

*a TCU/DATAR Training Module*

# **Approaches to **HIV/AIDS** Education in Drug Treatment**

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***Institute of Behavioral Research  
Texas Christian University***

# **Approaches to **HIV/AIDS** Education in Drug Treatment**

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*a training manual  
from the TCU/DATAR project*

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This module was developed as part of NIDA Grant DA06162, Improving Drug Abuse Treatment for AIDS-Risk Reduction (DATAR).

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This manual is an expansion of the original manual, *TCU/DATAR Project: AIDS/HIV Module*, produced by DATAR in February, 1992.

Expanded Version: November, 1994

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# Acknowledgments

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A special thanks to Dr. Lois Chatham for her contributions to this manual. We also thank Dr. Barry S. Brown for his review and editorial suggestions, and Drs. Don Dansereau and Sandra Dees for their suggestions for the handouts and exercises that incorporate node-link mapping.

We also want to acknowledge the Texas Department of Health, Bureau of HIV/STD Prevention for permitting the use of educational materials from the HIV Test Counseling and Partner Elicitation course. Thanks also to Deborah Springer, HIV Coordinator, TDH Region 5 for her review of the manual and ideas for training activities.

# Preface

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The Texas Christian University/Drug Abuse Treatment for AIDS-Risk Reduction (TCU/DATAR) Project is concerned with enhancing drug abuse treatment and client retention in order to help reduce client relapse rates and HIV/AIDS-risky behaviors. Research for the DATAR project was conducted by the Institute of Behavioral Research (IBR) at Texas Christian University, in collaboration with three community-based methadone treatment programs in Texas (located in Corpus Christi, Dallas, and Houston).

A variety of psychoeducational interventions were developed to help increase client retention and involvement in the therapeutic programs of the study sites. These interventions use curriculum-based modules to assist counselors in leading group sessions that are both enjoyable and meaningful to clients. The treatment modules address such topics as relapse prevention, assertiveness training for women, and social support and life skills enhancement. A contingency management protocol also was implemented and evaluated.

In addition, an HIV/AIDS prevention module was developed and shown to be effective in helping clients change risky behaviors, especially when offered during the first three months of treatment. The present manual, *Approaches to HIV/AIDS Education in Drug Treatment*, is an updated expansion of the original module, designed to reflect changes and new information in the field. Some handouts and activities used in the HIV/AIDS module incorporate node-link mapping, a visual representation system for helping clients improve personal problem-solving and decision making skills. Preliminary investigation indicates that node-link mapping has a positive impact on clients' focus and retention of information. A brief article describing node-link mapping techniques is included in the manual.

Throughout the last decade, the epidemic of HIV infection and AIDS among injection drug users has placed a unique burden on chemical dependency programs. Of the approximately 340,000 cases of AIDS reported in the U.S. in 1993, an estimated 33% were related in some way to injection drug use (Centers for Disease Control, 1994). Substance abuse treatment staff increasingly are required to provide HIV education and testing along with addiction counseling and case management. This manual was developed as a resource tool for counselors and other staff who work with drug using populations. Its goal is to present workable approaches for educating clients about HIV/AIDS and helping them develop the skills needed for effective, consistent reduction of HIV-risky behaviors.

# Introduction

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*Approaches to HIV/AIDS Education in Drug Treatment* is a training manual for counselors and treatment staff to use with clients in addressing HIV prevention as part of chemical dependency treatment. The manual presents a core curriculum for psychoeducational groups covering the basics of HIV transmission and prevention, including safer sex and injection practices, HIV testing, and personal risk-reduction. The manual also provides ideas for additional education sessions on HIV/AIDS that may be used to facilitate continued discussions about personal risk reduction as part of treatment. A list of educational resources and a series of short articles on HIV-related issues are included to help counselors prepare for groups.

It is hoped that the *Approaches to HIV/AIDS Education in Drug Treatment* manual will help treatment providers become more effective in the vital job of educating clients and encouraging them to adopt HIV risk-reduction behaviors. For those new to providing HIV/AIDS education in treatment settings, the manual should help increase confidence in addressing the topic. For those who have been doing it awhile, the manual offers some new “tricks” to help alleviate the boredom and burnout that may result from the frequent repetition of the same information.

The **Core Curriculum** is an AIDS 101 educational intervention consisting of four weekly 90-minute sessions designed to be presented sequentially. It is best suited to small groups (6–8 participants), so that there is ample time for discussion. The material may be used with co-ed groups drawn from a program’s general clientele; however, it is also suitable for gender-specific groups for women or men. It is also appropriate for groups made up of sex partners of injection drug users. The curriculum is written in an easy-to-follow format and provides group leaders with instructions, scripted lessons, and discussion questions for each session. The following topics are addressed:

- Session 1** Introductions and group building  
What is HIV infection? What is AIDS?  
Transmission issues  
Exploring risk

- Session 2** Risk-reduction for HIV  
Safer injection tips/bleach demonstration  
Safer sex tips/condom demonstration
- Session 3** Personal rights and health protection  
Assertiveness skills for HIV risk reduction  
Risk situations role play
- Session 4** The Immune System  
Testing for HIV: What does the test tell you?  
Testing choices (confidential vs. anonymous)  
Action plan for risk reduction

The curriculum uses an interactive approach with activities, role plays, case studies, and group exercises that encourage participation and information sharing. Specially designed visual aids to education, called node-link maps, are used in some sessions as handouts or exercises. (A brief article describing node-link mapping appears in the Resources Section). A pre-and posttest instrument to measure changes in HIV/AIDS knowledge is provided at the end of the curriculum. In addition, each session features a short evaluation designed to provide feedback to the group leader.

The section called **Additional Ideas** provides examples of other types of group activities and HIV/AIDS education sessions for clients. Group leaders may use these mini-lessons to augment the core curriculum, as substitutes for core sessions already addressed, or as periodic follow-up sessions to promote continued awareness of HIV-issues and reinforce clients' commitment to personal risk-reduction.

The **Resources** section features a guide to providers of HIV/AIDS educational materials, including videos, pamphlets, safer sex demonstration materials, and additional HIV/AIDS curricula. A series of brief articles is included on topics such as leading role plays, dealing with clients who are HIV positive, CDC guidelines for disinfecting with bleach, encouraging HIV testing, and dealing with sexual pressure. These articles provide informative background reading and may help prepare staff to answer clients' questions during the groups. Many of the articles are suitable for use as handouts for clients who request more information.

Chemical dependency professionals play a key role in the fight against HIV disease. The challenge of helping people change their HIV-risky behaviors will remain an integral part of drug treatment in the years ahead. We hope this manual is a useful tool for helping treatment staff meet this challenge.



