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Additional Ideas

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Show a Video

Using video to personalize HIV risks

Time: 60 - 90 minutes

Materials: VCR and monitor
Videotape selection(s)
Flip chart or erasable board, markers
Paper and pencils

Purpose: This activity helps personalize HIV risks by encouraging clients to identify with people and situations represented in video programs. In processing the feelings and perceptions raised by the video material, clients are directed to think about personal risk-reduction.

Choosing Video Material: Many of the best HIV/AIDS videos feature real people telling their own stories about HIV-related issues such as living with the virus, deciding to be tested, or developing personal risk-reduction strategies (safer sex and injection practices). The **Resources Section** provides a listing of sources for educational videos on HIV/AIDS. Length of group session may vary, depending on length of video selection and group participation in discussion. Some group leaders may prefer to show and discuss 2 short videos over a 90 minute session.

In addition, local television and cable programming may offer topical and more current materials for group discussion. Check listings ahead of time and record programs or segments of programs that would serve as good discussion starters. For example, *Oprah, Donahue*, and other such talk shows occasionally focus on HIV/AIDS and safer sex issues. Soap operas, sitcoms, and dramatic series may feature episodes dealing with HIV; news magazines and public television programs may focus on relevant issues as well.

Procedure:

1. Introduce the video selection. Encourage participants to think about how they might respond to issues and situations introduced in the video.
2. Distribute paper and pencils. Ask participants to jot down 3 feelings they experience as they are watching the video.

**Show a Video,
continued**

3. After viewing the video, facilitate discussion around the issues raised. Encourage participants to relate the video material to their own situations, feelings, and concerns about HIV infection and prevention.

Sample discussion questions:

What's your overall opinion of this video (program)?

Which part of this video was most interesting to you? Explain why.

Which person (character) in this video could you relate to the most? Why did you relate to this person?

What's one thing about HIV that someone said in this video that really makes sense to you? Explain why.

What scenes or situations seemed most real to you? In real life, how would you handle a similar situation?

What feelings did you write down on your paper as you watched the video? (*Validate and encourage exploration of feelings.*)

What do these feelings tell you about your personal concerns about HIV/AIDS?

What impact has the threat of HIV infection had on your life?

What lifestyle changes have you made to help reduce your risk of HIV infection?

What changes are you thinking about making in order to reduce risks? How will you turn your thoughts into actions — what step will you take first?

What's the best piece of advice we can give to people about avoiding HIV infection and AIDS?

4. Thank group members for their participation. Encourage them to continue thinking about personal risk reduction goals. Remind them that phone information on HIV/AIDS is available free-of-charge from 1-800-342-AIDS and 1-800-344-SIDA (Spanish). Information about HIV treatment is available at 1-800-HIV-0440.

Work in Buzz Groups

Using small group activities to address HIV prevention

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Paper and pencils
Case studies or role play scenarios

Purpose: Buzz groups enhance communication and problem-solving skills while encouraging clients to focus on HIV risks and prevention. This type of activity may be used as an ice-breaker or starting point for discussions about HIV risk reduction.

Selecting an Activity: The approach of dividing a larger group into smaller buzz groups with specific tasks to carry out is used extensively in education settings. Smaller groups encourage more relaxed discussions of ideas and issues. Group leaders serve as consultants while participants work on the assigned tasks, circulating from group to group to answer questions and encourage participation. Buzz groups may be as small as 2 (dyads) or 3 (triads) people or as large as 5 or 6, depending on the activity and the size of the larger group

Tasks for small groups may center around almost any HIV issue. Case studies and role plays are frequently used formats for buzz group activities:

Case Studies: Each group is asked to develop a reply, usually in the form of advice and suggestions, to a short description of a “case” involving HIV risks and prevention issues. Groups may be given different cases to work on, or may be asked to work on the same one. The case or cases, plus the buzz groups’ different recommendations are later discussed by the group as a whole. One person in each group should agree to be the recorder who will report back on the advice, solutions, and suggestions generated by the group. Case studies may be presented as brief case descriptions, or may be written as “Dear Abby” type letters to which the group must respond. For example:

Case Description #1: Mary is working a treatment program and has done very well in staying sober for almost 12 months. She’s been

**Work in
Buzz Groups,
*continued***

dating Rick for several months, and she knows he shoots drugs. She has insisted that Rick use condoms when they have sex, and Rick has agreed. Last night, Rick told her he didn't want to use condoms any more. How can Mary respond? What should she say to him? What does she need to do to continue protecting herself from HIV?

