

Safer Sex Skills Building

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A Manual for HIV/STD Safer
Sex Skills Groups for
Women in Outpatient
Substance Abuse Treatment



This manual was used by female counselors delivering the group intervention, "Safer Sex Skills Building" (SSB), to substance abuse treatment clients enrolled in the National Drug Abuse Treatment Clinical Trials Network protocol, "HIV/STD Safer Sex Skills Groups for Women in Methadone or Drug Free Out-patient Treatment Programs" (0019).

The original version of the intervention, called Project WORTH (El-Bassel & Schilling, 1992; Schilling, El-Bassel, Schinke, Gordon, & Nichols, 1991), was updated to place more emphasis on women's negotiation skills around safer sex and safeguards against the risk of partner abuse as the potential result of assertiveness around safer sex. Updates were developed through collaboration between the study development team, drug treatment providers, and the developer (Nabila El-Bassel, DSW). The study development team was comprised of Susan Tross, PhD (HIV Center for Clinical and Behavioral Studies, Department of Psychiatry, Columbia University Medical Center), Donald Calsyn, PhD (Alcohol & Drug Abuse Institute, University of Washington), Gloria Miele, PhD (Substance Use Research Center, Department of Psychiatry, Columbia University Medical Center), Lisa Cohen, PhD (New York State Psychiatric Institute and City College of New York), Aimee Campbell, PhD (New York State Psychiatric Institute), and Nabila El-Bassel, DSW (Columbia University School of Social Work).

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Table of Contents

Introduction	4
References	4
Intervention Components	5
Underlying Principles	7
Skill Building Procedures	10
Group Leaders' Division of Roles	12
Using This Manual	15
Session 1 — Overview of the Intervention, Basic HIV & STD Information, HIV Testing and Counseling	16
1. Roles, Goals, Rules	17
2. Warm Up: Why I Want to Take Care of Myself	20
3. HIV Information	20
4. STD Information	24
5. HIV Testing & Counseling	27
6. Living with HIV	30
7. Closing, Homework, and WORTH Affirmation	31
Session 2 — Making It Real: HIV and STDs in Our Lives	33
1. Check-In	34
2. HIV in Our Lives	34
3. Risk Rationalizations	35
4. Challenging Rationalizations: Jesse & Mathilde	36
5. Challenging Rationalizations: Our Own	37
6. Triggers for HIV & STD Risk Behavior: People, Places, Things	38
7. Identifying Supports for Taking Care of Ourselves	40
8. Closing, Homework, and WORTH Affirmation	41
Session 3 — Making It Real: Turning Up Our HIV/STD Safer Sex Skills	42
1. Check-In	43
2. Getting Smart About HIV and STD Behaviors	43
3. Condom Use Practice: Male	45
4. Condom Use Practice: Female	47
5. Eroticizing Safer Sex	50
6. Self-Talk in Tough Risk Situations	51
7. Problem Solving the SODAS Way	52
8. Closing, Homework, and WORTH Affirmation	54
Session 4 — Making It Real: Making HIV and STD Safer Sex Happen	55
1. Check-In	56
2. Exploring Barriers to Safer Sex	56
3. Safer Sex Negotiations and Refusal: The Basics	57
4. Role Model Demonstration and Discussion	59
5. Practicing Negotiating Safer Sex: Pairing Up	62
6. Assessing Risk of Partner Abuse and Making Safety Plans	63
7. Closing, Homework, and WORTH Affirmation	65
Session 5 — Keeping It Going!	67
1. Check-In	68
2. Negotiation and Refusal	68
3. Getting Ready: Common Slip Situations	69
4. Slip Plans the SODAS Way	69
5. Feedback	71
6. Graduation and WORTH Affirmation	71

Safer Sex Skills Building

Introduction

The goal of this intervention is to help women change behaviors that put them at risk of becoming infected with HIV and to help them live healthy lifestyles. The intervention focuses on the importance of changing high-risk behaviors, and teaches the participants social and technical skills necessary to keep them from engaging in these high-risk behaviors.

The development of interpersonal, social coping skills is a constant theme in the intervention. Skills include analyzing a risky situation; technical skills such as putting on a condom and seeking information, and social skills such as being able to refuse a request for unsafe sex and asking for help.

In the five sessions the following intervention modalities will be used: information, instruction, discussion, modeling, role-playing, rehearsal & coaching, goal setting, and real-world assignments. Positive reinforcement from leaders to group members and from group members to each other is encouraged through all the sessions.

References

1. El-Bassel N, Schilling R. 15-month follow-up of women methadone patients taught skills to reduce heterosexual HIV transmission. *Pub Health Report*. 1992;107:500-504.
2. Schilling R, El-Bassel N, Schinke S, Gordon K, Nichols S. Building skills of recovering women drug users to reduce heterosexual AIDS transmission. *Pub Health Report*. 1991;106(3):297-304.

Intervention Components

The intervention is designed to accomplish the following objectives:

1. Increase knowledge about HIV risk, STD and other risk behaviors for health

Knowledge about HIV and safer sex and health practices is provided through a combination of lecture, discussion and role-play. When women learn specific health information, their interest and motivation to protect themselves and seek health related services increase.
2. Increase perceived vulnerability for HIV, STD and unhealthy behavior

Our goal in this program, then, is to increase participants' sense of personal risk. Personal risk refers to a person's belief that "HIV could really happen to me." Personal risk and vulnerability also applies to the need to lead a healthier lifestyle, and seek new formal and informal supports.

To increase personal vulnerability we provide information about the incidence and prevalence of HIV among women and discuss the impact of HIV on their community. Every participant completes a personal assessment exercise in which she identifies her own behavior that puts her at risk for HIV. Information about HIV testing, and where to be tested, is discussed.
3. Enhance self-efficacy: safer sex, taking care of health, and help seeking.

Group members engage in cognitive rehearsal and role-playing around safer sex practices. Their practice and role-play increase their self-efficacy and empower them to engage in safer sex and to seek help and support from their formal and informal networks.
4. Learning to set personal goals: Personal goals are learned through homework and WORTH Health statements done at the end of each session.
5. Condom use. Motivation to use condoms is enhanced by assessing participant and partner's attitudes & barriers to condom use. Group members are taught the technical skills required to use male and female condoms and practice these skills throughout the protocol. Participants learn to utilize their social network to reinforce and support these skills.
6. Skills development: participants learn and practice different social and technical skills aiming to help them to stay healthy and cope better when they leave the prison
 - a. Triggers: through discussion and roleplays group members learn to identify personal triggers and high risk situations (people places and things) that lead them to have (unprotected sex) risky behavior. Each member assesses her own triggers and shares this information with the group.
 - b. Self -talk & generating options: Participants will learn how to use the self talk techniques to analyze behavior, and generate healthy options of behavior.
 - c. Problem solving: Group members learn the acronym SODAS to apply in problem solving situations. Problem solving skills are used throughout the intervention, and incorporated into negotiation, seeking help, discharge planning, and relapse prevention. Participants are urged to engage in problem-solving practice directly related to their own life situations.

- d. Technical Skills: As described above, participants are taught through demonstration the proper way to use male and female condoms. Participants then practice putting a condom on a model.
 - e. Negotiation & Refusal: Group members learn several steps to negotiate their safer sex and helpseeking goals. Group Members learn ways of refusing unsafe sex either directly (saying no) or indirectly (safer sex alternatives, avoiding sex altogether). Here weighing the consequences of saying No directly, is important, as well as the risk of abuse and importance of safety in the process of negotiating safer sex. Participants practice negotiation and refusal skills through roleplays.
7. Enhance social support by identifying social networks that can be of help to the participants.
- a. Identification and assessment of supportive network: Participants identify people and formal organizations that they can turn to for help. Participants map the supportive people in their network, and are encouraged and taught how to increase and access this network
8. Prepare for "slips:" Participants anticipate situations that may lead them to "slip" to unhealthy behavior. Plans for coping with a slip and getting back on track are discussed.

Underlying Principles

Behavior changes related to prevention of HIV infection require all of the following principles to be in place for each individual. Each of these is addressed in the intervention, usually in more than one session. These principles fall under three general categories: expected outcomes of behavior; skills and self-efficacy for using those skills; and personal goals.

Expected outcomes of behavior

1. Personal Vulnerability to give or get HIV given risky behavior

Before people will change their behavior, they must have a reason, or source of motivation to do so. If people don't see how they can personally benefit by doing something differently (for example using a condom every time they have sex), then no amount of skill will be enough to produce change.

When it comes to safer sex, the behaviors themselves are not in-and-of themselves appealing. Few people truly prefer to wear a condom during sex. Therefore, another reason must operate. Probably the most likely reason a person will have for making their HIV-related behavior safer is to avoid disease. However, many people do not believe that AIDS could really happen to them. There are several reasons for this. For one thing, HIV infection is always much more widespread in any community than most people realize, because it is invisible (show no symptoms) for so long while it spreads from person to person. Most people who are infected do not know it. Another reason why people do not believe HIV can happen to them is that they think they can tell when a partner is infected. This is usually not true. Third, almost all people have a natural tendency to believe that bad things will not happen to them, and they underestimate their chances of experiencing negative consequence for their behavior.

2. My partner(s) will react positively to my efforts to be safe

Sexual behavior that puts people at risk for getting or giving HIV is always done with another person, and using safe practices requires cooperation from them. Thus, the intervention will help participants to be able to talk to their partners effectively about condom use and other safe behaviors so that the partners will feel good about safe sex too.

3. Safer sex and drug use behavior is "The right thing to do" (and my friends think so too) (Self- and Social-Approval)

Everybody has standards for behavior. When they behave in accordance with their standards, they feel good about themselves, and when they do not, they feel guilty, afraid or depressed. Much of what we come to value in our own behavior is shared by community, friendship and family networks, and people are often influenced in what they value by others in their networks. For example, changes in clothing fashions can sweep friendship networks very quickly. We would hope that the intervention would begin to affect community standards, first by creating the belief that safer behavior is the "right thing to do" among our participants, and secondly, by empowering our participants to affect the norms within their own networks and communities.

Skills and Self-efficacy

Skills are people's abilities to perform difficult behaviors, such as using condoms, negotiating with partners, and solving difficult problems. Self-efficacy refers to a person's confidence in her own abilities. People who do not feel confident are less likely to try out different behaviors, and will exert less effort

and persistence when they have difficulty. The intervention builds people's skills and self-efficacy by providing people with the ability to learn and practice new skills in the group, and then to try them out in their lives between sessions through setting goals.

4. Using condoms with my partner is easy: Condom Skills and Self-efficacy

Many people find it difficult to obtain condoms, and to use them correctly - to put them on gracefully so that sex will not be interrupted, and correctly so that they won't break, and to take them off correctly so that they are effective in preventing HIV, other STDs, and pregnancy. We need to provide skills through our own example (we put the condoms on artificial penises and pelvic models), and by providing the opportunity for our participants to practice for themselves.

5. Getting your partner to cooperate in safer sex is easy: Negotiating Skills and Self-efficacy

Practicing safer sex is not something that our participants can do by themselves. They need the cooperation of a partner. Unfortunately, many partners of our participants will resist attempts to cooperate on any of several grounds. For example, attempts to use condoms may be seen as a signal of a partner unfaithfulness, partner illness, or partner distrust. Or condoms may be viewed as lessening the pleasure of sexual experience, and may be resisted on those grounds. We must be sensitive to our participants' desires to keep their partners' interest and avoid conflict. At the same time we need to provide practice for responding to these partner objections tactfully and effectively. This program will provide such opportunities, through the use of role-plays and other exercises.

6. Achieving safer sex and drug use despite "triggers" (such as drug use) is easy: Self-Control Skills, Problem solving Skills, and Self-Efficacy.

Drug use is a critical issue in HIV and AIDS prevention, both because sharing injected drug needles is an important mode of transmission, and also because when people are drunk or high, they are likely to engage in high risk behavior. People need to be able to control their urges to use drugs, as well as their urges to have unprotected sex (for example when no condoms are available), and being in moods that make them vulnerable to risky behavior. Participants will learn how to identify their own triggers as well as using problem-solving techniques for dealing with their triggers.

7. Learning how to identify personal needs, identify people in network and community programs who can help them: Help seeking Skills and Self-efficacy

Learning and practicing skills apply to the area of help seeking as well. Participants are to learn effective ways of analyzing a problem in order to solve it. Use of the informal social network, and formal program network is utilized. Participants will be able to learn the skills needed to access both types of supports as well as follow through on help seeking plans.

Personal Goals

Once a person realizes that bad outcomes might occur as a result of unsafe sex, and that good outcomes might occur as a result of safe sex, and once that person believes that they have or can acquire the skills necessary to use safe sex practices, then that person is likely to develop a personal standard for using safe sex.

8. My Goal is to stay healthy (have safe sex, protect myself)

Everyone has personal standards, or goals for their behavior. In this intervention, we set goals for participants in homework assignments and the self-affirmation Health statements at the end of each session. It is often difficult to translate enthusiastic plans formed during a group into behavior change in daily life. It is essential that an unmet goal not be viewed as failure but as a learning opportunity.

Skill Building Procedures

Several key concepts in behavior change operate throughout the intervention. For each topic group leaders teach skills by using the following techniques.

1. **Information, Instruction, and Discussion:** Information and instruction are provided in a didactic manner and through the use of stories and role-plays. Group members are encouraged to discuss their own feelings and experiences related to each topic. Group members' feedback is then incorporated into the teaching of the material.
2. **Modeling:** Modeling refers to teaching others skills by allowing them to observe the skills being used. In this intervention, the group leaders and sometimes group members will model. When participants see the group leader or other participant perform a behavior effectively, whether it is putting on a condom smoothly on a model, or negotiating safer sex, they will be learning. Group leaders will be modeling in all content areas throughout the intervention.

Modeling brings up the issue of sharing personal experiences. Please limit personal disclosures in the group. Do not relate personal experiences about drug use, and **DO NOT RELATE EXPERIENCES IN WHICH YOU FAILED!!** Personal disclosure can turn the attention of the group off the participants. If you share an experience, share one where you **SOLVED** a problem, overcame a barrier, and ended up achieving your goals. Group members will be modeling for each other and failure modeling should be avoided. The intervention should create an environment where everyone is slowly making progress toward achieving and maintaining healthy behavior.

