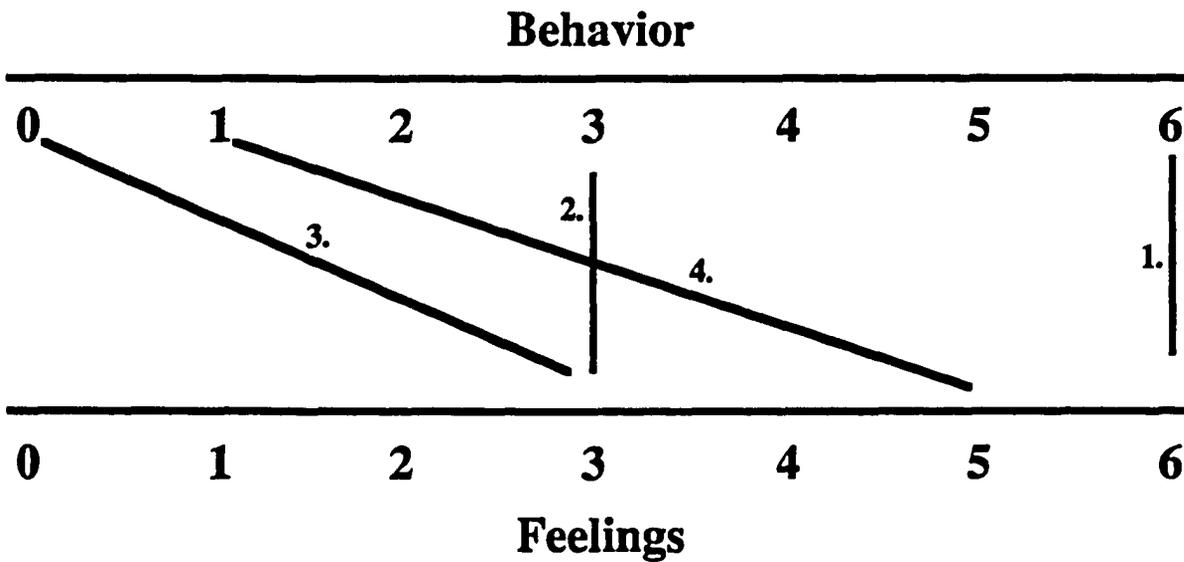
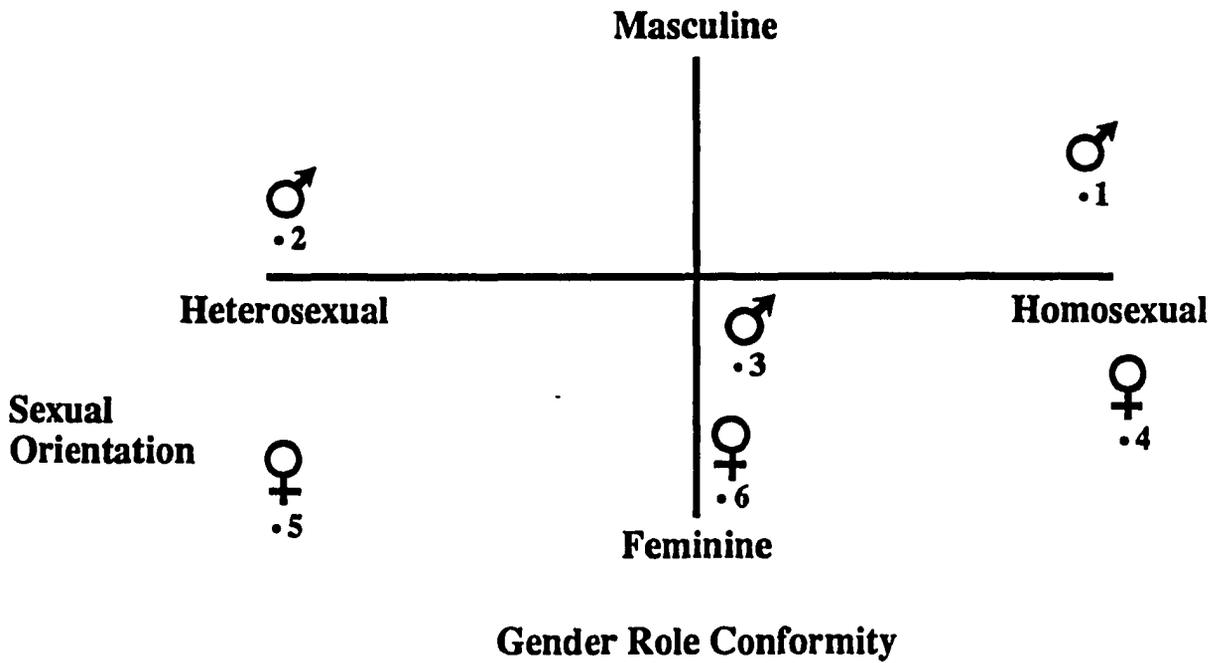
Kinsey's Sexual Behavior Continuum (1948)

0	1	2	3	4	5	6
exclusively heterosexual	predominantly heterosexual with incidental homosexuality	predominantly heterosexual with more than incidental homosexuality	equally heterosexual and homosexual	predominantly homosexual with more than incidental heterosexuality	predominantly homosexual with incidental heterosexuality	exclusively homosexual

Kinsey's Continuum Applied to Sexual Feelings

0	1	2	3	4	5	6
exclusively heterosexual	predominantly heterosexual with incidental homosexuality	predominantly heterosexual with more than incidental homosexuality	equally heterosexual and homosexual	predominantly homosexual with more than incidental heterosexuality	predominantly homosexual with incidental heterosexuality	exclusively homosexual

Action vs. Feelings



Title: Homosexuality

Comfort/Discomfort Questionnaire

Goals: To have participants be aware of their level of comfort related to homosexuals and homosexuality

Objectives: At the end of this exercise, participants will be able to:

- Identify specific situations in which they may be uncomfortable with homosexuals.
- Identify the origins of their discomfort.
- recognize the impact that stating those opinions may have in an education or counseling session.

Time: 5 minutes, part 1
45 minutes, part 2

Materials: "Homosexuality Comfort/Discomfort Questionnaire" (p. 66) handout for all participants

Format:

Part 1

1. Tell participants that they will have a homework assignment to complete for the next session.
2. Distribute "Homosexuality Comfort/Discomfort Questionnaire" handout to all participants. Inform them that they will not be requested to turn their sheets in and that they should not write their names on the sheets.
3. Explain that their homework assignment is to read all statements and place the number that most closely reflects their feeling by each item.
4. Instruct participants to return to the next session with their sheets completed. Emphasize that they should read the instructions on the back and tally their scores.

