

Together Learning Choices

A small-group intervention
with young people living with HIV/AIDS

Implementation Manual, Part 3 *Acting Safe*

The University of California, Los Angeles
Center for Community Health
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We acknowledge the support provided by the Centers for Disease Control and Prevention (CDC) through cooperative agreement #U62/CCU923158 for the development of this product.

TLC: Together Learning Choices is one in a series of products sponsored by CDC's Prevention Research Branch-Replicating Effective Programs (<http://www.cdc.gov/hiv/projects/rep/default.htm>) which also includes:

<p><i>Community Peers Reaching Out and Modeling Intervention Strategies (Community PROMISE)</i> Center for Behavioral Research and Services California State University-Long Beach 1250 Bellflower Blvd. (PSY 440) Long Beach, CA 90840</p>	<p><i>Project LIGHT</i> Center for AIDS Intervention Research Medical College of Wisconsin 2071 North Summit Avenue Milwaukee, WI 53202</p>
<p><i>Healthy Relationships</i> Community Prevention and Intervention Unit University of Texas Southwestern Medical Center at Dallas 400 South Zang Blvd., Suite 520 Dallas, TX 75208</p>	<p><i>Real AIDS Prevention Project (RAPP)</i> Family Health Council, Inc. 960 Penn Avenue, Suite 600 Pittsburgh, PA 15222</p>
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Special thanks to the case study sites and their clients for the testing the **TLC** Intervention Package:
 East Bay AIDS Center (Berkeley, CA)
 Bay Area Young Positives (San Francisco, CA)

ACKNOWLEDGEMENTS:

University of California, Los Angeles – Semel Institute Center for Community Health
 Suvarna Malil; Risë Goldstein, Ph.D.; Nan Corby, Ph.D.; Fen Rhodes, Ph.D.; Amy Parkhurst, M.A.
 Jenny Uyei, M.P.H.; Andrea L. Witkin, M.A., M.S.W.; John Payne, M.P.P.



Together Learning Choices

Implementation Manual, Part 3
Acting Safe



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***Acting Safe* Sessions**

Full Scripts for Standard Opening and Closing Activities

Session One: Should I Tell My Partner I Am HIV-Positive?

Required Materials for Session One

Session Two: Should I Protect Myself and My Partner

Required Materials for Session Two

Session Three: Which Protection Methods Are Best for Me?

Required Materials for Session Three

Session Four: Should I Try to Get My Partner to Accept Our Using Condoms?

Required Materials for Session Four

Session Five: Should I Reduce My Use of Drugs or Alcohol?

Required Materials for Session Five

Session Six: How Can I Deal with External Triggers?

Required Materials for Session Six

Session Seven: How Can I Deal with Internal Triggers?

Required Materials for Session Seven

Session Eight: How Can I Handle Drugs, Alcohol, and Sex?

Required Materials for Session Eight

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How to Use Part 3

Part 3 of the *TLC Implementation Manual* is a guide for implementing the *Acting Safe* module of the TLC intervention.

Intended Audience for the TLC Implementation Manual

Staff of agencies implementing TLC, including the Program Manager and Facilitators, can use this manual to prepare to implement the *Acting Safe* module. Please review the *TLC Implementation Manual* Introduction and Overview before beginning executing this module.

Content

Part 3 contains the following: an introduction to the *Acting Safe* module, full scripts of the standard opening and closing activities used in each *Acting Safe* session, the text of each of the eight sessions, and originals of wall charts and handouts used in the module.

Facilitators are encouraged to become very familiar with the content of the intervention. Until Facilitators feel confident with the intervention content, using the script as written is encouraged. Once Facilitators become comfortable with the intervention, they can summarize the material in their own words, making sure to use language consistent with the target population and including all the main points. Writing session notes on index cards is recommended. However, the use of index cards and summarizing should only be undertaken if Facilitators have practiced the sessions multiple times and feel very comfortable with the intervention content.



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Introduction to *Acting Safe*

Acting Safe is the second of the three modules of **TLC: Together Learning Choices**. **TLC** is a group level intervention with young people (ages 13 to 29) with HIV/AIDS. The other two modules of **TLC** are *Staying Healthy*, which should be presented first and encourages healthy living, and *Being Together*, an optional third module that emphasizes emotional well-being. *Staying Healthy* is discussed in more detail in the second part of this manual. Implementation materials for *Being Together* are not included in this Intervention Package, but more information on that module can be found in **TLC's** Introduction and Overview (Part 1).

The *Acting Safe* module promotes HIV risk reduction and healthy living by empowering young people living with HIV/AIDS to know that they have choices about how they feel, think, and act in their everyday life. By becoming aware of their current habits, they can learn to change unhealthy patterns. *Acting Safe* specifically focuses on reducing risky sexual, drug and alcohol behaviors.

There are eight sessions in *Acting Safe*. Each interactive group session is delivered using techniques that include discussions, modeling, role playing, and practicing vital skills that advance the goals of the intervention. Sessions One through Four address reducing the HIV transmission risks associated with sexual behaviors. Sessions Five through Eight target problematic drug and alcohol behaviors.

As with all **TLC** modules, *Acting Safe* teaches four basic skills that empower participants to control their emotions and subsequent thoughts and actions. They are: (1) emotional awareness and regulation using the Feel-Think-Do Framework (F-T-D) and the Feeling Thermometer, (2) short- and long-term goal setting, (3) personal problem solving, and (4) assertive behavior and communication. These skills are repeated and modeled in every session to provide participants with opportunities to practice the skills and ultimately apply them in everyday situations.

Implementing *Acting Safe*

Acting Safe should be offered as a closed session and no new participants should be allowed to join the group after the first session. The module should be presented by two Co-Facilitators who are familiar and at ease with young people living with HIV/AIDS. Sessions should be offered sequentially and it is recommended that they take place once a week for eight weeks.

Major TLC Concepts Emphasized in *Acting Safe*

TLC Essential Skills

1. Short- and Long-Term Goal Setting

Short- and long-term goal setting occurs during the conclusion of sessions and usually focuses on a goal related to that session's activities or topic. Goal setting is a crucial skill for changing behavior. **TLC** participants are taught the characteristics of good goals—realistic, clear, challenging but not impossible, and having an identifiable end-point. Once participants choose a goal, they identify the steps they will take before the next session to achieve that goal. A check-in period occurs in the first few minutes of the following week's session to discuss what happened. Not only is there the intrinsic reward of achieving one's goal (for those who do), but Facilitators reward (with praise and Thanks Tokens) the attempts that have been made. For those participants who did not achieve their goals, the check-in period allows them to analyze the reasons they were not successful.

2. Personal Problem-Solving

Personal problem-solving skills are presented using a structured model called SMART, which involves five steps: 1. **S**tate the problem, 2. **M**ake a goal, 3. **A**chieve a list of all possible actions, 4. **R**each a decision, 5. **T**ry it and review it. Through this model, participants learn to analyze and identify different actions they might take toward solving a real-life problem. Participants are invited to bring up general problems to which they may be seeking solutions, or a difficult problem related to one of the sessions. The group applies the problem-solving format, selects a goal, identifies barriers, and plans the next steps. This vital life skill can be applied to a broad range of problems within and outside the context of HIV prevention.

Problem-solving is introduced in Session Two and practiced repeatedly thereafter across various session topics. Specific problem-solving skills dealing with condom use and external triggers to drug and alcohol use also are discussed in *Acting Safe*.

3. Emotional Awareness and Regulation

When young people are not able to identify their feeling accurately they are less able to deal with those feelings effectively. Many young people, for instance, describe feeling angry when they are, in fact, hurt and so their responses are likely to be more on the order of lashing out than acknowledging pain or hurt feelings and negotiating a solution to what has caused the hurt. Through a Feel-Think-Do Framework (FTD), **TLC** teaches participants how their thoughts, feelings, and actions influence each other. This awareness and techniques learned in **TLC** sessions help participants deal with their emotions and replace negative thoughts with positive thoughts, which leads to more positive and effective actions.

All **TLC** sessions are based on FTD. The goal is to help participants practice looking at life events, especially sexual, drug, and alcohol behaviors, within this conceptual framework, and to get in the habit of having control over how they feel, think, and react to life situations. Participants are taught to pay more attention to their automatic thoughts, especially those that trigger drug and alcohol use, and to learn strategies to alter distorted thoughts through positive self-talk, positively reframing situations, and not taking things personally.

4. Assertive Behavior and Communication

Successful interaction with others depends on effective communication. Verbal and non-verbal assertiveness facilitates the implementation of the skills taught in **TLC**. Participants learn to distinguish passive, assertive or aggressive communication. They are introduced to verbal and non-verbal assertiveness surrounding various life contexts (i.e., interactions with health care providers, family members, sex partners, etc.). Role plays are utilized to provide participants with the opportunity to practice assertiveness. Facilitators also tie in verbal and non-verbal assertiveness skills with various session topics and model assertiveness skills whenever the opportunity arises.

TLC Learning Techniques

- **The Feeling Thermometer** is displayed on the wall during every session and helps participants assess and discuss their feeling of discomfort more effectively during the session. The Feeling Thermometer is a graphic design resembling a fever thermometer that has been enlarged and reproduced on a poster. The highest measurement on the Feeling Thermometer is 100 and it represents the most discomfort one can imagine feeling. That discomfort may be extreme anger, anxiety, excitement, nervousness, depression or any other emotion that is experienced as discomfort. The bottom measurement is zero and this represents a total lack of discomfort, whether the associated feeling is happiness or calm or something else.



Linking Feeling Thermometer levels with situations being discussed or with recent experiences helps participants identify when their emotions are or have been highly charged and what situations are likely to result in those high extremes of feelings. The person at or near 100 on the thermometer is likely to find that his or her discomfort interferes with good judgment and sound decision-making. The person at or near zero on the thermometer is better able to think and make decisions regardless of how he or she labels the particular feeling or emotion. The purpose of the Feeling Thermometer is to increase participants' emotional awareness and self-regulation.

- **Thanks Tokens** are two-inch-square pieces of laminated cardstock with a design on one side (a star is used in **TLC**, but another design may be substituted if you prefer). When praising a participant for a meaningful contribution to the session, such as for speaking out on an issue or coming up with an idea, the Facilitator will accompany the praise with a Thanks Token. The intent is to pair a compliment with a tangible symbol of appreciation to draw the participant's attention to the fact that he or she has been complimented. The Facilitator explains why the Thanks Token was given, e.g., "I liked your suggestion of how we might explain that better," or "I appreciate how you spoke up on that," at the time it is handed to the participant.



Each participant is also handed a packet of 20 Thanks Tokens at the beginning of each session. Participants are asked to give a Token, along with a brief description of why, whenever another participant says or does anything he or she appreciates. In this manner, participants learn to deliver as well as receive compliments. When used consistently by both Facilitators and participants, Thanks Tokens leave most participants with positive feelings about themselves. Tokens are not a medium of exchange and are not "turned in" for anything of value. (Actually, participants will be asked to return the tokens at the end of the session so they can be reused in the next session.)

Major TLC Concepts Emphasized in *Acting Safe* - continued

The key to everyone using the Thanks Tokens rests on the Facilitators' comfort with them. If the Facilitators like using them and do so at every opportunity, the participants will also use them. **TLC** has been designed so that Thanks Tokens are used multiple times in every session. However, Facilitators are also encouraged to use Thanks Tokens whenever any other opportunities to use them arise in a session.

Both the Feeling Thermometer and Thanks Tokens are also used in **Street Smart**, another evidence-based intervention available from CDC's Prevention Research Branch-Replicating Effective Programs. The same techniques are used in both interventions however, their explanations in this manual are more detailed and reflect insight gained from field-testing the **TLC** intervention.

- **Identification of Ideal Selves** helps **TLC** participants pinpoint their values as they relate to the way they would like to see themselves behave. Participants are asked to consider those values as they think about the ways they would like to act in specific situations. The Ideal Self is used as a decision-making guide to help motivate and personalize behavior change. Appeals to one's Ideal Self occur throughout the sessions.
- **Role plays** provide an opportunity for participants to teach and practice coping skills that are essential to **TLC**. The **TLC Implementation Manual** contains several different types of role plays. A few role plays are scripted and are acted out by the Facilitators to introduce a session or topic. Other role plays present a scenario of a high-risk situation for participants to act out, without rehearsal, using their new skills and techniques. Instructions for each role play are found within the sessions. Role plays should not go beyond 10 minutes and Facilitators should monitor them to assure that participants understand the scenario and role play concept, and that they are focusing on the main point of the role play.





Delivering the Sessions

How to Use the Session Outlines

Part 3 of the *TLC Implementation Manual* contains full scripts for implementing standard session opening and closing activities, plus eight packets of materials needed to implement the eight sessions of the *Acting Safe* module. Each packet begins with a listing of the session aims, Facilitators' notes, a session agenda, and a summary of session activities. These items are followed by a full script for Facilitators to use to conduct the sessions.

Session Aims

Each session has a clear statement of its aims. These goal statements describe the session's intended outcomes.

Facilitators' Notes

Facilitators' notes provide important information that will be helpful in implementing each individual session.

Activities

Each session consists of several activities. These activities are intended to stimulate learning through actual experiences. The procedures to complete the activities are written as a script. The portions of the text that are written in bold should be conveyed to the participants. The portions of the text that are not bold are cues for the facilitators to implement the activities.

Suggested lengths of time for each activity are given. Facilitators should tailor the activity, when appropriate, to meet the needs of the group. For example, if participants are seriously discussing a topic of importance to them, they should be allowed to continue somewhat past the normal time limit for that segment. However, these decisions will require careful time management. It is the responsibility of the Facilitator to ensure that session aims are met and that participants are not kept longer than the announced session length.

Icons Used in *Acting Safe*

This icon signals to the Facilitators that the Feeling Thermometer should be used.



When this icon appears, Facilitators should distribute Thanks Tokens.



A relaxation activity is used when this icon appears.



Goal setting occurs in the session when this icon appears.



When this icon appears, a role play occurs in the session.



Sessions and Required Materials to Implement the Session

Each of the eight *Acting Safe* sessions has an accompanying document containing the required materials to implement that specific session. (for example *Acting Safe* Session One: Should I Tell My Partner I Am HIV-Positive? is followed by Required Materials for Session One)



Acting Safe Sessions

Full Scripts for Standard Opening and Closing Activities.

Session One: Should I Tell My Partner I am HIV-Positive?

Required Materials for Session One

Session Two: Should I Protect Myself and My Partner?

Required Materials for Session Two

Session Three: Which Protection Methods are Best for Me?

Required Materials for Session Three

Session Four: Should I Try to Get My Partner to Accept Our Using Condoms?

Required Materials for Session Four

Session Five: Should I Reduce My Use of Drugs or Alcohol?

Required Materials for Session Five

Session Six: How Can I Deal with External Triggers?

Required Materials for Session Six

Session Seven: How Can I Deal with Internal Triggers?

Required Materials for Session Seven

Session Eight: How Can I Handle Drugs, Alcohol and Sex?

Required Materials for Session Eight



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Full Scripts for Standard Opening and Closing Activities

Uniform activities are used to open and close each session of the *Acting Safe* module (except for the opening of the first session and the closing of the last session). The full scripts of the standard opening and closing activities are shown on the following pages.

Facilitators should thoroughly learn the standard opening and closing of the sessions. Group dynamics can be improved when Facilitators welcome participants and present these opening and closing activities using language consistent with the target population.

Opening Script for Sessions 2-8: Introduction and Check-In

Time

- 15 minutes

Welcome

Welcome participants.

- **Welcome! It's great that you're here and ready to start.**

Introduce the current session. (See individual session guides).

- **We will get to the specific topics and activities for this session in a few minutes.**

Lottery Tickets

Hand out lottery tickets.

- **There will be a prize drawing at the end of the session, and I'm going to hand out lottery tickets for that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.**

Thanks Tokens

Give out 20 Thanks Tokens to each person.

- **Here are some Thanks Tokens. We use them to show appreciation for your contribution to the group, and they are also for you to hand out when you want to show someone you appreciate him or her.**
- **So, if you appreciate something someone else says or does, please give that person a Thanks Token. Hand the token directly to the person you appreciate and tell the person why you are giving him or her the token.**



- **The idea is to share positive feelings with the other people in the group by giving away your pile of Thanks Tokens one at a time by the end of the session.**
- **I'm going to put up a wall chart to remind you how to use them.**

Refer to Using Thanks Tokens wall chart.

Session Ground Rules

Refer to Ground Rules wall chart, review them, and determine if additional ground rules may be needed.

- **We also have some important ground rules for the session.**
- **Ground rules help us encourage the behaviors that make TLC a safe place to share ideas and have fun while being respectful of other participants.**
- **Does anyone have another ground rule we should add?**

Get consensus; write new ground rules on Easel Paper and tape under wall chart.

Weekly Goal Review

Review weekly goals.

- **Who attended last week's session or the one before that?**

Ask for a show of hands.

- **OK, let's go around the room, and everybody give your first name even though many [all] of you have been here before. If you have a weekly goal that you set for yourself at a previous session, please tell us what that goal was and how it worked for you. If you don't have a goal or if you don't feel like sharing your goal with the group, let us know about something you did recently that made you really proud of yourself.**
- **Who would like to start?**

Give each participant who wishes to, an opportunity to describe his or her goal and progress, or what the participant is proud of. Ask for volunteers—do not pressure individuals to participate.





Weekly Goal Review - *continued*

Refer to the Feeling Thermometer wall chart and obtain reading.

- **As we go around the room, I would also like each of you to check out your feeling level at this point. Where are you right now in terms of discomfort on the Feeling Thermometer?**
- **Remember, 100 means you feel extremely uncomfortable and zero means you do not feel at all uncomfortable.**

For participants with goals, ask what they did to work on the goal and what barriers they encountered. As needed, use the group as a resource to develop solutions to unresolved barriers.

Refer to the SMART Problem-Solving Steps wall chart and use in discussion of barriers.

Questions to ask:

- What did you do to work on your goal?
- How did it turn out?
- What problems did you have in meeting your goal?
- How did you solve those problems (or is there a way you might have solved those problems)?
- Does anyone have any suggestions about another approach that might be useful?

Give out Thanks Tokens to everybody who shared goals or things they were proud of.

- **You've done a great job!**



Session Preview

- **Now let's talk about what we are going to do today.**

Summarize the content of the current session. (See individual session guides.)

- **Do you have any questions at this point?**

Briefly answer questions before continuing.

- **So let's get started!**

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Closing Script for Sessions 1-7: Weekly Goal Setting and Conclusion

Time

- 20 minutes

At the end of each session, it's important to set individual goals to work on before the next time the group meets.

Review of Session Content

Summarize the content of the current session. (See individual session guides.)

Review of Goal Guidelines

Refer to the Guidelines for Good Weekly Goals wall chart.

- **As a reminder, take a look at the Guidelines for Good Weekly Goals on the wall. These are the elements that make up a good personal goal.**

Read from the chart and explain as necessary.

- **In addition to what is on the chart, the personal goals you will be setting now should be very short-term, something that can be accomplished during the next week.**
- **You can think of a short-term goal that you set for yourself as one step toward accomplishing a bigger, longer-term goal you might have. Very often, short-term goals involve getting information, materials, or skills you might need to accomplish your bigger goal.**
- **During the next few minutes, we would like you to select a short-term goal for yourself that is related to what we have been doing in today's session. Very quickly, let's review the high points of today's session.**

Suggestions for Weekly Goals

Give some suggestions for weekly goals.

- **Some examples of possible goals for next week are:**

List examples of possible goals related to today's session on Easel Paper. (See individual session scripts.)

Encourage participants to suggest other goals, and add these to the list.

- **What other possible goals can you think of?**

Ensure that suggested goals meet the Guidelines for Good Weekly Goals and that they can reasonably be accomplished during the next week.

Individual Goal Setting

After all suggestions have been added to the list, give each participant a blank Weekly Goal Card (My Goal for Next Week).

- **Now, take a few minutes and think about what your own goal is going to be for the next week. Then write your goal on the card.**
- **Make sure your goal agrees with the Guidelines for Good Weekly Goals hanging on the wall and that it is something you can do in the next week.**
- **Also, write down an action plan—how you will go about accomplishing your goal. The action plan consists of the exact steps you are going to take this week.**

Allow 2-3 minutes for participants to record their goals.

- **What goals have you chosen? Who will share?**

Go around the room and ask participants who wish to share to read the goals they have selected and the action plans they have developed. As needed, help participants to shape their goals so that they meet all of the criteria for good goals. Encourage participants to work on their goals during the week.

- **Those are very good goals to work on during the next week. Remember, if you run up against a barrier, try to find a way around it.**



Prize Drawing and Closing

Draw lottery and close session.

- **Now let's do the prize drawing that I promised. Please write your first name on the ticket I gave you earlier, and I'll collect them.**

Collect the lottery tickets and mix them up. Then draw the winner and give out the prize.

Recognize the contributions of individual participants for specific things they have done or said during the session. Encourage others in the group to do the same for individuals whose contributions they value. Make sure everyone is included. Use Thanks Tokens.

- **At this point, let's take a minute and use Thanks Tokens to show our appreciation to each other for all of the good things we have done and said in the past two hours.**

Remind participants of next week's session.

- **Our next meeting will be at < time > < place >.**

Give a very brief preview of the next session.

- **I'm looking forward to seeing you next week.**

Ask participants to turn in the Thanks Tokens.



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Should I Tell My Partner I Am HIV-Positive?

(2 hours, 25 minutes)

Session Aims

- To understand the purpose of the *Acting Safe* Module and the benefits of participation.
- To become familiar with the techniques used throughout the various sessions, including Thanks Tokens, Ideal Self, Feeling Thermometer and role playing.
- To identify pros and cons, rehearse methods, and develop a goal related to disclosing HIV status to sexual partners.

Facilitators' Notes

- Personally greet each participant on arrival and use a tone of voice and non-verbal gestures to create a safe, welcoming environment throughout the session.
- Disclosure is one of the most important and potentially challenging realities of living with HIV. Facilitators should remember that for some participants, coming to *Acting Safe* is an act of disclosure that needs to be supported.
- To help build group rapport, Facilitators should adapt the get-to-know-you activity to the needs of their local population. If an agency has had success using an ice-breaker activity with newly formed groups, try using it at the beginning of Session One in the appropriate place.
- By staying focused and on time, Facilitators will help create an environment that will encourage participants to return.
- The Feel-Think-Do concept is reinforced by using the Feeling Thermometer (awareness and regulation of feelings), identification of Ideal Selves (a framework for behavioral decision-making) and goal setting.
- Prior to the start of the session, Facilitators should investigate their local and state laws regarding disclosure of HIV status to sexual and/or needle-sharing partners.
- Practice the session before implementing with participants.

Facilitators' Notes - *continued*

- Read the script until you become comfortable with the content. Once you become comfortable with the content, you should summarize the activities and information in your own words.
- In the manual **bold** text means to read or convey the information to the participants.



Session Agenda

Should I Tell My Partner I Am HIV-Positive?

- Introduction and Check-In.
- What Defines My Ideal Self?
- What Are the Pros and Cons of Disclosing My HIV Status?
- How Do I Tell a Partner I Am HIV-Positive?
- Weekly Goal Setting and Conclusion.

Summary of Activities:

Introduction and Check-In. (35 minutes)

- Welcome participants, conduct the Getting to Know You activity or similar activity, and complete introductions. Summarize the *Acting Safe* module. Distribute lottery tickets. Discuss Thanks Tokens. Review session ground rules.

Activity 1: What Defines My Ideal Self? (20 minutes)

- The concept of Ideal Self is used to help participants identify how they would like to see themselves behave. The Ideal Self is a TLC learning technique.

Activity 2: What Are the Pros and Cons of Disclosing My HIV Status? (30 minutes)

- Participants discuss their general thoughts about disclosure, and then identify pros and cons of disclosing their HIV-positive status to a sexual partner. The Feeling Thermometer is introduced and used to identify feelings and bodily sensations associated with disclosure. The impact of strong negative or positive feelings on disclosure behaviors is discussed. The group explores how strong feelings might impact an outcome.

Activity 3: How Do I Tell a Partner I Am HIV-Positive? (40 minutes)

- Participants practice applying the concept of the Ideal Self to disclosure situations. Participants use unscripted role plays to practice disclosure and to express the values of their Ideal Self.

Weekly Goal Setting and Conclusion. (20 minutes)

- Set weekly personal goals. Conduct lottery and obtain session feedback.

Required Materials for Session One

Handouts to be Reproduced

- Feeling Thermometer
- Local Law Governing HIV Disclosure to Sexual Partners (Optional)
- My Ideal Self
- Possible Ideal Self Characteristics
- Tips for Telling Your Partner
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix F

- Facilitator Role Play Script: Marshall and Jack (Jackie)

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Introduction and Check-In

Time

- 35 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Easel Paper
- Laminated Cards: Thanks Tokens
- Lottery tickets
- Markers and masking tape
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Welcome

Welcome participants to the intervention and *Acting Safe*.

- **Welcome to TLC and *Acting Safe*! It's great that you're here and ready to start.**
- **This is a program for young people who are HIV-positive. There are eight sessions and we hope you will want to come to all of them.**
- **In each session we will discuss a different topic. You are an important part of the group and we hope that you can come to every session. We'll be meeting right here at this time every week.**
- **The sessions last between two and two and a half hours and you won't have to worry about getting bored. We do a lot of different things in every session, and we think you'll find the activities both interesting and fun.**

Getting to Know You

Guide participants through a getting-to-know-you activity.

- **First thing, let's get to know each other a little bit. I'd like everyone to stand up and move around the room. Introduce yourself to someone you don't know, and ask them three questions about themselves—any three questions. You might ask where they go to school, or what their best subject is, or what kind of job they have, or how they spend their free time. After you've asked and answered three questions, move on to someone else. I don't expect you to get to know everyone during this first 10 minutes, but try for at least 3 or 4 people. You have 10 minutes. I'll tell you when the time is up.**

Time the participants for 10 minutes. After 10 minutes, tell participants to stop and return to their seats.

Introductions

Begin Introductions

- **Now I'd like you to introduce yourself to the group. Give your first name and tell us about something you did recently that made you proud of yourself. It doesn't have to be anything big, but we would like to hear about a recent accomplishment of yours.**
- **I'll start. My name is <your name> and I <finished a class; got an alarm clock so I could get up on time; remembered my sister's birthday and got her a gift; etc.>.**

Ask the Co-Facilitator to go next, and then proceed around the room with self-introductions.

Preview of Acting Safe Module

Give participants a preview of *Acting Safe*.

- **Before we get started today, let me give you a quick preview of some of the questions we will be considering and things we will be doing during the next eight sessions.**

Preview of Acting Safe Module - continued

- **Acting Safe** is a module where we will look for links between our feelings, thoughts, and actions. Why feelings, thoughts, and actions? Learning about these components of ourselves can help us to live long, healthy lives with HIV, and also keep other people uninfected.
- Over our eight sessions, we hope to work on increasing behaviors that promote:
 - Healthy living.
 - Dealing with the challenges of daily living.
 - Increasing positive feelings, thoughts, and actions.
 - Reducing sexual and drug-related risks for HIV.
- We're going to have some spirited discussions and use a variety of techniques to answer the following questions:

Read the following questions aloud, pausing briefly after each one. Keep any comments or explanations you make to a minimum.

- What kind of person do I ideally want to be?
 - What does my Ideal Self have to do with keeping myself healthy and others uninfected?
 - How do I recognize what my feelings or emotions are?
 - How do I control my feelings and thoughts?
 - How can I complete the goals I have for myself?
 - How do my feelings and thoughts impact my sexual relationships and the way I use alcohol and drugs?
 - How can I be more assertive in being my Ideal Self and protect my health?
 - Is there a better way to solve the problems in my life?
- Each of the sessions follows a similar format.
 - Every session begins with a check-in, where people have a chance to talk about goals they set for themselves the previous week and their experiences in working toward these goals.

- **After we complete our check-in, we'll consider a specific topic for the week. We'll explore this topic through discussions, role plays, and other activities that address the issue.**
 - **There is also a time in each session when we'll focus on how to solve a particular personal problem identified by a member of the group. Each week we'll take a different person's problem and work through setting up the steps for solving it.**
 - **At the end of every session, we'll spend a few minutes identifying personal goals you would like to achieve during the next week. Setting goals and being accountable to the group for meeting them helps us to change behaviors. The goals will be different for each person and will relate to the topic of that week's session.**
- **This is a quick preview of what we will be doing. Do you have any questions at this point or any comments you'd like to make?**

Answer any questions participants may have, but keep answers brief and to the point.

Lottery Tickets

Distribute lottery tickets and explain how they are used.

- **There will be a prize drawing at the end of the session, and I'm going to hand out lottery tickets for that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.**

Thanks Tokens

Explain Thanks Tokens and give out 20 Thanks Tokens to each person.

- **Now I am going to give each of you a supply of what we call Thanks Tokens. These are for all of us to hand out when we want to show that we appreciate and value a person's contributions to the group. They work like this: when you do or say something that contributes to the success of the group, or shows kindness or make a thoughtful comment, we will give you a Thanks Token and tell you why we are saying thank you. The tokens are just a visible reminder of our thanks and our**



Thanks Tokens - *continued*

appreciation, since sometimes our thanks may not be expressed clearly enough to be heard.

- **We're going to use Thanks Tokens, and we want you to use the Thanks Tokens, too. So, if you appreciate something someone else says or does, please give that person a Thanks Token. Hand the token directly to the person you appreciate and tell that person why you are giving him or her the token.**
- **The idea is to share your positive feelings about other people in the group by giving them a Thanks Token as you tell them how you feel.**
- **Using the Thanks Tokens wall chart can remind you how to use them.**

Refer to the wall chart: Using Thanks Tokens. Go over the list aloud. Talk about the items—don't just read them.

- **Are there any questions about Thanks Tokens?**

Give Thanks Tokens to participants who asked questions or commented.



Session Ground Rules

Discuss ground rules that would guide participants during the sessions and refer to the Ground Rules wall chart.

- **We also have some important ground rules for the session which are written out on this wall chart.**
- **Ground rules help us encourage the behaviors that make TLC a safe place to share ideas and have fun while being respectful of other participants.**
- **Let me briefly go over them.**

Ground Rules Wall Chart

1. **Keep Confidentiality.**
 - **What's said here stays here.**
 - **Don't talk about what people say here outside of this room.**
2. **Express Your Feelings.**
 - **Think before you speak. Be respectful of yourself and others.**
3. **Ask Questions.**
 - **There are no stupid questions.**
4. **Participate Actively.**
 - **Don't be shy.**
 - **Nothing can happen here without your participation—we need you to be part of the group.**
5. **Don't Judge Others.**
 - **It's okay that people have different points of view. We all have different experiences.**
6. **Keep An Open Mind.**
 - **Listen to others' ideas.**
7. **Come Sober.**
 - **Drugs and alcohol don't mix with this group.**
 - **Being sober helps the group achieve its goals.**
8. **Use Cell Phones and Pagers Only During Breaks.**
9. **Have Fun!**
 - **Does anyone have any questions about the Ground Rules?**
 - **Does anyone have another ground rule that we should add?**

Get consensus; write ground rules provided by participants on Easel Paper and tape under wall chart.

Session Preview

Give a preview of today's session.

- **Now let's talk about what we are going to do today.**
- **First, we'll think about who we would like to be at our very best. Then we'll spend some time thinking about our feelings and how we experience them in our head and in our bodies. Then we'll use what we've learned about who we want to be and our feelings to help discuss sharing your HIV status.**
- **We're going to talk about disclosing your HIV status to others, especially to your sex partners. We're not saying you have to decide to disclose to others. We're going to talk about what goes into making that decision—the things you might want to consider. We will also give you an opportunity to practice telling an imaginary partner, so that you have the skills to do it if you choose to. We'll also talk about how you can feel good about your decision and ways to make disclosure a goal of yours if you'd like to.**
- **But first, let's talk about some personal values you might have that would influence that decision. Values are things that are important to you in your life.**
- **Do you have any questions at this point?**

Give Thanks Tokens to any participants who ask questions.

- **So let's get started!**



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Activity 1: What Defines My Ideal Self?

Time

- 20 minutes

Activity Materials

- Handout: My Ideal Self
- Handout: Possible Ideal Characteristics
- Laminated Card: Facilitator Role Play Script: Marshall and Jack (Jackie)
- Laminated Cards: Thanks Tokens
- Pencils
- Pens
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Identification of the Ideal Self helps **TLC** participants pinpoint their values as they relate to the way they would like to see themselves behave. Participants are asked to consider those values as they think about the ways they would like to act in specific situations. The Ideal Self is used as a decision-making guide to help participants make sound choices about healthy behaviors and to motivate and personalize behavior change. The Ideal Self is a **TLC** learning technique.

Ideal Self

Introduce the concept of Ideal Self.

- **The image we have of ourselves as we would like to be—our positive traits and our values—is called our “Ideal Self.”**
- **It reflects what we hope to be and strive to be, not necessarily what we may be now.**

- **Your Ideal Self is a goal, and for this reason it is sometimes called your “hoped-for self”—what you would like to become more and more in the future.**
- **You may already see in yourself traits of your Ideal Self. Great! Then your goal may be developing these traits and making sure they help inform every decision you make.**
- **How we behave toward others, including our decision to tell a sex partner about our HIV status, is influenced by our image of ourselves.**
- **So let’s spend some time getting a better picture of what each of us sees as our Ideal Self before we talk more about telling partners.**

Ideal Self Exercise

- **I am going to hand out a list of qualities that will help you think about your Ideal Self.**
- **Read through the list and see which of these qualities describe the kind of person you want to be.**

Distribute handout of Possible Ideal Self Characteristics.

Allow a minute for participants to read the list.

- **Now I am going to hand out another sheet with five blank spaces.**
- **I want you to write down five words that you believe describe best what you see as your Ideal Self.**

Distribute My Ideal Self handout and pencils.

- **You can either use words from the list I gave you, or use your own words.**
- **It doesn’t matter what order you write the words in.**
- **Do you have any questions?**

Answer questions, then give participants two to three minutes to fill out the form.

Ideal Self Exercise - *continued*

Encourage sharing of Ideal Selves, but do not put participants on the spot who may not wish to share.

- **Has everybody finished? Good.**
- **Who would be willing to share something about their Ideal Self? You don't have to read everything you wrote down, but you can if you want.**

Give Thanks Tokens to participants as they contribute.

- **Thanks everybody for sharing.**
- **Please keep the form you just filled out and bring it with you when you come to the next session because we're going to be talking about our Ideal Selves again.**

Point to the Ground Rules wall chart.

- **Just as a reminder, don't forget our ground rule about confidentiality and not talking outside of this room about what people say here.**
- **These are very personal matters that we are discussing, and we must remember to respect the privacy of group members at all times.**

Scripted Facilitator Role Play: Marshall and Jack (Jackie)

Facilitators' Choice

Select names and use gender pronouns for role play characters that are appropriate to the composition of your group. For example, if all the participants are male, the friends should be named Marshall and Jack and the male pronoun should be used in the script.

- **Now, we are going to act out a scene where I want each of you to be thinking of what your Ideal Self would be doing in this situation.**



- **In this scene, two friends, Marshall and Jack (Jackie), are talking about the hard time Marshall is having trying to decide whether to tell his partner, Chris, that he is HIV-positive.**
- **Remember, as you listen to the role play, to think about what your own Ideal Self would want to do if you were in Marshall's place.**

The Facilitator and Co-Facilitator should assume the roles of Marshall and Jack (Jackie) and read the script aloud to the participants. Allow two minutes.

Role Play

Marshall: Jack, can I talk with you for a minute?

Jack (Jackie): What's it about?

Marshall: Chris.

Jack (Jackie): You're breaking up?

Marshall: Hardly. I know it's not fair to keep him (her) in the dark but ...

Jack (Jackie): Keep him (her) in the dark about what?

Marshall: About my having the virus. It's not fair to hide that from Chris, but I just can't tell him (her).

Jack (Jackie): You fool. You tell Chris and he (she) will be long gone.

Marshall: He (she) loves me.

Jack (Jackie): Sure he (she) does, but so what? You go around telling people you're positive and that's the last sex you'll ever see.

Marshall: Not everyone reacts that way.

Jack (Jackie): You want to bet?

Marshall: Even if you're right, I really do care what is best for Chris. I've kept it from him (her) for three months now and I feel terrible about it.

Jack (Jackie): If you tell him (her) now, he (she) will be pissed you didn't tell him (her) earlier. He (she) will be hurt. He

Role Play - continued

(she) will think you didn't care enough to let him (her) know. He (she) won't be able to trust anyone again. Is that what you want?

Marshall: No, but I really don't want to give it to him (her).

Jack (Jackie): You probably already did.

Marshall: He (she) was negative the last time he (she) got tested.

Jack (Jackie): So use condoms.

Marshall: Chris hates them, but he (she) might change his (her) mind if he (she) knew I was positive. Shouldn't he (she) be able to make up his (her) own mind?

Jack (Jackie): He'll (She'll) make up his (her) own mind—to leave you.

Marshall: Don't be so negative. Sharing with him (her) might make us close.

Jack (Jackie): I never heard such crap. Now try to give me a good reason to tell him (her).

Marshall: If I tell Chris, I'll feel better about myself and we can use condoms. He (she) will be protected.

Jack (Jackie): Protected from what?

Marshall: Getting infected with HIV.

Jack (Jackie): It sounds like all this talk about telling Chris you have HIV is just a lot of crap to get rid of him (her).

Marshall: I love Chris. I'm not dropping Chris. I want him (her) to love me. Jack, you're one big pain in the butt. I don't know why I ever asked you for advice.

Jack (Jackie): Because I'm your friend. You can talk to me.

End

Group Discussion of Role Play

Have the group discuss the role play.

- **OK, Marshall clearly has a hard choice to make. From what you heard in the role play, what words would you use to describe Marshall's Ideal Self?**

Ask participants to select words from the list of Ideal Self Characteristics that seem to describe Marshall's Ideal Self.

Throughout the discussion, acknowledge and give Thanks Tokens to participants as they contribute and share.

- **Think about your own Ideal Self. Did Marshall show any of the same characteristics of your personal Ideal Self?**

Encourage participants to compare themselves to Marshall in terms of shared Ideal Self characteristics.

- **In which direction does Marshall seem to be leaning—to tell Chris or not to tell him (her)? Do you believe that this is consistent or inconsistent with Marshall's Ideal Self?**

Focus the discussion on whether Marshall's probable action will or will not be consistent with the characteristics of his Ideal Self.

- **Do you think Marshall's Ideal Self will be a good guide for him in deciding what to do about telling Chris?**

Use this as a lead-in to the next question.

- **What do you think in general about people using their Ideal Selves to guide their actions? Is it a desirable thing to do? Is it practical?**

Encourage participants to express their opinions. Do not be judgmental or try to lead the group to a predetermined conclusion. It is not a problem if the discussion is inconclusive.

- **Do you think using your Ideal Self as a guide helps to resolve conflicts about what to do in a difficult situation?**



Group Discussion of Role Play - *continued*

Focus on conflicts between two positive values, like wanting to maintain the relationship with a partner on the one hand versus wanting to protect the partner from HIV on the other hand.

- **I think that was a very good discussion. Thank you for such thoughtful ideas.**

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Activity 2: What Are the Pros and Cons of Discussing My HIV Status?

Time:

- 30 minutes

Activity Materials

- Easel Paper
- Handout: Feeling Thermometer
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitator's Note

In this activity, participants discuss their general thoughts about disclosure and then identify pros and cons of disclosing their HIV-positive status to a sexual partner. The Feeling Thermometer is introduced in this activity and used to identify feelings and bodily sensations associated with disclosure. The impact of strong negative or positive feelings on disclosure behaviors is discussed. It ends by exploring how strong feelings might impact an outcome.

Disclosure is one of the most important and potentially challenging realities of living with HIV. Facilitators should remember that for some participants, coming to *Acting Safe* is an act of disclosure that needs to be supported.

