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Institute of Behavioral Research
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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

Resources and References

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*Source: Texas Department of Health, Bureau of STD/HIV Prevention.

HIV/AIDS Educational Material

In many communities, HIV/AIDS educational materials such as videos, pamphlets, safer sex demonstration kits, and safer sex supplies are available for loan from other organizations.

Check with the following groups in your community about the availability of low-cost or free loan materials:

Public Health Departments/clinics
Planned Parenthood or other family planning agencies
American Red Cross offices
AIDS services/advocacy organizations
Hospital education programs
AIDS/HIV health clinics

In addition, many states provide HIV/AIDS pamphlets, brochures, and other educational materials through their Department of Public Health (usually the HIV/STD division). Your local public health department may be able to give you information about ordering materials from your state health authority. In some states, educational materials are available through state, regional, or local public health departments for free or at cost.

Videos

The following is a list of producers and distributors of HIV/AIDS educational video tapes. Producers that offer low-cost or free copies of videos are listed. Most distributors listed will furnish catalogs or price lists.

AIMS Media
9710 DeSoto Avenue
Chatsworth, CA 91311-4409
(800) 367-2467

Offers videos on a variety of topics, including HIV/AIDS and drug abuse prevention.

Videos, continued

Alschul Group
1560 Sherman Ave. Suite 100
Evanston, IL 60201
(800) 421-2363

Offers a variety of health education videos, including titles on HIV/AIDS for general populations.

Churchill Media
6901 Woodley Avenue
Van Nuys, CA 91406
(800) 334-7830

Offers a variety of health education videos, including general information about HIV/AIDS.

CNS Productions
P.O. Box 96
130 3rd Street
Ashland, OR 97520-1962
(800) 888-0617

Offers several videos on HIV and substance abuse, including training materials for counselors and treatment staff.

Conversations Video
Substance Abuse Services, Ward 93
San Francisco General Hospital
1001 Potrero Ave.
San Francisco, CA 94110
(415) 206-8764

Offers a video featuring the stories of injection drug users (many with HIV) called *Conversations About AIDS and Drug Abuse.* (1988; English; 27 minutes; VHS $125 per copy)

Videos, continued

ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

Offers a variety of health and sexuality-related materials for youth and adults including HIV/AIDS videos, some in both English and Spanish.

Focal Point Productions
1750 Bridgeway Suite 103B
Sausalito, CA 94965
(415) 332-8088

Offers health education videos. One called *The Best Defense* was produced especially to appeal to injection drug users. (1988; English & Spanish; 19 minutes; VHS $229)

Focus International
1160 E. Jericho Turnpike
Huntington Station, NY 11743
(800) 843-0305 (516) 549-5320

Offers a variety of health, sexuality, and safer sex titles.

Gay Men's Health Crisis, Inc.
129 West 20th Street
New York, NY 10011
(212) 807-7517

Offers targeted audience and general audience materials on HIV/AIDS prevention, some in English and Spanish.

Harris County Medical Society
AIDS Education Project
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
(713) 790-1838

Offers good, basic informational materials about HIV/AIDS. Video *AIDS: Protect Yourself* provides AIDS 101 information in a modern format. (1987; English; 18 minutes; VHS $30 per copy)

Videos, continued

Health EDCO
P.O. Box 21207
Waco, TX 76702-1207
(800) 299-3366

Offers educational videos and other resources for teaching about HIV/AIDS.

HIV Center for Clinical and Behavioral Studies
New York State Psychiatric Institute
P.O. Box 10
722 W. 168th Street
New York, NY 10032
(212) 960-5788

Offers several titles on HIV/AIDS, including a video for women *AIDS Is About Secrets* which is widely acclaimed. (1989; English; 37 minutes; VHS $75) Some materials available in Spanish.

Impact AIDS, Inc.
(San Francisco AIDS Foundation)
3692 18th Street
San Francisco, CA 94110
(415) 861-3397

Offers a variety of HIV/AIDS specific materials, including *AIDS Antibody Testing*, which helps explain the immune system and testing issues (1992; English; 20 minutes; VHS $60 per copy)

Intermedia, Inc.
1300 Dexter North Suite 220
Seattle, WA 98109
(800) 553-8336 (206) 282-7262

Offers a variety of health education tapes, including HIV/AIDS prevention. In particular, *Drugs and AIDS: An Appeal to Users* focuses on needle hygiene. (1987; English; 11 minutes; VHS $169 per copy)

Videos, continued

Latino AIDS Project
Instituto Familiar de la Raza
2639 24th Street
San Francisco, CA 94110
(415) 647-5450

Offers materials for Hispanic and Latino audiences. Producers of *Ojos Que No Ven* (*Eyes That Fail to See*), a widely acclaimed educational video for Latinos. Materials available in English and Spanish.

Modern Talking Picture Service, Inc.
5000 Park Street North
St. Petersburg, FL 33709
(800) 237-4599

Offers a variety of videos on HIV/AIDS prevention, many of them targeted for youth and minorities. *Alicia* is designed for Hispanic/Latina women, and discussed issues related to mother-to-newborn transmission. (1988; English & Spanish; 21 minutes; VHS $30 per copy) *Olga's Story* focuses on a Hispanic woman's struggle with AIDS (1988; English & Spanish; 20 minutes; VHS $30)

Multi-Focus, Inc. (Exodus Trust)
1523 Franklin Street
San Francisco, CA 94109-4592
(415) 673-5100 (415) 928-1133

Offers sexuality and HIV/AIDS education materials. Most materials are candid and explicit; may not be suitable for all audiences.

National AIDS Information Clearinghouse
Centers for Disease Control
Box 6003
Rockville, MD 20849-6003
(800) 458-5231 {Prompt # 2}

Offers a variety of video titles on HIV/AIDS. Charge for shipping and handling.

Videos, continued

New York State Department of Health
Bureau of Health Promotion
Corning Tower, Room 1084 Empire State Plaza
Albany, NY 12237
(518) 474-5370

Offers low-cost videos ($25 per copy) for targeted audiences such as injection drug users, women, and minorities. For example, *Eddie's Story: How to Protect Yourself from STDs and AIDS* focuses on safer sex from perspective of African-American men. Other titles available in English and Spanish.

PBS Video News
Special Editions
1320 Braddock Place
Alexandria, VA 22314-1698
(800) 424-7963

Offers a variety of educational videos and HIV/AIDS specific videos. Most were originally broadcast on public television stations. *"AIDS" Changing the Rules* featuring Ruben Blades, is widely used for general education programs. Many titles available in English and Spanish.

Select Media
225 Lafayette Street Suite 1102
New York, NY 10012
(212) 431-8923

Offers a variety of HIV/AIDS titles, many of them targeted to youth, especially minority youth. Many of their videos are available for under $100, in both English and Spanish.

Pamphlets, Publications, Etc.

The following is a list of publishers and distributors of written HIV/AIDS educational materials. Publishers that offer low-cost or free copies of materials are listed. Most distributors listed will provide catalogs or price lists.

AIDS Clinical Trials Information Service
P.O. Box 6421
Rockville, MD 20849-6421
(800) 874-2572

Brochures for people with HIV disease, including information about AIDS clinical trials, early treatment options, and drug therapies. Materials available free in English and Spanish.

American Red Cross National Headquarters
HIV/AIDS Education
1709 New York Avenue, NW, Suite 208
Washington, DC 20006
(202) 639-3223

Brochures and pamphlets on a variety of HIV/AIDS related topics in English & Spanish. Most materials available free. *To order materials, contact your nearest local Red Cross Chapter.*

Asian AIDS Project
300 4th Street, Suite 401
San Francisco, CA 94107
(415) 227-0946

Brochures on HIV-AIDS-related topics, especially prevention. Materials available in English and several Asian languages. Discounts available.

BEBASHI, Inc.
1233 Locust Suite 400
Philadelphia, PA 19107
(215) 546-4140

HIV education and prevention materials targeted to the African-American community. First 25 copies of pamphlets are free.

Publications, continued

Being Alive
(Formerly PWA Coalition)
3626 Sunset Blvd.
Los Angeles, CA 90026
(213) 667-3262

Brochures and pamphlets on HIV testing, and on health care issues for HIV positive individuals. Single copies available free.

ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

Booklets, pamphlets, and brochures on a variety of HIV/AIDS-related issues; some titles available in English and Spanish.

Gay Men's Health Crisis, Inc.
Publications Department
129 West 20th Street
New York, NY 10011
(212) 807-7517

Booklets, pamphlets, and brochures of a variety of HIV/AIDS-related issues. Free single copies of materials available; multi copies at cost. English and Spanish.

Good Samaritan Project
3030 Walnut
Kansas City, MO 64108
(816) 561-8784

Brochures on safer sex and HIV prevention in English and Spanish. Up to 5 copies available free.

Publications, continued

Harris County Medical Society
AIDS Education Project
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
(713) 790-1838

Booklets and brochures on a variety of HIV/AIDS-related issues. *AIDS: A Guide for Survival*, 96-page booklet on general HIV/AIDS information is $0.50 per copy (order in increments of 100).

Health Education Resources Organization (HERO)
101 West Read Street, Suite 825
Baltimore, MD 21201
(410) 685-1180

Flyers, pamphlets, booklets, and brochures available on a variety of HIV/AIDS-related issues. Materials available in English and Spanish.

Impact AIDS, Inc.
San Francisco AIDS Foundation
3692 18th Street
San Francisco, CA 94110
(415) 861-3397

General education materials on a variety of HIV/AIDS-related issues. Materials available in English and Spanish.

Latino AIDS Project
Instituto Familiar de la Raza
2639 24th Street
San Francisco, CA 94110
(415) 647-5450

Pamphlets, wallet-cards, photonovelas on HIV prevention in English and Spanish.

Minority AIDS Project
5149 West Jefferson Blvd.
Los Angeles, CA 90016
(213) 936-4949

Wallet-sized cards, brochures and flyers on HIV/AIDS prevention topics. Materials available in English and Spanish.

Publications, continued

National AIDS Information Clearinghouse
Centers for Disease Control
P.O. Box 6003
Rockville, MD 20849-6003
(800) 458-5231 {Prompt # 2}

General educational pamphlets on a variety of HIV/AIDS-related issues, including materials from the "America Responds to AIDS" campaign. Both English and Spanish available.

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
(800) 729-6686

Pamphlets on drug abuse-related issues, some concerning HIV prevention for IDUs. Materials available in English and Spanish, many available free.

Native American Community Board
P.O. Box 572
Lake Andes, SD 57356
(605) 487-7072

HIV/AIDS information and prevention materials targeted to Native Americans. Up to 5 copies of brochures available free.

People of Color Against AIDS Network (POCAAN)
4900 Ranier Avenue, South
Seattle, WA 98118
(206) 721-0852

General educational pamphlets, comic books, and brochures in English and Spanish covering a variety of HIV/AIDS-related issues.

Prostitute's Safe Sex Project
(MAGGIE'S)
P.O. Box 1143, Station F
Toronto, Ontario M4Y 2T8 Canada
(416) 964-0150

Safer sex and general safety information for prostitutes and sex industry workers; explicit and peer-oriented.

Some of the resource information contained in this section was taken from HIV/AIDS education directories prepared by NOVA Research Company, Bethesda, MD, for the National AIDS Demonstration Research Project (NADR), funded by the National Institute on Drug Abuse.

Materials for Safer Sex Demonstration

CONDOM DEMONSTRATION MODELS

Ansell Medical Products (makers of Ansell condoms)
P.O. Box 1252
Dothan, AL 35302
1-800-327-8659

Ansell offers a wooden penis condom demonstration model for $4.00, plus shipping.

The company also offers a P.E.P. Talk (Protection Education Program) kit for $19.95, plus shipping. The kit contains a wooden penis model, an educational audio tape, 100 "How to use a condom" leaflets in English and Spanish, a brochure on HIV/AIDS, a T-shirt with logo, and a sample of unlubricated condoms.

Exodus Trust
1523 Franklin
San Francisco, CA 94109
1-415-928-1133

Exodus Trust offers Lucite penis models for condom demonstration for $25 – $35. They also offer a variety of explicit sex education videos and materials. Call or write for a catalog.

