

Self-Help in Eliminating Life-threatening Diseases (SHIELD): Training Peer Educators to conduct HIV Prevention



The Science Behind the Package

The Self-Help in Eliminating Life-threatening Diseases (SHIELD) intervention is an innovative approach to HIV prevention. SHIELD, a group level intervention, trains current and former drug users to be Peer Educators who share HIV prevention information with people in their social networks (e.g., friends, family, sex partners, etc.).

The SHIELD intervention is based on several theories; Social Cognitive Theory, Social Identity Theory, Cognitive Dissonance (or inconsistency) Theory, and Social Influence Theory. The In the SHIELD model of HIV prevention, one individual (a Peer Educator) is taught strategies to reduce HIV risk associated with drug use and sex behavior. In addition, Peer Educators are taught effective communication skills in order to talk with people in their social networks about HIV prevention information. Peer Educators are trained to be leaders within their social networks and communities. They use their communication skills to have conversations about prevention to help stop the spread of HIV.

Training current and former drug users, who interact with other drug-using individuals, as Peer Educators is an efficient HIV prevention approach. Peer Educators are more likely to have access to drug users in the community, especially those who may not access traditional prevention services. Furthermore, by training drug users to be Peer Educators, they become an active participant in the community effort to stop the spread of HIV. According to this model, training one individual leads to teaching and positively influencing many others.

SHIELD is low-cost and requires few technology resources and nominal space, which allows for implementation with minimal budget, staff, and facility size. By training former and current drug users to conduct outreach, hidden and hard-to-reach people may be engaged in HIV prevention.

Target Population

SHIELD is designed for adults (18 years and older) and may be implemented with men and women as well as individuals who are HIV positive or HIV negative. SHIELD, which has primarily been implemented with heroin and cocaine users, is appropriate for former and current drug users who interact with other drug users. While some participants have been injection drug users, others have been non-injection drug users who interact with injection drug users.

Agencies may adapt SHIELD to implement with non-injection drug users or other populations such as methamphetamine users.

Intervention

The SHIELD intervention is delivered through 6 small group sessions which can be held in a community-based setting (e.g., community center, health clinic). Each group is led by 2 trained facilitators. Information, referrals, and risk reduction materials are delivered through group problem-solving activities, role-plays, and demonstrations.

SHIELD Session Topics

1. Introduction to the Peer Educator role & Peer Outreach
2. PEER Communication skills
3. Sexual risk behavior-Part 1
4. Sexual risk behavior- Part 2
5. Injection drug use behavior
6. Graduation

Core Elements

- 1) SHIELD is implemented in a small group setting (4-12 participants) to offer an environment that is conducive to sharing experiences and gaining social support from peers.
- 2) Participants go through the specified SHIELD Sequence- a series of activities that includes pre-program contact and 6 sequential intervention sessions.
- 3) Each SHIELD intervention session follows a specific structure that includes 5 components: Homework check-in, Presentation of new information, Peer Educator training activities, Homework assignment, and Summary.
- 4) SHIELD sessions aim to build three sets of skills necessary for participants to be a Peer Educator. These skills are:
 - Communication skills for conducting effective peer outreach (PEER)
 - HIV drug-related risk reduction techniques
 - HIV sex-related risk reduction techniques
- 5) Every session includes interactive Peer Educator training activities which build Peer Outreach skills and increase Peer Educator self-efficacy. Through increased self-efficacy, participants develop a Peer Educator Identity. Activities include:
 - Facilitator Role-models, Group Problem-solving activities, & Role-plays

Research Results

The SHIELD intervention produced the following results among current and former drug users:

- Increased condom use during vaginal sex with casual sex partners (16% of Peer Educators vs. 4% of control group);
- Increased condom use during oral sex with casual sex partners (12% of Peer Educators vs. 3% of control group);
- Reduced needle sharing (69% of Peer Educators vs. 30% of control group);
- Decreased injection drug use frequency (48% of Peer Educators vs. 25% of control group); and
- Stopped using injection drugs (44% of Peer Educators vs. 22% of control group)

For More Details on the Research

Latkin, CA, Sherman, S, & Knowlton, A. (2003). HIV prevention among drug users: Outcome of a network-oriented peer outreach intervention. *Health Psychology*, 22(4), 332-339.