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Institute of Behavioral Research  
Texas Christian University  
TCU Box 298740  
Fort Worth, TX 76129  
(817) 257-7226  
(817) 257-7290 fax  
E-mail: [ibr@tcu.edu](mailto:ibr@tcu.edu)  
Web site: [www.ibr.tcu.edu](http://www.ibr.tcu.edu)

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# What about HIV testing?

Session Length: 90 minutes

## Objectives

Participants will:

- Review the human immune system.
- Understand how HIV tests are conducted.
- Create an action plan for personal risk reduction.

## Rationale

HIV testing should be a serious consideration for people in chemical dependency programs, especially injection drug users and anyone who may have had sex with an injection user. A negative test result can motivate behavior change by opening up the idea of an HIV-free starting place. Time is allotted to demystify the HIV test, to encourage testing, to structure a personal risk reduction plan, and to identify community services for HIV testing and for people with HIV infection.

## Session Outline



	Procedure Steps	Time
1	Welcome/Introduction of Topic	05 minutes
2	Process Homework Assignment	10 minutes
3	Immune System 101	10 minutes
4	The HIV Test	20 minutes
5	Break	10 minutes
6	Risk Reduction Plan	20 minutes
7	Closure/ <i>Client Survey</i>	15 minutes

- Materials**
- Flip chart, newsprint, or erasable board
  - Markers or chalk
  - Overhead projector (optional)
  - Paper/pencils for participants

## Preparation Notes

### Information Maps



**Two information maps and a structured map exercise are used in this session.**

(See pages 104–106 at the end of this chapter). They are used to help focus attention on key points during the discussions of the immune system and how the HIV test is run.

**Use these maps as handouts 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).

**You'll also review the HIV TIMELINE Information Map from Session One** (see page 24). This is used to re-familiarize participants with the time frame for HIV antibody production after infection. Participants may still have their handout copy in their folders, however, you may want to have extra copies for those that need one.

### HIV Testing and Services Guide



You'll want to distribute some type of guide to HIV testing sites in your community. In addition, provide a list of services for HIV-positive people. If possible, include locations, phone numbers, hours of operations, fees and charges, services offered, eligibility criteria, and other such

information. For testing sites, include information about counseling services and type of testing options available (i.e., anonymous vs. confidential).

Research and develop your own guide or fact sheet, or ask around your community (public health department, AIDS Service Organizations, etc.) to see if there's something already put together you can copy.

## Exercises and Activities



### Risk Reduction Plan

The Risk Reduction Plan is a structured, fill-in map exercise that asks participants to focus on specific areas in their lives where HIV risk reduction efforts could be improved. The activity asks group members to think about how often they believe they are at risk, to identify changes they've already made, and to look at behaviors that they'd like to change. The final piece asks them to identify risk reduction action steps to work on.

Look over this mapping exercise ahead of time and practice completing a map yourself. It will help you give clear instructions to any group members who may have questions during the exercise. The **Resources Section** contains a more detailed discussion of the uses of mapping activities in chemical dependency treatment.

## Make Copies



*IMMUNE SYSTEM Information Map* (p. 104)

*HIV TEST Information Map* (p. 105)

*HIV TIMELINE Information Map* (p. 24)

*HIV TESTING AND SERVICES GUIDE Handout*

*RISK REDUCTION PLAN Structured Map* (p. 106)

*Session Four Evaluation* (pp. 107-108)

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

## Procedure

### Step 1



### Welcome/Introduction of Topic

- Welcome participants as they arrive.

- Introduce session topic.

Tell participants that today's session will explain how the HIV test works, confidentiality issues when you have a test, and why testing is important. The session also presents a brief overview of the immune system, and some time will be spent developing a personal risk reduction plan.

- 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?

**Step 2, continued**

- Thank participants for their willingness to do the assignment.

**Step 3 Immune System**



This section provides a brief overview of the human immune system so that clients can better understand how the HIV test works and why damage to the immune system can prove fatal.

- Begin a section introduction by briefly discussing the immune system.

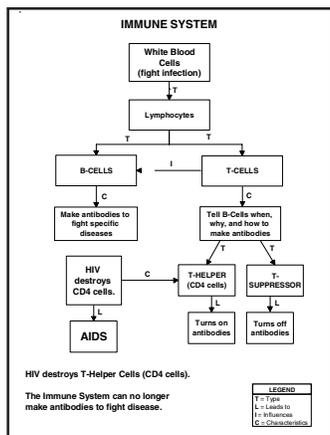


Ask participants what they know about the immune system.