General Thoughts about Disclosing

Discuss general thoughts that participants may have about disclosing their status. As you are guiding participants through this discussion, it is important to help participants understand their reasons for disclosing to different parties.

- **In the role play, we just heard a scripted conversation about HIV disclosure. Now let's discuss real conversations about HIV disclosure that you may have.**
- **Whether you will disclose your HIV status, who you will tell it to, and when you will tell it are issues that have been faced by everybody who is HIV-positive.**
- **What to do about disclosing to people you have sex with is an especially sensitive topic.**
- **We are going to spend some time talking about this today, but I want to start by getting your ideas on disclosing in general.**
- **What are some of your thoughts about telling people you are HIV-positive?**
- **What do you think about telling different people your HIV status—for example, friends, family members, coworkers, people at school, and sex partners?**
- **I'm going to make some notes as you are talking so we can refer to them later.**

Point to Easel Paper that you have ready for taking notes.

- **Who wants to go first?**

Encourage a free-flowing exchange of ideas concerning disclosing HIV status in different situations.

Allow five to seven minutes for this discussion.

- **It's certainly clear that this is an important topic for everybody. You brought up some important issues here.**

Pros and Cons of Disclosing

Discuss the pros and cons of disclosing their HIV status.

- **Now, let's focus the discussion directly on two things: the pros, the benefits, and the cons, the challenges, of telling your HIV status to a sex partner.**
- **This could be somebody you are already having sex with, or somebody you haven't had sex with yet but would like to.**
- **You've already mentioned a lot of pros and cons in the discussion we just had. Now, let's look carefully at those again, and see if there are others we need to add.**
- **I'll make a list of the pros of telling on one sheet of paper, and I'll list the cons on this other sheet.**

Hang two sheets of Easel Paper on the wall. On one sheet write "Pros of Telling" at the top, and on the other write "Cons of Telling."

- **Remember, pros are the advantages, and cons are the disadvantages.**
- **Let's start with the pros. What are some pros of telling a partner you are HIV-positive?**

List pros of disclosing that are suggested. Encourage discussion. Include the following pros if not mentioned by participants:

- Easy to explain why you want to use condoms.
- Feels good to be honest.
- Don't have to worry about partner finding out from somebody else.

Give Thanks Tokens to participants as they make suggestions.

- **Now let's list the cons of telling. What are some disadvantages of telling your HIV status to a partner?**
- **Remember, this could be somebody you are already having sex with or a person you want to have sex with.**



Acting Safe Module - Session One
Should I Tell My Partner I Am HIV-Positive?

List cons of disclosing that are suggested. Encourage discussion. Include the following cons if not mentioned by participants:

- Partner might not want to have sex with you.
- Partner might tell other people.

Give Thanks Tokens to participants as they make suggestions.

- **So let's look at what we have. Here we have just listed the cons, the possible disadvantages, of disclosing HIV-positive status to a sex partner.**
- **Over here are the pros, the advantages, of telling that you identified.**
- **Now that we have the two lists, what do you think? Do the lists help to clarify this issue?**

Pause after this question and get feedback from participants before going onto the next statement.

- **When I look at the list, one of the things I notice is how often the pros and cons reflect a personal value that may be related to one's Ideal Self.**
- **Sometimes the value is obvious—for example, "It feels good to be honest."**
- **Other times, the personal value is not stated directly, but it is there. For example, "Don't have to worry about my partner finding out from somebody else," suggests that you value being seen as a responsible, truthful person.**

Talk through other examples from the pros and cons list that reflect particular personal values of one's Ideal Self.

- **Do you believe it would be best to tell a sex partner you are HIV-positive, or not to tell?**
- **Do you think there are times when you should tell your partner, but would be too afraid to do it?**
- **How do the values that describe your Ideal Self help you make decisions about HIV disclosure?**





Pros and Cons of Disclosing - *continued*

Encourage discussion and sharing of opinions. Do not insist on resolving the issue, and do not tell participants what they should think. This may be a good time to consider using a “Parking Lot” where participants questions and concerns can be placed for Facilitators to come back to at a later time.

Give Thanks Tokens to participants as they contribute to the discussion.

- **We have gotten off to a good start and a lively discussion.**

Introduction to the Feeling Thermometer

Introduce the Feeling Thermometer to the participants. In the discussion of the Feeling Thermometer, Facilitators should note any examples of discomfort offered by participants that involve HIV disclosure.

- **We are going to talk some more about disclosure in today’s session, but before we continue, I want to introduce you to something we call the “Feeling Thermometer.”**
- **This is a tool we are going to use throughout the eight sessions of *Acting Safe*, and this is a good time to talk about it.**

Refer to the Feeling Thermometer wall chart.

- **Some of the things we will talk about during these sessions may make us feel uncomfortable.**
- **The Feeling Thermometer enables us to get a sense of just how uncomfortable we are in different situations.**
- **On the Feeling Thermometer a reading of 100, the top of the scale, means extreme discomfort—as uncomfortable as you can imagine something being.**
- **A reading of zero, the bottom of the scale, means you have no discomfort—not uncomfortable at all.**
- **Let me hand out a copy of the Feeling Thermometer for each of you.**

Distribute the Feeling Thermometer handout.

- **Where someone is on the Feeling Thermometer at a given moment depends on that person and the situation.**



Acting Safe Module - Session One
Should I Tell My Partner I Am HIV-Positive?

- **For instance, when I started talking this morning for the first time, my level of discomfort was higher than it is now. It started at around <state level>, but now that I've been talking for a while, it's down to about <state level>.**
- **What makes us uncomfortable varies from person to person. What have you experienced that has made you extremely uncomfortable, that is a 100 on the scale? Can someone give me a personal example of a 100 on the Feeling Thermometer?**

Get a few examples from participants. Give out Thanks Tokens as you express appreciation for their participation.

- **I'd like now for everybody to take some time and try to think of two experiences—these can be situations, people, places, thoughts, or feelings—that have made you personally extremely uncomfortable.**
- **Write these down in the blanks opposite the 100 level on your Feeling Thermometer.**

Give a minute for this.

- **Would someone volunteer to tell us what a 100—extremely uncomfortable—is for you?**

Get a few examples. Give out Thanks Tokens.

- **Now I'd like you to think of two examples of experiences that have made you very uncomfortable, what you would judge to be a 75 on the Feeling Thermometer scale. When you think of them, write them on your form.**
- **Remember, we are talking about personal experiences, that is, situations, people, places, thoughts, or feelings that have caused you to be uncomfortable at the 75 level on the Feeling Thermometer.**

Give a minute for this.

- **Would someone volunteer to tell us what a 75—very uncomfortable—is for you?**

Get a few examples. Give out Thanks Tokens.



Introduction to the Feeling Thermometer - *continued*

- **Now I'd like you to write down two experiences that have made you uncomfortable at the 50 level on the Feeling Thermometer scale. That's called "somewhat uncomfortable"—halfway between "extremely uncomfortable" and "not uncomfortable at all." Write these experiences down.**

Give a minute for this.

- **Does anyone want to tell us what a 50—somewhat uncomfortable—is for you?**

Get a few examples. Give out Thanks Tokens.

- **Now, finally, I want you to write down two experiences that have made you be just mildly uncomfortable—a 25 on the scale. That's only a little bit above a zero, "not uncomfortable at all."**
- **After you do that, think of two experiences that fit the very bottom of the Feeling Thermometer scale, where you have absolutely zero discomfort.**

Give a minute for this.

- **Who will share some examples with us of your zeros and 25's on the Feeling Thermometer?**

Get a few examples. Give out Thanks Tokens.

Introduce the idea that feelings of discomfort have physical sensations associated with them.

- **Now let's talk for a minute about the physical sensations that go along with having feelings of discomfort.**
- **If you think about it for a minute, this is something that is very familiar I am sure. When you feel uncomfortable, your body is also having some reaction. You may have a funny feeling in your stomach—a bad feeling in the pit of your stomach or an upset stomach.**
- **You may be sweaty.**
- **You may feel shaky.**



- **You may feel cold or hot.**
- **Your muscles may tense up—in your neck, your shoulders, your back.**
- **Your mouth may feel dry, or it may be hard to swallow.**
- **Any of these things can happen.**
- **How many of these reactions happen and how strong they are depends on how uncomfortable you are.**
- **If you are at a 25 on the Feeling Thermometer (mildly uncomfortable), you may have very few physical symptoms and it may be hard to notice them. But they are there.**
- **If you are near 100 on the scale (extremely uncomfortable), there will be more physical symptoms and they will be easy to recognize.**
- **So, whenever you are feeling uncomfortable, your body is also reacting and sending a message.**
- **If we tune in, we can hear what our bodies are saying to us.**

Review some of the discomfort examples in the 75-100 range that were given by participants and ask them to identify the physical sensations associated with these particular discomfort situations.

- **To get a real-life sense of this, let's look at some of the examples you gave earlier of situations that caused discomfort in the 75-100 range on the Feeling Thermometer, things that made you very or extremely uncomfortable.**
- **Think about the physical sensations that went along with your discomfort in each instance. You may not be able to recall all of them, but you can recall some of them.**
- **Who will volunteer to tell us how your body was reacting when you were uncomfortable in a particular situation?**

Allow time for several participants to share their physical symptoms of discomfort. Remember that sensations of discomfort can differ from person to person even when the situations are similar.



Introduction to the Feeling Thermometer - *continued*

- **OK, that was good. Thanks for sharing.**

Give out Thanks Tokens to contributors.

- **So, we see that different people have different bodily reactions to discomfort, even when the situations are similar.**
- **Also, how strong the bodily reaction is varies from person to person, even if all the situations are at the same Feeling Thermometer level.**
- **Do you have any questions?**

Answer questions briefly.

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Linking HIV Disclosure to the Feeling Thermometer

Discuss linking HIV disclosure to the Feeling Thermometer with participants. Have participants volunteer to discuss their disclosure experience. Do not pressure participants to share.

- **Now I'd like to ask you a question. Would someone who has disclosed his or her HIV status to another person be willing to volunteer what their Feeling Thermometer reading was before the disclosure?**

Give a Thanks Token.

- **Can you please describe the situation? For example, to whom were you disclosing? Where did it take place? How was your body feeling?**
- **How did you feel when the disclosure was over?**

Give Thanks Tokens when the participant has finished answering the questions.

- **The Feeling Thermometer is a great tool to help increase awareness of our emotions. We can use it to name them and to manage them.**
- **When you use the Feeling Thermometer to measure you level of discomfort in the situations we're talking about or with recent experiences you've had, you increase your awareness of the kinds of circumstances that are likely to trigger extreme emotions.**
- **Do you think that a person at or near 100 on the Feeling Thermometer is likely to make the same decisions as the person at or near zero?**

Engage participants in a discussion.

- **Does having emotional discomfort interfere with good judgment and sound decision-making?**
- **Is the person at or near zero on the Feeling Thermometer better able to think and make decisions regardless of how he or she labels a particular emotion he or she is having?**
- **How could a reading of 100 on the Feeling Thermometer affect a person's decision to disclose their HIV status?**





Allow time for discussion. Give Thanks Tokens to those who participate.

- **One of the goals of *Acting Safe* is to help you link feelings, thoughts, and actions. Using the Feeling Thermometer helps us achieve that goal.**
- **That was a good discussion.**
- **We'll be using the Feeling Thermometer at different points in every session.**

Activity 3: How Do I Tell a Partner I Am HIV-Positive?

Time

- 40 minutes

Activity Materials

- Easel Paper
- Handout (optional): HIV Disclosure Laws
- Handout: Tips for Telling Your Partner
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

How to Disclose HIV Status to Your Partner

Introduce discussion of how to disclose HIV status to your partner.

- **Some people may put off telling a partner their HIV status because their Feeling Thermometer reading is very high. They dread going through the experience.**
 - **They want to say something, but are afraid of doing it.**
 - **They don't believe they have the skills to do it.**
 - **They worry that they are not going to say the right things.**
 - **They worry that the partner will react badly or reject them.**
- **In this exercise, you can start to develop the skills you will need for telling a partner.**

- We're going to start with the easy part—telling a potential partner, someone you haven't yet had sex with but want to, that you are HIV-positive.
- Then, we will role play what the experience is like.

Guided Visualization Exercise for Disclosing to a New or Casual Partner

Introduce the guided visualization exercise for disclosing to a new or casual partner.

Have the group take three deep breaths with you, letting the air out slowly.

To set the stage I want you to take three deep breaths and let the air out slowly. *PAUSE.*

Now close your eyes. *PAUSE.*

Imagine that you are with someone you recently met. *PAUSE.*

You find this person very attractive and will probably have sex with him or her, but it hasn't happened yet. *PAUSE.*

Imagine being with this person in a nice place where you can talk—not the bedroom or a public place. *PAUSE.*

Imagine saying that you are HIV-positive—as your Ideal Self would say it—and that the person reacts as you would like. *PAUSE.*

The whole situation comes out as you would like it. *PAUSE.*

Allow time for participants to visualize this. *PAUSE.*

You can open your eyes now.

END.



Unscripted Participant Role Play: New Partner

Facilitators' Note

In this activity, participants practice applying the concept of the Ideal Self as a behavioral framework to disclosure situations. *Acting Safe* employs unscripted role plays as a way for participants to practice disclosure and to express the values of the Ideal Self in realistic situations. Role plays are a **TLC** learning technique.



Facilitate unscripted role play for disclosing to a new partner. Ask for volunteers to conduct the role play.

- **Now let's act out a scene. I'm going to ask for two volunteers, one to play the person who is disclosing being HIV-positive and the other to play the person who is being told. These two people are attracted to one another, but have not yet had sex. This is an unscripted role play where you can improvise—you don't have to read what you will say. Who will volunteer?**

Choose two participants and ask them to volunteer.

After the two volunteers are selected place two chairs in the middle of the room.

To the person who's playing the person disclosing, say:

- **You find this new person really attractive and the two of you might have been going out for a while, but no sex has happened yet.**
- **You expect it will happen soon.**
- **Characteristics of your Ideal Self are honest, genuine and trustworthy. Your goal is to tell your new friend that you are HIV-positive.**

To the person playing the new partner, say:

- **You like your new friend and want to get to know him or her better no matter what he or she tells you.**
- **On the other hand you don't want to get infected. But don't be too hard on your friend.**
- **Please sit in these two chairs.**

- **The rest of you will be observers. I'd like the observers to keep track of different aspects of the role play.**

Ask different observers each to pay attention to a specific part of the exchange.

To the observers:

- **Facial expressions of the person doing the telling: Do the facial expressions of the person doing the telling seem consistent with what is being said?**
- **Facial expressions of the person being told: What is reflected in the facial expressions of the person being told?**
- **Eye contact: Are both making direct eye contact, or does one or the other look away? Do you think this is appropriate given the situation?**
- **Gestures: Do their hand movements or body movements tell a part of the story? What can you read into their gestures?**
- **Feelings expressed: Do the feelings that are being expressed by each person seem reasonable for the situation? How can you tell what feelings are being expressed?**
- **Voice: How do the voices reinforce or contradict what is being said? Is the volume appropriate for the setting that has been described as well as what is being said?**
- **Words used: Do the words spoken help with the message or could it be said differently to get the feeling across better?**

To the volunteers:

- **Before the two of you start the role play, will the one who is playing the person disclosing please tell us where and when this conversation is taking place?**

Obtain a response.

- **OK. Go ahead and start.**

Allow the role play to go on for a few minutes.

- **That was great!**

Give out Thanks Tokens to the players. Indicate they can go back to their regular seats.



Eliciting Feedback

Get feedback from volunteers.

To the person disclosing:

- **Tell us how you felt and one thing you did that you liked.**
- **Now tell us what one thing you would do differently.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **What was your Feeling Thermometer level while you were doing this?**

To the new partner:

- **Tell us how you felt and what one thing the other person did that you liked.**
- **What was one thing you would do differently if you had played that part?**

Point to the Feeling Thermometer wall chart and obtain reading.

- **What was your Feeling Thermometer level while you were doing this?**

To the observers (the rest of the group):

- **Now, I'd like our observers to each tell us, in a few words, what they noticed in the behavior they were assigned to watch.**
- **Does anyone have something you noted the person who was positive do that you liked especially well?**

Obtain feedback and open up general discussion on the role play.

All Participants Rehearse New Partner Scenario

Have all participants rehearse.

- **Now I'd like each of you to practice disclosing to a new partner. Pair up, preferably with someone you don't know, and decide who will go first. I'll give you three minutes to do this scenario—to tell your new partner you are HIV-positive—and then you will switch parts, so that the other one can practice**



telling a new partner he or she is HIV-positive. Don't forget to decide and communicate to your partner where and when this is taking place, and whether someone else is there with you. OK, you can start now.

Time the three minutes, then tell the participants to change roles.

Allow another three minutes and bring the group back together.

- **How did that go? Who thought their partner did an especially good job?**
- **What did he (or she) do? What did you like about it?**
- **When it was your turn, what did you like about what you did?**
- **What would you do differently next time?**

Allow brief discussion time. Give out Thanks Tokens as appropriate.



Tips for Telling Your Partner

- **There is no one right way to tell a sexual partner—a new one or a partner that you've already had unprotected sex with—that you have HIV. It depends on the kind of person you are, what your partner is like, what your relationship is like, and attitudes and laws that apply in your community.**

Point out tips for telling a partner your HIV status.

- **We have some tips you can consider, however.**

Hand out Tips for Telling Your Partner.

Put up a sheet of Easel Paper and write “Tips for Telling” at the top. The Co-Facilitator should write a short version of each point as the Facilitator goes over it. Do not write down what the participants say.

- **Let me comment on each tip. Do you have any questions?**

Respond to questions the participants may have about each tip. Numbers below refer to numbered points on handout. Bullet points are discussion points for that topic; they are not on the handout.

Tips for Telling Your Partner - *continued*

1. **Decide where and when you want to tell him or her.**
 - **Select a place where you feel comfortable and safe and that is not threatening to your partner.**
 - **Maybe you want a place where the chance of unpleasant behavior arising is controlled.**
 - **Decide on the best time to tell; before, during, and after sex may not be a good idea.**
 - **A time and place that is not linked to sexual activity is best.**

➤ **Who wants to tell us when and what kind of place would meet those characteristics for you?**

Let two to three people respond. Compliment respondents and give out Thanks Tokens.

2. **Decide how you want to tell— by letter, phone, face-to-face or with someone else there.**
 - **Select the method of telling that is best for you. Writing a letter or talking on the phone can be effective alternatives if you're unable to tell the person face-to-face.**
 - **If you feel better with someone else there, get support. You don't have to discuss sex in front of others—just discuss that you are HIV-positive. Sex can be talked about later when others are not there.**

➤ **How would you prefer doing it? Is there anyone you would want to have with you? Who?**

➤ **Who will give us an idea of how you would do this?**

Compliment respondent and give Thanks Tokens.

3. **Write out exactly what you want to say and practice saying it to yourself, then practice with a friend.**
 - **It helps reduce anxiety to think out and write down what you plan to say, even if you're not going to do it in writing.**



- **Practice telling your partner. Practice by yourself or practice with a friend playing your partner, and imagine going through the whole scene.**
4. **Imagine yourself saying it.**
- **Literally, close your eyes and visualize the scenario in your mind. Visualize how you would like it to go, what you would like to say, how you would like your partner to respond.**
 - **Imagine it over again until you have what you want to say down to your satisfaction.**
5. **Think of several different ways your partner might react and decide how you will respond to those reactions if they occur.**
- **Prepare for your partner's reactions: anticipate.**
 - **What are the most likely ways your partner might react?**
 - **What is the least pleasant of those ways, in your opinion?**
 - **How would you react if that happens? What would you do?**
6. **Use relaxation techniques before, during and after disclosing.**
- **Get relaxed beforehand; sneak in a few deep breaths while telling your partner, and unwind afterwards.**
- **Do you have any questions?**
- **Does anyone have any other suggestions for telling a partner your HIV status?**

Answer questions. Encourage responses and write other suggestions on Easel Paper. Give Thanks Tokens to participants as they contribute.

- **Those were great suggestions. Thank you.**



Disclosure to a Steady Partner

Introduce disclosing to a steady partner.

- **Disclosing to a steady partner may have its own unique considerations. What could make this type of disclosure more difficult?**

Encourage responses and discussion.

Give Thanks Tokens to participants as they contribute.

- **Now, what would you say or do if your partner gets angry at you because he or she feels he or she might have become HIV-positive from sex with you?**

Encourage responses and discussion. Look for constructive ideas such as suggesting the partner get tested, using condoms, giving apologies, and listening to the anger without becoming defensive. If a participant suggests physical violence may result from the partner's anger, suggest further exploration of whether or not to tell, and alternative approaches (e.g., don't tell, seek assistance from local partner notification services programs or a domestic violence shelter, see a counselor).

Give Thanks Tokens to participants as they contribute.

Guided Visualization Exercise for Disclosing to a Steady Partner

Introduce the guided visualization exercise for disclosing to a steady partner.

Have the group take three deep breaths with you, letting the air out slowly.

Now we're going to practice doing this with a steady partner.

To set the stage I want you to take three deep breaths and let the air out slowly. PAUSE.

Now close your eyes. PAUSE.

This time imagine you have a steady partner. PAUSE.

You found out a month ago that you are HIV-positive and have decided to tell your partner. PAUSE.



Think of a place where you want to tell—a safe place. Take three deep breaths and let the air out slowly. *PAUSE.*

Feel the warm air flowing out and the cool air rushing in. In and out. *PAUSE.*

In and out. *PAUSE.*

Imagine your Ideal Self telling your steady partner that you are HIV-positive. Imagine what you are saying. *PAUSE.*

Imagine that your partner reacts perfectly and the situation comes out OK—just as you wanted it to. *PAUSE.*

Allow time for participants to visualize this. *PAUSE.*

Now open your eyes and get yourself ready for some practice.

END.

Unscripted Participant Role Play: Steady Partner

Facilitate an unscripted role play on disclosing to a steady partner with participants.

- **The scene is this: you and your partner have had unprotected sex in the past. You knew beforehand that you were HIV-positive, but it took you awhile to decide to tell.**
- **A characteristic of your Ideal Self is sincerity. Now you are going to tell your partner that you found out you were HIV-positive.**

Explain the setup of the role play: Select two volunteers, making sure they are different from the ones who did the last role play in front of the group. Decide who will play each role. Ask them to sit in the two chairs in the middle of the room.

- **I need two volunteers—one to play the person telling and one to play the steady partner.**

To the person disclosing:

- **Your goal is to tell your steady partner that you are HIV-positive.**
- **Try to do it in a way that expresses the self you ideally want to be in this situation.**



Unscripted Participant Role Play: Steady Partner

- continued

To the person playing the steady partner:

- **In playing the partner you can react with surprise, concern, irritation, or resignation as you choose, but don't be too hard on your partner.**

To the rest of the group (observers):

- **The rest of you will be observers. As before, I'd like the observers to keep track of different things.**

Ask different observers each to pay attention to a specific part of the exchange:

- **You watch the facial expressions of the person doing the telling: Do the facial expressions of the person doing the telling seem consistent with what is being said?**
- **Facial expressions of the person being told: What is reflected in the facial expressions of the person being told?**
- **Eye contact: Are both making direct eye contact, or does one or the other look away? Do you think this is appropriate given the situation?**
- **Gestures: Do their hand movements or body movements tell a part of the story? What can you read into their gestures?**
- **Feelings expressed: Do the feelings that are being expressed by each person seem reasonable for the situation? How can you tell what feelings are being expressed?**
- **Voice: How do the voices reinforce or contradict what is being said? Is the volume appropriate for the setting that has been described as well as what is being said?**
- **Words used: Do the words spoken help with the message or could it be said differently to get the feeling across better?**

Give instructions.

To the volunteers:

- **Before the two of you start the role play, will the one who is positive please tell us where and when this conversation is taking place?**

Obtain a response.

- **OK. Go ahead and start.**

Allow the role play to go on for a few minutes.

- **That was great!**

Give out Thanks Tokens to the players and tell them they can return to their regular seats.



Eliciting Feedback

Get feedback from the volunteers and the observers.

To the person telling:

- **Tell us how you felt, what one thing you did that you liked, and what one thing you would do differently.**

Point to the Feeling Thermometer wall chart and obtain reading.

To the steady partner:

- **Tell us how you felt, what one thing the other person did that you liked, and what one thing you would do differently if you had played that part.**

Point to the Feeling Thermometer wall chart and obtain reading.

To the observers:

- **Now, I'd like our observers to each tell us, in a few words, what they noticed in the behavior they were assigned to watch.**
- **Does anyone have something you noted the person who was positive do that you liked especially well?**



Eliciting Feedback - *continued*

Obtain feedback and open up general discussion on the role play.

- **In most cases, you might notice that it can be harder telling someone with whom you have already been having unprotected sex, than telling someone with whom you have not had sex.**
- **What would make you more comfortable telling your partner that you were positive? What would make you less comfortable telling your partner that you were positive?**

Share responses and open up a general discussion about telling partners and about the role play.

Give out Thanks Tokens to observers and others as they contribute.



Rehearsal of Steady Partner Scenario by All Participants

Have all participants rehearse the scenario.

- **Now everybody is going to get a chance to practice telling a steady partner.**
- **I want each of you to pair up, preferably with someone you don't know well.**
- **Decide which of you will go first as the person telling about being HIV-positive. The other person will play the role of your steady partner.**
- **I'll give you about three minutes for the first role play, and then you can switch parts, so both of you get a chance to practice telling a steady partner that you are HIV-positive.**
- **Don't forget to decide and let your partner know where and when this is taking place, and if you are alone or someone else is there.**
- **OK, you can start now.**

Allow three minutes, then tell the participants to switch roles.

Give them another three minutes and bring the group back together.

Assess participants' reactions to this exercise.

- **How did that go? Who thought their partner did an especially good job?**
- **What did he (or she) do? What did you like about it?**
- **What would you do differently next time?**

Allow a brief discussion.

Give Thanks Tokens as participants contribute.



Legal Issues Related to Disclosure

Facilitators' Note

The purpose of this section is to provide important information that youth and young adults living with HIV need to know. Presenting this information in a matter-of-fact manner with no editorial comment may advance the group process. Some participants may have a strong negative reaction to mention of these laws. They may perceive them as stigmatizing or unfair. If this occurs, Facilitators should empathize with any feelings expressed and then refocus the energy of the group on the next activity. Prior to the start of the session, Facilitators should investigate their local and state laws regarding disclosure of HIV status to sexual and/or needle-sharing partners. Use this information to prepare the optional handout on HIV disclosure law.

Discuss legal issues related to disclosure.

- **There is another thing to consider when you are thinking about whether or not to disclose your HIV status to your sex partners.**
- **Some states, about half, have laws that make not telling your partner a crime under certain conditions. These are often called “willful exposure” laws, which mean you have knowingly exposed someone to HIV without telling the person.**

Say whether or not your state has a “willful exposure” law. If there is such a law in your area, describe its basic provisions.

- **Another thing to think about is the possibility that a sex partner may bring a civil lawsuit against you if you did not let that person know that you are HIV-positive.**

Legal Issues Related to Disclosure - *continued*

- **Such laws are seldom applied, and nondisclosure lawsuits are rarely filed, but they are nonetheless something to keep in mind.**

Distribute optional handout on HIV Disclosure Laws.

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Weekly Goal Setting and Conclusion

Time

- 20 minutes

Activity Materials

- Easel Paper
- Lottery prize
- Markers and masking tape
- Pens
- Wall Chart: Guidelines for Good Weekly Goals
- Weekly Goal Cards

At the end of each session, it's important to set individual goals to work on before we meet again.

Review of Session Content

Review today's session.

- **Today we worked on one of the important choices people have to make: "Should I tell my sexual partner that I am HIV-positive?"**
- **Today we started to explore the connections between feelings, thoughts, and action.**
- **We used the Feeling Thermometer to help us name our feelings and to see how our body reacts to our emotions.**
- **We looked at what our Ideal Selves would do, the advantages and disadvantages of telling, what it feels like not to be told, some of the issues around disclosing this information, and how to do it.**

Review of Goal Guidelines

Introduce goal setting, the final activity.

Review Guidelines for Good Weekly Goals and refer to the Guidelines for Good Weekly Goals wall chart.

- **We have a wall chart that describes Guidelines for Good Weekly Goals. These are the elements that make up a good personal goal.**

Read from the chart and explain.

- **A good goal is one that is:**
 - **Important to you and you are committed to it.**
 - **Realistic—not too hard or too easy.**
 - **Brief, specific, and clearly stated.**
 - **Easy to tell when you have accomplished it.**
- **In addition to what is on the chart, the personal goals you will be setting now should be very short-term, something that can be accomplished during the next week.**
- **You can think of a short-term goal that you set for yourself as one step toward accomplishing a bigger, longer-term goal you might have. Very often, short-term goals involve getting information, materials, or skills you might need to accomplish your bigger goal.**
- **During the next few minutes, we would like you to select a short-term goal for yourself that is related to what we have been doing in today's session. Very quickly, let's review the high points of today's session.**

Suggestions for Weekly Goals

Give participants suggestions for weekly goals and write examples on Easel Paper as you state them.

- **Some examples of possible goals for this week could be:**
 - **Make up a story about another couple where one partner is HIV-positive, tell it to your partner, and see what reaction you get.**



Suggestions for Weekly Goals - *continued*

- With a friend playing your partner, practice telling your partner.
- Talk to a friend about the advantages and disadvantages of telling your sexual partner you're positive.
- Teach a friend how to talk to her or his sexual partner about being HIV-positive.
- Write a story or poem about how you would like to tell your partner.
- Discuss whether or not to tell with someone whose advice you respect.

Encourage participants to suggest other goals, and add these to the list.

- **What other possible goals can you think of?**

Ensure that suggested goals meet the Guidelines for Good Weekly Goals and that they can reasonably be accomplished during the next week.

Give Thanks Tokens to those who offer suggestions.



Individual Goal Setting

After all suggestions have been added to the list, give each participant a blank Weekly Goal Card and a pen.

- **Now, take a few minutes and think about what your own goal is going to be for the next week. Then write your goal on the card.**
- **Make sure your goal agrees with the Guidelines for Good Goals hanging on the wall and that it is something you can do in the next week.**
- **Also, write down an action plan—how you will go about accomplishing your goal. The action plan consists of the exact steps you are going to take this week.**

Allow two to three minutes for participants to record their goals.

- **What goals have you chosen? Who will share?**

Go around the room and ask participants who wish to share to read the goals they have selected. As needed, help participants to shape their goals so that they meet all of the criteria for good goals.

Give Thanks Tokens to those who share their goals.

- **Those are very good goals. Try to work on them during the next week. Remember, if you run up against a barrier, try to find a way around it.**

Lottery Drawing and Closing

Do the lottery.

- **Now let's do the lottery drawing that I promised. Please write your first name on the ticket I gave you earlier, and I'll collect them.**

Collect the lottery tickets and mix them up. Then draw the winning number and give out the prize. Remind participants of the date, time, and place for the next session.

- **Our next meeting will be at <time>, <place>. After we check in on how you did on your goal, we will be talking about some different things, about what sexual activities are safe, how to protect yourself and your partner, and about some other health risks you may want to know about.**
- **At this point, let's take a minute and show our appreciation to each other for all of the good things we have done and said in the past couple of hours.**

Use Thanks Tokens to recognize the contributions of individual participants for specific things they have done or said during the session. Encourage the whole group to also recognize the contributions of their peers that they found valuable. Make sure everyone is included.

Collect Thanks Tokens from participants to be used at the next session.

End of Session





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Required Materials for Session One

Handouts to be Reproduced

- Feeling Thermometer
- Local Law Governing HIV Disclosure to Sexual Partners (Optional)
- My Ideal Self
- Possible Ideal Self Characteristics
- Tips for Telling Your Partner
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix F

- Facilitator Role Play Script: Marshall and Jack (Jackie)

Appendix C

- Thanks Tokens (20 per person)

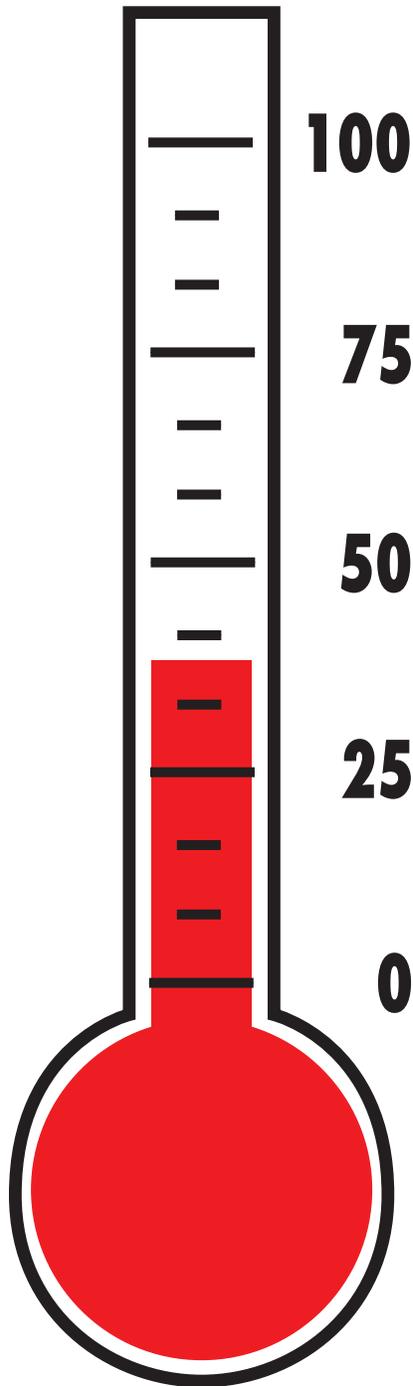
Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens



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Feeling Thermometer



Extremely Uncomfortable

Very Uncomfortable

Somewhat Uncomfortable

Mildly Uncomfortable

Not at All Uncomfortable





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HIV Disclosure Law (Optional)

**Local Law Governing
HIV Disclosure
to Sexual Partners**

(To be Prepared by Implementing Agency)





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My Ideal Self

I would like to be the kind of person who is:

1. _____

2. _____

3. _____

4. _____

5. _____





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Possible Ideal Self Characteristics

Accepting	Non judgmental
Calm	At ease, peaceful
Capable	Being able to do something
Caring	Concerned about others
Cheerful	Lighthearted, joyful
Confident	Self-assured
Creative	Imaginative, inventive
Empathetic	Understanding the feelings of others
Friendly	Sociable, hospitable
Funny	Amusing, entertaining
Gentle	Tender, soft
Helpful	Being of service, useful
Honest	Truthful, reputable
Kind	Thoughtful, benevolent
Loving	Affectionate, tender
Passionate	Having intense feelings
Responsible	Accountable, answerable
Spiritual	Believing in a higher power, seeking meaning
Supportive	Giving strength and comfort
Tolerant	Respecting other people's beliefs and actions
Trustworthy	Can be trusted





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Tips for Telling Your Partner

- 1. Decide when and where you want to tell him or her.**
- 2. Decide how you want to tell: letter, phone, face-to-face, with someone else there.**
- 3. Write out exactly what you want to say and practice saying it to yourself and a friend.**
- 4. Imagine yourself doing it.**
- 5. Think of several ways your partner might react and decide how you will respond to those reactions.**
- 6. Use relaxation techniques before, during, and after disclosing.**





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Weekly Goal Cards

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____



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Laminated Card: Facilitator Role Play Script

Marshall and Jack (Jackie)

Marshall: Jack, can I talk with you for a minute?

Jack (Jackie): What's it about?

Marshall: Chris.

Jack (Jackie): You're breaking up?

Marshall: Hardly. I know it's not fair to keep him (her) in the dark but ...

Jack (Jackie): Keep him (her) in the dark about what?

Marshall: About my having the virus. It's not fair to hide that from Chris, but I just can't tell him (her).

Jack (Jackie): You fool. You tell Chris and he (she) will be long gone.

Marshall: He (she) loves me.

Jack (Jackie): Sure he (she) does, but so what? You go around telling people you're positive and that's the last sex you'll ever see.

Marshall: Not everyone reacts that way.

Jack (Jackie): You want to bet?

Marshall: Even if you're right, I really do care what is best for Chris. I've kept it from him (her) for three months now and I feel terrible about it.

Jack (Jackie): If you tell him (her) now, he (she) will be pissed you didn't tell him (her) earlier. He (she) will be hurt. He (she) will think you didn't care enough to let him (her) know. He (she) won't be able to trust anyone again. Is that what you want?

Marshall: No, but I really don't want to give it to him (her).

Jack (Jackie): You probably already did.

Marshall: He (she) was negative the last time he (she) got tested.

Jack (Jackie): So use condoms.



Marshall: Chris hates them, but he (she) might change his (her) mind if he (she) knew I was positive. Shouldn't he (she) be able to make up his (her) own mind?

Jack (Jackie): He'll (She'll) make up his (her) own mind—to leave you.

Marshall: Don't be so negative. Sharing with him (her) might make us close.

Jack (Jackie): I never heard such crap. Now try to give me a good reason to tell him (her).

Marshall: If I tell Chris, I'll feel better about myself and we can use condoms. He (she) will be protected.

Jack (Jackie): Protected from what?

Marshall: Getting infected with HIV.

Jack (Jackie): It sounds like all this talk about telling Chris you have HIV is just a lot of crap to get rid of him (her).

Marshall: I love Chris. I'm not dropping Chris. I want him (her) to love me. Jack, you're one big pain in the butt. I don't know why I ever asked you for advice.

Jack (Jackie): Because I'm your friend. You can talk to me.



Should I Protect Myself and My Partner?

(2 hours, 10 minutes)

Session Aims

- To provide participants with information on the consequences of exposure to HIV and Sexually Transmitted Infections (STIs) for HIV-infected persons and their partners.
- To guide participants in assessing the dilemmas they face in deciding to reduce their sexual risk and their partner's sexual risk of exposure to HIV or STIs.
- To demonstrate and rehearse strategies that facilitate achieving sexual risk-reduction goals and solving general life problems.

Facilitators' Notes

- STIs are more prevalent among young adults than the general population. Prior to the start of this session, Facilitators should collect information about local STI resources, especially those that focus on the needs of HIV-infected youth and young adults, and compile this information into the Local STI Information, Testing, and Treatment Information handout for distribution at the end of Activity One. It is also important for Facilitators to be knowledgeable about STIs.
- This session is designed to deliver very important and serious information in an inviting, interactive way. It is very important that Facilitators model behavior that supports these goals.
- Since this session is so interactive, Facilitators need to be assertive and use good time management skills to keep the activities focused and within the allocated time.
- The Feel-Think-Do concept (F-T-D) is reinforced by using the Feeling Thermometer (awareness and regulation of feelings), identification of Ideal Selves (a framework for behavioral decision-making), personal problem-solving, and goal setting.
- Practice the session before implementing with participants.
- Read the script until you become comfortable with the content. Once you become comfortable with the content, you should summarize the activities and information in your own words.
- In the manual **bold** text means to read or convey the information to the participants.



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Session Agenda

Should I Protect Myself and My Partner?

- Introduction and Check-In.
- What About Other Sexually Transmitted Infections (STIs)?
- What Should I Know About Safer Sex?
- What Defines My Ideal Self?
- How Can I Solve This Problem?
- Weekly Goal Setting and Conclusion.

Summary of Activities:

Introduction and Check-In. (15 minutes)

- Welcome participants and have them reintroduce themselves. Discuss Thanks Tokens. Review session ground rules. Review progress on weekly personal goals.

Activity 1: What About Other Sexually Transmitted Infections (STIs)? (30 minutes)

- This activity provides basic information on why discussing STIs is important for HIV-infected young people. It uses an interactive activity to assess participants' knowledge of STIs and to review important information. It also addresses the fear and anxiety participants may feel if they experience symptoms of an STI, and provides information about local testing and treatment resources.

