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The Right to Protect Your Health

Session Length: 90 minutes

Objectives

Participants will:

- Explore personal right to protect one's health.
- Review assertiveness skills for HIV-risk reduction.
- Practice assertiveness skills in high-risk situations.

Rationale

The decision to change HIV-risky behaviors involves acceptance of the right to protect one's health. Implementing the decision involves planning, communication, problem-solving, and assertiveness. Time is allotted for role plays that encourage participants to explore interpersonal barriers to behavior change and to practice assertive requests and responses.

Session Outline



	Procedure Steps	Time
1	Welcome/Introduction of Topic	05 minutes
2	Process Homework Assignment	10 minutes
3	Personal Rights	10 minutes
4	Assertiveness Skills	15 minutes
5	Break	10 minutes
6	Assertiveness Role Plays	30 minutes
7	Closure & Evaluation	10 minutes

Materials

Flip chart, newsprint, or erasable board

Markers or chalk

Overhead projector (optional)

Paper/pencils for participants

Preparation Notes

Information Maps



One information map is used in this session.

(See page 82 at the end of this chapter). It's used to help focus attention on key points during the discussions of assertiveness skills.

Use this map as a handout for participants.

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* or created *during group* as the discussion proceeds.

For further clarification, review the suggestion for using information maps described in the *Preparation Notes* for Session One (pp. 3-4).

Exercises and Activities



Assertiveness Role Plays

For role play situations, ask the group members to generate examples of situations in which they think they'd have a tough time being assertive about their decision not to take an HIV risk. However, you may want to think up several sample scenarios you can use to get the group started. A few sample scenarios are included at the end of this chapter (p. 83).

Another approach is to ask participants to write on a sheet of paper several brief descriptions of situations that test

Exercises and Activities, continued

their abilities to act assertively. Ask them to pass in their descriptions without putting their names on them. These situations can then be used as material for the role plays.

The **Resources Section** contains a short article with suggestions for leading role plays. Some groups may be uncomfortable with the idea of doing role plays. If this is the case, you may prefer to treat the suggested scenarios as “case studies,” then lead a problem-solving discussion with participants, incorporating the importance of assertiveness for risk reduction.

Make Copies



ASSERTIVENESS Information Map (p. 82)

ROLE PLAY SCENARIOS (p. 83)

Session Three Evaluation (p. 84-85)

Procedure

***Step 1* Welcome/Introduction of Topic**



- **Welcome participants as they arrive.**

- **Introduce session topic.**

Tell participants that today’s session will deal with how to act on your decision to avoid future HIV risks. Remind them that a key point of the workshop is getting in touch with their right to protect themselves and others from HIV.

- **If necessary, review Group Guidelines.**

Restating the importance of confidentiality and respect for other’s opinions may help make discussions more comfortable. Guidelines are on page 2.

Step 2 Process Homework Assignment



- Review the HIV interview homework assignment.



Use the following questions to lead the discussion:

Whom did you talk with (interview) about HIV risk reduction?

How well informed were your subjects?

Did you have to correct any misinformation? What?

What did you learn from talking with others about HIV risks?

- Thank participants for their willingness to do the assignment.

Step 3 Personal Rights



This segment asks participants to focus on health protection as a personal right. Acceptance of your right to watch out for your own best interest is the foundation of health-related assertiveness. We want to encourage participants to develop an “I’m worth it and I can do it” attitude about reducing HIV risks.

- Introduce the concept of one’s personal right to avoid health risks, especially HIV risks.

Include the following key points:

- 🔑 We all have the right to refuse to put our health at risk.

Step 3, continued

We have the right to tell others in no uncertain terms about our decision not to take a health risk. This means that no one has the right to force us to take a health risk.

-  **The flip side is that we *don't* have the right to push or force other people to risk their health.**

If someone wants to use a condom when they have sex with us or if they refuse to share injection equipment with us, we should respect *their* right to protect their health. Don't take it personally — just accept that it is the other person's *right*.

-  **Here are some rights that can influence health protection.**



(Quickly write these out on flip chart or erasable board as you mention them.)

- ❖ We have the right to be treated with respect.
- ❖ We have the right to say “no” and to have our “no” respected.
- ❖ We have the right to *express* our feelings, needs, and decisions.
- ❖ We have the right to protect ourselves (and our families) from HIV.

- Lead a brief discussion to explore how these rights can play an important part in helping us avoid HIV risks.**



Do you agree with these rights?

How will accepting these rights help you make better health decisions?

Which of these rights is the most important for you?

How can we make sure we respect the rights of others?