THE "FEMALE CONDOM"

As of October 1994, the Reality® Female Condom was the only such product on the market. It is produced by the Female Health Division of Wisconsin Pharmacal Company. Educational materials are available at no cost from Wisconsin Pharmacal and include:

- Samples of the Reality® Female Condom for education/ demonstrations
- Informational brochures and literature (Spanish available)
- Video tapes
  Instructions on How to Insert 6:40 minutes
  Women Talk About Using Reality® 10:01 minutes

To request education materials, contact:

Holly B. Sherman, Public Affairs
Female Health Division
Wisconsin Pharmacal Company
875 North Michigan Avenue, Suite 3660
Chicago, IL 60611
1-800-635-0844
FAX: 213-280-9360

HIV/AIDS Curricula

Behavioral Counseling Model for IDUs
Fen Rhodes, Gary Humfleet, Michele Mowrey, and Nancy Corby
Community Health Outreach
920 Pacific Avenue
Long Beach, CA 90813
(310) 491-0230

Getting the Word Out: A Guide to AIDS Materials Development
Ana Consuelo Matiella
ETR Associates
Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

NIDA Standard Intervention Model for IDUs Not in Treatment
National Institute on Drug Abuse
Community Research Branch
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6720

Psychoeducational Workshop to Prevent AIDS Among IDUs
Carma Heitzmann, James Sorensen, David Gibson,
Edward Morales, and Roland Dummontet
Substance Abuse Services
UCSF at San Francisco General Hospital
Building 1, Suite 203
San Francisco, CA 94110
(415) 206-8764

Project ARRIVE Training Manual
Harry Wexler, Howard Josepher, and M.S. Josepher
National Development and Research Institutes, Inc.
380 Glennerye St.
Laguna Beach, CA 92651
(714) 497-0915

Teaching AIDS, 3rd Edition
Marcia Quackenbush and Pamela Sargent
ETR Associates
Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

T.I.P.S.:Training in Interpersonal Problem-Solving
Jerome Platt, Patricia McKim, Stephen Husband,
and TIPS Working Group
Division of Addiction Research and Treatment
Hahnemann University Hospital
Mail Stop 984 Broad & Vines Streets
Philadelphia, PA 19102-1192
(215) 762-4307

Training Educators in HIV Prevention
Janet Collins and Patti Britton
ETR Associates
Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

Women and AIDS: What We Need to Know
Julie Redman
Planned Parenthood of Louisiana
4018 Magazine Street
New Orleans, LA 70115
(504) 245-1714

Bibliography on Assertiveness and Related Issues

Adams, L. (1979). *Effectiveness training for women*. New York: G.P. Putnam.

Alberti, R., & Emmons, M. (1990). *Your perfect right* (3rd ed.). San Luis Obispo, CA: Impact Publishers.

Butler, P.E. (1981). *Talking to yourself*. San Francisco: Harper & Row.

Ellis, A. (1977). *Anger: How to live with it and without it*. Secaucus, NJ: Citadel Press.

Doyle, K. (1982). Assertiveness training for women. In G.M. Beschner, B.G. Reed, & J. Mondanaro (Eds.). *Treatment services for drug dependent women Vol. 2* (NIDA Monograph, DHHS No. ADM 82-1219). Washington, DC: U.S. Government Printing Office.

Goodloe, A., Bensahel, J., & Kelly J. (1984). *Managing yourself: How to control emotion, stress, and time*. New York: Franklin Watts.

Lange A., & Jakubowski, P. (1978). *Responsible assertive behavior*. Champaign, IL: Research Press.

Lerner, H.G. (1989). *The dance of intimacy*. New York: Harper and Row.

Mills, J.W. (1982). *Coping with stress: A guide to living*. New York: John Wiley & Sons.

Petrich, B. & McDermott, B. (1988). *Intimacy is for everyone*. (Available from Planned Parnthood of Santa Barbara, 518 Garden Street, Santa Barbara, CA 93101).

Powell, Elizabeth. (1990). *Talking back to sexual pressure*. Minneapolis, MN: CompCare Publishers.

Wood, Peggy & Mallinckrodt, Brent. (1990). Culturally sensitive assertiveness training for ethnic minority clients. *Professional Psychology: Research and Practice*, *21*(1), 5 - 11.

Introduction to Mapping

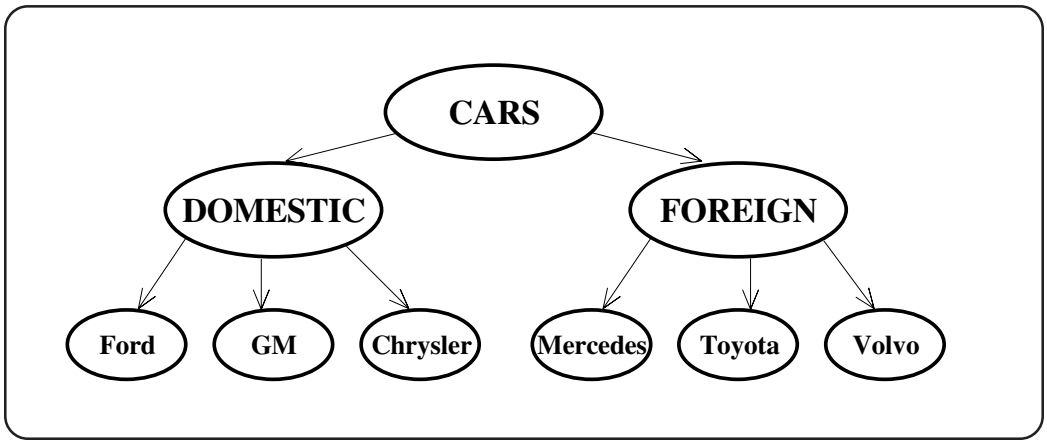
In this chapter, we will introduce "mental roadmaps," discuss why you should use them, and describe how you can get started making them.

What are mental roadmaps?

We frequently use maps from a road atlas to locate where we are, to figure out how to move from place to place, and to give directions to other people. In this manual we are going to introduce you to a new kind of roadmap. Instead of showing how cities, towns, parks, and lakes are connected to one another, these maps show how feelings, actions, thoughts, and facts are connected. As you know, most people prefer simple roadmaps to sets of verbal directions. The old adage, "A picture's worth a thousand words," probably applies here. Our experiments with mental roadmaps suggest the same things: maps of thoughts and actions communicate better than words (e.g., Dansereau & Cross, 1990; Dansereau, 1985; Evans & Dansereau, 1991; Lambiotte, Dansereau, Cross, & Reynolds, 1989).

You are probably familiar with some types of mental roadmaps. For example, most people have seen diagrams like those shown here.

In "maps" like these, the circles or nodes usually contain concepts, objects, actions, and feelings rather than towns and cities. The links between the circles represent relationships, such as "types" (e.g., one "type" of car is domestic), rather than highways and dirt roads.



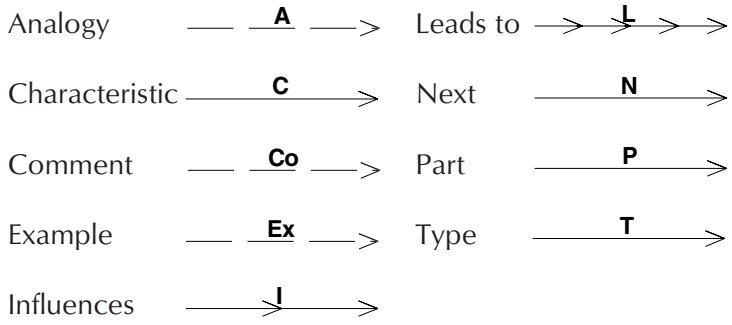
Source: Dansereau, Dees, Chatham, Boatler, & Simpson, *Mapping New Roads to Recovery: Cognitive Enhancements to Counseling* (see References).

Fundamentals of Mapping

Mapping is a graphic communication technique, using links and nodes as building blocs. Nodes are capsules of information and links connect the various nodes.

Nine basic links

There are nine basic types of links used in mapping:



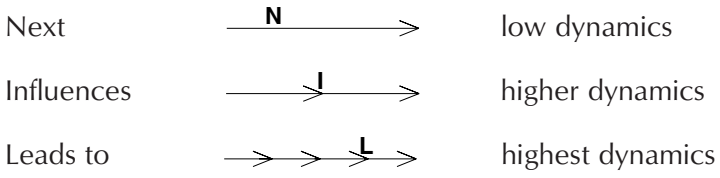
Three functional categories

For our purpose, we can divide these nine links into three functional categories:

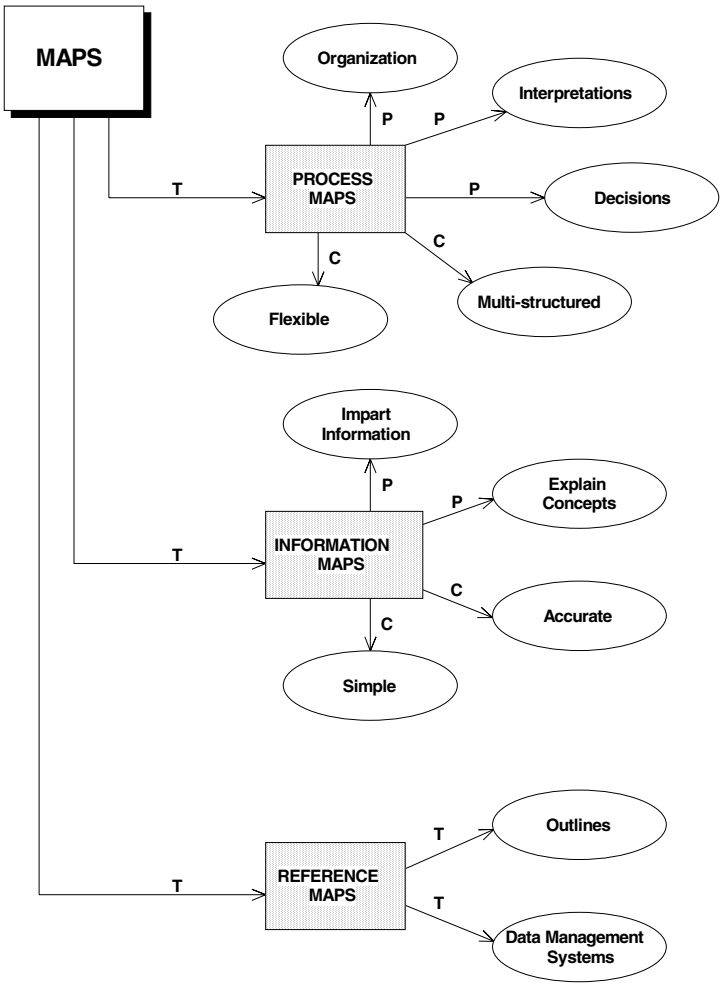
ACTION	DESCRIPTION	ILLUSTRATION
Influences	Characteristic	Analogy
Leads to	Part	Comment
Next	Type	Example

Three intensity levels of action links

Also note that action links differ in terms of the intensity of the dynamic interaction involved:



There are three primary kinds of maps — **process**, **information**, and **reference** maps. They serve different functions as shown below.

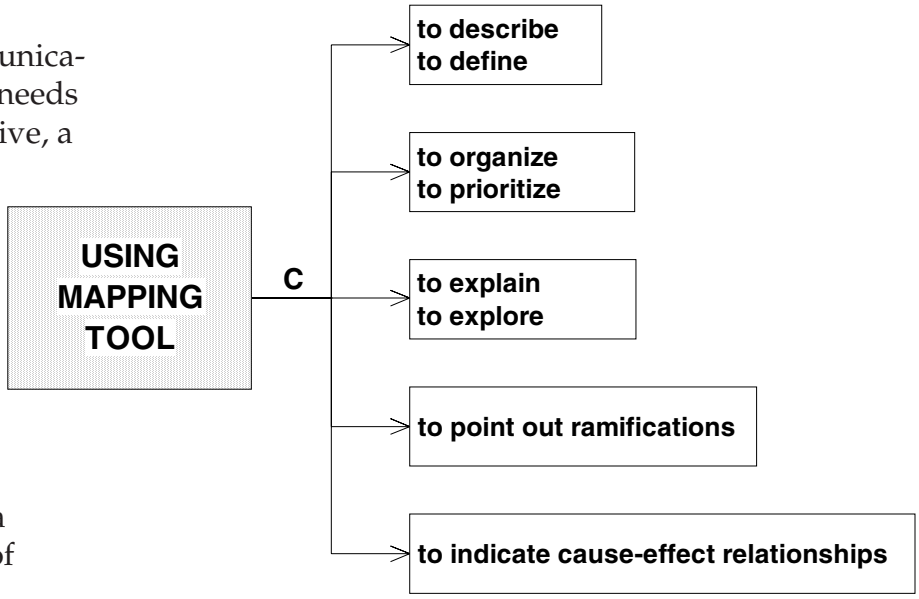


Process and information maps are used with and by the clients in individual and group counseling.