Case Description #2: Dear Abby, My name is Mary and I am in a drug treatment program. I go with a guy named Rick. He still shoots drugs, and so far we have always used a condom for sex. Now Rick is pressuring me to not use condoms. What should I do? What can I tell him? How can I protect myself from HIV?

Role Play: Each group is given several role play scenarios that center on HIV risks and prevention (see **Core Curriculum** for ideas on developing role play material). Group members use the scenarios to observe and practice responses to requests involving HIV risk. Ideally, each buzz group member is given the chance to practice responding assertively to HIV risky invitations or situations. Other group members provide feedback and encouragement. Group leaders circulate from group to group to keep members on task. Issues raised in the buzz groups are discussed by the whole group at the end of the activity.

- Procedure:**
1. Decide on a format for the buzz group session. Develop cases studies or role play scenarios, written or typed on index cards or paper. Case studies and scenarios should address both sex and substance abuse-related HIV risks.
 2. Divide the larger group into smaller buzz groups. Have groups establish separate work areas in the room, with enough distance from other groups to allow active discussions. Explain the purpose of the activity, and the rules for carrying out the assigned tasks (e.g., case study or role play). Ask each group to have one person serve as a recorder of the advice, ideas, and suggestions generated during the task.
 3. Distribute one or more cases studies (or the needed number of role play scenarios) to each buzz group. Answer participants' questions about rules and task assignments, as needed. Allow time for the completion of the tasks. For role play, allow enough time for each member of the group to practice risk-reduction assertions. Circulate among the groups to observe, provide suggestions, and keep participants on track.

**Work in
Buzz Groups,
*continued***

4. Bring the larger group back together to process the activity. For case studies, allow each group to read their case studies aloud and to share the recommendations they generated. For role plays, read each scenario aloud and encourage discussion of helpful and not-so-helpful approaches to risk-reduction assertions observed during the activity.
5. Spend 10 - 15 minutes leading a general discussion on HIV prevention issues. When possible, find tie-ins to the material generated during the activity.

Questions might include:

Why is HIV prevention an important consideration in treatment and recovery?

What influences people to put themselves at risk for HIV?

How would you respond to a sexual situation that put you at risk for HIV?

What about a risky needle use situation — how would you respond?

Why is having an HIV test a good idea?

What would you say to a sex partner to encourage him/her to get an HIV test?

What actions have you taken lately to reduce your HIV risks?

What actions do you plan to take in the future?

6. Distribute pamphlets, safer sex materials, and information about testing, if available. Encourage participants to share what they've learned with peers.

Play a Game

Using levity to review and enhance HIV knowledge

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
 Selection of HIV/AIDS questions
 Selection of HIV/AIDS terms/words/phrases
 Stop watch or timer
 Prizes, gold stars, or other token “trophy” for winning team
 Game specific materials (discussed below)

Purpose: This activity helps enhance knowledge by creating a relaxed atmosphere for reviewing HIV/AIDS information. By using a popular type of game as the format for clarifying information, clients receive recognition for what they already know in addition to having gaps in knowledge addressed in a non threatening way.

Choosing a Game: Many popular games may be adapted for this activity. Ideally, the games should be structured as *team* competitions rather than pitting individuals against each other. A team structure encourages cooperation, interaction, and a balance between stronger and weaker players. Basically it is far less threatening and far more fun for the participants to work in teams.

Formats used in popular games and in TV game shows can be easily adapted. Approaches that work well include:

Family Feud:

May be played in 2 rounds, with Round 1 questions worth 5 points, and Round 2 questions worth 10 points.