**Step 3,
continued**■ **Conclude the discussion.**

Cover the following key points:

- 🔑 **Your right to protect your health is an important issue, but there are other issues as well.**

After you make your decision to stop taking HIV risks, you have to find ways to stick to it. For most of us, this is where it gets tough. Everyone in this room would agree with the statement “I don’t want to get HIV” or “I don’t want to give HIV to anyone.” So how can we stay on top of it?

- 🔑 **We’ll spend the rest of the class on this issue.**

Be thinking *honestly* about the kind of **real life** situations that make it tough to always avoid HIV risks. I’ll ask you to share some of those later. First, though, let’s talk about how assertive communication can help.

Step 4 Assertiveness Skills

- **Begin by asking participants what “assertiveness” means to them.**



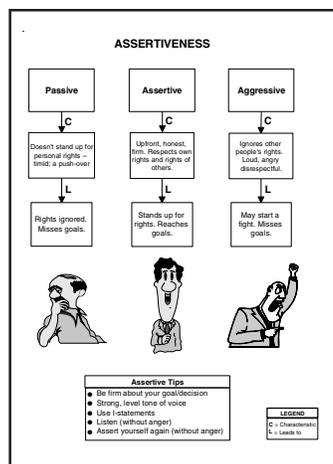
List characteristics they describe on flip chart or erasable board.



If I tell you someone is *assertive*, what kind of person do you picture?

- **Distribute *ASSERTIVENESS Information Map* handouts.**

Use the map to briefly define assertiveness and review the components of assertive communication. **Cover the following key points:**



Full size map shown on page 82.

➤ **Assertive communication is an up front way of expressing or telling others about your thoughts, feelings, decisions, or rights.**

When we communicate assertively, we use a tone that is firm, but respectful of others. We avoid put-downs, insults, and any “game-playing.” We tell it like it is — with respect for ourselves and for others.

For example: “I don’t really want to see that movie. Can we work out another choice?”

➤ **Aggressive communication, on the other hand, is confrontational and disrespectful of others.**

It’s often loud, angry, and full of put-downs and insults. The result is that the person we’re talking with may become angry or threatened and tune us out. When this happens, we lose because we’ve lost the chance to get our point across and persuade the other person to cooperate with us.

For example: “You’ve got lousy taste in movies, and I’m not going to another one of your losers.”

➤ **Passive communication sends the message that you’re a push-over and easy to manipulate.**

It’s often timid, hesitant, and wishy-washy. The result is that others may think they can tell you what to do or talk you into something you don’t want to do. Sometimes we’re passive because we want to be friendly and get along. But when it comes to protecting our health and defending our rights, passive doesn’t cut it.

For example: “Are you sure that’s the movie you want to go to.”

Most of us don’t communicate assertively all of the time, and that’s okay. But when we have an important point to get across — like when we want to stick by a decision — then assertiveness will work best.

**Step 4,
continued****■ Discuss the components of assertive communication.
Cover the following key points:**

Here are some tips for communicating assertively, especially when avoiding HIV risk is the issue.

🔑 First, know your goal.

Remember, assertive communication helps get across that we're *serious* about what we're saying, and that we're *firm* in our decision.

🔑 Tone of voice is an important part of assertiveness.

We want to use a tone that is calm, pleasant, self-assured, and firm. It's best to go with a neutral, matter-of-fact kind of attitude — straight-forward. We want to avoid yelling, threatening, being sarcastic, whining, pleading, or manipulating. Keep anger out of your voice. Just speak your mind, and remember you have the right to do so.

🔑 Use I-language to get your points across.

This involves speaking for yourself. "I-language" tells the other person where you are coming from in an honest, no-nonsense way. For example, "*I'm not* sleeping with you without a condom," "*I'm worried* about all this HIV business, man, so *I'm not* gonna lend you my rig," or "Hang on, Jack, *I want* to clean this thing with some bleach before I use it."

🔑 Listen, and don't get angry when people come back at you after you've communicated assertively.

It's bound to happen from time to time. Listen politely — you already *know* your goal and you *know* you're not going to get side-tracked. Don't let the other person pull you into his/her trip by making you angry. Other people have the right to try to change your mind, but *you* have the right to stick by your guns and stay in control.

🔑 Reassert yourself when you need to, calmly and without anger.

**Step 4,
continued**

Tell the person *again* what you have decided is best for you. For example, “Hey, I understand you don’t like my decision, man, but it’s *my* decision — no condom, no sex — that’s the way it is.” You may have to listen calmly and reassert yourself several times — that’s okay. Eventually the other person should get the idea. Again, the key is to stay calm, don’t get angry, and keep on asserting what you’re going to do to protect yourself.