Part 2

5. Ask participants to take out their "Homosexuality Comfort/Discomfort Questionnaires."
6. Go through each statement and ask for volunteers who are willing to share their responses. Remind participants there are no "right" or "wrong" responses on these sheets, that everyone's responses are valid.
7. Continue until discussion ends or the allotted time has been used.
8. Discuss with the participants how their responses to statements on the "Homosexual Questionnaire" relate to HIV/STD counseling and education.
9. Summarize the important points that were addressed during the discussion.

Process:

Before you conduct this exercise you should determine your opinions about each of the sentences. However, you should resist attempting to have others feel as you do. This will be the first time some people will have thought about these issues. It is important that you acknowledge the insights and understanding that people express.

Another way to process the exercise is for you to ask participants to think about their responses as you read aloud all 16 statements. After reading the statements, discuss them all. You can also ask people to discuss only those items about which they feel most strongly. Besides asking participants which items they feel strongly about, you can ask them which sentences cause them to think or which ones they find most difficult to answer.

In some cultures where there may not be much privacy you may not want to assign this exercise as homework. Participants might be more comfortable completing it in the class room. In that case, add 10 minutes to complete the questionnaire.

This exercise offers a number of opportunities to review material from other sections. You can relate statements #8 and #17 back to the "Sexual Orientation" exercise. You can discuss how some people may feel one way and behave another. Some of the items, #20 for example may not be applicable in countries where there is not a visible gay presence or gay community.

The time allotted for this exercise is based on scoring the questionnaire outside of class. If you score the questionnaire in class, add 10 minutes to the time. Because scoring is complicated and requires adjusting the numbers of certain answers, participants sometimes become confused. If you do score the instrument, practice explaining scoring instructions before the workshop. The exercise works effectively if people are able to understand their general pattern even though they do not have an exact score.

This is another exercise where you can remind participants to presume there are homosexual men and women in the group. They can manage their conversation accordingly. It is possible that you will have gay men and lesbians in your training who will be hesitant to disclose their answers because they will not want to expose themselves. It is important to be sensitive to people's wishes to refrain from answering aloud.

Some people resist stating opinions they fear may be unpopular. You may have to work to get people talking initially. You may also have to deal with people stating their opinions as the truth then trying to force those opinions on others. Or a portion of the group may vote on opinions and discourage people who disagree.

This is another exercise where people may experience discomfort. Remember, discomfort people may experience is not harmful to them or to the process. If someone is upset with the exercise, acknowledge their feelings then continue. Relax and have some fun with this exercise.

It is important that participants see that any discomfort or dislike they feel toward homosexuals is their personal issue. It becomes a problem for homosexuals when that discomfort affects the quality of service provided to gay men and lesbians. They should see that their attitudes are not meaningless. Our attitudes affect what we do, including what we think and feel. →

COMFORT/DISCOMFORT QUESTIONNAIRE

Consider each sentence as carefully as you can, then place the number indicating your feeling next to each one.

Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

1. I would feel comfortable working with a gay man.
2. I would enjoy attending social functions where lesbians and gay men were present.
3. I would feel comfortable if I learned the person with whom I live is homosexual.
4. If a member of my gender made a sexual advance toward me I would feel angry.
5. I would feel comfortable knowing that I was attractive to members of my gender.
6. I would feel comfortable being seen in a bar for gay people.
7. I would feel comfortable if a member of my own gender made an advance toward me.
8. I would feel comfortable if I found myself attracted to a member of my own gender.
9. I would feel disappointed if I learned my child was homosexual.
10. I would feel nervous being in a group of homosexual people.
11. I would feel comfortable knowing that my clergyman was homosexual.
12. I would be upset if I learned that my brother or sister was homosexual.
13. I would feel that I had failed as a parent if I learned that my child was homosexual.
14. If I saw two men holding hands in public, I would feel disgusted.
15. If a member of my own gender made an advance towards me, I would feel offended.
16. I would feel comfortable if I learned my daughter's teacher was lesbian.
17. I would feel comfortable if I learned that my spouse or partner was attracted to members of his or her own gender.
18. I would feel at ease talking with a homosexual person at a party.
19. I would feel uncomfortable if I learned that my boss was homosexual.

-
20. It would not bother me to walk through a predominantly gay section of town.
21. It would disturb me to find out that my doctor was homosexual.
22. I would feel comfortable if I learned that my best friend of my own gender was homosexual.
23. If a member of my gender made an advance toward me I would feel flattered.
24. I would feel uncomfortable knowing that my son's male teacher was homosexual.
25. I would feel comfortable working with a lesbian.

Scoring: For the following statements, you must reverse the scoring: 3, 4, 6, 9, 10, 12, 13, 14, 15, 17, 19, 21, 24. To do so, change the number you wrote for the item as follows:

- Change a 1 to 5
 2 to 4
 3 remains the same
 4 to 2
 5 to a 1

When you have written in these new numbers and crossed out the old numbers, add up your total number of points. From this total score subtract 25.

This is your score: _____

The scale measures the degree to which you have dread or discomfort in being in close quarters with lesbian and gay people. The minimum score is 0 and represents the least dread and discomfort. The maximum score is 100 and represents the greatest amount of dread and discomfort. In general, a score of 0 to 26 is highly comfortable; 25 to 50 is moderately comfortable; 51 to 76 is moderately uncomfortable; and 75 to 100 is highly uncomfortable.

Reactions: In the space provided, write what you have learned about yourself from this exercise.

Source: Modified from "A Strategy for the Measurement of Homophobia." Journal of Homosexuality.



Title: Heterosexual Questionnaire

Goals:

- *To have participants identify some of their attitudes about homosexuals and homosexuality*
- *To have participants think about how beliefs about homosexuals are not consistent with what we know about homosexuals*

Objectives: At the end of this exercise, participants will be able to:

- *recognize some of their beliefs about homosexuals and identify those beliefs that are inconsistent with what we know.*
- *distinguish the ways homosexuals are treated differently from heterosexuals.*

Time: 30 minutes

Materials: "Heterosexual Questionnaire" (p. 70) handout for all participants

Format:

1. Introduce this exercise by telling the participants that this exercise is designed to have them think about something in a new way.
2. Distribute "Heterosexual Questionnaire" handout to all participants.
3. Ask participants to think about how they would react or respond to each of the questions as you read them aloud. Read all sixteen questions aloud.
4. Discuss participants' responses to the questions.
5. Summarize the important points that were addressed during the discussion.