For Round 1, group leaders serving as “game hosts” present teams (in turn) with HIV/AIDS questions that require several answers (e.g., *There are 4 steps for carefully disinfecting “works” with bleach. Name those 4 steps.*). Team members are encouraged to huddle and come up with the answers together. Group leaders use flip chart or erasable board to list the correct contributions to the answers. If all parts of the question are not answered within one minute, the opposing team has the chance to “steal.”

**Play a Game,
*continued***

Group leaders fill in the missing components if neither team is able to generate the complete answer. Before introducing the next question, group leaders reread the finished question and the completed answer aloud (e.g., *There are 4 steps for disinfecting properly with bleach and those are draw up water several times to loosen debris, draw up bleach several times and hold for 30 seconds, draw up water again several times to rinse, and clean the cooker/mixer with bleach.*)

Round 2 is played with simple true/false questions or one-answer questions. Each team is asked the same number of questions and neither team is given the opportunity to steal. Group leaders keep track of the score, using flip chart or erasable board to tally each team's points.

Jeopardy:

Use a bulletin board (or other creative means) to display 3 or 4 subject categories, with several questions under each category in ascending point value order. In the *Jeopardy* game, the "questions" are actually answers — the teams are challenged to create the correct question for a given answer (e.g., the answer is *It's initials are HIV*; the correct question would be *What is the Human Immunodeficiency Virus?*). Teams select categories and answer questions in turn. If a team gives an incorrect answer, the opposite team has the opportunity to steal. A final *Jeopardy* question allows each team to earn bonus points. Group leaders serve as game hosts by reading and repeating answers and questions and by keeping a visible tally of each team's score.

Wheel of Fortune:

Use a pair of dice (or create your own version of a "spinner") to establish the points riding on each play. Spinners may be created so that there is a "lose a turn" position. For dice, you can designate a configuration as a turn-loser, for example, if you roll a pair of ones (snake-eyes) your team loses a turn.

Use pieces of cardboard or flip chart paper to create each game puzzle based on words, terms, or phrases related to HIV/AIDS (or use an erasable board). The puzzles will look like the old "hangman" game from school days (e.g., _). The group leaders introduce each game puzzle by telling players whether it represents a word, term, or phrase. Teams roll for points (or spin), then guess at letters. This continues until sufficient letters have been revealed to solve the puzzle.

Play a Game, *continued*

Points are awarded if the correct letter is guessed. A team holds the play until it misses a letter or spins/rolls “lose a turn.” Each team must have a spokesperson who is designated as the only one who can officially suggest a letter (but input from others is allowed). Team members can take turns spinning or rolling dice for points. After the puzzle is solved, the group leader should read it aloud, and add a brief educational message (e.g., “The puzzle reads: U s e a c o n d o m f o r s a f e r s e x. This is important advice because condoms block HIV by preventing exposure to semen and vaginal fluids.”)

Tic Tac Toe, Gameboards:

Use a large cork board to arrange concealed questions about HIV/AIDS issues. Arrange questions along a grid on which crosses and vertical/horizontal lines can be made (true/false questions work well). Teams pick grid squares to either hold position (Tic Tac Toe) or win points (gameboard). Positions are held and points are won by answering the concealed question in a grid square correctly. Opposing teams may be given the chance to steal. Cardboard squares with Exes (X) and Ohs (O), or other types of team markers are used to mark positions on the grid. Group leaders serve as game hosts, reading questions, throwing in correct information and educational reinforcement messages, and keeping scores.

Some groups may enjoy a more kinetic approach to gameboards. In such case, try hiding the questions behind blown up condoms (or balloons) that are attached to a large cork board. Teams are given darts and take turns “popping” out the questions. Team players throw in turn, changing throwers each round. When a balloon is burst, the team that burst it tries to give the correct answer to earn points or a marker on the grid.