■ **Conclude the discussion. Summarize with the following points:**

Obviously, getting good at assertiveness takes practice. Especially the ability to listen to other people’s attempts to change your mind without getting angry or led off the subject. It’s worth the effort to practice, though, because it helps increase your self-confidence and your self-respect.

After the break, we’ll practice being assertive about avoiding HIV risks in real life situations. During the break, be thinking about situations you think are tough for being assertive and refusing to take risks.

Step 5 Break

Allow a 10-minute break.

Step 6 Assertiveness Role Plays

■ **Before starting the role plays, consider the following points:**

- ❖ **The role play scenarios (topics, situations, difficulties) should be generated by the group, if possible.** Ask for about 3 or 4 situations, as time allows. Some sample

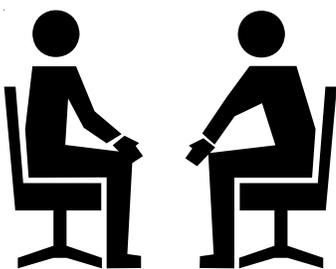
Step 6, continued

scenarios are included at the end of this chapter in case you need them (p. 83).

- ❖ **Role play exercises allow people to rehearse behavior and receive feedback and encouragement from others in a safe environment.** This can improve their confidence and resolve to adopt new behaviors or communication styles. The biggest challenge in leading role plays is to keep participants focused on the new behavior being practiced (in this case assertiveness) instead of on the *content* of the role play itself.
- ❖ **Don't feel shy about stopping role players and re-focusing them on the goal of practicing assertive responses to potential HIV risks.** By all means, interrupt the role play if it starts drifting off into left field or "he said/she said" debates.
- ❖ **Consider using a "two-statements, two-responses" technique.** This type of role play helps keep the group focused and on track. The following instructions will provide you with a general idea of how to use this technique.

■ Conduct the role plays using the following instructions:

1. Prompt the group to generate a list of situations they label as difficult, in terms of being able to practice HIV-risk reduction effectively.
2. Ask for volunteers to role play. It's generally unwise to force people to serve as role players. Allow people to volunteer. Remember that some people will learn more from observing and giving feedback than they will from role playing themselves.
3. Set up two chairs facing each other at the front of the room. Have the role players sit in these chairs.
4. Ask the group to help identify the "core" issue involved for each role play situation/scenario.
5. Have one role player deliver a "risk invitation" statement to which the second role player will respond assertively.



Role players sit in chairs facing each other.

**Step 6,
continued**

Here's an example of a role play exercise:

Scenario: A woman has decided she wants her boyfriend to use condoms because she's sure he's back on the needle again. She really loves him. Every time she brings up the condom thing, he begs and sweet talks her until she finally gives in and does it without a condom.

Leader asks: What's the issue here? Why would this be a tough situation for staying on track with your goal to avoid HIV? (*Leader listens to group input.*)

Leader continues: Okay, sounds like the *central issue* is that the woman needs to stand by her decision in the face of some "emotional" manipulation. She wants to say "yes" to love, but a "BIG NO" to HIV.

Leader continues: Let's try a few lines and practice an assertive response. Role player #1 will be the boyfriend, and role player #2 the woman. Role player # 1, I want you to lay your best sweet talk lines on her. Role player #2, I want you to remember your goal and practice the assert/reassert technique we talked about earlier. Begin when you're ready.

Player #1: Oh, baby...you're so sweet and good. You turn me on so much. Please don't say we gotta use a rubber.

Player #2: I want to start using condoms. I don't feel easy with the fact that you've started shooting dope again. I've made up my mind, and it's the right thing for me.

Player #1: Baby, you're breaking my heart with that condom business. Come on, don't I always treat you really good?

Player #2: You *are* good, baby. Yes you are. And I know you'll be good with a condom, too. That's what I need from you — we gotta use a condom or forget it.

Leader breaks in: Okay. Stop right there for a minute. That was really good. Player # 1 — you sure know how to lay on the sweet talk, brother. Well done and very believable. And Player # 2, you really sounded up front and firm. How did this feel to you?

**Step 6,
continued**

6. Stop and process what is going on for the role players at this point.



For Role Player # 2 (the “asserter”):

How did it feel to respond assertively?

What kind of thoughts were you having?

How confident did you feel?

How will this approach work for you in real life?



For Role Player # 1 (the “assistant”):

How did you react to her assertive response?

How did you feel about it?

What kind of thoughts did you have?

If this had been real life, how would you have reacted?

7. Ask the group for feedback to help the asserter improve her/his technique. Encourage the group to give *constructive* feedback that focuses on improving the assertiveness of the role play responses.



Sample questions:

What suggestions do you have for the asserting player?