3. **Rehearsal with Feedback:** Coaching is the use of verbal and physical instructions to help members who are having difficulty reproducing a particular response. Rehearsal takes place in the groups with the facilitator coaching and giving feedback. In-group exercises, discussions about material and role-plays are forms of rehearsal and practice. Group leaders should encourage members to practice in the group. Feedback should consist of coaching where there is difficulty, and positive reinforcement where there is success.
4. **Role-playing:** Role-playing is the process whereby group participants get the opportunity to practice the skills they acquire through the group sessions. Group facilitator should ask group members to identify risky behaviors and situations, choose one of the situations, and act it out.
 - a. The facilitator provides the description of a risk situation, e.g., "You are at a party and your date wants you to go into an empty bedroom"
 - b. Two group members are assigned or volunteer to be the actors: the group facilitator sets up the situation - two persons who are newly dating each other; one wants to go to the empty bedroom, and the other does not.
 - c. The facilitator acts as the director of the scene determining who plays what part, where the scene takes place and who speaks first.
 - d. Assign group members to monitor the interaction, a person to watch the eye contact, a person to watch the body language etc. (depending on the scenario)
 - e. Group leaders may play a part in a role-play if the group is having difficulty, or to initially demonstrate a role-play.

During role-plays the rest of the group should be asked to pay close attention because group facilitators should be asking for their suggestions about others ways of playing the scene. Be sure that each person understands her role. Participants are asked to play the roles realistically, and should be encouraged to think through all possible options. It is critical that the role-plays end with success. For negotiation role-play that means sex with a condom, for help seeking that means getting the help the participants need.

5. Problem solving: Problem solving is a skill taught in the intervention. This skill is applied to many other skills such as negotiation, help seeking, slipping etc. Whenever possible group members are asked to apply problem solving (SODAS) to a situation. In this intervention problem solving is modified to the five steps of the SODAS model.

SODAS:

S: Stop, what is the problem and the goal?

O: Options and their Outcomes

D: Decide which option to choose

A: Act on the decision

S: Self praise

Group Leaders' Division of Roles

Two group co-leaders will conduct each group. Because the sessions entail multiple components, *it is imperative that the division of tasks between the co-leaders be thoroughly discussed and delegated prior to the start of each session.* They can divide the roles or maintain the same roles during a session. Co-leaders should meet approximately one half hour prior to the session, not only to prepare materials, but also to discuss session content and specific facilitator roles. Specific attention should be paid to potentially sensitive topic areas, and co-leaders should decide who is best suited to present the material. Likewise, co-leaders should spend about one half hour after the session for debriefing, note taking, and preparing for the next session. It is also recommended that co-leaders follow the time allocations for each component.

Also remember that because you are working as a team, co-leaders are encouraged to check with each other periodically throughout the session to review if all content items have been covered. This style of working will have the additional advantage of modeling the type of collaborative, interactive approach to problem-solving that we want them to use as group members develop risk reduction experiences and coping strategies.

The challenge for the co-leader team is to achieve a balance between (a) eliciting from participants a variety of (sometimes quite disparate) viewpoints and feelings, and (b) organizing those ideas, feelings, and concerns into a useful framework that remains within and consistent with the skill components that should be covered.

The Co-facilitator relationship is key:

- Co-facilitators must agree on content of sessions and determine who will cover what materials ahead of time.
- An environment of mutual respect and admiration must be created. Differences may arise but it is important that these issues are addressed in a manner such that the mutuality of the relationship is not undermined.
- Co-facilitators must model successful problem-solving. This may be achieved by using the SO-DAS model or negotiation skills taught within the curriculum.
- Any problems within the co-facilitator relationship may have significant impact on participants as they may feel the need to try to mend the relationship.

Co-leaders are responsible for:

1. Preparing and organizing materials for group
 - a. Review session in advance
 - b. Organize all written material
 - c. Have supplies such as pens and workbooks ready for group
2. Following the contents of the protocol
 - a. Co-leaders will assist each other if any part of the protocol is not covered in the session.
3. Making sure all equipment is set up and ready for group
 - a. Cue and check all audio tapes
 - b. Check easel and paper; write activities on newsprint as needed
 - c. Set-up room co-leader

4. Keep track of attendance and homework compliance
 - a. Co-leaders will have an attendance sheet to keep track of attendance.
5. Assist each other in keeping group members on task
 - a. If the group is way off task, the co-leader can assist the group leader in keeping on task
6. Participate in group role-plays
 - a. These should be worked out between the co-leaders
 - b. If the group breaks up to practice role-plays, the co-leader should help facilitate the mini-groups

Group Leadership Skills

Skills to Facilitate Group Processes

Skills in facilitating group processes contribute to positive group outcome when they improve understanding among group members, build open communication channels, and encourage the development of trust. It encourages members to contribute as much as they can to the resolution of the problem on which the group is working. The various skills include:

1. **Attending Skills.** Refers to nonverbal behavior such as eye contact, body position, and verbal behavior that convey empathy, respect, warmth, trust, genuineness and honesty.
2. **Expressive skills.** Participants should be helped to express thoughts and feelings about important problems, tasks or issues facing the group. They should also be helped to express their thoughts and feelings as freely as possible in an appropriate and goal-oriented manner.
3. **Responding skills.** By responding selectively to particular communication, the leader can exert influence over subsequent communication patterns, for example, amplifying or toning down what one participant may have said.
4. **Focusing skills.** This can be done by clarifying, by repeating a particular communication or sequence of communications, or by limiting the range of discussion.
5. **Guiding Group Interaction.** By limiting or blocking a group member's communications, by encouraging a particular member to speak, or by linking one group member's communication to those of other group members, the leader can guide the group's interaction patterns.
6. **Involving Group Members.** As members become involved, they realize how particular problems affect them and how a solution to one member's problem can be directly or indirectly helpful to them. Involving members who have been silent helps to identify commonalities and differences in their life experiences.
7. **Reinforcement and Positive Feedback.** Reinforcement and positive feedback are two critical techniques to be used frequently. Group leader should give praise immediately, enlist participants to join in praising, and be specific in praising the improved behavioral elements in the participant's role-played performance. Group leader should use flip chart to point out improvement over earlier performance.

Action Skills

1. Directing. Whether the leader is clarifying the group's goals, helping members to participate in a particular activity, leading a discussion, sharing some new information or making an assessment of a particular problem, they are taking responsibility for directing the group's interaction.
2. Synthesizing verbal and non-verbal communications. Skills such as making connections among the meanings behind a member's actions or words, expressing hidden agenda's, making implicit feelings or thoughts explicit, and making connections between communications to point out themes and trends in member's interactions are examples of synthesizing skills.
3. Supporting Group Members. The atmosphere in the group should reflect a climate in which all members' experiences and opinions are valued. The leader should support participants by encouraging the expression of their thoughts and feelings on topics relevant to the group, by soliciting their opinions, and by responding to their requests and comments.
4. Advice, Suggestions, Instructions. Leaders use this skill to help group members acquire new behaviors, understand problems, or change problematic situations. Advice, suggestions and instructions should however, be timed appropriately so that group members are ready to accept them.

Using This Manual

For ease of use, each section of this manual is formatted using a number of specific conventions:

Objectives:

Each session starts by listing the Objectives for that session. Each Activity within a session also includes a statement about the objectives of that specific activity. The Objectives are meant to give you a broad view of what you want to accomplish for that session and each activity within the session.

Materials:

The beginning of the manual for each session also includes a list of the materials needed for that session (e.g., video player, male and female condoms, extra paper for writing, etc). This list can help you get organized prior to a specific session

Text in Italics:

All text in italics is meant to act as suggested script for the co-leaders to use. As co-leaders become more familiar with the material, they will most likely alter this script to fit their own personality and style. This text indicates the content that should directly delivered to the participants.

Regular Text:

Text not in italics are notes and instructions to the co-leaders or information that should be conveyed to the participant. This is occasionally in the form of question and answer sections or information in a numbered list. Some text is offered as "examples." These are offered in cases where the group might generate ideas on their own and the co-leaders might need to offer answers.

Session 1

Overview of the Intervention, Basic HIV and STD Information, HIV Testing and Counseling

Session Length: 75 minutes

Objectives

- To introduce the leader and participants to each other and to make them familiar with the broad purposes of Project WORTH
- To present the rules and practical features of Project WORTH
- To provide basic knowledge about HIV disease, transmission and treatment
- To provide basic knowledge about STD symptoms, transmission and treatment
- To explain the facts about HIV testing and counseling, and about how to seek testing and counseling

Materials

- Workbooks
- Markers & pens
- Flip chart
- Pelvic Model
- WORTH Affirmation Poster

Session Outline	Activity	Time
1.	Roles/Goals/Rules	10 minutes
2.	Warm Up: Why I Want to Take Care of Myself	5 minutes
3.	HIV Information	15 minutes
4.	STD Information	10 minutes
5.	HIV Testing and Counseling	15 minutes
6.	Living with HIV	10 minutes
7.	Closing, Homework, and WORTH Affirmation	10 minutes
	Total Time for Session 1	75 minutes

1. Roles, Goals, Rules

Length: 10 minutes



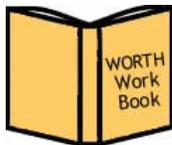
Objective: To describe the goals, rules and practical features of the program to the participants

What To Do and Say:

Before the group arrives write the letters WORTH on **flip chart #1** and what they stand for (**W**omen **O**n the **R**oad **T**o **H**ealth).

Hello, my name is _____ and this is _____, we are co-leaders for these groups. The name of this program is Project WORTH. The name stands for Women on the Road to Health.

The aim of this program is to take some time – from the many daily struggles and hassles we all face – to take care of ourselves. In the next few weeks, for an hour-and-a-half, twice a week, we'll have quality ME-Time. In our busy lives, there's almost always somebody – maybe our children, our men, or somebody else – or something – maybe paying the bills, maybe putting food on the table, or something else – which we have to put before taking care of ourselves. In the time we spend together, we'll take a break from that. We'll focus on our shared experiences as WOMEN – that is, women solving problems, women connecting to other women, women dealing with men, women knowing our bodies, women having sex, women keeping ourselves safe, women surviving, women coping with feelings and urges. All these things together, are what we mean by WOMEN'S HEALTH (The leaders should point to 'Health' in the WORTH title they've written). Today, we'll start by getting to know our bodies, the risks our bodies can get us into, and how to take care of them.



Pass out WORTH Workbooks and ask the group to turn to page 1 to go over the goals of the program.

The Goals of the Program

1. To help us learn skills (new ways of doing things) in the areas of:
 - identifying and reaching for things that we want
 - thinking things through
 - making choices
 - speaking up
 - keeping ourselves safe
 - getting and giving support to each other
 - keeping ourselves free from drugs and alcohol
 - having safer sex
 - keeping our bodies safe
2. To share knowledge about healthy bodies, relationships, problem-solving, and supports
3. To help us gain knowledge of resources and skills for seeking help.

After we've worked together on these skills, we'll have a graduation party, and we'll give you certificates for completing out program.

C. Rules of the Program



Let group members generate rules themselves, ensuring that key points are covered. If members do not address those listed below, co-leaders should introduce them and see if members agree. Use examples below to expand on group members' ideas. Use **flip chart #2** for participant responses.

- ***Don't miss group***
- ***Participate***
- ***Listen***
- ***Do homework***
- ***Keep things private***
- ***No getting over***

Let's go over the rules of the group:

1. Don't miss group! If you need to miss a session, be late or leave early, you've got to tell the leaders beforehand. Use the bathroom before group starts. Nobody should leave during group, unless they absolutely have to.
2. Participate in group! The more you give, the more you get . . . and maybe help other women in the group. But, this doesn't mean you have to share things you're uncomfortable sharing.
3. Listen respectfully to other women in the group! Treat the women in the group as you'd like to be treated. Don't interrupt, make fun, or talk badly of others.
4. Try to do, or think about, the (brief!) homework for each session. The program uses homework to help keep the Project WORTH spirit going between sessions.
5. Keep everything you know about other women in the group private! Don't even tell anyone outside the group who's in the group. All of us need to trust each other to keep our personal experiences private. You can, however, talk with others about things you've learned about staying healthy and safe – that do not include personal information about women in the group.
6. There's no "getting over" in the group; if anyone breaks rules, she may be asked to leave.

D. Member's Role

So what's your role in the group? To come to the group, to listen, to share

with others as much as you can, to respect confidentiality, to do homework, and to BELIEVE IN YOUR WORTH!

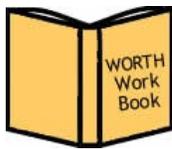
E. Leaders' Role

And what about us, your group leaders? For the next few weeks, we'll be your guides and coaches – to help you help yourselves live healthy lives. We'll bring you stories and skills to try out – that we think can help make you stronger, clearer, and healthier, and move you a little closer to the way you want to live your lives. We won't be your counselors. But, if you have something troubling you that you need to talk about immediately, you are always free to ask one of the leaders to speak to you alone. We can do that just before the group, after the group, or, if necessary, during the group.

F. WORTH Workbook

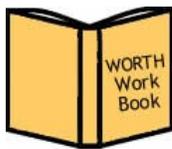
As you can see, each one of you has a workbook. Your workbook has worksheets and homework for each session. We will keep your workbook here for you. At each session, come and get your workbook, use it, take out the page you'll need for your homework, and give your workbook back to us. At the next session, put your homework page back, and take out the new homework page you'll need. At the end of the program, we'll give you your workbook to keep.

G. Time and Place of the Group



Ask the group to open their WORTH Workbooks to page 2. Ask for a volunteer to read the section under the heading: DAYS, TIMES, AND PLACE OF SESSION. (If the group is a non-reading group, read this page to them). In the blank areas, be sure that they fill in the blanks. Tell them to take this page out of their workbooks, fold it up, and carry with them – to help remember when to come back to group.

H. Privacy



Ask the group to open their WORTH Workbooks to page 3. Ask for a volunteer to read the section under the heading: PRIVACY. (If the group is a non-reading group, read this section to them).

On this page also appears the CONTRACT OF PRIVACY. Read the contract aloud. Make sure that the participants read silently along with you. When you have finished, ask for questions. After answering the questions, have each participant sign her name on space provided.