Procedure:

1. Decide on a game to use. Before group, create a selection of questions (or a list of words, terms, and phrases for *Wheel*), making sure you have a variety of easy, medium, and more difficult items. (See **Core Curriculum** for ideas.) Make sure you have accurate answers for all questions, and accurate spelling for words and phrases. Assemble materials required for your game choice (e.g., cork board, flip chart, stop watch/timer) and create the props needed.
2. Introduce the game as an interesting (and fun) way to review HIV/AIDS information and maybe learn a few new things. Highlight the prize or award for the winning team. Ask the entire group to count off by two's, or use a similar objective mechanism for dividing the group into 2 teams. (For large groups, consider creating 3 teams.)

**Play a Game,
*continued***

3. Give each team a chance to come up with a team name, if they like. Encourage teams to “pump” up with team spirit. Also ask each team to choose an “official” spokesperson, or, if they prefer, allow the option of rotating that duty among team members. Stress that it’s important that one person be designated as the only one who can officially deliver an answer (or choice of letter) during each round, otherwise the game may get noisy and confusing for the score-keeper.
4. Explain how the game you’ve selected is played. Many participants may be familiar with the TV-based games so you’ll need to clarify how the version at hand will be slightly different. Go over the rules for the game. Decide on rules that will work best for your group.

Here are some ideas:

Teams may huddle and confer to decide on an answer (or to choose letters for the *Wheel*). However, only one designated person from each team may deliver the answer or the letter choice in a round of play.

Teams will have one minute (by stop-watch or other timer) to decide on an answer. In some games, if a team is stumped or gives a wrong answer, the opposing team can be given the chance to “steal” the points by answering the question correctly. (Generally the opposing team is given less time to “steal” — for example, 30 seconds as opposed to a full minute.) When using the *Wheel* game, you also may want to limit time for choosing letters to 15 or 30 seconds per letter.

Group leaders (the hosts) will set the pace, keep the game rolling, keep score, keep time, and decide on the correctness/acceptability of answers. Respect for others and a good sporting attitude is encouraged.

5. After the game is played and the winning team is lauded, spend about 10 to 15 minutes processing the activity. Ask participants to share new information they learned from the game. Review prevention information and discuss risk-reduction issues. Discuss topical issues (new findings, recent news reports, etc.). In other words, use the game as an impetus for a discussion of HIV/AIDS that reinforces the idea of developing and acting on a plan for personal risk reduction.

Invite a Speaker

Using community experts to heighten HIV/AIDS awareness

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Additional materials requested by speaker (VCR, projector, etc.)

Purpose: This activity helps reinforce and validate prior HIV/AIDS educational messages by allowing clients to hear them from an outside source. Guest speakers may bring a new approach or viewpoint for promoting risk reduction. In addition, speakers from other agencies or programs help increase clients' awareness of available community services.

Choosing a Speaker: Outside speakers may be brought in to address any HIV-related topic. However, inviting a speaker who is HIV positive to talk about his/her experiences can lead to a particularly impactful session. Many people who are living with HIV or AIDS volunteer their time as community educators. AIDS services organizations, public health departments, and other drug treatment programs may have speakers available.

Guest speakers (regardless of HIV serostatus) also may be brought in to address issues around which staff may lack expertise. For example, caring for people living with HIV or AIDS, "eroticizing" safer sex, or updating HIV/AIDS treatment issues. Panel presentations (several speakers each addressing their area of expertise) also may be helpful and interesting. Topics such as dealing HIV/AIDS prejudice or stories from people recovering from substance abuse who have been impacted by HIV are especially suited to panel presentations because of the variety of viewpoints that will be brought into the discussion.

Procedure:

1. Decide on a topic for the group. If appropriate, encourage participants to suggest topics of interest for an outside speaker to address.
2. Contact the speaker(s) (or the agency/organization furnishing the speakers) well in advance of the session date. Most organizations appreciate receiving requests for speakers at least 2 or 3 weeks in advance.