# 1

## HIV/AIDS Update

**Session Length: 90 minutes**

### Objectives

Participants will:

- Understand the difference between HIV infection and AIDS.
- Identify the ways by which HIV infection is spread.
- Explore personal perceptions of risk.

### Rationale

Because this is the first session, time is allotted for introductions and reviewing “group rules” (confidentiality, etc.) to enhance participants’ comfort. The session reviews the definitions of HIV/AIDS, how HIV infection progresses, and how HIV is transmitted. Although there is evidence that injection drug users know more about HIV/AIDS today than they did several years ago, there remain those who still need to have the basic information repeated or clarified. In addition, all clients benefit from a periodic update of information from a rapidly changing field.

### Session Outline



	Procedure Steps	Time
1	Welcome/ <i>Client Survey</i>	15 minutes
2	Overview/Group Guidelines	10 minutes
3	Group Introductions	15 minutes
4	Break	10 minutes
5	HIV/AIDS Update	15 minutes
6	Risk Game	15 minutes
7	Closure & Evaluation	10 minutes

## Materials

Flip chart, newsprint, or erasable board

Markers or chalk

Overhead projector (optional)

Paper/pencils for participants

Pocket folders — one for each participant

Snack-size sandwich bags or other disposable containers (2 per participant)

Small candies or jelly beans of 2 colors or types (10 of each color/type per participant)

## Preparation Notes

### *Group Guidelines*



**Use a sheet of flip chart paper to write out guidelines for the group.**

The following are fairly generic, and apply to most types of groups. Or use your program's standard rules for group activities, if you prefer.

**What's said here, stays here.** We'll all benefit from respecting each other's confidentiality.

**Participate — be involved** in the discussions. Your ideas count!

**Show respect for each other's opinions.** Listen first, even when you don't agree, then respond.

**Don't come to group under the influence of drugs or alcohol.**

## Information Maps



**Four information maps are used in this session.**

(See pages 22-25, at the end of this chapter).

They are used to help focus attention on key information during the HIV/AIDS Update discussion.

Use these maps as handouts for participants.

### *Using Information Maps to guide discussions:*

It's recommended that group leaders use diagrams of the information maps as visual aids during the presentation of the material. These diagrams may be prepared *before group* (on flip chart paper, an erasable board, or as overhead transparencies). These prepared maps are then used to direct participants' attention to **key points** (written out in boxes called "nodes") and their **relationships** to each (written as lines called "links"). The links connect the nodes and are labeled to specify the relationship. A legend on each map describes the link relationships. This kind of map is called a *node-link* information map.

For example, you might point out to the group that in the *HIV Information Map* (see p. 22), the **H** represents (shown as a line labeled with the letter R) the word **Human** in the acronym **HIV**. **Human** (in the case of HIV) has as a *characteristic* (line labeled with the letter C) that it is a *human* infection, in that it is not common to or spread by any other species. Nodes and links are thus discussed in this manner. You'll want to encourage questions and keep the group involved as you work through the key points in each map.

Some group leaders may prefer to write out or draw the maps *during the group presentation*. In this case, the boxes with key points and the relationship lines should be drawn and presented "freehand" as the discussion unfolds during the session.

For example, in covering the *HIV Information Map* material, you may begin by writing out the letters **H -I -V** inside small boxes (the "nodes") and drawing a labeled line (a "link") down from each letter to an open box. Then ask participants if they know what each letter in **HIV** stands for, and fill in the boxes, correcting information as needed. Next, a labeled line and an end box would be drawn from the boxes now containing the words **human, immuno-deficiency, and virus**. Participants might then be asked what each of those words means in connection to HIV, and the correct information added.

### **Information Maps, continued**

The discussion is then summarized (*HIV is a virus that invades and destroys the cells of the human immune system*) and questions are encouraged.

Maps prepared *before group* and used as discussion guides offer a more didactic and controlled type of discussion. Creating the maps *during group* leads to a more interactive atmosphere, as clients may be encouraged to offer suggestions and help build the map as the discussion unfolds. The group leader's style and the needs of the participants should dictate which approach is used. Some leaders may find it useful to experiment with both approaches.

The article on node-link mapping in the **Resources Section** provides a more in-depth discussion of its uses as a counseling and learning tool.

### **Exercises and Activities**



For the *Risk Game* activity, each participant will need 2 containers, each containing 10 pieces of candy of a different color. For example, one container with 10 red pieces and one with 10 blue pieces.

Snack-sized sandwich bags are an inexpensive option to serve as containers. Jelly beans are good bets for the candy. Life-saver Holes® or TIC TAC® Mints will also work. The main point is that, with your eyes closed, you should not be able to tell one color from the other by feel alone.

### **Make Copies**



*HIV Information map* (p. 22)

*AIDS Information map* (p. 23)

*HIV TIMELINE Information map* (p. 24)

*BODY FLUIDS Information map* (p. 25)

*Client Survey* (pretest; pp. 185-187)

*Session One Evaluation* (pp. 26-27)

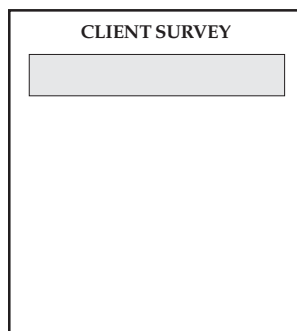
## Procedure

### Step 1 Welcome/Client Survey



- Welcome participants as they arrive.

- Ask each person to fill out a *Client Survey*.



*Client Survey appears on pp. 185-187.*

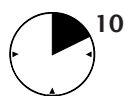
Encourage them to complete all items to the best of their knowledge. (If evaluation of the intervention isn't needed for your program, skip this step.)

Collect the pretest forms as participants complete them. When everyone is finished, welcome them again to the workshop. Introduce yourself, and go over any "housekeeping" items that need attention (smoking rules, restroom locations, etc.). If your program is able to provide transportation assistance or child care during the workshop, go over the details.

- Distribute pocket folders.

Ask participants to use the folders to store handouts, and suggest they bring them to group meetings.

### Step 2 Overview of Workshop/Group Guidelines



- Discuss the purpose of the HIV/AIDS workshops and provide a brief synopsis of each session so participants know what to expect. Include the following key points:

- The purpose of the HIV/AIDS group is to help you be informed so you can protect your health.

This group will meet four times, for about an hour and a half each time. We'll take a short break about halfway through each session to give you a chance to stretch.

**Step 2,  
continued**

- 🔑 **If you get nothing else from these groups, we hope you'll get this: You have the right to protect yourself from HIV infection.**

This workshop will help you develop the attitudes and skills needed for a personal action plan for HIV risk reduction.