Process:

This exercise allows participants to explore some of their attitudes about homosexuals and homosexuality. The questions on the questionnaire are similar to questions commonly asked of homosexuals. The questions should generate discussion, particularly about how things we believe about homosexuals don't make sense when you apply them to heterosexuals. You might ask, "If you change the word heterosexual to homosexual in any of the questions, would it make sense? Why?"



Some participants may become uncomfortable while talking about homosexuality. It is important that you accept their attitudes even when they seem judgmental and unbending. Participants may have strong biases about homosexuality and will not be willing to give up their views. For some it will be important that they realize their opinions may not necessarily be the truth. Remind them that we do not attempt to tell people what to think or believe. However, it is important for them to understand the consequences of their attitudes and opinions. During discussion you may want to address how one's discomfort when talking about sexuality can influence and interfere with education and counseling sessions.

A belief that gets challenged during this exercise is that homosexuals choose their sexual orientation. It is important to distinguish between choosing to be homosexual and being homosexual and choosing to express your sexuality in a society that is sometimes threatening to homosexuals. You can relate this discussion back to information presented during the "Sexual Orientation" lecture.



Heterosexual Questionnaire

1. What do you think caused your heterosexuality?
2. When and how did you first decide you were a heterosexual?
3. Is it possible your heterosexuality is just a phase you may outgrow?
4. Is it possible your heterosexuality stems from a neurotic fear of others of the same sex?
5. If you've never slept with a person of the same sex, is it possible that all you need is a good lesbian or gay lover?
6. To whom have you disclosed your sexual orientation? How did they react?
7. Why do you heterosexuals feel compelled to seduce others into your lifestyle?
8. Why do you insist on flaunting your heterosexuality? Can't you just be what you are and keep it quiet?
9. Would you want your children to be heterosexual, knowing the problems they would face?
10. A disproportionate majority of child molesters are heterosexuals. Do you consider it safe to expose your children to heterosexual teachers?
11. Even with all the societal support marriage receives, the divorce rate is spiraling. Why are there so few stable relationships among heterosexuals?
12. Why do heterosexuals place so much emphasis on sex?
13. Considering the serious problem of overpopulation, how could the human race survive if every-one were heterosexual like you?
14. Could you trust heterosexual therapists to be objective? Don't you fear that they might be inclined to influence you in the direction of their own leanings?
15. How can you become a whole person if you limit yourself to compulsive, exclusive heterosexuality and fail to develop your natural, healthy homosexual potential?
16. There seem to be very few happy heterosexuals. Techniques have been developed which might enable you to change if you really want to. Have you considered trying aversion therapy?

Title: HIV Antibody Testing: Pros and Cons

Goals: To increase awareness of the medical, social, legal, and emotional issues that surround HIV antibody testing

Objectives: At the end of this exercise, participants will be able to:

- Identify at least two medical facts about HIV antibody testing.
- Identify two ways antibody testing can be a non-medical issue.
- Distinguish between confidential and anonymous testing.
- Identify at least two reasons to test and two reasons not to test.

Time: 40 Minutes

Materials: Prepared newsprint "Reasons To Test"
Prepared newsprint "Reasons Not To Test"
Newsprint
Markers
Tape

Format:

1. Prior to the exercise prepare newsprint sheets with headings "Reasons To Test" and "Reasons Not To Test."
2. Review medical information about testing that you covered in the "AIDS Information" exercise. Distinguish between anonymous and confidential testing.
3. Divide the participants into 2 groups.
4. Display the prepared newsprint sheets "Reasons To Test" and "Reasons Not To Test." Assign one group the task of identifying 3 reasons why a person might want to have the HIV antibody test. Assign the other group the task of identifying 3 reasons why a person might not want to have the HIV antibody test.
5. Ask the groups to report the 3 reasons they have identified. Write the reasons on the appropriate newsprint.
6. Instruct the groups to switch sides and identify 3 more reasons to support the other position.
7. Ask participants to continue adding to the lists. As each suggestion is made, write it on the appropriate sheet.
8. After both lists have been generated, lead a discussion about the issues persons should consider when they decide whether or not to have the test.

9. **Ask** the group to think about the following questions for persons who are considering whether or not to test:

- How will the decision impact their lives?
- If they decide to test, how will they use the information they receive?
- If they decide not to test, how will it affect them?
- Who, if anyone, will they tell about their test results (positive or negative?)

Process:

Antibody testing can be a controversial issue. This exercise provides participants a chance to debate the pros and cons of testing in a structured setting. The purpose of having the groups change sides in the debate is to give all participants a chance to think about reasons for and against testing.

Keep in mind that some group participants may have already had the test and others may have considered being tested. Therefore, it is important that you not give special value to either side of the issue.

It is important that HIV antibody testing only be considered when combined with counseling and education services. The benefits of testing are seldom achieved unless people also get accurate information and competent counseling. Before the workshop you should consider what counseling and testing services are available in the area.

It is important for you to distinguish between anonymous and confidential HIV antibody testing. In places where HIV antibody testing is not available on a voluntary basis this exercise may have less meaning to people.

Reasons to have the test include: the opportunity to get preventive medical care, to explain unresolved symptoms, for people thinking about pregnancy. Reasons not to test include: the chance of discrimination in housing or employment, possible loss of family support, emotional instability.



Information about HIV Antibody Counseling and Testing Outline

What the antibody test is	a test for antibodies indicates past infection with HIV
What the Antibody Test is <u>not</u>	a test for HIV a test for AIDS
Antibodies	What they are What they do
What the results means	
Negative	no infection with HIV, or HIV infection, but the body has not yet produced enough antibodies to be detected (window period).
Positive	HIV infection has occurred, the person can infect others, the person may or may not have AIDS, and the person may or may not develop AIDS.
Inconclusive	no infection with HIV, but the test is responding to some- thing else, or HIV infection, but the body has not yet produced enough antibodies to be adequately read (window period), and another test should be conducted later.
Commonly used tests	ELISA Western Blot
Limitations	False Positives False Negatives
If a person is positive or may be positive	
	Follow risk-reduction precautions to: avoid transmission avoid reinfection
	Watch for symptoms
	Not donate blood, sperm, body organs, or tissues
Anonymous and Confidential	
Anonymous —	client is known by identification number only, name is not known,
Confidential —	client provides name and other identifying information, health care provider agrees to keep that information and test results private
Why counseling is important	

Title: Counseling Presentation

Goals: For participants to have a basic understanding of what AIDS/STD counseling is and what it is not

Objectives: At the end of this exercise, participants will be able to:

- describe five characteristics of an effective counselor.
- Identify sample goals of a counseling session.