**Invite a
Speaker,
*continued***

3. Provide the speaker(s) with information about the group (size, time in treatment, disposition), the goals for the presentation, and the group's level of basic HIV/AIDS knowledge. Encourage the speaker(s) to build time for questions and group discussion into their presentations.
4. Some speakers may require that you provide audio-visual equipment; others may be prepared to bring their own. Determine ahead of time your speaker's requirements for AV equipment and other materials.
5. Prepare your group ahead of time. Alert them to the topic to be addressed by the outside presenter and encourage attendance.
6. During and after the presentation, encourage group members to ask questions and participate in discussions, when appropriate.
7. If your speaker(s) is a representative of an organization that provides health or social services in your area, encourage him/her to provide the group with information about those services, including locations, phone numbers, and fee scales.

Work on a Map

Using fill-in maps to focus on problem-solving

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Paper, pencils
Structured map activity (included)

Purpose: This activity encourages clients to focus on personal risk-reduction issues. For many clients, taking action to minimize HIV risks may require that some time be spent solving problems and removing roadblocks to change. Mapping exercises allow clients to identify goals, visualize problems (and potential solutions), and clarify steps required in the problem-solving process.

Working with Maps: Structured or “fill-in” mapping exercises may be developed for almost any issue related to HIV/AIDS, as well as treatment and recovery issues. These activities may be designed to direct clients to think about short-term steps required for long-term goals (as illustrated in the included mapping activity) or they can be designed to help clients understand “cause and effect” relationships among feelings, thoughts, and actions. For more information about mapping, see the **Resources Section** of this manual. Mapping techniques also are discussed in the **Core Curriculum**.

Procedure:

1. Introduce the exercise by reviewing HIV prevention information. Ask participants to help you brainstorm a list of reasons why it may be difficult for people to take action toward HIV risk reduction (both in sexual and injection practices).
2. Introduce the mapping exercise as a method for thinking about barriers to personal risk reduction and an opportunity to identify steps for overcoming those barriers. Distribute mapping worksheets. Review the type of information that should go in each of the boxes (“nodes”) and give examples. Explain that the lines connecting the boxes indicate the ways in which the information boxes may be related or linked to each other:

Problem Statement: Give a brief description of one problem that

**Work on a
Map,
continued**

makes it difficult for you to practice HIV risk reduction. (Example: "I always forget to carry condoms then I find myself in a bind.")