How might she make her response even stronger and more up front?

8. Suggest that the role players repeat the interaction, using the feedback received. (“Take-2”)

If the role player who is playing the asserter role is having a particularly difficult time, you may want to do several “takes” until he or she feels comfortable and confident about his/her ability to deliver an assertive response.

After the subsequent takes, ascertain how the asserter is feeling.

**Step 6,
continued**

Is his/her comfort level improving? What improvements do the assistant and the group observe?

9. Give lots of positive strokes and reinforcement to the players. It's not easy to do this stuff in front of people. Be gentle and praise a lot!
10. Move on to the next situation/scenario and recruit new volunteers.

Summary of the role play instructions:

- ❖ Develop role play material that focuses on both sexual and injection HIV-risk situations/scenarios. Have the group provide situations, or invent your own. Do one scenario at a time.
- ❖ Have the group help you identify the core issue — this will define the asserter role player's *goal*.
- ❖ Ask for volunteers to play the asserter and the assistant roles. Try the "two statements-two responses" technique. In some cases, you may want to stretch it to three statements-responses.
- ❖ Stop for processing, and praise the role players. Get feedback from the asserter first, as discussed above. Next, process the experience for the assistant role.
- ❖ Ask the group for constructive feedback. Ask for helpful suggestions for the asserter. This is an especially important step because it asks the group to share the thoughts and feelings they experienced while witnessing the role play.
- ❖ Try at least one more take per scenario after the asserter has processed the experience and received feedback. After the take, ask the asserter to decide if his/her comfort, confidence, and technique is improving.
- ❖ Praise their efforts, thank role players, have the group give them a quick round of applause.
- ❖ Move on to the next situation/scenario and recruit new volunteers.

**Step 6,
continued**■ **Provide closure for the role play activities.**

Include some of these key points:

- **Assertiveness is one way we can act on our right to protect ourselves against HIV.**

It's not always going to work perfectly, but it does give us an edge in difficult situations. A key skill is learning to assert and reassert our needs, goals, and intentions without becoming angry. It takes time and practice to get good at it.

- **We can use assertive techniques in other situations as well.**

There are many areas of life where we need to stand up for our rights. If you'd like more information, talk to me after group, and I can give you the names of some books you might find helpful for learning more about the assertive way.

**Note to
Group Leader:**

A list of books on assertiveness and communication skills is included in the **Resources Section**.

Step 7 Closure & Evaluation

- **Tell participants you have another "homework" type assignment for them for the week ahead.**

Use the following ideas to give instructions:

- ❖ **Practice what you've learned about assertiveness.** In other words, try to give an assertive response (not aggressive or passive) at least twice during the next week. You may want to practice in an HIV or other health protection situation. Or you may want to practice in other situations where you feel you are being pressured or manipulated in a way you don't like.

**Step 7,
continued**

- ❖ **In addition, be a “people watcher,” and look for assertiveness in other people’s communications.** Take note when you observe others communicating passively, aggressively, or assertively. Try to determine the style used most often by the people you hang out with.
- ❖ **Refer to your handout to keep the key points fresh in your mind.** We’ll share our experiences at the next meeting.