Activity 2: What Should I Know About Safer Sex? (40 minutes)

- Identify risk in various sexual acts, focusing on ones that are safe or that can be made safer. Use a **TLC** learning technique, role playing, to help participants practice convincing a partner to engage in a less risky act.

Activity 3: What Defines My Ideal Self? (5 minutes)

- Review the Ideal Self concept and participants' definitions of their Ideal Selves developed in Session One. The concept of the Ideal Self is used to support behavior change.

Activity 4: How Do I Solve This Problem? (20 minutes)

- The SMART problem-solving method is introduced. A problem identified by one of the participants is used to illustrate the method. In this activity, participants discuss the potential negative impacts of not thinking through a problem before taking action.

Weekly Goal Setting and Conclusion. (20 minutes)

- Set weekly personal goals. Conduct lottery and close session.

Required Materials for Session Two

Handouts to be Reproduced

- Commonly Asked Questions About STI's
- Local STI Testing and Treatment Information
- My Ideal Self
- Possible Ideal Self Characteristics
- SMART Problem-Solving Steps
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Introduction and Check-In

Time

- 15 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Laminated Cards: Thanks Tokens
- Lottery tickets
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Welcome

Welcome participants, introduce today's session, and describe prize drawing.

- **Today's session is about sexual decision-making in different situations that may put you or your partners at more risk. Some of these situations may be ones you have already faced; others may be ones you might face in the future.**
- **These situations may involve sex acts with persons of the opposite sex, persons of the same sex, or both. We'll try to use examples that apply to all of these situations and practices.**
- **Remember while sexual practices may be different, from one person to another, dealing with STI infections in addition to HIV may be the same for everyone. Try to be open and supportive of one another. Looking to what makes us similar instead of what makes us different will be helpful.**

Lottery Tickets

Distribute lottery tickets and explain how they are used.

- **Like Session One, there will be a prize drawing at the end of this session, and I'm going to hand out lottery tickets for**

that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.

Thanks Tokens

Review Thanks Tokens wall chart and give out 20 Thanks Tokens to each participant.



Session Ground Rules

Review Ground Rules wall chart and ask for additions.

Weekly Goal Review

Review participants' progress in achieving weekly goals from prior session.

Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels experienced in weekly goal activity.



Session Preview

Summarize the content of today's session and answer questions.

- **Acting Safe** is a module in which we will look for links between our feelings, thoughts, and actions. Why feelings, thoughts and actions? Because we can use insights into these components of ourselves to live long, healthy lives with HIV and also keep other people uninfected.
- Over the eight sessions of *Acting Safe*, we hope to work on increasing behaviors that promote:
 - Healthy living.
 - Dealing with the challenges of daily living.
 - Increasing positive feelings, thoughts, and actions.
 - Reducing sexual and drug-related risks for HIV.
- Today we're going to talk about the kinds of things that make it difficult to make the right decision about protecting oneself and others we care about. We're going to learn about sexually transmitted infections besides HIV and how they might impact

Session Preview - *continued*

someone who is HIV-positive. And then we're going to talk about different kinds of sexual activities and what might be both pleasurable and safer.

- Are there any questions before we continue?

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Activity 1: What About Other Sexually Transmitted Infections (STIs)?

Time

- 30 minutes

Activity Materials

- Handout: Commonly Asked Questions About STI's
- Handout: Local STI Testing and Treatment Information
- Laminated Card: Let's Be Smart About STIs
- Laminated Cards: Thanks Tokens
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

This activity provides basic information on why discussing STIs is important for HIV-infected young people. It uses an interactive activity to assess participants' knowledge of STIs and to review important information. It should also address the fear and anxiety participants may feel if they experience symptoms of an STI, and provide information about local testing and treatment resources.

Other STIs

Introduce other STIs.

- **In the last Session, we focused on HIV. Now let's look at the health concerns posed by other sexually transmitted infections—called STIs. You may know them as the “drip” or “crabs,” or things like that.**
- **Why do you think we're talking about STIs? Why is it so important to pay attention to them?**

Encourage a discussion by the participants. Be sure to make the following points about STIs during the discussion:

- **STIs may have serious consequences, ranging from painful sores to brain damage and death.**
- **If a person’s immune system is weak, he or she is more likely to catch one or more STIs.**
- **STIs may weaken the immune system even more.**
- **Having an STI makes it easier to become infected or re-infected with HIV or another STI.**
- **Having an STI makes transmitting HIV easier.**
- **All STIs can be treated, but some of them cannot be cured.**
- **The most important thing for you to know about STIs is that the transmission of all of them can be prevented by abstaining from sex or sharply reduced by using condoms correctly and consistently!**

Game: “Commonly Asked Questions About STIs”

Introduce the “Commonly Asked Questions About STIs” game.

- **To protect yourself and others, it is important to know something about STIs. We’re going to play a game called “Commonly Asked Questions About STIs.”**

Separate participants into two teams by having them all count off, A, B, A, B. Then have the A’s go to one side of the room and the B’s go to the other.

- **Team A move to one side of the room and Team B move to the other side.**
- **I’m going to give a card with an STI question on it to the first person on Team A. That person will read the question aloud and the first person on Team B will try to answer it. That person may ask for help from others on the team if necessary. When Team B has given their answer, the person who asked the question will turn the card over and read the correct answer printed on the back. Don’t turn the card over until the other team has given their answer.**

“Commonly Asked Questions About STIs” - *continued*

- **Then I'll give a card to the first person on Team B. That person will read the question and the second person on Team A will try to answer it. Again, you may get help from others on your team if you need to. After the question has been answered, the person with the card will read the correct answer on the back.**
- **We'll alternate this way until we've gone through all the cards.**
- **If you don't get the answer right, that's OK. We'll discuss together what the correct answer is and why. This will be a chance for everybody to learn more about STIs together.**
- **Let's give Thanks Tokens for good answers, good tries and good support for each other.**
- **What questions do you have about the game?**

Hand out the first card to the first person in line on Team A. Make sure that the question side is facing the reader. Ask readers not to turn the card over until the other team has answered. Have the first person in line on Team B answer the question. Keep going down the line, alternating teams, so that each person has had a chance to answer questions.

When someone gives an incorrect answer, let the reader give the correct answer, then you take the opportunity to clarify the question even further and address participant's questions and concerns. Play until all the question cards have been used.

Give Thanks Tokens to teams as they play.

- **That was great! Thank you.**

Ask participants to think about what to do when they experience STI symptoms. The following discussion should cover seeing a qualified health care provider for STI diagnosis and specific local options for STI testing and treatment.

- **A few final questions. What would you do if you started to experience any of these symptoms?**
- **Where would your Feeling Thermometer be if you have the symptoms of an STI?**
- **Where would your Feeling Thermometer be if you had to talk to a health care provider about an STI?**



Encourage discussion about possible fears and disappointments related to having an STI and the possible embarrassment of having to discuss it with a health care provider.

Hand out handout: Commonly Asked Questions About STIs, the text version of the cards.

- **That was a terrific game. Here are some copies of the questions and answers that were on the cards.**

Name local clinics that offer free STI testing and are sensitive to the needs of young adults living with HIV/AIDS. Hand out the Local STI Testing and Treatment Information handout containing local resources.

- **Now that you have information about STIs we will look at which sex acts expose you and your partners to STIs and possible re-infection with HIV.**

Activity 2: What Should I Know About Safer Sex?

Time

- 40 minutes

Activity Materials

- Easel Paper
- Laminated Cards: Thanks Tokens
- Markers (blue, green and red) and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

The purpose of this activity is to identify the risks in various sexual acts, highlighting ones that are safe or that can be made safer. Then use role playing, a **TLC** learning technique, to help participants practice convincing a partner to engage in a less risky act.

This exercise is intended to be both fun and informative. Careful time management and facilitation skills are necessary to stay focused on HIV/STI prevention within the allocated time. Remember to allow time for breaks.

Mount the two sheets of Easel Paper on opposite walls before the start of the session. Label one Sexual Body Parts and the other Sexual Activities. Have a blue, green and red marker ready for the activity.

- **Now we are going to do an exercise that will help us talk about making sex safer. By safer, I mean enjoying sex in ways that minimize the chance of transmitting STIs and maximize your pleasure.**

- **Some of you may be having enjoyable sexual relationships and some of you may not be having sex right now. That's OK. Some of you may have had bad experiences with sex, and that's not OK. You always should have the freedom to say no or wait until another time.**
- **We're going to talk about specific sexual activities. Some of you may have heard about all of these sexual activities, others not. Some of you may have done some of them, others not. Some of you may never want to do some of them; some of you may like to do them. The point of this exercise is to help you make healthy decisions whenever you face them.**
- **Now let's get started.**

Have participants count off into two groups using the A-B, A-B method. Give one team a blue marker and the other team a green one. Instruct the "A" team to list every sexual body part by technical and slang names on that sheet of Easel Paper. Instruct the "B" team to list sexual activities by clinical and slang names on the other sheet of Easel Paper. Give the teams about three minutes to list body parts and activities. After three minutes, ask participants to return to their seats.

- **That was great work. Thanks.**

Words to Describe Sexual Body Parts

Have volunteer from Team A to read out their list of body parts.

- **I'd like a volunteer from the A team to read their list of sexual body parts.**

Give a Thanks Token to the volunteer.

- **Does anyone have any questions about any of the terms here?**

Encourage discussion to answer participant questions. If only the slang terms are given for particular body parts or acts, provide the clinical terms and explain them. No one will admit to not knowing them, so don't put participants on the spot by asking if they know them.

Ensure that the following points are covered:

- **Almost every part of the body—for instance hands, feet, ears, palms, etc.—can be considered erotic by someone.**



Words to Describe Sexual Body Parts - *continued*

- **Sex involves multiple options, not just oral, vaginal or anal intercourse. Back rubs can be very sexual, as can stroking a partner's hand.**
- **Fantasy plays into sex for many people. Smells can trigger sexual thoughts, as can a particular appearance or characteristic of someone. The caring one may feel for another person can enhance desire. These sexually arousing stimuli—imagination, fragrances, visual characteristics, and feelings—arise from the brain, not from the other organs that are more commonly thought of as sexual.**

Words to Describe Sexual Activities

Have volunteer from Team B read out their list of sexual activities.

- **Now we're going to talk about the list of sexual activities that you came up with.**
- **I'd like a volunteer from the B team to read the list of sexual activities.**

Give a Thanks Token to the volunteer.

- **Thank you.**
- **Does anyone have any questions about any of the terms here?**

Encourage discussion to answer participant questions. Discuss risk associated with each sexual activity. Use the red marker to underline risky activities.

- **Now let's identify which of these activities carry some risk for the transmission of STIs including HIV. Can someone identify one activity that is at least somewhat risky?**

Continue asking for volunteers to identify one more risky behavior until all risky behaviors are identified and the risk discussed. Provide the clinical terms describing those activities that are mentioned only with slang terms. Underline in red all activities that carry risk. Encourage discussion of how much risk is involved and strategies to make them safer. The following considerations should be used to discuss risk.



The amount of protection, or risk, a sex act gives is not always known. In general, high risk activities involve the exchange of semen, pre-seminal fluid, vaginal fluids or blood, during unprotected oral, vaginal or anal intercourse.

➤ **How could somebody make these risky activities safer?**

Encourage discussion. Discuss strategies for reducing risk.

➤ **Here are some strategies for reducing risk:**

- **Abstain from activities that are risky and substitute other activities.**
- **Be faithful to your partner and negotiate an agreement with your partner that he or she is faithful to you. Of course, having HIV means that even if you are faithful, you should use condoms.**
- **Talk to your health care provider about getting vaccinated for Hepatitis A and B.**
- **Use barriers and lubricant correctly and consistently. Barriers include male condoms, female condoms and dental dams.**
- **When using a male or female condom, care should be taken when removing a condom, so that fluids are not spilled out of the condom.**
- **Minimize contact with fluids.**

Encourage participants to generate other strategies for reducing risk.

Point to the Feeling Thermometer wall chart and obtain reading.

➤ **How do you feel about this discussion?**

Discuss making sex more pleasurable.

- **It's important that if you are going to be sexually active, you figure out ways to make less-risky sexual acts pleasurable for you and your partner. If you don't have a set of safer sex acts that you like doing, you may fall back into unsafe practices on occasion. So keep in mind the importance of making safer sex pleasurable for you and your partner.**

Encourage a discussion and link enjoyment to less-risky acts whenever possible.



Unscripted Participant Role Play: Lee and Pat

Introduce unscripted role play of Lee and Pat.

- **Let's do a brief role play in order to make the choice of sexual acts more real.**
- **I need someone to play Lee and someone to play Pat. I'll give you the scenario, but you will make up your script as you go along.**
- **Lee and Pat are partners. Lee is HIV-positive, and Pat is negative, and they both know each other's HIV status.**
- **Pat likes sex with Lee and wants to keep having it. Pat isn't really concerned about personal risk.**
- **Lee is concerned about Pat, as well as possible personal risk of STIs, and wants to convince Pat that oral sex is both exciting and is somewhat less risky.**
- **The characteristics of Lee's Ideal Self include honest, loving, passionate, responsible, and spiritual.**

Select two volunteers and decide who will play each part. Have the rest of the group be observers.

- **The rest of you will be observers.**

Assign each observer a different task.

- **You observers pay attention to:**
 - **Facial expressions**
 - **Eye contact**
 - **Posture**
 - **Gestures**
 - **Voice**
 - **Language**
 - **Breathing**

- **Blushing**

Put two chairs in the middle of the room for the role play.

- **OK, let's go ahead and do the role play.**

Do the role play for a few minutes.

- **Thank you for great performances.**

Give Thanks Tokens to the players.

Obtain feedback.

- **Now let's get some feedback.**

Point to the Feeling Thermometer wall chart and obtain reading.

To Lee:

- **Please tell us how you felt during the role play. Also tell us what one thing you did that you liked, and what one thing you would have done differently if you were to do it again.**

To Pat:

- **How did you feel during the role play? What one thing did Lee do that you liked? What one thing would you have done differently if you had played his role?**

To the observers:

- **What did you notice about Lee during the scene? For instance:**
 - **Did Lee blush?**
 - **What was Lee's facial expression?**
 - **Did Lee's voice sound nervous?**
 - **Did Lee make eye contact with Pat?**
- **What do you think the things you saw might have meant?**
- **Please tell us one thing that Lee did that you liked and what you might have done differently had you played that part.**
- **Now, let's ask the observers what they noticed about Pat.**



Unscripted Participant Role Play: Lee and Pat - *continued*

To the observers:

- **What did you notice about Pat when Pat was doing the scene? For instance:**
 - **Did Pat blush?**
 - **What was Pat's facial expression?**
 - **Did Pat's voice sound nervous?**
 - **Did Pat make eye contact with Lee?**
 - **What do you think the things you saw might have meant?**
- **Please tell us one thing that Pat did that you liked and what you might have done differently had you played that part.**

Obtain feedback from observers and encourage discussion. Things that might come up here could include:

- Lee's possible nervousness in regards to talking about sex with Pat
- Conflicts between the values of their Ideal Self and their actions
- Conflicts between Lee and Pat about Lee wanting to be caring, but at the same time depriving Pat of a type of sex Pat enjoys
- Body language signals that might have helped Lee or Pat communicate more effectively (for example, clear, firm, calm tone of voice, standing or sitting straight, consistent eye contact) or might have interfered with communication (for example, squeaky, high, wavering voice, slouching posture, inconsistent eye contact)

Give Thanks Tokens to those who give feedback.

- **We have been discussing linking safer sexual practices to pleasurable sex. We began by exploring sexual acts, some of which are considered to provide no protection from HIV or STIs. We developed ideas about how to make these acts safer.**
- **We considered what pleasure these acts gave, and finally role played trying to get a partner to engage in a satisfying as well as protective act rather than a less protective one.**



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Activity 3: What Defines My Ideal Self?

Time

- 5 minutes

Activity Materials

- Handout: My Ideal Self
- Handout: Possible Ideal Self Characteristics
- Laminated Cards: Thanks Tokens
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

The concept of the Ideal Self is used to support behavior change. Review the Ideal Self concept and participants' definitions of their Ideal Selves.

Review Ideal Self

Review Ideal Self

- **In the last session, we talked about our Ideal Self, which is the image we have of ourselves as we would like to be—our positive traits and our values.**
- **We said that our Ideal Self reflects who we hope to be and strive to be, not necessarily who we may be now.**
- **We said that our Ideal Self is sometimes called our “hoped-for self”—who we would like to become more and more in the future.**
- **Our Ideal Self is important because it can serve as a guide to help us decide how we want to behave in different kinds of situations.**

- **During the last session, we filled out a form called “My Ideal Self,” where everybody listed five words that best described their own Ideal Self.**
- **In case some of you don’t have that form with you today, I’m going to hand out some more blank copies. I’m also going to hand out the list of Possible Ideal Self Characteristics that had suggested words on it.**

Distribute additional copies of the two handouts, My Ideal Self and Possible Ideal Self Characteristics. Hand out pens as needed.

- **Let’s take one or two minutes for everybody to look over their list of Ideal Self characteristics.**
- **If you don’t have your form from last week, or you didn’t attend last week’s session, fill one out now.**
- **Just fill in the five blanks under My Ideal Self, choosing five traits from the sheet of Possible Ideal Self Characteristics. If you don’t find the words you want on the list, add your own.**
- **It doesn’t matter what order you list your five words in.**
- **If you’ve changed your mind since last week about how you would describe your Ideal Self, that’s OK. Write down what you think now.**

Allow one to two minutes for participants to complete Ideal Self forms.

- **OK, has everybody finished?**
- **Please keep what you have written and bring it with you to the rest of the sessions. You’ll want to have it because we will be asking you to think about your Ideal Self and how it applies to what you might do in different kinds of situations in future sessions.**

Activity 4: How Can I Solve This Problem?

Time

- 20 minutes

Activity Materials

- Easel Paper
- Handout: SMART Problem-Solving Steps
- Laminated Cards: Thanks Tokens
- Markers (blue, green and red) and masking tape
- Wall Chart: Ground Rules
- Wall Chart: Guidelines for Good Weekly Goals
- Wall Chart: SMART Problem-Solving Steps
- Wall Chart: Using Thanks Tokens

Facilitators' Note

The SMART Problem-Solving Steps are introduced in this activity. A problem identified by one of the participants is used to illustrate the method. This is an activity that reinforces the Think component of the Feel-Think-Do Framework.

SMART Problem-Solving

Introduce problem-solving.

- **This is the time in the session to talk about problems in your life and ways to solve them.**
- **Everyone has problems of some kind—with relationships, with family, with friends, with housing, with paying bills, with work, with school, with doctors, with case workers, with the police, and so on.**
- **These problems make it hard to focus on things that are positive in your life and achieving your goals, like staying healthy.**

- **Who would like to volunteer to share with us an important problem that he or she is facing right now?**
- **Just say a sentence or two to describe the problem, and tell us how it is getting in the way of you working toward a positive goal in your life.**

Allow all participants the opportunity to identify an important personal problem. List the problems on Easel Paper, identifying each in as much detail as possible. Some participants may not wish to share their problems; be sensitive to the feelings of individuals who do not wish to share.

Give Thanks Tokens to participants as they contribute.

- **That's a good list. Thank you for sharing.**
- **Out of the problems we have listed here, is there one that we can agree on to use in today's discussion?**

Circle the selected problem, and write it at the top of a new sheet of Easel Paper.

Refer to the SMART Problem-Solving Steps Wall Chart. Hand out individual copies.

- **To get us started, I'm going to refer to this chart that gives the steps for solving a problem. I'm also going to give you your own copy of it.**
- **Let's go over the steps to be sure we are clear on all of them. This is important because we are going to follow these steps in planning a solution to the problem we are working on today.**

Talk through the five steps for solving problems. Pay careful attention to the talking points shown for each step.

Step 1: S = State the problem

- **Is the problem stated clearly? (Writing it down will help you define it clearly.)**
- **Is it complete?**

Point to the Feeling Thermometer and obtain reading.

- **What's your read on the Feeling Thermometer when you think about the problem?**



Problem-Solving - *continued*

Step 2: **M = Make a goal**

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Does the goal agree with the Guidelines for Good Weekly Goals on the wall chart?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: **A = Actions - List the actions you might take to achieve the goal**

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: **R = Reach a decision about which actions you could take**

- Have you chosen the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- How will you get the skills that you need, if you don't have them already?

- How will you get the resources that you need, if you don't have them already?
- What is going to be your plan for taking the action? What are the specific steps?
- What things can get in the way of taking this action or being successful with it? Is there anything you know for sure that will make it difficult? Is there anything that might go wrong?
- What are your plans for dealing with these barriers?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?
- Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?
- Do you need to make a new plan in order to be successful in taking this action?
- Do you need to find a new action that will move you forward toward achieving your goal?
- **OK, now let's start working on our problem. Let's follow the steps and apply them to this problem.**

Work through each of the steps, applying the questions above to the specific problem at hand. Use Easel Paper to make lists of issues and concerns, for example, possible actions, pros and cons, resources, skills, and barriers.

Give Thanks Tokens to participants as they contribute.

- **That was very good. I'm sure these ideas are going to help you in working on this problem.**
- **If you need more assistance, see one of us and we'll try to help.**



Weekly Goal Setting and Conclusion

Time

- 20 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Lottery prize
- Pens
- Wall Chart: Guidelines for Good Weekly Goals
- Weekly Goal Cards

Review of Session Content

Review today's session.

- **Today we explored the linkages between feelings, thoughts, and actions by focusing on some thinking and acting aspects of our behavior.**
- **We talked about the importance of avoiding STIs and the difficulties of decision-making about staying safe, or protecting ourselves or someone else. We also talked about how to make sex both pleasurable and safe.**
- **We also spent some time learning how to use the SMART Problem-Solving Steps.**
- **Your personal goal for the next week should be something you are confident you can do and that brings you closer to your goal of living healthy.**

Review of Goal Guidelines

Review and discuss Guidelines for Good Weekly Goals.



Suggestions for Weekly Goals

List examples of possible goals on Easel Paper.

- Talking to my partner about substituting a safer sexual activity for one we do that is sort of risky.
- Find out where I'd get tested or treatment if I thought I had an STI.
- Try a new, safer sexual activity with a partner.

Individual Goal Setting

Distribute goal cards.

Have participants define goals and action plans and record them on goal cards.

Prize Drawing and Closing

Draw for prize and conclude session.

End of Session





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Acting Safe Module | Session Two

Required Materials for Session Two

Handouts to be Reproduced

- Commonly Asked Questions About STI's
- Local STI Testing and Treatment Information
- My Ideal Self
- Possible Ideal Self Characteristics
- SMART Problem-Solving Steps
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix D

- Commonly Asked Questions About STI's

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Markers and masking tape
- Lottery prizes
- Lottery tickets
- Pencils
- Pens



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Commonly Asked Questions About STI's

1

Question: If I have HIV, can I get another STI?

Answer: Yes, people living with HIV can get other STIs

2

Question: What's the relationship between HIV infection and transmitting other STIs?

Answer: People infected with HIV and another STI are more likely to transmit HIV. HIV-negative individuals are more likely to get infected with HIV if they have an STI, especially if it has an open sore.

3

Question: STIs are caused by bacteria or viruses. Name some STIs that are caused by bacteria.

Answer: Sexually transmitted bacterial infections include Gonorrhea, Syphilis, and Chlamydia.

4

Question: Name some STIs that are caused by viruses.

Answer: Sexually transmitted viral infections include HIV, Herpes I, and II, and Human Papillomavirus (HPV).

5

Question: True or false: all STIs can be treated.

Answer: True. There are treatments available for STIs.

6

Question: True or false: all STIs can be cured.

Answer: False. Bacterial STIs can be cured. However, viral STIs can only be treated, not cured.

7

Question: How can STIs be prevented?

Answer: STIs can be prevented by abstaining from sexual activity, being faithful to a single sexual partner who is faithful, or using condoms consistently and correctly. Vaccines which prevent transmission of Hepatitis A and B are available.

8

Question: What are the symptoms of STIs?

Answer: Each STI is a separate disease and has its own symptoms. A sore in the genital area, painful urination, or a strange discharge could be signs of an STI. However, some people are infected with an STI without having any symptoms. Only testing by a health care provider can diagnose an STI.

9

Question: I don't have any symptoms of STIs. Do I need to worry about them?

Answer: Yes. You may be infected and not have symptoms. If you are sexually active, ask your health care provider about how frequently you should be tested for STIs.



10

Question: All this talk of STIs makes my Feeling Thermometer go up. What can I do?

Answer: Being knowledgeable about STIs, talking with your health care provider about STIs, and getting tested can help lower your Feeling Thermometer.

11

Question: What is Herpes?

Answer: Herpes is the common name for infection with the Herpes Simplex Virus (HSV).

There are two types of HSV, and both can cause Genital Herpes. HSV type 1 most commonly infects the lips, causing sores known as fever blisters or cold sores, but it also can infect the genital area and produce sores. HSV type 2 is the usual cause of Genital Herpes, but it also can infect the mouth. A person who has Genital Herpes infection can easily pass or transmit the virus to an uninfected person during sex.

Most people get Genital Herpes by having sex with someone who is having a Herpes “outbreak.” This outbreak means that HSV is active. When active, the virus usually causes visible lesions in the genital area. The lesions shed (cast off) viruses that can infect another person. Sometimes, however, a person can have an outbreak and have no visible sores at all. People often get Genital Herpes by having sexual contact with others who don’t know they are infected or who are having outbreaks of Herpes without any sores.

A person with Genital Herpes also can infect a sexual partner during oral sex. The virus is spread only rarely, if at all, by touching objects such as a toilet seat or hot tub.

12

Question: What are symptoms of Herpes?

Answer: Both HSV-1 and 2 can produce sores (also called lesions) in and around the vaginal area, on the penis, around the anal opening and on the buttocks or thighs. Occasionally, sores also appear on the other parts of the body where the virus has entered through broken skin.

HSV remains in certain nerve cells of the body for life, and can produce symptoms off and on in some infected people.

According to the U.S. Centers for Disease Control and Prevention, 45 million people in the United States ages 12 and older, or 1 out of 5 of the total adolescent and adult population, are infected with HSV-2. Nationwide, since the late 1970s, the number of people with Genital Herpes infection has increased 30 percent. The largest increase is occurring in young teens. HSV-2 infection is more common in three of the youngest age groups which include people aged 12 to 39 years.



13

Question: How is Herpes diagnosed and treated?

Answer: Because the Genital Herpes sores may not be visible to the naked eye, a doctor or other health care worker may have to do several laboratory tests to try to prove that symptoms are caused by the Herpes virus. A person may still have Genital Herpes, however, even if the laboratory tests do not show the virus in the body.

A blood test cannot show whether a person can infect another with the Herpes virus. A blood test, however, can show if a person has been infected at any time with HSV. There are also newer blood tests that can tell whether a person has been infected with HSV-1 and/or 2.

Although there is no cure for Genital Herpes, your health care worker might prescribe one of three medicines to treat it as well as to help prevent future episodes.

- Acyclovir
- Famciclovir (Famvir®)
- Valacyclovir (Valtrex®)

The Food and Drug Administration has approved Valtrex® for use in preventing transmission of Genital Herpes.

14

Question: What causes Genital Warts (HPV)?

Answer: Genital Warts are different from the kinds of warts you may have on your hands or the plantar warts on feet. Genital Warts are soft, fleshy-colored growths that can appear around or inside the vagina and in the opening to the cervix (mouth of the womb) in women, and on the anus (rectum) in both men and women. They are caused by certain types of Human Papillomavirus (HPV), a virus that is spread by direct skin-to-skin contact during sex. Cold sores on the mouth can also be a route to HPV infection.

15

Question: Is there a cure for Genital Warts?

Answer: There is no cure for HPV infection, but treatments are available to destroy the warts in the cervix or anus. Genital Warts can recur. There are many different strains of HPV that can cause genital warts.

16

Question: Is there an association between HPV and cancer?

Answer: Yes. Some types of HPV are linked to cervical or anal cancer. Most of the time, people who have these types of HPV have no symptoms and are only aware that they have HPV when they have an abnormal vaginal or anal Pap smear. Genital infections with HPV are very common and, most of the time, the infection does not cause problems. The best way for sexually active individuals to prevent problems is to have regular vaginal or Pap smears as your health care worker recommends.



Your health care worker may not ask you if you have had anal sex, and therefore may not perform diagnostic tests like an anal Pap smear. To protect your health, talk to your health care worker about the type of sex you have had.

17

Question: What are the symptoms of Chlamydia?

Answer: When symptoms of Chlamydia infection occur, they can include discharge from the penis, vagina, or rectum, pain or burning during sex or with urination or defecation, eye and throat infections, and, in women, lower abdominal pain, fever, or bleeding between periods. But remember, three out of four women and half of all men infected with Chlamydia have no symptoms at all. Most chlamydia is found in people under 25.

18

Question: What harm can Chlamydia do?

Answer: Chlamydia infections can spread up from a woman's cervix into the uterus, tubes and ovaries, causing scarring and sometimes chronic pelvic pain and infection. It can make women unable to have children and cause ectopic pregnancies (pregnancies that grow in the tube rather than the uterus). Women with untreated Chlamydia are more likely to give birth too early. If a pregnant woman passes Chlamydia to her baby, the baby may develop eye or lung infections.

19

Question: How is Chlamydia treated?

Answer: Chlamydia can be cured with antibiotics that are usually taken by mouth. Re-infection is very likely if your sex partner does not get treated at the same time. It's important that sexually active people get tested regularly for this and other STIs.

20

Question: What is Syphilis?

Answer: Syphilis is a sexually transmitted infection (STI). It is caused by a bacterium. Of increasing concern is the fact that Syphilis increases by 3- to 5-fold the risk of transmitting and acquiring HIV (human immunodeficiency virus).

The early signs of Syphilis are painless, red sores, called a chancre ("shan-ker"), on a part of your body that you use for sex (penis, vagina, tongue, rectum), a rash on your body, dark blotches on your hands and feet, or slimy white patches in your mouth. Some people with Syphilis have clumps of their hair fall out.



21

Question: How is Syphilis transmitted?

Answer: The Syphilis bacterium is very fragile, and the infection is almost always transmitted by sexual contact with an infected person. The bacterium spreads from the initial ulcer (sore) of an infected person to the skin or mucous membranes (linings) of the genital area, mouth, or anus of an uninfected sexual partner. It also can pass through broken skin on other parts of the body.

In addition, a pregnant woman with Syphilis can pass the infection to her unborn child, who may be born with serious mental and physical problems as a result of this infection.

22

Question: What are the symptoms of Syphilis?

Answer: Initial infection with Syphilis causes an ulcer at the site of infection. The bacteria, however, move throughout the body, damaging many organs over time. Medical experts describe the course of the disease by dividing it into four stages; primary, secondary, latent, and tertiary (late). An infected person who has not been treated may infect others during the first two stages, which usually last 1 to 2 years. In its late stages, untreated Syphilis, although not contagious, can cause serious heart abnormalities, mental disorders, blindness, other neurologic problems and death.

Primary Syphilis: The first symptom of primary Syphilis is an ulcer called a chancre (“shanker”). The chancre can appear within 10 days to 3 months after exposure, but it generally appears within 2 to 6 weeks. Because the chancre may be painless and may occur inside the body, the infected person might not notice it. It usually is found on the part of the body exposed to the infected partner’s ulcer, such as the penis, vulva, or vagina. A chancre also can develop on the cervix, tongue, lips, or other parts of the body. The chancre disappears within a few weeks whether or not a person is treated. If not treated during the primary stage, about one-third of people will go on to the chronic stages.

Secondary Syphilis: A skin rash, with brown sores about the size of a penny, often marks this chronic stage of Syphilis. The rash appears anywhere from 3 to 6 weeks after the chancre appears. While the rash may cover the whole body or appear only in a few areas, it is almost always on the palms of the hands and soles of the feet.

Because active bacteria are present in the sores, any physical contact, sexual or nonsexual, with the broken skin of an infected person may spread the infection at this stage. The rash usually heals within several weeks or months.

Other symptoms also may occur, such as mild fever, fatigue, headache, sore throat, patchy hair loss and swollen lymph glands throughout the body. These symptoms may be very mild and, like the chancre of primary Syphilis, will disappear without treatment. The signs of secondary Syphilis may come and go over the next 1 to 2 years of the disease.



23

Question: How is Syphilis treated?

Answer: If a person has been infected with Syphilis for less than a year, an injection of penicillin is given. Additional injections are needed if the infection has been going on longer than a year. Some other antibiotics are available if the person cannot take penicillin. No home or over-the-counter remedies work with Syphilis.

24

Question: What are the symptoms of Gonorrhea?

Answer: Many men have no symptoms of Gonorrhea at all, but some may experience burning when they urinate, notice a white, green, or yellowish discharge from their penis, or have swollen testicles. Men who have symptoms usually get them within one week of being infected.

Women usually have very mild or no symptoms. Sometimes women may feel they have a bladder or vaginal infection.

A Gonorrhea infection of the throat rarely has symptoms, and in rectal infections there may be discharge, itching, discomfort, or bleeding.

25

Question: What harm can Gonorrhea do?

Answer: Gonorrhea can make it impossible for women and men to have children. It can also cause blood or joint problems, and sometimes be life-threatening. People with Gonorrhea are more likely to contract or transmit HIV. If a pregnant woman gets Gonorrhea, she is more likely to have a miscarriage or to pass it to her baby during birth.

25

Question: How is Gonorrhea treated?

Answer: Several antibiotics can successfully cure Gonorrhea in adolescents and adults. However, drug-resistant strains of Gonorrhea are increasing in the United States. Because many people with Gonorrhea also have Chlamydia, another sexually transmitted disease, antibiotics for both infections are usually given together. Persons with Gonorrhea should get tested for other STIs.

27

Question: Are there special considerations about STIs for men who have sex with men (MSM)?

Answer: Yes, CDC's 2002 STD Treatment Guidelines provide specific recommendations for prevention services that should be provided for all sexually active MSM. These services include: 1) testing for HIV, Syphilis, Gonorrhea and Chlamydia, at least annually; and 2) vaccination against Hepatitis A and Hepatitis B. Go to the health department to get more updated information.



Sexually active men who have sex with men who experience HPV infection in or around the rectum have a higher risk for developing anal cancer. It is important that these men share information about this infection with every health care provider. Some providers may perform an anal Pap smear to help diagnose signs of anal cancer.

28

Question: What is Hepatitis?

Answer: Hepatitis means inflammation of the liver. Most typically, it is caused by infection with one of three viruses; Hepatitis A virus (HAV), Hepatitis B virus (HBV), or Hepatitis C virus (HCV).

29

Question: How do you get Hepatitis B?

Answer: Hepatitis B is caused by a virus that attacks the liver. Hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Only a blood test can tell you if you have Hepatitis B for sure.

HBV is spread when blood or body fluids from an infected person enters the body of a person who is not infected. For example, HBV is spread through having sex with an infected person without using a condom (the effectiveness of latex condoms in preventing infection with HBV is unknown, but their proper use might reduce transmission), by sharing drugs, needles, or “works” when “shooting” drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Hepatitis B is not spread through food or water, sharing eating utensils, breast feeding, hugging, kissing, coughing, sneezing or by casual contact.

Hepatitis B is primarily transmitted through blood exchange and unprotected sex. It can be passed from a mother to their unborn baby. There is a vaccine to protect against HBV.

30

Question: How do you get Hepatitis A?

Answer: Hepatitis A is a liver disease caused by the Hepatitis A virus (HAV).

Hepatitis A virus is spread from person to person by putting something in the mouth that has been contaminated with the stool of a person with Hepatitis A. This type of transmission is called “fecal-oral.” For this reason, the virus is more easily spread in areas where there are poor sanitary conditions or where good personal hygiene is not observed. Most infections result from contact with a household member or sex partner who has Hepatitis A. Casual contact, as in the usual office, factory, or school setting, does not spread the virus.

There is a vaccine to protect against Hepatitis A infection.



31

Question: How do you get Hepatitis C?

Answer: Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV), which is found in the blood of persons who have this disease. HCV is spread by contact with the blood of an infected person. There is no vaccine for Hepatitis C infection.

32

Question: What are the symptoms of Hepatitis A, B and C?

Answer: The early symptoms of newly acquired Hepatitis A, B and C are very similar. They include tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, clay-colored bowel movements and/or yellowing of the skin and eyes (jaundice). Symptoms occur more often in adults than in children.



Local STI Testing and Treatment Information

Local STI Testing and Treatment Information

(To be Prepared by Implementing Agency)





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My Ideal Self

I would like to be the kind of person who is:

1. _____

2. _____

3. _____

4. _____

5. _____





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Possible Ideal Self Characteristics

Accepting	Non judgmental
Calm	At ease, peaceful
Capable	Being able to do something
Caring	Concerned about others
Cheerful	Lighthearted, joyful
Confident	Self-assured
Creative	Imaginative, inventive
Empathetic	Understanding the feelings of others
Friendly	Sociable, hospitable
Funny	Amusing, entertaining
Gentle	Tender, soft
Helpful	Being of service, useful
Honest	Truthful, reputable
Kind	Thoughtful, benevolent
Loving	Affectionate, tender
Passionate	Having intense feelings
Responsible	Accountable, answerable
Spiritual	Believing in a higher power, seeking meaning
Supportive	Giving strength and comfort
Tolerant	Respecting other people's beliefs and actions
Trustworthy	Can be trusted





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SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.





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Weekly Goal Cards

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____



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Which Protection Methods Are Best for Me?

(2 hours)

Session Aims

- To review the range of contraceptives and Sexually Transmitted Infections (STIs) protection methods that are available and the issues associated with using them.
- To learn how these methods may be effectively used.
- To demonstrate and practice problem-solving techniques related to overcoming barriers to using one's prevention method of choice.
- To practice application and removal of male and female condoms.
- To develop a goal related to the prevention of sexually transmitted infections.
- To provide practice time in solving general life problems.

Facilitators' Notes

- This session is designed to deliver very important and serious information in an inviting, interactive way. It is very important that Facilitators model behavior that supports these goals.
- Since this Session is so interactive, Facilitators need to be assertive and use good time management skills to keep the activities focused and to stay within the allocated time.
- If the group is composed of men who have sex with men, do not assume that information about contraception or the female condom is not important. Some of these men may have sexual relationships with women now or in the future.
- It is important that the Facilitator becomes knowledgeable about different protection methods.
- It is essential that the Facilitator practice the male and female condom demonstration before the session and be comfortable in modeling these activities.
- Some participants may be allergic to latex. Facilitators should consider this possibility during the condom demonstrations.
- The use of the female condom for anal sex is discussed in this session because some people use it for that purpose. The intent of the discussion is not to encourage its use for this purpose.

Facilitators' Notes - *continued*

Facilitators should state that the female condom has not been tested for this use. Encourage participants to make personal decisions based upon available evidence.

- The use of condoms by two HIV-infected persons during sex may generate questions or controversy. Facilitators should present the facts about the different strains of HIV and re-infection as they are known, understanding that this is an area where scientific and medical knowledge is growing. **TLC** presents participants with a problem-solving model to help them reach informed, responsible decisions.
- The Feel-Think-Do concept is reinforced by using the Feeling Thermometer (awareness and regulation of feelings), identification of Ideal Selves (a framework for behavioral decision-making), personal problem-solving, and goal setting.
- Practice the session before implementing with participants.
- Read the script until you become comfortable with the content. Once you become comfortable with the content, you should summarize the activities and information in your own words.
- In the manual **bold** text means to read or convey the information to the participants.



Session Agenda

Which Protection Methods Are Best for Me?

- Introduction and Check-In.
- Which Protection Methods Are Best?
- How Do I Use Male and Female Condoms?
- How Do I Make Condom Use More Fun?
- How Can I Solve This Problem?
- Weekly Goal Setting and Conclusion.