Time: 45 minutes

Materials: Newsprint

Markers

Handouts for all participants or overheads

What Is Counseling (p. 76)

Characteristics of an Effective Counselor (p. 77)

Health Counseling (p. 78)

AIDS/HIV Risk Reduction Counseling Checklist (p. 79)

Format:

1. Introduce this section by stating that this is not a comprehensive training for counselors. Explain that it is a basic overview of counseling techniques and skills.
2. Distribute the handout "What Is Counseling." Explain the six items on the handout. Give examples from your own personal experience to enhance the information on the visual.
3. After you have completed all six items, ask participants if they have any examples from their experience that demonstrate the items. Respond to their examples.
4. Distribute the handout "Characteristics of an Effective Counselor." Explain the six items on the handout. Give examples from your own experience to reinforce the information on the visual. Ask participants if they have any examples from their experience that illustrate the items. Respond to examples.
5. Ask participants to provide other characteristics of an effective counselor. As they respond, list those characteristics on newsprint.
6. Distribute the handout "Health Counseling." Explain the headings at the top of the columns. Explain the five elements of an education session. Explain the five elements of a counseling session. Identify the feelings of clients that might be associated with each element.

-
7. Distribute the handout "AIDS/HIV Risk Reduction Counseling Checklist." Explain the six aspects of a risk reduction counseling session shown on the handout. Emphasize the importance of providing education during the session. Inform participants that this is not a form to follow rigidly; it is an outline of the major points to cover during a risk reduction counseling session.
 8. Summarize information from the four handouts.

Process:

The goal of this exercise is accomplished through lecture and discussion. It is important for you to be familiar with the information on the handouts. You should read through them before the presentation and think about personal examples you have to illustrate the points. You should prepare sufficiently so you can discuss every section of each handout.

A key point of this exercise is to emphasize that the role of a counselor is to help the client find answers for him or herself. It is not to provide all the answers. The counselor can provide support to the client as he/she attempts to distinguish and integrate thoughts and feelings. You can relate this information to the ground rule "Take a risk." The process in which the client engages sometimes seems risky, yet the outcome is helpful.

This procedure will provide a basic overview of AIDS/STD counseling and should simplify the process for participants. By the completion of the exercise participants should have a basic understanding of the steps involved in counseling. It is important for you to differentiate between health counseling and HIV/STD risk reduction counseling. →

WHAT IS COUNSELING?

- *Counseling has to do with feelings.*
- *Counselors are people who help others express, understand, and accept their own feelings.*
- *This process helps people to feel less anxious, to make decisions, to take action, to grow.*
- *People solve their own problems; counseling gives no advice, only helps people to be able to face their problems, examine their options, understand their feelings and choose alternatives that seem best to them.*
- *The main tools of the counselor are rapport, non-verbal communication, reflecting feelings, asking good questions, confirming, and accepting.*
- *Counselors create conditions where clients can become better acquainted with their thoughts and feelings by hearing themselves talk about them.*

Characteristics of an Effective Counselor

Some of the characteristics of good counselors are:

Empathy: Counselors are able to sense accurately the client's world, see things the way the client does, and verbally share this understanding with the client.

Respect and positive regard: Counselors can communicate their own warmth and caring, respecting the client regardless of difference in values, and expressing appreciation of the client as a unique and worthwhile person.

Genuineness: Counselors can be honest with themselves and their clients.

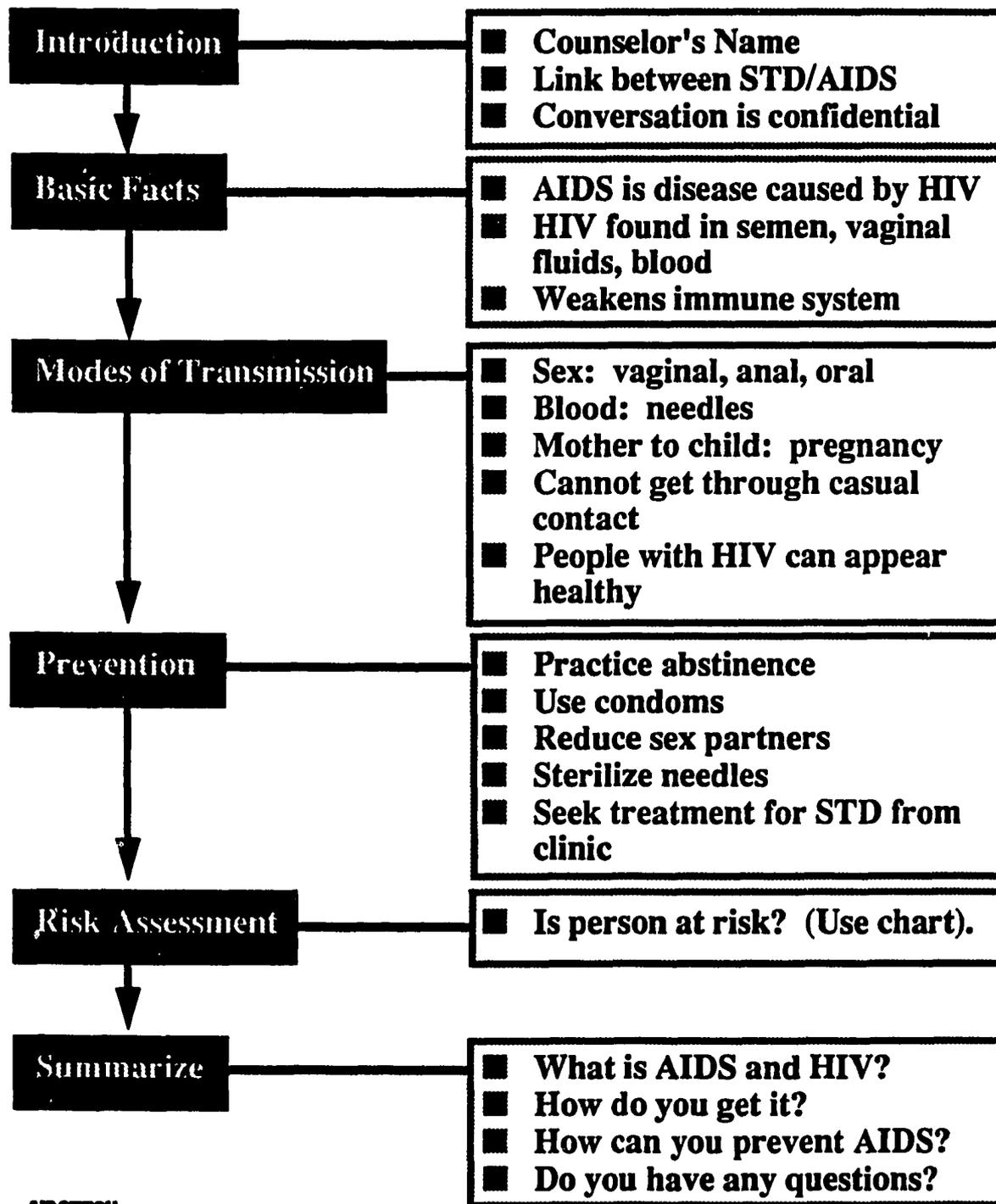
Concreteness: Counselors can be accurate, clear, specific, and immediate in their responses to client's statements.