- 🔑 **Today's session will give you what we're calling an HIV/AIDS Update — the latest information and a chance to ask questions.**

Next week we'll talk about risk-reduction techniques, such as cleaning your works and safer sex. The third session will take a deeper look at this idea of your *right* to protect your health, and we'll practice how to deal with high risk situations. And the last session will give you the low-down on the so-called AIDS test, including how the test works.

If you're expecting a lot of lectures and boring statistics, you'll be disappointed. What we're looking to do is learn the facts, and talk about what all this HIV/AIDS business means in your real life situation.

- 🔑 **We hope you'll consider becoming an "informal" educator in your social circle.**

Take what you learn here and share it with your family, friends, even your casual associates. The more of us out there who are willing to correct bad information when we hear it, the better chance we have of reducing HIV/AIDS in our community.

**■ Review the *Group Guidelines*.**

Use the prepared flip chart list of guidelines, or list each guideline as it's discussed. The key point is to help establish the groundwork for a group setting that is safe, private, and conducive to discussing whatever personal issues participants are willing to share.

### Step 3 Group Introductions



#### ■ Begin the group introductions.

Introduce the topic by noting that the HIV/AIDS “epidemic” was first reported in this country in 1981. Since then, we’ve all learned a lot about the strange and scary disease.

#### ■ Go around the room and ask each person to introduce himself or herself.

Ask participants to give their name or nickname, and to tell a little bit about themselves (i.e., how long in the program, marital status, number of children — that sort of thing.)



#### Before moving on, ask each person the following questions:

When (how long ago) did you *first learn* that AIDS could be spread by sharing needles or by sex? What was your reaction at the time?

In what ways has your reaction to AIDS risks changed in the last few years?

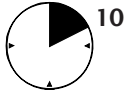
#### ■ Thank participants for their responses.

(Or otherwise acknowledge in a positive way their willingness to share their thoughts and feelings.)

#### ■ Conclude by telling a bit of information about yourself.

Share when you first learned about AIDS transmission and your reactions, both then and now. Let the group know that after the break, the rest of the group session will focus on discussing the latest HIV/AIDS information.

## Step 4 Break



Allow about a 10-minute break.

## Step 5 HIV/AIDS Update



This segment focuses on providing basic information about HIV/AIDS by defining terms, discussing known routes of transmission, and describing the progression of HIV disease and AIDS, from the moment of infection to the onset of serious illness and possible death.

### ■ Begin with a brief introductory discussion including some of these key points:

- 🔑 **It's fair to say that HIV infection and AIDS are like no other diseases we have ever had to deal with as human beings.**

They are very complex. That's why it's so important for people to have correct information about them.

- 🔑 **To date, there have been about 400,000 AIDS cases in the United States, with over a million cases reported worldwide.**

It's estimated that 12 million people worldwide carry the virus that causes AIDS. In the U.S., 1 out of every 3 cases is linked to injection drug use, either injection use itself, or being the sex partner of someone who injects (based on 1993-94 figures).

### Note:

Update statistics as new data become available. Include statistics from your locality or community to help "bring the message home." The National AIDS Hotline at 1-800-342-AIDS is a good source for updated statistics.



## Step 5, continued

### 🔑 There's no cure for AIDS.

For the time being we've got all our chips riding on prevention and education. The good news is that HIV/AIDS can be prevented. That's part of what we'll be talking about today.



### Stop and ask participants:

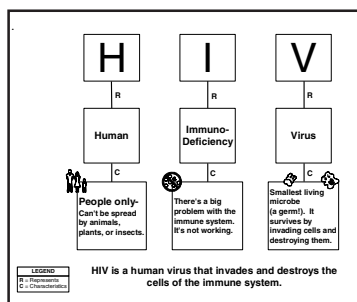
Do you know anyone who has HIV infection or AIDS?  
(Or do you *know of* anyone who has HIV/AIDS?)

What feelings do you have when you think about AIDS?

### ■ Encourage a brief discussion.

Validate participants' concerns and feelings. Transition to the next discussion by suggesting that we're all living in a time when accurate information about HIV is vitally important.

### ■ Introduce the *HIV Information Map*.



Full size map shown on  
page 22.

Use it to briefly review the definition of HIV. Follow one of the approaches for using maps as visual aids suggested in the *Preparation Notes* of this session. **Include the following key points in the discussion:**

### 🔑 HIV is the name given to the virus that infects people and then goes on to cause AIDS.

### 🔑 The **H** stands for HUMAN.

This refers to the fact that people (human beings) can get it and pass it on. It is not common to or spread by any other species. That is to say, it's not spread by dogs, cats, parrots, mosquitoes, ticks, horses, or rose bushes. It's spread by people.

**Step 5,  
continued**

🔑 The **I** stands for **IMMUNODEFICIENCY**.

This is a big word that means there’s a problem with the immune system. Our immune system is made up of special cells that help protect us from disease. When it doesn’t work right (when it’s deficient), we lose protection against disease and illness.

🔑 The **V** stand for **VIRUS**.

A virus is the smallest microbe that can infect human beings. (A microbe is something like a “germ” — it can only be seen with a really strong microscope.) A virus can’t live on its own. It invades human cells in order to survive.

🔑 **HIV survives by invading certain white blood cells in the body’s immune system (called CD4 cells or T-cells).**

It gets into these cells through blood contact and/or contact with sex fluids (semen and vaginal fluids). A pregnant woman with HIV may pass it to her unborn child during pregnancy or childbirth, or through breast milk if she breast-feeds. Once a person has HIV, he or she can infect others with his/her blood or sex fluids, even if he/she has no symptoms.

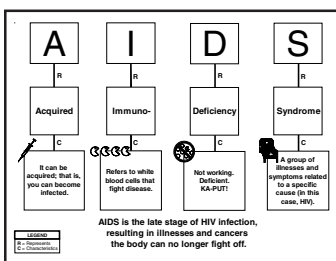
🔑 **HIV is a virus that invades and destroys important cells in the human immune system.**

■ **Introduce the *AIDS Information Map*.**

Use the *AIDS Information Map* as a visual aid to briefly review the definition of AIDS. **Include the following key points:**

🔑 **AIDS is the final stage of HIV infection.**

People are said to have AIDS when their immune system has become severely damaged and they are experiencing one or more of the serious illnesses which define AIDS.



Full size map shown on page 23.

**Step 5,  
continued**

🔑 The **A** stands for **ACQUIRED**.

This means you can acquire it from an infected person; that is, you can become infected yourself.