2. Warm Up: Why I Want to Take Care of Myself

Length: 5 minutes



Objective: To elicit each woman's biggest reason for wanting to take care of herself. This will serve as the first way that women in the group get to know each other.

What to Do and Say:

Before the group arrives, have these statements written on **flip chart #3**:

My Name:

My reason for wanting to take care of myself:

Everything that we want in life starts with taking care of ourselves, and being healthy - healthy in our bodies, healthy in our feelings, and healthy in our relationships. Think, for a minute about a time when you've felt healthy, strong, clear, hopeful, alive, drug-free. When we feel healthy in these ways, we're more able to reach for the things we want in our life, for ourselves and the people we love.

All of you have taken a HUGE, BRAVE step to HEALTH in being in treatment here in this Program, and in working to stay drug-free. That step has brought us all together here – to take up other ways of keeping ourselves HEALTHY. Today, we'll start by getting to know our bodies, the risks our bodies can get us into, and how to take care of them. At the same time, we'll start to get to know each other a little better and a little differently than we have before.

Let's go around the group. Give your first name, your reason for joining us, and your reason for wanting to take care of yourself.

Model a sample response for the group by introducing yourself.

My name is Anita and I have joined this program because I want to learn more about HIV, and learn how to protect myself. I've known a lot of people who have gotten sick. I don't want this to happen to me.

Be sure that each woman understands that her reason should be her own reason--not the example you gave. It is important for future reference that the group leaders keep track of each members' reasons for staying healthy.

3. HIV Information

Length: 15 minutes

Objective: To provide basic information about HIV disease, transmission and treatment

What to Do and Say:

Today, we'll be talking about the basics of HIV and sexually transmitted diseases (STDs). Later, we'll be talking about how to put our knowledge into action. That's when our knowledge can become power. So, when we learn that HIV is passed through men's semen (cum), we've then got to figure out how we can have sex that is protected by condoms.

We realize that just talking about HIV can be difficult. Because it is, it's espe-

cially important that anything we learn about anyone's personal health is kept completely private.

Use the following questions as the format for giving HIV information.

1. What does HIV stand for?

ANSWER: HIV STANDS FOR THE HUMAN IMMUNE-DEFICIENCY VIRUS

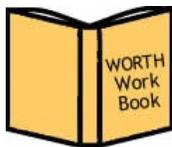
2. What does AIDS stands for?

ANSWER: AIDS STANDS FOR ACQUIRED IMMUNODEFICIENCY SYNDROME

3. Are HIV and AIDS problems for women in drug treatment today? Why?

ANSWER: Yes. Today, women are 1 of the fastest growing groups of people with AIDS in the U.S. Among women with AIDS in the U.S., sex with HIV positive men is the largest reason for HIV infection (in 40%). (Drug injection, with shared needles, was the reason for HIV infection in 28%). Among women infected from sex with HIV positive men, male injection drug users were their most common known type of HIV positive partner (for 28%). But, 66% of these women didn't know any reason why their male partners could be HIV positive.

So, now that we know that HIV is a risk for all of us, let's talk about how we could get it, and how we can protect ourselves.



Ask group to turn to Workbook page 4.

4. How does a person get HIV?

ANSWER: WE CAN GET HIV BY TAKING IN THE BODY FLUIDS OF SOMEONE WHO HAS HIV.

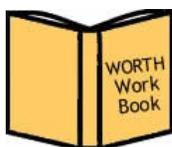
These fluids include:

- BLOOD – The body fluid with the highest concentration of HIV
- SEMEN (OR CUM) OR VAGINAL FLUIDS – Body fluids which also have high concentrations of HIV

THERE ARE DIFFERENT WAYS OF TAKING IN THESE BODY FLUIDS.

These include:

- Through injection with a syringe that you share with another person.
- Through breaks in the skin, like a cut or a sore, through which blood can pass.
- Through the delicate "membrane" lining of the vagina, rectum, tip of the penis, or mouth.



Ask group to turn to Workbook page 5.

5. What behaviors put a person at risk for getting HIV?

ANSWER: YOU CAN GET HIV THROUGH VARIOUS SEXUAL BEHAV-

IORS:

- Anal sex without a condom – which is the highest risk
- Vaginal sex without a condom – which is also highest risk
- Oral sex without a condom – if a person has cuts or sores in her mouth – which is a low risk behavior

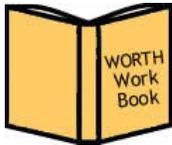
Of course, injecting drugs with shared needles, cookers, and/or cotton is a very high risk behavior.

You can also get HIV from piercing or tattooing with shared needles or cuts or sticks with shared needles or tools.

6. Can a woman give HIV to a man? How?

ANSWER: YES. HIV CAN BE PASSED:

- By blood through cuts or sores, during anal, vaginal or oral sex
- By vaginal fluid through membrane. But HIV infection from woman to man during these behaviors is far less likely.



Ask group to turn to Workbook page 6.

7. How can a person protect her/himself from getting or giving HIV during sex?

ANSWER: A man can use a latex condom for anal, vaginal, or oral sex. A woman can use a female condom for vaginal or anal sex. A woman can use a dental dam for oral sex, when a man goes down on her.

8. How can a person protect her/himself from getting HIV while injecting drugs?

ANSWER: Try never to share needles or re-use needles. Clean needles, like those from a needle exchange, are best. If you have to share needles, clean them with bleach first.

Later groups will provide more detail on ways of protecting yourself from HIV during sex.

9. Can a pregnant mother infect her baby with HIV? Can a mother infect her baby through breastfeeding?

ANSWER: HIV can be passed from mother to child during pregnancy and delivery. HIV can also be passed through breast feeding. But, treatment with HIV anti-retroviral therapy can greatly reduce the risk of infection. That is: About 25% of HIV positive pregnant women who are not receiving treatment pass HIV to their babies. But, only 2% of HIV positive pregnant women who are receiving treatment do so. If a woman is HIV positive, and thinking of getting pregnant, or is already pregnant, she needs to work closely with her doctor. Prenatal care is also very important.

10. Can a person get HIV from saliva, sweat, tears, or urine?

ANSWER: No. Low concentrations of HIV can be found in saliva, sweat, tears and urine. But, these concentrations aren't high enough to make them effective means of infection.

Now that we know (1) how we can get HIV and (2) how we can protect ourselves from getting HIV, let's talk about what happens when a person has HIV.

11. What does HIV do in the body?

ANSWER

It can destroy cells of the immune system, especially the ones called CD4 or T Helper Cells.

12. What is the immune system and what happens when it breaks down?

ANSWER

The immune system enables a person to fight off germs and infection, protecting us from disease. When the immune system breaks down, the body can develop infections and illness that wouldn't ordinarily develop in a healthy immune system. Because these infections take the "opportunity" of a weak immune system to cause illness, they're called opportunistic infections.

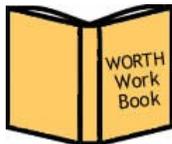
IF THE GROUP IS UNCLEAR: clarify the idea of immune system with the following analogy:

The immune system can be thought of as a screen--like the screen on a window. A screen helps keep out bugs and other things; but if the screen is torn, all these things fly into the room.

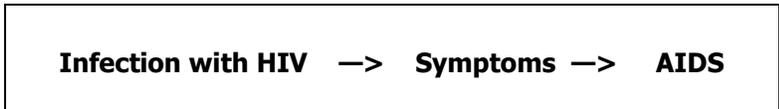
13. How is HIV different from AIDS?

ANSWER

The difference between HIV and AIDS can be thought of as points on a line.



Draw graphic like the one below and ask group to turn to workbook page 7



At one end of the line, a person is infected with HIV, but she has no symptoms, maybe for years.

As we continue along the line, the body's immune system loses its ability to fight off illness, and she develops symptoms.

Ask the group to look at the symptoms on page 7 of their workbooks.

These symptoms include:

- weight loss without dieting (called 'wasting syndrome')
- chills that make you shake, night sweats, or fevers
- swollen gland in your neck, groin, or armpits
- extreme tiredness without any other cause

- a whitish coating or spots on the tongue or in the throat that does not go away, maybe with a sore throat
- a heavy persistent dry cough without any other cause
- persistent yeast infections that won't go away with treatment
- continuous spells of diarrhea

Be sure to emphasize that these symptoms can also be part of illnesses that have nothing to do with AIDS or HIV. Advise the group that: if anyone has these symptoms, she should talk to a health care provider about them. If she talks with us privately, we can help find a provider for her.

At the end of the line, when a person has developed (1) certain illnesses (like certain cancers, TB, pneumonia, "wasting syndrome", dementia and others), or severe infections and/or (2) her immune system has weakened to a certain level (when the count of T Helper Cells is below 200), she is said to have AIDS.

14. Can a person with HIV look healthy? Can he/she give HIV to others--even though he/she doesn't seem sick?

ANSWER

Yes. A person can have HIV and not seem ill. And he/she can give HIV to others. In fact, many people with HIV don't have symptoms and don't know that they have HIV.

15. Is HIV illness different in women than it is in men? How?

ANSWER

HIV illness can also include advanced forms of illnesses that only women get, like: recurrent vaginal yeast infections and pelvic inflammatory disease (PID). PID is a condition of inflammation in the pelvic area. PID can have no symptoms, or it can cause fever, vaginal discharge, and lower abdominal pain. It can cause infertility, and it can increase the risk for cervical cancer. In women with HIV, cervical cancer is an illness that meets the definition for AIDS.

**4.
STD
Information**

Length: 10 minutes

Objective: To provide basic information about STD symptoms, transmission and treatment.

What to Do and Say:

Some of us may feel that we are home-free, because there's not that much HIV in our community. But, we're not. Because HIV is a serious threat to our health – and even 1 new infection with HIV is 1 too many! Besides, there are many, common STDs, or Sexually Transmitted Diseases, going around – that can also seriously harm our health, our partners' health, and our ability to have children. Now, let's talk about these.

What are some STDs that you've heard about?



Write responses on **flip chart #4**. Answers should include:

Gonorrhea
Syphilis
Chlamydia
Vaginal warts/Human papilloma virus
Trichomonal vaginitis (trich)
Herpes



Use **flip chart #5** with features of STDs.

No matter which STD we're talking about, there are certain things that describe all STDs:

Sometimes there are symptoms to warn us that we have an STD, but sometimes we can have an STD and have no symptoms at all. Examples of STDs that often don't produce symptoms in women are: Chlamydia; gonorrhea; human papilloma virus (HPV); and trichomonas (trich).

Common symptoms are: burning when you urinate; itchy or burning vagina; and/or vaginal discharge (sometimes offensive-smelling). An example of an STD that may produce these symptoms is genital herpes.

STDs, which can cause open sores or cuts in the skin, they can increase the risk of getting HIV during sex without condoms. An example of an STD that may produce sores or rash is syphilis.

Under a health care provider's care, STDs can be easily detected. In fact, when you came into treatment here, you may have had an exam to check for STDs.

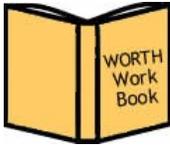
Under a health care provider's care, STDs can be treated -- with creams and/or mild medications. But, many people feel embarrassed about going to a provider—until the discomfort gets so bad that they have no choice but to get emergency care. Don't wait until then! And, it's important to follow through with treatment.

If you find that you have an STD, it's very important to tell your partners. They need to be tested and treated for the STD by a health care provider also. Otherwise, you will pass the STD back and forth between you. And, if your partner has other partners, the STD may spread to them too.

If left untreated, STDs can cause serious health problems – that can cause serious health problems, fertility problems, or, if advanced, even life-threatening problems.

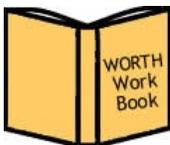
Pelvic Inflammatory Disease, or PID, is an important problem that can result from untreated STDs. PID can be detected by a pelvic exam. PID occurs when disease spreads from the vagina to the pelvic area, and inflames the womb. (Use pelvic model to identify the ovaries, fallopian tubes, uterus, cer-

vix, and vaginal canal). *Some women have painful pelvic cramps, vaginal bleeding and/or tenderness. Some women may have fever, chills and/or upset stomach. PID may increase the risk of cervical cancer. Many women may have no symptoms, although they are seriously ill. PID may damage a woman's ability to have children.*



Ask the group to turn to pages 8-11 in the WORTH Workbook with material on individual STDs on the STD Fact Sheet. Ask the group members to review the rest of the material on this fact sheet on their own.

There's one more disease you may have heard of. It's Hepatitis C. Hepatitis C is an inflammation or swelling of the liver – that's caused by the virus Hepatitis C. Because, these days, as many as 90% of injection drug users have been found to have been exposed to Hepatitis C, we'd better know the facts about Hepatitis C. Let's answer some Questions and Answers about Hepatitis C:



Ask the group to turn to page 12 in WORTH Workbook.

1. How do you know if you have Hepatitis C?

ANSWER: The only sure way to know if you have Hep C is to get tested. Testing is a 2-phase process. First: Blood is tested to detect the presence of the Hep C antibody. If antibodies are found, the test needs to be confirmed. Second: there are tests to detect damage to the liver. If you want to get tested, you should speak to me after our group today. I can tell you who, at the program, can help you get tested.

2. What are the symptoms of Hepatitis C?

ANSWER: Being exposed to the Hep C virus has very different effects on people. A small percentage (15 -20%) of people 'clear' or get rid of the virus, without doing anything. The remaining large percentage have 'chronic' Hep C, for the rest of their lives. A small percentage (10 – 25%) of them get symptoms when they first get infected. A similar percentage never get symptoms.

The symptoms of Hep C are very varied. They can include: headache; joint ache; nausea; loss of appetite; fatigue; and other symptoms. Far along, they can include: liver pain; jaundice; water retention; and other symptoms.

Q: How is Hepatitis C spread?

ANSWER: Hep C is spread through blood-to-blood contact. The most efficient ways to spread it are through sharing syringes or works. Sex is a less efficient, but possible, way to get it.

Q: What can you do if you have Hepatitis C?

ANSWER: There are 2 kinds of treatment for Hep C. One kind of treatment is aimed at getting rid of the virus. One kind of treatment is aimed at stopping liver damage from Hep C. While helpful, there are some problems with these treatments. They can have side effects – that make them hard to take. They can get rid of the virus, but it may return. Whether you get treated or not, it's crucial to stop drink-

ing or drugging – to try to protect your liver from damage from these. It's also crucial to see your doctor regularly. If you don't have a doctor, and need a doctor, please speak to me after the session. I can tell you who, at the program, can help you connect to a doctor.