Comfort with own sexuality: Counselors are comfortable with their own sexuality and are able to understand their limitations when working with a range of sexually-related concerns.

Training: Counselors are well-trained in the medical, legal, and psychosocial aspects of sexual health.

Health Counseling		
Education	Counseling	Feelings
Introduction	Contract — Begin Relationship	Anxiety, Fear, Shame, Guilt, Anger
Patient Data	Building Relationship Empathy — Support	Frustration, Relief
Sexual History (also Relational)	Assess psychosocial	Shame, Guilt, Anger, Grief
Evaluate Risk Give Feedback & Implications	Provide support, non judgmental, permission-giving	Embarrassment, Shock, Denial, Minimizing
Teach Prevention	Enhance problem- solving; mobilize self-care	Bargaining, Anger, Pleasing Counselor, Hope

AIDS/HIV Risk Reduction Counseling Checklist



Title: Empathy Real Plays

**Goals:**

- *To have participants understand and practice empathy in a staged counseling session*
- *For participants to receive feedback about their counseling style*

Objectives: At the end of this exercise, participants will be able to:

- *define empathy and distinguish it from sympathy.*
- *demonstrate empathy in a counseling situation.*

Time: 75 minutes

Materials: Newsprint

Markers

Tape

Digital watch or clock with a second hand

"Real Play Questions" prepared newsprint (p. 82)

Format:

1. Prior to the exercise prepare newsprint sheets with "Real Play Questions."
2. Define empathy as "the ability to share another's emotions or feelings in order to understand him or her better." Explain how empathy is different from sympathy, that sympathy is defined as "entering into another's feelings and agreeing with them, especially having pity or compassion for another's trouble and suffering."
3. Ask a participant to be your client, or use another trainer and demonstrate a reflective listening session. Take about 5 minutes for this part of the exercise.
4. Ask if participants have any questions. Answer questions as appropriate.
5. Instruct participants to form groups of 3.
6. When participants are organized into groups of 3, give them the following directions:

You are going to be participating in three real plays, each lasting about ten minutes. Each of you will have the opportunity to play the client, the counselor, and the observer. Please choose roles for the first real play. (Wait until all groups are complete.) As the client, you should think of a personal issue or dilemma you would like to discuss with someone. It can be any kind of issue. It doesn't have to be something that is particularly serious. As the counselor, you should demonstrate empathy. You should listen, provide support, and reflect to the client the feelings he or she

expresses. As the observer, you should pay attention to the counselor's style and to the client's behavior. Notice things the counselor does very well or things that might be done differently. At the end of the real play you will have an opportunity to provide feedback. Are there any questions?

7. Answer any questions about the instructions.
8. Inform the groups they will have 10 minutes, and instruct them to begin. Keep time.
9. After 10 minutes, instruct groups to stop.
10. Display the "Real Play Questions" prepared newsprint and instruct participants to follow the directions and answer the questions. Inform them that they must answer all questions in 10 minutes.
11. Bring the group back together. Ask participants to discuss what the experience was like for them. Include in the discussion the questions:
 - What does it mean to communicate?
 - What does it mean to listen?
12. Ask the participants to return to their groups, switch roles, and repeat 8 through 10 for the second round. Instruct participants to switch roles again and repeat 8 through 10 for the third round.
13. Bring the group back together. Ask participants to discuss what they learned from the exercise. Summarize what was learned.

Process:

This is a skills-building exercise. The primary purpose of this exercise is to provide participants an opportunity to practice feeling what the other person is experiencing and to convey an understanding of that feeling without expressing sympathy. If counselors say they don't understand what they are to do, repeat that they are to listen, support, and reflect the clients' feelings.

The "Real Play Questions" questions should be written on newsprint or on a chalk board. Make sure you cover the questions until after the first round of real plays, so the participants cannot see them until you want them to.

Participants often get anxious during this exercise. Don't be surprised if they laugh and talk nervously. At the beginning, some people may have difficulty doing the exercise, and they may not follow your directions. Even if they are initially uncomfortable, participants usually take part as they become more comfortable. During the real plays you should remain in the room and be available to answer questions and provide support.

This is a contrived environment. Participants have to pretend they are in a counseling session. This is a laboratory where people get to practice counseling skills. If participants are having difficulty starting the exercise, ask them to imagine that they were an actor performing a counseling scene. →

Prepared Newsprint should look like this:

"Real Play Questions"

Counselor

- What was the experience like for you?
- What did it feel like to empathize with the client's issue?
- What worked and what didn't work?
- How do you feel about the experience?

Client

- How did you feel during the session?
- What worked for you and what didn't work for you?
- What might have been done differently?

Observer

- What did you notice about the counselor and/or the client during the session?
- What did the counselor do well?
- What might have been done differently?

Title: Counseling Practicum

**Goals:**

- To have participants practice effective risk reduction counseling
- For participants to receive feedback about their counseling techniques

Objectives: At the end of this exercise, participants will be able to:

- describe how a counselor can initiate a counseling relationship with a client.
- identify their own strengths and weaknesses in conducting risk reduction counseling.
- provide appropriate feedback by specifically identifying problems and acknowledging strengths.

Time: 90 minutes

Materials: Counseling Role Play Instructions" for all participants (p. 86)

2 copies of "Counselor and Client Instructions" (pp. 87-89)

Newsprint

Markers

Digital watch or clock with a second hand

Format:

1. **Introduce** this section by stating that the exercise provides an opportunity for participants to practice risk reduction counseling.
2. **Refer** participants to the "Health Counseling" handout from the counseling lecture. **Ask** each participant to list on a sheet of paper the actions that a counselor will take within the first 5 minutes of a counseling session to deal with the feelings a client might have. **Instruct** them to be as specific as possible.
3. **Ask** participants to offer examples from their lists. **List** their answers on the newsprint.
4. **Bridge** to the next section by stating that participants will now have the opportunity to practice counseling sessions in round robin role plays.
5. **Divide** participants into 2 groups. **Instruct** them to choose 1 client and 3 counselors with the rest of the group serving as observers.
6. **Ask** them to set up the chairs so each group of three counselors is facing the client and the observers are behind the client.
7. **Distribute** the handout "Counseling Role Play Instructions" and **read** them aloud as participants read them quietly. **Ask** if there are any questions and **confirm** that all participants understand the instructions. **Acknowledge** that this is an artificial setting for a counseling session, and **ask** participants to remain in character throughout the counseling session.