The reference maps facilitate the counselor's task in preparing for the counseling sessions.

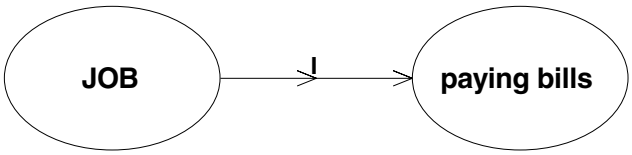
Information maps differ from process maps in that their function is to impart knowledge in the **simplest** and most **accurate** fashion possible. Although the counselor may solicit spontaneous bits of information from the group or the individual client, the finished map needs to be clear and **accurate**. Like a team of players working on a puzzle whose finished design is known only to one player, the building of an information map during a counseling session requires delicate assemblage.

Mapping is an effective communication tool. However, mapping needs to have a goal — a clear objective, a start, and a resolution.

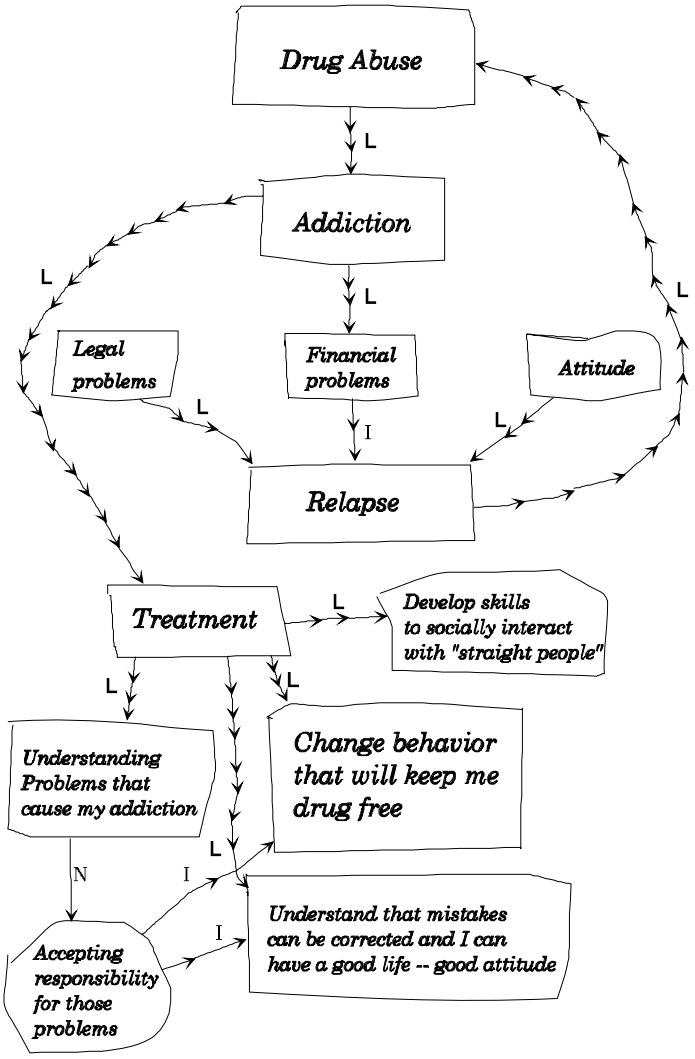


In summary, mapping allows simple graphic illustration of a large, complex, written body of information.

Maps may be very small, for example, two nodes and one link:



or they may be extremely complex, showing a maze of interactions.



Articles

Using Role Plays to Build Assertiveness Skills

Role play is often used in both educational and therapeutic settings. Clinicians use it in individual or group counseling sessions; educators use it to enhance classroom learning. Most often role play is used to help people practice interpersonal communication skills and is sometimes referred to as "behavioral rehearsal."

For HIV/AIDS prevention groups, role play can help participants understand the benefits of assertive communication for negotiating risk reduction. Role play allows participants to gain an understanding of what assertiveness sounds like and feels like, and it provides an opportunity to practice specific skill areas. Role play activities based on real-life situations help participants learn and rehearse effective responses to pressures to engage in HIV-risky behavior.

Group role plays provide benefits for the players and the observers alike. Group members have the opportunity to discover that many real-life problems are shared, and this awareness may help reduce feelings of isolation. The role player who practices the assertiveness techniques (the "asserter") has the opportunity to think about, feel, and actually do a new behavior. The co-player and other observers have the chance to learn by seeing themselves in the role play and reflecting on what their own strategies might be in a similar situation. The observers also are given a chance to help others by providing insightful and constructive feedback.

INTRODUCING ROLE PLAY ACTIVITIES

Once they get the hang of it, most people enjoy role play activities and are enthusiastic about participation. It's helpful to introduce the purpose of and process for role playing before getting started.

Here are some introductory ideas to share with group members:

- **The purpose of the role plays is to practice and observe assertiveness skills.** When you take part as a "player," you get a chance to see what it feels like to actually respond assertively. When you take part as a co-player or observer you can see assertiveness in action, and think about how you would respond in a similar situation.

- **No one will be *forced* to role play; however, you may be encouraged to volunteer.**

- **Observers and co-players will be asked to give *constructive* feedback after the main player practices an assertive response**. Constructive means helpful and respectful. Try to think of positive suggestions about how the player might improve his/her style as opposed to telling the player what he/she did "wrong."

- **Help keep distractions to a minimum for the role players**. Avoid laughing, snickering, giving instructions, interrupting, etc.

- **Listen carefully to what goes on in the role play**. How might the role player improve his/her assertiveness skills? Think about how *you* would use assertiveness skills in the same situation.

Here are some ideas for the role players:

- **Playing a role in the role play exercise allows you to practice being assertive and to get a feel for how others may respond when you are assertive**. Your job as a role player is not to be a comedian or a great actor or actress. Be yourself, have fun, and concentrate on learning more about how you can use assertiveness skills to protect yourself in HIV risky situations.

- **There are two "roles" in each role play**. We can think of them as the star and the co-star, or as the asserter and the assistant. The person in the asserter role focuses on practicing specific assertiveness techniques; the person in the assistant role helps create and define the potential risk-taking issue or situation by playing to the asserter.

- **The assistant should avoid giving in completely and also should avoid making the situation impossible to deal with**. The assistant's job is to help the asserter practice, not to trip him/her up. It's most helpful if the assistant can provide honest, "real-life" reactions (or come-backs) to the asserter.

Here are some ideas for the group leader:

- **If either role player begins to feel uncomfortable, upset, angry, embarrassed, or afraid — stop the role play**. It's not useful to continue if either player is experiencing discomfort. If this happens, encourage sharing of feelings and take time to process the issues behind the feelings. Likewise, avoid forcing an overly shy or introverted person to be a player or co-player. Some people will learn more from observing than they will from being "on stage."

- **It's not necessary to wait for the role players to reach closure on the issue in the role play**. In fact, some role plays could go on for hours if allowed to do so. In general, the longer the role play goes on, the less effective it becomes for skills practice. Both players and observers may get muddled if more material than can be realistically processed is raised.

- **Stop the role play and process the interaction as soon as useful material is raised**. One, two, or three "volleys" or exchanges between the players will usually generate enough feelings and skill concepts for discussion. Since, ideally, the focus is on building and practicing specific assertive responses, limiting the length of the role plays allows the asserter several chances to repeat his/her assertions (i.e. "take two") after receiving constructive feedback from the observers and group leader.

- **Allow the asserter role to have at least one more "take" after the role play is processed and feedback is given**. This repeated practice helps build confidence and reinforces learning. Ideally, if time is not an issue, the asserter should be allowed to continue practicing (do several "takes") until he/she is satisfied with his/her use of assertiveness techniques.

- **Process the feelings and experiences of <u>both</u> role players before asking the observers for feedback and before giving feedback yourself**. Both the asserter and the assistant should be given the chance to talk about their feelings, their perceptions, and their reactions to their interaction in the role play. In most cases you'll want to allow the asserter to debrief first, then the assistant, and then the observers (the rest of the group). Save your feedback and suggestions for last, and then encourage the asserter to try a second or third "take."

- **When giving feedback, use lots of praise and be gentle**. Avoid criticism; instead, provide positive direction or suggestions. For example, "How do you think you might make your refusal a little stronger next time?" rather than "That was a really *weak* refusal!" Encourage observers also to give this type of constructive feedback, and model for them how it's done.

FORMATS FOR ROLE PLAYS

The format or method used for leading group role plays can vary. There are several methods that are useful for skills rehearsal, and group leaders may want to experiment with formats in order to discover which ones best suit their needs.

Whole group as observer. This is the method described in the **Core Curriculum** in this manual. In this format, an asserter role plays with an assistant, and the rest of the group observes and provides feedback.

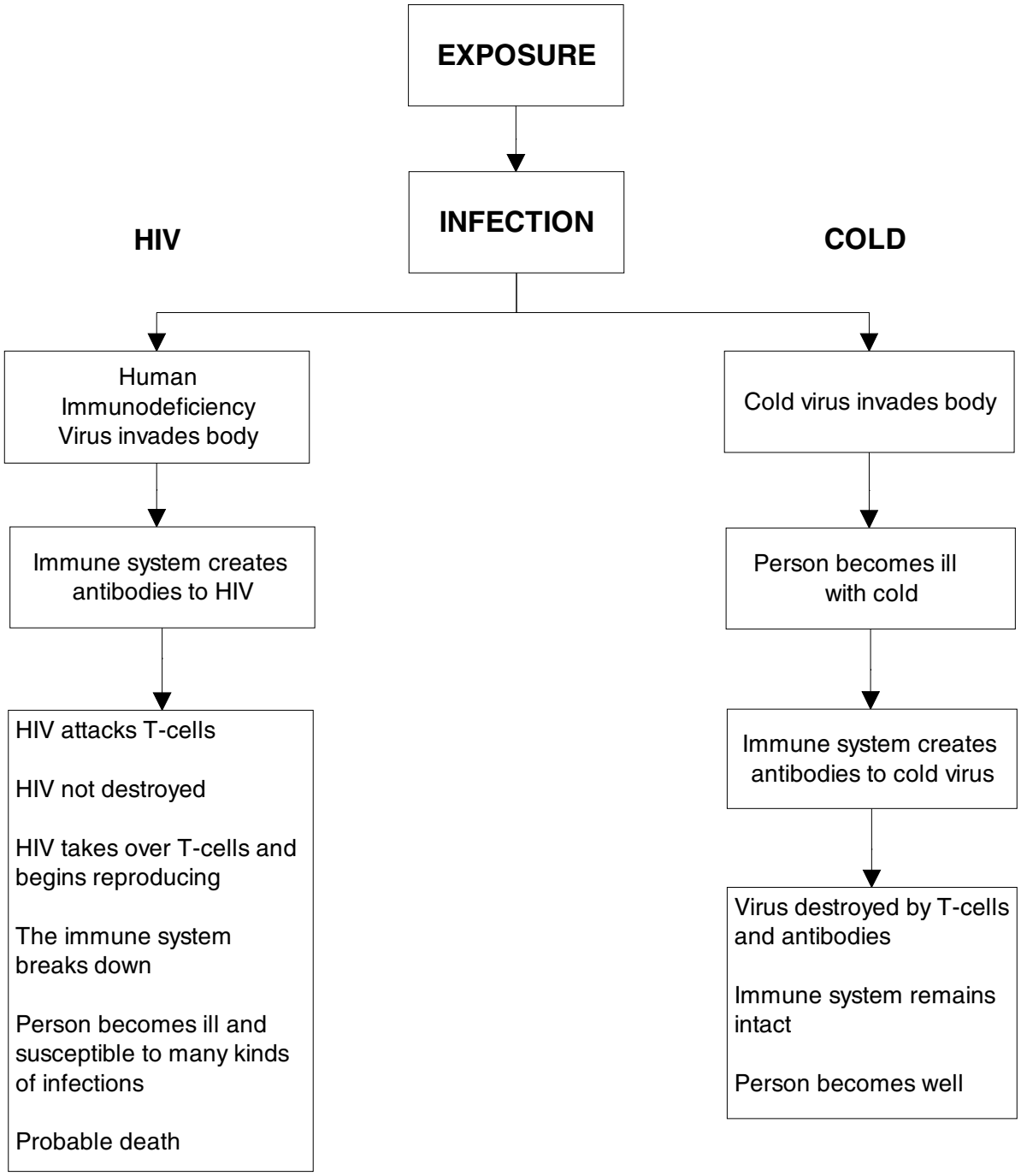
Single observer. With this structure, there is an asserter role, an assistant role, and a "formal" observer role. After the role play interaction occurs and the two players have discussed their feelings, the designated observer provides direct feedback to the asserter. After the observer has commented, the rest of the group is invited to give feedback.