🔑 The **I** stands for **IMMUNE**.

Again, this is the body's immune system. It's made up of different types of white blood cells that help fight disease.

🔑 The **D** stands for **DEFICIENCY**.

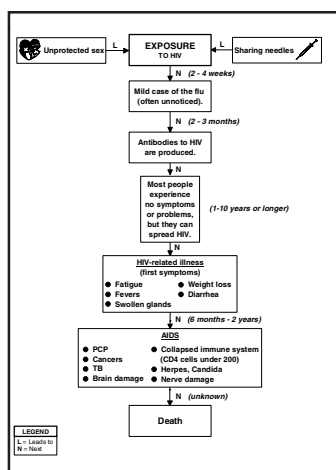
Again, like the definition of HIV, deficiency means it's not working. It lacks the ability to function correctly.

🔑 The **S** stands for **SYNDROME**.

This is a medical term used by doctors to describe certain symptoms or health problems that are related to a specific disease.

🔑 **Most people who have AIDS probably carried HIV for many years before becoming ill.**

AIDS is defined medically as having HIV, plus one or more serious health problems such as certain types of pneumonia, cancers, infections, or forms of TB. Also, a person may be diagnosed as having AIDS when the virus has destroyed a large number of their immune system cells called CD4 cells or T cells. If a special lab test shows the person has a "count" of fewer than 200 CD4 cells, then the person is said to have AIDS.



Full size map shown on page 24.

■ Introduce the *HIV TIMELINE Information Map*.

Use it to review the progress of HIV infection from exposure to AIDS. **Include these key points:**

🔑 **Let's take a quick look at how most people become infected with HIV, and how things progress for them afterwards.**

For adults and teenagers today, the primary way they are

**Step 5,  
continued**

exposed to HIV is through sharing injection “works” (such as needles, syringes, cookers, or cottons) with someone who has the virus, and/or through unprotected sex with someone who has the virus. In this instance, the term “sex” includes man/woman sex with the penis inside the vagina (usually referred to as *vaginal sex*); sex where the penis is put inside the rectum/anus (referred to as *anal/rectal sex*); and *oral sex*, when either the man’s penis or the woman’s vagina is stimulated by the mouth or tongue of his/her sex partner (sometimes called “going down”, “head,” or “blow job”).

- **About 2-4 weeks after exposure some people experience very mild, flu-like symptoms.**

They may feel a little run down, have a low fever, and feel fatigued. For most, it’s so mild they hardly notice it. What’s happening is the immune system is reacting to the invasion of the virus.

- **After about 3 months, the immune system will produce something called antibodies in its attempt to fight off the virus.**

Unfortunately, HIV is so powerful the antibodies don’t help. However, these antibodies can be detected by a blood test, called the HIV Antibody Test. This test is used to help people know whether or not they have been infected with HIV. We’ll talk more about the HIV test in Session Four of this workshop.

- **After the person is infected, it may take up to 10 years before he/she becomes seriously ill.**

It all depends on how healthy the person was to start with and how well they take care of themselves after exposure. Drug and alcohol abuse combined with years of neglecting one’s overall health may shorten this time. **Even though the infected person feels fine, he or she can still spread the virus through unprotected sex or by sharing needles/works. At some point, the infected person can expect to experience symptoms.**

These early symptoms include fevers, night sweats, weight loss, fatigue, swollen glands, loss of appetite, and diarrhea.

**Step 5,  
continued**

These symptoms used to be called ARC (AIDS Related Complex), but today they are referred to as *HIV-related illnesses*. This is the point at which most people finally see a doctor.

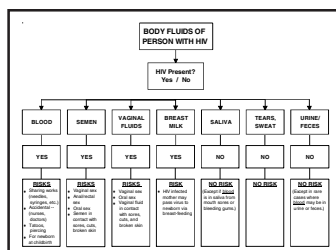
✦ **Anywhere from 6 months to 2 years after the first symptoms of HIV-related illnesses, most people will be diagnosed with AIDS, which is the late stage of HIV illness.**

By then, they may have developed cancers such as Kaposi’s Sarcoma (women may develop cervical cancer), lung infections such as Pneumocystis Carinii Pneumonia (PCP), brain disorders such as AIDS dementia, “wasting syndrome,” (severe diarrhea and loss of appetite), TB, or uncontrollable outbreaks of herpes or candida infection. They may also show evidence of a severely destroyed immune system with a CD4 cell count under 200. Many types of effective treatment are available for the different cancers and infections caused by HIV, but there is no cure for AIDS itself.

✦ **The time from onset of “full-blown” AIDS to death can’t be known.**

Most people with AIDS eventually die from the disease. However, a few people have had HIV for many years without going on to develop AIDS. It’s very important for people who think they may have been exposed to HIV to have an HIV test. The sooner they know if they have HIV, the sooner they can begin following a health and treatment plan that may help prolong their lives.

■ **Introduce the *BODY FLUIDS Information Map*.**



Full size map shown on page 25.

Use it to review the ways by which HIV may be transmitted. **Include the following key points:**

✦ **HIV invades and takes over some of the cells of the immune system.**

This results in the virus being present in some of the body’s fluids. HIV can be spread from one person to another through contact with infected body fluids. However, not *all* body

**Step 5,  
continued**

fluids are a problem. Let's separate the "risky" ones from the "not risky" ones.

- 🔑 **The blood of an infected person will have the highest concentration HIV.**

If their blood gets into your bloodstream, you may become infected with HIV, too. Even a tiny amount can lead to infection.



**Ask participants to help you list the ways HIV may be spread by infected blood.**

Clarify any misinformation. Cover the following:

- ❖ Sharing injection equipment, cookers, cotton
- ❖ Piercing, tattoos, "blood brother/sister" rituals
- ❖ Accidental cuts or sticks (for example, doctors, nurses, EMTs)
- ❖ Transfusions (clarify that HIV risk is very low nowadays)
- ❖ Hemophilia treatment (risk also very low nowadays)
- ❖ Exposure to blood during childbirth may infect a newborn infant

- 🔑 **Stress that the primary blood-to-blood transmission risk today is shared drug injection equipment.**

- 🔑 **The second most common is blood exposure to newborn infants during childbirth when the mother is infected with HIV.**

An infected mother has about a 30% chance of passing HIV to her unborn child, either during pregnancy or during childbirth.

- 🔑 **The semen (cum) and vaginal fluids (juices) of HIV infected people also contain high concentrations of the virus.**

**Step 5,  
continued**

If these fluids come in contact with cuts, sores, or irritated skin, HIV can be transmitted. Also, if these fluids come in contact with *membrane* tissues, the virus can enter the immune system. A membrane is a special type of soft, moist, delicate skin, like the inside of the mouth, the inside of the vagina, the rectum, and the opening at the tip of the penis.