8. **Inform** participants that you will be walking around and listening to their sessions.
9. **Distribute** counselor instructions for the first role play to each of the three counselors in each group. **Distribute** client instructions to the clients in each group.
10. **Remind** participants that each counselor will have 5 minutes before the next counselor begins.
11. **Allow** the first role play to continue for 5 minutes. **Call** time. **Instruct** the second counselor to begin where the last counselor stopped. **Allow** the second role play to continue for 5 minutes. **Call** time. **Instruct** the third counselor to begin where the last counselor stopped. **After 5 minutes, call** time.
12. **After all 3 counselors in each group are through, ask** clients to discuss in their group: what worked and how they felt during the session.
13. **After 3 minutes, or when the discussion subsides, ask** the counselors to discuss in their group: what worked, how they felt during the session, and what they would have done differently?
14. **After 5 minutes, or when the discussion subsides, ask** observers to discuss in their group: what worked, what they would have done differently, and what were the key issues covered?
15. **After 5 minutes or when the discussion subsides, instruct** the groups to assign new counselors, clients, and observers.
16. **Repeat** instructions 8 through 14 for the second role play.
17. **Gather** participants back into the larger group. **Ask** participants what they learned from this process. **Respond** to their answers.

Process:

The emphasis during this exercise is on behavior. This is a skills building exercise. Emphasize that feedback should be specific and about behaviors that people can change. For example, "I didn't like your attitude," does not describe a behavior, and "You are very tall," cannot be changed. "You sat very close to the client and talked very slowly," meets the standards for appropriate feedback. You can also suggest that feedback be presented in the following manner: Start with a positive statement. "I like the way you _____. I probably would have done _____ differently."

Allow as much space as possible between the 2 groups. This will prevent either group interfering with the other during the counseling sessions.

During the role plays it is important for you to remain in the room and to move about the room to make sure that groups understand the instructions and involve themselves in the process. Sometimes individuals will resist the instructions, or



they will become frustrated with having only 5 minutes to counsel. By remaining in the room, you can discover resistance early and encourage the group to follow the instructions.

Make sure, at the beginning of the counseling practicum, that participants understand how much time they will have. Keep close track of time. You are responsible for directing the action of the groups and for keeping the participants on time. You can facilitate that by giving instructions such as, (after the first counselor conducts the first portion of the session) "It's time to move to the second counselor, who will have 5 minutes. Please switch now." or (after the clients give feedback) "It's time for the counselors to discuss what worked, how the interview process felt, and what they would have done differently. You will have 5 minutes. Please begin."

If a group is small, a participant who plays the counselor during one role play may have to play the client during the second role play, or someone may have to play the counselor more than once.

A number of role plays have been provided for you to use when conducting this exercise. If the circumstances (counseling settings or client population) are not appropriate for the participants in the workshop, rework the role plays before the workshop. If the suggested names are not suitable for your participants, change the role play, or ask the participants to choose the names they will use.

This exercise provides an opportunity to apply the information presented in the counseling lecture. You should be familiar with the ideas in the counseling lecture handouts and refer to them often to illustrate the experiences participants have while practicing. For example, counselors often forget to introduce themselves, give their title, or explain the nature of the interview. You can relate that to the counseling outline and remind them of the importance of explaining the situation to the client and establishing the role of the counselor.

If participants are being too general, encourage them to be specific. Try not to lead the participants. However, if they are not responding, give "greet the client" as an example. A list of things a counselor must do in the first five minutes of a counseling session might include the following:

- greet the client, give his/her name, give his/her title,
- stress that information is confidential,
- inform the client that personal questions will be asked,
- explain why personal questions will be asked,
- tell the client he/she is here to help,
- ask why the client came to counseling.

Some participants are concerned that they will make a mistake and look foolish. You might remind the group members that this is a practice session; it is a laboratory where they can take chances and experiment with different counseling styles. You can also remind them that there are no perfect counseling sessions. Each counselor develops his or her own style that will be different from others.

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COUNSELING ROLE PLAY INSTRUCTIONS

- 1. In each group choose 1 client and 3 counselors. The counselors should sit beside each other facing the client. Other group members should be observers and should sit behind the client.**
- 2. In each group the counselors will get one set of directions and the client will get another set. They should read the directions and prepare for their role.**
- 3. The three counselors will conduct 1 counseling session. The second counselor will continue where the first ends, and the third will continue where the second ends. Counselors are not conducting three different counseling sessions. It is important that each counselor pays attention to the other counselors.**
- 4. Each counselor will have five minutes before the next counselor begins. The trainer will call time and instruct the next counselor to begin.**
- 5. After all 3 counselors in each group are through, clients will discuss in their group what worked and how they felt during the session. Then counselors will discuss what worked, how they felt during the session, and what they would have done differently. Finally observers will discuss what worked, what they would have done differently, and what were the key issues covered.**
- 6. Then groups will assign new counselors, clients, and observers and will follow the same plan for a second role play.**

Separate this page at the dotted line. Give the top portion to the counselors and the bottom portion to the client.

Counselor Instructions #1

John is a 27 year old farm worker. He is in the STD clinic because a recent sexual partner has warned him that John may have come into contact with gonorrhea. You want to counsel him about the risk for AIDS and other STDs and about risk reduction.

Client Instructions #1

The counselor has received the following information: John is a 27 year old farm worker. He is in the STD clinic because a recent sexual partner has warned John that he may have come into contact with gonorrhea. You want to counsel him about the risk for AIDS and other STDs and about risk reduction.

In addition to that you know the following information about John:

He is bisexual. The person who informed him about possible infection with gonorrhea is a man. He is embarrassed about having sex with men but will provide that information if asked.

He is willing to use condoms and does on occasion but has had difficulty with them breaking. He does not use drugs but drinks alcohol. In the past he has drunk enough that he does not remember what he did. It's possible that he has had sex during those times.

Separate this page at the dotted line. Give the top portion to the counselors and the bottom portion to the client.

Counselor Instructions #2

Anna is a 46 year old mother of three children. She comes to you for information about AIDS. She has never had a sexually transmitted disease.