Small groups (triads). In this variation, the larger group is divided into smaller groups of three. One person begins as the asserter, another as the assistant, and a third as the observer After the role play, the observer provides feedback and all three participants discuss the experience. After a few rounds of practice, the participants change roles and practice using another role play situation. The group leader circulates among the triads, providing encouragement, feedback, and direction as needed.

Script plays. Group members work in pairs or in groups of three. Each pair or triad is

given a situation (or asked to generate its own), and then instructed to write a script. The scriptwriters should focus on developing assertive responses for the main character to use in dealing with the HIV-risk issue in their scenario. The pairs or triads then read their scripts to the larger group (with different people playing the different parts), and the use of assertiveness techniques is discussed. A variation is for the participants to exchange scripts and read each other's aloud, then discuss them and offer feedback.

Immune System Response to Infection



How to talk about condoms with a resistant partner

If the partner says:	You can say:
"I'm on the pill, you don't need a condom."	"I'd like to use it anyway. We'll both be protected from infections we may not realize we have."
"I know I'm clean (disease free): I haven't had sex with anyone in months."	"Thanks for telling me. As far as I know, I'm disease-free, too. But I'd still like to use a condom since either of us could have an infection and not know it."
"I'm a virgin."	"I'm not. This way we'll both be protected."
"I can't feel a thing with a condom; it's like wearing a raincoat in the shower."	"Even if you lose some sensation, you'll still have plenty left (with me)."
"I'll lose my erection by the time I stop and put it on."	"I'll help you put it on -- that'll help you keep it."
"By the time you put it on, I'm out of the mood."	"Maybe so, but we feel strongly enough for each other to stay in the mood."
"It destroys the romantic atmosphere."	"It doesn't have to be that way."
"Condoms are unnatural, fake, a total turnoff."	"Please let's try to work this out -- an infection isn't so great either. So let's give the condom a try. Or maybe we can look for alternatives."
"What kind of alternatives?"	"Maybe we'll just pet, or postpone sex for a while."
"This is an insult. Do you think I'm some sort of disease-ridden slut/gigolo?"	"I didn't say or imply that. I care for you, but in my opinion, it's best to use a condom."
"None of my other boyfriends/girlfriends uses a condom. A real man/woman isn't afraid."	"Please don't compare me to them. A real man/woman cares about the woman/man he/she dates, him/herself, and their relationship."

If the partner says:	You can say:
"I love you! Would I give you an infection?"	"Not intentionally. But many people don't know they're infected. That's why this is best for us both right now."
"Just this once."	"Once is all it takes."
"I don't have a condom with me."	"I do." or "Then let's satisfy each other without intercourse."
"You carry a condom around with you? You were planning to seduce me."	"I always carry one with me because I care about myself. I have one with me tonight because I care about us both."
"I won't have sex with you if you're going to use a condom."	"So let's put it off until we can agree." or "Let's try some other things besides intercourse."
"Condom are messy and smell funny."	"But with a condom we'll be safe."

How Can A Person Learn to Enjoy Condoms?

First, experiment all you want. If you're clumsy, don't sweat it. If you make a mess, open another one and start over again. If the going is easy, that's fine too. Keep several types and sizes around so that you and your partner will have a choice.

Put your favorite fantasy partner into condoms scenes while you masturbate. Think up ways you might get the partner to use condoms and what it would be like.

You can't make condoms feel the exact same way as naked skin. But you can explore the sensations of latex. Once you do this, condoms often become extremely enjoyable — more like sexual enhancers than devices for sexual hygiene.

There are a thousand ways to make putting condoms on an exciting part of sex instead of an interruption.

Men often make the mistake of thinking that once they've put a condom on they have to ejaculate or else. This is a sure way not to enjoy condoms. Use as many condoms during sex as you like.

Condoms can cut down on friction and make some guys last longer before ejaculating. This is a wonderful feature of latex for lots of men, but a problem for others. If you or your partner don't want to make sex last longer, use other low risk options until you're close to ejaculation and then put on a condom. In fact, do this as many times as you want.

Use additional water soluble lubricant. The lubrication on condoms helps but usually is not enough. You can heighten enjoyment by putting just a little bit of lubricant into the reservoir tip before putting a condom on. This helps keep air out of the tip and greatly increases sensation when the lubricant seeps around the head of the penis. It takes a little practice to get the right amount, but is well worth the effort!

Even the best water soluble lubricants dry out during use. But if you wet them again, they're good as new. So have a container of warm water around such as a squeeze bottle, sprayer, squirt gun, or bowl.

Now you know some of the basics. But don't stop here. Ask around and try out some of the ideas that are interesting to you.

Why Be Tested?

Health Benefits of Early Diagnosis of HIV Infection

1. To receive a medical evaluation in order to receive early treatment of HIV infection. It is now clear that persons infected with HIV can delay and/or prevent the onset of AIDS if they receive early treatment. This treatment includes antiviral therapy and prophylaxis of infections that are commonly associated with AIDS, i.e., pneumocystis pneumonia. HIV infected persons who receive early treatment live healthier and longer than those who avoid testing until symptoms develop.

2. Immunization- To avoid live vaccines for self and other household members, i.e., measles, mumps, rubella, live polio. To obtain vaccines to prevent influenza, pneumonia, and Hepatitis B.

3. To improve one's outcomes in the treatment of other infectious diseases, i.e., syphilis, tuberculosis, etc.

4. To avoid being prescribed immunosuppressive drugs for other health problems, i.e., steroids, certain antibiotics and some anti-cancer drugs.

5. To increase one's motivation to practice safer sex to avoid transmission to others.

6. To be aware of the need to inform one's sexual partner(s), or arrange for them to be notified, so they can seek information, counseling, and testing and benefit from early diagnosis and treatment. This can reduce chances of transmission and increase chances of survival.

7. To recognize the need for testing of one's children who have been exposed in utero. Early treatment of other infected infants and children.

8. To increase one's motivation to use effective contraception to avoid future perinatal transmission.

9. To recognize the need to avoid breast feeding if one is HIV infected and decides to have a baby.

10. To improve one's motivation to avoid other STD's, such as CMV, Epstein Barr Virus, Syphilis, Hepatitis B, and re-infection with HIV which can increase one's chances of progression to AIDS.

11. To provide motivation to enter a drug/alcohol treatment program.

12. To increase motivation to maintain a healthy lifestyle to maximize functioning of the immune system: balanced diet, regular exercise, adequate rest, stress management, and to avoid excessive drug/alcohol use.

13. To notify one's health care providers so they can provide optimal health care to the HIV infected person.

14. To be aware of the need to avoid donating blood, blood products, organs, tissues, bone marrow, semen or breast milk, thus reducing the transmission to others.

15. To be aware of the need to avoid sharing toothbrushes, razors, ear piercing or tattooing equipment or other implements that may become contaminated with blood. To clean blood spills with a solution of bleach and water to reduce the chances of transmission to others.

16. To be aware of the need to avoid raw eggs, raw meats, raw seafood/fish, or unpasteurized milk products to reduce one's chances of developing salmonella, hepatitis, etc.

17. To be aware of the need to avoid changing cat litter or bird cages to reduce one's chances of developing toxoplasmosis and psittacosis.

Why Avoid Testing

1. Many individuals who have learned that they are HIV infected have reported feelings of fear, anxiety, depression, and other emotional reactions that are common reactions to a diagnosis of a serious, chronic, or fatal illness. An individual's coping ability may be disrupted and there may be a feeling of hopelessness and loss of identity and purpose. These feelings can often be handled in a positive way if support and counseling services are available. Inability to cope positively, however, can lead to an increase in self destructive behaviors, i.e., unsafe sex and drug/alcohol abuse, and even homicidal or suicidal reactions.

2. Many seropositive individuals have encountered hysterical over-reactions on the part of family, friends, employers, health care providers, etc. which has resulted in discrimination, loss of job, home, services, and health care. A person anticipating this type of reaction needs to be counseled about who to tell about testing. If it is necessary for others to know (as determined by the individual), testing may not be advised until education can occur to reduce other's anxiety and fears.

3. The bottom line is, if a person does not have the coping skills or the necessary support system in place to handle their emotions related to testing, then postponing testing until an adequate support system is in place is recommended. Until a person tests and knows their HIV status, adopting risk reduction methods is imperative for their own health and the health of others.

So, You're HIV Positive!

by Michael J. Springer
HIV/AIDS Counselor

You just found out that you have tested positive for HIV (Human Immunodeficiency Virus, the "AIDS Virus"). You probably didn't hear much else that was said after you heard those scary words, so let's go over some of the questions about what "being HIV positive" means and how you can live with this in the days and years ahead!

TELL ME ABOUT THE HIV/AIDS TEST ITSELF!

You probably had an ELISA (or EIA) blood test done first. If it was positive, then it should have been confirmed by another test (usually the Western Blot test) on the same blood sample. If you were told you were positive just from positive results on the ELISA test, then you need to have another confirmatory test done (like the Western Blot) because false positives do occur sometimes on the ELISA. If both tests were positive, then you can be fairly certain that you do have the AIDS virus (HIV) in your body.

I GUESS THAT MEANS I HAVE AIDS THEN?

Absolutely not! AIDS is the disease that the AIDS virus can, and probably will, cause someday in most people who test positive. But if you got the AIDS virus recently, it most likely will be several years in the future before you develop AIDS. Current studies indicate that the incubation period (the time from when you get infected with the AIDS virus until you begin to develop symptoms of AIDS) is about 7-10 years. Medical science has made remarkable advances in AIDS research recently, and greater discoveries are still to come!

Someday, the answer to AIDS will be found, and who's to say when that will be. It quite possibly could be at a time that could benefit you!

IS THERE ANY WAY I CAN DECIDE WHO INFECTED ME WITH THE AIDS VIRUS?

No, not unless you have had sex or shared a needle with only one person in your life — and what does it matter anyway? They probably didn't infect you on purpose, they probably did not even know they were infected. And whoever infected you will go through their own difficulties, because they are HIV+ too.

THERE'S PROBABLY NOTHING I CAN DO; I'M AT THE MERCY OF THE AIDS VIRUS, RIGHT?

No! There are several things you can do that quite probably will have a direct effect on whether you develop AIDS and how soon that will be.

The AIDS virus is hiding in the cells of your immune system. Some researchers believe that every time you get sick (colds, flu, kidney infection, etc.) and your immune system is activated, the virus spreads further. So Stay Healthy!

HOW CAN I STAY HEALTHY?

1. **Get Plenty of Rest!** Fatigue can depress your immune system and make you more susceptible to illness.

2. **Eat Right!** Junk food does not give your body the vitamins and minerals it needs to stay healthy. Eat a well-balanced diet that includes chicken, fish, fruits, and vegetables. Eat well, but also eat careful! Be sure all foods are washed thoroughly and cooked properly. Do not eat raw eggs (included in some homemade ice cream and hangover remedies), unpasteurized milk products, or meat that is not thoroughly cooked. Cook your foods properly so you don't lose those fresh nutrients you paid extra for. Steaming and baking are preferred cooking methods. Check out fad health diets very carefully — they are usually better for the retailer's pocketbook than for your health! Of course that occasional triple decker burger and fries is OK, but your general daily eating pattern should be much healthier. If you are not already taking a multivitamin, then choose one that contains 100% of the RDA (Recommended Daily Allowance) for all known nutrients. Mega doses of vitamins and minerals can be harmful. Be sure that you do not take more than 10 times the RDA for any nutrient (except for vitamin A, which is 5 times the RDA).