Summary of Activities:

Introduction and Check-In. (15 minutes)

- Welcome participants and have them reintroduce themselves. Discuss Thanks Tokens. Review session ground rules. Review progress on weekly personal goals.

Activity 1: Which Protection Methods are Best? (20 minutes)

- Different STI-prevention and contraception methods are described and discussed. The difference between disease prevention and contraception is explained.

Activity 2: How Do I Use Male and Female Condoms? (40 minutes)

- Participants become familiar with both male and female condoms and their correct use.

Activity 3: How Do I Make Condom Use More Fun? (10 minutes)

- A list of ways of introducing the use of condoms is generated by participants.

Activity 4: How Can I Solve This Problem? (15 minutes)

- The SMART problem-solving method is reviewed. A problem identified by one of the participants is used to illustrate the method. In this activity, participants discuss the potential negative impacts of not thinking through a problem before taking action.

Weekly Goal Setting and Conclusion. (20 minutes)

- Set weekly personal goals. Conduct lottery and obtain session feedback.

Required Materials for Session Three

Handouts to be Reproduced

- Effectiveness of Protection Methods for Birth Control
- Effectiveness of Protection Methods for Preventing Sexually Transmitted Infections (STIs) in People Who are HIV-Positive
- Female Condom Instructions
- SMART Problem-Solving Steps
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Pelvic model
- Penile model
- WD-40®

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Introduction and Check-In

Time

- 15 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Laminated Cards: Thanks Tokens
- Lottery tickets
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Welcome

Welcome participants, introduce today's session, and describe prize drawing.

- **In previous sessions we have talked about disclosing your HIV status to a partner and whether or not you want to protect yourself or your partner from HIV or other sexually transmitted infections. Today's session is about how to protect yourself and your partner if you choose to. We'll talk about both male and female condoms and the differences between disease prevention and contraception.**

Lottery Tickets

Distribute lottery tickets and explain how they are used.

- **Again this week, there will be a prize drawing at the end of the session, and I'm going to hand out lottery tickets for that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.**

Thanks Tokens

Review Thanks Tokens wall chart and give out 20 Thanks Tokens to each participant.



Session Ground Rules

Review Ground Rules wall chart and ask for additions.

Weekly Goal Review

Review participants' progress in achieving weekly goals from the prior session.



Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels experienced in weekly goal activity.



Session Preview

Summarize the content of today's session and answer questions.

- **Acting Safe is a module in which we will look for links between our feelings, thoughts, and actions. Why feelings, thoughts, and actions? Because we can use insights into these components of ourselves to live long, healthy lives with HIV, and also keep other people uninfected.**
- **Over the eight sessions of *Acting Safe*, we hope to work on increasing behaviors that promote:**
 - **Healthy living.**
 - **Dealing with the challenges of daily living.**
 - **Increasing positive feelings, thoughts, and actions.**
 - **Reducing sexual and drug-related risks for HIV.**
- **Today, we're going to talk about the various protection methods and then we're going to become more familiar with condoms, both male and female types.**
- **Are there any questions before we go on?**

Give Thanks Tokens as appropriate, if there is any more discussion.



Activity 1: Which Protection Methods are Best?

Time

- 20 minutes

Activity Materials

- Handout: Effectiveness of Birth Control Methods
- Handout: Protecting Against Sexually Transmitted Infections for People Who Are HIV-Positive
- Laminated Cards: Thanks Tokens
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

In this activity, different STI-prevention and contraception methods are described and discussed. The difference between disease prevention and contraception is explained. A Contraceptive Methods wall chart can be obtained locally by contacting commercial agencies such as ETR Associates or from local hospitals or clinics. It is important to make sure that charts are updated with new methods of contraceptive choice.

Protecting Against STIs

Introduce the session. Begin with discussion of protecting against STIs.

- **You may have decided not to tell your sexual partner that you are HIV-positive, but still want to protect yourself and him or her.**
- **Or you may have decided to tell your partner.**
- **Either way, you need to think of the best ways to protect yourself and your partner from sexually transmitted infections, possible re-infection from HIV, and pregnancy.**
- **This is what we're going to do today—look at ways to protect yourself and your partner.**

- **Let's take a look at a couple of handouts.**

Distribute the handout Protecting Against Sexually Transmitted Infections for People Who Are HIV-Positive.

Discuss the relative cost and effectiveness of the methods.

- **We'll start with one that looks at how well different methods work in protecting people with HIV against sexually transmitted infections and from becoming re-infected with HIV.**
- **Let's talk about this handout.**
- **At the left it lists the various methods for preventing sexually transmitted infections. Then it tells you in general terms how well each method works and how much it may cost compared to other methods.**
- **Take a look at the methods listed.**

Discuss the most effective methods first.

- **First is abstinence, which means not having sex with anyone, including your main partner. Who can tell me why this is effective?**

Encourage a discussion of why abstinence is the best method in preventing one from acquiring as well as transmitting an infection—no sex means no sexually transmitted infection.

- **Next on the list is being faithful. Can someone tell me what being faithful means and why it works or why it protects against infection—and who it protects?**

Be sure the point is made that being faithful means that both partners would not have to worry about infection as a result of any other current partners outside the relationship. Mention that both partners must test negative for HIV or any other infections for this approach to work in preventing infection.

- **While being faithful is very effective for some people, in what way is it less effective for people with HIV?**

Be sure the point is made that, infected persons are at risk of re-infecting themselves or their partners. Next, discuss the male condom.

Protecting Against STIs - *continued*

- **You probably know about the male condom. We will practice with that later and you'll also have a chance to check out a female condom.**
- **Who can tell me why condoms are listed as effective?**

Point out the following, if participants don't:

- Used correctly and consistently, condoms form a good barrier that prevents HIV or semen from passing through.
- **What makes condoms not perfect?**

Discuss issues raised including:

- Condoms rely on partner compliance.
- They need consistent and correct use.
- **None of the other methods listed on this sheet provides protection against sexually transmitted infections or HIV, and we'll talk about their use for birth control later on.**
- **The second column of the handout shows you how well each method works in protecting the partners against HIV and other sexually transmitted infections. And then there are some comments about the method.**
- **What are the methods that work best at preventing the transmission of HIV and other sexually transmitted infections? Who can tell me, from this handout?**

Be sure both abstinence and condoms are mentioned.

- **Abstinence and using condoms are the best methods for HIV prevention. Nothing else comes close.**
- **The problem with the male condom is that a person may have to convince a partner to use one.**
- **Only the female condom both protects effectively against infections and lets the woman be in control of using it.**
- **The problem with the female condom is that it is expensive compared to the male condom, right now. However, it may be**

available at lower cost through family planning clinics. We hope that the price will go down sometime in the future.

What Doesn't Work to Prevent STIs

Discuss what doesn't work in protecting against STIs.

- **Popular birth control devices and methods, such as the Pill, do not prevent STIs.**
- **Sometimes various other birth-control methods have been recommended as ways to avoid HIV or STIs, but these do not work.**
- **One of these methods is spermicides. Spermicides used to be recommended as a way of reducing transmission of HIV and other sexually transmitted infections. It has recently been found that they do not protect against STIs or HIV.**
- **In the last few years, several studies have shown that nonoxynol-9, the ingredient in most spermicides that kills the sperm, doesn't really protect against infections and may actually increase the risk for transmission of HIV and other sexually transmitted infections. Because of this, spermicides are no longer recommended for protection against sexually transmitted infections.**
- **Another method is early withdrawal of the penis, or "pulling out," before ejaculation. People need to be very clear that this method doesn't work.**
- **There are sperm in the fluid that leaks out of the penis before ejaculation takes place. This is called pre-seminal fluid or "pre-cum." Besides sperm, it can also contain viruses or bacteria that cause infections, including HIV. This is why you need to protect yourself and your partner before as well as during sex.**
- **Remember: Condoms, including female condoms, are highly effective in protecting against infections when used consistently and correctly. They're the best way to protect yourself and your partner if you are sexually active. Everyone who is sexually active should carry condoms—and use them.**

Protecting Against Pregnancy

Discuss protection against pregnancy and distribute handout.

- **Now let's take a look at the handout on how well the different methods for birth control work.**
- **Why are we talking about birth control? Because many people believe that if they are using any kind of birth-control method they are protected from HIV or other STIs. This isn't so, and that's why we'll talk briefly about birth control.**

Distribute the handout Effectiveness of Birth Control Methods.

- **You can see that there are lots of effective methods.**
- **What are the most effective methods of birth control you see on this chart?**

Give Thanks Tokens to participants as they contribute.

Continue with a discussion of the methods listed on the handout. Emphasize that they do not protect against STIs.



Facilitators' Choice

If the group is composed of only gay men, you may elect to skip this part of the discussion of contraception. Remember that some of these men may have sex with women now or in the future.

As you mention each, point to it on the Contraceptive Methods wall chart.

- **This handout also mentions cervical caps and diaphragms. These are devices that fit over the cervix, the opening of the uterus, in slightly different ways to prevent sperm from entering and causing pregnancy.**
- **The handout also lists the Pill, which women may use for birth control. Women who wish to avoid pregnancy take the Pill daily. It adjusts the woman's hormones so she doesn't become pregnant.**
- **Another method of birth control, Depo-Provera[®], is injected every three months.**

- **The NuvaRing® is a fairly new method of birth control. It is inserted by the woman herself into her vagina every month and stays there for three weeks.**
- **The birth control patch, called OrthoEvra®, is applied by the woman herself to her skin once a week for three weeks. Each patch stays on for a week.**
- **An IUD is a little device that is inserted into the woman's uterus by a health care provider.**
- **Spermicides kill sperm and some of the germs that cause sexually transmitted infections. There are many kinds of spermicides that a woman puts in her vagina. Film spermicide is one of the least messy spermicides, but it dissolves very quickly and its effectiveness for birth control is therefore limited. As was mentioned earlier, spermicides containing nonoxynol-9 may actually increase the risk of getting some STIs, including HIV, and therefore, are not recommended.**
- **Other kinds of spermicides include foam, jelly, and cream. These have the same disadvantages as film spermicides.**

Show foam, jelly, and cream containers if available; otherwise, point them out on the Contraceptive Methods wall chart.

- **Those of you who have, or will have, sex with opposite-sex partners may choose to rely on methods like the Pill, or shots like Depo-Provera®, for birth control, but again, they don't protect you or your partner against sexually transmitted infections. This means you'll still need to use another method like the male or female condom for protection against infections.**
- **Remember that withdrawal before ejaculating is not effective. Can someone tell me why it's not effective for birth control?**

Acknowledge correct comment. Give out Thanks Tokens. Repeat the reason (stated below) as it is stated on the STI handout:

- **As with protection against HIV and other sexually transmitted infections, or STIs, early withdrawal of the penis doesn't work for birth control, because there are sperm in the pre-ejaculatory fluid.**



Protecting Against Pregnancy - *continued*

- **You may wish to use two different methods—one for preventing infections and one for birth control. How do you feel about having to use two methods such as the Pill and a condom? Who can tell me how they would feel?**

Obtain reactions. Probe for genuine difficulties (affordability) vs. imagined difficulties (too much trouble). Don't argue with participants' reasoning; ask others how they would respond to the comments that are made—do they agree, disagree, have a comment about it? Correct factual errors.

- **There are lots of other things you may want to know about each method before you make up your mind.**

Show handout to participants.

- **This handout describes what we know right now about these methods. New information may be reported at some time, so you may want to check in with your health care provider if you have additional questions.**

Discuss other things to know about birth control.

- **Here are some other things you need to know about birth control methods.**
- **Where it says “Applicator” it means the woman uses a small tube that comes with the method to insert the device inside of her vagina.**
- **“One hour before” means that the woman can't put it in hours in advance—only one hour or less before she's planning on using it.**
- **You have to put spermicide in no more than one hour before having sex.**
- **Some spermicides, such as the film, require that you wait 15 minutes after putting it in before having intercourse. Remember the problem with nonoxynol-9. It is likely to increase the risk of transmission of HIV and STIs.**
- **Some women can develop pelvic inflammatory disease, commonly referred to as PID. This is a serious internal disease**

caused by sexually transmitted infections like gonorrhea and chlamydia. It can leave a woman unable to have a child and seriously harm her health in other ways. It is not clear that using an IUD causes PID. However, women who have had PID usually are discouraged from using an IUD.

- Another point is that cervical caps are good for birth control, but between 20 and 40 percent of the women who want a cervical cap cannot be fitted properly.
- Also note, spermicides, alone or with diaphragms, condoms, or cervical caps, are not recommended for use by people living with HIV, because they can increase the risk for transmission of HIV and other sexually transmitted infections. Therefore, if you are using spermicides as your birth control method, check with your health care provider. Finally you should know that no method except abstinence is 100% foolproof for preventing infections and pregnancy.

Facilitators' Choice

If you skipped the contraception part because your group is composed entirely of gay men, resume at this point.

Ask if participants have questions about what was covered.

- **Are there any questions about the methods for birth control, or for preventing infections?**

Answer questions. Distribute Resource Packets that provide more information on methods.

Abstinence Revisited

Reintroduce abstinence to participants.

- **You may want to seriously consider abstinence until you are in a relationship where you can discuss and practice safer sex. Does anyone know someone who is deliberately abstaining from sexual relations now?**

Guide discussion of positive aspects of abstinence—preventing disease, avoiding pregnancy, not getting in over your head in a relationship before you're ready.

Protecting Against STIs Revisited

Reintroduce condoms as the most effective way to prevent infections.

- **If you are or intend to be sexually active, however, condoms (male and female) are the most effective ways to prevent HIV infection and re-infection as well as STIs. We will spend some time today talking about how to use them correctly. First we're going to learn about the female condom and practice how to put it on. Then, we will practice with the male condom.**

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Activity 2: How Do I Use Male and Female Condoms?

Time

- 40 minutes

Activity Materials

- Easel Paper
- Handout: Female Condom Instructions
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Paper towels
- Protection Methods and Supplies
 - Female condoms
 - Female pelvic model
 - Hand wipes
 - Latex male condom, lubricated
 - Latex male condom, unlubricated
 - Natural-membrane condoms
 - Penis models
 - Polyurethane condoms
 - Samples of lubricants
 - WD-40® spray oil
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Use this activity to help participants become familiar with both male and female condoms and their correct use.

Attitudes Toward Condoms

Discuss participants' attitudes towards condoms.

- **We've been talking a lot about condoms and will have much more to say about them.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level when you think about using condoms for sex?**

Encourage sharing feelings of levels of comfort and discomfort. Probe for positive experiences if necessary.

Give Thanks Tokens to participants as they contribute.

- **I think that today's discussion will help improve your success with condoms. Let's continue it now.**

Female Condoms

Discuss the female condom, including how it is used. Do not show it to participants until after some initial discussion about it with participants.

- **Let's start by talking about female condoms. Female condoms have been around a while, but a lot of people still haven't seen or used them. Has anyone seen one?**

Determine whether or not people have seen or used female condoms. Find out what participants know about the female condom, what it looks like, how to use it, and how it feels. Ask the following questions, modifying them as needed.

- **Tell me what ideas you have about it.**
- **For example, what does the female condom look like?**



Female Condoms - *continued*

- **How do you use it?**
- **What does it feel like?**

Encourage sharing of ideas that people already have.

Hold up a female condom and discuss the look, the uses, the advantages and disadvantages.

- **Let's see what the female condom actually looks like.**
- **Sometimes it's called a vaginal pouch.**
- **The female condom is a method that gives a woman control over its use—she doesn't have to rely on her partner using a male condom.**
- **Sometimes Men who have Sex with Men (MSM) may use female condoms for anal intercourse.**
- **Some users complain that female condoms squeak during intercourse. A little lubricant can reduce that squeaking.**
- **Unlike most other condoms, you don't have to be concerned about what type of lubricant you use with the female condom. It's made out of polyurethane, so it won't break down if you use an oil-based lubricant, as latex condoms will. Polyurethane also conducts body heat better, so it feels more natural in that regard.**

Hand out a female condom to everyone. Instruct participants not to open the package until you go over the instructions.

- **Here is a female condom for everyone.**

Opening a Female Condom Packet

Demonstrate the proper way of opening a condom package, taking care to inspect the package for the expiration date and tearing it open carefully. Describe what you're doing as you go along.

- **First, check the expiration date under the flap on the back of the package. To open the package, locate the arrow at the tear notch on the upper right-hand corner and tear open.**

- **Take the condom out and examine it.**
- **The loose ring outside the pouch is called the inner ring, because it goes inside the body, and the ring connected to the opening of the pouch is called the outside ring, because it remains outside the body.**
- **Rub the outside of the condom to make sure lubricant inside is evenly spread.**
- **Add more lubricant if needed. As I mentioned before, with female condoms you don't have to worry the way you do with male condoms about the kind of lubricant you use. With male condoms, oil-based lube can't be used because it damages the latex. With female condoms, either oil- or water-based lube is fine, because it's made out of polyurethane, not latex.**

Demonstrate by putting your hand inside the female condom, encourage participants to familiarize themselves with it.

- **Put your hand in the condom; see how far you can stretch it.**
- **Let's practice using the female condom.**
- **First, I will talk through the steps from the instruction guide.**

Use the manufacturer's female condom instruction guide for demonstrating its use. Read each page and show the picture. This picture book is available in English and Spanish.

- **Remember that for vaginal sex, the female condom can be put on ahead of time if you prefer. It doesn't have to be done in front of your partner.**
- **On the other hand you could teach your partner how to insert it and make it part of your love-making.**
- **Now let's demonstrate how to insert the female condom, using a pelvic model.**
- **Here is a pelvic model for us to practice on.**

Show the pelvic model. Note that the model is smaller than the actual women's pelvis. Identify relevant parts.

Opening a Female Condom Packet - *continued*

- **This model is a little smaller than a woman’s actual pelvis and is not as flexible, but by seeing this you will get a better idea of how to use the female condom.**
- **First, we need to identify some of the parts of a woman’s body on the model.**

Point to the vagina and pelvic bone on the model.

- **Here is the vagina, and here is the pelvic bone.**

Demonstrate inserting the condom in the pelvic model. Follow the instructions in the female condom instruction guide for demonstration. Please practice using the female condom several times before the demonstration. Example instructions follow.

To Insert the Female Condom

Read the instructions out loud.

- **Find a comfortable position—one foot up on chair, or sit with knees apart, or 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 it.**
- **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. 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.**
- **About one inch of the open end will stay outside your body. Make sure that the outside ring lies against the outer lips.**

Removing the Female Condom

Read the instructions out loud.

- **To remove the female condom, squeeze and twist the outer ring to keep the semen inside the condom.**
- **Pull out gently.**
- **Throw away in a trash can—not down the toilet.**

Give everyone a female condom and some lubricant. Have one person try inserting it on the model while the others watch. Make sure they hold the model in front of them.

- **I would now like each of you to practice inserting and removing the female condom, one at a time.**
- **Hold the model in front of you when you practice. That makes it more realistic.**

Move around the room and assist participants where needed. When the exercise is over, ask how comfortable they were practicing.

- **How comfortable were you practicing inserting the female condom?**

Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels.



Removing the Female Condom - *continued*

- **I'd like you to use the Feeling Thermometer to tell us how uncomfortable you are. Remember, 100 is extremely uncomfortable, and zero is not at all uncomfortable.**
- **To get comfortable with the female condom and to see how you react to inserting it, you may want to practice inserting one at home between sessions.**

Give out two female condoms, lubricant, and instructions to each person.
Encourage participants to practice at home.

- **Here are two female condoms, lubricants, and instructions for each of you.**
- **When you need additional female condoms, just ask at our next sessions.**

Review Female Condom Application

Provide additional tips about female condom application.

- **There are a few more things about the female condom to review.**
 - **Practice inserting it on your own.**
 - **Use your hand to guide the penis into the condom.**
 - **If something goes wrong, throw the condom away and start again.**
 - **If the outer ring gets pushed into the vagina, stop.**
 - **Use a new condom every time you have sex.**
 - **Never use a condom twice.**
 - **Do not remove the condom's inner ring.**
 - **Do not use a male condom and a female condom at the same time.**
 - **Don't tear the condom.**
 - **Use more lubricant if needed.**

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Which Protection Methods Are Best for Me?

- **Like anything else, some couples will want to use the female condom and others won't.**
- **If you have used a diaphragm before, it may be easier to insert and use a female condom.**

Discuss how to improve use.

- **Now that you have learned about the female condom, how would you improve them—colors, flavors?**
- **What are your ideas?**

Encourage sharing of ideas on how to improve the female condom.

Give participants some examples and give Thanks Tokens to participants as they contribute.

- **Men with female partners can support their partner's use of female condoms. Some couples find that they prefer having the male partner insert the female condom, but others find that the female partner experience discomfort when someone else inserts it into her body.**

Encourage a discussion of using the female condom for anal sex.

- **Some couples use it for anal sex, with the inner ring removed. So far, there are no studies that show how effective this is at preventing infections when used in this manner. Depending on the preferences of the particular couple, the receptive or bottom partner may insert the condom, or the insertive or top partner may insert it.**
- **What do you think about the idea of using a female condom for anal sex?**
- **Do you know anyone who has used the female condom for this?**

If someone has, ask what they learned.

- **What did they say about it?**

Encourage participants to practice what they would say to ask a partner, either male or female, to use a female condom.

Give Thanks Tokens to participants as they contribute.



Review Female Condom Application - *continued*

- **How would you encourage a partner to use a female condom? What would you say?**
- **Who else will tell us what they would say?**
- **Do you have any questions about the female condom?**

Tips for Good Condom Use

Discuss tips for good condom use.

- **Before we talk about male condoms, I'd like to start a list of Condom Tips, and add to it as we go along.**

Put up a sheet of Easel Paper and label it "Condom Tips".

- **Let's look at some tips for good condom use from what we've already discussed. Here are a couple of tips.**
- **Notice expiration date.**
- **Condom packages always have expiration dates printed or stamped on them. Never use a condom after its expiration date. It may not offer you the protection you are looking for.**
- **Don't open package with teeth because you may damage it.**
- **When opening the condom package, always be careful not to tear or damage the condom, especially with your fingernail—don't use your teeth for the same reason.**

Write the two examples on the Condom Tips list.

- **We'll add to the list as we go along.**

Male Condoms

Introduce discussion on male condoms.

- **Now let's talk about male condoms—condoms that can be used on penises. There are several types of these.**

Latex Condom

Describe what latex condoms are made out of.

Distribute one unlubricated latex condom to each participant.

- **This condom is made out of latex. It is very durable and can stretch out to quite a large size. Most condoms are made from latex, which is fine if you're not allergic to latex.**
- **A latex condom is a common type of male condom. Is anyone here allergic to latex? If you are, please don't open this package. If you're not allergic to latex, check the expiration date, open the packet carefully, take the condom out, open it up, and check it.**
- **Latex condoms can provide an effective barrier against HIV and other viruses. To be protective, latex condoms must be used correctly and consistently.**
- **What does "correctly" mean?**
- **Using condoms from the beginning of penetration to the end.**
- **Putting on the condom before any type of penetration takes place. Remember that pre-ejaculatory fluid may contain sperm and/or HIV.**
- **Use only with a water-based lubricant.**

Add the new points to the Condom Tips list.

Discussion of Lubricant Use

Discuss use of lubricant.

- **Notice that this condom is dry. Dry or unlubricated condoms like these can be used for oral sex. Depending on the individual woman, they may require additional lubrication for vaginal sex. For anal sex, plenty of lubrication is necessary to make the experience safer and more pleasurable.**
- **Why is water-based lubricant important?**

Discussion of Lubricant Use - *continued*

Ask participants to respond. When they have, then demonstrate.

➤ **Let me demonstrate.**

Blow up an unlubricated condom to the size of a watermelon and tie off the end. Then, holding it up for all to see, lightly spray it with WD-40® oil. The condom will explode almost instantly. (Do this in a well-ventilated area.)

➤ **Oil-based products cause latex to dissolve almost instantly. Don't let this happen to you! Never use an oil-based lubricant with latex condoms. Water-based lubricant is safe. (Add to Condom Tips list.)**

Natural-Membrane Condoms

Hold up a natural-membrane condom. Discuss natural-membrane condom.

➤ **This one is slightly different. It's a natural-membrane condom, sometimes called a lambskin condom. What do you think about this type of condom? Have you ever seen one like this before?**

Hand out two opened natural-membrane condoms for participants to inspect.

Wait for or encourage participants to respond. Discuss the responses and correct any misinformation. Be sure you make the following points:

- **This condom is made out of a natural membrane. Natural-membrane condoms are made out of some type of animal intestine.**
- **They cannot allow sperm to pass through them.**
- **They may, however, allow viruses like HIV, hepatitis B, or herpes simplex to pass through them. This makes them useless as protection against these viruses.**
- **Some people who use them as a contraceptive think they provide maximum sensation. They can be used with any type of lubricant. However, they should never be used as protection against HIV or other viruses, because the virus can go right through them. (Add to Condom Tips list.)**

- **What about lubricated condoms? Don't use them if the lubricant contains nonoxynol-9. Apart from the lubrication, however, there is no difference from the unlubricated condom. The lubrication may help with vaginal sex. There is not enough lubricant for anal sex. Additional lubricant should be used. Most people would not use a lubricated condom for oral sex. (Add to Condom Tips list.)**

Polyurethane Condoms

Discuss polyurethane condoms and distribute one polyurethane condom to each participant.

- **Now I'm going to hand out the last condom we're going to look at. If you're allergic to latex, you don't need to worry. This is the condom for you. Please take one, check the expiration date, and open it carefully.**
- **This condom is made out of a type of plastic called polyurethane. It is designed for individuals who cannot or will not use latex condoms.**
- **What do you think of it? How does it feel to you?**
- **The polyurethane condom is made out of plastic and can be used with any type of lubricant. Some people think that it can conduct body heat better than latex condoms and therefore offers more sensation. When it was originally approved for use, there were concerns that more slippage could happen with polyurethane condoms. Subsequent tests have not proved this to be true. (Add to Condom Tips list.)**

Discuss other tips to using condoms.

- **Condoms should always be used correctly and consistently. What does consistently mean?**

Let participants respond. Make sure the response includes the following:

- Use condoms each and every time you have sex.
- To protect yourself and your partner it's important to use a new condom with every sex act you have (vaginal, anal or oral). (Add to Condom Tips list.)

Polyurethane Condoms - *continued*

- **How can you tell if a lubricant is water-based? Always read the label if you are unsure.**
- **What about flavored lubricants? As long as they are water-based, they are fine. Try experimenting with different types and flavors. Things like whipping cream or chocolate are used by some people to enhance their pleasure. Since they both contain oil, they shouldn't be used with latex condoms.**

Lead participants to a side table set up with several types of water-based lubricants, of the brands that can be found in your area. Encourage participants to touch and taste various types of lubricants. After this exercise, distribute hand wipes to clean up.

- **Let's go to the lubricant bar and test the feel, smell and taste of some popular options.**

Bring the group back together.

- **Remember, for condoms to be effective, they must be used correctly and consistently. So let's practice correctly putting a condom on this penis model.**

Male Condom Demonstration

Demonstrate use of male condom. Have participants watch. Read out the instructions. Hold up a penis model.

- **I am going to demonstrate. Then I want each of you to practice.**
 - **Check the expiration date on the condom package.**
 - **Open the package carefully.**
 - **Put a drop of water-based lubricant inside the tip of the condom. This helps to increase sensation.**
 - **Roll down 1/2 inch of the condom.**
 - **Holding on to the tip of the condom, put it on the head of the erect penis. If the penis is uncircumcised, pull back the foreskin first.**

- **If you accidentally start rolling it on backwards, start over with a new condom. The condom could have come into contact with pre-cum on the tip of the penis. Remember that pre-cum could contain sperm or HIV.**
- **Squeeze out any air from the tip of the condom before rolling it down.**
- **Roll the condom all the way down to the base of the penis.**
- **Gently smooth out any extra air.**
- **It's also important to take the condom off correctly.**
 - **Pull out gently while the penis is still erect.**
 - **Hold the condom at the base of the penis while removing the condom so that it doesn't leak or come off.**
 - **Starting at the base, roll the condom off carefully so the cum doesn't spill.**
 - **Throw the condom away in the trash, not in the toilet. Never use a condom twice.**

Divide participants into two groups, with a Facilitator for each group. Give each group a penile model, unlubricated condoms, and hand wipes. Give everyone a chance to practice putting a condom on and taking it off the penis model. Have participants talk through the steps. Give lots of encouragement and praise even if the attempt is not perfect in this practice. Once everyone has practiced, bring the group together again.

Point to the Feeling Thermometer wall chart and obtain reading.

- **Let's look at the Feeling Thermometer.**
- **Using the Feeling Thermometer, how uncomfortable did you feel practicing putting on a condom?**
- **Remember, 100 means you felt extremely uncomfortable, and zero means you did not feel uncomfortable at all.**

Inquire about what led to discomfort or lack of discomfort.

Ask for questions.





Male Condom Demonstration - *continued*

➤ **Are there any questions about how to use a male condom?**

Encourage discussion and give Thanks Tokens for asking questions and sharing. Try to incorporate the following points into the discussion:

- Novelty condoms (e.g., glow-in-the-dark) are for fun and foreplay only. They should not be used for vaginal, anal or oral sex.
 - Although some condoms are marketed as extra large, there are only slight increases in the actual size of condoms. “Average” condoms should fit the above-average man.
 - Ribbed latex condoms are marketed as offering enhanced sensation. They may or may not. The fact that they are made out of latex and should be used with a water-based lubricant is most important.
 - The same condom should never be used for both vaginal and anal sex, or for more than one partner, or for more than one sex act.
- **We said condoms can give very good protection from infections and pregnancy. Right now let’s talk about how you get condoms.**

Obtaining Condoms

Discuss how and where to obtain condoms.

Facilitate a brief discussion of obstacles that participants may have in obtaining condoms, and help participants generate a list of where they could get condoms. Put up a sheet of Easel Paper and label it “Where to Get Condoms.”

➤ **There are several ways to obtain condoms. Where are good places to get condoms?**

Facilitate a discussion that draws out of participants knowledge about where to purchase condoms or obtain them at no cost. Likely sources should include:

- Community-based organizations (non-governmental).
- AIDS-service organizations.
- Health departments.
- Planned Parenthood.

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- Outreach workers.
 - Bars and clubs.
 - Purchase condoms at grocery stores or supermarkets, drug stores or pharmacies, adult novelty stores, etc.
- **Let's talk a little about buying condoms.**

Discuss the difficulties to purchasing condoms.

- **Has anyone here bought any recently?**
- **What was it like?**
- **Did you get hassled—for instance, because you were young?**
- **What was your reading on the Feeling Thermometer?**
- **What are some strategies that you have used to make buying condoms easier or less embarrassing?**

Review condoms tip list.

- **Let's review the condom tips list. Is there anything we should add to it?**

Add to the list as needed. Encourage discussion.

- **Great. Thanks.**

Distribute Thanks Tokens to those who participated.

- **Now you know all about condoms, but if you want someone to start using one during sex, it helps to know how to make using a condom sexy and fun. That's what we will work on next.**



Activity 3: How Can I Make Using a Condom Fun?

Time

- 10 minutes

Activity Materials

- Easel Paper
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

How to Make Condoms Sexy

Discuss how to make condoms sexy.

- **In a minute we are going to ask you to come up with ideas about making using a condom sexy.**
- **First, here are some tips.**

Write on a sheet of Easel Paper the following:

- IN OR ON
- TALK
- FANTASY
- LOOKING
- WHERE
- HOW
- **What could you put IN the condom or ON the condom to make using it fun and sexy? (Wait for responses.)**
- **Could there be some kind of TALK that makes it erotic? (Wait for responses.)**

- **How could FANTASY help? (Wait for responses.)**
- **What could you and your partner LOOK AT that would spice sex up for you or make it more interesting? (Wait for responses.)**
- **Would putting the condom on in different PLACES (locations) help? (Wait for responses.)**
- **Are there ways to put it on that increase excitement? (Wait for responses.)**
- **Let's see how good you are at thinking of ways to make condoms sexy. I'm going to divide you into teams.**

Divide the group into two or three teams, depending on the number of participants.

Give each team Easel Paper and marking pens.

- **Each team will receive a sheet of Easel Paper and a marking pen.**
- **Your task is to develop a list of ways to make using a condom sexy. You will have a few minutes and then we will see whose list has the most interesting suggestions.**
- **Be creative!**
- **Go ahead and get started.**

Give teams five minutes to complete the task. After five minutes bring the teams back together and discuss the ideas generated by the participants.

- **Time is up.**
- **Let's hear your lists.**

Have each team make a presentation. Encourage fun and laughter.

- **Whose list has the most interesting suggestions on it?**

Don't try to actually come to a decision. Encourage team spirit. Let each team's cohesion and loyalty express itself.

- **How would you introduce your partner to a new and sexy approach to using a condom? What would you say?**



How to Make Condoms Sexy - *continued*

Encourage sharing of ideas.

Give Thanks Tokens to participants as they contribute.

- **Thanks for those ideas.**

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Activity 4: How Can I Solve This Problem?

Time

- 15 minutes

Activity Materials

- Easel Paper
- Handout: SMART Problem-Solving Steps
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Guidelines for Good Weekly Goals
- Wall Chart: SMART Problem-Solving Steps
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants identify problem situations in their lives that are interfering with achievement of their goals. Review the SMART Problem-Solving Steps. A problem identified by one of the participants is used to illustrate the method.

Problem-Solving

Review problem-solving.

- **This is the time in the session to talk about problems in your life and ways to solve them.**
- **Everyone has problems of some kind—with relationships, with family, with friends, with housing, with paying bills, with work, with school, with doctors, with case workers, with the police, and so on.**

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- **These problems make it hard to focus on the positive parts of your life and achieving your goals, like staying healthy.**
- **Who would like to volunteer to share with us an important problem that he or she is facing right now?**
- **Just say a sentence or two to describe the problem, and tell us how it is getting in the way of you working toward a positive goal in your life.**

Allow all participants the opportunity to identify an important personal problem. List the problems on Easel Paper, identifying each in as much detail as possible. Some participants may not wish to share their problems; be sensitive to the feelings of individuals who do not wish to share.

Give Thanks Tokens to participants as they contribute.

- **That's a good list. Thank you for sharing.**
- **Out of the problems we have listed here, is there one that we can agree on to use in today's discussion?**

Circle the selected problem, and write it at the top of a new sheet of Easel Paper.

Refer to the SMART Problem-Solving Steps Wall Chart. Hand out individual copies.

- **To get us started, I'm going to refer to this chart that gives the steps for solving a problem. I'm also going to give you your own copy of it.**
- **Let's start working on our problem. Let's follow the SMART steps and apply them to this problem.**

Work through each of the steps, applying the questions above to the specific problem at hand. Use Easel Paper to make lists of issues and concerns, for example, possible actions, pros and cons, resources, skills and barriers.

Give Thanks Tokens to participants as they contribute.

- **That was very good. I'm sure these ideas are going to help you in working on this problem.**
- **If you need more assistance, see one of us and we'll try to help.**



Weekly Goal Setting and Conclusion

Time

- 20 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Lottery prize
- Pens
- Wall Chart: Guidelines for Good Weekly Goals
- Weekly Goal Cards

Review of Session Content

Review today's session.

- **TLC is about exploring the linkages between feelings, thoughts, and actions. Today we reviewed various methods of preventing HIV and other STIs as well as pregnancy. We also practiced using the male and female condoms. This information can help us make healthy decisions in the future.**
- **Your personal goal for the next week should be something you are confident you can do and that brings you closer to your goal of living healthy.**

Review of Goal Guidelines

Review and discuss Guidelines for Good Weekly Goals.



Suggestions for Weekly Goals

List examples of possible goals on Easel Paper.

- Try to talk my partner into trying a new type of lubricant or condom.
- Get some samples of safe lubricants to try out.
- Show my partner the dangers of oil-based lubricants using WD-40®.

Individual Goal Setting

Distribute goal cards.

Have participants define goals and action plans, and record them on goal cards.

Prize Drawing and Closing

Draw for prize and conclude session.

End of Session





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Acting Safe Module | Session Three

Required Materials for Session Three

Handouts to be Reproduced

- Effectiveness of Protection Methods for Birth Control
- Effectiveness of Protection Methods for Preventing Sexually Transmitted Infections (STIs) in People Who are HIV-Positive
- Female Condom Instructions
- SMART Problem-Solving Steps
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Pelvic model
- Penile model
- WD-40®

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens



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Effectiveness of Protection Methods for Birth Control

Method	Pregnancy Protection	Cost to use	Comment
Abstinence (not having sex with a partner)	High	Free	Under individual control
Being faithful (to one partner who is faithful to you)	None	Free	Not protective against pregnancy in heterosexual relationships
Male latex condom	Moderate	Low	Male partner must cooperate in using it
Female condom	Moderate	Moderate	Woman controls; it is visible
Early withdrawal of penis	None	None	Male controls
The pill	High	High initial cost	Woman controls; convenient but it must be taken daily
Depo-Provera®	High	High initial cost	Woman controls; injects into arm, thigh or buttock every three months. May cause irregular bleeding or absence of periods.
NuvaRing®	High	High initial cost	Woman inserts into her vagina, leaves it there three weeks, and then removes for her period; she inserts a new ring after one week
The patch (OrthoEvra®)	High	High initial cost	Woman applies to her lower abdomen, buttock, upper arm or upper torso once a week for three weeks and doesn't use the fourth week for her period
IUD	High	High initial cost	Woman controls; inserted by health care provider and can generally remain for three to five years or be removed earlier. Use is discouraged after an episode of pelvic inflammatory disease PID
Cervical cap + spermicide	Moderate	High initial cost	Woman controls; 20% to 40% of women can't be fitted
Diaphragm + spermicide	Moderate	High initial cost	Woman controls; removes after six to 12 hours
Film (spermicide)	Low	Moderate	Woman controls; not messy. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Suppository (spermicide)	Low	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Foam (spermicide)	Low	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Jelly/cream (spermicide)	Low	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea

The Food and Drug Administration (FDA) provides information about the effectiveness of different birth control methods. Please check www.FDA.gov for the most current information on approved birth control methods.



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Effectiveness of Protection Methods for Preventing Sexually Transmitted Infections (STIs) in People Who Are HIV-Positive

Method	STI Protection	Cost to use	Comment
Abstinence (not having sex with a partner)	High	Free	Under individual control
Being faithful (to one partner who is faithful to you)	None	Free	Your HIV could be transmitted to your partner; if your partner has HIV, it could be transmitted to you
Male latex condom	High	Low	Male (insertive) partner must use it
Female condom	High	Moderate	Woman controls; it is visible
Early withdrawal of penis	None	None	Male (insertive) partner must do it
The pill	None	High initial cost	Woman controls; convenient but it must be taken daily
Depo-Provera®	None	High initial cost	Woman controls; injects into arm, thigh or buttock every three months. May cause irregular bleeding or absence of periods.
NuvaRing®	None	High initial cost	Woman inserts into her vagina, leaves it there three weeks, and then removes for her period; she inserts a new ring after one week
The patch (OrthoEvra®)	None	High initial cost	Woman applies to her lower abdomen, buttock, upper arm or upper torso once a week for three weeks and doesn't use the fourth week for her period
IUD	None	High initial cost	Woman controls; inserted by health care provider and can generally remain for three to five years or be removed earlier. Carries a risk of pelvic inflammatory disease (PID)
Cervical cap + spermicide	None (and may increase risk for HIV and other infections)	High initial cost	Woman controls; not messy. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Diaphragm + spermicide	None (and may increase risk for HIV and other infections)	High initial cost	Woman controls; not messy. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Film (spermicide)	None (and may increase risk for HIV and other infections)	Moderate	Woman controls; not messy. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Suppository (spermicide)	None (and may increase risk for HIV and other infections)	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Foam (spermicide)	None (and may increase risk for HIV and other infections)	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Jelly/cream (spermicide)	None (and may increase risk for HIV and other infections)	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea





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Female Condom Instructions

**Instructions May be Found in
Female Condom Package.**

(To be Prepared by Implementing Agency)





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SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.