What do you know about the job of the immune system?

- Conclude the section introduction by noting that it's important to know what the HIV test is and isn't.

The best starting place for understanding the HIV test is a quick review of the human immune system.



Full size map shown on page 104.

- Introduce the *IMMUNE SYSTEM Information Map*, and distribute handouts.



Use a chart or similar visual aid of the map to briefly review the immune system.

**Note to Group Leader**

You also will review the *HIV Timeline Information Map* from Session One during this section. Have it available on a chart, etc. for reference and redistribute handouts as needed.

**Step 3,  
continued**

Work at a pace that is comfortable for your group, and encourage participants to ask questions as they think of them. **Cover the following key points:**

- **In a person's blood stream there are red cells and white cells.**

The red blood cells carry oxygen to all parts of the body (picked up when blood circulates through the lungs) and the white blood cells help fight diseases and infections.

- **There are several kinds of white blood cells.**

In terms of HIV infection, the most important ones are called **lymphocytes**. There are two types of lymphocytes, called **B-Cells** and **T-Cells**. They "patrol" the human body, looking for signs of invaders, like viruses, bacteria, and other "germs."

- **The B-Cells and T-Cells rely on each other for information about invaders/infection in the body.**

The B-Cells make **antibodies**, which fight specific diseases. The T-Cells tell the B-Cells *when* to make antibodies, *what kind* to make for the specific disease at hand, and *how long* to keep making them. In other words, the T-Cells regulate the B-Cells production of antibodies.

- **There are two types of T-Cells, called T-Helper and T-Suppressor.**

They work like a thermostat system for telling the B-Cells when to start and stop making antibodies. The T-Helper turns on antibody production when there's an invasion, the T-Suppressor turns off antibody production when the infection/invasion is stopped. **The T-Helper (CD4) Cell is a very important player in the healthy functioning of the immune system.**

### Step 3, continued

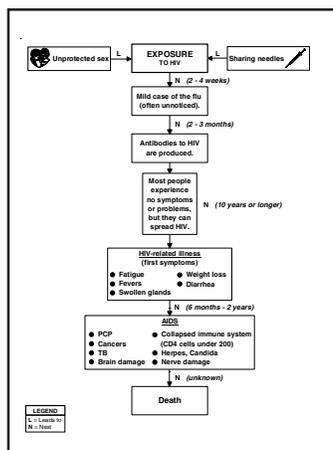
As, we discussed, HIV is a virus.

A virus is the smallest known living thing. It can't live on its own, it has to have a cell to live in. In the case of HIV, its preferred host cell is a T-Helper Cell (CD4). The T-Helper Cells are also called CD4 Cells.

The human immunodeficiency virus (HIV) attacks the T-Helper Cells, takes them over, and prevents them from doing their job.

In other words, the B-Cells eventually don't get the right information about making antibodies, so when an infection comes along, the B-Cells don't know to respond.

### Refer to the *HIV Timeline Information Map*.



Full size map shown on  
page 24.

When a person is first infected by HIV, the body's immune system responds as it would to any other infection and makes antibodies for a while. For many people, a few weeks after infection they experience mild flu-like symptoms. This is the body trying to fight off HIV by making antibodies. Unfortunately, these antibodies are not able to stop HIV, because the invading virus has hidden inside the T-Helper Cells. About 3 months (12 weeks) after exposure to HIV, the immune system has made enough antibodies so HIV can be identified. **These antibodies are what the HIV test looks for in a blood sample.**

For a while after the HIV infection first sets in, it "lays low." Then it begins to slowly take over and destroy the T-Helper Cells. It also keeps new ones from being made. Some people may go without any symptoms of illness for 10 years or longer, **but they are still infectious and may pass the virus to other people through blood contact and/or sex.**

Eventually, the destruction of the immune system takes its toll. People begin getting sick because their immune system can no longer fight off the simplest infections — things that could easily be fought off by someone with a

**Step 3,  
continued**

healthy immune system. When this happens, people are said to have *HIV-related illnesses*. The late stage of HIV-related illness is called AIDS.