Client Instructions #2

The counselor has received the following information: Anna is a 46 year old mother of three children. She comes to you for information about AIDS. She has never had a sexually transmitted disease.

In addition to that you know the following information about Anna:

She thinks her husband is having sex with other women. She never thought much about AIDS, but now she is very concerned. Recently she has not been feeling well, and she is convinced that her husband has given her AIDS.

She is embarrassed about discussing sex and about discussing her husband's infidelity. She believes that marriage partners should be faithful and that something must be wrong with her for her husband to seek sex outside their marriage. She is afraid of getting AIDS or another STD. Using condoms would violate her religious beliefs.

Separate this page at the dotted line. Give the top portion to the counselors and the bottom portion to the client.

Counselor Instructions #3

Leona is 22 years old and single. She is visiting the STD clinic for the third time this year. Each time she has had a new STD. She claims she has only had a couple sex partners in recent weeks.

Client Instructions #3

The counselor has received the following information: Leona is 22 years old and single. She is visiting the STD clinic for the third time this year. Each time she has had a new STD. She claims she has only had a couple sex partners in recent weeks.

In addition to that you know the following information about Leona:

She is being paid for sex to support her drug habit. She wants to protect herself sexually but is concerned that her clients do not want to use condoms. Sometimes she is so affected by the drugs that she does not know what she is doing.

She has a 3 year old baby at home and is afraid the authorities will find out about her drug use and prostitution and take her baby away.

Title: Counseling Pairs

**Goals:**

- For participants to practice risk-reduction counseling, incorporating the information from the previous exercises
- To have participants receive feedback about their ability to cover key issues in a risk reduction counseling session

Objectives: At the end of this exercise, participants will be able to:

- Identify the key issues in a risk reduction counseling session
- Identify their own strengths and weaknesses in conducting risk reduction counseling
- Critique other participants, identifying problems and offering feedback

Time: 60 minutes

Materials: Role Play Descriptions (p. 92)

Format:

1. Introduce this section by stating that the exercise provides an opportunity for participants to practice risk-reduction counseling using skills they developed during previous exercises.
2. Inform them that they will be conducting risk-reduction counseling exercises in pairs. Divide participants into pairs. Instruct pairs to choose who will be counselor/client first.
3. Distribute role descriptions for the first role play to each of the clients.
4. Inform participants that you will be walking around and listening to their sessions.
5. Inform participants that each counselor will have 10 minutes to conduct the session.
6. Allow the first role play to continue for 10 minutes. Call time. Ask clients and counselors to discuss what worked, how the interview process felt, what they would have done differently, and if key issues were covered.
7. Instruct each pair to switch so the counselor is now the client.
8. Distribute role descriptions for the second role play to each of the clients. Repeat instructions 4 and 5 for the second role play.
9. Instruct participants to find a new partner. When everyone has a new partner, repeat instructions 3 through 6.
10. Gather participants back into the larger group. Ask participants what they learned from this process. Respond to their answers.

Process:

As in the previous exercise, the emphasis of this exercise is on behavior. This is another skills building exercise where participants have an opportunity to practice what they have learned during the previous exercises.

Participants who are not accustomed to receiving feedback may experience it as criticism. Remind participants that this is a laboratory and that all instruction is designed to help them do their jobs better. Remind those providing feedback that it should be specific and descriptive.

During the role plays you should move about the room to make sure that pairs are involved in the process. Someone may report being frustrated because the counseling is contrived or because they don't have enough time to set up and complete a counseling session. Acknowledge that those concerns are valid. This exercise is contrived, and time is limited. They probably will not be able to complete the session. However, it does give them the opportunity to apply what they have learned about risk reduction counseling.

You can ask questions, such as "What information we talked about earlier was useful to you during this practice session?" or "What were the areas where you were stuck or thought you needed more information?"

It is likely that some of the counselors will need to confront resistant clients. Confronting effectively is a difficult skill to learn. If confrontation is discussed, you can define it as pointing out discrepancies, making someone aware of the facts. You can encourage participants to experiment with confrontation during the exercise.

Someone may observe how difficult it is to deal with silence. If no one mentions it, you should introduce the subject, because it is a concern for most beginning counselors. You can ask, "What role does silence play?" "Can it be useful?" "How?" Remind participants that if the counselor asks a question, and the client does not immediately answer, the counselor does not need to jump in. He or she can wait a few seconds then ask the question again using different words. This also works for trainers and educators.



ROLE PLAY DESCRIPTIONS

Roseline's husband is an alcoholic. He has been known to hit her if she argues with him, especially when he is drunk. Roseline is very afraid to talk to him about using condoms or to say "no" to sex with him.

Albertha is 26 years old. She is visiting the STD clinic for the fourth time in six months. Each time she has had a new STD. Because she wants to please the counselor, she tells the counselor that she always uses condoms, but she does not always use them.

Vincent has an STD. He is not sure who he got it from, but he is afraid to tell his girlfriend Anne. He hopes to marry Anne someday, but he thinks that if he tells her that he might have given her an STD, she will refuse to marry him.

Patrick's doctor just told him that he is HIV-positive. The doctor referred him to the counselor for follow up. Patrick has a girlfriend, but most of his sexual partners have been men.

Ann-Marie is a young single woman. The counselor has just received test results that show that Ann-Marie has gonorrhea, and he must now inform her.

Caroline is 28 years old. She knows that her husband is having sex with other women, but he does not know that she knows. She is afraid of getting AIDS or another STD but is more afraid of talking to her husband about using condoms.

Thomas is 24 years old, is homosexual, and uses condoms only occasionally. He says that he usually forgets when he and his friends go out looking for sex after they have been drinking.

Title: Round Robin Questions

Goals:

- *To have participants review the key information presented during the workshop and demonstrate their knowledge of that information*
- *To identify any areas of knowledge that are not clear to participants*
- *To reinforce previously presented information, boost the confidence of participants, and assess participants' communication skills*

Objectives: *At the end of this exercise, participants will be able to:*

- *Identify areas of knowledge that they are not clear about.*
- *discuss and answer questions about key information presented during the workshop.*
- *correctly answer questions covered during the workshop and identify knowledge gaps.*

Time: 45 minutes

Materials: "Round Robin Questions" (p. 95)

Format:

1. Prior to the exercise write the "Round Robin Questions" on note cards.
2. Distribute at least two cards with questions from the "Round Robin Questions" to each participant. Instruct participants to place on top the question they think is the more difficult.
3. Ask for a volunteer to begin the round robin. When someone has volunteered, instruct participants that they will be reading their questions to the person on their right, who will attempt to answer the question.
4. Ask the volunteer to read his/her question so the next person can answer it.
5. Move through all items on the "Round Robin Questions" in this manner.
6. As items are answered give other participants the opportunity to add information. Acknowledge correct information and correct inaccurate information.
7. Continue until all items have been discussed.