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Weekly Goal Cards

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____



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Should I Try to Get My Partner to Accept Our Using Condoms?

(2 hours)

Session Aims

- To encourage participants to set a personal goal of condom use with all partners.
- To develop participants' skills in refusing unprotected sex and introducing condom use to new or casual and steady partners.
- To provide practice in solving general life problems.

Facilitators' Notes

- When introducing assertive behavior and communication, Facilitators should stress that using assertive behavior and communication promotes acting safely, living healthy and feeling good about oneself and one's life. Verbal behaviors help improve relationships by eliminating guessing and hinting about what is desired.
- The Feel-Think-Do concept is reinforced by using the Feeling Thermometer (awareness and regulation of feelings), assertive behavior and communication, personal problem-solving, and goal setting.
- Practice the session before implementing with participants.
- Read the script until you become comfortable with the content. Once you become comfortable with the content, you should summarize the activities and information in your own words.
- In the manual **bold** text means to read or convey the information to the participants.



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Session Agenda

Should I Try to Get My Partner to Accept Our Using Condoms?

- Introduction and Check-In.
- Do I Want to Convince My Partner to Use Condoms?
- How Do I Refuse Unprotected Sex?
- How Do I Introduce Condoms to a Partner?
- How Can I Solve This Problem?
- Weekly Goal Setting and Conclusion.

Summary of Activities:

Introduction and Check-In. (15 minutes)

- Welcome participants and have them reintroduce themselves. Discuss Thanks Tokens. Review session ground rules. Review progress on weekly personal goals.

Activity 1: Do I Want to Convince My Partner to Use Condoms? (15 minutes)

- Participants explore possible condom goals in relation to their Ideal Self, consider pros and cons of condom use, and use the Feeling Thermometer to reach a personal decision regarding condom use.

Activity 2: How Do I Refuse Unprotected Sex? (25 minutes)

- Participants are introduced to the techniques of assertive behavior and communication and practice using it to refuse unprotected sex. Assertive behavior and communication is an activity that reinforces the Do component of the Feel-Think-Do Framework. It enables participants to be clear when expressing feelings, making requests, and saying no. Participants build refusal skills through observation and role playing. In this activity, participants also practice awareness of non-verbal behaviors and their role in performing assertive actions.

Activity 3: How Do I Introduce Condoms to a Partner? (30 minutes)

- Guidelines and models for requesting condom use for new or casual and steady partners are presented and participants build skills through observation and role playing.

Activity 4: How Do I Solve This Problem? (15 minutes)

- The SMART problem-solving method is reviewed. A problem identified by one of the participants is used to illustrate the method. In this activity, participants discuss the potential negative impacts of not thinking through a problem before taking action.

Weekly Goal Setting and Conclusion. (20 minutes)

- Set weekly personal goals. Conduct lottery and close session.

Required Materials for Session Four

Handouts to be Reproduced

- Guidelines for Influencing a New or Casual Partner to Accept Condoms
- Guidelines for Influencing a Steady Partner to Accept Condoms
- SMART Problem-Solving Steps
- Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix G

- Facilitator Role Play Script: Sean (Sally) and Grady

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Introduction and Check-In

Time

- 15 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Laminated Cards: Thanks Tokens
- Lottery tickets
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Welcome

Welcome participants, introduce today's session, and describe prize drawing.

- **Today's session is about setting your own limits and developing assertive behavior and communication skills to put them into effect. We will be talking about whether or not you want to use condoms with a partner, how to talk to your partner about condoms, how to refuse unprotected sex, and how to negotiate condom use more skillfully.**

Lottery Tickets

Distribute lottery tickets and explain how they are used.

- **Again this week, there will be a prize drawing at the end of the session, and I'm going to hand out lottery tickets for that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.**

Thanks Tokens

Review Thanks Tokens wall chart and give out 20 Thanks Tokens to each participant.



Session Ground Rules

Review Ground Rules wall chart and ask for additions.

Weekly Goal Review

Review participants' progress in achieving weekly goals from prior session.

Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels experienced in weekly goal activity.

Session Preview

Summarize the content of today's session and answer questions.

- ***Acting Safe* is a module in which we will look for links between our feelings, thoughts, and actions. Why feelings, thoughts, and actions? Because we can use insights into these components of ourselves to live long, healthy lives with HIV and also keep other people uninfected.**
- **Over the eight sessions of *Acting Safe*, we hope to work on increasing behaviors that promote:**
 - **Healthy living.**
 - **Dealing with the challenges of daily living.**
 - **Increasing positive feelings, thoughts, and actions.**
 - **Reducing sexual and drug-related risks for HIV.**
- **First, we're going to explore whether or not you want to use condoms with a partner. Once you develop the assertive behavior and communication skills to refuse unprotected sex if you want to, you are in a better position to negotiate protected sex. We have some techniques that should help you do that.**
- **Are there any questions before we continue?**

Give Thanks Tokens as appropriate, if there is any more discussion.



Activity 1: Do I Want to Convince My Partner to Use Condoms

Time

- 15 minutes

Activity Materials

- Easel Paper
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

In this activity, participants explore possible condom goals in relation to their Ideal Self, consider the pros and cons of condom use, and use the Feeling Thermometer to reach a personal decision regarding condom use.

The Ideal Self is a framework for behavioral decision-making. Facilitators should assist participants in practicing to use it to make healthy decisions about condom use.

Convincing a Partner to Accept Using Condoms

Introduce the idea of convincing a partner to accept using condoms and explore possible condom goals related to Ideal Self.

Do a quick refresher of Ideal Self.

Acting Safe Module - Session Four
Should I Try to Get My Partner to Accept Our Using Condoms?

- **We've talked before about what your Ideal Self might be like. Your Ideal Self is what you hope to be in a given situation. Each of you wrote down five words that describe the characteristics of your own Ideal Self.**

Facilitators should be sure participants remember those characteristics.

- **I want you to think now about what your Ideal Self might do in the situation of asking a partner to use condoms.**
- **I'd like you to take a couple of minutes to consider how thinking about your Ideal Self may impact your decision-making about using condoms.**

Give participants a few moments to think about their answers.

- **Who would like to share something about how they would hope to act in this situation?**

Ask for one or two responses.

Provide an example of a situation participants may face.

- **Now here is a situation that you might face someday. You have tried every way you know to convince your partner that the two of you should use condoms.**
- **Your partner won't go along and wants to have unprotected sex with you. You might want to be tough and stand up for what you know is right, or you might want to be convincing and be able to change your partner's mind. Or you might want to be firm and walk away from unprotected sex.**
- **What would your Ideal Self say you should be like in this situation? Who will tell us?**

Ask for one or two responses.

- **What would get in the way of being like your Ideal Self in this situation?**

Ask for one or two responses.

- **How would you overcome this?**

Give Thanks Tokens to participants as they contribute.



Convincing a Partner to Accept Using Condoms

- *continued*

- **Please keep your Ideal Self in mind as we do the next few activities.**

Introduce the relaxation activity.

- **Now I want you to relax as you sit there. Think of your Ideal Self being able to successfully handle this situation the next time you face it.**
- **Think about how your Ideal Self will refuse to have sex without condoms, even though your partner may want unprotected sex.**

Guide participants through breathing exercises. Model taking three deep breaths and letting the air out slowly. Have the group take three deep breaths and exhale.

Take three deep breaths and let the air out slowly while you think about this. PAUSE.

Feel the warm air flowing out and the cool air rushing in. PAUSE.

In and out. PAUSE.

In and out. PAUSE.

Imagine that the situation comes out OK—just as you wanted it to. PAUSE.

Allow time for visualization. Have participants imagine success.

Discuss reasons why or why not they would want to have their partner(s) use condoms.

Refer to Easel Paper: Pros of Using Condoms and Easel Paper: Cons of Using Condoms.

- **Brainstorm about possible reasons you would or would not want to convince your partner to accept using condoms. The reasons you would want your partner to use condoms we're calling pros—advantages of using condoms. The reasons you would not want to use condoms we'll call cons—the disadvantages of asking your partner to use condoms. Call out your ideas.**



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Encourage responses. Write possible reasons that are given in the appropriate column. If no one gives “partner knows I’m positive” as a pro or “have not told partner I’m positive” as a con, be sure to write them on the list, pointing out that these are important factors for some people.

Examples might include:

Pros	Cons
<ul style="list-style-type: none">• Protect self• Protect partner• Do the right thing• Less anxious during sex• Partner knows I’m positive	<ul style="list-style-type: none">• Lose partner• Lonely• Get beat up• No sex• Haven’t told partner I’m positive

Give Thanks Tokens to participants as they contribute.

- **Those are great examples of the pros and cons for using condoms.**
- **You can see that there are reasons in both columns, either for wanting or not wanting to get your partner to accept using condoms.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Let’s focus on the cons for a minute. Remember the Feeling Thermometer? Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, which of the cons would make you feel the most uncomfortable?**
- **Which of the cons would make you feel the least uncomfortable. Which one doesn’t particularly bother you?**

Point to the Feeling Thermometer wall chart and obtain reading. Explore why that disadvantage (con) has the worst feeling associated with it. If participants are reluctant to share, open discussion by offering anonymous examples from the lives of other young people living with HIV you have worked with.

- **Which one of the cons would be the most difficult to fix? What would make it so difficult to fix?**



Convincing a Partner to Accept Using Condoms - continued

- **Can you think of ways of avoiding the cons while still refusing unprotected sex?**

Encourage sharing of which cons are hardest to deal with and brainstorm possible solutions.

- **This decision on refusing unprotected sex has lots of pros and cons and may present conflicts for you.**
- **So let's see what those conflicts are and what impact they may have on doing the "right" thing.**
- **Let's relate what you may decide about using condoms to the kind of person you want to be—your Ideal Self.**

Guide participants through a breathing exercise.

First, let's relax again—take a deep breath. PAUSE.

All the way in and then let it out slowly. PAUSE.

In again and let it out slowly. PAUSE.

Imagine yourself making a decision about using condoms in a relationship you might have. See yourself making a decision—imagine yourself coming to a conclusion about what to do. Think about how this decision fits with the person you want to be—your Ideal Self. PAUSE.

Wait a few moments while participants imagine making a decision about using condoms in the relationship.

- **OK, what we just did will help prepare us for the next activity. Now we're going to look at some of the conflicts that may come up if you are trying to convince a partner to accept using condoms.**



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Activity 2: How Do I Refuse Unprotected Sex?

Time

- 25 minutes

Activity Materials

- Easel Paper
- Handout: Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- Laminated Card: Facilitator Role Play Script: Sean (Sally) and Grady
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants are introduced to the techniques of assertive behavior and communication and practice using it to refuse unprotected sex. Assertive behavior and communication is an activity that reinforces the Do component of the Feel-Think-Do Framework. It enables participants to make clear requests, refusals, and statements of feelings. Participants build refusal skills through observation and role playing. In this activity, participants also practice awareness of non-verbal behaviors and their role in performing assertive actions.

Refusing Sex

Introduce the idea of refusing sex.

- **There are many situations where someone might want to refuse sex. Feeling comfortable refusing sex is important if you are to successfully negotiate safer sex. Sometimes the other person may say “no” to having safer sex. You will want to feel good about your decision not to have sex.**

- **What are some reasons someone might want to refuse to have sex, protected or not?**

Write responses on a sheet of Easel Paper. Mention the following if people are having difficulty thinking of reasons.

- Your partner doesn't want to use a condom.
 - You might not like the person who wants to have sex with you.
 - You would rather just play around, but your partner wants more than that.
 - You are tired.
 - You just don't feel like it.
- **Well, the good news is that there are many ways to refuse.**

Assertive Behavior and Communication

Introduce Assertive Behavior and Communication.

- **Assertive Behavior and Communication is one tool a person can use to refuse having sex. This form of communication allows a person to express what they want without offending other people (e.g. their partner).**
- **Today, we are going to practice direct methods of refusing, because they generally work best. We'll call them assertive behavior and communication skills.**
- **To be assertive means to stand up for your own needs while also being concerned and respectful about the needs of the other person.**
- **What makes assertive communication an especially effective means of speaking with another person?**
- **Standing up for your own needs in a clear and respectful way will increase the chance that you will get what you want, stay safe, and reach your life goals.**

Practice Assertive Behavior and Communication

- **I want you to get ready for practicing how to assertively communicate refusing unprotected sex. Imagine that in the future you decide to refuse having unprotected sex. You hope that you will be able to hold your ground. Imagine that you are successful in refusing.**
- **Think about it for a minute.**

Pause while participants imagine successful refusal.

- **Now let's look at some guidelines on refusing unprotected sex.**

Hand out Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex and go over them.

Tips on Using Assertive Behavior and Communication

1. **Give a clear message.**
 - **Don't say "no" when you mean "yes."**
 - **Don't say "maybe."**
2. **State how you feel.**
 - **"I am hurt and angry that you are unwilling to protect me."**
3. **Show your partner the positive side.**
 - **"I wouldn't be making a fuss if I didn't want to be with you."**
4. **Tell your partner about some other sexual options.**
 - **"There are sexy things we can do that don't require intercourse."**
5. **Tell your partner your point of view.**
 - **"I'm not going to put my health at risk."**
6. **Stay calm.**
 - **Tell yourself you can refuse.**
7. **Take a deep breath and stay focused.**
8. **Don't get into name calling, putdowns, or threats.**
 - **Remember, if you yell back, you'll get more of the same.**

9. Know what your bottom line is.

- **Do you have anything you want to add to this list?**

Obtain responses and give out Thanks Tokens.

Scripted Facilitator Role Play: Sean (Sally) and Grady

Perform role play. Sally is refusing unprotected sex.

Facilitators' Choice

Select names and use gender pronouns for role play characters that are appropriate to the composition of your group.

- **Now <Co-Facilitator's name> and I will role play a very brief example of refusing unprotected sex. Sean (Sally) is refusing unprotected sex.**
- **I will play Sean (Sally) and <Co-Facilitator's name> will play Grady. Listen carefully and tell us whether you think the guidelines we just went over were followed.**

Role Play

Sean (Sally): Wait a minute. Where's the condom?

Grady: *Forget it.*

Sean (Sally): I told you I wasn't doing it without a condom.

Grady: *We don't need one.*

Sean (Sally): We agreed we were going to use condoms.

Grady: *I didn't.*

Sean (Sally): Yes, we did.

Grady: *Well, I'm not using one.*

Sean (Sally): Look, it's for both of us. If I didn't care about you, I wouldn't be insisting on condoms.



Role Play - *continued*

Grady: *Let's get on with it.*

Sean (Sally): I'm not doing it.

Grady: *I'm losing any chance of a hard-on here.*

Sean (Sally): Sorry, I can't. I need us to protect each other by using condoms.

Grady: *What a lover you turned out to be.*

Sean (Sally): I'll be the same lover I've always been as long as we use a condom.

Grady: *Let's stop all this crap. Come over here.*

Sean (Sally): I've said it before and I'll say it again. I'm not going to let you put it in me without a condom.

Grady: *I guess that's it, then. There's nothing more to say.*

End

Play the scene, using script on laminated card. After completing this, ask participants:

- **How well do you think Sean (Sally) followed the guidelines?**
- **What did Sean (Sally) do that you liked?**
- **What would you have done differently if you were Sean (Sally)?**
- **Is there anything you would do that is or is not in line with what your Ideal Self would do in this situation?**

Give volunteers time to speak; encourage participation.

- **Notice that the exact same scene applies to both gay and straight couples because the issues are very similar.**

Encourage evaluations of Sean's (Sally's) approach. Look for comments about aspects like:

- Whether Sean or Sally communicated what he or she wanted clearly.
- Whether he or she used "I" statements like "I feel," "I need," "I want."
- Whether Sean or Sally emphasized the positive (e.g., caring about Grady).

- Whether he or she offered alternatives to unprotected sex.
- Whether he or she avoided yelling, name-calling, and threats.
- **Now that we have gone over the guidelines and seen a demonstration, it is time to practice.**

Unscripted Role Play

Have participants do unscripted role plays refusing sex with a new or casual partner and a steady partner.

- **Let's role play a scene, this time without a script.**
- **There are several things to remember as you do these role plays:**
 - **The guidelines that we covered a few minutes ago.**
 - **Those great suggestions you came up with a little while ago for how to make condom use more pleasurable and less of a barrier to intimacy and trust.**
 - **What your Ideal Self would do in the situation.**

Divide the group in pairs; one Facilitator may need to role play the partner if there isn't an even number of participants.

- **We have two role plays. One role play will be about refusing to have unprotected sex with a casual or new partner, and the other role play will be about refusing unprotected sex with a steady partner.**
- **The role play about refusing a casual or new partner will involve a gay couple. The one about refusing a steady partner will be a straight couple. Each of you will get a chance to role play.**

Role play refusing with a new or causal partner.

- **Let's try the new partner role play first. Which pair of you wants to try it first?**

Get a participant to volunteer.



Unscripted Role Play - *continued*

- **Which one of you will be the person refusing unprotected sex with a new partner and who will play the partner who's trying to get him (her) to have unprotected sex?**
- **Great. Each of you take one of these chairs and let's get started. You'll make up your own script.**

To the partner who is refusing unprotected sex:

- **You find this person really attractive and have been going out with him for a while, but you haven't had sex yet. You've talked about it, though, and you've agreed that tonight will probably be the night.**
- **You know he refuses to use condoms and you know also that you won't have sex if it's not protected.**
- **Your goal is to refuse your new partner if he wants to have unprotected sex.**

To the new partner:

- **You like your new friend and want to have sex with him, but you absolutely will not wear condoms.**
- **Your goal is to get your new friend to have unprotected sex with you.**
- **But don't be too hard on him in the role play.**

To the rest of the group:

- **The rest of you will be observers.**
- **Let me give you your assignments.**

Have each observer pay attention to a specific part of the exchange.

- **You pay attention to:**
 - **Facial expressions.**
 - **Eye contact.**
 - **Gestures.**

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- **Posture.**
- **Breathing.**
- **Feelings expressed.**
- **Voices.**
- **Words used.**

➤ **OK. Go ahead and do the role play.**

Allow the role play to go for a few minutes.

Give Thanks Tokens to the players.

➤ **That was great!**

Point to the Feeling Thermometer wall chart and obtain reading.

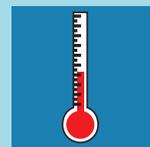
To the partner who was refusing to have unprotected sex, get feedback:

- **Tell us how you felt, with 100 being extremely uncomfortable and zero being not at all uncomfortable.**
 - **What, if anything, made you uncomfortable?**
 - **What, if anything, made you comfortable?**
 - **What one thing did you do that you liked?**
 - **Was what you said or did in line with your Ideal Self?**
 - **What one thing would you do differently?**

Point to the Feeling Thermometer wall chart and obtain reading.

To the partner refusing to use a condom, get feedback:

- **Tell us how you felt, with 100 being very uncomfortable and zero being completely comfortable.**
 - **What, if anything, made you uncomfortable?**
 - **What, if anything, made you comfortable?**
 - **What one thing did your partner do that you liked?**
 - **What one thing would you do differently if you were in his shoes?**



Unscripted Role Play - *continued*

Get feedback from the observers. To the observers:

- **What did <the partner who was refusing> facial expression look like?**
- **Did he make eye contact with the new partner?**
- **What did you notice about his voice? Posture?**
- **From what you saw, what did he seem to be feeling?**
- **What did the partner who was refusing to have unprotected sex do that you liked?**
- **What one thing would you do differently if you had played that role?**

Open up general discussion on the role play, but keep it brief.

- **This time we will select the situation where you and your partner have had unprotected sex for a while.**
- **You have decided that wearing condoms will protect you and your partner.**
- **Your partner won't go along with you.**
- **The next pair will do this role play.**
- **One of you will play the partner who refuses unprotected sex and the other one will play the partner who doesn't want to use a condom.**

Decide who will play each role. Invite both to sit in chairs in center.

To the steady partner who is refusing to have unprotected sex:

- **Your goal is to refuse your steady partner if he or she wants unprotected sex. Try to do it in a way that expresses your Ideal Self, the person you hope to be, as a loving partner in this situation.**

To the steady partner who wants to have unprotected sex:

- **In playing the steady partner you are eager to have sex and won't use a condom. Your goal is to get your partner to have unprotected sex with you.**



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- **Don't be too hard on your partner.**

To the others in the group:

- **The rest of you will be observers.**
- **Let me give you your assignments.**

Have each observer pay attention to a specific part of the exchange.

- **You pay attention to:**

- **Facial expressions**
- **Eye contact**
- **Gestures**
- **Posture**
- **Breathing**
- **Feelings expressed**
- **Voices**
- **Words used**

- **OK. Go ahead and do the role play.**

Allow the role play to go for a few minutes.

Give Thanks Tokens to the players.

- **That was great!**
- **Let's get feedback on the role play. We'll start with the players.**

Point to the Feeling Thermometer wall chart and obtain reading.

To the steady partner who refused to have unprotected sex, get feedback:

- **Tell us how you felt, with 100 being extremely uncomfortable and zero being not at all uncomfortable.**
 - **What, if anything, made you uncomfortable?**
 - **What, if anything, made you comfortable?**



Unscripted Role Play - *continued*



- **What one thing did you do that you liked?**
- **Was what you said or did consistent with your Ideal Self?**
- **What one thing would you do differently?**

Point to the Feeling Thermometer wall chart and obtain reading.

To the steady partner who refused to use a condom, get feedback:

- **Tell us how you felt, with 100 being very uncomfortable and zero being completely comfortable.**
 - **What, if anything, made you uncomfortable?**
 - **What, if anything, made you comfortable?**
 - **What one thing did your partner do that you liked?**
 - **What one thing would you do differently if you were in your partner's shoes?**

To the observers, get feedback:

- **What was the facial expression of the person refusing unprotected sex like?**
- **Did he or she make eye contact with the partner?**
- **What did you notice about his/her voice? Posture?**
- **From what you saw, what did he/she seem to be feeling?**
- **What did the partner who was refusing to use condoms do that you liked?**
- **What one thing would you do differently if you had played that role?**

Allow all pairs to try one role play, alternating between new partners and steady partners. Go through the entire process, including feedback questions, for each pair.

Acting Safe Module - Session Four
Should I Try to Get My Partner to Accept Our Using Condoms?

- **I want to know how you feel after having done the role plays.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **What would make you more uncomfortable and less uncomfortable in refusing your partner?**

Share responses and open up a general discussion on refusing.

Give Thanks Tokens to all players and discussion participants as needed.



Activity 3: How Do I Introduce Condoms to a Partner?

Time

- 30 minutes

Activity Materials

- Easel Paper
- Handout: Guidelines for Influencing a New or Casual Partner to Accept Condoms
- Handout: Guidelines for Influencing a Steady Partner to Accept Condoms
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Guidelines and models for requesting condom use for new or casual and steady partners are presented and participants build skills through observation and role playing.

How to Introduce Condoms to a Partner

Discuss how to introduce condoms to a partner.

- **Now that you can say “no” to unprotected sex, we are going to give you some ideas about how to convince a partner to say “yes” to using condoms with you.**
- **First, there are some real differences between convincing a partner you’ve just met or you don’t see often versus**

convincing a steady partner you have an ongoing relationship with.

New Partner

Introduce the handout: Guidelines for Influencing a New or Casual Partner to Accept Condoms.

- **We are going to start with how to influence a partner you've just met or you just know casually—somebody you don't have a serious relationship with.**
- **Here are some Guidelines for Influencing a New or Casual Partner to Accept Condoms. I'm going to hand them around and let's take a look at them together.**

Hand out the guidelines and review them with participants, one point at a time. Be sure to keep the discussion interactive—do not lecture. Use the following talking points in discussing the eight guidelines:

- 1. Decide when and where to ask.**
 - **Discuss condoms before you get involved with sex (don't bring up the topic in bed).**
 - **Choose a time when both of you are calm—not stressed, upset, or drunk or high.**
- 2. Know your strategy.**
 - **There are lots of reasons you can use for insisting on condoms.**
 - **Be clear on the reason you will use. Examples of reasons:**
 - **You don't want to get reinfected with HIV.**
 - **You don't want to get other sexually transmitted infections.**
 - **Your doctor told you that you had to.**
 - **You have an itch in your penis or vagina.**
 - **You like the feel of condoms.**
 - **You think you or he will last longer with a condom.**

New Partner - *continued*

- You think condoms are less messy.
 - All of your friends use condoms.
3. State your needs.
 - “I need to keep myself as healthy as I can.”
 - “I want to feel good about myself by knowing I have protected my partner.”
 4. State how you feel.
 - “I am worried because . . .”
 - “I will feel happy when . . .”
 5. State what you want from the other person.
 - What exactly do you want this person to do?
 - Use a condom or not have sex at all?
 - Use a condom or not have penetrative sex?
 6. State the other person’s point of view.
 - It helps to check out your understanding of what your partner thinks.
 - It lets your partner know you’re listening.
 7. Repeat what you want as often as needed.
 - Sometimes it’s OK to say the same thing over and over.
 8. Stand your ground.
 - You have a right to protect yourself.
 - You don’t have to have sex without a condom.
 - You may abstain from having sex altogether if you choose.

Unscripted Role Play: New Partners

Introduce role play and describe scenario.

- **Now we are going to act out a scene involving new partners one of whom is HIV-positive. These two people have just met and it looks to them like they'll be having sex before long. The HIV-positive partner wants to use condoms, but the other objects and says it isn't necessary. Whoever volunteers to play these roles can decide if they want the characters to be male or female, gay or straight. For this role play, you will make up your lines. Two volunteers are needed. The person who is playing the role of the person who wants to use condoms will be using your Ideal Self as a guide.**

Select volunteers and let them decide who will play each role.

- **OK, we are all set. Start whenever the two of you are ready. Let us know what sex you are and which one of you is the positive one.**
- **Everybody else, as you listen to this scene, think about the guidelines for influencing a new partner that we have been discussing. After it's over, we are going to talk about it and get your impressions.**

When the role play is over, give applause and Thanks Tokens to the two volunteers.

- **Thank you both! Weren't they great? Let's give them a big hand.**

Conduct an interactive discussion of the role play. Focus especially on the techniques used by the HIV-positive person in trying to get the new partner to accept using condoms and compare these with the suggestions contained in the Guidelines for Influencing a New Partner.

Discussion questions:

- **What were your overall impressions of the scene?**
- **Did the positive person make clear what he wanted? Did he accomplish his goal?**
- **What was his partner's initial reaction? How did he/she feel at the end?**
- **What did the positive person do that you liked?**
- **What did the positive person do that you would have done differently?**



Unscripted Role Play: New Partners - *continued*

- **Looking at the guidelines, how could he or she have improved his effort to get the new partner to agree to the use of condoms?**

To the person asking to use a condom:

- **Was what you did consistent with your Ideal Self?**
- **What would you do differently?**

Steady Partner

Introduce initiating condom use with a steady partner.

- **As was said earlier, dealing with a steady partner requires a somewhat different approach than with someone you do not know well.**
- **One reason is that you care more about your steady partner and have a history there. Presuming you want the relationship to continue, it would hurt more to lose the relationship than with someone with whom you haven't yet built up strong, caring feelings for.**
- **Introducing an important change like this into a relationship can be difficult to bring about. This is especially true if you haven't told your partner that you are HIV-positive.**

Introduce the handout: Guidelines for Influencing a Steady Partner to Accept Condoms.

- **Here are some guidelines for dealing with a steady partner. After I hand them around, take a minute to look them over before we talk about them. You can see that they are different from the first set of guidelines in a number of ways.**

Hand out the guidelines and give participants a brief time to review them silently.

Review the guidelines point-by-point, encouraging input from participants. Ask participants to think of examples for each of the points listed. As you go, compare these guidelines to those for a new or casual partner.

- **Let's quickly go over these guidelines together. You can see that they are grouped under three headings: "Get Ready," "Do's", and "Don'ts," with some specific pointers under each heading. Notice that some of the points are similar to the guidelines for the casual partner.**
- **Let's talk about "Get Ready" first:**
 - **What do you think about the four points listed on the handout?**
 - **Can you think of some specific examples for each one?**
 - **How do these pointers compare with the ones we talked about for new or casual partners?**

Use the same technique to review the "Do's" and "Don'ts" for influencing a steady partner.

At the end of the discussion, summarize the differences and similarities between the guidelines for influencing a steady partner versus those for a new or casual partner. Include the following points:

- **In the steady-partner guidelines, there is much more emphasis on acting in a way that can preserve the existing relationship ("think of ways to make your partner feel good," "start with something positive," "stop when the discussion gets negative," "don't put your partner down").**
- **Both set of guidelines stress the importance of deciding exactly what you are asking your partner to do ("state what you want from the other person," "decide your bottom line"), as well as protecting your rights ("stand your ground," "don't let your rights be violated").**

Unscripted Role Play: Steady Partners

- **Now let's act out another scene, this time with steady partners. In this one, the HIV-positive person is trying to get his or her steady partner to accept using condoms. The partner doesn't want to, even though he knows that his partner is HIV-positive. Who wants to volunteer? We need two people.**

Select volunteers and decide who will play each role.

- **Who is going to play what role? I'd like the person who is playing the role of the person who wants to use condoms to use your Ideal Self as a guide. OK, start whenever you're ready.**



Unscripted Role Play: Steady Partners - *continued*

- **Like the last role play, everybody look at the guidelines for influencing steady partners as you listen to the scene. Then we'll talk about it later.**

When the role play is over, give applause and Thanks Tokens to the two volunteers.

- **Thank you both—another award-winning performance!**

As with the previous role play, conduct an interactive discussion evaluating how the request to accept using condoms was handled. Compare what happened in the role play with recommendations in the guidelines for influencing a steady partner.

Begin by asking for the impressions of the two volunteers who acted out the scene.

- **How did it make you feel to be the person being asked to use condoms? What did you think of your partner's approach?**
- **What did it feel like to be asking to use condoms? Did your steady partner change your mind about using condoms? Were you able to act as your Ideal Self would act?**

Discussion questions for the whole group.

- **What was your overall reaction to the scene?**
- **How effective do you think the request to use condoms was?**
- **What were some of the things that were done that are mentioned in the guidelines?**
- **Is there anything you would have done differently?**
- **How could each person have improved on his (her) approach to get condoms accepted?**
- **What comes to mind when you compare this role play to the one we did before? How similar do you think they were? How were they different?**
- **That's it for the basics. Let's give ourselves a big hand!**

Give out Thanks Tokens as appropriate.



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Activity 4: How Can I Solve This Problem?

Time

- 20 minutes

Activity Materials

- Easel Paper
- Handout: SMART Problem-Solving Steps
- Laminated Cards: Thanks Tokens
- Markers (blue, green and red) and masking tape
- Guidelines for Good Weekly Goals
- Wall Chart: Ground Rules
- Wall Chart: SMART Problem-Solving Steps
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants identify problem situations in their lives that are interfering with achievement of their goals. Review the SMART Problem-Solving Steps. A problem identified by one of the participants is used to illustrate the method.

Problem-Solving

Review problem-solving.

- **This is the time in the session to talk about problems in your life and ways to solve them.**
- **Everyone has problems of some kind—with relationships, with family, with friends, with housing, with paying bills, with work, with school, with doctors, with case workers, with the police, and so on.**
- **These problems make it hard to focus on the positive parts of your life and achieving your goals, like staying healthy.**

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- **Who would like to volunteer to share with us an important problem that he or she is facing right now?**
- **Just say a sentence or two to describe the problem, and tell us how it is getting in the way of you working toward a positive goal in your life.**

Allow all participants the opportunity to identify an important personal problem. List the problems on Easel Paper, identifying each in as much detail as possible. Some participants may not wish to share their problems; be sensitive to the feelings of individuals who do not wish to share.

Give Thanks Tokens to participants as they contribute.

- **That's a good list. Thank you for sharing.**
- **Out of the problems we have listed here, is there one that we can agree on to use in today's discussion?**

Circle the selected problem, and write it at the top of a new sheet of Easel Paper.

Refer to the SMART Problem-Solving Steps Wall Chart. Hand out individual copies.

- **To get us started, I'm going to refer to this chart that gives the steps for solving a problem. I'm also going to give you your own copy of it.**
- **Let's start working on our problem. Let's follow the SMART steps and apply them to this problem.**

Work through each of the steps, applying the questions above to the specific problem at hand. Use Easel Paper to make lists of issues and concerns, for example, possible actions, pros and cons, resources, skills and barriers.

Give Thanks Tokens to participants as they contribute.

- **That was very good. I'm sure these ideas are going to help you in working on this problem.**
- **If you need more assistance, see one of us and we'll try to help.**



Weekly Goal Setting and Conclusion

Time

- 20 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Lottery prize
- Pens
- Wall Chart: Guidelines for Good Weekly Goals
- Weekly Goal Cards

Review of Session Content

Review today's session.

- **Today we explored the linkages between feelings, thoughts and actions by focusing on some “feeling” and “doing” aspects of our behavior. We talked about some of the reasons people may not want to use condoms, and worked on developing awareness of verbal and non-verbal behaviors related to refusing to have sex, if you don't want to have it, and negotiating condom use.**
- **Your personal goal for the next week should be something you are confident you can do and that brings you closer to your goal of living healthy.**

Review of Goal Guidelines

Review and discuss Guidelines for Good Weekly Goals.



Suggestions for Weekly Goals

List examples of possible goals on Easel Paper.

- **Make a list of personal problems that you think will make it harder for you to achieve your big goal.**
 - **Make a list of personal problems that you think will make it harder for you to be your Ideal Self.**
 - **Talk with a new partner about using condoms.**
 - **Talk to a friend or other person close to you about your plans to refuse unprotected sex the next time your occasional partner wants it.**

Individual Goal Setting

Distribute goal cards.

Have participants define goals and action plans and record them on Goal Cards.

Prize Drawing and Closing

Draw for prize and conclude session.

End of Session





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Required Materials for Session Four

Handouts to be Reproduced

- Guidelines for Influencing a New or Casual Partner to Accept Condoms
- Guidelines for Influencing a Steady Partner to Accept Condoms
- SMART Problem-Solving Steps
- Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix G

- Facilitator Role Play Script: Grady and Sean (Sally)

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens



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Guidelines for Influencing a New or Casual Partner to Accept Condoms

- 1. Decide when and where to ask.**
- 2. Know your strategy.**
- 3. State your needs.**
- 4. State how you feel.**
- 5. State what you want from the other person.**
- 6. State the other person's point of view.**
- 7. Repeat what you want as often as needed.**
- 8. Stand your ground.**





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Guidelines for Influencing a Steady Partner to Accept Condoms

Get Ready

1. Think of a time you got your partner to do something you wanted.
2. Decide the end result you are willing to live with: Is it more important to protect your partner and yourself by insisting on using condoms, no matter what, or to keep you relationship with that partner if he or she is really serious about not using condoms.
3. Think of ways to make you partner feel good about himself or herself.
4. Select a good time and place.

Do's

1. *Do* start with something positive.
2. *Do* tell your partner how you feel and what you want. For example, say how happy you will be if the two of you use protection.
3. *Do* repeat back to your partner what your partner says he or she wants from you.
4. *Do* tell your partner when he or she says or does something that you like.
5. *Do* stop the moment the discussion gets negative.

Don'ts

1. *Don't* put your partner down.
2. *Don't* keep trying to talk to your partner if he or she makes nasty comments about you.
3. *Don't* let your rights be violated.





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SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.





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Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex

1. Give a clear message.

Don't say "no" when you mean "yes." Don't say "maybe."

2. State how you feel.

"I am hurt and angry that you are unwilling to protect me."

3. Show your partner the positive side.

"I wouldn't be making a fuss if I didn't want to be with you."

4. Tell your partner about some other sexual options.

"There are sexy things we can do that don't require intercourse."

5. Tell your partner your point of view.

"I'm not going to put my health at risk."

6. Stay calm.

Tell yourself you can refuse. Take a deep breath and stay focused.

7. Take a deep breath and stay focused.

8. Don't get into name calling, put-downs, or threats.

If you get into insults or yelling, you'll get the same in return.

9. Know what your bottom line is.

Decide ahead of time what you will and won't do.





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Weekly Goal Cards

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____



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Should I Reduce My Use of Drugs or Alcohol?

(2 hours)

Session Aims

- To provide participants with information on the increased negative consequences of using drugs and alcohol for HIV-infected persons.
- To guide participants in assessing their need to stop or reduce substance use, and setting individualized goals to stop, reduce, or maintain low levels of drug and alcohol use.
- To demonstrate and practice strategies for monitoring and facilitating progress toward achieving personal drug and alcohol goals.

Facilitators' Notes

- *Acting Safe* begins to focus on drug and alcohol use with this session. Participants will benefit the most when they explore these issues in an environment that is not judgmental. Facilitators should take care not to lecture participants. **TLC** gives participants a decision-making framework and builds necessary skills to make healthy decisions about drug and alcohol use.
- Life goals may give meaning and purpose to one's life and provide motivation during difficult times. Setting big goals and knowing one is accountable to the group and the Facilitators may serve as significant motivators to return to the group and to work toward accomplishing the goal.
- As part of the preparation for this session, Facilitators should compile a list of local drug and alcohol treatment services, hotlines, support groups, and other resources, and create a Drug and Alcohol Resource List handout for distribution during the session.
- Facilitators may wish to develop a completed Weekly Log to use as an aid in explaining how to use the Weekly Log. If Facilitators develop a sample Weekly Log, the drug and alcohol use and risk behaviors described on it should be consistent with the practices of the participants.
- When Facilitators encounter a participant who does not use drugs or alcohol, the Facilitator may guide that participant to modify these exercises by having him or her substitute some other unhealthy habit. Some of these habits may include unhealthy eating behaviors, compulsive gambling, and cigarette smoking. Another alternative is to have these participants work toward maintaining their abstinence from drugs and alcohol.
- Goal setting is reinforced by the Feel-Think-Do model.

Facilitators' Notes - *continued*

- It is important that Facilitators become familiar with different recreational drugs and their effects.
- Practice the session before implementing with participants.
- Read the script until you become comfortable with the content. Once you become comfortable with the content, you should summarize the activities and information in your own words.
- In the manual **bold** text means to read or convey the information to the participants.



Session Agenda

Should I Reduce My Use of Drugs or Alcohol?

- Introduction and Check-In.
- What Are Commonly Used Drugs and What Are Their Effects?
- Do I Have a Problem with Drugs or Alcohol?
- Do I Want to Set a Personal Goal Concerning My Drug or Alcohol Use?
- How Can I Chart My Progress?
- Weekly Goal Setting and Conclusion.

Summary of Activities:

Introduction and Check-In. (15 minutes)

- Welcome participants and have them reintroduce themselves. Discuss Thanks Tokens. Review session ground rules. Review progress on weekly personal goals.

Activity 1: What are Commonly Used Drugs and What are Their Effects? (15 minutes)

- Participants identify the substances they are aware of, together with their positive and negative effects. The health risks and negative consequences of alcohol/drug use are presented, including HIV and hepatitis transmission and immune system damage.

Activity 2: Do I Have a Problem with Drugs or Alcohol? (20 minutes)

- Participants take a drug or alcohol questionnaire and explore personal symptoms of excessive drug and alcohol use.

Activity 3: Do I Want to Set a Personal Goal Concerning My Drug or Alcohol Use? (25 minutes)

- Participants are guided in setting “big” goals to quit, reduce, or maintain low levels of drug and alcohol use. Advantages and disadvantages associated with goal achievement are explored in the context of Ideal Self. This activity reinforces the Do component of the Feel-Think-Do Framework.

Activity 4: How Can I Chart My Progress? (25 minutes)

- Participants practice giving weekly oral drug and alcohol check-ins, and using the Weekly Log form to document the prior week’s big-goal progress and schedule their next week’s activities.

Weekly Goal Setting and Conclusion. (20 minutes)

- Set weekly personal goals. Conduct lottery and close session.