■ **Conclude the overview by asking for questions:**



What would you like more information about? What did I not cover?

**Step 4 The HIV Test**



■ **Begin by asking what participants know about the HIV test.**



Briefly discuss answers.

Now, let's move on to talking about the HIV test. What do you know about the HIV test?

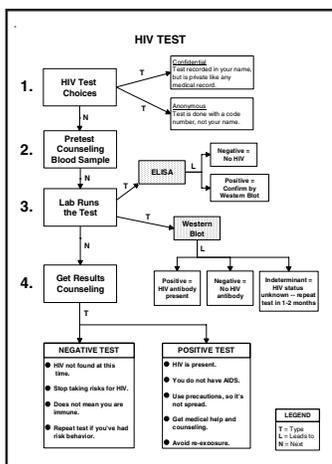
■ **Introduce the *HIV TEST Information Map*, and distribute handouts.**

Use the map to describe the procedure for HIV testing. Once again, encourage people to ask questions along the way. **Cover the following key points:**



**The test for HIV may be offered by:**

- ❖ AIDS service agencies
- ❖ Public health departments
- ❖ Other public health clinics
- ❖ Some drug and alcohol treatment programs
- ❖ Some hospitals and private doctors
- ❖ Private laboratories



Full size map shown on page 105.

**Step 4,  
continued**

Private labs also may offer the test, but many are expensive. Every program that offers testing operates a little differently; **however, in most programs having an HIV testing involves the following steps:**

(The following information provides discussion material for the indicated steps of the *HIV Test Information Map*.)

**HIV Test  
Choices**

**Step 1. Deciding between confidential and anonymous testing**

The first consideration is between **confidential** and **anonymous** testing. Some testing centers may offer both options, some offer only one or the other.

A **confidential test** means your test and the results will be treated like any other medical record. It will be in a file under your name, but no one can see the file or know the results of the test without your permission.

When an **anonymous test** is performed, your name is not known, either to the test center or anyone else. There is no paper record with your name on it. Your test is run with a specially assigned number or code name that only you know. The only way you can get your results is by knowing your number or code name. In most cases, the only way you can get your results is in person.

**Pretest  
Counseling;  
Blood Sample**

**Step 2. Pretest counseling and giving a blood sample**

You should be given information explaining the HIV test, told how long before you'll get your results, and be given answers to any questions you may have (**pretest counseling**). A **blood sample** will be taken and labeled with your identification information for the lab tests. Most of the time, blood is taken from the arm; however, some programs offer a finger-stick method for collecting the sample. Other testing methods, such as oral swabs, may also be used by some testing centers. In most testing programs, counseling about HIV is done by a public health counselor, nurse, street outreach worker, or other trained person. Your pretest counselor should also talk with you about personal HIV risks and your plans for changing risky behavior.

*Step 4,  
continued*

**Lab Runs  
the Test**

🔑 **Step 3. A laboratory will run the HIV test**

The standard HIV test is called the **ELISA**. It picks up initial evidence that there may be antibodies to HIV in your blood sample. If the result is **negative**, this means evidence of HIV antibodies was not found. No other tests are performed after a negative ELISA.

If the ELISA is **positive**, this means evidence of HIV antibodies has been found.

If the ELISA is positive, a second test is run called **Western Blot**. Western Blot is very sensitive and specific.

**If the Western Blot is negative, then the person's HIV test is said to be negative.** This means there was no evidence of HIV at the time blood was drawn.

**If the Western Blot is positive, then the person's HIV test is said to be positive.** This means the person is carrying the HIV virus, and there is evidence in the blood sample because HIV antibodies were found.

**Rarely, the Western Blot is indeterminate.** This means the test results are inconclusive, and the person should be tested again in about 1–2 months.

Remember it may take 3 months or longer to develop HIV antibodies, so if someone took an HIV risk (let's say unprotected sex or sharing rigs) *2 weeks* before their test, an **indeterminate** test may simply mean that their body hasn't had enough time to make HIV antibodies.

**Test Results  
Counseling**

🔑 **Step 4. Test results and posttest counseling**

Most testing sites have the results back within 2–3 weeks. (Some labs offer even quicker service.) In most testing programs, you must **return in person for your results**. Very few places will give you the results over the phone. If you're tested by a street outreach worker or through a street outreach program, you'll be given information at the time of your test about how to get your results.