Process:

It is important that you write the questions on note cards or pieces of paper before conducting the exercise. Another possibility is to copy the "Round Robin Questions" and cut the questions apart. It is equally important that you read the questions ahead of time to make sure that you have the answers. You will need to be prepared to acknowledge correct information and to identify and correct inaccurate information.

The assignment also makes the participants continue to think about the information they have learned during the workshop. Using the group format keeps the focus off one person, and also allows those who have learned the information to teach those who may not know as much. If you use this exercise apart from other exercises in this workshop, be sure you include only those questions that cover information you have talked about. If you include other information, you may want to develop new questions. Keep in mind your learning goals and objectives when developing questions.

This format gives participants the opportunity to recognize how much they know. They are often pleasantly surprised about how much they remember. Individuals who may not recall key information can learn from those who do. This exercise can also be used as an evaluation tool. If no one can correct misinformation, you may need to rework an exercise or discuss the specific material that is confusing. Monitor the discussion for language use. If you hear words or phrases that you have covered during the workshop, such as "AIDS victim," instead of "person with AIDS," or phrases such as "innocent victims," correct the usage.

If you don't like the instruction to have participants choose persons on their right, you can have the person who answers a question decide to whom he or she will ask the next question.



Round Robin Questions

When does someone become capable of transmitting HIV?

Can I become infected with HIV from oral sex?

If a woman is on the pill, then why does she need to use condoms also?

What are the differences between the ELISA and the Western Blot tests?

How can a man get infected with HIV through sexual intercourse with women?

If my partner and I are both tested and we test negative, should we practice safer sex?

What is the difference between confidential and anonymous testing?

Name three high-risk behaviors and what makes them risky. How can you lower the risk?

What is the transmission risk in performing oral sex on a woman?

Why might someone get a "false negative" on the HIV antibody test?

How do we know that mosquitoes don't transmit HIV?

Why can't my partner and I just practice withdrawal and not use condoms?

How long after becoming infected with HIV does someone develop symptoms of AIDS?

Is it true that everyone who is currently infected with HIV will eventually die of AIDS?

Can I get HIV from kissing?

Are condoms really effective in preventing the transmission of HIV?

How does one properly use a condom?

What is the difference between being infected with HIV and having AIDS?

What are spermicides? How do they protect against HIV infection?

Why is sharing needles risky for HIV infection? How can you reduce that risk?

Where did AIDS come from?

If people are sterilized, does that mean they cannot transmit HIV?



Title: Closing

Goals:

- To complete the workshop
- To have participants explore those issues that have been most important for them during the workshop
- For participants to develop plans for ongoing training and work

Objectives: At the end of this exercise, participants will be able to:

- identify what issues they need more work on.
- develop a plan to increase their effectiveness in dealing with AIDS and other STDs.

Time: 45 Minutes**Materials:** Handout "Personal Plan" (p. 98) for each participant
Handout "Workshop Evaluation" (pp. 99-100) for each participant
Certificate for each participant

Format:

1. Ask participants to think about what they have learned during the workshop. Ask them to review the workshop schedule and think about the 1 or 2 most important experiences that happened during the workshop.
2. Lead a discussion about the experiences participants considered important. After 15 minutes, or when the discussion has ended, bridge to the next section by explaining that they will now prepare personal plans for further training and work.
3. Ask participants to complete the "Personal Plan" handout.
4. Ask participants to share:
 - what they identified for further work or training,
 - what resources they identified,
 - what steps they will take when they return to work.
5. Ask participants to offer any other comments. Conclude with your own remarks.
6. Instruct participants to complete a "Workshop Evaluation."
7. Give each participant a certificate.
8. Announce that the workshop is ended.

Process:

This exercise allows participants to acknowledge what they have learned, to identify issues for further work, and to complete the workshop before they leave. They should have specific plans about what they will do to address their most important areas of need.

This exercise helps participants identify the areas where they need further training. Some may find they lack information. Others will lack skills, while others will need to continue assessing personal attitudes and opinions. The process also will help them identify resources to meet their personal needs.

During discussion participants may realize that some others have the same needs they have, while the needs of others may be very different from their own. Encourage participants to look for the resources they need from others in the training. Resources may include books, pamphlets, people, agencies, or anywhere a person might get information or support.

As you pass out the certificates you may want to make a personal comment about each participant. If you do, it's a good idea to think about what you will say about each person before that time. →

PERSONAL PLAN

Identify the 3 most important areas where you need more work.

Prioritize those 3 areas.

For the most important item identify what information or skill might assist you.

Identify possible resources.

Write down the names of people who can assist you.

What specific steps will you need to take initially when you return to work?

Step 1

Step 2

Step 3

TRAINING WORKSHOP EVALUATION FORM

1. Which workshop session(s) was (were) most helpful in relation to your work? Why?
2. Which workshop session(s) was (were) not helpful in relation to your work? Why not?
3. What particular skills, knowledge, and/or changes in attitude(s), relating to your work do you feel was (were) strengthened or developed by this workshop? Please be as specific as possible.
4. Would you recommend this training to others? Why or why not?
5. My overall impression of this workshop was:

_____ Excellent	_____ Fair
_____ Good	_____ Poor
_____ Average	
6. In terms of usefulness to my job, this workshop was:

_____ Extremely helpful	_____ Of very little help
_____ Quite helpful	_____ Of no help
_____ Of some help	
7. Are there subject areas that you would like included in this or future workshops?

8. What would be a good "next step" in training for you?

9. Please rate the trainer on the following items as:

1 = Excellent

2 = Good

3 = Fair

4 = Poor

_____ Understanding of subject matter

_____ Responsiveness to group needs

_____ Energy and vitality

_____ Clarity of presentation

_____ Skill at group management

10. Please use this space for additional comments or suggestions.
Thank you very much.

Certificate format

**(Name Of The Organization Providing
Training Or Workshop)**

This is to certify that

(NAME OF PERSON RECEIVING CERTIFICATE)

**has successfully completed a workshop on
AIDS and Sexually Transmitted Disease
Education and Counseling**

**(Place — City, Country)
(Dates — Month, Days from - to, Year)**

**(Ministry or other authorized
official)
(Title of authorized official)**

**(Workshop facilitator)
(Title of workshop facilitator)**