**Ask participants to help you list the ways HIV may be spread through infected semen or vaginal fluids.**

Clarify misinformation. Cover the following:

- ❖ **Vaginal sex (penis in vagina).** HIV in semen can penetrate the membranes that line the vagina. HIV in vaginal fluids can penetrate the thin, delicate skin of the penis and urinary opening at the tip of the penis.
- ❖ **Anal sex (penis in rectum).** HIV in semen can penetrate the membranes that line the rectum. Small cuts or tears may allow HIV in semen to pass directly into the bloodstream.
- ❖ **Oral sex (mouth on penis or vagina).** HIV in semen or vaginal fluids can penetrate the mouth's membranes. Small cuts or sores in the mouth allow HIV in semen or vaginal fluid to pass directly into the bloodstream. **If the person performing oral sex has mouth sores, bleeding gums, or crack pipe burns, then there may be blood in his/her mouth. If they have HIV, they could spread it via blood while performing oral sex.**
- ❖ The **breast milk** of an infected mother may expose her infant to HIV. Women with HIV infection or AIDS who give birth are advised to not breast-feed their infants.
- ❖ The **saliva** (spit) of an infected person does not have enough HIV to worry about. HIV cannot be spread through contact with saliva. However, if there is blood mixed with the saliva, then there's a potential problem. In this case, the transmission risk is from the blood, not the saliva. Blood may be in saliva from gum disease, mouth sores or cuts, crack pipe burns, etc.

**Step 5,  
continued**

- ❖ The **tears, sweat, urine, or feces** of an infected person do not contain enough HIV to worry about. Therefore, HIV cannot be spread through contact with these body fluids. In rare cases, blood may be present in urine or feces, creating a risk.

■ **Summarize the discussion by reviewing the ways HIV can and cannot be transmitted. Include the following key points:**

🔑 **HIV can be transmitted by an infected person.**

It can be spread via blood contact (especially shared drug injection equipment), and by contact with sex fluids during vaginal, anal, and oral sex. The breast milk of an infected mother may also expose her infant if she breast-feeds.

🔑 **HIV cannot be transmitted by saliva, tears, sweat, urine, or feces.**

It cannot be spread by touching, hugging, eating utensils, toilet seats, swimming pools, food, clothing, sneezing, or coughing. It is caused by a human virus, so it can't be spread by dogs, cats, monkeys, or other animals. Neither can it be spread by mosquitoes, ticks, or fleas.

🔑 **You cannot catch HIV by donating blood.**

However, if you have reason to suspect that you may have been exposed to HIV, don't donate blood. Do **not** donate blood just to see if you have HIV. If you want an HIV test, go to the health department or other HIV testing site.

🔑 **HIV can be prevented.**

You can help reduce your chances of getting HIV by using latex condoms every time you have sex (vaginal, oral, or anal sex) and by never sharing works (needles, syringes, cottons, etc.).



- Encourage participants to ask questions before moving on:



What have I failed to cover that you still have a question about?

## Step 6 Risk Game



15



- Conduct a warm-up for the *Risk Game* activity.

Point out that it's impossible to discuss HIV/AIDS without also discussing the issue of *risk*.

As a warm-up for the activity, read the following brief “cases” to participants, and ask them to tell you the level of risk for the characters involved, based *only* on the information contained in the “case.” (Discourage speculations about “if”.)

Participants may introduce what they already know about risk reduction into the scenarios; for example, by noting that if a character uses bleach to clean borrowed works then he or she reduces the level of risk. Acknowledge and praise these risk-reduction suggestions, but ask participants to base their *assessments* of possible risk only on the “facts” that are presented in the case studies only. The *unknown* is a key factor in assessing one's risk for HIV and this is the main point you'll be trying to stress.

### Case # 1

John and Mary have been married for 20 years and are sexually faithful to each other. John is a “weekend warrior” — he shoots a few speedballs with his buddies on the weekends and smokes a little dope. Since he doesn't use that often, he doesn't have any equipment, so he always borrows someone else's.

**Step 6,  
continued**

Write “Case # 1” on flip chart paper or an erasable board.  
List participants’ answers under it.



Ask participants to answer the following questions:

Who’s at risk for possible HIV infection in this case?

On a scale of 1 to 10, how big is each person’s risk?

**Case # 2**

JoAnn shoots about 3 times a day and smokes crack, too. She avoids sharing her works most of the time, but not always. JoAnn often pays for drugs with sex. She prefers to give oral sex, but never asks men to use a condom. Many of the men who give her drugs for sex are heavy crack users.



List participants’ answers to the following questions under “Case #2” on flip chart:

Who’s at risk for possible HIV infection in this case?

On a scale of 1 to 10, how big is each person’s risk?



Conclude with the following questions:

How did you make your judgments of HIV risk for these characters?

What would have made it easier for you to judge the risks?

We talked about these people’s risks on a 1 to 10 scale.

What could each person do to *reduce* their risk by 3 points on this scale?

**Praise and reinforce risk-reduction suggestions.** Then tell participants you’d like for them to take part in an exercise.

**Step 6,  
continued**



**Introduce the *Risk Game* activity.**

Show participants 2 containers of identically shaped candies of 2 different colors. Explain that there are 10 candies in each container. Read over the following script to get an idea of how to lead this activity.

**Script**

The **red** candies in this container are just that — candies. The **blue** candies in this container, however, are a lethal poison. The poison doesn't kill you instantly, but rather causes a slow and terribly painful illness that can go on for years before it actually kills you. The suffering, loss of ability, and pain are indescribable. There is no antidote. Got it?

Now, if I offered you a **red** candy from this bag, would you worry very much about eating it?

Okay, how about if I took one **red** candy from this bag and replaced it with a **blue** one? (*Demonstrate this step.*) Now I have 9 "safe" candies in the bag, and one "dangerous" one. How many of you would be willing to close your eyes, reach into the bag, select a candy, then pop it into your mouth and eat it without looking?

**Stop here and process participants' thoughts and feelings about risk-taking.**

**Continue with the script.**

Okay, let's say I replaced 2 "safe" candies with 2 "dangerous" ones. (*Demonstrate it.*) Now how many would be willing to reach in, take one, and swallow without looking?

**Again, stop and discuss people's thoughts and feelings.**

**Continue the pattern of replacing "safe" for "dangerous" candies until the mix/ratio is such that participants are no longer willing to take the risk.**

**Step 6,  
continued**

Process the activity with the following questions:

What kind of feelings did you experience during this exercise?