3. **Cut Down on Stress!** Stress is a part of life and some stress helps us perform better. You are probably under a lot of stress right now, and that's OK. Anxiety and depression are perfectly normal reactions to learning that you are HIV+. Be aware of how you typically handle anxiety and depression. Don't try to run from it or escape it. Drugs and alcohol won't help! You'll still be HIV+ when you come down or get sober. Face the fact that you are very anxious and depressed about being HIV+. Ventilate these feelings to someone else — talk about it. It really helps to know that someone else knows and understands how you feel. Take some action to alleviate your depression and stress. The most essential element in overcoming stress and depression is taking action to do something about it. The major factor that separates survivors from others is the ability to take charge of their lives and to be responsible for making positive decisions that prove that they are in charge!

   This stress, anxiety, and depression may last for a while. In that case, you may very well experience some stress related physical symptoms (such as diarrhea, nausea, sweating, weight loss, fatigue, skin rashes, etc.) that are very similar to AIDS symptoms. Be aware that most, if not all, of these symptoms are probably stress related and not caused by AIDS! That is not to say that they do not need some attention by your doctor. But you should spend your energies on learning to cope with and overcome your anxiety and depression and these physical symptoms will usually disappear on their own.

If you typically suffer from chronic stress from work, finances, relationships, etc. that causes heartburn, insomnia, headaches, and irritability, then take some action to either alleviate these stresses, or learn some better methods of coping with them. This chronic stress can harm your immune system.

4. **Don't Smoke or Use Drugs, And Watch The Alcohol!** At the very least, smoking causes more respiratory infections which activates your immune system (which is not good, remember??). A recent study showed that among HIV+ persons, smokers progressed to AIDS twice as fast as non-smokers. At the very worst, smoking can cause heart disease and/or cancer. Drugs (including "poppers") can harm your immune system and can cause you to use bad judgment in making decisions that can harm you and others. Alcohol can greatly affect your nutrition, harm your immune system, and affect medication — so use it wisely and in moderation. Alcohol is also the greatest single factor in unsafe sex, so don't let it cause you to make some poor decisions that could harm you or others!

5. **Avoid People Who Have Contagious Diseases!** Getting around people who are obviously sick (with a contagious illness like colds, flu, hepatitis, measles, etc.) can needlessly expose you to germs that can make you sick. When you find yourself around someone who has a contagious illness, use common sense precautions like not letting them cough or sneeze on you, not eating or drinking after them, and washing your hands regularly (which you should always do in the future to protect yourself from germs that you come in contact with every day)!

6. **Exercise Regularly!** Regular physical exercise has proven to strengthen the immune system, and it helps you feel better, both physically and mentally. If you are not accustomed to regular physical exercise, then start slowly, but do start! A simple aggressive walking program can accomplish a lot. Keep at it until it becomes a regular, enjoyable part of your daily healthy lifestyle!

7. **Enjoy Pets but Be Cautious!** Pets can be a great source of comfort and enjoyment — but they can also expose you to some serious diseases. Do not let your pets lick you in the face. Wash your hands after handling your pets (there we go with washing your hands again — are you getting the point??). Avoid cleaning bird cages, cat litter boxes, and fish tanks — these are especially risky! If you must do these, be sure and wear gloves, a mask, do it in a well ventilated area, and wash very good afterwards.

8. **Watch Out for the Sun!** Light tanning to give a little color to your skin is probably OK, especially if it makes you feel better about yourself. But a lot of time in the sun has been shown to effect the immune system, so avoid it both from the sun or a tanning booth!

9. **Take Special Care of Your Mouth!** Brush and floss regularly, use a good mouthwash, and get a new toothbrush every month. Your toothbrush can harbor germs easily, and many people who have frequent mouth problems are continuing to reinfect themselves by using the same toothbrush all of the time.

SINCE I'M ALREADY INFECTED, THEN IT PROBABLY IS OK TO HAVE UNPROTECTED SEX WITH SOMEONE ELSE WHO IS POSITIVE, RIGHT?

No! Each time you re-infect yourself from another person, it reactivates your immune system which can accelerate the process of developing AIDS. Unprotected sex can also expose you to other serious diseases like hepatitis and syphilis.

EVEN IF I DON'T HAVE AIDS, CAN I STILL INFECT SOMEONE ELSE WITH THE AIDS VIRUS?

Yes! You can definitely infect others with the AIDS virus through unprotected sex or sharing IV drug needles.

ARE YOU SAYING I COULD EASILY INFECT PEOPLE I WORK WITH, OR FRIENDS AND FAMILY?

No! Your relationships with family and friends should continue to be close and supportive! And you need to continue working to feel good about yourself and keep a good positive attitude which can help you stay healthy!

The AIDS virus is hard to catch! You can't catch it from a toilet seat, sharing a drinking glass, shaking hands, hugging, or even kissing! You can't expose anyone to the AIDS virus by coughing or sneezing on them or by preparing or serving food for them. There has to be direct sexual contact or actual blood contact to catch AIDS! Nobody around you is in any danger of getting infected in normal daily activities, even if they live with you! It is probably unwise to share razors or toothbrushes since they often do come into contact with small amounts of blood through nicks or gum abrasions. Be sure to clean up any accidental spill of blood or other body fluids with a mixture of 10 parts water and 1 part bleach and use gloves.

I GUESS I NEED TO TOTALLY GIVE UP SEX WITH MY CURRENT PARTNER OR ANYONE ELSE?

No! There is a healthy, safe way to have sex that can be both erotic and satisfying for both partners! The basic principle of healthy, safe sex is "On me, not in me." It can include showering, masturbating, touching, caressing, hugging, wrestling, massaging, pinching, fondling, nibbling, licking, kissing, posing, costumes, props, toys, music, food, etc. etc. etc. . . .

Any body penetration increases the risk. Rectal intercourse is extremely dangerous and not recommended. The use of a condom, spermicide (with nonoxynol-9), and withdrawal before ejaculation is highly recommended with any body penetration, especially rectal intercourse! Sex toys can be safely used if they are adequately cleaned between uses (with the bleach solution previously mentioned) and never used by more than one person.

Your intact skin is a perfect natural barrier to the AIDS virus. Unless there is a cut or sore, you don't need to worry about getting semen, vaginal fluid, or blood on someone's skin. Remember, "On me, not in me!"

Remember that unborn children can contract AIDS from their mother, so do not get or cause someone else to get pregnant if you are HIV positive!

WHAT ABOUT PEOPLE I MIGHT HAVE ALREADY EXPOSED TO HIV WITHOUT KNOWING IT?

That is a very important question! For their health and your peace of mind, it is very important that anyone that you have had sexual contact with or shared needles with in the past be notified that they have possibly been exposed to the AIDS virus. Your local health department can help you decide whom to notify and can give assistance in notifying them if you desire. They have professionals who are trained in partner notification and they will keep your HIV status absolutely confidential and will not reveal your identity to anyone, including your contacts!

OK, SO WHERE DO I GO FROM HERE?

Unless you are having symptoms (which you probably aren't), there is no big rush, but there are some things that you need to give some thought to!

1. **Find a good doctor who is knowledgeable about HIV and AIDS and have a thorough checkup.** It is very important to get an accurate picture of the current status of your immune system! Your doctor can do this by performing specific blood tests. Your local health department, local AIDS Foundation, or any HIV testing/counseling site could probably tell you which doctors are knowledgeable about HIV and AIDS. You may want to use your current family physician. If so, be sure he is open to consultation with other HIV knowledgeable physicians and that he is willing to treat you aggressively. The old position which says, "There's really nothing I can do for you until you get sick!", is no longer valid. There are many preventative treatments available that can help you.

2. **Be sure your immunizations are up-to-date.** In general, you should not take live vaccines. If you have not had the polio vaccine, do not take the OPV (oral polio vaccine) but take the IPV (inactivated polio vaccine). Be sure you have had a second MMR (Measles, Mumps, Rubella) vaccine. If not, then take it even though it is a live vaccine because measles could be disastrous for you. Take the newest pneumococcal vaccine which covers 23 pneumococcal types. This vaccine is usually good for a lifetime, but some doctors are recommending that HIV positive person take it every 5 or 6 years. You probably should take an annual influenza vaccine and the Hepatitis B vaccine. Your doctor can answer any questions about these. These vaccines are available from your doctor or from your local health department.

3. **Have a tuberculosis (TB) skin test and chest x-ray.** TB is affecting a lot of HIV positive persons and it is sometimes difficult to diagnose, but it is treatable. Even if your skin test is negative, you still need a chest x-ray to use for comparable purposes later. Your local health department can help you with this.

4. **Give some thought to who you tell about your HIV status.** There have been cases of housing and job discrimination against HIV positive persons. Some people can be trusted with this information and others cannot. Unless you are involved in an extremely dangerous job where there is the likelihood of spilled blood, or if you are involved in invasive procedures at a health care institution, there is no real need to notify your employer of your HIV status. Be aware that filing health insurance claims which contain blood tests, etc., can indirectly inform your employer and others of your HIV status. Discuss with your doctor how you want to handle this. Anytime you seek medical help, you should tell the medical personnel about your HIV status to protect you and them. Be sure you specifically request confidentiality.

   So, be careful who you tell, but you probably need to tell someone about your HIV status so that you will have someone to talk to when you need it!

5. **Don't make any major decisions right away!** This includes decisions about employment, relationships, finances, buying or selling large items, etc. Our judgment is rarely at its best when we are anxious and or depressed.

6. **Do not donate blood, plasma, organs, body tissue, or sperm.** All blood banks are now routinely screening all donated blood for HIV and they share names of HIV positive persons with other blood banks. Besides, you wouldn't want to take the chance of exposing someone else to HIV! Be careful with commercial ear piercing, tattoos, and acupuncture because you cannot guarantee adequate sterilization of their instruments to protect the next person.

7. **If you currently have private health and/or life insurance, try to keep these premiums paid and the insurance in force if at all possible.** Some companies are now screening new applications for HIV and you might not be able to secure coverage again in the future!

8. **Check with your doctor, local health department, local AIDS Foundation, local gay/lesbian alliance, or drug abuse groups about possible support groups for HIV positive individuals.** They might also know of psychologists or therapists who work with HIV positive persons. If spiritual support is needed, there are usually genuinely caring, understanding clergy, priests, and rabbis available.

9. **Check around to see if any experimental drug research programs are available in your area.** Your doctor, local health department, or local AIDS foundation should know this. There is a national toll-free number (800-874-2572) that lists all experimental AIDS treatment sites for the National Institutes of Health (NIH). But there are other health organizations also doing studies.

10. **Learn to live with uncertainty!** You're only human — you won't get on top of this today. Every person alive lives in the midst of uncertainty. No one (including you) knows what awaits them in the future! One way to fight uncertainty is to gather the facts, to get your questions answered. But be aware that some answers are only guesses, and some questions have no answers. No one else around you lives without some uncertainty and you won't either, so learn to live with some of it!

11. **Put yourself first!** Make time for pleasure everyday! Make it a point to be in the company of other people you enjoy. Give yourself significant rewards. Talk to yourself positively: "I am a wonderful person!" or "I can make it through this!" or "I love me!"

Well, have you processed all this? Probably not — so you may want to read this again later to refresh your memory.

You are one of probably 1,500,000 Americans who are HIV positive, but you are fortunate that you know it and can take these steps to do something about it! This obviously does greatly affect your life, but it doesn't have to ruin it! You can still live a happy, productive, fulfilling life. There are people who care about you and want to help you through this! DON'T BOTTLE THIS UP INSIDE YOURSELF — IT WILL DESTROY YOU! So, help yourself and let others help you too!!

AIDS is the number one priority of the U.S. Public Health Service and top scientists around the world are working to find a way to eliminate the AIDS virus. Great progress has been made quickly and much more is on the horizon!

REMEMBER, YOU HAVE THE AIDS VIRUS, IT DOESN'T HAVE YOU!

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Technical Guidance on HIV Counseling

National Center for Prevention Services
Centers for Disease Control
February 1992

- **HIV counseling and testing has multiple functions, both public health and medical.**

Program managers and HIV counselors should be fully aware of the fact that HIV counseling and testing has both public health and medical functions. Although it is extremely important that persons who are infected with HIV learn their serostatus so that they can take advantage of available early medical intervention services, this is not the only reason that we perform HIV counseling and testing.