**Step 4,  
continued**

The results of your HIV test will be given *only* to you, and you should be given some counseling about what the results mean. There are different issues to consider based on whether the results are negative or positive.

**Main issues if HIV test is negative:** There is no current indication of HIV. However, if there's a chance you were exposed to HIV in the 3 months before the test, either from unprotected sex or infected needles, then HIV antibodies might not be present yet. It's a good idea to have another test in 3 months, and to *immediately* begin practicing HIV risk reduction (clean needles, condoms, fewer sex partners, etc.) **A negative test does not mean you are immune to HIV.** You can still catch it if you keep taking chances. A negative test is a good starting point for making changes.

**HIV Treatment  
Information Hotline**

**1-800-HIV-0440**

**Toll free information  
about treatment options  
for HIV.**

**Main issues if HIV test is positive:** There is evidence that you are infected with HIV because of the presence of HIV antibodies in your blood. **This does not mean you have AIDS.** It does mean you are infected and you can infect others through sex, blood contact (sharing rigs), or if you get pregnant (possibly exposing fetus/newborn). Being HIV positive means you must begin immediately to take care of your general health in order to stay healthy as long as possible. You also will want to protect yourself from re-exposure to HIV. That is, if you re-infect yourself through another exposure to the virus from sex or sharing needles, it could make your condition worse and might make you develop AIDS faster. You'll want to protect yourself and others by always using condoms and not sharing works.

Most communities have special service providers for people who are HIV positive. These agencies provide additional tests, medical care and advice, support and counseling, and AZT and other drugs to treat the illnesses that develop because of HIV. Some agencies also provide help with housing, food, transportation, and other basic needs.

**Main issues with an indeterminate test:** This result means you could be positive or negative. Take

**Step 4,  
continued**

precautions, and protect yourself and others by using condoms and not sharing works. You should return for another test within 1–2 months.

**■ Ask participants to help you list reasons why having an HIV test is a good idea:**

Why is HIV testing a good idea?

What are some reasons a person may not want to have an HIV test?

If a person is HIV positive, what responsibility does he/she have to others?

If a person has engaged in risky behavior, does he/she have the responsibility to be tested? Why or why not?

**■ Reinforce the importance of HIV testing.**

**Discuss testing issues raised by participants and emphasize the advantages of being tested:**

- ❖ Knowing your HIV status helps you do the right thing. If you're positive, you can protect yourself and others.
- ❖ Women who suspect they might be pregnant or who are planning to get pregnant may benefit from knowing their HIV status. There is some evidence that AZT taken early in pregnancy may reduce the chances of a mother passing the virus to her newborn.
- ❖ Encourage participants with questions about HIV testing to consult with a local public health provider or call the National AIDS Hotline 1-800-342-AIDS or 1-800-344-SIDA (Spanish) for advice and information. For HIV treatment information call 1-800-HIV-0440.

**■ Conclude the overview by asking for further questions:**

Now that we've reviewed HIV testing, what questions do you have?

**Step 4, continued**



■ **Provide closure by distributing the *HIV Testing and Services* list for your community.**

Draw participants' attention to the key organizations in the community. If your program offers testing, provide information as needed. Tell participants that after the break, they'll have a chance to work on a personal plan for risk reduction.

**Step 5 Break**



Allow a 10-minute break.

**Step 6 Risk Reduction Plan**



■ **Introduce the Risk Reduction Plan activity.**

Remind participants that a personal risk reduction plan is the key to protecting oneself and one's family from HIV. Explain that the remainder of the session will focus on creating a "map" of personal risk-reduction issues and examining the best way to address those issues.

■ **Distribute the *RISK REDUCTION PLAN Structured Map* worksheets, and ask each person to complete one.**

RISK REDUCTION PLAN		
Recognized risks	Less frequent risks	Big risks you've already stopped
Which one is the most important to change?	Which one is the most important to change?	What worked to help you change?
What's one thing you will do to change?	What's one thing you will do to change?	What helps you continue that change?
How will you do it?	How will you do it?	How will you know if it's successful?

Full size map shown on page 106.