5. HIV Testing & Counseling

Length: 15 minutes



Objective: To help group members: (1) understand the pros and cons of HIV testing and counseling; and (2) learn how to seek testing and counseling.

What To Do and Say:

Now, we're going to talk about HIV testing and counseling, what it is, and what it isn't. I'll go over where we can get tested both here, and around here. It's important to remember that the decision to get tested is a personal decision, and we can only do it when we are ready.

The participants may already have been tested. Some may be positive. But, we are not explicitly asking about personal experiences. We don't want to 'out' anyone -- in our effort to provide education. If somebody wants to reveal any personal information, it is her choice. So, the discussion that follows is aimed at the women in your program "in general." Use **flip chart #6**.

1. How do we find out if we're HIV positive?

Take participants' responses and then summarize by presenting the following information:

The only sure way to find out if you have HIV is to get tested. Testing is a 2-phase process. First: You are tested to detect the presence of antibody to HIV; once exposed to HIV, the body develops antibody to fight it off. One test, the ELISA tests a blood sample. Another test, Orasure, tests mucus from the mouth.

Second: If antibodies are found, the test needs to be confirmed. Another test, the Western Blot test, tests a blood sample for this purpose. The results of these tests can be available very quickly, so there can be a short waiting period.

Provide the length of waiting period for your program or in your community.

If you have been exposed to HIV, it may take a few months for your body to produce antibody, and, therefore, for you to test positive for HIV antibody. But, it may take as long as six months for this to happen. If you test positive for antibody to HIV, then the next step is to link up with a health care provider who specializes in the care of HIV. In this program, we will refer you to the HIV educator/physician/physician's assistant/nurse who will work with you on making that happen.

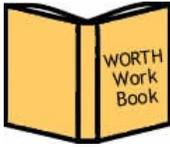
Provide the correct person for your program.

The provider you see will be able to: (1) better identify your health situation, through further tests, examination and discussion; and (2) offer you options

for treatment, if that's appropriate.

2. What is HIV testing and counseling?

We've just talked about how HIV testing is carried out. But, we haven't talked about the counseling that always goes with it.



Ask the group to turn to page 13 in the WORTH workbook. Provide the procedure in your program or community.

Typically, you receive counseling before and after the HIV test. Before, the counselor will ask about: reasons for wanting testing, your risk behaviors, and the risk behaviors of your partners. She/he will also explain: HIV infection; what the test is and how it is done; and confidentiality or anonymity of the results. He/she will ask you how you are feeling about taking the test, and respond to any concerns that you have. After the results are back, the counselor will meet with you in person – to talk to you about them. He/she will talk about your feelings about the results, and help you process any discomfort you might feel. He/she will help you plan next steps to take, and help link you up with a health care provider, a mental health care provider, or any other care you might need.

If you are HIV positive, it is also the counselor's responsibility to either: (1) help you plan a way to tell your partners that you are HIV positive; or (2) make arrangements to tell your partners, without identifying you, that someone they have had sex with is HIV positive. This way, your partners, too, may also get the testing and health care that they may need. This is called "partner notification."

There are two ways that testing and counseling is offered. The type of testing and counseling we have just talked about is called confidential testing. Confidential testing means that the counselor knows your name, but keeps your results in a confidential medical record that is separate from your name. He/she keeps this record in a locked file – where no one else can access it. The other type of testing is Anonymous testing. It means that the counselor doesn't know your name -- and you are only given a code number. An appointment is made for you to come back for your test results. It's up to you to come back, and you can't be contacted if you don't.

3. Why might we want to get tested?

Take participants' responses and then summarize by presenting the following information:

There are a few common reasons why people want to get tested:

If you think that you might be infected with HIV, it's best to get tested as soon as possible. The earlier you learn that you have HIV, the sooner you can get medical care and treatment, if appropriate, and the longer you can stay healthy.

If you want to try to get pregnant, or if you are pregnant, it's best to get

tested as soon as possible. As we talked about a little while ago, a mother with HIV can give the virus to her baby, during pregnancy, delivery, or breast-feeding. She will need to make some important decisions, with her health care provider, about treatment to protect the health of her baby.

Some couples get tested – in the hope that they can use their test results as a basis for having sex without condoms. These couples figure that, if they're both negative, that it's safe to have sex without condoms. But, there are certain problems with this. If you have been exposed, it may take as long as six months to test positive on an antibody test. So, in order to be really sure of both people's HIV negativity, they would have to re-test as negative, after six-month period had passed. And, in this period, they would both have had to abstained from any HIV risk behavior.

4. Why might we not want to get tested?

Take participants' responses and then summarize by presenting the following information:

There are a few common reasons why people might not want to get tested:

If a person is afraid that HIV testing and counseling might be too upsetting, she/he might not want to get tested. HIV testing and counseling might be upsetting. But, everyone should know that one-on-one, private counseling is provided, before the test and after the results are given, to give people support for dealing with their results. Here at the program, our mental health staff will provide whatever follow-up a person needs, to help her/him get back to life-as-usual.

If a person is afraid that her/his testing results might be revealed to others, she/he might not want to get tested. By law, HIV test results must be kept with extreme care to protect privacy. We have talked about the 2 ways testing and counseling is done, to assure privacy, a moment ago. So, there's very little chance of privacy being broken.

HIV Testing and Counseling in this program and in our community

This section is meant as a wrap-up of HIV testing and counseling. You may have already mentioned this information in the prior discussion. But, if not, be sure to provide it now.

1. Do you know what services are available for HIV testing and counseling in this program?

Take responses and then make the basic points about testing in your program:

If a woman wants to be tested in this program, they can do it by _____. There are medical staff (i.e., a doctor, physician's assistant, nurse, nurse

practitioner) and/or a health educator who can provide HIV testing and counseling. The test is confidential. The results of the test come back in ____ days. If you need health care after that, we can refer you to _____.

Somebody might prefer to get HIV testing and counseling outside of this program.

2. Do you know what services are available for HIV testing and counseling in our community?

Take responses and then make the basic points about testing in your community:

If you want to be tested around here, you can do it by _____. There are medical staff (i.e., a doctor, physician's assistant, nurse, nurse practitioner) and/or a health educator who can provide HIV testing and counseling. The test is confidential. The results of the test come back in ____ days. If you need health care after that, they can refer you to _____. Or, you can share your results with us, and we can refer you to _____.

6. Living with HIV

Length: 10 minutes



Objective: To inform participants that there is no cure for HIV or AIDS, but there are things that can be done to stay alive and healthy for a long time.

What To Do and Say:

Use flip chart #7.

Although there is no cure for AIDS yet, if you are HIV positive, you can receive treatment that will help control the virus and prevent or delay the onset of serious symptoms that lead to AIDS.

With treatment, an HIV positive person may live a long time, and enjoy his/her usual quality of life. The name of the game with HIV is to stay healthy.

New drugs are being developed to decrease the rate of progression of the HIV virus. There are medical and holistic treatments to treat some of the HIV-related illnesses. It's important that people with HIV and their health care providers discuss the best treatments for them.

Some drugs treat the infections that occur because of HIV and AIDS (opportunistic infections, like TB and pneumonia). There are also drugs that prevent HIV from reproducing and destroying more of the body's immune system. Some of the categories of these drugs are "reverse transcriptase inhibitors" (attack an HIV enzyme called reverse transcriptase) and "protease inhibitors" (attack the HIV enzyme protease). Many HIV patients are taking a combination of these drugs and this is known as antiretroviral therapy or HAART, which lowers the level of HIV in the bloodstream. This is sometimes called the 'HIV cocktail'. There is a lot of other research going on to look at other ways of attacking HIV, as well as ways to build up the immune system.

As you've probably also heard, some of these HIV and AIDS medications have a lot of side effects and are hard to take.

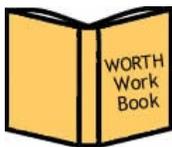
The following are common issues surrounding HIV/AIDS medications:

- Existing treatments don't work for everyone
- The medications are highly toxic and cause serious side effects including: heart damage, kidney failure, osteoporosis
- Often people can't take long term HAART treatment
- HIV can mutate into different strains that become resistant to medications – this is why it is important for people to maintain strict adherence to the medication regimen – at least 95% accurate on the medications they take each day
- Because the medications are unpleasant, people will sometimes not take them the right way or miss doses – this can lead to the development of new strains of HIV that are resistant to the medications we have now

Remind the group that everything discussed, from prevention, to staying healthy, to seeking help, applies to all of the group members whether they are HIV positive or not. Explain that there are excellent programs in our area for HIV positive women. In addition, there is a HIV counselor in the clinic that can answer any questions about HIV testing and results. Anyone interested in a referral should contact the group leader after the group.

7. Closing, Homework, & WORTH Affirmation

Length: 10 minutes



Objective: To help keep the theme of taking care of ourselves going between sessions.

What To Do and Say:

At the end of each session we will do two things. First, get a little homework to keep the messages going that we've been discussing together. Second, close the session with a group ritual, kind of like a prayer or cheer.

Have the group open their WORTH Workbooks to page 14. This page presents the homework.

These are some examples of quotes that some women find uplifting. What we would like you to do for the next session is write down or bring in a quote, song lyric, poem or prayer that means something to you or that you find particularly inspiring or uplifting.

Have group members read the quotes in the workbook and elicit responses from the group.

At the end of each session, we will join hands (if the participants are comfort-

able) and make a series of positive statements together – this will enforce the idea that the group is a place for women to come together and support one another in staying healthy.



Place **flip chart #8** in front of the group and have participants take turns reading a line. Then repeat the statements together as a group.

I am _____ and I will stay healthy
I am _____ and I will protect myself
I am _____ and I will find support for my health
I am _____ and I am WORTH IT! WORTH IT! WORTH IT!

Session 2

Making it Real: HIV and STDs in Our Lives

Session Length: 85 min

Objectives

- To help participants assess their risk of getting HIV and STDS
- To help participants identify the people, places and things which trigger their HIV/STD risky behavior.
- To help participants identify the people in their lives who can support them in staying safe and healthy

Materials

- Quote or Poem (homework)
- Flip chart
- Pens
- Workbooks
- WORTH Affirmation Poster

Session Outline	Activity	Time
1.	Check-In	5 minutes
2.	HIV in Our Lives	10 minutes
3.	Risk Rationalizations	10 minutes
4.	Challenging Rationalizations: Jesse & Mathilde	10 minutes
5.	Challenging Rationalizations: Our Own	10 minutes
6.	Triggers for HIV and STD Risk Behavior: People, Places, Things	15 minutes
7.	Identifying Supports for Taking Care of Ourselves	15 minutes
8.	Closing, Homework, and WORTH Affirmation	10 minutes
	Total Time for Session 2	85 minutes

1. Check-In

Length: 5 minutes

Introductions and reviewing homework:

Ask each woman to:

1. Re-introduce herself; and
2. Read whatever she brought to the group as homework from the last session (quote, song lyric, poem, or prayer)

Be prepared with another quote in case none of the women completed the homework

Discuss any issues that arose from last week's session on HIV and STDs.

2. HIV in Our Lives

Length: 10 minutes

Objective: To make HIV and STDs more real in our lives.

What To Do and Say:

Many of us still think that getting HIV or STDs couldn't happen to us. Why? One reason is that a lot of us have had to develop the attitude that nothing can touch us. Seeming tough and untouchable has become a way of survival. For example, when we were on the streets copping drugs, we had to learn ways of protecting ourselves from being abused, attacked or harassed. But, this attitude can carry over into how we act about taking care of our bodies.

To bring HIV and STDs a little closer, let's each think about a woman we know, or knew, who has HIV or STDs.

Think of a woman you know, or knew, who has, or had, HIV or STDs.

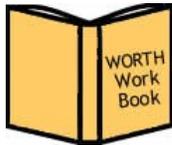
For each example mentioned by a group member, ask:

- *How did she get HIV or STDs?*
- *How did her life change because of it?*
- *How did she feel about it?*
- *How did she deal with it?*

A lot of drug users have family members or loved ones who are living with HIV, who have died of AIDS, and/or are themselves infected. It is important that the leader be sensitive to their feelings. At the same time, the possible risk of HIV and STDs should be emphasized rather than minimized.

3. Risk Rationaliza- tions

Length: 10 minutes



Objective: To increase participants' awareness of the attitudes that put them at risk of getting HIV or STDs.

What To Do and Say:

Ask the group to turn to pages 16 and 17 in their WORTH Workbooks, "Risks and Rationalizations."

A rationalization is an attitude or way of thinking that may explain away the risks or dangers of a situation. You'll see some attitudes here, that many of us have, that can make us feel invulnerable to getting HIV or STDs. Take a minute, and write or think about examples of how these attitudes play out in your own thinking.

Use the questions and answers below under each attitude to get discussion going. Ask the group to share what they wrote. Use **flip chart #9** to write down participants' attitudes.

1. "It Can't Happen to Me"

When you know that somebody has HIV, do you start comparing yourself to her/him, and thinking about how different you are from her? What kind of things do you say to yourself?

Possible Answer: "I'm not like her; it can't happen to me."

2. Drugs and Alcohol: "If I'm High it Doesn't Count"

When you reach the point when you're about to get high, or when you're high, do you just blow off responsibilities and put off acting sensibly and safely? What kinds of things do you say to yourself?

Possible Answer: "Forget it. I'm feeling too high to deal with that now."

When we're high, we don't think clearly. Drugs and alcohol brings us to a place where we don't feel nervous or think about "bad" things. We may get very rash or careless like nothing can happen to us.

3. Exchanging Sex: "I Have To Do What I Have To Do To Get What I Need"

When you're having sex to get something you need, do you just sort of figure that you'll do whatever it takes to get what you need? What kinds of things do you say to yourself?

Possible Answer: "I can make some quick money if I have sex with this guy. I know the way he likes it."

4. Feeling Close and Warm: "I'm in love"

When you're "in love" with someone, do you feel like you can't possibly get HIV or STDs from him? What kind of things do you say to yourself?

Possible Answer: "I love him and I trust him. He loves me. He wouldn't do anything to hurt me."