HIV counseling and testing programs also have the following important public health functions:

1. to provide basic information about the prevention of HIV infection and to facilitate client's ability to identify and modify those behavior that may be placing them at risk for HIV infection;

2. to provide, either directly or through referral, additional prevention services that will enable uninfected persons who are at continuing risk for HIV infection to minimize their risk of acquiring HIV;

3. to provide, either directly or through referral, additional prevention services that will enable HIV infected persons to minimize their risk of transmitting HIV to their partners;

4. to work with HIV infected person to provide their partners with HIV prevention information and to assist those partners in obtaining other services such as HIV counseling, testing, and referral for other needed HIV prevention services.

- **Programs that offer HIV counseling and testing should take advantage of all available opportunities to reach clients with HIV prevention messages.**

Clients exhibit varying degrees of accepting HIV counseling and testing. Some clients are highly motivated to learn their HIV serostatus while others may be suspicious of or "turned-off" by suggestions that they learn their HIV serostatus. Since human behavior change is not an "all-or-nothing" process, even after HIV counseling and testing has taken place, seronegative clients may continue to engage in behaviors that place them at risk for HIV infection.

Therefore, programs should view all clinical encounters with clients as potential opportunities to provide and reinforce HIV prevention messages. These messages need not be complicated, e.g., "if you're not infected with HIV you should take steps to make sure you stay that way

and if you are already infected, early treatment can improve your health by delaying the onset of illness."

- **Good HIV counseling is "client centered."**

To fulfill its public health functions, HIV counseling must be client centered. By that, we mean it must be tailored to the behaviors, circumstances, and special needs of the person being served. Risk reduction messages must be personalized and realistic. Counseling should be culturally competent (i.e., provided in a style and format respectful of cultural norms, values, and traditions which are endorsed by cultural leaders and accepted by the target population), developmentally appropriate (i.e., provided at a level of comprehension which is consistent with the age and learning skills of the individuals being served), and linguistically specific (i.e., presented in dialect and terminology consistent with the target population's native language and style of communication).

HIV counseling is best thought of as assisting the client, rather than lecturing to him/her. An important aspect of HIV counseling is the counselor's ability to listen to the client in order to determine individual prevention needs.

Although HIV counseling should adhere to minimal standards in terms of basic information provision, it should not become so routine that it is inflexible and unresponsive to individual client needs. Counselors should avoid providing information that is irrelevant to their clients and should avoid structuring their counseling session on the basis of a data collection instrument or form.

- **Risk assessment is an essential component of HIV pretest counseling.**

A focused and tailored risk assessment is the foundation of HIV pretest counseling. Risk assessment is a process whereby the counselor helps the client to assess and take "ownership" of his/her own individual risk for HIV infection. Client acceptance of risk is a critical component of this assessment. Risk assessment is not a passive appraisal by the counselor of the client's behavior, but an interactive process between counselor and client. It should be conducted in an empathic manner with special attention toward the ongoing behaviors and circumstances (e.g., sexual history, STD history, drug use) that may continue to place the client at risk for HIV infection/transmission. For example, clients who are being counseled in STD clinics, where they have presented for the treatment of a symptomatic STD other than HIV, should be advised that their current STD infection demonstrates that they are at continuing risk for HIV.

Because the risk assessment process serves as the basis for assisting the client in formulating a plan to reduce risk, it is an essential component of all pretest counseling.

- **HIV counseling should result in an individualized plan for the client to reduce his/her risk of HIV infection/transmission.**

Good HIV counseling is more than the routine provision of information. It should also include the development of an individualized, negotiated HIV risk reduction plan. This plan should be based on the client's skills, needs, and individual circumstances. It should not consist of the counselor "telling" the client what he or she needs to do in order to prevent HIV infection/transmission, but instead, outline a variety of options available to the client for reducing his/her risk of HIV infection/transmission. The counselor should confirm with the client that the risk reduction plan is realistic and feasible — otherwise it is likely to fail.

When negotiating an individualized risk reduction plan, counselors should be especially attentive to information provided by the client — especially information about past attempts at preventive behaviors that have not been successful (e.g., intentions to use condoms but failure to do so). Identifying and discussing previous "prevention failure" helps to ensure that the risk reduction plan is realistic and focused on actual barriers to safer behaviors.

An interactive risk assessment and an individualized risk reduction plan during pretest counseling ensure that clients receive adequate prevention information even before they learn the results of their test. Counselors can use the client's expectation of their test results to facilitate the development of an individualized risk reduction plan.

- **Programs should take active steps to deal with the problem of failure to return for posttest counseling.**

Not all clients who receive pretest counseling and testing return for posttest counseling and results disclosure. In 1990, programs using the client record data base reported, on average, a 63 percent return rate for posttest counseling. However, this rate ranged from 42 percent to 89 percent and varied by age, sex, race/ethnicity, self-reported risk behavior, service delivery site, and HIV serostatus.

Preliminary analyses at CDC indicate that adolescents, African Americans, and clients served in family planning clinics and STD clinics, on average, had lower return rates for HIV posttest counseling.

HIV counseling and testing programs should be active in dealing with the issue of failure to return for HIV posttest counseling. Program managers should attempt to determine if there are specific operational barriers to clients' returning for HIV posttest counseling (e.g., excessive waiting time). Counselors should stress the importance of returning for posttest counseling and may wish to identify it as a potential component of the individualized risk reduction plan. Programs should give high priority to contacting clients who are seropositive but who have not returned to learn their test results and have failed to receive posttest counseling.

- **Some clients may acquire more than a single posttest counseling session.**

A number of HIV counselors have cited the fact that certain clients may require more than a single posttest counseling session. Seropositive clients may be deeply disturbed by the realization that they have a life-threatening disease and may require additional counseling and support. Clients who are at increased risk for HIV infection or transmission may also require additional/supplemental counseling to develop the skills needed to practice sex behaviors.

Although CDC does not require that programs routinely provide repeated posttest counseling sessions, we do advise that counselors and program managers be aware of the fact that certain clients may require additional support and further counseling opportunities. If deemed appropriate, repeat/additional counseling should be provided on-site or through referral. The FY 1992 Program Guidance for HIV Prevention Cooperative Agreements authorizes the use of CDC awarded funds for providing repeat/additional HIV counseling. In considering other options for additional or supplemental posttest counseling, program managers should work with community-based programs in their locale that might be able to offer such services.

- **Making appropriate referrals is an important component of HIV posttest counseling.**

Seronegative clients, at continuing risk for HIV infection, and seropositive clients will often require additional primary and secondary HIV prevention services that may not be available "on-site." For example, clients whose drug use continues to place them at risk for HIV infection should be referred for appropriate drug treatment. HIV infected clients should be provided, either on-site or through referral, with immune system monitoring and a medical evaluation to determine if they should begin anti-retroviral therapy and prophylaxis for Pneumocystis pneumonia. Facilitating referrals for these services is an important aspect of HIV posttest counseling.

Identifying appropriate referral sites (i.e., where services meet minimal standards of quality and are available to clients in a timely manner) should not be the sole responsibility of the person performing HIV counseling. Program managers should take the lead in identifying referral sites and developing programmatic relationships with those sites to facilitate needed client referrals.

- **Training, quality assurance, and counselor feedback are critical to effective HIV counseling and testing services.**

Counselors, as well as their supervisors, require adequate training in HIV counseling and testing. In addition to training on the scientific/public health aspects of HIV counseling and testing, training should address other relevant issues, such as: substance abuse; human sexuality, and the cultural perspectives of the clients being served.

Training for HIV counseling is not a one-time event — it should be an ongoing process. An important component of ongoing quality assurance and training for HIV counselors is routine, periodic observation during a counseling session and subsequent feedback. When a trained supervisor is not available to perform this important function, management should organize routine observation by fellow counselors. Performance standards should be developed which define expectations for the content and delivery of quality counseling. "Observational supervision" requires the consent of the client being counseled.

CDC Prevention Guidelines: Disinfecting with Bleach

CDC NATIONAL AIDS HOTLINE TRAINING BULLETIN #58
AUGUST 3, 1993

These are answers from the Centers for Disease Control and Prevention (CDC) to questions from CDC National AIDS Hotline Information Specialists concerning disinfection of needles and syringes with bleach.

1. Are there current recommendations for bleach disinfection of needles and syringes?

Drug users who re-use or share injections equipment should be aware that this practice carries a high risk for acquiring and transmitting HIV and many other infectious diseases. The potential for HIV transmission is present in previously used needles and syringes (known as "works") since a drug user will not know how much blood may be in the syringe or needles, or how much time has elapsed since the last use.

Disinfecting "works" with bleach can help to reduce the risk of HIV transmission when no other safer options are available. Callers should be encouraged to stop using drugs or, if that is not possible, use a clean, never-used needle and syringe each time they inject. Disinfection with bleach is not as safe as always using a sterile needle and syringe. However, the steps outlined in the bleach bulletin should enhance the effectiveness of bleach disinfection of needles and syringes.

The recommended procedures consist of three basic steps:

(1) cleaning the needles and syringe to remove blood, blood clots, and other organic material,
(2) disinfecting with bleach, and
(3) rinsing with clean water to remove the bleach.

Because blood can interfere with the effectiveness of bleach disinfection, cleaning before disinfecting with bleach is very important if blood is present in the syringe and/or needle ("Get the red out"). Since blood may be present in hard-to-see places, pre-bleach cleaning should be performed even if no blood is visible in the syringe. Blood clots are likely to form in small places, such as inside the hollow bore of the needle. In blood clots or dried blood, the virus can become embedded in clotted or crystallized proteins, which makes it more difficult for the bleach to penetrate and inactivate the virus. Repeated cleaning/rinsing may dislodge these clots and allow the bleach to contact the HIV and inactivate it.

Disinfecting injection equipment with chemicals, such as bleach, does not guarantee that HIV or other viruses, bacteria, and fungi are inactivated, but consistent and thorough disinfection of injection equipment with bleach should reduce transmission of HIV if equipment is shared or re-used.

Specifically, the procedures for cleaning, disinfecting, and rinsing needles and syringes (as outlined in the bulletin) are as follows:

- Cleaning and disinfecting should be done twice — once immediately after use and again just before re-use of needles and syringes.

- Do NOT put any used water and/or bleach back into their storage containers. ALL used solutions should be disposed of (e.g., placing in a waste container or pouring down a sink or toilet or on the ground).

- Before using bleach, wash out the needle and syringe by filling them completely several times with clean water.

- Then, use full-strength (not diluted) liquid household bleach to disinfect the needle and syringe. To do this, completely fill the needle and syringe (to the top) with bleach several times. The more times and longer the syringe is completed full of bleach (at least 30 seconds each time), the more likely HIV and other bloodborne pathogens will be inactivated.

- After using bleach, rinse the syringe and needle by completely filing several times with clean water. DO NOT re-use water that was used for the initial rinsing of the equipment before filling it with bleach — it may be contaminated.

- Shaking the syringe and tapping its sides during each step should help in the cleaning and disinfecting.

- Taking the syringe apart by removing the plunger may also improve the cleaning/disinfection of parts (e.g., behind the plunger) that might be hard to reach.

Although there is currently insufficient laboratory and behavioral research to make definitive recommendations on the best procedure for bleach disinfection, CDC researchers believe that the procedures described in these "Provisional Recommendations" will enhance the effectiveness of bleach disinfection of needles and syringes. If more data or research findings become available, we will update these provisional recommendations.

2. Should we prepare callers for the amount of time all of the procedure may take? Does 10 minutes total sound likely?

It will probably take 5-10 minutes total time to follow the recommended procedure for cleaning and disinfecting.

3. What if the drug user is unable or unwilling to follow all steps in the recommended procedure?

Although it is important to follow all steps in the bleach disinfection procedures to ensure maximum effectiveness, drug users who indicate they may be unable to do so should be en-

couraged to perform as much of the process as possible. The more steps done, the more effective the disinfection process if likely to be in reducing risk of HIV transmission. We reiterate that sterile, non-disposable syringe-needle units are not designed to be re-used.