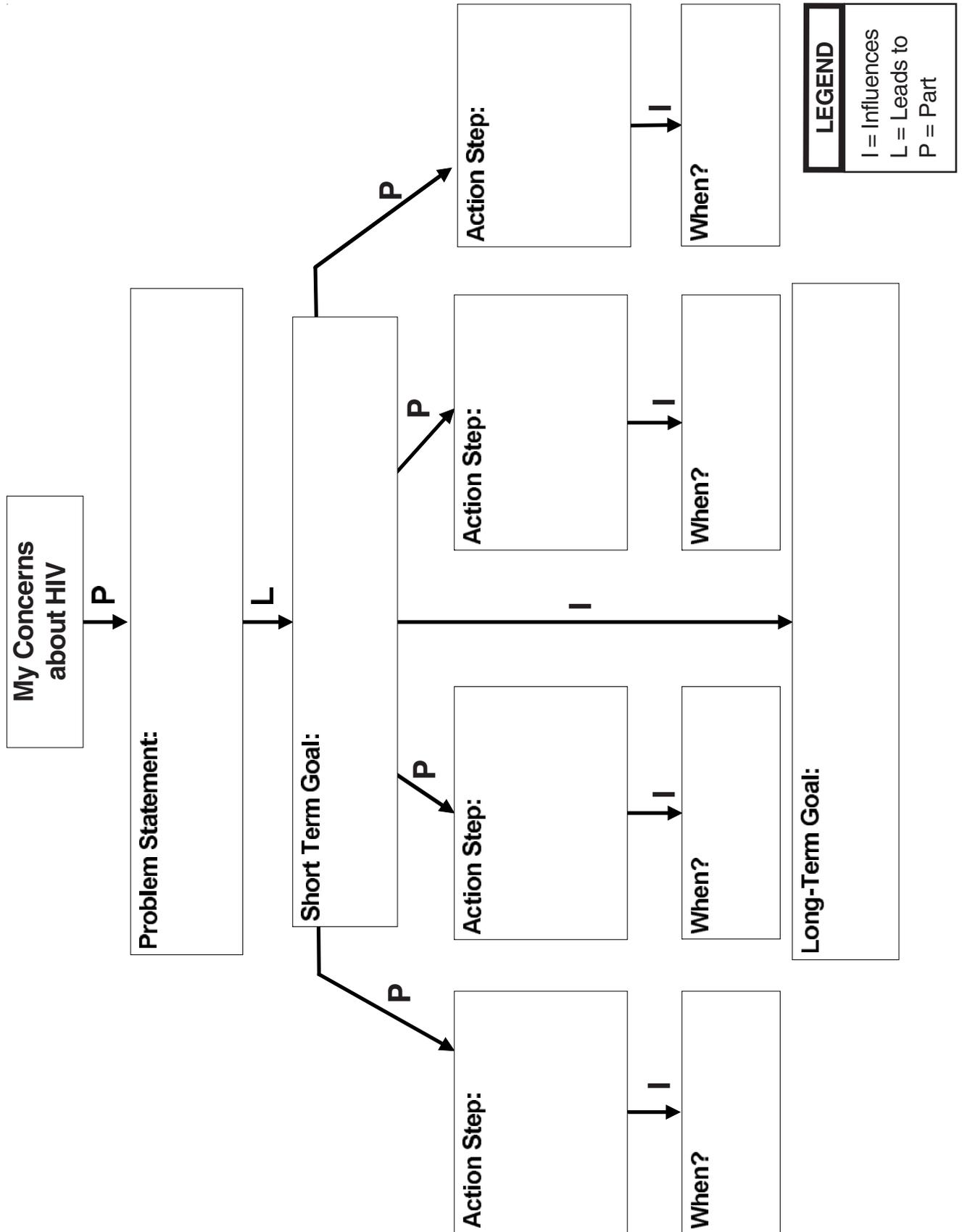
Short Term Goal: Give a brief description of one goal you think you'd like to work on to address the problem. (Example: "I want to remember to carry condoms with me.")

Action Step: Use these boxes to describe steps that you would like to take to reach your goal. (Example: "I need to buy some or pick some up from my counselor; I'll go out and buy one of those little plastic purse packs to carry them in; I'll check to make sure I have condoms before I leave the house; I'll put a note on my mirror to remind me to carry condoms.")

When? Use these boxes to decide when you will take action on your steps. (Example: "I'll buy some on my way home tonight; I'll look for a purse pack next time I'm at the mall; I'll check that I have condoms every night; I'll put the note up on my mirror tonight.")

Long-Term Goal: How will you be living your life in a year's time so that you don't have to worry about HIV infection? (Example: "I'll be making sure I'm using condoms every night, no matter what other people try to say to me.")

3. Encourage participants to complete their worksheets, stressing that there are no "right" or "wrong" answers to the questions. Let participants decide the complexity or simplicity of the problem they choose to address. For some groups you may want to encourage participants to complete one worksheet for sex risks and another for injection risks. Allow time for thoughtful completion and provide encouragement and assistance as needed.
4. Process the exercise by asking for volunteers to share their problems, their problem-solving steps, and their long-term goals. Encourage respectful discussion and constructive feedback from the group. An alternate method is to divide group members in to pairs or smaller groups of 3 or 4 people and ask them to share their worksheets. The smaller groups then come back together to share the key issues discussed in their buzz sessions.
5. Blank worksheets may be handed out as a "homework" assignment for participants to complete on another problem or issue related to personal HIV risk reduction.