5. Feeling Sexy and Hot: "I'm Horny"

How does being "turned on" or sexually aroused stop you from using a condom? What kind of things do you say to yourself?

Possible Answer: "We're both so hot, and into it; we can't stop now to use a condom."

When we feel turned on with our men, it's hard to break the mood and take charge or to set limits on what we do with them.

6. Don't Care

How does feeling down or low increase the likelihood that we will do risky things? What kind of things do you say to yourself?

Possible Answer: Everything's going bad. It's hopeless. Who cares about doing the right thing?

When everything's getting to be too much and we feel that nothing matters, it's easy to just let things slide, let go of the responsibilities and values that matter when we are feeling better.

After you have discussed these attitudes, wrap up with this point:

We can all see how our heads can play tricks on us. Especially when we're drugging or drinking, when we want to do something risky, we can talk ourselves into it pretty easily. These "rationalizations" or attitudes are the step we take just before our risky behaviors. So, now we can all see that we've got to get wise to our risk "rationalizations," and (1) see them for what they are; and (2) push them away when we do.

4. Challenging Rationaliza- tions: Jesse & Mathilde

Length: 10 minutes

Objective: To strengthen participants' ability to challenge risk rationalizations.

What To Do and Say:

Let's take some time to act out a brief story that will help us recognize and challenge our risk rationalizations. This is a story about 2 friends – with very different opinions – talking about risky sex. It'll be easy to see some of our own rationalizations – and ways we could deal with them – in this story.

We're going to act out a short story.

[Co-leader Name] and I will be the two women in the story.

Read the set-up.

One day Jesse and Mathilde are talking about a man that Mathilde was hanging out with last night. Jesse is trying to find out if Mathilde took care of herself. Mathilde explains that she is not in danger of getting HIV.

Model a resolution to the story with your co-leader.

JESSE: *Hey Girlfriend, who's that man you were hanging with last night? I haven't seen him around here before. He looks better than most of the usual scum around these parts. He nice to you? He better be -- you're trying real hard these days to take care of yourself. Or at least you look like you are taking care of yourself! But lemme ask you about last night -- you did make him put it on his thing, didn't you?*

MATHILDE: *What do you mean, .put it on his thing? He doesn't need any jimmy hat! He isn't shooting drugs you know! Never did - that what he told me. Besides, he isn't like that...he hangs with nice people. Goes to church every Sunday. And he's clean...real clean...and he eats good too. You know he works out...goes and lifts weights. So sister...you tell me...how am I going to get the HIV virus from this man?*

What are Mathilde's rationalizations?

What are you going to say to Mathilde to challenge her rationalizations?



Write the heading 'rationalizations' on the left side of **flip chart #11** and write these rationalizations under it. On the right side, write the heading 'challenges.'

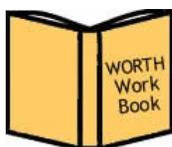
Ask the group, for each rationalization listed and write these down under the 'challenges' heading.

Resume the role play, with Mathilde expressing the rationalizations listed, one by one. Have Mathilde remain stubborn. Ask group members to challenge each rationalization, with the challenges listed. Conclude with this statement:

Talking with friends about safer sex is a good way of helping them to stay safe. You might even be saving a life! It also is a good way of strengthening our own commitment to stay safe. We all know the saying: Practice what you preach!

5. Challenging Rationalizations: Our Own

Length: 10 minutes



Objective: To strengthen participants' ability to challenge their risk rationalizations

What To Do and Say:

Each of us has a different reason why we tell ourselves "it can't happen to me." But, as we've learned, it can. Let's practice by taking on some of our own attitudes in a role-play like the one we just did.

Have group use their own rationalizations from pages 15 and 16 of our workbooks. Ask the group members to form pairs.

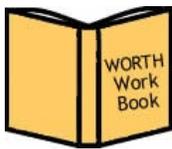
Tell your role-play partner what your #1 rationalization for doing risky things is. Your partner's job is to be you, and stick to justifying this rationalization.

Your job is to challenge your partner, using all the ways you can think of to convince her that she is at risk and needs to practice safer sex.

There are options for carrying out the roleplay, including: breaking into pairs; or taking volunteer pairs to roleplay in front of the whole group. If people can't argue against their own excuses, ask them to act as themselves, so their partners can challenge them. Use whatever you think will work best for the group.

6. Triggers for HIV and STD Risk Behavior: People, Places, Things

Length: 15 minutes



Objective: To (1) help participants identify their own triggers; and (2) help participants make the connection between "triggers" and risky behaviors.

What To Do and Say:

Now, we're going to talk about how we get to the moments when we take risks.

It starts with our TRIGGERS. Like in a gun, a TRIGGER is the thing that gets the bullet going. TRIGGERS push our buttons to risky sex and drug use.

TRIGGERS can make us feel that we have no choices, and cannot change or control our behavior. TRIGGERS can be things that make us feel bad enough or good enough to do risky things. So, in order to keep ourselves safe from risky behavior, we need to become AWARE OF OUR TRIGGERS.

Use **flip chart #12** – with the following headings well spaced (for writing under them). Have four TRIGGER headings written on the flip chart:

TRIGGER – PEOPLE TRIGGER – PLACES TRIGGER – THINGS TRIGGER – FEELINGS
--

Ask the group to turn to page 18 of the workbook. Start with the heading TRIGGER – PEOPLE.

People triggers are people who stir up feelings that shake us up, like anger, sadness, happiness and others. What are some examples of people who are triggers?

Examples: mother, child, lover, partner, spouse

What feelings does that person stir up?

What actions do that person stir up?

Ask for call-out answers. Write them on the flip chart under TRIGGER – PEOPLE.

Now, let's move on to "TRIGGER – PLACES". What are some examples of PLACES triggers?

Examples: my home, boyfriend's house, corner in neighborhood

What feelings does that stir up?

What actions does that stir up?

Ask for call out answers. Write them on the flip chart under TRIGGER – PLACES.

Okay, how about TRIGGERS that are THINGS. What are some examples of these kinds of triggers?

Examples: drugs or alcohol, paraphernalia, magazines or books.

What feelings do that trigger stir up?

What actions do that trigger stir up?

Ask for call out answers. Write them on the flip chart.

So, now, how about TRIGGER – FEELINGS. What are some examples of feelings that can be Feeling Triggers?

Examples: sadness, loneliness, fear, and excitement

What does that trigger stir up?

What actions might that trigger lead to?

Ask for call out answers. Write them on the flip chart.

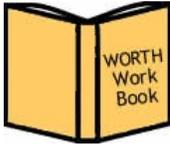
Let's take a few minutes to talk about our own TRIGGERS to risky sexual behavior. Think about the last time you had unsafe sex. Write down your own triggers to these risky behaviors under each heading in the workbook.

Emphasize the role of partner abuse and drugging and drinking in risky sexual behavior.

What are triggers to risky behavior for you?

7. Identifying Supports for Taking Care of Ourselves

Length: 15 minutes



Objective: To help participants identify the people in their lives who may support and who may hold them back in trying to stay safe and healthy.

What To Do and Say:

Learning how to identify people, places, and things that trigger risky sexual and drug use behavior is a very important part of taking care of ourselves. If we understand what triggers our risky behavior, we have a better chance of being in control, rather than being controlled by them.

Some people support us and some hold us back. It is important to know who these people are, so that we can turn to the right people for help. We also want to begin thinking about how to put some distance between us and people who hold us back from staying healthy and safe. This can be very difficult, especially if these people are very close to us. We do not have to make drastic changes right now, but we can start to take steps. We will take the first step by identifying the people who support us and the people who hold us back in our lives.

Ask participants turn to page 19 in their workbooks. Explain the types of people listed on this page:

Heart People are people we are especially close to, and people we can count on. We might be in close contact with them, daily, or we might see them only once in awhile.

These people could be friends, family, counselors, staff in programs or others.

Ask participants to write the initials of people in their lives for the Heart People band of the circle.

The next group of people are those with whom we have on-going contact, but they don't feel as close to us as heart people. These are called Handshake People. They could include such people as members of our treatment program, group members, ministers, and others.

Ask participants to write in the initials of people in their lives for the Handshake People band.

The next group is called Small Talk People. These are people we greet in a light and casual way (e.g. grocers, neighbors, etc.).

Ask participants to write in the initials of people in their lives in Small Talk band.

Finally, put a circle around the names of all those people who you see as supports of you in healthy living.

What qualities do these people have?

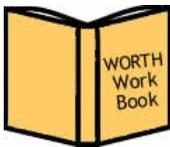
What qualities make them supports?

After this, have them put a line through the people whom they see as triggers to risky behaviors. Ask them to discuss why these people put them at risk.

What qualities make them triggers to risky behavior?

8. Closing, Homework, and WORTH Affirmation

Length: 10 minutes



Objective: To have participants identify: (1) one important trigger to risky sexual behavior; and (2) one person who can help them deal with the trigger. Participants will also begin identifying situations in which they need support.

What To Do and Say:

The work we do between sessions is important. So let's go over what we'll be doing before the next group. I know you won't always be able to finish, but do the best that you can do.

Between sessions participants should complete the Triggers, Needs and Supports homework on page 20 of the WORTH Workbook.

Open your workbooks to page 20. As homework, we'd like you to answer the questions that appear on that page:

What is one trigger to unsafe sexual behavior for you?
What do I need more help with to deal with that trigger?
Who is a person in my social circle that can help with that trigger?

So, for example:

Trigger: The person that has triggered my risky sexual behavior is my boyfriend. He threatens to hurt me, if we don't have sex the way he wants, when he wants. I don't feel I have the strength to stand up to him.

What I need help with? I need someone to talk to, like a counselor.
Who can help from my Social Circle? I can talk to my girlfriend and maybe she'll come with me to see a counselor.

End group with the WORTH affirmation.



Place **flip chart #13** in front of the group and ask participants to take turns reading the lines. Then, repeat the statements together as a group:

I am _____ and I will stay healthy
I am _____ and I will protect myself
I am _____ and I will find support for my health
I am _____ and I am WORTH IT! WORTH IT! WORTH IT!

Session 3

Making It Real: Turning Up Our HIV/STD Safer Sex Skills

Session Length: 100 min

Objectives

- To discuss in detail what behaviors put people at risk for HIV/STDs
- To practice in correct male and female condom use
- To identify ways of making safer sex sexy
- To demonstrate the use of self-talk in identifying options for actions
- To teach the participants a problem solving model that can help keep them from risky sexual and drug use behaviors

Materials

- Flip chart, with Stoplight and SODAS pages prepared
- Condoms (lubricated and non-lubricated) and Penis and Female Pelvic Models
- Lubricants (water based and non-water based)
- Samples of other barriers
- Sample of condom boxes: latex and natural condoms
- Workbooks
- Marker pen
- SODAS cards
- Audiotape Recorder/Tape(s)
- WORTH affirmation poster

Session Outline	Activity	Time
	1. Check-In	5 minutes
	2. Getting Smart About HIV and STD Behaviors	10 minutes
	3. Condom Use Practice: Male	15 minutes
	4. Condom Use Practice: Female	15 minutes
	5. Eroticizing Safer Sex	10 minutes
	6. Self-Talk in Tough Risk Situations	15 minutes
	7. Problem Solving the SODAS Way	20 minutes
	8. Closing, Homework, and WORTH Affirmation	10 minutes
	Total Time for Session 3	100 minutes

1. Check-In

Length: 5 minutes

- Ask the participants to share Triggers, Needs and Supports they identified in the homework.
- Have participants share any thoughts or feelings from the previous session.

2. Getting Smart About HIV and STD Behaviors

Length: 10 minutes

Objective: To explain how HIV and STDs are transmitted

What To Do and Say:

It's risky behavior, especially unprotected sex and drug use, that can give us HIV and STDs. It's about what we do – not (just) who we do it with.

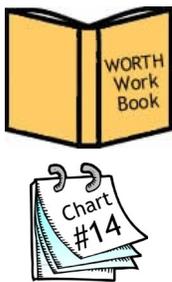
What do we mean when we say sex?

Answer: Sex includes: the penis in the vagina (or fucking, making love, or other ways of describing this); the penis in the anus, anal sex (or butt fucking); mouth to penis (or blow job); or mouth to vagina (or your man going down on you). Sex can also mean lots of other things, like: touching and caressing each other's penis and vagina (or giving each other hand jobs or masturbating each other); holding each other's bodies, rubbing or stroking each other anywhere or other things. Sex is all these things regardless of whether an orgasm occurs.

Be sure to clarify the difference between vaginal, anal, and rear-entry vaginal intercourse.

Place the Stoplight Poster in front of the group and ask the group to turn to pages 22-23 of the WORTH Workbook. Use **flip chart #14**.

Okay, now I want you to think of a stoplight – green light, yellow light, and red light, right? How might these colors represent no risk, low risk, and high risk behaviors?



GREEN LIGHT means GO -- NO RISK, this is SAFE to do. No exchange of bodily fluids (blood, semen, vaginal fluids).

YELLOW LIGHT means CAUTION -- LOW RISK. Condom (or dental dam) protected activities are safe, as long as the barrier isn't broken, stays in place, and is used properly.

RED LIGHT means STOP -- HIGH RISK and should NOT BE DONE if you can at all help it. Activities during which body fluids are freely exchanged, without condoms or dental dams constitute high risk.

Read the list of behaviors given below. Have participants identify which behaviors go with each color. Use their answers to clarify any misinformation or myths still present in the group. The point of this exercise is to emphasize

that there are more sexual behaviors that have low risk or no-risk than high risk.

What about different kinds of sexual behaviors?

1. Vaginal sex without a condom
RED
2. Vaginal sex with a condom
YELLOW
3. Vaginal sex with spermicide, without a condom
RED
4. Vaginal sex without a condom, when a woman has her period
RED
5. Oral sex on a guy without a condom
RED
6. Oral sex on a guy with a condom
GREEN
7. Oral sex on a girl without a dental dam
RED
8. Oral sex on a girl with a dental dam
GREEN
9. Anal sex without a condom
RED
10. Anal sex with a condom
YELLOW
11. Mutual masturbation to orgasm
GREEN
12. Wet kissing
GREEN
13. Dry kissing
GREEN
14. Massage/body rubbing
GREEN
15. Fantasy
GREEN

What about sex with different kinds of partners?