4. If there is no blood in the syringe, it's clean, right?

No. As previously mentioned, minute amounts of blood can still be present in the syringe or needle that cannot be seen. Even small amounts, when injected directly into the bloodstream, could transmit HIV. This is why it is important not to re-use or share needles and syringes, but if no other safer option is available a person who injects drugs should clean and disinfect needles and syringes with full-strength household bleach between each use.

5. What if dried blood gets in a crevice in a syringe — will it still live?

First, needles and syringes should not be re-used or shared. Full-strength bleach is recommended to disinfect needles and syringes for those that have no other option but to share. The need to use full-strength bleach is related to the difficulty in cleaning the inner parts of the equipment and being unable to scrub the small, inaccessible areas that may contain infectious matter. In particular, needles and syringes used by persons who inject drugs often contain clotted blood in their recessed areas, which is more difficult to clean and disinfect and may be more effectively inactivated by full-strength bleach. In addition, needles and syringes can place HIV directly into the bloodstream, while environmental surfaces are much less likely to facilitate transmission of the virus.

6. Should the disinfected needle dry out before re-using it?

In the context of disinfecting syringes and needles in this setting, there is no difference in the safety of a wet or dry needle that has been disinfected. Drying cannot be depended on to inactivate microorganisms on a needle or syringe.

7. Won't 100% bleach cause pain or damage to the user? Will undiluted bleach hurt the user if it gets into the bloodstream?

First, bleach should be referred to as full-strength household bleach. Second, the caller should be told that bleach should be completely rinsed (with clean water) out of the syringe and needle (and other drug injecting equipment) before they are used. Rinsing with clean water at least 3 times is ideal. Full-strength household bleach will irritate the skin and eyes and should never be injected into the skin or bloodstream.

8. What about cookers, cotton balls, etc.? Should not sharing these be an equal part of the recommendation? How can HIV be transmitted from sharing a cotton ball?

Cookers, cotton balls, and other drug preparation and injection equipment should not be shared or re-used because they may be contaminated with blood. Blood or other infectious fluids may be present on cotton balls and could transmit HIV or other infectious agents. This

is the same reason a physician does not use the same cotton ball to swab patients' arms before giving injections. Callers should be cautioned against using cookers, cotton, or rinse water used by other injectors.

9. What is the difference between "disinfection" and "sterilization"?

Sterilization kills all living organisms, such as bacteria, viruses, fungi, and spores and usually involves heating (e.g., autoclaving) the instrument at very high temperatures or using a very powerful chemical for longer time periods. Disinfectants can kill or inactivate certain infectious organisms, but often are not able to kill all microorganisms. Disinfecting injection equipment with chemicals, such as bleach, does not guarantee that HIV is inactivated. Disinfectants and boiling water do not sterilize equipment.

10. Is disinfection by boiling worth mentioning to callers? Are there other types of syringes besides plastic that wouldn't melt in boiling water?

As described in the bleach bulletin, boiling of needles and syringes (and other drug injection equipment) for 15 minutes will disinfect the equipment. However, a limited trial of boiling a small number of insulin syringes (the type of syringe most commonly used by persons who inject drugs) damaged some of them (partially bent, distorted shape). In addition, boiling needles and syringes may not be possible in some situations where needles and syringes are being re-used and shared.

Sterile, disposable syringe/needles units are NOT designed to be re-used. This equipment is manufactured to be used once and disposed of, which is what CDC recommends. The materials from which these units are made cannot withstand repeated attempts at disinfecting or sterilizing them. However, when a person who injects drugs cannot use a never-used, sterile needle and syringe, the bleach disinfection procedures can help reduce risks of HIV transmission.

Glass syringes can be boiled without damage, and some syringes and needles may be more resistant to the effects of heat during boiling.

11. Is it OK to talk about bleach "killing" HIV or do we have to say inactivate?

"Killing" HIV is a satisfactory slang term for "inactivating" HIV for general callers. However, it is recommended when referring to the effect of bleaching works to prevent transmission of HIV that individuals be told that bleaching is not 100% effective but it does reduce the risks for HIV transmission. The process is not sterilization but disinfection.

12. Do all brands of household bleach contain adequate amounts of sodium hypochlorite?

Yes, if the bleach is fresh and undiluted, and is contained in unopened containers that have not been exposed to heat or sunlight during storage. There is slight variation in the concentration of sodium hypochlorite in different brands of household bleach and within a single brand between individual bottles of household bleach, but this is not significant.

13. Will undiluted bleach damage drug "works"?

Undiluted bleach can damage "works." Even so, it reduces the risk of HIV infection from re-using drug injection equipment. The advantages of disinfecting drug works far outweigh any damage bleach might cause, which should make this an easy choice.

14. What are the "other chemicals" referred to in this bulletin?

The use of diluted liquid household dish washing detergent is advocated by some researchers based on some laboratory studies of its effectiveness in inactivating HIV. The dish washing detergent is prepared by mixing one tablespoon of liquid dish washing detergent in one cup of clean water.

HIV is obviously not a resistant microorganism and can be readily inactivated by a wide variety of common chemicals or proprietary germicides used both in the hospital or in the home.

Household bleach (sodium hypochlorite), however, is a broad-spectrum, rapid-acting, very inexpensive, and easily available chemical that has been widely used as a germicide and studied extensively in this role for decades. When used according to the suggested procedures for needle and syringe disinfection in this unique and specific situation, it is at least as effective as other chemicals and perhaps even more so.

15. Do we have any recommendations for using alcohol or hydrogen peroxide for disinfecting needles? What about other disinfection methods?

Cleaning with alcohol and hydrogen peroxide may reduce the risk of HIV transmission through shared drug injection equipment compared with taking no steps to clean/disinfect the needle, syringe, and other injection equipment. However, bleach has been found to be effective against HIV in addition to being widely available and inexpensive. Other chemicals may have a variety of disadvantages such as toxicity or inability to penetrate residual blood and other organic materials.

16. The study from D. Vlahov et al. is disconcerting. How do we respond to callers who find out that cleaning and disinfecting needles the way we've been telling them hasn't done much to help reduce the risk? How do we handle callers who notice the change in information?

The D. Vlahov study was based on the reported use of bleach by persons who inject drugs participating in the study in Baltimore. A separate study in Baltimore indicated that persons who inject drugs are often inaccurate (often overstating) in describing use of bleach.

The bulletin, which was issued by CDC, the Center for Substance Abuse Treatment (CSAT), and the National Institute on Drug Abuse (NIDA), does not indicate a change in policy, but rather an update to reflect recent findings from studies on bleach disinfection of drug injection

equipment to make the use of bleach more effective. The main point is that new needles and syringes are safer than bleach-disinfected, previously-used needles and syringes.

CDC, CSAT, and NIDA have long believed that the best method of preventing HIV infection among persons who inject drugs is to help users stop or decrease drug use and drug injection. Those who continue to inject drugs must be encouraged to always use sterile, never-used injection equipment. Persons who inject drugs should be warned never to re-use or share needles, syringes, and other injection equipment.

17. When the bulletin says "the following steps will enhance the effectiveness of bleach disinfection of needles and syringes", what is meant? If someone follows all the steps, does this reduce the possibility of infection similar to the use of latex condoms for sexual activities? Are there any laboratory studies to indicate the effectiveness of flushing with water and then with bleach?

There have been no studies to evaluate the rate of HIV transmission when these procedures are followed for bleach disinfection of drug injection equipment.

18. What referrals can we use for needle acquisition/exchange? Where are needle exchange programs available? What are the legal aspects of a needle exchange program?

First, persons who inject drugs who cannot be dissuaded from continuing to inject drugs should be urged to obtain sterile, never-used needles and syringes.

Federal law prohibits federal agencies from distributing needles and syringes that may be used for illegal drug use. Most (about 40) states, however, allow the purchase of new, sterile needles and syringes from pharmacies without a prescription. In addition, needle/syringe exchange programs are functioning in a limited number of cities in the United States, often with limited geographic coverage and hours of operation. Most states (about 44) have laws making it a criminal offense to possess needles and syringes that are intended for illegal drug injection.

19. Does the information in the bulletin affect disinfection of other piercing objects (earrings, tattoos, acupuncture) besides works?

No. These disinfection procedures for needles and syringes are intended to be used only when there is no safer option. They do not apply to other piercing objects. The procedures for ear piercing, tattooing, acupuncture, and other commercial (often licensed) activities should require single-use or heat-sterilized equipment.

20. What is the risk of HIV transmission from blood-contaminated water? Does this have implications for jacuzzis, swimming pools, etc.?

The route of entry and the relative amount of virus a person is exposed to play an important role in whether transmission of HIV occurs. Since HIV in needles and syringes is likely to be injected directly into another person's blood, sharing or re-using needles is an effective way of

transmitting the virus. Avoiding drugs is the best way to avoid transmission of HIV by this route. For those who continue to inject drugs, using sterile needles and syringes is the only way to completely avoid exposure to HIV through drug injection, and disinfecting equipment with bleach is very important in reducing amounts of virus in equipment that is shared or re-used.

However, the amount of virus that might be present in jacuzzis, swimming pools, etc., is so small that the risk of transmitting HIV is negligible. This is because the virus would be so diluted by the large volumes of water that it would be harmless to bathers and swimmers. In addition, chemicals used in the water also reduce the likelihood that HIV could survive.

21. Why is a bleach and water solution effective on surfaces and not in syringes?

Environmental surfaces, such as floors, examining tables, counters, etc., that may have infectious fluids (such as blood) may still be cleaned with a solution of 1 part bleach to 10 parts water (or 1 part bleach to 100 parts water if stronger concentrations are too harsh for the surface). It is much easier to physically remove blood and other potentially infectious materials from environmental surfaces than from small inaccessible areas within needles and syringes — that is why full-strength bleach is necessary for cleaning "works."

TUBERCULOSIS FACTS
TB and HIV (The AIDS Virus)

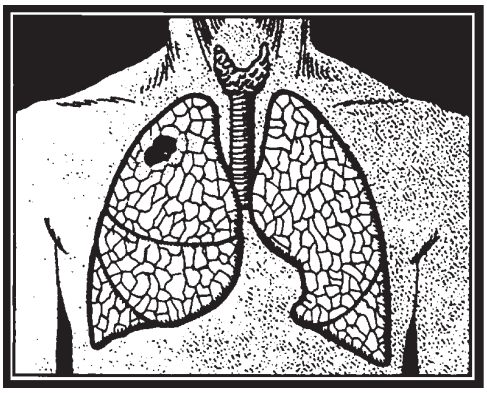
What is TB?

"TB" is short for a disease called tuberculosis. TB is spread by tiny germs that can float in the air. The TB germs may spray into the air if a person with TB disease of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into their lungs.

TB germs can live in your body without making you sick. This is called TB infection. Your immune system traps TB germs with special germ fighters. Your germ fighters keep TB from making you sick.

But sometimes, the TB germs can break away. Then they cause TB disease. The germs can attack the lungs or other parts of the body. They can go to the kidneys, the brain, or the spine. If people have TB disease, they need medical help. If they don't get help, they can die.

How does HIV infection affect TB?



HIV (human immunodeficiency virus, the AIDS virus) helps TB germs make you sick by attacking the germ fighters in your body. If you are infected with HIV and with TB germs, you have a very big chance of getting TB disease. The TB germs are much more likely to attack your lungs and other parts of the body. You can be cured, but it takes longer to cure someone with TB disease who also have HIV infection.

If you think you might have HIV infection, talk to your doctor about getting an HIV test. If you have HIV infection and TB infection, the sooner you start taking anti-TB medicine, the better your chances to stay healthy for many years.

If you have HIV infection, it is very important to get tested for TB infection at least once a year. Anti-TB drugs are strong. They can prevent or cure TB disease even in people with HIV infection.

Remember, Anti-TB drugs only work when you take them!

Source: U.S. Department of Health and Human Services

Terms Used in HIV Prevention

ABSTINENCE:
Refraining from participating in something. When talking about HIV, abstinence refers to not engaging in sexual intercourse or injecting drugs.

AIDS:
The acronym for acquired immunodeficiency syndrome. AIDS can affect the immune and central nervous systems and cause neurological problems, infections, or cancers. It is caused by HIV.

ANAL SEX:
A type of sexual intercourse in which a man's penis enters his partner's anus.

ANONYMOUS:
Without any identification. The term is used in regard to HIV testing when the persons ordering and performing the test do not maintain a record of the name or identity of the person whose blood they are testing.