Increase Condom Comfort

Using desensitization approaches to encourage condom use

Time: 60 - 90 minutes

Materials: Flip chart or erasable board, markers
Paper and pencils
Latex condoms (3 for each participant, plus extras)
Condom board (see description below)
Penis models, lubricants

Purpose: This activity helps address the embarrassment and negativity many clients associate with condoms. Through discussion and desensitization techniques clients are encouraged to explore their feelings about condoms and their resistance to using condoms. Methods for using condoms safely and comfortably are reviewed.

Working with Condoms: Condom discussions and demonstrations will benefit from presenters who are comfortable discussing sexual behavior, in general, and condom use, in particular. In addition, it helps if the presenter truly believes that condoms can be a fun, satisfying, erotic, and natural part of any sexual relationship. If we are uncomfortable with condoms and if our true feeling is that condoms are a drag and a hassle, we'll most likely convey that message to our clients in indirect but obvious ways. Desensitization work with condoms is best handled by presenters who are comfortable and enthusiastic about the benefits of condoms.

A condom board is a helpful prop for any condom/safer sex demonstration. To make a condom board, use a cork board or a heavy piece of cardboard to create a display of the of the variety of condoms available. Each condom should be fully unrolled and affixed beneath the package it came in so that participants can see what different brands and types look and feel like (see illustration on following page). Include lubricated and unlubricated condoms, flavored ones, condoms with reservoir tips and without reservoir tips, and examples of size differences (e.g., Magnum[®], Slim Riders[®]). Avoid displaying "novelty" condoms unless the package explicitly says they are suitable for HIV/STD prevention. Natural skin condoms are not recommended for disease prevention and should be excluded as well.

Increase
Condom
Comfort,
continued

Condom
Board:



- Procedure:**
1. Introduce the topic by asking participants to discuss how and when they first learned about condoms. Ask what attitudes or opinions they formed about condoms during adolescence. Ask whether those attitudes have changed, or whether they are still the same. Emphasize that it may be wise to reconsider our attitudes about condoms, given the danger posed by HIV and other STDs.
 2. Divide group into pairs or smaller groups of three. Distribute several latex condoms to each person. Ask each person to open one condom, and to spend some time handling it. Encourage them to unroll the condoms, stretch them, blow them up like balloons, pull them over a fist — to really examine their condom closely.
 - 3a. Having closely examined the condoms, next ask each pair or small group to brainstorm other potential uses for a condom, beyond birth control and disease protection. Encourage them to think of practical uses, as well as weird, wacky, or outrageous uses. Ask each buzz group to make a list of the uses they come up with.
- or**
- 3b. An alternative idea is to ask the groups to create a make believe TV or radio ad that sells all the positive aspects of condoms — something that would really inspire people to buy and use condoms.
 4. Ask the group to come back together and discuss the ideas generated for alternate uses for condoms (or to present the ads they developed). Highlight the properties of latex condoms that would allow for alternate uses (for example, they are strong, they stretch, they come in colors/flavors) or the main selling points in the ads.

**Increase
Condom
Comfort,
*continued***

5. Lead a general discussion about condoms and people's attitudes about using them. Where appropriate, use flip chart or erasable board to list participants responses.

Questions might include:

Among the people you know, how many do you think have ever used a condom? (Encourage a rough estimate.)

How many do you think use condoms all the time?

How many do you think use condoms most of the time?

Some of the time? Never use them at all?

What are some reasons why you think people use condoms? (List reasons.)

What are some reasons why you think people don't use condoms? (List reasons.)

What makes it difficult for people to use condoms?

What makes it easy for people to use condoms?

What one thing do you think is the biggest influence on whether or not a person will use a condom?

What is your own attitude about using condoms?

6. Spend about 10-15 minutes leading a review of the correct way to use a condom safely and comfortably. Use the condom board to illustrate the different shapes, sizes, colors, and textures of condoms available. Use penis models to demonstrate the correct way to put on a condom. Have participants practice putting condoms on fingers, bananas, or penis models (see **Core Curriculum** for more detailed instructions for condom demonstration). Emphasize and demonstrate that condoms can be fun, exciting, and sexy, as well as health-conscious.
7. Distribute safer sex literature and extra condoms, if available. Encourage participants to share what they've learned.