1. Sex with multiple partners, without a condom
RED
2. Sex with multiple partners, with a condom
YELLOW
3. Sex with a partner who injects drugs, without a condom
RED
4. Not having sex with other people
GREEN

What about sex by yourself?

1. Masturbation
GREEN
2. Use of sex toys alone
GREEN

What about shooting drugs?

1. Shooting drugs with a shared needle, cooker and cotton
RED
2. Shooting drugs with a shared needle, cleaned with bleach, and your own cooker and cotton.
RED
3. Shooting drugs with your own needle, and a shared cooker and cotton
RED
4. Shooting drugs with your own needle, cooker and cotton
YELLOW

Are there any activities that were not discussed you may have questions about?

3. Condom Use Practice: Male

Length: 15 minutes

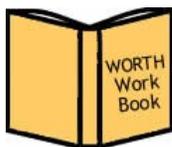
Objective: To teach participants how to use a male condom correctly.

What To Do and Say:

O.K. Now that we've got it -- that condoms can protect us from HIV/STDs, let's put our knowledge into action. Most of us figure that we know all about male condoms, but that doesn't mean we know how to use them correctly.

Pass around condoms so that the women can get familiar with handling them. Put one over your fist to show they don't break and to introduce humor. Talk about all the different names people use for a condom to increase comfort. Ask the group if they can think of any other creative names. Some slang words for condoms are as follows:

- Rubber
- Jimmy hat
- Raincoat
- Glove
- French ticklers



Have the group turn to page 24 of the WORTH Workbook for information about condom use. Show the group the boxes of condoms (latex and natural). Show the group where they can read that the condom is latex and where to find the expiration date.

Emphasize these points:

- Always use latex condoms
- Lambskin or natural condoms should not be used, because they have holes that allow the virus through
- Condoms should always be used with water-based lubricants (K-Y)

Jelly), NOT oil-based lubricants (Vaseline, baby oil); oil-based lubricants may cause damage to the condom making it less effective or causing it to break

- A condom should never be used after the expiration date on the package; always check the expiration date on the condom wrapper

Demonstrate how to put the condom on the penis model.

Make the following points:

- Open the package carefully and check to make sure the condom is intact and not damaged or torn
- Make sure the penis is hard. Never put a condom on a limp penis. But, always put on the condom before it enters your vagina – so as to protect from pre-cum and cum
- Determine which direction the condom unrolls
- Put the condom on the end of the penis
- Carefully roll the ring of the condom down the shaft toward the base of the penis; be sure to leave a half-inch of room at the tip to collect the semen
- Check for air in the condom - if there is air, the condom could break
- Add lubricant to inside tip of condom or penis to reduce friction, which may damage the condom

So, once the condom is on and has done it's job, we want to safely remove it.

Make the following points:

- Hold the condom at the base of the penis, and withdraw the penis from where ever it is immediately before it becomes limp; if the penis becomes limp the condom could fall off the penis
- Remove the condom by carefully rolling it almost all the way off the penis; remove the condom carefully so it doesn't spill
- A condom should never be reused and should be thrown away in the trash.

After you have demonstrated how to put on and remove a condom, pass out the penis models and condoms. Have the participants correctly put on and take off a condom. Assist any members who are having difficulty. At the end of the practice time each member must demonstrate for the group how to put on a condom correctly. Have the group assist in giving feedback if there is a mistake made, or if the participant forgot anything.

4. Condom Use Practice: Fe- male

Length: 15 minutes

Objective: To teach participants how to use a female condom correctly.

What To Do and Say:

Now I have a question for you. What transmits warmth, makes a man's penis feel good, doesn't smell like latex, looks funny and can squeak?

Collect answers from the group and then provide the answer if they didn't come up with it on their own.

A female condom!

What ideas did you already have about female condoms? Like: What would they look like? What would they feel? How would you use them?

Encourage sharing of preconceived feelings and ideas about the female condom.

Let's see the real thing.

Show the group the female condom and then pass one out to each participant. Discuss the groups' reaction.

Now we are going to get a chance to see what this is all about. What do you think?

Okay, so go ahead and take it out of the package. Look at it; get the feel of it; see if you can stick your hand inside of it.

Demonstrate handling the female condom and give the women a chance to get used to it. Encourage playful exploring of the female condom. Ask the group for fun ideas of how to use them.

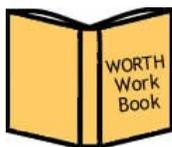
I want to see you have some fun with it. See what crazy thing you can make of it. Here are my new sunglasses.

That was great! Now let's learn how to use the female condom.

Now, pass out a second female condom with directions and lubricant to each woman. It is a good idea to practice using the female condom several times before the demonstration.

I will talk us through the steps to using the female condom. Remember that the female condom can be put on ahead of time and not in front of your partner if you wish. On the other hand you could teach your partner how to insert it and make it part of your lovemaking.

I'm going to follow the instructions from the "Reality" packet on Workbook page 25 and the diagrams on pages 26-27 of the WORTH Workbook. You can look at them carefully when you get home. For now, just follow along with what I'm doing.



B. Using a Female Condom

To open the packet:

- Check the expiration date and carefully pull the two sides apart from the center.
- Take out and examine.
- Rub the outside of the condom to make sure lubricant is evenly spread.
- Add more lubricant if needed – one quick squeeze.

One nice thing about the female condom is that you can use any kind of lubricant you want – water or oil-based. This is different from the male condom, like we learned a few minutes ago, where we should only use water-based lubricants. The female condom is made out of polyurethane and is very durable.

To insert:

- Find a comfortable position – one foot up on chair, sit with knees apart, lie down.
- Make sure the inner ring is at the bottom, closed-end of the condom.
- If you wish, add a drop of extra lubricant to the closed-end outside tip or to the outside ring before you insert.
- Hold the condom with the open end hanging down.
- While holding the outside of the condom, squeeze the inner ring with thumb and middle finger.
- Place your index finger between the thumb and middle finger and keep squeezing the inner ring.
- Still squeezing with your three fingers, with your other hand, spread the lips of your vagina.
- Insert the squeezed closed-end of the condom.
- Take your time. If the condom is slippery to insert, let it go and start over.
- Now push the inner ring and the condom the rest of the way up into the vagina with your index finger. Check to be sure the inner ring is up just past the pubic bone, against the cervix, so that it is completely covered.

- You feel your pubic bone by curving your index finger when it is a couple of inches inside the vagina.
- Make sure the condom is inserted straight and not twisted.
- Make sure that the outside ring lies against the outer lips, covering the outside of the vagina.

To remove it:

- Squeeze and twist the outer ring to keep the semen inside the condom.
- Pull out gently.
- Throw away in a wastebasket – not down the toilet.

After the demonstration, have each woman try inserting and removing it on the model while the rest of the group watches. If time is short, have two women at a time demonstrate. Make sure they hold the model in front of them, if comfortable.

How comfortable were you practicing inserting the female condom?

Like anything else, some couples will want to use the female condom and others won't. We have heard reports that the female condom allows for more sexual feeling and pleasure than the male condom. Some users complain that they squeak during intercourse, although a little lubricant can reduce that.

I want to give you a few more tips on using the female condom:

- Practice using it by yourself – it may take a few tries to get it right and be comfortable with it.
- Help insert the penis – sometimes the penis may enter the vagina on the outside of the condom, so it is good to guide the penis into the female condom.
- Use more lubricant if needed.
- Never use a condom twice.
- Do not use a male condom and a female condom at the same time.

Give each woman two female condoms, an instruction booklet, and extra lubricant to take with her. If time permits, conclude with the following discussion, making sure to elicit reactions from the participants.

You've got to be prepared with a condom at all times. You never know when you're going to need one. Whether it's in your purse or by your bed, you need to have a condom where it's handy and safe from damage.

Has anyone every bought a condom before? What was that like? How were

you feeling?

If you were to buy a condom, how would it feel for you to ask for one in the drug store or at the health clinic?

Does anyone have an example of an easy way to ask for condoms?

Remind participants how they can get condoms at your treatment program and in the community (local health departments) and that they are generally free.

You can always buy condoms at the drug store. Does anyone know how much a condom costs?

Condoms typically cost about 50 cents each and female condoms around \$2 (and may not be available in all drug stores). Remind clients to choose a water-based lubricant so that it won't eat away at the male condom. They can use any kind of lubricant on the female condom.

5. Eroticizing Safer Sex

Length: 10 minutes



Objective: To demonstrate ways to introduce safer sex that are sexy and appealing.

What To Do and Say:

Some people think that safer sex makes sex less fun...less sexy. But using a condom can be sexy too--we just have to know how to do it. And when we're not worried about having unsafe sex, and not worried about getting pregnant, we can enjoy sex more. Because condoms are a major way to have safer sex, we will be focusing on sexy and erotic ways to use condoms.

Is it possible to make safer sex sexy?

What are some ways to do this?

If the group has trouble getting started, introduce a few of the options and encourage people to be creative and have fun with the activity. Write groups' ideas on **flip chart #15**.

Possible suggestions might be as follows:

- Sexy body movements
- Being playful and sexy with condom
- Reassuring partner that sex will be good
- Reassuring partner that s/he is very good at sex
- Putting condom on with mouth
- Using lubrication (water based ONLY!) like K-Y jelly for manual sex
- Being skillful at condom use--if we are comfortable and reassuring, we will make our partner more comfortable also

- Colored condoms, ribbed etc.
- Listen to sexy music
- Describe a steamy love scene or fantasy to partner
- Getting partner in the mood (massage, candles, bath, etc.)
- Perform a "strip tease" for partner
- Tone of voice when requesting safer sex

After the group has generated a list, demonstrate, or ask for volunteers to demonstrate, what they might do to actualize each of these suggestions. After you have done this, describe how you might use a condom in a sexy way, even using your mouth. Give the women several male condoms to take with them.

6. Self Talk in Tough Risk Situations

Length: 15 minutes

Objective: To help participants use self talk to create options for safe sexual behavior.

What To Do and Say:

People talk to themselves all the time. But most people don't realize the power of this self-talk. What we say or don't say to ourselves is one of the forces that control our lives. We can't always stop and write down our options or make lists with our friends, but we can always talk to ourselves about our choices. Who talks to themselves in here?

Well I always talk to myself- that's how I know what I am thinking about!

Here's an example of self-talk you might have been having on your way to group. This might be you talking to you:

I don't feel like going to this group. I've been rushing around all morning and I'm wiped out. My clothes stink and I'm all sweaty. I just want to take a shower and relax. No, these meetings can be a drag; I don't want to go! But maybe I should go. I did get something out of going to group last time. I know I don't have to talk if I don't want to. I guess I should go. I think I'll find Maribel and go with her.

Self-talk is a useful way to make safer sexual decisions in risk situations.

We're going to use self-talk to create choices for dealing with a risky sexual situation.

Go through the scenario and present the different ways that this woman is using self-talk to create choices. Ask for reactions from the group and other options this woman might have generated.

Here's the situation:

Let's say I met a new man, someone I really like, and someone who's really hot. It's been a long time since I met someone like him, a good, clean,

straight-up man, with a job. Last week I met him at a friend's party and we clicked from the start. We talked and laughed the whole night, and by the end of the party, we were kissing. I could hardly tear myself away from him, to say goodnight, but I knew I should. I was so happy when he called me to ask me to go out to the club on the weekend.

Now, it's Saturday night, and we're dancing slow, kissing, and feeling close. We're nearly the only ones left at the club when he suggests we go back to my place. I agree and we leave. Now, we're at my place, on the couch, and I'm in his arms, and it feels so good. I'm really getting excited and hot and I can feel that he is too. He kisses me slowly, looks in my eyes, and tells me I'm beautiful. He tells me that he wants to make love to me; he wants to give me pleasure, and that he wants me to feel him inside me. He starts to unbutton my blouse. It feels so right, I feel so ready, and yet, I feel so nervous. I take a breath, and try to relax, but I can't. I pull away a little, and he looks up, and whispers softly: 'What's wrong?' Here's where my self-talk goes:

I don't want to break the mood; I don't want to ruin the thing we have. I don't want to lose the only good man I've been with in a long time. I know how I feel and I think he feels the same way too. When it's this perfect, maybe, I can just let it happen – maybe the risk is worth it. . .

But, I know it isn't right for me to have sex with him like this, without talking to him, about what we're about to do. I know I need to bring up safer sex, what we want, what I can do, and what I can't do . . .

Maybe I could kind of take over, and unbutton his pants, and touch him, caress him. Give him such a good hand job and make him feel so good that he won't even have time to try to go inside me. That way, I could put off the whole issue of safer sex, until afterwards. I can talk to him after I've pleased him. Or maybe he won't even feel it, if I slip a condom on him, just before he goes inside me. . .

7. Problem Solving the SODAS Way

Length: 20 minutes



Objective: To introduce the SODAS model for problem solving; and (2) to practice using SODAS for a current problem.

What To Do and Say:

As we've just been talking about, people face tough situations everyday. Some of them are big-time; some are smaller. Sometimes, when we're up against one of them, it's overwhelming. We might be overwhelmed with feelings that make it hard to think straight – and even harder to make a decision. It helps to have a clear way of solving problems.

Show the group the SODAS **flip chart #16** you have made.

You can use the SODAS method to make better decisions and solve problems. Let's go over it.

The letter **S** stands for the word STOP (Define the problem and the goal)

The letter **O** stands for the word OPTIONS AND OUTCOMES

The letter **D** stands for the word DECIDE

The letter **A** stand for ACTION

The letter **S** stand for SELF - PRAISE

All right, now, let's use SODAS to deal with the risky situation we've been talking about.

1. The S stands for STOP – we need to stop ourselves from acting, identify our possible problem, think about the goal, and begin working it out.

So, what's the problem and what's the goal from the scenario we just went through in the last activity?

Example: I want to make love to the great man I met; but I know I only want to have safer sex. If I have sexual intercourse without a condom, I'll be risking getting HIV or an STD. If I ask him to use a condom, I'll be risking turning him off, and maybe losing him.

2. The O stands for OPTIONS and OUTCOMES -- we need to brainstorm our possible choices and consider the outcomes, or consequences, of each in terms of what we want.

What are the options?