Required Materials for Session Five

Handouts to be Reproduced

- Drug and Alcohol Questionnaire
- Drug and Alcohol Resource List
- My Big Goal for Drugs and Alcohol
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Introduction and Check-In

Time

- 15 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Laminated Cards: Thanks Tokens
- Lottery tickets
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Welcome

Welcome participants, introduce today's session and describe prize drawing.

- **Today's session is about drugs and alcohol. Around the U.S., many young people living with HIV have used drugs or alcohol. Many have wanted to quit or cut down since finding out they were HIV-positive. In today's session, each of you will have a chance to look at your own situation and explore what you would like to do in terms of drug and alcohol use.**

Lottery Tickets

Distribute lottery tickets and explain how they are used.

- **Again this week, there will be a prize drawing at the end of the session, and I'm going to hand out lottery tickets for that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.**

Thanks Tokens

Review Thanks Tokens wall chart and give out 20 Thanks Tokens to each participant.



Session Ground Rules

Review Ground Rules wall chart and ask for additions.

Weekly Goal Review

Review participants' progress in achieving weekly goals from prior session.

Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels experienced in weekly goal activity.

Session Preview

Summarize the content of today's session and answer questions.

- ***Acting Safe* is a module in which we will look for links between our feelings, thoughts, and actions. Why feelings, thoughts, and actions? Because we can use insights into these components of ourselves to live long, healthy lives with HIV and also keep other people uninfected.**
- **Over the eight sessions of *Acting Safe*, we hope to work on increasing behaviors that promote:**
 - **Healthy living.**
 - **Dealing with the challenges of daily living.**
 - **Increasing positive feelings, thoughts, and actions.**
 - **Reducing sexual and drug-related risks for HIV.**
- **First, we're going to develop a list of all of the drugs you are familiar with, along with what you know about their effects. Then you'll have a chance to fill out a brief questionnaire to explore your own drug and alcohol use. After that, we'll talk about how to set personal goals to control drug and alcohol use, and each of you can develop a goal for yourself if you want to. Then, we'll talk about how to schedule your time, which is often a help for people who are making a change in their drug or alcohol habits. We will end the session by setting our weekly goals.**
- **Are there any questions before we continue?**



Activity 1: What are Commonly Used Drugs and What are Their Effects?

Time

- 15 minutes

Activity Materials

- Easel Paper
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants identify the substances they are aware of, together with their positive and negative effects. The health risks and negative consequences of alcohol/drug use are presented, including HIV and hepatitis transmission and immune system damage.

Drugs and Alcohol

Introduce the topic of drugs and alcohol.

- **As I said before, this session is about drugs and alcohol. The first thing I would like us to do is make a list of all the different drugs you know about.**
- **These may be drugs that you have had personal experience with, drugs that people you know have used, or drugs you have heard about.**
- **As you call out a drug name, I'll write it on the list. I also want you to say the good things and bad things you know about that drug—its positive and negative effects or consequences.**

Acting Safe Module - Session Five
Should I Reduce My Use of Drugs or Alcohol?

Draw three columns on an Easel Paper. Label the columns “Drug,” “Positives” and “Negatives.” Add each of the drugs named by participants to the list, together with each drug’s positive and negative consequences. Use as many sheets as necessary; post completed sheets on the wall.

- **Let’s start with Alcohol. What are the good and the bad effects or consequences of drinking alcohol?**
- **OK, what are some other drugs you know about?**

Try to group together different names that are given for the same drug, but do not be concerned if this is not done perfectly. You may also correct obvious mistakes in drug names or their effects as you are making the list. Do this by raising a question or making a suggestion.

Do not be judgmental, and do not lecture about the negative effects of drug use. Let everything come from the participants.

It is all right if the drug list is not complete or entirely accurate in technical terms. The primary purpose of the list is to document participants’ personal experiences, their friends’ experiences, and their own impressions about different drugs and their effects. Serious errors can be corrected during the discussion that will follow.

Give Thanks Tokens to participants as they contribute.

- **That’s quite a list! Thank you, everybody, for contributing.**
- **Now, take a look at all of the drugs on our list. Let’s talk about them for a few minutes.**

Encourage participants to ask questions and to discuss and compare the drugs on the list. Modify or add to the list as necessary based on the discussion. At this time any significant errors of fact may be corrected and duplicate listings (the same drug under different names) may be noted.

Point out that many drugs are used in more than one way.

- **What are the possible health risks of injecting drugs, apart from the drugs themselves?**

Be sure that HIV transmission, as well as transmission of hepatitis B and C, are mentioned (from sharing injection equipment). Also point out the risk of injection-site abscesses (infections).



Drugs and Alcohol - *continued*

In addition, make the following points during the course of the discussion:

- **Different sexual effects are reported for the same drugs, e.g., increased sexual desire and decreased erectile functioning with methamphetamine and cocaine.**
 - **Drug effects, both positive and negative, may differ from person to person.**
 - **The negative health effects of drug and alcohol use usually cannot be seen immediately, but occur over the long term—months or years.**
- **Now let's summarize what we have said and add some points of my own.**

Summarize briefly what has been said during the previous discussion. In addition, make the following points (supply any information that is needed to support a particular point):

- **There are some good things and many bad things about using drugs (positive and negative consequences).**
- **The same drugs frequently make you feel good in some ways and bad in other ways.**
- **Many drugs can be bad for your health, especially over time.**
 - **This is especially true for people with HIV because drugs can further weaken their immune systems.**
- **Some recreational or “club” drugs can have very serious interactions with medication taken to treat HIV.**
- **Other negative health consequences can include neurological (brain) damage, cardiovascular (heart) damage, and liver damage.**
- **Injecting drugs can increase the risk of transmitting HIV and hepatitis. (Becoming infected with hepatitis is especially bad for people living with HIV because of their already weakened immune systems.)**

➤ **Are there any questions before we go on to the next activity?**

Briefly answer questions before proceeding to Activity Two.

Activity 2: Do I Have a Problem with Drugs or Alcohol?

Time

- 20 minutes

Activity Materials

- Handout: Drug and Alcohol Questionnaire
- Handout: Drug and Alcohol Resource List (to be developed locally)
- Laminated Cards: Thanks Tokens
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants complete a drug or alcohol questionnaire and explore personal symptoms of excessive drug and alcohol use.

Drug and Alcohol Questionnaire

Hand out the Drug and Alcohol Questionnaire.

- **Now, let's find out where you stand with drugs and alcohol in your own life.**
- **Here is a one-page questionnaire that will help with that. This questionnaire is strictly for your own information, and I will not be collecting it.**
- **I'm going to read each one of the questionnaire statements aloud, and I want everyone to follow along and mark your answers as we go. Stop me if anything is not clear, and I'll do my best to explain.**
- **Let me read the instructions first.**

Acting Safe Module - Session Five
Should I Reduce My Use of Drugs or Alcohol?

Read the questionnaire instructions, followed by each of the 16 items. Allow time between items for participants to mark their responses.

- **Before we talk about how you answered the questionnaire, let's check in about how you felt while taking it.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level after taking this questionnaire?**

Encourage sharing of discomfort levels.

Give Thanks Tokens to participants as they contribute.

- **Thank you for sharing your feelings.**
- **On this questionnaire, the more statements you circled "Yes," the more likely it is that drugs or alcohol are a problem in your life. Let's find out how you evaluate your own drug and alcohol use at this point. Do you think it's a problem at all? Not a problem? Somewhere in between?**
- **Who would be willing to share?**

Encourage sharing among participants about whether they view their personal drug and/or alcohol use as a problem. Probe for reasons underlying participants' conclusions. Be sensitive and respect the privacy of participants who do not wish to share.

Give Thanks Tokens to participants as they contribute.

- **Do you think there are any statements on the questionnaire that indicate a person definitely has a problem with drugs or alcohol?**

Encourage a discussion of which questionnaire statements reflect a serious problem with drugs or alcohol.

- **Are there any statements that by themselves don't necessarily reflect a problem with drugs or alcohol, but added together might mean a problem is developing? We could call these "warning signs."**



Drug and Alcohol Questionnaire - *continued*

Encourage a discussion of which statements might be viewed as warning signs of drug or alcohol problems.

Hand out the Drug and Alcohol Resource List handout.

- **Before we move on to the next activity, I want to hand out a list of places here in this area where people can get help with drug and alcohol problems. Some are treatment programs; others are hotlines and support groups.**
- **Would everyone please take one as they are passed around. If you don't want it yourself, hold onto it for a friend who might need it.**

Ensure that everybody takes one so that some participants are not singled out as having a problem by taking a handout.

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Activity 3: Do I Want to Set a Goal Concerning My Alcohol or Drug Use?

Time

- 25 minutes

Activity Materials

- Easel Paper
- Handout: My Big Goal for Drugs and Alcohol
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Pencils
- Wall Chart: Ground Rules
- Wall Chart: Guidelines for Good Weekly Goals
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants are guided in setting “big” goals to quit, reduce or maintain low levels of drug and alcohol use. Benefits and challenges associated with goal achievement are explored, in the context of Ideal Self.

Setting a Big Goal

Introduce setting a big goal.

- **Now it's time to think about setting personal goals. The question is, “Do you want to set a goal to control your drug or alcohol use?”**
- **This would be a big goal, not necessarily something you could achieve overnight. A big goal takes a while to accomplish, and may have to be done in steps.**

- **A big goal could be to quit using drugs or alcohol altogether. Or it could be to reduce your drug or alcohol use to a certain level. Your weekly goals might be smaller steps that lead you to reaching your big goal. Small changes in your daily life can lead to significant progress toward your big goals over the long-run.**
- **If your use is already low, or you don't use drugs or alcohol at all, your big goal could be to keep it that way.**
- **You could think of things that might get in the way of that, and plan how you might respond if you face a situation in which you are tempted or urged to try drugs or alcohol and you don't want to.**
- **If you don't use drugs or alcohol, you might like to work on other issues in your life, such as unhealthy eating behaviors, compulsive gambling, or cigarette smoking.**
- **Consider your Ideal Self when you are thinking about setting a goal. What would your Ideal Self say that you should do in this situation?**
- **However you define your goal, it's something you would work on over a period of time. We'll help you with your big goal during the next several sessions by setting up smaller, weekly goals that move you toward your big goal. After that, you'll be able to continue on your own. This big goal is not the same as our weekly goal we set every session.**
- **I want us to look at some actual examples of big goals for drug and alcohol use. But first, let's review what a good goal should include.**

Refer to the Guidelines for Good Weekly Goals wall chart.

- **You have seen this before when you were setting weekly goals at the end of earlier sessions. It's worth looking at again now because it applies to big goals, too.**

Briefly review the criteria for good goals. Explain again that these big goals are different from the weekly goals they have had experience with in that big goals are not expected to be completed in matter of one or two weeks. Rather, they will be worked on slowly, over a longer period of time.

Setting a Big Goal - *continued*

Emphasize the importance of being specific when setting a goal, even a big one. Give examples of specific goals for drugs and alcohol (which drugs, how many drinks, what days, etc.).

- **Now let's look at some examples of goals. Let's think of realistic examples of possible big goals for drug use, alcohol use, or both.**
- **These are only meant to be examples of goals that could apply to anybody—they are not meant to apply to any particular person.**
- **Who has an idea for a possible big goal?**

Write suggested sample goals on Easel Paper. Guide participants in refining goals that are suggested so that they reflect the criteria for good goals.

List a minimum of three or four goals. Include examples of goals for both alcohol and drug use, as well as examples of goals for quitting, reducing, and maintaining.

- **Now I want each of you to identify a big goal for yourself. You've seen that there are all kinds of possibilities for personal goals. Nothing is set in stone.**
- **Your goal can be about quitting, reducing, or maintaining what you do now. The important thing is it belongs to you. It needs to be something that you want to do and you can commit to working on.**
- **I'm going to hand out some sheets that you can write your goal on once you have developed it. Just fill in the first part of the sheet for now—the part that says, "My big goal is . . ."**

Hand out My Big Goal for Drugs and Alcohol (handout) for participants to write their goal on.

- **Let's take a few minutes to work on this. If you want to ask a question or need some help, raise your hand and we'll come to you.**

Allow about five minutes for participants to work on developing their goals. Ask for volunteers to share their goals.

- **OK, who would be willing to share their goal?**

Acting Safe Module - Session Five
Should I Reduce My Use of Drugs or Alcohol?

Allow all participants who wish to share their goals. Make suggestions as necessary to refine each goal according to criteria for good goals.

Give Thanks Tokens to participants as they contribute.

- **Those are good goals! Thank you for sharing.**
- **What are a couple of smaller, weekly goals that could help someone reach these big goals?**
- **Now fill in the rest of your big-goal sheets. You can see there are two parts. The first part asks you to list the benefits of reaching your goal. The second part asks you to list specific problems that might occur as you work toward your goal.**
- **Before you start, let me give you some examples of benefits people might identify for goals like this. Also, I'll point out some common problems that people might have.**
- **First, here are some possible benefits of reaching your drug or alcohol goal:**
 - **Save money.**
 - **Think more clearly.**
 - **Sleep better.**
 - **Feel less jumpy.**
 - **Improve my health.**
 - **Reduce HIV and hepatitis risks.**

List these benefits on Easel Paper.

- **What else can you think of?**

List additional benefits suggested by participants.

- **Now, I'm going to start a list of possible challenges people might encounter in working toward or achieving their drug or alcohol goal:**
 - **Lose friends.**
 - **Less sex.**
 - **Poorer sex.**



Setting a Big Goal - *continued*

- **Feel tense.**
- **Less energy.**
- **Less sociable.**

List these challenges on Easel Paper.

- **What else can you think of?**

List additional challenges suggested by participants.

- **OK, now you are ready to fill out your own sheet. All of your particular benefits and challenges will probably not be on these lists. Add whatever you need to fit your own situation.**

Allow participants a few minutes to write down their benefits and possible challenges.

- **Are there any questions before we go on to the next activity?**

Briefly answer questions before proceeding to the next activity.

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Activity 4: How Can I Chart My Progress?

Time

- 25 minutes

Activity Materials

- Handout: Weekly Log
- Highlighters (one for each person)
- Laminated Cards: Thanks Tokens
- Pencils (one per person)
- Wall Chart: Ground Rules
- Wall Chart: Reviewing My Alcohol and Drug Use
- Wall Chart: Using Thanks Tokens
- Wall Chart: Weekly Log

Facilitators' Note

Practice explaining how to use the Weekly Log in advance of the session. Facilitators may wish to develop a completed Weekly Log to use as an aid in explaining how to use the Weekly Log. If Facilitators develop a sample Weekly Log, the drug and alcohol use and risk behaviors described on it should be consistent with the practices of the participants.

Participants practice giving weekly drug and alcohol check-ins, and using the Weekly Log form to document the prior week's big-goal progress and schedule their next week's activities.

Reviewing Drug and Alcohol Use

Introduce reviewing drug and alcohol use.

- **During the next three sessions, you will have the opportunity to review your drug and alcohol use during the past week and check-in with the group if you wish.**

- **This is in addition to the review of progress toward your weekly goal that occurs at the beginning of every session.**
- **Also, during the next three sessions, you will complete a daily log showing your progress toward your big goal during the previous week and make a schedule of your activities for the next week.**
- **This is not homework; you will do the weekly logs right here during the sessions.**

Explanation and Practice: Drug and Alcohol Check-In

Explain the procedure for reporting on goals.

- **Let's talk about the drug and alcohol check-in for a minute.**
- **The check-in isn't something written; it's just a way of giving each of you a chance to talk through the occasions you used drugs or alcohol during the past week.**
- **At the beginning of each of the next three sessions, everybody will have a chance to check-in on their drug and alcohol use during the previous week. If you don't want to discuss what you did, that's OK, too. If you're working on another issue, you'll be able to check-in here, too.**

Refer to the wall chart, Reviewing My Drug and Alcohol Use.

- **This chart will remind you of the things to cover in your check-in. Let's spend a couple of minutes going over these points.**

Read each of the points on the wall chart aloud; explain each point with examples. Get participants to add examples of their own. Have participants practice giving an example.

- **Let's practice a couple of check-ins. Who is willing to volunteer?**
- **Remember, make your check-in about what you did during the past week, and check out the list on the wall to be sure you cover everything.**

Try to get check-ins from two participants. Praise each check-in and find something specific to compliment.

Give Thanks Tokens to participants as they contribute.

- **Those were excellent! Thank you for volunteering.**



Explanation and Practice: Weekly Log

Use the Weekly Log wall chart to explain the Weekly Log to participants.

- **Let's go over the Weekly Log.**
- **First, let me give everyone a copy. As you can see, this is something you need to fill out.**

Give a Weekly Log handout, a highlighter and a pencil to each person.

- **First thing, write in a "1" where it says "Number" in the upper right-hand side. That's to show it's your first log.**
- **Now, here's the way the form works. The top boxes are used to record what happened last week in terms of drug and alcohol use.**
- **Before I explain more, let's fill in the days of the week on the top boxes. Today is [day of week], so yesterday would be [day of week]. Write that in the gray part of the box numbered 7, the box that says "Yesterday."**
- **OK so far? Now go backward one day at a time, filling in each day of the week, until you get to Box 1, which is one week ago.**

Give participants time to fill in the days of the week on the top set of boxes. Check to see that everybody has completed this part correctly.

- **Here's what we do next. Starting with yesterday and going back one day at a time, think about what you did in the way of drugs or alcohol on each day of the past week.**
- **Thinking about the big goal for drugs and alcohol that you set earlier in this session, use your highlighter to draw a star on each day last week that you would have met your new goal.**
- **If you wouldn't have met your big goal at all on a particular day, you wouldn't highlight that day.**
- **Let me show you before you start.**

Demonstrate how this is done, using a sheet with the days of the week filled out. Draw the stars big and bold.

Talk through an actual example, using information from one of the drug and alcohol check-in given earlier. (To do this, you will have to learn about the participant's big goal.)

- **Now, go ahead and do it yourselves. If you have any questions, raise your hand.**

Allow time for participants to highlight the Last Week portion of their Weekly Log. Check to be sure participants are using a star for "met goal" and no highlight for "did not meet goal."

- **Very good! Now, there is one more thing we need to do to complete this part of the log.**

Have participants write in what they were doing on the days they did not have a star (did not meet goal).

- **You need to write in what was going on each of the days that do not have a star. These are the days that you did not meet your big goal.**
- **Write down in the box for those days what, when, and where you used drugs or drank; with whom; and what the situation was. In other words, the same things you covered in your alcohol and drug check-in (with the exception of how you felt).**
- **Try to jot down as much as you can about what went on in terms of drug and alcohol use on those days. Remember, you don't have to fill out anything for the days that have a star.**
- **I'd like for everybody to take a few minutes and fill that in now.**

Allow up to five minutes for participants to complete this task. Check that daily notes are being recorded in sufficient detail and work with participants to provide greater detail when indicated.

- **Now let's deal with the bottom part of the form, the part labeled "Next Week." Again, you are going to fill in the days of the week, but this time you will be going forward from today (the box with a 1) until you get to one week from today (the box with a 7).**
- **Go ahead and do that before we continue.**

Explanation and Practice: Weekly Log - *continued*

Give participants time to fill in the days of the week before proceeding.

- **Notice that the days of the week are in exactly the same order in the top and the bottom parts of the form. Day 1 under Last Week is the same as Day 1 under Next Week, and so forth.**
- **Filling out what you did last week will help us with the next activity we are going to do. Look at the top part of the form, where you starred particular days of the week.**
- **For each day that you did not highlight, the days you did not meet your big goal, I want you to drop down to that same day for next week and do two things:**
 - **First, write in your schedule for that day next week—like work hours, classes, doctor’s appointments, going to a movie with a friend, attending a group session, and so on. If you write down your schedule, you have a greater chance of staying in control and meeting your big goal.**
 - **Second, looking at what happened on that day last week, see if you can think of something specific that you might do differently on the same day next week so that you would be able to meet your big goal this time. Write a note describing what you will do in the Next Week box.**

Ask for a volunteer to share their weekly log. Use their log to talk through a real example. Be sure to have participant explain what was going on during the days of the week when they did not have a star. It is very important that participants fully understand what to do and use this demonstration to help them understand. Thank the volunteer for sharing their log.

- **Thank you for sharing that.**

Give Thanks Tokens to volunteer. Have participants walk through their own situation.

- **Now, I would like for each of you to do this for your own situation. Please ask if something is not clear or if you find that you need help. If you want to work in pairs, that might be helpful. However, you may work alone if you prefer.**



Acting Safe Module - Session Five
Should I Reduce My Use of Drugs or Alcohol?

Allow up to five minutes for participants to complete this task. Offer help where you think it is needed. Many participants will need help with the “what would you do differently” part of the task.

- **Very good! Who would be willing to share some of what they wrote down. I’d especially like to hear your ideas for how you plan to handle drug and alcohol situations differently next week.**

Call on two volunteers, more if there is time. Gently refine ideas presented if appropriate.

- **Those are excellent ideas. Thank you for sharing.**

Give Thanks Tokens to volunteers.

- **Now let’s move on to setting goals for next week and drawing for this week’s prize.**



Weekly Goal Setting and Conclusion

Time

- 20 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Lottery prize
- Pens
- Wall Chart: Guidelines for Good Weekly Goals
- Weekly Goal Cards

Review of Session Content

- **Today we advanced our goal of exploring the links between feelings, thoughts, and actions. We worked on setting personal big goals concerning drug and alcohol use. We also explored the different things that might happen and make it harder to achieve our goals. Knowing about the possible problems makes it easier to plan ahead and set weekly goals we know will work for us.**
- **Your personal goal for the next week should be something you are confident you can do and that brings you closer to the big goal concerning drugs or alcohol that you set today.**

Review of Goal Guidelines

Review and discuss Guidelines for Good Weekly Goals.

Suggestions for Weekly Goals

List examples of possible goals on Easel Paper.

- **Make a list of personal problems that you think will make it harder for you to achieve your big goal.**



Acting Safe Module - Session Five
Should I Reduce My Use of Drugs or Alcohol?

- **Avoid or reduce drug or alcohol use on a particular day or days next week.**
- **Avoid or reduce drug or alcohol use in a particular situation.**
- **Talk to a friend or other person close to you about your plans to quit, reduce or maintain your drug or alcohol use.**

Individual Goal Setting

Distribute goal cards.

Have participants define goals and action plans and record them on goal cards.

Prize Drawing and Closing

Draw for prize and conclude session.

End of Session





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Required Materials for Session Five

Handouts to be Reproduced

- Drug and Alcohol Questionnaire
- Drug and Alcohol Resource List
- My Big Goal for Drugs and Alcohol
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens



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Drug and Alcohol Questionnaire

Instructions: This questionnaire is designed to help you determine how drugs and alcohol affect your life. Read each statement and decide if it applies to you. If it does apply circle “Yes”, if it does not, circle “No.”

1. I use drugs or alcohol every week.	Yes	No
2. When I am on drugs or alcohol, I lose consciousness and black out.	Yes	No
3. I have been late to school or work, missed school or work, or been kicked out of school or fired from work because of being on drugs or alcohol.	Yes	No
4. I have lost a job because of drugs or alcohol.	Yes	No
5. My boyfriend or girlfriend and I fight a lot or have broken up due to my drug or alcohol use.	Yes	No
6. My drug or alcohol use has caused family fighting and disturbance.	Yes	No
7. My drug or alcohol use takes more money than I have.	Yes	No
8. I have stolen money or goods to pay for drugs or alcohol.	Yes	No
9. I need drugs or alcohol to have sex.	Yes	No
10. After using drugs or alcohol, I have found myself in a strange place next to someone I did not know.	Yes	No
11. I deal drugs in order to pay for my habit.	Yes	No
12. I've tried suicide while on drugs or alcohol.	Yes	No
13. I have been arrested for driving while intoxicated (DUI).	Yes	No
14. I have gotten into a fight while high or drunk.	Yes	No
15. I have gone on drug highs or alcohol binges that lasted several days.	Yes	No
16. I am not comfortable socially unless I take drugs or have some drinks.	Yes	No





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Drug and Alcohol Resource List

List of drug and alcohol resource programs, support groups, and hotlines in local area, to be compiled by implementing agency.





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My Big Goal for Drugs and Alcohol

My big goal is:

The benefits of reaching my goal are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The challenges I might have in reaching my goal are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____





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Weekly Goal Cards

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____



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WEEKLY LOG

Star = Met big goal

No. _____

Last Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(Yesterday)

Next Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(One Week From Now)



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How Can I Deal with External Triggers?

(2 hours, 5 minutes)

Session Aims

- To present and ensure that participants understand the Trigger→Thought→Craving→Use model of substance use.
- To guide participants to identify their external triggers for substance use, to become familiar with strategies to cope with these, and to learn how to stop drug and alcohol thoughts.
- To help participants review their progress in achieving drug and alcohol “big” goals and provide practice in solving general life problems.

Facilitators' Notes

- Beginning with this session, participants check-in on their progress toward their big drug and alcohol goals. It is important for participants to be praised for accomplishing their goals and to be encouraged to reflect on what they did right that helped them accomplish their goal.
- Goal setting is reinforced through the Feel-Think-Do Framework. The Feel-Think-Do Framework is reinforced through the Trigger→Thought→Craving→Use model of substance use reduction, and problem-solving skills.
- The specific triggers of some participants for drug and alcohol use may be awakened through the discussion of triggers. This could lead to participants having thoughts and cravings for drugs or alcohol. Facilitators can help participants neutralize these triggers by pointing out that this may happen. Encourage participants to start using the techniques to deal with triggers taught in this session.
- Remember that some participants may be working on issues other than drugs and alcohol, e.g., cigarette smoking or compulsive gambling. If this is the case in your group, acknowledge this fact, support those participants, and connect the drug and alcohol discussion to the issues on which they are working.
- It is important that Facilitators be familiar with external and internal triggers of drug and alcohol use.
- Facilitators may wish to develop a completed Weekly Log to use as an aid in explaining how to use the Weekly Log. If Facilitators develop a sample Weekly Log, the drug and alcohol use and risk behaviors described on it should be consistent with the practice of the participants.

Facilitators' Notes - *continued*

- Practice the session before implementing with participants.
- Read the script until you become comfortable with the content. Once you become comfortable with the content, you should summarize the activities and information in your own words.
- In the manual **bold** text means to read or convey the information to the participants.



Session Agenda

How Can I Deal with External Triggers?

- Introduction and Check-In.
- How Have I Been Doing?
- What Keeps Drug and Alcohol Use Going?
- What are My External Triggers for Drug and Alcohol Use?
- How Can I Stop Drug and Alcohol Thoughts?
- How Can I Solve This Problem?
- Weekly Goal Setting and Conclusion.

Summary of Activities:

Introduction and Check-In. (15 minutes)

- Welcome participants and have them reintroduce themselves. Discuss Thanks Tokens. Review session ground rules.

Activity 1: How Have I Been Doing ? (20 minutes)

- Participants check-in on their progress toward achieving their “big” drug and alcohol goals, and enter progress and activities for the next week on the Weekly Log form. The Feel-Think-Do Framework can be applied to identifying and challenging any negative patterns of thoughts and feelings that may have interfered with successful goal accomplishment.

Activity 2: What Keeps Drug and Alcohol Use Going? (15 minutes)

- The Trigger→Thought→Craving→Use model of addictive substance use is presented and illustrated. This activity illustrates a relationship between Think and Do, supporting the Feel-Think-Do Framework.

Activity 3: What are My External Triggers for Drug and Alcohol Use? (20 minutes)

- Participants take a trigger questionnaire to identify their personal triggers and practice strategies for coping with external triggers.

Activity 4: How Can I Stop Drug and Alcohol Thoughts? (20 minutes)

- Techniques for stopping drug and alcohol thoughts are presented, and participants practice applying them. These techniques help participants replace negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions.

Activity 5: How Can I Solve This Problem? (15 minutes)

- The SMART problem-solving method is reviewed. A problem identified by one of the participants is used to illustrate the method. In this activity, participants discuss the potential negative impacts of not thinking through a problem before taking action.

Weekly Goal Setting and Conclusion. (20 minutes)

- Set weekly personal goals. Conduct lottery and obtain session feedback.

Required Materials for Session Six

Handouts to be Reproduced

- Drug and Alcohol Resource List
- My External Triggers
- SMART Problem-Solving Steps
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Introduction and Check-In

Time

- 15 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Laminated Cards: Thanks Tokens
- Lottery tickets
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Welcome

Welcome participants, introduce today's session and describe prize drawing.

- **Today is the second session about drugs and alcohol. In today's session, we are going to learn about what keeps drug and alcohol habits going and talk about some of the triggers to substance use.**

Lottery Tickets

Distribute lottery tickets and explain how they are used.

- **Again this week, there will be a prize drawing at the end of the session, and I'm going to hand out lottery tickets for that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.**

Thanks Tokens

Review Thanks Tokens wall chart and give out 20 Thanks Tokens to each participant.



Session Ground Rules

Review Ground Rules wall chart and ask for additions.

Weekly Goal Review

Review participants' progress in achieving weekly goals from prior session. Remind them how smaller, weekly goals can be steps that lead to reaching their big goals.

Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels experienced in weekly goal activity.

Session Preview

Summarize the content of today's session and answer questions.

- ***Acting Safe* is a module in which we will look for links between our feelings, thoughts, and actions. Why feelings, thoughts, and actions? Because we can use insights into these components of ourselves to live long, healthy lives with HIV, and also keep other people uninfected.**
- **Over the eight sessions of *Acting Safe*, we hope to work on increasing behaviors that promote:**
 - **Healthy living.**
 - **Dealing with the challenges of daily living.**
 - **Increasing positive feelings, thoughts, and actions.**
 - **Reducing sexual and drug-related risks for HIV.**
- **Today, we're going to talk about the things that keep drug and alcohol use going, our own personal triggers, and how to stop drug and alcohol thoughts.**
- **Are there any questions before we go on?**

Give Thanks Tokens as appropriate, if there is any more discussion.



Activity 1: How Have I Been Doing?

Time

- 20 minutes

Activity Materials

- Handout: Drug and Alcohol Resource List (to be developed locally)
- Handout: Weekly Log
- Highlighters (one for each person)
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Pencils
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: My Drug and Alcohol Use Check-In
- Wall Chart: Using Thanks Tokens
- Wall Chart: Weekly Log

Facilitators' Note

Participants check-in on progress toward achieving their “big” drug and alcohol goals, and enter progress and activities for the next week on the Weekly Log form. The Feel-Think-Do Framework can be applied to identifying and challenging any negative patterns of thoughts and feelings that may have interfered with successful goal accomplishment.

Practice explaining how to use the Weekly Log in advance of the session. Facilitators may wish to develop a completed Weekly Log to use as an aid in explaining how to use the Weekly Log. If Facilitators develop a sample Weekly Log, the drug and alcohol use and risk behaviors described on it should be consistent with the practices of the participants.

Drug and Alcohol Check-In

Invite participants to share progress toward their drug and alcohol goals.

- **Now let's take a look at your progress this week toward the big goals you set previously to stop or limit using drugs or alcohol.**
- **We'll begin with check-ins from those of you who want to share about your drug and alcohol use during the past week. If you don't want to discuss what you did, you don't need to check-in—that's OK.**

Refer to the wall chart, My Drug and Alcohol Use Check-In.

- **This chart will remind you of the things to cover in your check-in. Do you have any questions about the points on the chart?**

Briefly answer questions before continuing.

- **Now, who will volunteer to check-in first? Tell us what you did in the way of drug and alcohol use during the past week, and remember to check out the list on the wall to be sure you cover everything.**

Allow time for all participants to check-in who wish to. Be sensitive to the feelings of any participants who do not wish to disclose information about themselves.

- **Thank you for your honest check-ins.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level right now?**

Encourage sharing of discomfort levels.

Give Thanks Tokens to participants as they contribute.

- **Thank you for sharing your feelings.**

Weekly Log

Distribute copies of the Weekly Log.



Weekly Log - *continued*

- **Now let's do the Weekly Log. I am going to hand out blank copies of the Log form, which you [most of you] are already familiar with. If you brought your Weekly Log from last week, take it out now so we can refer to it as we go along.**

Give a Weekly Log handout, a highlighter and a pencil to each person. Use the Weekly Log wall chart to explain the Weekly Log to participants.

- **I'd like for each of you to fill out what happened last week in terms of your drug and alcohol use, using the top row of boxes on the Weekly Log form.**
- **Let's quickly review how the Weekly Log works. If you have heard this before, please be patient. I won't take long.**
- **To fill out the days of the week on the top row, start with "Yesterday," which was [day of week], and write that in the gray part of the box numbered 7.**

Demonstrate and hold up the form with "Yesterday" filled in.

- **Now go backward one day at a time, filling in each day of the week, until you get to Box 1, which is one week ago.**

Hold up a form with the days of the week for "Last Week" filled in. Give participants time to fill in the days of the week on their own forms. Check to see that everybody has done this correctly.

- **While we are at it, let's also fill in the days of the week for Next Week, which is on the bottom of the form. When you fill in the days this time, you will be going forward from today (the box with a 1) until you get to one week from today (the box with a 7).**

Hold up a form with the days of the week for Next Week filled in. Give participants time to fill in the days of the week on their own forms. Check to see that everybody has done this correctly.

- **Now each of you can fill in the top row of the Weekly Log. Think about your drug and alcohol use last week, and use your highlighter to draw a star on each day that you met your personal big goal.**

- **If you did not meet your goal on a particular day, leave that day blank.**

Hold up a completed sample Weekly Log showing large stars in the boxes for some days, and no highlighting for at least one day.

Allow time for participants to highlight the Last Week portion of their Weekly Log. Check to be sure participants are using stars for “met goal” and no highlight for “did not meet goal.”

- **After you finish that part, write in what was going on each of the days that do not have a star. These are the days that you did not meet your big goal.**
- **Write down in the box for those days what, when, and where you used; with whom you used; and what the situation was. In other words, the same things you covered in your alcohol and drug check-in (with the exception of how you felt).**
- **Try to jot down as much as you can about what went on in terms of drug and alcohol use on those days. Remember, you don’t have to fill out anything for the days that are starred.**
- **Everybody should take a few minutes and fill that out now.**

Allow up to five minutes for participants to complete this task. Check that daily notes are being recorded in sufficient detail, and work with participants to provide greater detail when indicated.

- **You’ll remember from when we did this during the last session that the final thing we need to do to finish the Weekly Log is fill in a daily schedule in the Next Week section, for those days you did not meet your big goal last week.**
- **For each day that you did not highlight, the days you did not meet your big goal, let’s drop down to that same day for next week and do two things:**
 - **First, write in your schedule for that day next week—like work hours, classes, doctor’s appointments, going to a movie with a friend, attending a group session, and so on. If you write down your schedule, you have a greater chance of staying in control and meeting your big goal.**

Weekly Log - *continued*

- **Second, looking at what happened on that day last week, see if you can think of something specific that you might do differently on the same day next week so that you would be able to meet your big goal this time. Write a note describing what you will do in the Next Week box.**
- **Please ask if something is not clear or if you find that you need help. If you want to work in pairs, that might be helpful. However, you may work alone if you prefer.**

Allow as much time as needed for participants to complete this task. Offer help where you think it is needed. Many participants will need help with the “what would you do differently” part of the task.

- **Now you have examined your progress during the past week, and have developed plans for the coming week.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level now?**

Encourage sharing of discomfort levels.

Give Thanks Tokens to participants as they contribute.

- **Thank you for sharing your feelings.**
- **Would anyone like to share what you plan to do for next week? I'd especially like to hear your ideas about how you plan to handle specific drug and alcohol situations differently from last week.**

Allow as much time as possible for sharing of ideas.

- **Those are excellent ideas. Thank you for sharing.**

Give Thanks Tokens to volunteers.

Hold up copies of the Drug and Alcohol Resource List handout.

- **I'll put these copies of the Drug and Alcohol Resource List on the table here in case you didn't get one last time. It has**



information about treatment programs, hotlines and support groups here in the local area. Pick one up anytime during the session or at the end on your way out. Feel free to take an extra copy if you have a friend who may be interested.

Activity 2: What Keeps Drug and Alcohol Use Going?

Time

- 15 minutes

Activity Materials

- Easel Paper
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

The Trigger→Thought→Craving→Use model of substance use is presented and illustrated. This activity illustrates a relationship between Think and Do in the Feel-Think-Do Framework.

The specific triggers of some participants for drug and alcohol use may be awakened through the discussion of triggers. This could lead to participants having thoughts and cravings for drugs or alcohol. Facilitators can help participants neutralize these triggers by pointing out that this may happen. Encourage participants to start using the techniques to deal with triggers taught in this session.

Why People Use Drugs and Alcohol

Introduce activity on why people use drugs and alcohol.

- **What is it that keeps drug and alcohol habits going? What makes us want to use?**
- **If we know the answers to these questions, it will be easier for us to make changes in our drug and alcohol habits.**

Write the following sequence on Easel Paper: Trigger→Thought→Craving→Use. Explain how these are relevant to drug use.

- **Substance use starts with a trigger.**
- **Triggers lead to thoughts about drugs or alcohol, which lead to a craving (strong urge) for drugs or alcohol. A craving is satisfied by using drugs or alcohol.**
- **Triggers can be inside of you or outside of you.**
- **Triggers are people, places, situations, things or feelings that lead you to having thoughts about drugs or alcohol.**
- **They set off drug or alcohol thoughts, which is why they are called “triggers.”**
- **People, places, situations, and things (objects) are called “external” triggers because they are outside of you.**
- **Feelings are “internal” triggers—they are inside of you.**

As you describe the two types of triggers, list them in two columns on Easel Paper under the headings “External” (people, places, situations, objects) and “Internal” (feelings).

External Triggers

Describe external triggers.

- **Let’s talk about external triggers first. People are one kind of external trigger.**
- **People can be a trigger in two ways. What they say to you can be a trigger, or just seeing them can be a trigger.**
- **Who can give an example of something a person might say to you that would start you thinking about drugs or alcohol?**

Encourage participants to give additional examples. Look for things such as social pressure (“let’s go out tonight and get high”) or story-telling (“there was this great party last night and everybody was high”).

- **What about when just seeing somebody can be a trigger? Who can think of an example of that?**

External Triggers - *continued*

Encourage additional examples. In each case, be sure there is a clear explanation of why the person described is a trigger for drug or alcohol thoughts.

- **Now let's give some examples of places, situations and objects that might trigger drug or alcohol thoughts. Who can think of one?**

Obtain one or more examples of each. Be sure it is clear in each instance whether the trigger example represents a place, a situation, or an object.

Give Thanks Tokens to participants as they contribute.

- **All of those are good examples. Thank you for contributing.**

Internal Triggers

Describe internal triggers.

- **Now let's talk about internal triggers. As I said before, internal triggers are feelings.**
- **Feelings are every bit as powerful as outside events in terms of their ability to cause drug and alcohol thoughts.**
- **What kinds of feelings do you imagine could make you think of drugs or alcohol?**

Encourage examples. Look for feelings such as depression, anxiety, loneliness, frustration, and anger.

Give Thanks Tokens to participants as they contribute.

- **Thank you for all of the good examples.**
- **All of these feelings you named could trigger drug or alcohol thoughts. Most commonly, the feelings that trigger these thoughts are negative feelings.**

Drug and Alcohol Thoughts

- **Thoughts are words and sentences we hear in our heads.**
- **Thoughts can be very powerful. In the case of drug and alcohol thoughts, they can cause cravings to use drugs or alcohol.**



- **What are some examples of thoughts we might have that could trigger a craving for drugs or alcohol?**

Encourage examples. Look for thoughts such as:

- “I will feel better if I am high.”
- “I can’t get through this unless I have something.”
- “If I don’t use, I won’t have any friends.”
- “I can’t have the kind of sex I want without being loaded.”
- “I can handle it, so it’s OK to do it.”
- “It won’t hurt to have a little.”