What did you learn about yourself and your willingness to take risks?

What was the deciding factor for you to stop taking a risk?

**Remember that one-third of all AIDS cases are related to injection habits and most of the rest are related to sex.**

What have you realized about HIV/AIDS risks from this exercise?

■ **Provide closure for the exercise. Include the following key points:**

- **The purpose of this exercise is to help you get in touch with how each person judges risk.**

We all are different in terms of how much risk we are willing to take. Luck is not an issue. To avoid HIV risks, we must avoid placing ourselves (or others) in risky situations.

- **The unknown is a big factor when it comes to HIV risk.**

Sharing needles/works or having unprotected sex is very much like reaching into the candy bag with our eyes closed. We don't know if we're going to get a red candy or a blue one. If we don't know another person's HIV status or habits *for certain*, then there's an HIV risk if we have sex or share needles with that person.

- **Next week, we'll talk about how we can take action against HIV through personal risk reduction.**

HIV is preventable, and it is possible to live your life so that you are not in danger of getting or passing on the infection.

## Step 7 Closure/Evaluation



- Tell participants that you'd like them to take part in a "homework" type experiment before the next session. Give each person a set of candy bags (one bag of "safe" candy and one bag of "dangerous" candy.)



- Ask participants to use their candy bags to demonstrate the *Risk Game* to one or two of their friends or family members during the coming week.

Give the following suggestions:

- ❖ Explain the "risk game" to your friend or family member just the way we did it in group today. See if you can predict who will take the biggest risk and who won't.
- ❖ Observe how your friends react to the game. Notice how much risk different folks are willing or not willing to take. If they seem interested, tell your friends or family members a little about how this game applies to HIV risk (or other health risks that people take). Observe their reactions. We'll talk about the results of the experiment during our next session.

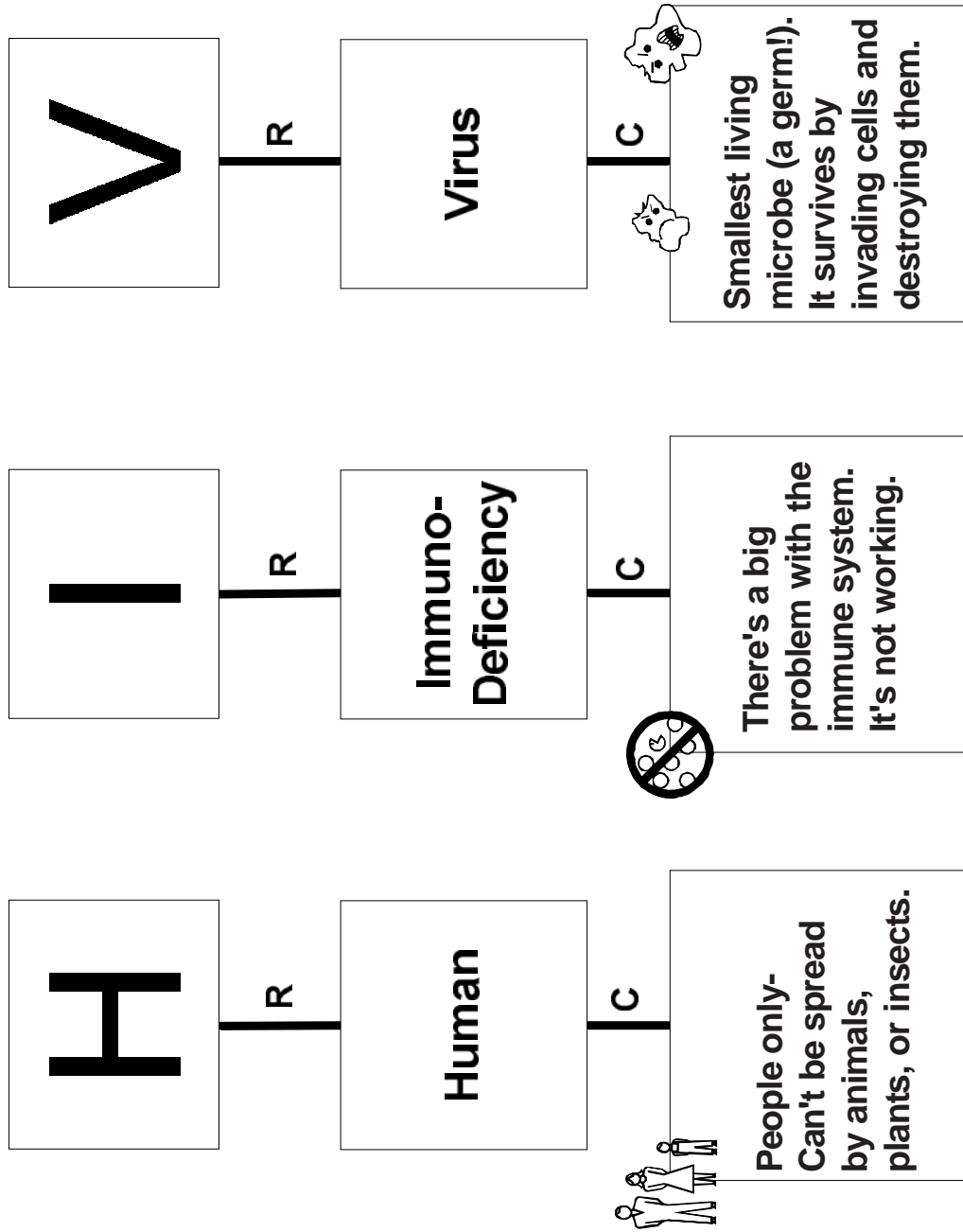
- Thank participants for sharing their ideas and contributing to today's discussion. Invite everyone to return again next week.
- Write 1-800-342-AIDS and 1-800-344-SIDA (Spanish) on flip chart paper or erasable board.

Remind participants they can get free, one-on-one answers to any questions they may have about HIV / AIDS by calling these numbers.

- Ask each person to complete a session evaluation form before leaving.