- **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.**

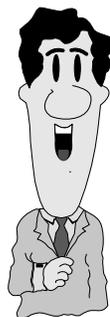
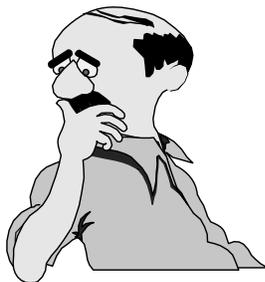
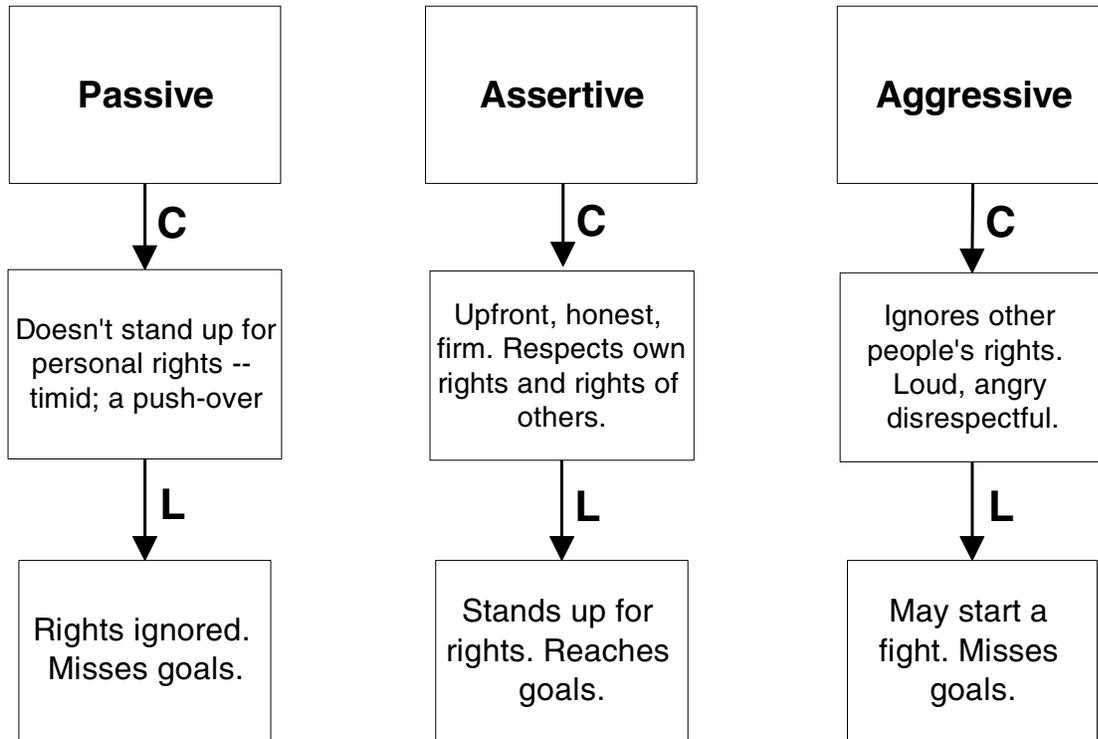
Remind participants they can get free, one-on-one answers to any questions they may have about HIV / AIDS by calling these numbers.

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

SESSION EVALUATION SESSION 3

*Session Evaluation
appears on pp. 84-85.*

ASSERTIVENESS



- | Assertive Tips |
|--|
| <ul style="list-style-type: none"> ● Be firm about your goal/decision ● Strong, level tone of voice ● Use I-statements ● Listen (without anger) ● Assert yourself again (without anger) |

LEGEND
<p>C = Characteristic</p> <p>L = Leads to</p>

SAMPLE ROLE PLAY SCENARIOS

You've chipped in with some friends to make a score. After the drugs are divided, someone hands you a used rig to hit with.

How do you handle this situation to protect yourself from HIV?
What do you say?

A close friend invites you to try some stuff she's selling since she owes you a favor. She doesn't have a rig and asks to use yours in exchange for her providing the dope.

How do you protect yourself (and her) from possible HIV?
What do you say?

You find yourself in a drug using situation, even though you're clean, in treatment, and plan to stay that way. Someone offers you a few drops left in a syringe, just for old times sake.

How do you protect yourself from HIV?
What do you say?

Times are hard, and you've been forced to take to the stroll again. But you'll only go with a few known customers. You've decided to be a condoms-only girl. A date offers you an extra \$10 to give head without a rubber.

How do you protect yourself from HIV?
What do you say?

Your old man still shoots, even though you've quit and are in treatment. You're worried about his exposure to HIV, and about yours, too, because you are having sex with him. He refuses to wear a condom.

How do you protect yourself against HIV?
What do you say?

You're out with a lady who shoots drugs and who sleeps around. She's fine, though, and you're about to enjoy a romantic moment. You pull out a condom, and she cops an attitude and gets mad because you want to use a "condo."

How do you protect yourself from HIV?
What do you say?

SESSION EVALUATION
HIV/AIDS Core Curriculum

SESSION 3

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR:

[FORM 048; CARD 01]

SITE # __ __ [6-7]	CLIENT ID# __ __ __ __ __ __ [8-13]	DATE: __ __ __ __ __ __ MO DAY YR [14-19]	COUNSELOR ID# __ __ [20-21]
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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. Assertiveness can help you stand up for your personal rights. 1 2 [22]
 - 2. Aggressive communication is helpful and respectful. 1 2 [23]
 - 3. I-language is considered childish and selfish. 1 2 [24]
 - 4. It is sometimes difficult to listen without becoming angry. 1 2 [25]
 - 5. People who communicate passively always get their way. 1 2 [26]
 - 6. Assertive communication help you achieve your goal. 1 2 [27]
 - 7. Role play exercises help people practice assertiveness skills. 1 2 [28]
 - 8. Passive and assertive communication are the same. 1 2 [29]
 - 9. Assertive communications can help you protect your health. 1 2 [30]
 - 10. An assertive tone of voice is loud, shrill, and pushy. 1 2 [31]
- |__|__| [32]