Reassure them that they will not have to share or show their maps to anyone. The maps are for their personal use only. Use the following ideas to provide instruction for the map:

**Top boxes of the worksheet:**

The first step is to think back on the HIV-risky behaviors we've discussed during this group. Think about things

**Step 6,  
continued**

you may do that may put you at risk, and about how often you do those things. Also think about things you've already worked on — risks you've already stopped taking. **Use the top boxes of your worksheet to write about these things.**

**Second row of boxes:**

For the boxes right below, think about the things you want to work on changing. Also, think about what has already worked to help you change certain risks you used to take. **Use these boxes to write about these issues.**

**Third row of boxes:**

In the next boxes, think about **one** thing you can do in the near future to work on the frequent and less frequent HIV risk behaviors you want to change. Also, write about how you will continue to “hold firm” on the changes you have already made. **Write your ideas in the third boxes.**

**Bottom row of boxes:**

For the bottom boxes, think about *how* you will take action on the changes you want to make. Also, think about the things you've already been successful in changing. How can you use what's already worked to help you make other changes. **Write your ideas in the bottom boxes.**

**■ Allow participants time to complete their maps.**

Circulate around the room as they work to answer questions, offer encouragement, or encourage completion of the exercise.

**■ When participants have finished, process and discuss the exercise using some of the following questions:**

**Step 6,  
continued**



How did you feel about doing this exercise?

Was it easier to decide on changes for the “frequent” risks or the “less frequent” risks?

How will the things you’ve already been successful at changing help you make other changes?

Outside this group, who would you like to show your map to? How might sharing your map with someone else be helpful to you?

- **Conclude by encouraging participants to take action on the changes for both infrequent and frequent risks that they identified on their maps.**

Suggest that participants use this type of “map” to help themselves stay on track with future risk-reduction goals. In other words, once a person has successfully carried out the risk-reduction goals identified on today’s map, he/she can move that accomplishment to the “successes” box, and then proceed to work on another goal or target for risk reduction.

- **Offer extra copies of this structured map outline for those who want to continue building their personal risk-reduction strategy.**

Encourage participants to share their maps with their sex partners if they’re comfortable doing so.

- **Provide closure.**

Use some of the following **key points** to summarize the discussion:

- **Avoiding HIV infection is not about *luck*, it’s about taking action.**

**Step 6,  
continued**

Each of us has the right to decide on and carry out a risk-reduction plan for HIV.

- Use what you've learned in this group to take action and protect your health and your family's health.

Share what you've learned with others so they can protect themselves, too.

- Most of all, begin to find ways to avoid personal risk.

You are worth it! Give yourself credit for each little step you take in the right direction. There are many ways to reduce HIV risk. Find the ones that will work for you and make you feel safest, then stand firm! Your best protection against HIV is *you!*

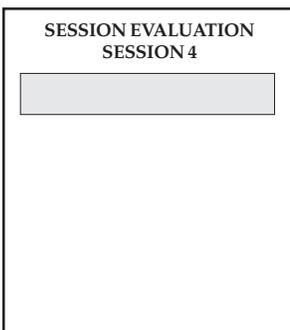
**Step 7 Closure & Posttest**



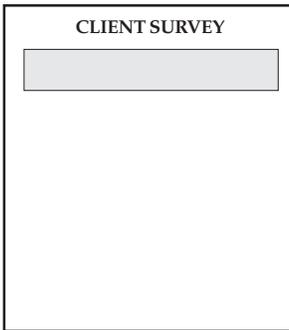
- Tell participants you have enjoyed having them in the workshop.

Encourage them to stay in treatment, and to come see you personally if they have any questions or problems they'd like to discuss.

- Thank participants for sharing their ideas and contributing to today's discussion.
- Ask each person to complete a *Session Four Evaluation*.



*Session Evaluation on pp. 107-108.*

**Step 7,  
continued**

*Client Survey on  
pp. 185-187.*

- If you are using the pretest/posttest, ask participants to complete a Client Survey before leaving.