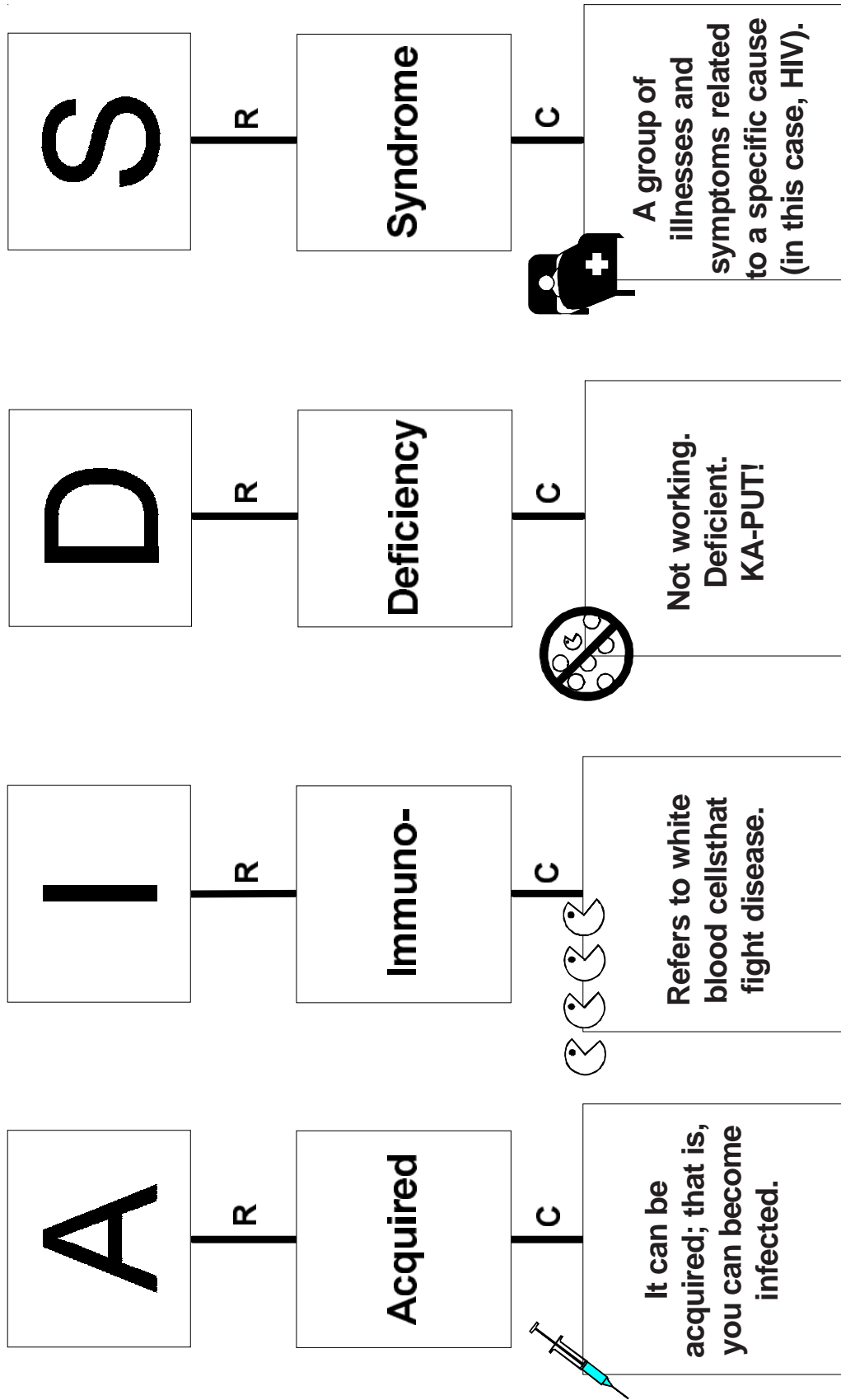
SESSION EVALUATION SESSION 1

Session Evaluation appears on pp. 27-28.



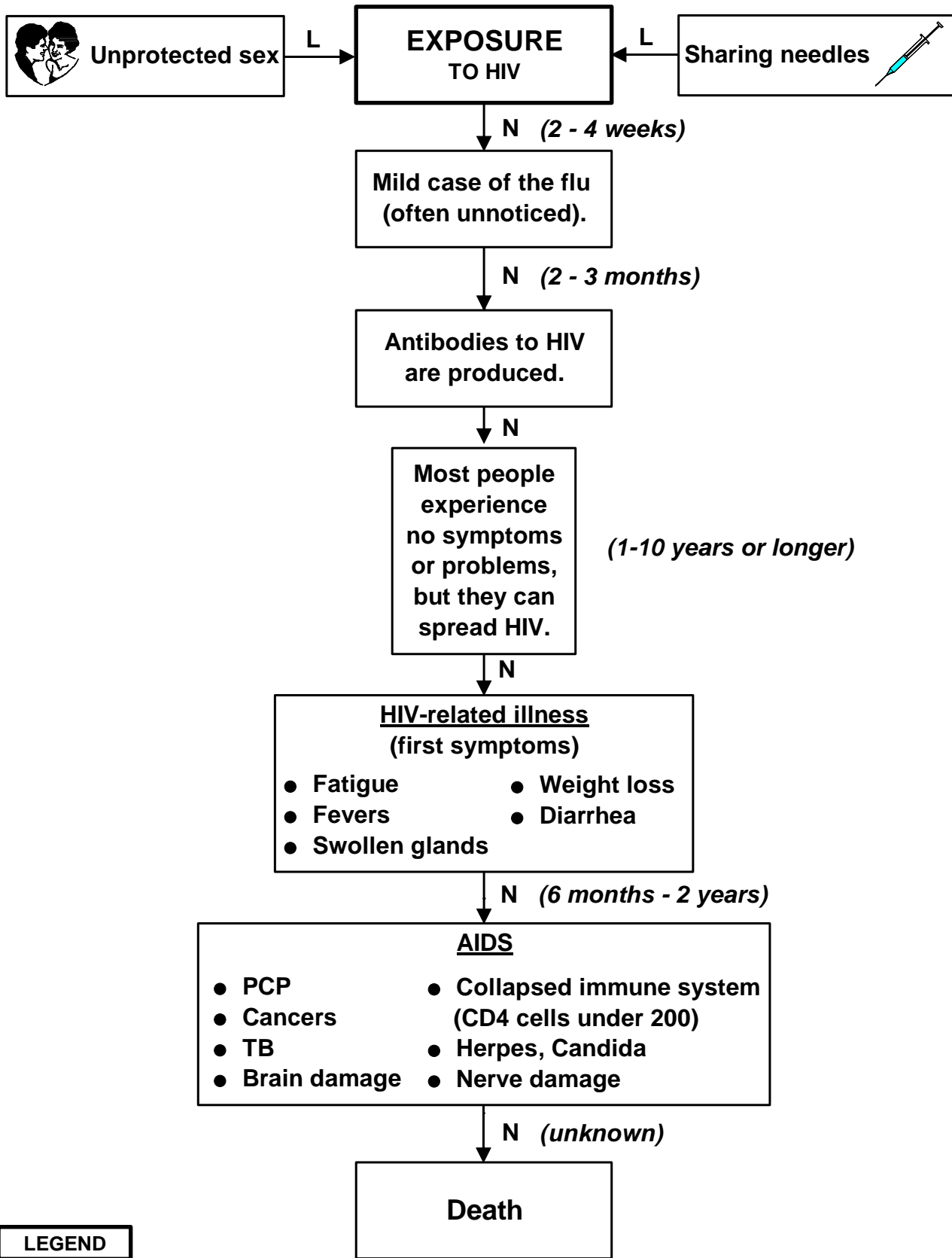
LEGEND	
R	= Represents
C	= Characteristics