Example: Maybe, I can just make love without a condom – but I might be taking the risk of getting HIV or an STD; I know I need to bring up safer sex, what we want, what I can do, and what I can't do – but I'd be taking the risk of turning him off, or, even, losing him; Maybe I could kind of take over – and give him such a good hand job that he won't even have time to try to go inside me. That way, I can talk to him after I've pleased him. But, I might not be able to pull this off, and it could end in a fight.

3. The D stands for DECIDE -- we need to choose an option whose outcome best solves our problem in light of our goals.

What would you decide?

4. The A stands for ACTION – once we decide, we have to act on our decision.

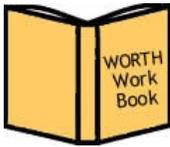
What would you do to act on your decision?

5. The S stands for SELF-PRAISE – once we decide, and act, we deserve a pat on the back for taking care of ourselves!

Ask the group to volunteer a risky situation that one of them has dealt with recently, or might be up against soon. You can think of this as a 'dress rehearsal'. Lead the group in a SODAS problem-solving discussion, like you just finished.

8. Closing, Homework, and WORTH Affirmation

Length: 10 minutes



Objective: To have participants practice applying the SODAS problem solving method to one of their own problems.

What To Do and Say:

It's important to keep our work going between our group sessions. For homework, we'd like you to use SODAS on a risky situation you've faced recently, or that you may face soon.

Have participants open their Workbooks to page 28. Hand out the SODAS cards to the participants – which should be prepared in advance.

These are SODAS cards to remind you of the SODAS method. It is helpful to keep them with you -- because you never know when you can use them. Now, I'd like to go around the group and ask each person if they could mention a possible risky situation to work on using the SODAS method.

End group with the WORTH Affirmation. Place **flip chart #17** in front of the group and ask participants to take turns reading a line. Then, repeat the statements together as a group.

I am _____ and I will stay healthy
I am _____ and I will protect myself
I am _____ and I will find support for my health
I am _____ and I am WORTH IT! WORTH IT! WORTH IT!

Session 4

Making It Real: Making HIV and STD Safer Sex Happen

Session Length: 90 min

Objectives

- To help participants identify barriers to safer sex happen
- To help participants identify and practice safer sex negotiation and refusal skills
- To help participants assess risk of partner abuse from safer sex behaviors and make safety plans for their protection

Materials

- Flip chart
- Video
- Marker pen
- Condoms
- Tape Recorder and Tape
- WORTH Affirmation Poster

Session Outline	Activity	Time
	1. Check-In	5 minutes
	2. Exploring Barriers to Safer Sex	10 minutes
	3. Safer Sex Negotiation and Refusal: The Basics	10 minutes
	4. Role Model Demonstration and Discussion	15 minutes
	5. Practicing Negotiating Safer Sex: Pairing Up	20 minutes
	6. Assessing Risk of Partner Abuse and Making Safety Plans	20 minutes
	7. Closing, Homework, and WORTH Affirmation	10 minutes
	Total Time for Session 4	90 minutes

1. Check-In

Length: 5 minutes

Homework

- Ask participants how the homework went and what it was like to use the SODAS model.
- Have participants share any thoughts or feelings that they might need to discuss.

Introduce The Activity

I'm not telling you anything you don't know when I tell you that trying to make safer sex happen can very difficult. I know many of us have tried. And one of the biggest stop signs for women making safer sex happen is: THEIR PARTNERS' NEGATIVE ATTITUDE TOWARD USING CONDOMS. This brings us to the skills that we're going to talk about today. These are negotiation and refusal. And we'll also use the skills we talked about last session – for making safer sex 'sexy'. First, we'll take a look at the barriers, or stop signs, to trying to make safer sex happen.

2. Exploring Barriers to Safer Sex

Length: 10 minutes



Objective: To help participants identify barriers to their safer sex behavior

What To Say and Do:

Why don't our partners and we use condoms?

As participants respond, jot down their responses on **flip chart #18**. You can put headings on the flip chart first – that organize responses according to major categories: Practical Barriers (Yours; His); Desire To Be Pregnant; and Fear of Partner Barriers.

Practical Barriers - Yours:

- They don't feel good
- They always break
- They taste bad
- They are uncomfortable
- They interfere with pleasure
- They take too much time

Practical Barriers – His:

- Partner thinks they don't feel good
- Partner thinks they are uncomfortable
- Partner thinks they interfere with pleasure
- Partner thinks they take too much time

Desire To Be Pregnant Barrier:

- Trying to have a baby

Fear of Partner Barriers:

- Partner will get angry because he will think I don't trust him

- Partner will get angry because he will think I'm accusing him of being sick
- Partner will get angry because he will think I'm accusing him of being dirty
- Partner will get angry because he will think I don't care about his pleasure
- Partner will get angry because he doesn't think we're at risk for HIV or STDs
- Partner might think I am messing around with someone else
- Partner might think I'm sick
- I'm afraid I might lose the relationship because he will get angry
- Partner might get physical and hit me

A lot of these barriers are about our partners' negative attitudes toward safer sex. So, if we're going to make safer sex happen, we're going to have to tune up our skills for negotiating what we want. It starts with: feeling we have the right to ask our partners to be safe. It also starts with being prepared to really listen to our partners' emotional needs –so we can meet them.

3. Safer Sex Negotiation and Refusal: The Basics

Length: 10 minutes

Objective: To help participants understand the basics of safer sex negotiation, including risky sex refusal

What To Say and Do:

Issue 1: Negotiation

Learning to negotiate with our partners to is a way to make safer sex easier. What does negotiating mean to you?

Take responses.

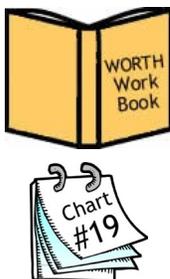
Negotiating means carefully listening and talking to your partner in order to find a solution to a problem that's OK with both of you. This means talking the talk that your partner understands and listening to his back talk. That way, you can figure out what he needs and you make sure to show him that you care about his needs while you state your own needs clearly and strongly.

Now, we're going to walk through the basic steps of negotiating safer sex. Some of us may be experienced negotiators; some of us may never have tried to negotiate what we want. Following the steps of good negotiation like a robot is phony or unreal. But, the steps are good guides to fall back on.

Have the group open their Workbooks to page 30. Read each step or ask a volunteer to read the steps. Use **flip chart #19**.

Here are the basic steps of safer sex negotiation.

Essential Steps of Safer Sex Negotiation



Step 1: Say what you want and what you don't want.

Can you give me your version of Step 1?

Example: *I want to have sex with you, but we're going to use protection. I do not want to have sex without protection.*

Step 2: Tell your partner why you want to use a condom.

Can you give me your version of Step 2?

Example: *I want to protect myself and you from getting any STDs or HIV. I haven't been tested and neither have you. We don't know what we may have.*

Step 3: Acknowledge what your partner thinks/feels.

Can you give me your version of Step 3?

Example: *I can understand why you might feel like I don't trust you -but that is not true. I do trust you, but so many people have STDs and HIV. We just don't know what we have been exposed to!*

Step 4: Tell your partner exactly how you want to be safe and what your bottom line is.

Can you give me your version of Step 4?

Example: *I want us to try to be safe by using a condom. This is really the only way that I can feel all right about having sex.*

Issue 2: Refusal

But, sometimes, our negotiating isn't going to work. If our partners won't agree to have safer sex, then we need to refuse to have sex altogether. Because, remember: What is our bottom line in negotiating? No Unsafe Sex! As I'm sure we all know, refusing risky sex, or saying 'NO' to risky sex is not easy. There are 2 different ways to refuse:

*The first one is being Direct or Right Up Front.
How would you directly refuse?*



Write suggestions on **flip chart #20**.

Examples: 'No Way'; 'Forget It'

The other way to refuse is indirectly, or slyly, by avoiding having sex or making an excuse. How would you indirectly refuse?

Write suggestions on **flip chart #20**.

Example: 'I have a headache'.

Issue 3: Other Ways of Trying To Make Safer Sex Happen

What other ways are there to try to influence our partners? To try to get them to have safer sex?

Write suggestions on the flip chart. Make sure you mention each:

- Make a demand or give an order.
- Fight or argue with your partner.
- Threaten (to hurt) your partner.
- Trick him (Give the example of: 'Putting a condom on your partner's penis with your mouth').

Some of the ways should not be used at all – because they won't work and they will only create more problems.

Which are these ways of refusing might create more problems?

Make sure demanding, fighting and threatening are mentioned.

4. Role Model Story Demon- stration and Discussion

Length: 15 minutes



Objectives: To help participants observe and practice skills for negotiating safer sex and refusing risky sex.

What To Say and Do:

O.K. We've got the basics. Knowledge is power. Now, let's put our knowledge into action. Here's a story – that could easily be our story – to practice negotiating and refusing.

Use **flip chart #21** with the SODAS steps, well spaced, so that you can write responses under each step. If time permits, go through Story #1 and Story #2.

Would anyone like to read story #1?

STORY #1

Latricia just met this guy James at this party. She kind of knew James before. Latricia and James go back to James's house. Latricia is feeling a little uncomfortable, but she is horny, and James is coming on to her, and he is looking real good. She wants to have sex with him, but she will only have safer sex, because she doesn't want to get anything.

So, what is Latricia's problem?

Write the group's responses under the Stop and Define the Problem heading

of the flip chart.

Example: She wants to have sex with him, but she will only have safe sex and she is feeling unsure of herself and uncomfortable with James.

What are Latricia's options?

Write the group's responses under the Options and Outcomes heading of the flip chart. Make sure that the written responses include some of the following four options. Make sure to leave enough space so that you can fill in outcomes or consequences under each option.

- She can negotiate with him to use a condo,.
- She can slip the condom on when she gives him "head."
- She can have an alternative to intercourse that is safer, like giving him a hand job till he cums.
- She can refuse to have any sex: directly (saying no) or indirectly (make an excuse).

What are the consequences or outcomes of each option?

- She is feeling unsure of herself, and she might not be able to hold up her "bottom line" of having safer sex and using a condom (he might be able to talk her out of it).
- This might work best. She can avoid having to ask him directly. He may find this sexy, and he won't be able to talk her out of it.
- She can avoid having to ask him directly. He may find this sexy.
- This would protect her, but her goal of having sex would not be achieved.

Now let's zero in on refusing sex. Let's say she decides to refuse to have sex, how can she do this?



For this part of the discussion, turn to **flip chart #22** and write the heading: Refusal: Options and Outcomes. Make sure to include each of the following options, numbered #1, 2, 3 or 4. Space them apart – so that you can fill in the consequence of each.

Here are several direct ways of refusing:

- Tell him she will not have sex with him.
- Suggest they have sex another time.

Here are a couple of indirect ways of refusing:

- She can tell him she gets infections from sperm and Dr. told her she needs to use a condom.
- She can tell him she has her period and either gets infections if she does not use a condom, or she can tell him it grosses her out to have sex during her period without a condom.

What are the possible consequences of each of these ways of refusing?

- She's not going to do this - she wants to have sex. Besides, who knows whether James might get violent.
- If Latricia's really horny, this will be hard to follow through on & James might be able to easily persuade her otherwise.
- This takes the reason for use off of him, however James may not care about the consequences to her.
- Again, this takes the reason for use off James.

What are you going to decide Latricia should do?

The group decides on an action.

Let's give ourselves praise for dealing with Latricia's situation!

STORY # 2

Darlene is going to bed. She hears her boyfriend Ronny coming in the door. He is pretty loud, and she can tell he is high. She knows that when he is high it is impossible to get him to use a condom. And sometimes he gets violent when he's this high. Darlene does not want to have unsafe sex with him, because she learned in her class that we can never know what some one is doing 24 hours a day, and Darlene doesn't want to get HIV or any other STD for that matter. What can Darlene do?

What is Darlene's problem?



Write the group's responses under the Stop and Define the Problem heading on **flip chart #21**.

Example: She does not want to have unsafe sex with him, but she can never get him to use a condom when he is high.

What are Darlene's Options?

Write the group's responses under the Options and Outcomes heading of the flip chart. Make sure that the written responses include each several of the following options. Make sure each of these options is well-spaced – so that you can fill in outcomes or consequences with the same number in a moment:

- She can negotiate with him to use a condom
- She can slip the condom on when she gives him "head"
- She can have an alternative to intercourse that is safer, like giving him a hand job
- She can refuse to have sex

What are the consequences or outcomes of each option?

- He may not be able to discuss condom use when he is so high. She knows from experience that negotiation when he is high does not work
- This is an option, but he might find out and get angry (or violent)

- This might work, but it is risky, because if they start to have sex he could try to have intercourse
- When he is high, some way of avoiding sex altogether may be the best

Now let's zero in on refusing sex. Let's say she decides to refuse to have sex, how can she do this?



For this part of the discussion, turn to **flip chart #22** and write the heading: Refusal: Options and Outcomes. Make sure to include the following options, numbered #1, 2, 3, 4 or 5. Space them apart – so that you can fill in the consequences of each.

Here are a few direct ways of refusing:

- Tell him she will not have sex with him
- Suggest they have sex in the morning

Here are a few indirect ways of refusing:

- Tell him she really does not feel well and has a headache
- Tell him she has her period, or that she has a yeast infection
- Rollover and pretend she is asleep

What are the possible consequences of each of these ways of refusing?

- Could lead to violence
- He might say no, and demand sex then. It might work but she will have to use condom tomorrow
- He might think she is lying or not care, but this may help avoid sex that night. He may use the condom the next day
- He might be grossed out, and then she can put off sex for a few days, and then ask for condom use when he is not using
- He might believe her, but she will still need to negotiate in the morning.

What are you going to decide Darlene should do?

The group decides on an action.

Let's give ourselves praise for dealing with Darlene's situation!

5. Practicing Negotiating Safer Sex: Pairing Up

Length: 20 minutes

Objective: To help participants put their own negotiation and refusal skills into action.

What To Do and Say:

Now that we've practiced thinking through negotiation, we're ready to do some of our own. Let's use the steps of negotiation and refusal skills by breaking up into pairs. Turn to the woman next to you - this will be your role play partner. (If there is an odd # of women, the leader or co-leader should

partner with the remaining woman). Your work, together, is to: Create a safer sex problem situation for which you can use your skills; brainstorm the action and result that will take place; decide who will play each role in the problem situation; then act out the situation with each other. After about 5 minutes, we'll all get back together. One pair will volunteer to act out their situation. The whole group will analyze the actions taken.