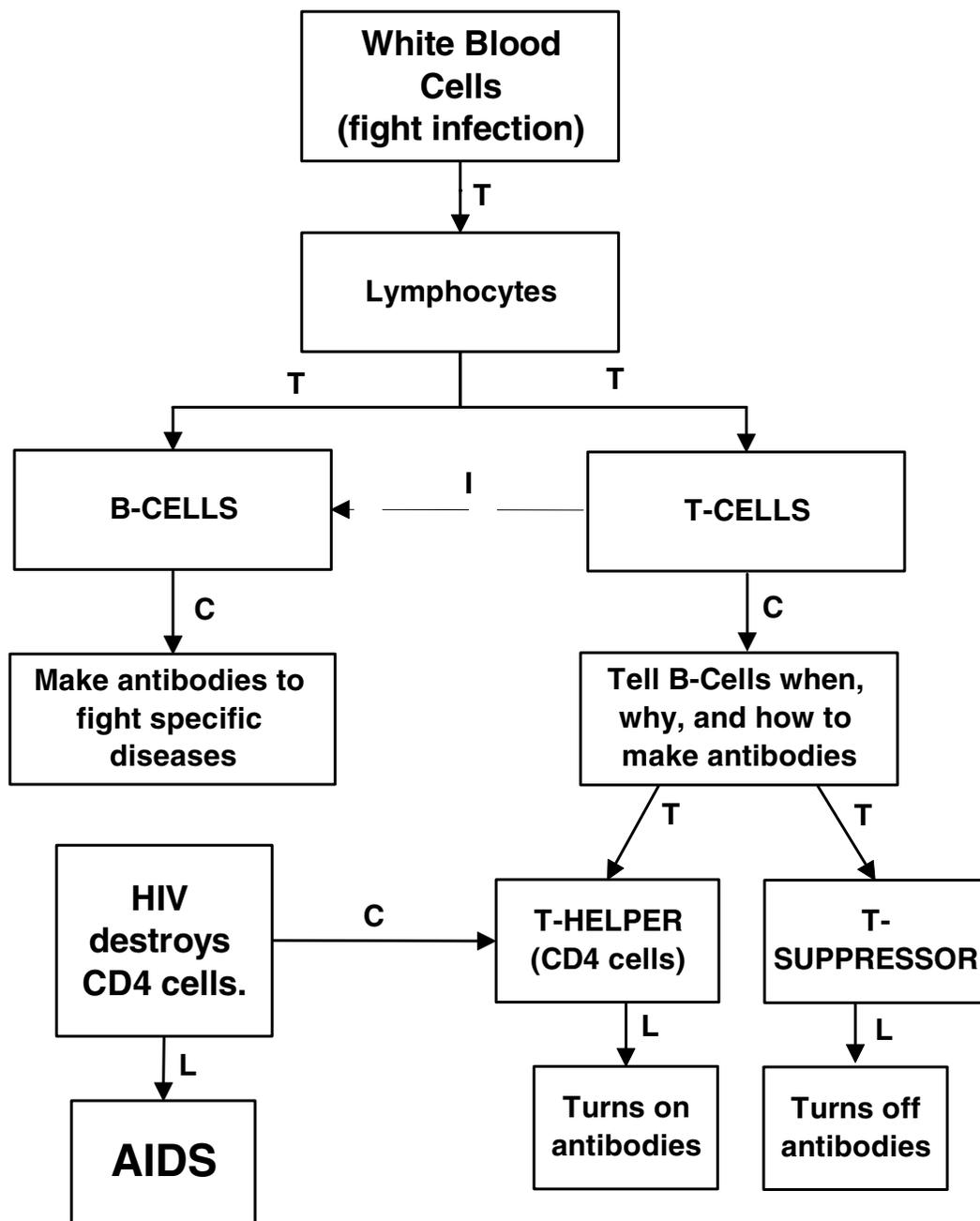
- Write 1-800-342-AIDS and 1-800-344-SIDA (Spanish) on flip chart paper or erasable board.

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

- Have an informal “graduation” party, if your program allows it.

Refreshments, certificates, or other markers of passage would be especially appropriate.