ANTIBODIES:
Proteins that are manufactured by the immune system in response to foreign substances.

ANTIBODY TEST:
A laboratory procedure which detects antibodies to specific microorganisms. An HIV antibody test determines if a person's body has produced antibodies to HIV, but does not detect the virus itself.

ANTIDISCRIMINATION PROTECTION:
Provisions of law that impose penalties for discrimination of a person's infection or perceived risk.

ANTIVIRAL:
Pertaining to something that inhibits the action of a virus. Antiviral therapy refers to a treatment that works against the virus itself.

ASYMPTOMATIC:
Being infected but not aware of any symptoms of infection.

AZT:
An abbreviation for the drug zidovudine, which is used for people with HIV infection.

B CELL:
A type of cell in the immune system. B cells fight infection primarily by making antibodies.

BISEXUAL:
A person whose sex partners are both men and women. A bisexual can be a man or a woman.

CD4:
A protein embedded in the surface of T-helper (lymphocyte) cells; HIV invades cells by first attacking the CD4 receptor.

CD4 CELL COUNT:
The actual number of T-helper cells in a cubic millimeter of blood. The CD4 cell count is significantly lower in people whose immune system has been infected by HIV.

CD4 TESTING:
A laboratory blood test that counts a subset of white blood cells as an aid to determining immune function. Certain threshold are indications for starting medications for persons with HIV infection.

CENTERS FOR DISEASE CONTROL (CDC):
The Federal health agency responsible for providing national health and safety guidelines and statistical data on HIV and other diseases.

CLIENT:
A person to whom professional services are rendered.

CLIENT CENTERED APPROACH:
Refers to counseling conducted in an interactive manner responsive to individual client needs. Avoids a preconceived set of points to be made by the counselor and encourages the client to do most of the talking. Focuses on developing goals with the client rather than simply providing information.

CONDOM:
Commonly called rubbers, they are sheaths that fit over a man's penis or into a woman's vagina to prevent semen from entering the partner's body after ejaculation. Condoms also prevent a man's penis from coming into contact with his partner's body fluids.

CONFIDENTIAL:
Kept private. In regards to HIV testing, it means that the results of a test are known only to the person who is being tested and the immediate group of people who provide care and prevention services for that person.

COUNSELING:
Helping people plan actions that will benefit themselves or others. Unless designated as group counseling or couple counseling, the word is used here to describe one-on-one discussions.

DISCORDANT:
Conflicting. Used to describe the circumstances in which one partner is infected with HIV and the other is not.

EIA:
See ELISA

EARLY INTERVENTION:
The set of medical behavioral services provided to persons upon diagnosis of HIV infection. Involves monitoring indicators of immune function as signals to provide interventions to delay the onset of illness, psychosocial support, and measures to prevent transmission.

ELISA:
Acronym for enzyme-linked immunosorbent assay. The laboratory test most commonly used to screen for antibodies to HIV. See Positive Test.

FALSE-NEGATIVE:
A negative test result for a person who is actually infected. Insufficient time to produce antibodies is a cause of false negative tests.

FALSE-POSITIVE:
A positive test result for a person who is actually not infected.

HETEROSEXUAL:
A person whose sex partners are exclusively persons of the opposite sex.

HIGH RISK ACTIVITIES:
A term used to describe certain activities that increase the risk of transmitting HIV. Often referred to as "unsafe activities" — including anal and vaginal intercourse without a condom, sharing injecting drug works, and other intimate blood contact.

HIV:
Human Immunodeficiency Virus; the virus that causes AIDS.

HOMOSEXUAL:
A person whose sex partners are exclusively members of the same sex. A homosexual man is called a gay man. A homosexual woman is called a lesbian.

IMMUNE STATUS:
The state of the body's natural ability to fight diseases.

IMMUNE SYSTEM:
The body's mechanism to identify and fight off infections and other foreign substances.

IMMUNOSUPPRESSION:
Reduced performance of the body's immune system

INJECTED DRUGS:
Drugs that are introduced directly into a person's body or bloodstream through a needle. These include cocaine, heroin, and steroids.

INDETERMINATE:
Not determined definitely one way or another. Inconclusive test results, such that the laboratory is unable to state whether antibodies are present or not.

INTERVENTION:
An action taken to change an outcome.

MASTURBATION:
Stimulating a man's penis or a woman's clitoris.

MONOGAMOUS:
Having an exclusive sexual relationship with only one partner.

MORTALITY:
Death.

NEGOTIATED RISK REDUCTION PLAN:
Discussions that result in identifying the steps that a client thinks he/she will take to reduce the chances of acquiring HIV. The counselor's role is to assist the client in developing a realistic plan.

OUTREACH SERVICES:
Usually refers to services provided outside the walls of an agency. An outreach worker might go to a client's home or neighborhood.

PARENTERAL:
Taken into the body through intravenous or intramuscular injection.

PHLEBOTOMY:
Collecting a blood sample for laboratory testing by inserting a needle in a person's vein.

POSITIVE REINFORCEMENT:
Acknowledging healthy behaviors or intentions through some mechanism that indicates approval, intended to be perceived as rewarding.

PREVALENCE:
The total number of persons in a given population with a disease or condition at a given point in time.

PROBLEM-SOLVING TECHNIQUES:
A process by which a counselor tries to discover the basis of barriers indicated by some verbal or nonverbal communication from the client. After the barriers have been identified, possible solutions are discussed.

PROPHYLACTIC TREATMENT:
Medications given to help prevent infection or its consequences.

RETROVIRUS:
One of a group of RNA viruses. HIV is a retrovirus.

RISK REDUCTION:
A process of adopting behaviors that reduce the likelihood that an individual will be exposed to and/or infected by HIV or other sexually transmitted or blood-borne diseases.

SAFER SEX:
A system of classifying specific sexual activities according to their risk of transmitting HIV. Safer sex guidelines are followed by people to avoid sexual transmission without having to give up sexual activity. Those behaviors defined as "safer" involve no exchange of blood, semen, or vaginal/cervical secretions.

SEROCONVERSION:
The time at which a person's antibody status changes from negative to positive, or vice versa.

SERONEGATIVE:
Also known as "non-reactive." No evidence of antibodies for HIV is present in the blood. Indicates there is no evidence of infection.

SEROPOSITIVE:
Also known as "reactive." Evidence is present in the blood of an individual indicating infection with HIV.

SYSTEMIC:
Affecting the entire body.

T-CELLS:
A group of T-Cells (also known as CD4 cells) that carry the T4 maker and are instrumental in turning on antibody production, activating other T-cells and starting other immune responses. Also known as T4 helper cells.

VIRUS:
An agent which causes diseases that can be passed from one person to another (infectious); a virus is unable to reproduce outside a living host cell.

WASTING SYNDROME:
A condition recognized as definitive of AIDS (since August 1987) and characterized by rapid, unintended weight loss and persistent fever and/or chronic diarrhea.

WESTERN BLOT:
A blood test used to detect antibodies to HIV. Compared to the ELISA, the Western Blot is more specific (and more expensive). It is generally used to confirm the results of a positive ELISA.

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CLIENT SURVEY
HIV/AIDS Core Curriculum

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR: [FORM 045; CARD 01]

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

SEQUENCE: **1.** PRETEST **2.** POSTTEST **3.** 10 WEEK **4.** 6 MONTH |__| [22]

INSTRUCTIONS: Please answer the following questions based on whether you think the sentence is TRUE or FALSE. Circle 1 (True) or 2 (False) after each statement.

		True	False	
1.	AIDS is caused by a bacteria that invades the body and attacks the lungs.	1	2	[23]
2.	Once a person tests negative for HIV, there is no need to ever have another HIV test.	1	2	[24]
3.	Low risk sexual activities may include massage, masturbation, or oral sex without a condom.	1	2	[25]
4.	Everyone has the right to protect themselves from HIV infection.	1	2	[26]
5.	T-Cells are a type of white blood cell and part of the body's immune system.	1	2	[27]
6.	A person with HIV may look and feel healthy for 10 years or longer after first becoming infected.	1	2	[28]
7.	Like malaria, HIV can be transmitted by mosquitoes.	1	2	[29]
8.	Cleaning injection equipment with water is sufficient to destroy HIV.	1	2	[30]
9.	Always using a new syringe that has never been used before is the best way to avoid HIV infection from injection drug use.	1	2	[31]
10.	The best way to get others to cooperate with us is through aggressive communication.	1	2	[32]
11.	Red blood cells are sometimes called CD4 cells.	1	2	[33]
12.	People with HIV infection may develop AIDS more rapidly, if they are reexposed to the virus.	1	2	[34]
13.	A pregnant woman with HIV infection has about a 30% chance of passing the infection to her unborn child.	1	2	[35]
14.	Sharing rigs (needles, syringes, works) is safe so long as you avoid sharing with strangers.	1	2	[36]

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	True	False	
15. Latex condoms are not as effective as natural skin condoms for reducing the spread of HIV during sex.	1	2	[37]
16. If the needle used for shooting drugs is properly cleaned with bleach then it is safe to use the cotton or cooker used by others.	1	2	[38]
17. Aggressive communication is firm, respectful, and straight forward.	1	2	[39]
18. HIV attacks the immune system and destroys the body's natural defense against diseases.	1	2	[40]
19. HIV is present only in the blood of an infected person.	1	2	[41]
20. The Western Blot test is used to confirm whether or not a person has antibodies for HIV.	1	2	[42]
21. If you have an anonymous HIV test, you will be asked to give your name, social security number, and address.	1	2	[43]
22. Listening without becoming angry is an important assertiveness skill.	1	2	[44]
23. An HIV test will detect HIV antibodies in a blood sample.	1	2	[45]
24. If a person has no symptoms of HIV infection, he/she is unable to pass the virus to others.	1	2	[46]
25. The "D" in AIDS stands for "disease."	1	2	[47]
26. HIV is a sexually transmitted infection.	1	2	[48]
27. If two people decide to be sexually faithful to each other, then there is no need for them to have an HIV test.	1	2	[49]
28. Oily lubricants such as Vaseline, baby oil, or massage oils may cause condoms to break or leak, reducing their protection against HIV.	1	2	[50]
29. Other people have the right to force you to take chances with your health.	1	2	[51]
30. An assertive tone of voice is calm, self-assured, and sincere.	1	2	[52]
31. Taking AZT early in pregnancy may help a woman avoid passing HIV to her unborn baby.	1	2	[53]
32. Needles and syringes cleaned with bleach are 100% safe from HIV.	1	2	[54]
33. I-language is a technique for getting your point across by speaking for yourself.	1	2	[55]

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	True	False	
34. There is no difference between assertiveness and aggressiveness.	1	2	[56]
35. After exposure to HIV, it takes about 12 weeks for the body to develop enough antibodies for an accurate HIV test.	1	2	[57]
36. It is very likely that you could get HIV by eating food prepared by an infected restaurant worker.	1	2	[58]
37. A person may become infected with HIV by donating blood.	1	2	[59]
38. The early symptoms of HIV infection may include fever, night sweats, weight loss, feeling tired, and swollen glands.	1	2	[60]
39. If a woman uses the female condom, her partner should also wear a male condom.	1	2	[61]
40. After invading the body, HIV lives in the body's T-Helper Cells and slowly destroys them.	1	2	[62]
41. There is no difference between a confidential and an anonymous HIV test.	1	2	[63]
42. People who communicate passively seldom are manipulated by others.	1	2	[64]
43. Diaphragms and contraceptive sponges are good protection against HIV.	1	2	[65]
44. If a person tests negative for HIV, it means he/she is immune to the virus.	1	2	[66]
45. Condoms are available in different sizes and shapes.	1	2	[67]
46. In this day and age, it is impossible for a person to avoid being exposed to HIV.	1	2	[68]
47. According to national statistics, about 1/3 of the AIDS cases in the U.S. are related to injection drug use.	1	2	[69]
48. HIV infection increases a person's risk of developing tuberculosis.	1	2	[70]
49. Saran Wrap or other plastic food wrap can be safely used as a condom by wrapping it around the man's penis.	1	2	[71]
50. Learning to communicate assertively takes practice.	1	2	[72]
51. The new female condom protects against HIV by lining the vagina to prevent contact with semen or vaginal fluids.	1	2	[73]
52. A positive HIV test means the person already has AIDS.	1	2	[74]