After the role play, ask the group the following questions using flip chart #23. Identify situations where there is negotiation for safer sex and refusing risky sex where applicable.

- What did _____ (woman) do?
- What worked?
- What didn't work?
- What else could she have done?
- How did she feel afterwards?
- What do you think is going to happen next, between her and her partner?
- How would you feel in her place?

6. Assessing Risk of Partner Abuse and Making Safety Plans

Length: 20 minutes

Objectives: To help participants to: (1) assess their risk for partner abuse and (2) to make safety plans for their protection.

What To Do and Say:

As we talked about, when you ask your partner to use a condom, or refuse risky sex, you may make your partner angry. When he's angry, he could get abusive, verbally or physically; he could force you to have sex. We have to be prepared for this risk. We have to know how to recognize it. And we have to have a plan for protecting ourselves, and getting help to keep ourselves safe.

We'll be talking about recognizing abuse and making safety plans now. What we talk about might be upsetting to you, especially if it touches on something that's going on, or has gone on, in your life. Please remember that we're here to help you. Remember that you can speak to us at the end of this session privately.



Use **flip chart #24**.

The first step is Knowing What Abuse Is. Unfortunately, abuse is common. Abuse has a lot of forms. Some of them are in-your-face; and some of them are quieter, or more hidden. Abuse can be physical, for example being hit by your partner; it can be sexual, like being forced to have sex when you don't want to; and it can be psychological or mental, like being put down by your partner or being controlled by him.

These abusive actions usually don't happen all of a sudden. There is often a circular pattern to abuse. There is usually tension in the relationship already. Then, something pushes your partner's button – and it could be refusing risky sex or some thing you do to stand up for yourself – and he can become abusive. After a partner is abusive, he is often sorry. There may be a honeymoon period – when he is as good as gold – until his button is pushed again. The longer the abusive relationship goes on, the worse it can get.

The second step is Identifying Your Risk For Abuse -- from bringing up safer sex or refusing risky sex with your partner. If a risk is present, you should think about postponing these actions until you have made a safety plan for protecting yourself.

Before you ask your partner to use a condom, or before you refuse risky sex with him, you have to feel safe to do this. You have to feel that the consequences of bringing up safer sex or refusing risky sex WON'T PUT YOU IN DANGER OF ABUSE. So, you have to think before you speak or act. You have to think, that day or that night, way before you ever get to having sex: Is my partner showing any of the signs of abuse we just talked about above?



Use **flip chart #25**. Read the list aloud to the participants.

There are some situations that would especially put you at risk for abuse from your partner. Many of us have been in the situations on this list.

Are there other situations that you think we should add?

Jot down other situations on the flip chart.

What do you think would happen if you did refuse to have risky sex or did ask your partner to use condoms in these situations?

Write down the heading Consequences on the flip chart, and jot down consequences on the flip chart.

So, what should we do about bringing up safer sex or refusing risky sex with a partner who might get abusive?

Write down the heading Actions on the flip chart, and jot down actions on the flip chart. Make sure 'Postponing confronting your partner' is included as an action.

When you're dealing with a partner who can be abusive, it's all about timing. Bringing up safer sex or refusing risky sex – at the risk of being abused – is too dangerous. At times, like the ones we've just talked about, when your partner would be especially likely to be abusive, it's best to back off. Wait until a safer time to bring up safer sex or refuse risky sex. And, start thinking about what you could do – if you needed to leave the abuse behind.

The Third Step Is Making A Safety Plan.

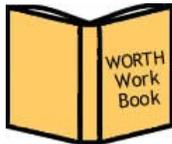
Sometimes it's easy for an outsider to give advice to a woman in an abusive relationship. Here are some typical comments:

"Just leave. You don't have to take that stuff."
"If I were you, I would have been gone."
"How can you put your children through that?"
"Put him out."

What are your reactions to some of these comments?

Leaving may not be the best choice; staying may feel like the safest route. This is a personal situation. We can't judge a woman's situation unless we're actually in it ourselves.

It's a difficult decision to decide to: keep on putting up with abuse, to be able to stay with your partner; try to get help to work on it together; or to leave it behind. This is a big and complicated decision – which we can't make here, in this session. But, we can help you start to think about what you could do – if you needed to leave the abuse behind. We call this a safety plan.



Let's look at page 31-32 in your workbook, called Safety Plan Worksheet. It has a list of things you need to know or have in place – in case you need to leave the abuse behind.

Read the list aloud to the group. Ask the group to fill in personal answers on their workbook sheets, as you go along. Highlight the local resource information on the workbook sheet that applies to everyone.

What things do you still need to do – to complete your safety plan? Put a star next to anything they still need to complete.

So, we are all more on our way to having safety plans together than we probably thought when we started this discussion! We hope it's clear that there's a lot of help right around you for dealing with an abusive relationship. But, we still have more work to do!

7. Closing, Homework, and WORTH Affirmations

Length: 5 minutes

Objective: The purpose of this exercise is to keep our skills for negotiating going in between sessions.

What To Do and Say:

To keep things moving along, and to use what was learned today, here's some homework to do before next session.

Start a conversation about safer sex -- with someone you feel safe and comfortable with. It could be a partner; it could also be a friend, sister, niece, granddaughter, or someone else. You can talk about what safer sex is, why it's important, and how to do it. The point is to practice active communicating and listening. Jot down some notes about this conversation on page 33 in your workbook.

Remember: Our graduation celebration is next session!

End group with the Health statements:

I am _____ and I will stay healthy
I am _____ and I will protect myself
I am _____ and I will find support for my health
I am _____ and I am WORTH IT! WORTH IT! WORTH IT!

Session 5

Keeping It Going!

Session Length: 75 min

Objectives

- To review the negotiation and refusal skills covered in Project WORTH
- To identify the 'hot button' situations in which participants might be vulnerable to 'slips' in unsafe sex and/or drugging
- To make SODAS cards with actions steps and self-talk for cutting off slips as soon as they start
- To get feedback on Project WORTH from participants
- To impart a sense of accomplishment, self-worth and community by having a graduation ceremony

Materials

- Marker pens
- Flip chart
- SODAS cards
- Workbook
- Graduation certificates
- Prizes for best attendance
- Tape Recorder / Tapes
- VCR/Safer Sex Videotape – Jalene & Sly*
- WORTH Affirmation Poster

* The Jalene & Sly video used in the original research study about this manual is no longer available. This video is meant to show a scene where a female partner is negotiating with a male partner about having safer sex. The male partner is unhappy with the negotiation and threatens to leave. Please select an alternative video (there are many similar videos available from a variety of sources) or develop a brief written vignette using a similar negotiation scenario.

Session Outline	Activity	Time
1.	Check-In	5 minutes
2.	Negotiation and Refusal	20 minutes
3.	Getting Ready: Common Slip Situations	10 minutes
4.	Slip Plans the SODAS Way	15 minutes
5.	Feedback	10 minutes
6.	Graduation and WORTH Affirmation	15 minutes
	Total Time for Session 5	75 minutes

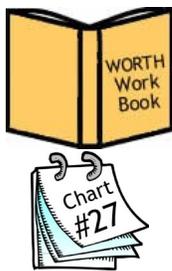
1. Check-In

Length: 5 minutes

- Ask each woman if they were able to talk to someone about safer sex using active listening and communication. Ask them to share what it was like and how it might have differed from how they thought it would be.
- Check on any feelings or issues that might have come up since the last session.

2. Negotiation and Refusal: A Review

Length: 20 minutes



Objectives: Reinforce participants': (1) recognition of triggers to unsafe sex and/or drugging and (2) skills for negotiation or refusal in these situations

What To Say and Do:

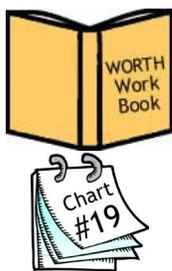
Welcome to our graduation! We're so proud of all of you, and we're going to celebrate you! First, we want to review the skills we've featured in Project WORTH. The first skill is identifying 'hot button' situations for triggering unsafe sex and/or drugging.

Have participants turn to page 18 in their workbooks. Ask the group to call out the triggers they wrote down in Session 2. Write them down on **flip chart #27**. If the participants don't have page 18, encourage them to generate triggers on their own.

Possible trigger situations could be as follows:

- when I'm high
- when I'm having sex for money
- when my man is pissed off at me for asking about using condoms
- when I'm scared my man is going to hurt me

O.K. We've set the stage. Things look pretty tough for taking care of ourselves. What are we going to do?



O.K., turn to page 30 in your workbooks. Let's review the steps of safe sex negotiation:

If participants don't have page 30 from the session 4 workbook, simply write the steps on the flip chart or use **flip chart #19**.

1. State what you want and what you don't want.
2. Tell your partner why you want to use a condom.
3. Acknowledge what your partner thinks/feels
4. Tell your partner exactly how you want to be safe and what your bottom line is.



Now, let's look at a 'soap scene' of a tough negotiation.

Show Jalene and Sly Video and then ask the follow up questions. Use **flip chart #28**.

- What did Jalene do?
- What were the limits of her negotiation in this situation?
- What happens when "clearly stating our needs" is just not going to work?
- What do we do when we think our man may get violent or angry?
- What can we do when the man we really love threatens to walk out on us?

3. Getting Ready: Common Slip Situations

Length: 10 minutes



Objectives: To help participants: (1) prepare for slips to unsafe sex and/ drugging and (2) cut slips short as soon as they start.

What To Do and Say:

A slip is like a fall, back to risky actions we've been able to quit. These could be unsafe sex. Could be drugging. Could be something else. Slips can trip us up when we don't expect them, and we think that nothing can get to us.

A slip doesn't mean we're developing a habit all over again. A slip means we let our wall down for the moment. Once we slip, it's up to us to cut it short, before it becomes a habit.

Let's think back to the last time we slipped back into unsafe sex. I'll just ask you to call out some of the slips you might have had and I'll jot them down on the board.

Write these slips down on **flip chart #29**. Then ask for a volunteer to walk through her "slip" with the group, using **flip chart #30**.

Where did you start out, before you were triggered to slip?

What was the trigger that knocked you off-track?

How did you end up in the trigger situation?

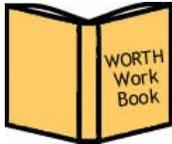
How did you go from safe to slip? What finally got you?

Great. Thanks so much for volunteering to do that!

You can see that a slip is not just the second we do risky things. It's really the last step – in a string of seemingly small actions – like getting into a trigger situation in the first place – that lead to a slip. But, these actions are all linked together. The earlier in the chain we stop them, the easier it is to get back on track.

4. Slip Plans the SODAS Way

Length: 15 minutes



Objective: To help participants make SODAS plans for cutting off a slip to unsafe sex, as soon as it starts.

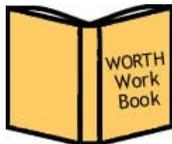
What To Do and Say:

Slips are a reality. Many of us slip. When we slip, it's hard to think clearly (especially when we are high). We get down on ourselves. It's hard to shake those feelings, and move on. We might think "it's all over, it doesn't matter, I blew it, I'm headed for a habit". This doesn't have to be the case. The important thing is what we do after the slip.

Have the group call out a list of things they could do immediately after a slip to unsafe sex. Afterwards, ask them to open their workbooks to page 35. On that page appears a list entitled: Things To Do After A Slip to Unsafe Sex and/or Drugging. Ask a volunteer to read or have one of the co-leaders read.

Things to do After a Slip to Unsafe Sex:

- If drugs were part of it, get rid of any leftover drugs. Get away from where you used drugs or had unsafe sex.
- Call for help - friend, sister, counselor, sponsor - someone who will help you and support you
- Talk about what has happened with this helper. Don't push it under the table.
- Brainstorm what you need to do, going forward. Use the SODAS method for solving problems -- to figure out what threw you off track and what you need to do to get back on track.



Place the SODAS poster in front of the group. Group members can also turn to page 36 in the workbook for a review of the SODAS steps. Quickly use the steps of SODAS to work on the unsafe sex slip situation the group heard about:

The letter S stands for the word STOP - DEFINE THE PROBLEM AND THE GOAL

The letter O stands for the word OPTIONS AND OUTCOMES

The letter D stands for the word DECIDE

The letter A stand for ACTION

The letter S stand for SELF - PRAISE

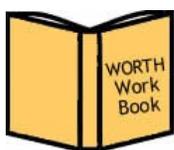
- Remind yourself how good it feels when you are strong and healthy and on top of your situation
- Don't beat yourself up or load up on guilt – this can just make things

worse. Remind yourself that making a slip is human. It's what you do afterward that is most important!

Now, we'll make our own personal SODAS pocket cards – so we can carry these cards with us. And anytime we need a reminder – our cards will be there to help us move on.

5. Feedback

Length: 10 minutes



Objective: To get feedback about the group from participants

What To Do and Say:

Now, before we graduate, we'd like to get your feedback about Project WORTH. This feedback is really important because it will let us know what worked well and where we could make some improvements.

Have participants turn to page 37 in their workbooks for a list of feedback questions. This should be an informal conversation eliciting comments and feedback from the group members. Try to encourage an open and non-judgmental atmosphere.

So, we want to know "What You Really Think"! Let's start working through this list of questions.

The questions on the WHAT I THINK sheet are as follows:

- What did you find the most helpful about this group?
- Which skill or skills do you like best and really think you will be able to use?
- What was the least helpful thing about the group?
- What would you like to see different?
- Do you feel differently about yourself than you did when you came in? If so, what feels different?

6. Graduation and WORTH Affirmation

Length: 15 minutes

Objective: To reinforce the participants' sense of achievement, self-worth and community with each other

What To Do and Say:

Now it is time for graduation from Project WORTH. Don't forget that this group is just the first step. Remember you are on the road to health, and we have to keep on walking. But you have all done a great job. You came to group, even when you weren't feeling like it. So let's give ourselves some "self-praise" and hand out your certificates.

The certificates should be awarded in a formal manner. Ensure that all participants are sitting and quiet. It is suggested that you play ceremonial music. Call out each individual by name and hand her a diploma.

Hand out attendance awards for people who came to all five sessions.



End group with the Health statements (**flip chart #31**):

I am _____ and I will stay healthy
I am _____ and I will protect myself
I am _____ and I will find support for my health
I am _____ and I am WORTH IT! WORTH IT! WORTH IT!