# IMMUNE SYSTEM

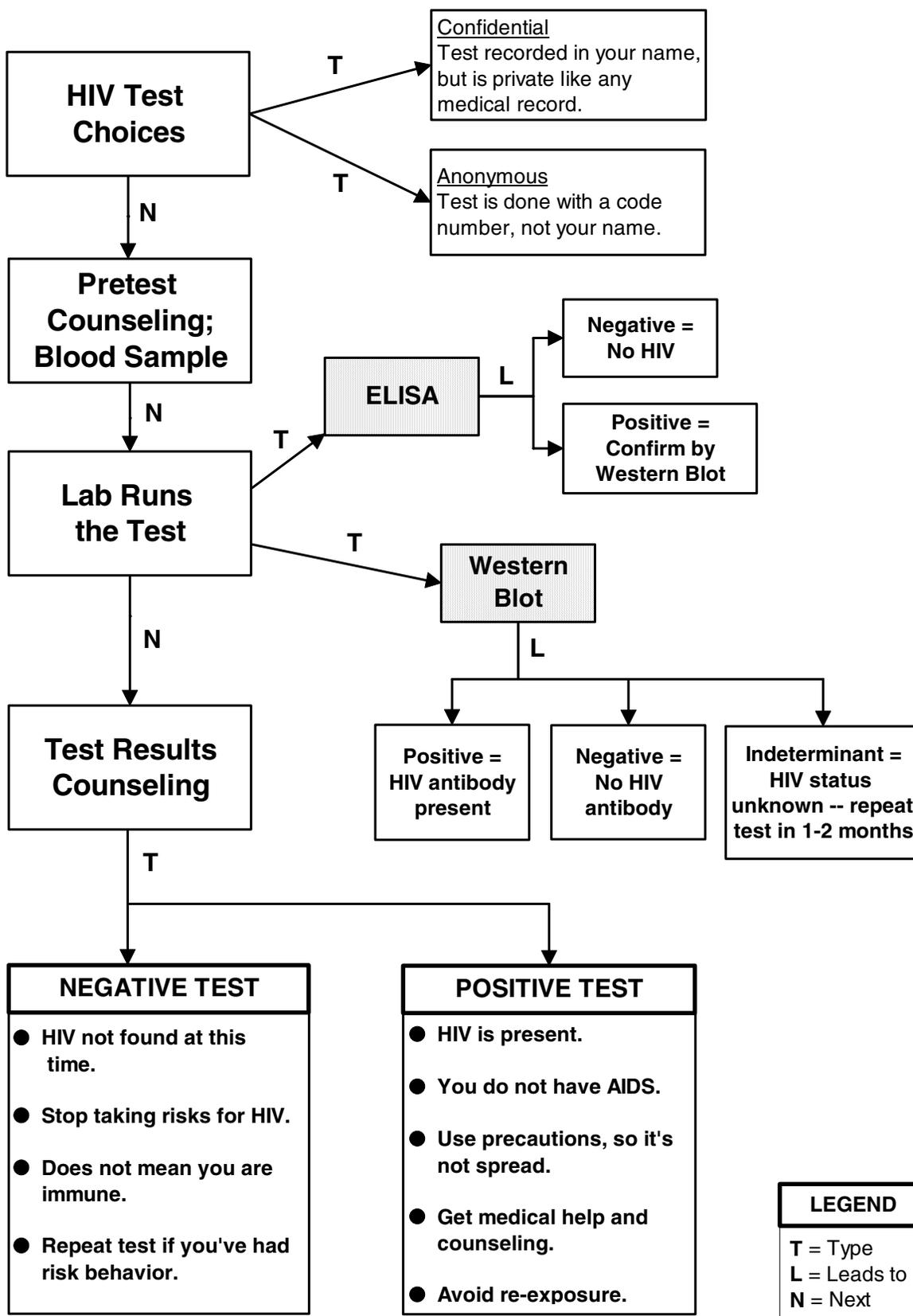


**HIV destroys T-Helper Cells (CD4 cells).**

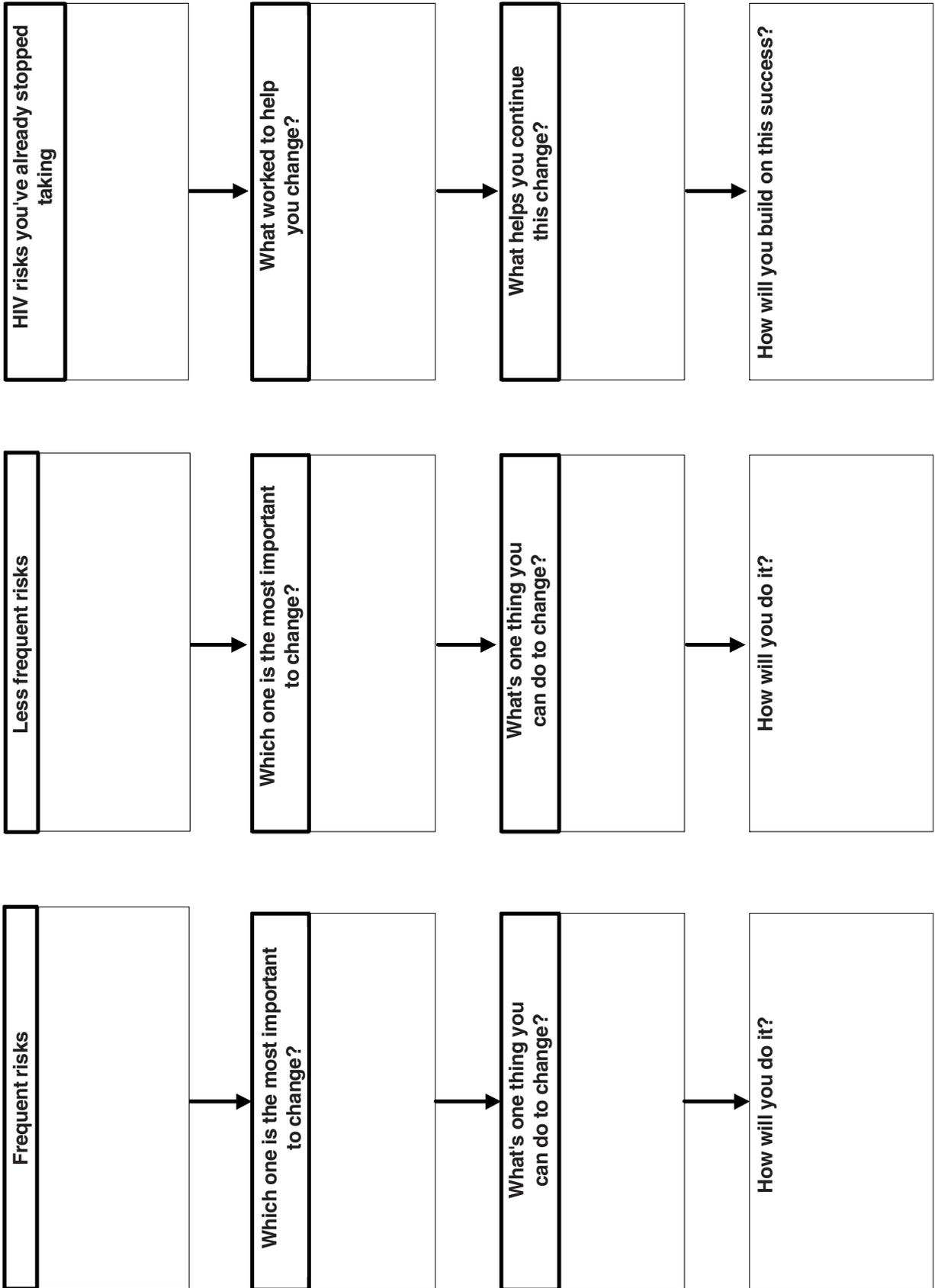
**The Immune System can no longer make antibodies to fight disease.**

LEGEND
T = Type
L = Leads to
I = Influences
C = Characteristics

# HIV TEST



# RISK REDUCTION PLAN



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

**SESSION 4**

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR:

[FORM 049; 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. T-Cells are a type of red blood cell. ....  | 1 | 2     | [22] |
| 2. An HIV test will indicate if a person has AIDS. ....  | 1 | 2     | [23] |
| 3. People with HIV infection may look and feel healthy. ....                                     | 1 | 2     | [24] |
| 4. Only private doctors are allowed to conduct HIV tests. ....                                   | 1 | 2     | [25] |
| 5. A negative HIV test means your immune system is too strong for AIDS. ....                     | 1 | 2     | [26] |
| 6. A Western Blot test is given after the ELISA to confirm that HIV antibodies are present. .... | 1 | 2     | [27] |
| 7. It takes only two days to develop HIV antibodies after exposure. ....                         | 1 | 2     | [28] |
| 8. A positive HIV test means the person carries HIV antibodies. ....                             | 1 | 2     | [29] |
| 9. T-Helper cells are sometimes called CD4 cells. ....   | 1 | 2     | [30] |
| 10. There are no treatments available for HIV-related illnesses. ....                            | 1 | 2     | [31] |
|  |   | __ __ | [32] |