Give Thanks Tokens to participants as they contribute.

- **These are good examples of the things we tell ourselves. Thank you for contributing.**

Craving

- **Now let’s talk about cravings.**
- **As we have said, thoughts can lead to cravings.**
- **A craving is a very strong urge to do something.**
- **Who has ever had a craving? What was it about? How did it feel?**

Thank the participants for their contributions to the group discussion.

Give out Thanks Tokens.

Encourage general participation and discussion of cravings, not limited to drug and alcohol use.

- **When we have a craving for drugs or alcohol, just about the only way to make it go away is to use drugs or drink alcohol.**
- **In other words, once you have a craving, it’s very hard to control it.**
- **What we can do is to keep the craving from happening.**
- **Remember that triggers lead to thoughts, which in turn can lead to cravings.**



Craving - *continued*

- **What we want to do is to keep the triggers from going off and to stop the thoughts before they become cravings.**
- **I want to sum up our discussion to this point. We've talked about the relationship between triggers, thoughts, and cravings.**
- **Now we are going to spend some time focusing in on external triggers.**

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Activity 3: What are My External Triggers for Drug and Alcohol Use?

Time

- 20 minutes

Activity Materials

- Easel Paper
- Handout: My External Triggers Questionnaire
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Pencils
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants complete a trigger questionnaire to identify their personal triggers and practice strategies for coping with external triggers.

External Triggers Questionnaire

Introduce the My External Triggers Questionnaire.

- **We have already talked about what external triggers are.**
- **They are people, places, situations, and things that cause you to have drug or alcohol thoughts that can lead to use.**
- **An external trigger is anything outside of yourself that stimulates a drug or alcohol thought.**
- **Now that we know what they are, the question is, “What can we do about them?”**

- **The first step is to identify your own external triggers.**
- **I have a questionnaire here that will help you do that.**

Distribute My External Triggers Questionnaire and pencils. Give instructions on how to complete the questionnaire.

- **First, mark an “X” in front of all of the situations and places where you use drugs or alcohol frequently. Then mark a “0” in front of the ones where you never use drugs or alcohol.**
- **Next, add any situations that are not listed.**
- **Then, list the people you know who act as triggers for you.**
- **Finally, circle the situations, places and people that are most likely to lead to drug and alcohol use for you.**
- **Do you have any questions?**

Answer questions. Allow about five minutes for participants to complete the questionnaire. Once participants have completed the handout, ask for volunteers to share triggers.

- **Now I would like to hear what your most important external triggers are.**
- **Who will volunteer to go first? Tell us your one or two most important triggers.**

List personal triggers on Easel Paper. Allow sufficient time for everyone to participate. Respect the privacy of any individuals who do not wish to disclose.

- **Thanks for sharing.**

Give Thanks Tokens to volunteers.



Strategies for Dealing with External Triggers

Begin a discussion about dealing with external triggers.

- **Let’s look at the various triggers you mentioned.**

Briefly talk about the list of triggers, noting how many of the triggers mentioned are people, how many places, how many public events, how many involve sex, etc.

Strategies for Dealing with External Triggers - *continued*

- **How do you think it might be possible to deal with the triggers on the list? What could you do to keep them from making you have thoughts about drugs or alcohol?**

Encourage general discussion among group members of ways to avoid or neutralize the external triggers that participants have mentioned. When a suggestion would not be effective, ask, “Do you think that would keep thoughts about drugs or alcohol from developing?”

Give Thanks Tokens to participants as they contribute.

- **Those were good ideas.**
- **Let me summarize what you said.**

Point out the types of techniques the participants suggested. If they did not make a suggestion that fits into one of the categories below, start with the categories they did mention.

Then go on to discuss the three basic ways of dealing with external triggers.

- **There are three basic ways of dealing with external triggers so they don’t let drug and alcohol thoughts happen or take hold.**
- **These are the three techniques:**
 - **Avoidance:** staying away from the trigger entirely (not going there in the first place).
 - **Removal:** taking yourself away from the trigger (leaving the scene).
 - **Neutralizing:** changing some aspect of the trigger so it is no longer a threat. This could be convincing yourself that you really don’t want to be around the person who may take you to a place that is a trigger. It means taking the power away from that trigger, so it no longer tempts you to do a behavior you don’t want to do.
- **All of these techniques can be effective, but all of them can’t be applied to every type of external trigger.**



- For example, you can avoid going to a club where you know there will be drugs or alcohol. But what if the club were in the same block as your HIV clinic? You can't very well avoid going to the clinic simply because being near the club is a trigger for you to use. We'll talk about neutralizing the triggers you can't or don't want to avoid in just a minute.
- Other triggers you can avoid but probably wouldn't want to, like having sex.
- In the same way, you can remove yourself from some triggers but not from others.

Discuss further neutralizing triggers.

- Neutralizing the trigger is a technique that applies mostly to situations with other people, where what the people are saying to you and the interactions you have with them trigger drug and alcohol thoughts.
- When people act as a trigger, you can neutralize the trigger situation by changing it so that it loses its power to cause drug and alcohol thoughts.
- You do this by substituting and redirecting the content of what they are saying so that it no longer causes drug and alcohol thoughts.
- When you neutralize a situation by changing the message into something else, or when you remove yourself and get away from the trigger, you don't give drug and alcohol thoughts, even if they have started, a chance to take hold.

Application of Strategies for Dealing with External Triggers

Discuss applying strategies to deal with external triggers.

- Let's look again at your list of personal triggers.
- Which of these three strategies do you think would work best for each of the triggers on that list?
- How would you apply the strategy? Exactly what would you do?

Application of Strategies for Dealing with External Triggers - *continued*

Guide the participants in developing specific plans for dealing with several of the personal triggers on the list, building on the ideas they suggested initially.

Select a trigger plan that calls for applying the neutralizing technique to an interaction with a trigger person. Set up a role play to act out the situation. (If none of the plans developed by participants for their personal triggers will work, make up a plan that is a variation of one of the existing plans.)

Give Thanks Tokens to participants as they contribute.

- **Those are very good plans.**
- **Now I want you to act out one of these plans.**
- **Let me tell you which one I have in mind, and then I'll need two volunteers.**

Describe the plan that will be role played, and obtain volunteers.

- **Who will volunteer to play the part of the person who is trying to keep from having drug and alcohol thoughts?**
- **Who will play the part of the trigger person?**

To the person who is trying to avoid drug and alcohol thoughts:

- **You are trying hard to keep this interaction from turning into what it usually does, where you get hooked into what he (she) is saying and end up with drug and alcohol thoughts taking hold.**

To the trigger person:

- **You are doing whatever you usually do and saying whatever you usually say that causes problems for him (her). You see that something different is happening right now, and you don't know what to make of it.**
- **Begin acting.**

Let participants act out scene for three minutes.

- **Let's give these actors a hand!**





Give applause and Thanks Tokens to the actors.

- **What did you think? Reactions? Comments?**

Activity 4: How Can I Stop Drug and Alcohol Thoughts?

Time

- 20 minutes

Activity Materials

- Laminated Cards: Thanks Tokens
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Techniques for stopping drug and alcohol thoughts are presented and participants practice applying them. These techniques help participants replace negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions.

Stopping Drug and Alcohol Thoughts

Discuss strategies for stopping drug and alcohol thoughts.

- **If you are having drug and alcohol thoughts or are arguing with yourself about whether to quit using substances, it may be extremely difficult to prevent yourself from having cravings or using drugs or alcohol.**
- **But you do have a choice about stopping the thoughts from getting started and taking hold.**
- **There are three different ways of stopping drug and alcohol thoughts: switching, relaxing, and floating.**
 - **Switching is a specific technique to help one stop drug or alcohol thoughts. A thought is stopped abruptly—just like a light switch turned off—and replaced with a pleasant thought.**
 - **Relaxing refers to techniques like deep breathing, progressive muscle relaxation, or visualization activities used to lower**

- physical discomfort associated with high Feeling Thermometer reading.
- **Floating is a technique to control drug and alcohol thoughts. The thought is not challenged, reframed or changed. It is simply allowed to float away and not lead to a craving.**
 - **We'll talk more about each of these techniques during this activity.**
 - **Your job is to see which one works best for you.**
 - **If you do not use drugs or alcohol now or are not trying to reduce your substance use, you can apply these same techniques to other behaviors, such as smoking, eating, or any other area in your life where you want to have more control.**

Switching

Introduce switching.

- **The first technique is called switching.**
- **I want you to close your eyes and picture yourself turning a switch off. It could be a light switch, a radio or television, your CD player. Imagine the click it makes.**

Wait a moment while everybody visualizes turning something off.

- **Good. You can open your eyes now. Did you see yourself turning off the switch? Did you hear it click?**
- **Now, think of a pleasant thought that has nothing to do with drugs or alcohol.**
- **What are some of your pleasant thoughts?**

Encourage sharing of pleasant thoughts.

Give Thanks Tokens to participants as they contribute.

- **Very good.**
- **Now I am going to read you a list of thoughts—some of them are drug or alcohol thoughts, but not all of them.**
- **When you hear a drug or alcohol thought, I want you to picture yourself turning off the switch.**



Switching - *continued*

- Then put a pleasant thought in your mind.
- Is everyone clear about what to do? First, turn off the switch on drugs or alcohol, then bring in the pleasant thought.
- Here we go. Close your eyes and get comfortable.
- Listen to these thoughts and, when you hear a drug or alcohol thought, imagine yourself turning off the switch; then bring your pleasant thought into your mind.

Read the thoughts slowly, pausing between each.

- Here come the thoughts:
 - It's a nice day today.
 - I wish I had more money.
 - Life without drugs or alcohol is boring.
 - I need to call my friend.
 - I can't function without drugs.
 - I wonder what time it is.
 - I should try harder to be nice.
 - I'm not a strong enough person to stop using or drinking.
 - I'm proud of finding a job.
 - I can't control feeling uncomfortable without drugs or alcohol.
- OK. How did that work for you?

Encourage reactions and discussion.

- Remember that we are trying different approaches so that you can see which one works best for you.

Relaxing

Introduce relaxing.

- **Now we're going to try relaxing.**
- **Let's first learn how to do a little relaxation.**

Get yourself in a comfortable position. *PAUSE.*

Breathe in deeply and let it out slowly. Feel the cool air come in and the warm air flow out. *PAUSE.*

Again, breathe in deeply and let it out slowly. *PAUSE.*

Breathe in deeply and let it out slowly. *PAUSE.*

Now, tighten your fist. *PAUSE.*

Hold it. *PAUSE.*

Loosen your fist and stretch your fingers. *PAUSE.*

Now, yawn and stretch your arms.

END.

- **OK, I think we're ready.**
- **I'm going to read another list of thoughts.**
- **This time when you hear a drug or alcohol thought, take three deep breaths, then tighten your fist, then release it and stretch your fingers, then yawn and stretch—just the way we did in the practice.**
- **Here we go with the thoughts.**

Pause after reading each thought. Leave adequate time after the drug and alcohol thoughts for participants to complete the relaxation routine.

- **I really like my best friend.**
- **I have more fun with my friends when we use.**
- **I know someone who is the perfect person for me.**
- **If I stop using, my friend will leave me.**



Relaxing - *continued*

- I'll never be able to find someone I could love who doesn't use or who doesn't get drunk.
 - Basically I am a nice person.
 - Sex is no good unless I am high.
 - Using gives me confidence.
 - I can be the life of the party when I'm high.
 - There's no need to change the way I am.
- **How did the relaxation work?**

Encourage reactions and discussion.

Floating

Introduce floating.

- **The last technique we will practice is called floating.**

This time don't try to stop the drug or alcohol thought by changing it.

Just watch the thought as if it was a bird or a balloon.

Let the thought float away.

Watch it getting smaller and smaller as it floats out of sight.

Then pay attention to your breathing.

If another thought comes by, again just watch it.

Let it float away until you can no longer see it.

- **First, get comfortable in your chair.**

Become aware of your body. *PAUSE.*

Feel the cloth of your clothes against your skin. *PAUSE.*

Feel your body against the chair. *PAUSE.*



Here come the thoughts. When you hear a drug or alcohol thought, let it float away.

- **I have got to have a drink.**
- **I like swimming.**
- **I will always desire drugs.**
- **I like dancing.**
- **When I crave a hit or a drink, it makes me so nervous I can't stand it.**
- **I'll never get off drugs or alcohol, so I might as well keep using.**
- **I like talking to my friends on the telephone.**
- **When I'm craving drugs, I can't function.**
- **I like ice cream.**

➤ **How did floating work for you?**

Encourage reactions and discussion.

➤ **So, now that you tried switching, relaxing, and floating, which one do you think is best for you to stop drug and alcohol thoughts from getting started?**

Encourage participants to comment on which approach seems best for them.

Give Thanks Tokens to participants as they contribute.

➤ **Thank you everybody.**



Activity 5: How Can I Solve This Problem?

Time

- 15 minutes

Activity Materials

- Easel Paper
- Handout: SMART Problem-Solving Steps
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Pencils
- Guidelines for Good Weekly Goals
- Wall Chart: Ground Rules
- Wall Chart: SMART Problem-Solving Steps
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants identify problem situations in their lives that are interfering with achievement of their goals. Review the SMART Problem-Solving Steps. A problem identified by one of the participants is used to illustrate the method.

Problem-Solving

Review problem-solving.

- **This is the time in the session to talk about problems in your life and ways to solve them.**
- **Everyone has problems of some kind—with relationships, with family, with friends, with housing, with paying bills, with work, with school, with doctors, with case workers, with the police, and so on.**

Acting Safe Module - Session Six
How Can I Deal with External Triggers?

- **These problems make it hard to focus on the positive parts of your life and achieving your goals, like staying healthy.**
- **Who would like to volunteer to share with us an important problem that he or she is facing right now?**
- **Just say a sentence or two to describe the problem, and tell us how it is getting in the way of you working toward a positive goal in you life.**

Allow all participants the opportunity to identify an important personal problem. List the problems on Easel Paper, identifying each in as much detail as possible. Some participants may not wish to share their problems; be sensitive to the feelings of individuals who do not wish to share.

Give Thanks Tokens to participants as they contribute.

- **That's a good list. Thank you for sharing.**
- **Out of the problems we have listed here, is there one that we can agree on to use in today's discussion?**

Circle the selected problem, and write it at the top of a new sheet of Easel Paper.

Refer to the SMART Problem-Solving Steps Wall Chart. Hand out individual copies.

- **To get us started, I'm going to refer to this chart that gives the steps for solving a problem. I'm also going to give you your own copy of it.**
- **Let's start working on our problem. Let's follow the SMART steps and apply them to this problem.**

Work through each of the steps, applying the questions above to the specific problem at hand. Use Easel Paper to make lists of issues and concerns, for example, possible actions, pros and cons, resources, skills and barriers.

Give Thanks Tokens to participants as they contribute.

- **That was very good. I'm sure these ideas are going to help you in working on this problem.**
- **If you need more assistance, see one of us and we'll try to help.**



Weekly Goal Setting and Conclusion

Time

- 20 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Goal Cards
- Lottery prize
- Pens
- Wall Chart: Guidelines for Good Weekly Goals

Review of Session Content

Review today's session.

- **Today we advanced our goal of exploring the links between feeling, thoughts, and actions. We practiced ways to stop drug and alcohol thoughts that can lead to substance use. Also, we discussed external triggers to drug and alcohol thoughts and how to avoid or neutralize them. We also worked through a real-life personal problem and how to solve it.**

Review of Goal Guidelines

Review and discuss Guidelines for Good Weekly Goals.

Suggestions for Weekly Goals

List examples of possible goals on Easel Paper.

- **Make a list of personal problems that you think will make it harder for you to achieve your big goal.**
 - **Keep a diary of all of your drug and alcohol thoughts for two days.**



- **Select one of the thought-stopping techniques (switching, relaxation, floating) and practice it for three days.**
- **Develop a detailed plan for avoiding, removing, or neutralizing the external trigger you encounter most frequently.**
- **Practice using avoidance, removal, or neutralizing to deal with an external trigger once during the next week.**
- **Make a list of the possible actions to solve a personal problem you have and write down the pros and cons of each action.**

Individual Goal Setting

Distribute goal cards.

Have participants define goals and action plans and record them on goal cards.

Prize Drawing and Closing

Draw for prize and conclude session.

End of Session





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Required Materials for Session Six

Handouts to be Reproduced

- Drug and Alcohol Resource List
- My External Triggers
- SMART Problem-Solving Steps
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens



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Drug and Alcohol Resource List

List of drug and alcohol resource programs, support groups, and hotlines in local area, to be compiled by implementing agency.





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My External Triggers

1. Mark an X in front of all of the situations and places where you use drugs or alcohol **frequently**. Mark an O in front of those places and situations where you **never** use drugs or alcohol.

- | | | |
|---|--|--|
| <input type="checkbox"/> At parties | <input type="checkbox"/> Before school | <input type="checkbox"/> When I get up |
| <input type="checkbox"/> At sporting events | <input type="checkbox"/> During School | <input type="checkbox"/> At lunch break |
| <input type="checkbox"/> At the movies | <input type="checkbox"/> After school | <input type="checkbox"/> At dinner time |
| <input type="checkbox"/> At bars or clubs | <input type="checkbox"/> Before work | <input type="checkbox"/> On payday |
| <input type="checkbox"/> At the beach | <input type="checkbox"/> During work | <input type="checkbox"/> When I am carrying money |
| <input type="checkbox"/> At concerts | <input type="checkbox"/> After work | <input type="checkbox"/> When I am watching TV |
| <input type="checkbox"/> In parks | <input type="checkbox"/> Before a date | <input type="checkbox"/> When I see a certain person |
| <input type="checkbox"/> In vacant buildings | <input type="checkbox"/> During a date | <input type="checkbox"/> When I talk to a certain person |
| <input type="checkbox"/> In parking lots | <input type="checkbox"/> After a date | <input type="checkbox"/> When I am in a certain neighborhood |
| <input type="checkbox"/> At home | <input type="checkbox"/> Before sex | <input type="checkbox"/> When I am with certain people |
| <input type="checkbox"/> When I am alone | <input type="checkbox"/> During sex | <input type="checkbox"/> When I hear a certain song |
| <input type="checkbox"/> When I am with friends | <input type="checkbox"/> After sex | <input type="checkbox"/> On certain days of the year |

2. List any other situations and places where you frequently use drugs or alcohol.

3. List the people who act as triggers for you to use drugs or alcohol.

4. Of all of the situations and people above, circle those that you believe are most likely to result in your using drugs or alcohol. (Do not circle more than four).





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SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.





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Weekly Goal Cards

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____



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WEEKLY LOG

Star = Met big goal

No. _____

Last Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(Yesterday)

Next Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(One Week From Now)



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How Can I Deal with Internal Triggers?

(1 hour, 55 minutes)

Session Aims

- To guide participants in identifying their internal triggers for substance use and becoming familiar with strategies to reduce negative feelings that may act as triggers for drug and alcohol use.
- To review participants' progress in achieving their “big” drug or alcohol goals and provide practice in solving general life problems.

Facilitators' Notes

- Goal setting is reinforced through the Feel-Think-Do Framework. The F-T-D is reinforced through the Trigger→Thought→Craving→Use model of substance use reduction, and problem-solving skills. It is important for Facilitators to be familiar with internal and external triggers.
- The specific triggers of some participants for drug and alcohol use may be awakened through the discussion of triggers. This could lead to participants having thoughts and cravings for drugs or alcohol. Facilitators can help participants neutralize these triggers by pointing out that this may happen. Encourage participants to start using the techniques to deal with triggers taught in this session.
- Practice the session before implementing with participants.
- Read the script until you become comfortable with the content. Once you become comfortable with the content, you should summarize the activities and information in your own words.
- In the manual **bold** text means to read or convey the information to the participants.



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Session Agenda

How Can I Deal with Internal Triggers?

- Introduction and Check-In.
- How Have I Been Doing?
- What are My Internal Triggers for Drug and Alcohol Use?
- How Can I Handle Negative Feelings that Trigger Drug and Alcohol Thoughts?
- How Can I Solve This Problem?
- Weekly Goal Setting and Conclusion.

Summary of Activities:

Introduction and Check-In. (15 minutes)

- Welcome participants and have them reintroduce themselves. Discuss Thanks Tokens. Review session ground rules.

Activity 1: How Have I Been Doing ? (15 minutes)

- Participants check-in on their progress toward achieving their “big” drug and alcohol goals, and enter progress and activities for the next week on the Weekly Log form. The Feel-Think-Do Framework can be applied to identifying and challenging any negative patterns of thoughts and feelings that may have interfered with successful goal accomplishment.

Activity 2: What are My Internal Triggers for Drug and Alcohol Use? (15 minutes)

- Participants complete a trigger questionnaire to identify their personal internal triggers for substance use.

Activity 3: How Can I Handle Negative Feelings that Trigger Drug and Alcohol Thoughts? (35 minutes)

- Strategies for reducing negative feelings that trigger substance use are presented, and participants practice applying these. These techniques help participants replace negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions.

Activity 5: How Can I Solve This Problem? (15 minutes)

- The SMART problem-solving method is reviewed. A problem identified by one of the participants is used to illustrate the method. In this activity, participants discuss the potential negative impacts of not thinking through a problem before taking action.

Weekly Goal Setting and Conclusion. (20 minutes)

- Set weekly personal goals. Conduct lottery and obtain session feedback.

Required Materials for Session Seven

Handouts to be Reproduced

- Drug and Alcohol Resource List
- My Internal Triggers
- SMART Problem-Solving Steps
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix E

- Negative-Thought Cards

Appendix B

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Introduction and Check-In

Time

- 15 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Laminated Cards: Thanks Tokens
- Lottery tickets
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Welcome

Welcome participants, introduce today's session and describe prize drawing.

- **Today is the third session about drugs and alcohol. In today's session, we are going to learn about triggers for substance use and how negative feelings fit into the picture.**

Lottery Tickets

Distribute lottery tickets and explain how they are used.

- **Again this week, there will be a prize drawing at the end of the session, and I'm going to hand out lottery tickets for that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.**

Thanks Tokens

Review Thanks Tokens wall chart and give out 20 Thanks Tokens to each participant.



Session Ground Rules

Review Ground Rules wall chart and ask for additions.

Weekly Goal Review

Review participants' progress in achieving weekly goals from prior session. Remind them how smaller, weekly goals can be steps that lead to reaching their big goals.

Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels experienced in weekly goal activity.

Session Preview

Summarize the content of today's session and answer questions.

- **Acting Safe is a module in which we will look for links between our feelings, thoughts, and actions. Why feelings, thoughts, and actions? Because we can use insights into these components of ourselves to live long, healthy lives with HIV, and also keep other people uninfected.**
- **Over the eight sessions of *Acting Safe*, we hope to work on increasing behaviors that promote:**
 - **Healthy living.**
 - **Dealing with the challenges of daily living.**
 - **Increasing positive feelings, thoughts, and actions.**
 - **Reducing sexual and drug-related risks for HIV.**
- **First, we will review the progress each of you has made toward your big drug or alcohol goal. Then, we'll learn about internal triggers that lead to drug and alcohol thoughts, and which of these may be important for you. We'll also talk about strategies for reducing negative feelings like anger and anxiety that can be triggers for substance use. After that, we will spend some time sharing personal problems you may have and finding ways to solve them. We will end the session by setting our weekly goals.**

Give Thanks Tokens as appropriate, if there is any more discussion.



Activity 1: How Have I Been Doing?

Time

- 15 minutes

Activity Materials

- Handout: Drug and Alcohol Resource List (to be developed locally)
- Handout: Weekly Log
- Highlighters (one for each person)
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Pencils
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: My Drug and Alcohol Use Check-In
- Wall Chart: Using Thanks Tokens
- Wall Chart: Weekly Log

Facilitators' Note

Participants check-in on progress toward achieving their “big” drug and alcohol goals, and enter progress and activities for the next week on the Weekly Log form. The Feel-Think-Do Framework can be applied to identifying and challenging any negative patterns of thoughts and feelings that may have interfered with participants accomplishing their goals.

Practice explaining how to use the Weekly Log in advance of the session. Facilitators may wish to develop a completed Weekly Log to use as an aid in explaining how to use the Weekly Log. If Facilitators develop a sample Weekly Log, the drug and alcohol use and risk behaviors described on it should be consistent with the practices of the participants.

Drug and Alcohol Check-In

- **Now let's take a look at your progress this week toward the big goals you set previously to stop or limit using drugs or alcohol.**

Invite participants to share progress toward their drug and alcohol goals.

- **We'll begin with check-ins from those of you who want to share about your drug and alcohol use during the past week. If you don't want to discuss what you did, you don't need to check-in—that's OK.**

Refer to the wall chart, My Drug and Alcohol Use Check-in.

- **This chart will remind you of the things to cover in your check-in. Do you have any questions about the points on the chart?**

Briefly answer questions before continuing.

- **Now, who will volunteer to check-in first? Tell us what you did in the way of drug and alcohol use during the past week, and remember to check out the list on the wall to be sure you cover everything.**

Allow time for all participants who wish to make a report. Be sensitive to the feelings of any participants who do not wish to disclose information about themselves.

- **Thank you for your honesty.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level right now?**

Encourage sharing of discomfort levels.

Give Thanks Tokens to participants as they contribute.

- **Thank you for sharing your feelings.**

Weekly Log

Distribute copies of the Weekly Log.



Weekly Log - *continued*

- **Now let's do the Weekly Log. I am going to hand out blank copies of the Weekly Log form, with which most of you are already familiar. If you brought your Weekly Log from last week, take it out now so we can refer to it as we go along.**

Give a Weekly Log handout, a highlighter, and a pencil to each person. Use the Weekly Log wall chart to explain the Weekly Log to participants.

- **I'd like for each of you to fill out what happened last week in terms of your drug and alcohol use, using the top row of boxes on the Weekly Log form.**
- **Let's quickly review how the Weekly Log works. If you have heard this before, please be patient. I won't take long.**
- **To fill out the days of the week on the top row, start with "Yesterday," which was [day of week], and write that in the gray part of the box numbered 7.**

Demonstrate and hold up form with "Yesterday" filled in.

- **Now go backward one day at a time, filling in each day of the week, until you get to Box 1, which is one week ago.**

Hold up a form with the days of the week for "Last Week" filled in. Give participants time to fill in the days of the week on their own forms. Check to see that everybody has done this correctly.

- **While we are at it, let's also fill in the days of the week for Next Week, which is on the bottom of the form. When you fill in the days this time, you will be going forward from today (the box with a 1) until you get to one week from today (the box with a 7).**

Hold up a form with the days of the week for Next Week filled in. Give participants time to fill in the days of the week on their own forms. Check to see that everybody has done this correctly.

- **Now each of you can fill in the top row of the Weekly Log. Think about your drug and alcohol use last week, and use your highlighter to draw a star on each day that you met your personal big goal.**

- **If you did not meet your goal on a particular day, leave that day blank.**

Hold up a completed sample Weekly Log showing large stars in the boxes for some days, and no highlighting for at least one day.

Allow time for participants to highlight the Last Week portion of their Weekly Log. Check to be sure participants are using stars for “met goal” and no highlight for “did not meet goal.”

- **After you finish that part, write in what was going on each of the days that do not have a star. These are the days that you did not meet your big goal.**
- **Write down in the box for those days what, when, and where you used; with whom you used; and what the situation was. In other words, the same things you covered in your alcohol and drug check-in (with the exception of how you felt).**
- **Try to jot down as much as you can about what went on in terms of drug and alcohol use on those days. Remember, you don’t have to fill out anything for the days that are starred.**
- **Everybody should take a few minutes and fill that out now.**

Allow up to five minutes for participants to complete this task. Check that daily notes are being recorded in sufficient detail, and work with participants to provide greater detail when indicated.

- **You’ll remember from when we did this during the last session that the final thing we need to do to finish the Weekly Log is fill in a daily schedule in the Next Week section, for those days you did not meet your big goal last week.**
- **For each day that you did not highlight, the days you did not meet your big goal, let’s drop down to that same day for next week and do two things:**
 - **First, write in your schedule for that day next week—like work hours, classes, doctor’s appointments, going to a movie with a friend, attending a group session, and so on. If you write down your schedule, you have a greater chance of staying in control and meeting your big goal.**

Weekly Log - *continued*

- **Second, looking at what happened on that day last week, see if you can think of something specific that you might do differently on the same day next week so that you would be able to meet your big goal this time. Write a note describing what you will do in the Next Week box.**
- **Please ask if something is not clear or if you find that you need help. If you want to work in pairs, that might be helpful. However, you may work alone if you prefer.**

Allow as much time as needed for participants to complete this task. Offer help where you think it is needed. Many participants will need help with the “what would you do differently” part of the task.

- **Now you have examined your progress during the past week, and have developed plans for the coming week.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level now?**

Encourage sharing of discomfort levels.

Give Thanks Tokens to participants as they contribute.

- **Thank you for sharing your feelings.**
- **Would anyone like to share what you plan to do for next week? I'd especially like to hear your ideas about how you plan to handle specific drug and alcohol situations differently from last week.**

Allow as much time as possible for sharing of ideas.

- **Those are excellent ideas. Thank you for sharing.**

Give Thanks Tokens to volunteers.

Hold up copies of the Drug and Alcohol Resource List handout.

- **I'll put these copies of the Drug and Alcohol Resource List on the table here in case you didn't get one last time. It has**



information about treatment programs, hotlines and support groups here in the local area. Pick one up anytime during the session or at the end on your way out. Feel free to take an extra copy if you have a friend who may be interested.

Activity 2: What are My Internal Triggers for Drug and Alcohol Use?

Time

- 15 minutes

Activity Materials

- Easel Paper
- Handout: My Internal Triggers Questionnaire
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Pencils
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants complete a trigger questionnaire to identify their personal internal triggers for substance use.

The specific triggers of some participants for drug and alcohol use may be awakened through the discussion of triggers. This could lead to participants having thoughts and cravings for drugs or alcohol. Facilitators can help participants neutralize these triggers by pointing out that this may happen. Encourage participants to start using the techniques to deal with triggers taught in this session.

Internal Triggers

Begin discussion on internal triggers.

- **We discussed in the last session that internal and external triggers lead to drug and alcohol thoughts.**
- **If these thoughts continue, they will lead to drug and alcohol use.**

- **In the last session, we discussed external triggers, that is, triggers in the outside world.**
- **These are people, places, situations, or things that lead to drug and alcohol thoughts.**
- **In this session, we are going to discuss internal triggers, which are triggers that are inside you.**
- **Internal triggers are emotions or feelings or sensations that lead to drug and alcohol thoughts.**
- **Examples of emotions or feelings are anger, depression, and anxiety. Examples of sensations are fatigue and pain.**
- **Emotions or feelings also have physical sensations that go along with them and, in a sense, define them.**
- **When some people are angry, for example, their heart beats faster and they may become shaky.**
- **Are there any questions so far? Do you see the difference between internal and external triggers?**

Obtain participants' reactions and encourage discussion about the differences between internal and external triggers.

Internal Triggers Questionnaire

Introduce the My Internal Triggers Questionnaire.

- **Let's find out what our internal triggers are.**
- **Here's a questionnaire that may help.**

Distribute My Internal Triggers Questionnaire and pencils.

- **In the first part, you mark an "X" in front of all of the emotions, feelings, and sensations that can trigger drug or alcohol thoughts or cravings for you.**
- **If your personal trigger is not included, add it to the list.**
- **Next, tell which of these emotions, feelings, or sensations triggered drug or alcohol use for you in the last month.**

Internal Triggers Questionnaire - *continued*

- **Then, tell which of the emotions, feelings, or sensations are most likely to trigger your alcohol or drug use.**
- **The final question asks about a feeling or sensation that caused you to use during a time when you wanted to stay away from drugs or alcohol.**
- **Do you have any questions about how to fill it out?**

Answer questions. Allow about five minutes for participants to complete the questionnaire.

- **Let's hear what your most important internal triggers are.**
- **Who will volunteer to go first? Tell us your one or two most important triggers.**

List personal triggers on Easel Paper. Allow sufficient time for everyone to participate. Respect the privacy of any individuals who do not wish to disclose.

- **Thanks for sharing.**

Give Thanks Tokens to volunteers.

Summarize triggers.

- **Let's look at the various triggers you mentioned.**
- **You can see which triggers cause people here the most trouble.**
- **One of the things about internal triggers is that they are usually negative emotions, feelings, or sensations—like being angry, sad, anxious, or fatigued.**
- **Feeling sorry for yourself or feeling deprived, when you think you really need to give yourself some kind of reward, can be a trigger for drug or alcohol thoughts.**
- **Triggers are rarely positive feelings like being happy, confident, or content.**
- **But for some people internal triggers can be sexual feelings or arousal.**



- **Because of this, we are just going to talk about the negative internal triggers for the rest of the session.**
- **Also, instead of saying “emotions, feelings, and sensations” every time, let’s use “feelings” as a kind of shorthand.**
- **Now I think we are ready to consider ways of handling negative feelings.**

Activity 3: How Can I Handle My Negative Feelings that Trigger Drug and Alcohol Thoughts?

Time

- 35 minutes

Activity Materials

- Easel Paper
- Laminated Cards: Negative Thought Cards
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Strategies for reducing negative feelings that trigger substance use are presented and participants practice applying these. These techniques help participants replace negative thoughts that may lead to unsafe behavior with positive thoughts that encourage healthy actions.

Negative Feelings

Introduce how to discuss negative feelings.

- **As we have already said, negative feelings can be triggers for drug and alcohol thoughts, and if these thoughts continue, they can lead to drug and alcohol use.**
- **Negative feelings are a part of life—everybody has them from time to time.**

- We can't eliminate negative feelings, but there are ways to reduce how strong they are and how long they last.
- This will lessen the chance they will trigger drug and alcohol thoughts.
- Here are some techniques for dealing with negative feelings. You will have a chance to practice using them. The four techniques are reframing, scheduling, assertiveness, and relaxing.
 - Reframing is a technique used to change negative thoughts into more positive ones.
 - Scheduling is a technique that involves identifying enjoyable and satisfying activities and committing to doing them in the near future to avoid idle time, which may lead to drug use.
 - Being assertive means communicating what you want in an honest and respectful way.
 - Relaxing is a technique to reduce negative feelings.

Reframing

Introduce reframing.

- Negative feelings almost always have negative thoughts that go along with them.
- If you ask people who say they are discouraged, lonely, or unhappy to talk about their feelings, they will tell you about their negative thoughts.
- When people talk about their negative thoughts, they usually describe them as reasons for their negative feelings. Here are some examples:
 - "I am discouraged because I did not get the job I wanted."
 - "I am lonely because my boyfriend broke up with me."
 - "I am unhappy because I do not have any friends."
- If people can change their negative thoughts into thoughts that are more positive, then their negative feelings will change too. Here are some examples:

Reframing - *continued*

- “I did not get this one job” (so I don’t need to be discouraged).
 - “Now I can start dating again” (so I won’t be lonely for long).
 - “I enjoy several of the people at work” (so I don’t need to be unhappy).
- Often people see situations in a more negative light than the situations deserve.
 - If we can change a negative thought into a positive one, or at least into something not so negative, then the feeling that goes with the thought will become more positive.
 - Putting a positive spin on negative thoughts and interpreting them in a more positive light is called “reframing.”

Have participants practice reframing.

- Let’s practice reframing some negative thoughts.

Hand out a Laminated Negative Thought Card to each participant. If there are not enough cards to go around, have two participants share a card.

- Each of these cards has a negative thought printed on it. Let’s go around the room, and I want each person to read his or her negative thought aloud, and then reframe it to make it more positive.
- Who wants to start?

After each participant reframes his or her negative thought, ask for members of the group to contribute additional ways of reframing thoughts. Check to see that the suggestions represent reasonable positive reinterpretations of the particular negative thoughts.

- Very good. Who can think of another way to reframe this thought?

Give a Thanks Token to each participant as the exercise moves along.

- Those were really very good ways of reframing thoughts!
- As you see, there are a number of different ways of putting a positive spin on a particular negative thought.
- Now let’s go on to another technique.



Scheduling Satisfying Activities

Introduce scheduling satisfying activities.

- **This technique for dealing with negative feelings is called “scheduling satisfying activities.”**
- **Identify things to do that you like—that are enjoyable and satisfying—and make a definite commitment to do those things at a definite time in the near future.**
- **The idea here is to keep your mind from focusing on the negative feelings and thoughts you have by doing something positive and enjoyable.**
- **The reason for the scheduling is to make certain that you really do the positive thing that you will enjoy.**
- **When people have negative feelings, it is often hard for them to get out and engage in activities they don’t have to do—even if they will be fun.**
- **Scheduling an activity means you are making a specific commitment to do it—on a particular day, at a particular time, with particular people.**
- **It’s usually better to think of enjoyable activities that you can do with other people rather than alone, but this is not a hard-and-fast rule.**
- **It is much better if you do something active as a part of the scheduling process. This increases your commitment to go through with it.**
- **For example:**
 - **Write down the day, time, place of the event.**
 - **Make reservations.**
 - **Buy tickets ahead of time.**
 - **Call a friend.**
- **Now, imagine that you are having negative feelings—it doesn’t matter what the feelings are.**

Scheduling Satisfying Activities - *continued*



- **Negative thoughts continue as you try to push them out of your head.**
- **You don't want to go anywhere—you don't want to do anything.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level right now?**

Pause for participants to get in touch with their imagined negative feelings.

- **Think of something you would enjoy doing that might be distracting—even though you don't really want to do it right now.**
- **Now think how you would go about scheduling the activity.**
- **What could you do to make it a definite commitment so you keep yourself from letting it drop and not going through with it?**

Give participants about one minute, then ask for volunteers to share their ideas.

- **I'm going to give you a minute to think about it, and then I'd like a couple of volunteers to share what they've come up with.**
- **Who will volunteer first?**

Allow sufficient time for everybody to participate who wants to.

- **That was very good. I can see you all get the idea.**

Being Assertive

Introduce being assertive.

- **Another way of dealing with negative feelings is by being assertive. Being assertive means letting people know what you want in an honest and respectful way. An important part of assertive communication is making "I" statements.**

- **“I statements” are statements in which you take responsibility for your feelings. For instance, instead of saying, “You make me feel bad,” you say, “I feel bad when this happens.” We’re going to be practicing this in a few minutes.**
- **Assertiveness is especially helpful in reducing anger, frustration, and anxiety involving other people.**
- **When angry or frustrated people aren’t careful to communicate in an assertive way, they may end up being disrespectful to another person. These actions may end up increasing their own anger or frustration.**
- **An anxious person may be afraid of what another person might think, causing him or her to not be assertive and pay no attention to his or her own needs. This may result in the person becoming more anxious, frustrated, or angry than before. When you are being assertive, you are being direct about what you want and need while being understanding and respectful of the other person.**
- **Here is what you do:**
 - **State what you want: (“I want . . .”).**
 - **State how you feel (“I feel . . .”).**
 - **State what you believe the other person wants (“I understand that you want . . .”).**
 - **State what you want the other person to do (“I would like you to . . .”).**

Write these I statements on Easel Paper and discuss each point.

- **These four points can be brought up in any order to fit your situation.**
- **Always use “I” statements, never “you” statements—“you” statements appear blaming and confrontational.**
- **Examples:**
 - **“I would like to have the music turned down,” not, “You should turn the music down.”**

Being Assertive - *continued*

- “I feel upset and angry when something like this happens,” not, “I feel upset and angry when you do this to me.”
- “I understand that you want to do it this way,” not, “You said you wanted to do it this way.”
- “I would like to see if there is a faster way to do this,” not, “You should find a faster way to do this.”
- One thing to remember—the other person has the right to say “no.”
- The other person does not have to do what you want. He or she may agree to do what you are asking, but there is no guarantee.
- Unless you understand this and believe it, you may, at the end of an assertive interaction, be even more angry and upset than you were when you started (“I was fair and respectful, and I was still turned down”).