**HIV is a human virus that invades and destroys the cells of the immune system.**



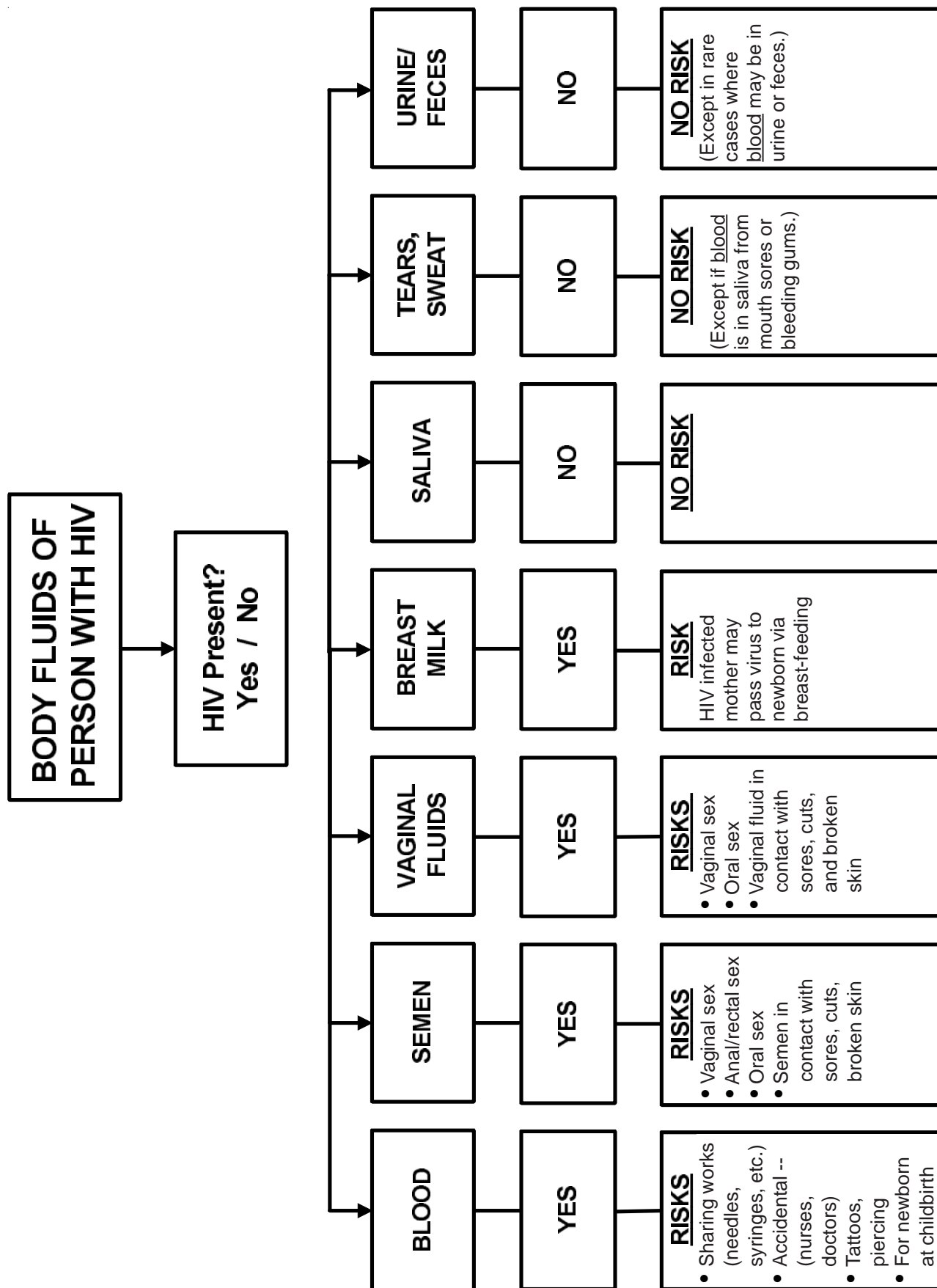
**AIDS is the late stage of HIV infection, resulting in illnesses and cancers the body can no longer fight off.**

LEGEND
R = Represents
C = Characteristics



**LEGEND**  
 L = Leads to  
 N = Next





**SESSION EVALUATION**  
*HIV/AIDS Core Curriculum*

**SESSION 1**

**THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR:**

[FORM 046; CARD 01]

SITE #  __ __	CLIENT ID#  __ __ __ __ __ __	DATE:  __ __ __ __ __ __	COUNSELOR ID#  __ __
[6-7]	[8-13]	MO DAY YR [14-19]	[20-21]

**INSTRUCTIONS:** Please answer the following questions based on what you learned in today’s session. Circle 1 (True) or 2 (False) after each statement.

True	False
------	-------

1. AIDS is caused by the human immunodeficiency virus. .... 1      2      [22]
2. People with HIV infection will show obvious symptoms. .... 1      2      [23]
3. Ticks and fleas can spread HIV. .... 1      2      [24]
4. Pregnant women with HIV infection need special medical treatment. .... 1      2      [25]
5. AIDS is a preventable disease. .... 1      2      [26]
6. Sex fluids (semen and vaginal fluids) may contain HIV. .... 1      2      [27]
7. Tears and sweat may contain HIV. .... 1      2      [28]
8. The “V” in HIV stands for “venom.”. .... 1      2      [29]
9. Latex condoms help prevent the sexual spread of HIV. .... 1      2      [30]
10. Worldwide, more than 1 million AIDS cases have been reported. .... 1      2      [31]

|\_\_|\_\_|      [32]

Session 1  
Page 2

**INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.**

1. Use one word to describe your feelings about this class. \_\_\_\_\_

2. What is the most important thing you learned today?

3. What are the major ways HIV infection is spread?

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating.)

01	02	03	04	05	06	07	08	09	10
Poor			Pretty Good				Excellent		

5. Do you have any suggestions to help make this class better?