Being Assertive: Unscripted Role Play

Introduce unscripted role play.

- Now we will do some role playing to practice this way of reducing anger, frustration, or anxiety.
- Here is the situation:
 - A couple is at a party together. One of them, Early Bird, said before going to the party that he or she did not feel well and wanted to come home by 11 o'clock. The other one, Night Owl, said that would be OK because the party would be boring anyway.
 - Now it is 12:30 and they are still at the party. Early Bird has mentioned leaving twice and Night Owl said OK both times, but nothing has happened.
 - Now Early Bird is upset and angry and feels sick. Early Bird is getting ready to have a serious talk with Night Owl.

Pair up the group to perform the role play.

- **I want everybody to pair up. One person will be Early Bird. The other person will be Night Owl. You decide who will be which.**

If there is not an even number of group members, you or your Co-Facilitator should play the role of Night Owl with the remaining participant.

- **The person playing Early Bird should be assertive in talking to Night Owl. Be sure to cover the four points we wrote down, and obey all the rules for conducting an assertive interaction.**

Answer questions and provide clarification as needed. Allow five minutes for the role play.

- **Everyone will have five minutes to perform this role play.**
- **Are you ready? Are there any questions?**
- **You can begin now.**

Let participants know when the five minutes is up and obtain feedback.

- **How did it work out?**
- **Were the Early Birds assertive in dealing with their Night Owl?**
- **Did the Early Birds get what they asked for?**

Point to the Feeling Thermometer wall chart and obtain reading from the participants who played the role of the Early Bird.

- **How do you Early Birds feel?**

Point to the Feeling Thermometer wall chart and obtain reading from the participants who played the role of the Night Owl.

- **How do you Night Owls feel?**
- **So you see how to conduct an assertive interaction and how it can help to reduce negative feelings.**





Relaxing

Introduce relaxing.

- **Sometimes, if you are feeling too angry, upset, or anxious, you will not be able to be assertive in an effective manner.**
- **In that situation, you can make your negative feelings worse rather than reducing them.**
- **So, it may be a good idea to wait until your negative feelings are not so strong before attempting to be assertive with another person.**
- **That's where relaxing can be helpful.**
- **Relaxing, or relaxation, is the final technique to reduce negative feelings that we are going to discuss.**
- **There are three main ways to relax:**
 - **Through breathing.**
 - **Through muscle tightening and releasing.**
 - **Through imagining and visualizing things.**
- **Each person needs to find his or her own way to relax.**
- **I will start you off with a tiny bit of each.**
- **Then there will be silence while you continue with the one that works best for you.**
- **At the end we will go around and see how each person is doing.**

Lead participants in a breathing exercise for the relaxation activity.

How comfortable can you get in your chair? PAUSE.

Close your eyes if you wish. PAUSE.

Be aware of your breathing. PAUSE.

**Breathe in deeply and then let your breath flow out slowly.
PAUSE.**

Breathe in and let your breath flow out slowly. PAUSE.

Breathe in and let your breath flow out slowly. PAUSE.

Now tighten your fist and hold it. PAUSE.

Keep holding it tight. PAUSE.

Release it and feel the tension disappear. PAUSE.

Bring your shoulders up to your ears and hold them there. PAUSE.

Keep holding them. PAUSE.

Now let them droop. PAUSE.

Feel the tension disappear. PAUSE.

Imagine that you are floating on a cloud or in a warm tub of water. PAUSE.

See colors that are soothing to you. PAUSE.

Smell an aroma that is pleasant to you. PAUSE.

Hear sounds that make you feel dreamy. PAUSE.

Imagine that you are in a special place where you feel totally at peace. PAUSE.

Now use whichever technique you prefer to become more deeply relaxed. PAUSE.

Wait a few minutes. Check to see how relaxed each person is. Wait a minute more.

- **It is time to come back.**
- **When you are fully alert, you will feel a sense of peace and well-being.**
- **Yawn and stretch.**
- **On a scale of 1 to 10 with 10 being completely relaxed, how relaxed were you able to get yourself?**

Ask participants for an estimate of how relaxed they became. Also ask if breathing exercises, muscle relaxation, or imagery works best for them to see if they can identify which technique they are responding to best.

Activity 4: How Can I Solve This Problem?

Time

- 15 minutes

Activity Materials

- Easel Paper
- Handout: SMART Problem-Solving Steps
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Ground Rules
- Wall Chart: Guidelines for Good Weekly Goals
- Wall Chart: SMART Problem-Solving Steps
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants identify problem situations in their lives that are interfering with achievement of other goals. Review the SMART Problem-Solving Steps. A problem identified by one of the participants is used to illustrate the method.

Problem-Solving

Review problem-solving.

- **This is the time in the session to talk about problems in your life and ways to solve them.**
- **Everyone has problems of some kind—with relationships, with family, with friends, with housing, with paying bills, with work, with school, with doctors, with case workers, with the police, and so on.**
- **These problems make it hard to focus on the positive parts of your life and achieving your goals, like staying healthy.**

- **Who would like to volunteer to share with us an important problem that he or she is facing right now?**
- **Just say a sentence or two to describe the problem, and tell us how it is getting in the way of you working toward a positive goal in your life.**

Allow all participants the opportunity to identify an important personal problem. List the problems on Easel Paper, identifying each in as much detail as possible. Some participants may not wish to share their problems; be sensitive to the feelings of individuals who do not wish to share.

Give Thanks Tokens to participants as they contribute.

- **That's a good list. Thank you for sharing.**
- **Out of the problems we have listed here, is there one that we can agree on to use in today's discussion?**

Circle the selected problem, and write it at the top of a new sheet of Easel Paper.

Refer to the SMART Problem-Solving Steps Wall Chart. Hand out individual copies.

- **To get us started, I'm going to refer to this chart that gives the steps for solving a problem. I'm also going to give you your own copy of it.**
- **Let's start working on our problem. Let's follow the SMART steps and apply them to this problem.**

Work through each of the steps, applying the questions above to the specific problem at hand. Use Easel Paper to make lists of issues and concerns, for example, possible actions, pros and cons, resources, skills and barriers.

Give Thanks Tokens to participants as they contribute.

- **That was very good. I'm sure these ideas are going to help you in working on this problem.**
- **If you need more assistance, see one of us and we'll try to help.**



Weekly Goal Setting and Conclusion

Time

- 20 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Lottery prize
- Pens
- Wall Chart: Guidelines for Good Weekly Goals
- Weekly Goal Cards

Review of Session Content

Review today's session.

- **Today we advanced our goal of exploring the links between feeling, thoughts, and actions. We learned about your internal triggers, the negative feelings that can cause drug and alcohol thoughts and substance use. We also practiced strategies for reducing negative feelings so they don't allow drug and alcohol thoughts to take hold. In addition, we worked through a real-life personal problem and developed a plan for solving it.**

Review of Goal Guidelines

Review and discuss Guidelines for Good Weekly Goals.

Suggestions for Weekly Goals

List examples of possible goals on Easel Paper.

- Keep a diary of negative feelings you have during the next week and record any drug or alcohol thoughts that you have with them.
- Role play the assertiveness technique with a friend.



- Practice the relaxing technique on three different days.
- Decide on the best course of action to solve a personal problem you have and develop a plan to carry it out.

Individual Goal Setting

Distribute goal cards.

Have participants define goals and action plans and record them on goal cards.

Prize Drawing and Closing

Draw for prize and conclude session.

End of Session



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Required Materials for Session Seven

Handouts to be Reproduced

- Drug and Alcohol Resource List
- My Internal Triggers
- SMART Problem-Solving Steps
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix E

- Negative-Thought Cards

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens



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Drug and Alcohol Resource List

List of drug and alcohol resource programs, support groups, and hotlines in local area, to be compiled by implementing agency.





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My Internal Triggers

1. In the list below, mark an X in front of all of the emotions, feelings, and sensations that can trigger drug or alcohol thoughts or cravings for you. If something that is a trigger for you is missing, add it to the list.

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Deprived |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Criticized | <input type="checkbox"/> In pain |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Sexually aroused | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Lonely | <input type="checkbox"/> Sorry for myself |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Worthless | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Frustrated | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Happy | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Jealous | <input type="checkbox"/> Sad | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Insecure | <input type="checkbox"/> Nervous | <input type="checkbox"/> _____ |

2. Which emotions, feelings, or sensations triggered your using drugs or alcohol in the last month?

3. Which emotions, feelings, or sensations are most likely to trigger you to use drugs or alcohol?

4. Was there a time when you were trying to stay away from drugs or alcohol and a feeling, emotion or sensation caused you to use again?

Yes _____ No _____

If Yes, which feeling, emotion or state was it? _____





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SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.





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Weekly Goal Cards

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____





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WEEKLY LOG

Star = Met big goal

No. _____

Last Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(Yesterday)

Next Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(One Week From Now)



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How Can I Handle Drugs, Alcohol, and Sex?

(1 hour, 40 minutes)

Session Aims

- To guide participants in understanding the negative consequences of substance use with sex, and develop negotiation skills to avoid mixing drugs and alcohol with sex.
- To review participants' progress in achieving their "big" drug or alcohol goals and provide practice in solving general life problems.

Facilitators' Notes

- This is the last session so closure is important. Make sure that each participant is recognized for a specific contribution to the group and that each participant has a chance to say what was personally valuable about **TLC** for them.
- Goal setting is reinforced by the Feel-Think-Do Framework.
- Practice the session before implementing with participants.
- The specific triggers of some participants for drug and alcohol use may be awakened through the discussion of triggers. This could lead to participants having thoughts and cravings for drugs or alcohol. Facilitators can help participants neutralize these triggers by pointing out that this may happen. Encourage participants to start using the techniques to deal with triggers taught in this session.
- Read the script until you become comfortable with the content. Once you become comfortable with the content, you should summarize the activities and information in your own words.
- In the manual **bold** text means to read or convey the information to the participants.



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Session Agenda

How Can I Handle Drugs, Alcohol, and Sex?

- Introduction and Check-In.
- How Have I Been Doing?
- How Can I Cope with Drugs, Alcohol and Sex?
- How Can I Solve This Problem?
- Weekly Goal Setting and Conclusion.

Summary of Activities:

Introduction and Check-In. (15 minutes)

- Welcome participants and have them reintroduce themselves. Discuss Thanks Tokens. Review session ground rules.

Activity 1: How Have I Been Doing ? (15 minutes)

- Participants check-in on their progress toward achieving their “big” drug and alcohol goals, and enter progress and activities for the next week on the Weekly Log form. The Feel-Think-Do Framework can be applied to identifying and challenging any negative patterns of thoughts and feelings that may have interfered with successful goal accomplishment.

Activity 2: How Can I Cope with Drugs, Alcohol, and Sex? (35 minutes)

- Participants consider the positive aspects and negative consequences of mixing substance use and sex. A self-talk strategy for avoiding drugs and alcohol during sex is presented and participants role play appropriate scenarios. Self-talk helps participants replace negative thoughts that discourage safe behavior with positive thoughts that facilitate healthy actions.

Activity 3: How Can I Solve This Problem? (15 minutes)

- The SMART problem-solving method is reviewed. A problem identified by one of the participants is used to illustrate the method. In this activity, participants discuss the potential negative impacts of not thinking through a problem before taking action.

Weekly Goal Setting and Conclusion. (20 minutes)

- Review module content in terms of take-home skills and benefits to participants. Obtain participant feedback on impact and relevance of *Acting Safe* module in their lives.

Required Materials for Session Eight

Handouts to be Reproduced

- Drug and Alcohol Resource List
- SMART Problem-Solving Steps
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Introduction and Check-In

Time

- 15 minutes

See *Acting Safe* Module Standard Opening and Closing for full script.

Activity Materials

- Laminated Cards: Thanks Tokens
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Welcome

Welcome participants, introduce today's session and describe prize drawing.

- **Today is the last session about drugs and alcohol. In today's session, we are going to explore the connection between substance use and sex.**

Lottery Tickets

Distribute lottery tickets and explain how they are used.

- **At the end of this final session, there will be a prize drawing, and I'm going to hand out lottery tickets for that now. We do the lottery to recognize that you're doing something great by attending this session. Hold on to your ticket, and we'll have a drawing when the session is over.**

Thanks Tokens

Review Thanks Tokens wall chart and give out 20 Thanks Tokens to each participant.



Session Ground Rules

Review Ground Rules wall chart and ask for additions.

Weekly Goal Review

Review participants' progress in achieving weekly goals from prior session. Remind them how smaller, weekly goals can be steps that lead to reaching their big goals.

Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels experienced in weekly goal activity.

Session Preview

Summarize the content of today's session and answer questions.

- ***Acting Safe* is a module in which we will look for links between our feelings, thoughts, and actions. Why feelings, thoughts, and actions? Because we can use insights into these components of ourselves to live long, healthy lives with HIV, and also keep other people uninfected.**
- **In the last seven sessions of *Acting Safe*, we hope that you have worked on increasing behaviors that promote:**
 - **Healthy living.**
 - **Dealing with the challenges of daily living.**
 - **Increasing positive feelings, thoughts, and actions.**
 - **Reducing sexual and drug-related risks for HIV.**
- **First, we will review the progress each of you has made toward your big drug or alcohol goal. Then we'll explore how drugs and alcohol are related to sex and the pros and cons of mixing them together. We will also practice negotiation skills. After that, we will spend some time sharing personal problems and finding ways to solve them. We will end the session by giving everyone the opportunity to talk about the skills they have learned in *Acting Safe* and how the group interaction may have changed their lives.**

Give Thanks Tokens as appropriate, if there is any more discussion.



Activity 1: How Have I Been Doing?

Time

- 15 minutes

Activity Materials

- Handout: Drug and Alcohol Resource List (to be developed locally)
- Handout: Weekly Log
- Highlighters (one for each person)
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Pencils
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: My Drug and Alcohol Use Check-In
- Wall Chart: Using Thanks Tokens
- Weekly Log

Facilitators' Note

Participants check-in on progress toward achieving their “big” drug and alcohol goals, and enter progress and activities for the next week on the Weekly Log form. The Feel-Think-Do Framework can be applied to identifying and challenging any negative patterns of thoughts and feelings that may have interfered with successful goal accomplishment.

Practice explaining how to use the Weekly Log in advance of the session. Facilitators may wish to develop a completed Weekly Log to use as an aid in explaining how to use the Weekly Log. If Facilitators develop a sample Weekly Log, the drug and alcohol use and risk behaviors described on it should be consistent with the practices of the participants.

Drug and Alcohol Check-In

- **Now let's take a look at your progress this week toward the big goals you set previously to stop or limit using drugs or alcohol.**

Invite participants to share progress toward their drug and alcohol goals.

- **We'll begin with check-ins from those of you who want to share about your drug and alcohol use during the past week. If you don't want to discuss what you did, you don't need to check-in—that's OK.**

Refer to the wall chart, My Drug and Alcohol Use Check-In.

- **This chart will remind you of the things to cover in your check-in. Do you have any questions about the points on the chart?**

Briefly answer questions before continuing.

- **Now, who will volunteer to check-in first? Tell us what you did in the way of drug and alcohol use during the past week, and remember to check out the list on the wall to be sure you cover everything.**

Allow time for all participants to check-in who wish to. Be sensitive to the feelings of any participants who do not wish to disclose information about themselves.

- **Thank you for your honesty.**

Point to the Feeling Thermometer wall chart and obtain reading.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level right now?**

Encourage sharing of discomfort levels.

Give Thanks Tokens to participants as they contribute.

- **Thank you for sharing your feelings.**

Weekly Log

Distribute copies of the Weekly Log.



Weekly Log - *continued*

- **Now let's do the Weekly Log. I am going to hand out blank copies of the Log form, which you [most of you] are already familiar with. If you brought your Weekly Log from last week, take it out now so we can refer to it as we go along.**

Give a Weekly Log handout, a highlighter, and a pencil to each person. Use the Weekly Log wall chart to explain the Weekly Log to participants.

- **I'd like for each of you to fill out what happened last week in terms of your drug and alcohol use, using the top row of boxes on the Weekly Log form.**
- **Let me quickly review how the Weekly Log works. If you have heard this before, please be patient. I won't take long.**
- **To fill out the days of the week on the top row, start with "Yesterday," which was [day of week], and write that in the gray part of the box numbered 7.**

Demonstrate and hold up form with "Yesterday" filled in.

- **Now go backward one day at a time, filling in each day of the week, until you get to Box 1, which is one week ago.**

Hold up a form with the days of the week for "Last Week" filled in. Give participants time to fill in the days of the week on their own forms. Check to see that everybody has done this correctly.

- **While we are at it, let's also fill in the days of the week for Next Week, which is on the bottom of the form. When you fill in the days this time, you will be going forward from today (the box with a 1) until you get to one week from today (the box with a 7).**

Hold up a form with the days of the week for Next Week filled in. Give participants time to fill in the days of the week on their own forms. Check to see that everybody has done this correctly.

- **Now each of you can fill in the top row of the Weekly Log. Think about your drug and alcohol use last week, and use your highlighter to draw a star on each day that you met your personal big goal.**
- **If you did not meet your goal on a particular day, leave that day blank.**

Acting Safe Module - Session Eight
How Can I Handle Drugs, Alcohol, and Sex?

Hold up a completed sample Weekly Log showing large stars in the boxes for some days, and no highlighting for at least one day.

Allow time for participants to highlight the Last Week portion of their Weekly Log. Check to be sure participants are using stars for “met goal” and no highlight for “did not meet goal.”

- **After you finish that part, write in what was going on each of the days that do not have a star. These are the days that you did not meet your big goal.**
- **Write down in the box for those days what, when, and where you used; with whom you used; and what the situation was. In other words, the same things you covered in your alcohol and drug check-in (with the exception of how you felt).**
- **Try to jot down as much as you can about what went on in terms of drug and alcohol use on those days. Remember, you don’t have to fill out anything for the days that are starred.**
- **Everybody should take a few minutes and fill that out now.**

Allow up to five minutes for participants to complete this task. Check that daily notes are being recorded in sufficient detail, and work with participants to provide greater detail when indicated.

- **You’ll remember from when we did this during the last session that the final thing we need to do to finish the Weekly Log is fill in a daily schedule in the Next Week section, for those days you did not meet you big goal last week.**
- **For each day that you did not highlight, the days you did not meet your big goal, let’s drop down to that same day for next week and do two things:**
 - **First, write in your schedule for that day next week—like work hours, classes, doctor’s appointments, going to a movie with a friend, attending a group session, and so on. If you write down your schedule, you have a greater chance of staying in control and meeting your big goal.**
 - **Second, looking at what happened on that day last week, see if you can think of something specific that you might do differently on the same day next week so that you would be able to meet your big goal this time. Write a note describing what you will do in the Next Week box.**

Weekly Log - *continued*

- **Please ask if something is not clear or if you find that you need help. If you want to work in pairs, that might be helpful. However, you may work alone if you prefer.**

Allow as much time as needed for participants to complete this task. Offer help where you think it is needed. Many participants will need help with the “what would you do differently” part of the task.

- **Now you have examined your progress during the past week, and have developed plans for the coming week.**

Point to the Feeling Thermometer wall chart and obtain reading. Encourage sharing of discomfort levels.

- **Using the Feeling Thermometer, with 100 being extremely uncomfortable and zero being not at all uncomfortable, what is your discomfort level now?**

Give Thanks Tokens to participants as they contribute.

- **Thank you for sharing your feelings.**

Obtain volunteers to share their plans for next week.

- **Would anyone like to share what you plan to do for next week? I'd especially like to hear your ideas about how you plan to handle specific drug and alcohol situations differently from last week.**

Allow as much time as possible for sharing of ideas.

- **Those are excellent ideas. Thank you for sharing.**

Give Thanks Tokens to volunteers.

- **The Weekly Log is an excellent tool for charting progress toward the big goals you set to stop or limit using drugs or alcohol. Although *Acting Safe* ends with this session, using the Weekly Log doesn't have to end. If you are still working on your big goal, we encourage you to still use the Weekly Log to look at your progress.**

Hold up copies of the Drug and Alcohol Resource List handout.



- **By the way, I'll put these copies of the Drug and Alcohol Resource List on the table here in case you didn't get one last time. It has information about treatment programs, hotlines and support groups here in the local area. Pick one up anytime during the session or at the end on your way out. Feel free to take an extra copy if you have a friend who may be interested.**

Activity 2: How Can I Cope with Drugs, Alcohol, and Sex?

Time

- 35 minutes

Activity Materials

- Easel Paper
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants consider the positive aspects and negative consequences of mixing substance use and sex. A self-talk strategy for avoiding drugs and alcohol during sex is presented, and participants role play appropriate scenarios. Self-talk helps participants replace negative thoughts that discourage safe behavior with positive thoughts that facilitate healthy actions.

Drugs, Alcohol, and Sex

Introduce consequences of mixing drugs, alcohol, and sex.

- **Drugs, alcohol, and sex have natural connections.**
- **Drugs and alcohol affect the same parts of the brain that control sexual excitement and pleasure.**
- **Sex can become a trigger for drug and alcohol thoughts and for cravings.**
- **Using drugs and alcohol can loosen your controls so that you will do things that you would not otherwise do.**

- **Other drugs can stimulate you, make you crave sex.**

Post Easel Paper, create two columns, and label one of them “Benefits” and the other “Costs.”

- **What are some benefits of mixing drugs, alcohol and sex?**
- **What are some costs? (These might include some negative consequences of mixing drugs, alcohol and sex.)**

Write down the responses and encourage brainstorming. Example of possible responses are:

Benefits

- Helps feel relaxed.
- Overcomes fears.
- Gets partner in the mood.
- Lowers partner resistance.
- Really turns on some partners.
- Feels good at the time.
- Allows me to have the type of sex I desire.

Costs

- Transmit HIV (no protection during sex).
- Get STIs.
- Become pregnant.
- Get beat up.
- Have sex with someone I didn't like.
- Feel terrible afterward.

Drugs, Alcohol, and Sex - *continued*

- **What are your reactions to this list that you have made?**

Encourage discussion of the list.

Unscripted Participant Role Play #1

Introduce role play.

- **Now we are going to do a role play about the risks of mixing drugs or alcohol and sex. Everyone is going to rehearse this in front of the group.**

Select volunteers.

- **Let's have the first two volunteers.**

Give instructions to the first pair of volunteers.

To one partner:

- **Your objective is to get the other person “high” so that it will be easier to have sex with him or her. Try to convince him or her to use a drug (name of commonly used drugs in community).**

To the other partner:

- **Your goal is not to mix drugs, alcohol, and sex. You know that if you mix alcohol, drugs, and sex you could end up doing something you regret.**

Ask both members of the pair what their goals are.

- **Tell us what your objective is in this scene.**

Clarify any confusion. Then place two chairs in the middle of the circle.

- **Now let's do the role play.**
- **The rest of us will watch.**

Assign observer tasks to the rest of the participants.



To The Observers:

- **Your goal is to watch their eyes, facial expressions, gestures and posture.**

Allow the participants to role play for a few minutes.

- **That was very good.**

Give Thanks Tokens to the role players.

- **Now, let's get some feedback.**

To the person whose goal it was to avoid mixing substances and sex:

- **Tell us how you feel, what was one thing you liked that you did, and what was one thing you would do differently.**

To the person putting on the pressure:

- **Is there one thing that the other person did that impressed you? What one thing would you do differently if you were in that person's shoes?**

To the observers:

- **Now for the rest of us.**
- **What one thing did you like about the way the person resisting pressure handled it, and what one thing would you do differently?**
- **Think about his or her facial expressions, gestures and other "body language." How did you think he or she was feeling?**
- **What might the person putting on the pressure have thought those signals meant?**

Unscripted Participant Role Play #2

Introduce the second role play.

Have another pair perform the role play.

Repeat the instructions above from Role Play #1 until each pair has had an opportunity to practice this activity. Remember to hand out Thanks Tokens.



Unscripted Participant Role Play #2 - *continued*

- **What are some other issues that come up for you around mixing sex with drugs and alcohol?**

Encourage reactions and discussion. Be prepared to address any issue that may arise from this discussion (for example, rape). A referral for mental health services may be needed.

- **That was a good discussion.**
- **Now let's go on to some problem-solving.**

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Activity 3: How Can I Solve This Problem?

Time

- 15 minutes

Activity Materials

- Easel Paper
- Handout: SMART Problem-Solving Steps
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: Feeling Thermometer
- Wall Chart: Ground Rules
- Guidelines for Good Weekly Goals
- Wall Chart: SMART Problem-Solving Steps
- Wall Chart: Using Thanks Tokens

Facilitators' Note

Participants identify problem situations in their lives that are interfering with achievement of other goals. Review the SMART Problem-Solving Steps. A problem identified by one of the participants is used to illustrate the method.

Problem-Solving

Review problem-solving.

- **This is the time in the session to talk about problems in your life and ways to solve them.**
- **Everyone has problems of some kind—with relationships, with family, with friends, with housing, with paying bills, with work, with school, with doctors, with case workers, with the police, and so on.**

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How Can I Handle Drugs, Alcohol, and Sex?

- **These problems make it hard to focus on the positive parts of your life and achieving your goals, like staying healthy.**
- **Who would like to volunteer to share with us an important problem that he or she is facing right now?**
- **Just say a sentence or two to describe the problem, and tell us how it is getting in the way of you working toward a positive goal in your life.**

Allow all participants the opportunity to identify an important personal problem. List the problems on Easel Paper, identifying each in as much detail as possible. Some participants may not wish to share their problems; be sensitive to the feelings of individuals who do not wish to share.

Give Thanks Tokens to participants as they contribute.

- **That's a good list. Thank you for sharing.**
- **Out of the problems we have listed here, is there one that we can agree on to use in today's discussion?**

Circle the selected problem, and write it at the top of a new sheet of Easel Paper.

Refer to the SMART Problem-Solving Steps Wall Chart. Hand out individual copies.

- **To get us started, I'm going to refer to this chart that gives the steps for solving a problem. I'm also going to give you your own copy of it.**
- **Let's start working on our problem. Let's follow the steps and apply them to this problem.**

Work through each of the steps, applying the questions above to the specific problem at hand. Use Easel Paper to make lists of issues and concerns, for example, possible actions, pros and cons, resources, skills and barriers.

Give Thanks Tokens to participants as they contribute.

- **That was very good. I'm sure these ideas are going to help you in working on this problem.**
- **If you need more assistance, see one of us and we'll try to help.**



Session Conclusion and Module Wrap-Up

Time

- 20 minutes

Activity Materials

- None

Facilitators' Note

This is the last session so closure is important. Make sure that each participant is recognized for a specific contribution to the group and that each participant has a chance to say what was valuable about **TLC** for them personally.

- **Today is the final session of the *Acting Safe* module and of the TLC Program.**

Mutual Appreciation

Introduce sharing of mutual appreciation.

- **We value the experiences and the relationships that we have had together over the past eight sessions.**
- **We hope that it has been a worthwhile experience for you.**
- **Let's acknowledge one another for the good things we have done and said during our time together and the positive contributions we have made as individuals to the success of the program.**
- **Who will start? Who do you appreciate and what do you appreciate that person for?**

Give everybody an opportunity to participate in offering appreciation to individual group members. Join in, with your Co-Facilitator, so that between the two of you, you recognize every member of the group in terms of a specific contribution that person has made.

Module Summary

Summarize the skills taught in TLC.

- **We have covered a lot of ground during the past eight sessions.**
- **We hope you have gained some tangible skills from attending these groups.**
- **We have tried to provide you with some knowledge and specific skills that will help you in your lives.**
- **Four very important skills you should have now are:**
 - **How to go about solving the general life problems that we all have (the five problem-solving steps).**
 - **How to set goals and develop plans for achieving those goals.**
 - **How to use positive self-talk and reframing to describe your experiences in positive terms.**
 - **Greater awareness of and ability to control your feelings.**

Briefly summarize the safer sex and drug/alcohol components of the program, with an emphasis on the tangible benefits provided to participants.

If Facilitators plan to give participants certificates for participating in the intervention, this would be a good time for distributing them.

Module Feedback

- **I would like to go around the room now and ask each one of you to talk about the program on a personal level for just a minute.**
- **For you personally, what was the most valuable part of program?**
- **What was the least valuable for you?**
- **How would you change the program to make it better?**
- **Who will start?**

Obtain feedback from all participants.

Prize Drawing

Conduct final *Acting Safe* prize drawing.

End of Session

Acting Safe Module | Session Eight

Required Materials for Session Eight

Handouts to be Reproduced

- Drug and Alcohol Resource List
- SMART Problem-Solving Steps
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens



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Drug and Alcohol Resource List

List of drug and alcohol resource programs, support groups, and hotlines in local area, to be compiled by implementing agency.





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SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.





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WEEKLY LOG

Star = Met big goal

No. _____

Last Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(Yesterday)

Next Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(One Week From Now)



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Appendix A

Complete List of Materials Needed for Implementing *Acting Safe*



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Complete List of Materials Needed for Implementing *Acting Safe*

- Easel Paper
- Handouts
 - Handout: Drug and Alcohol Questionnaire
 - Handout: Drug and Alcohol Resource List (to be developed locally)
 - Handout: Effectiveness of Birth Control Methods
 - Handout: Feeling Thermometer
 - Handout: Female Condom Instructions
 - Handout: Guidelines for Influencing a New or Casual Partner to Accept Condoms
 - Handout: Guidelines for Influencing a Steady Partner to Accept Condoms
 - Handout: HIV Disclosure Laws (optional, to be developed locally)
 - Handout: Let's Be Smart about STIs
 - Handout: Local STI Information, Testing and Treatment Information (to be developed locally)
 - Handout: My Big Goal for Drugs and Alcohol
 - Handout: My External Triggers Questionnaire
 - Handout: My Ideal Self
 - Handout: My Internal Triggers Questionnaire
 - Handout: Possible Ideal Self Characteristics
 - Handout: Protection Against STIs for People Who Are HIV-Positive
 - Handout: SMART Problem-Solving Steps
 - Handout: Tips for Telling Your Partner
 - Handout: Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- Highlighters (one for each person)
- Laminated Cards
 - Laminated Card: Facilitator Role Play Script: Marshall and Jack (Jackie)
 - Laminated Cards: Let's be Smart About STIs

Complete List of Materials Needed for Implementing *Acting Safe* - *continued*

- Laminated Cards: Negative-Thought Cards
- Laminated Cards: Thanks Tokens
- Lottery prizes
- Lottery tickets
- Markers (blue, green, and red) and masking tape
- Paper towels
- Pencils
- Pens
- Protection Methods and Supplies
 - Female condoms
 - Female pelvic model
 - Hand wipes
 - Latex male condom, lubricated
 - Latex male condom, unlubricated
 - Natural-membrane condoms
 - Penis models
 - Polyurethane condoms
 - Samples of lubricants
 - WD-40® spray oil
- Wall Charts
 - Wall Chart: Contraceptive Methods (to be obtained locally)
 - Wall Chart: Feeling Thermometer
 - Wall Chart: Ground Rules
 - Wall Chart: Guidelines for Good Weekly Goals
 - Wall Chart: My Drug and Alcohol Use Check-In
 - Wall Chart: SMART Problem-Solving Steps

- Wall Chart: Using Thanks Tokens
- Wall Chart: Weekly Log
- Weekly Goal Cards



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Appendix B

Session Wall Charts

(to be enlarged, and laminated by implementing agency)

Wall Charts

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log



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Feeling Thermometer





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GROUND RULES

- Keep Confidentiality.
- Express Your Feelings.
- Ask Questions.
- Participate Actively.
- Accept Other Group Members As They Are.
- Keep An Open Mind.
- Come Sober.
- Use Cell Phones And Pagers Only During Breaks.
- Have Fun.





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GUIDELINES FOR GOOD WEEKLY GOALS

- Important to you, and you are committed to it.
- Realistic. Not too hard or not too easy.
- Brief, specific and clearly stated.
- Easy to tell when you have accomplished it.





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My Drug and Alcohol Use Check-In

- **When did I use?**
(Day and times)
- **What did I use?**
(If drugs, what drugs? If alcohol, what drinks?)
- **How much did I use?**
(Number of hits, number of drinks, etc.)
- **Where did I use?**
(Location, situation)
- **Who did I use with?**
(Friends, partner, etc.)
- **How did I feel about using?**
(Happy, unhappy, calm, upset, etc.)





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SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.





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USING THANKS TOKENS

- Give tokens to other group members to show you appreciate what they have said or done.
- Hand the token directly to the person you appreciate.
- Tell the person what they did that you appreciate.
- Give away all of your tokens by the end of the session.





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WEEKLY LOG

Star = Met big goal

No. _____

Last Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(Yesterday)

Next Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(One Week From Now)



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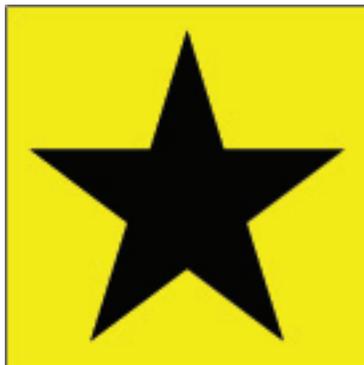
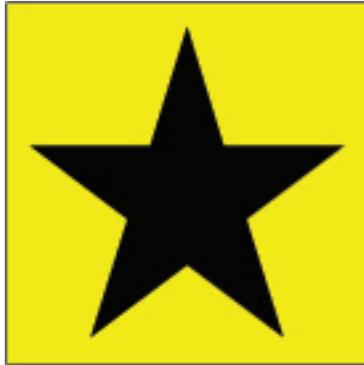
Appendix C

Laminated Card: Thanks Tokens

(to be photocopied and laminated by implementing agency)



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Appendix D

Laminated Cards: Commonly Asked Questions About STI's

(to be photocopied, cut, folded, and laminated by implementing agency)



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CARD 1: SIDE 1

Question:

If I have HIV, can I get another STI?

SIDE 2

Answer:

Yes, people living with HIV can get other STIs.



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CARD 2: SIDE 1

Question:

What's the relationship between HIV infection and transmitting other STIs?

SIDE 2

Answer:

People infected with HIV and another STI are more likely to transmit HIV. HIV-negative individuals are more likely to get infected with HIV if they have an STI, especially if it has an open sore.



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CARD 3: SIDE 1

Question:

STIs are caused by bacteria or viruses. Name some STIs that are caused by bacteria.

SIDE 2

Answer:

Sexually transmitted bacterial infections include Gonorrhea, Syphilis, and Chlamydia.



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CARD 4: SIDE 1

Question:

Name some STIs that are caused by viruses.

SIDE 2

Answer:

Sexually transmitted viral infections include HIV, Herpes I and II, and Human Papillomavirus (HPV).



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CARD 5: SIDE 1

Question:

True or false: all STIs can be treated.

SIDE 2

Answer:

True. There are treatments available for STIs.



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CARD 6: SIDE 1

Question:

True or false: all STIs can be cured.

SIDE 2

Answer:

False. Bacterial STIs can be cured. However, viral STIs can only be treated, not cured.



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CARD 7: SIDE 1

Question:

How can STIs be prevented?

SIDE 2

Answer:

STIs can be prevented by abstaining from sexual activity, being faithful to a single sexual partner who is faithful, or using condoms consistently and correctly. Vaccines which prevent transmission of Hepatitis A and B are available.



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CARD 8: SIDE 1

Question:

What are the symptoms of STIs?

SIDE 2

Answer:

Each STI is a separate disease and has its own symptoms. A sore in the genital area, painful urination, or a strange discharge could be signs of an STI. However, some people are infected with an STI without having any symptoms. Only testing by a health care provider can diagnose an STI.



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CARD 9: SIDE 1

Question:

I don't have any symptoms of STIs. Do I need to worry about them?

SIDE 2

Answer:

Yes. You may be infected and not have symptoms. If you are sexually active, ask your health care provider about how frequently you should be tested for STIs.



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CARD 10: SIDE 1

Question:

All this talk of STIs makes my Feeling Thermometer go up. What can I do?

SIDE 2

Answer:

Being knowledgeable about STIs, talking with your health care provider about STIs, and getting tested can help lower your Feeling Thermometer.



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Appendix E

Laminated Cards: Negative-Thought Cards

(to be photocopied, cut, and laminated by implementing agency; 8 total pieces)



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Nobody loves me.

I can't make it in school.



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I don't have any real friends.

I feel completely overwhelmed.



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I try, but nothing ever works out for me.

Everybody criticizes what I do.



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I won't ever be able to find a job I like.

My roommate is driving me crazy.



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Appendix F

Laminated Card Facilitator Role Play Script: Marshall and Jack (Jackie)

(to be photocopied and laminated by implementing agency)



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Facilitator Role Play Script: Marshall and Jack (Jackie)

Marshall: Jack, can I talk with you for a minute?

Jack (Jackie): What's it about?

Marshall: Chris.

Jack (Jackie): You're breaking up?

Marshall: Hardly. I know it's not fair to keep him (her) in the dark but...

Jack (Jackie): Keep him (her) in the dark about what?

Marshall: About my having the virus. It's not fair to hide that from Chris, but I just can't tell him (her).

Jack (Jackie): You fool. You tell Chris and he (she) will be long gone.

Marshall: He (she) loves me.

Jack (Jackie): Sure he (she) does, but so what? You go around telling people you're positive and that's the last sex you'll ever see.

Marshall: Not everyone reacts that way.

Jack (Jackie): You want to bet?

Marshall: Even if you're right, I really do care what is best for Chris. I've kept it from him (her) for three months now and I feel terrible about it.

Jack (Jackie): If you tell him (her) now, he (she) will be pissed you didn't tell him (her) earlier. He (she) will be hurt. He (she) will think you didn't care enough to let him (her) know. He (she) won't be able to trust anyone again. Is that what you want?

Marshall: No, but I really don't want to give it to him (her).

Jack (Jackie): You probably already did.

Marshall: He (she) was negative the last time he (she) got tested.

Jack (Jackie): So use condoms.

Marshall: Chris hates them, but he (she) might change his (her) mind if he (she) knew I was positive. Shouldn't he (she) be able to make up his (her) own mind?

Jack (Jackie): He'll (She'll) make up his (her) own mind—to leave you.

Marshall: Don't be so negative. Sharing with him (her) might make us close.

Jack (Jackie): I never heard such crap. Now try to give me a good reason to tell him (her).

Marshall: If I tell Chris, I'll feel better about myself and we can use condoms. He (she) will be protected.

Jack (Jackie): Protected from what?

Marshall: Getting infected with HIV.

Jack (Jackie): It sounds like all this talk about telling Chris you have HIV is just a lot of crap to get rid of him (her).

Marshall: I love Chris. I'm not dropping Chris. I want him (her) to love me. Jack, you're one big pain in the butt. I don't know why I ever asked you for advice.

Jack (Jackie): Because I'm your friend. You can talk to me.

End



Appendix G

Laminated Card Facilitator Role Play Script: Grady and Sean (Sally)

(to be photocopied and laminated by implementing agency)



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Facilitator Role Play Script: Sean (Sally) and Grady

Sean (Sally): Wait a minute. Where's the condom?

Grady: Forget it.

Sean (Sally): I told you I wasn't doing it without a condom.

Grady: We don't need one.

Sean (Sally): We agreed we were going to use condoms.

Grady: I didn't.

Sean (Sally): Yes, we did.

Grady: Well, I'm not using one.

Sean (Sally): Look, it's for both of us. If I didn't care about you, I wouldn't be insisting on condoms.

Grady: Let's get on with it.

Sean (Sally): I'm not doing it.

Grady: I'm losing any chance of a hard-on here.

Sean (Sally): Sorry, I can't. I need us to protect each other by using condoms.

Grady: What a lover you turned out to be.

Sean (Sally): I'll be the same lover I've always been as long as we use a condom.

Grady: Let's stop all this crap. Come over here.

Sean (Sally): I've said it before and I'll say it again. I'm not going to let you put it in me without a condom.

Grady: I guess that's it, then. There's nothing more to say.

End



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