

# **HEALTHY RELATIONSHIPS**

A small group-level intervention with  
people living with HIV

## **STARTER KIT**

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# Getting Started

## What is Healthy Relationships?

**Healthy Relationships** is a 5-session, small group-level intervention with men and women living with HIV/AIDS. It is based on Social Cognitive Theory and, as such, focuses on the development of skills, positive expectations, and building self-efficacy about new behaviors through modeling behaviors and practicing new skills. Knowing that the lives of persons living with HIV/AIDS are stressful, the intervention focuses on building skills to reduce stress in three life areas: disclosure of HIV status to family and friends, disclosure to sex or needle sharing partners, and safer sexual behaviors.

Although disclosure is addressed, this is not a disclosure intervention; the skills that are developed are decision-making and problem-solving skills that enable the participants to make informed and safe decisions about disclosure and behaviors. **Healthy Relationships** addresses participants' HIV status, disclosure skills, and safer-sex negotiation skills. Sessions involve both the practice of coping skills and motivational feedback. Participants see behaviors modeled for them, practice those skills, receive feedback, and reevaluate their behaviors. **Healthy Relationships** uses Personal Feedback Report (PFR) forms to help participants identify behaviors they want to change. In each of the three life areas, a series of exercises is repeated to create and develop the decision-making and problem-solving skills. The primary exercise is using a prepared introduction to set up a scene for a short clip from a popular movie, viewing the clip, discussing the skills used in the scene, and role playing to practice the skills.

The intervention is highly adaptable, based on the choice of movie clips, and is intended to create a positive, engaging, and creative atmosphere. There are a variety of types of video and movie “clips” shown in the 5 sessions of **Healthy Relationships**: personal statements, HIV/AIDS information, condom demonstration, and, most importantly, segments from popular movies. The term “clip” is used whether the clip is short or long or even an entire video. Facilitators use brief descriptions or “scenarios” to introduce clips while tying them to the objectives of that session.

**Healthy Relationships'** intervention study was conducted at the AIDS Survival Project in Atlanta, Georgia. Results from this randomized, controlled study showed many positive effects on the behaviors of intervention group participants.<sup>1</sup> Immediately after finishing the 5 sessions, persons who received **Healthy Relationships** reported greater self-efficacy for suggesting condom use with new sex partners and being able to satisfy sex partners and themselves by practicing safer sex. Participants also reported intentions to consider the pros and cons of HIV status disclosure to partners and to engage in safer sex with partners who did not know their HIV status. When participants were contacted 3 months after the sessions ended, significant numbers had considered the pros and cons of HIV status disclosure to sex partners. Significant numbers also had had less sex overall and less unprotected sex with non-HIV-infected partners. Six months after the program significantly

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<sup>1</sup> Kalichman, Seth et al. (2001). “Effectiveness of an Intervention to Reduce HIV Transmission Risks in HIV-Positive People”. *American Journal of Preventive Medicine* 21 (2): 84-92.

more of intervention group participants reported having refused to engage in unsafe sex. Significant numbers of participants also reported less unprotected intercourse, more protected intercourse, and fewer sexual contacts overall. They also continued to have less sexual intercourse and less unprotected intercourse with partners who were not infected with HIV. Estimates of HIV transmission risk showed that the intervention resulted in lower male-to-male and male-to-female transmission. Further analysis indicates that the intervention had similar effects across a variety of groups including those with different sexual orientations, incarceration history, drug use history, psychiatric history, or current drug use. These results demonstrate that **Healthy Relationships** is broadly applicable, across subpopulations. They also show that the effects are long-term (at least up to 6 months) and affect both reported behaviors and perceived self-efficacy.

**Healthy Relationships** sessions are not classes, lectures, or forums. They are interactive sessions that have both an educational and an entertaining aspect. They create a context through which people can:

- examine their risks
- develop skills to reduce their risks
- receive feedback from others.

Groups consist of 5 to 12 people of common backgrounds. These small groups are closed to new members and are similar in style to support groups. Participants sit in a circle and share common experiences. The group meets for a minimum of five 120-minute sessions. Two facilitators, one of whom may be a peer who is living with HIV, use easel chart guides and movie clips to lead participants through the **Healthy Relationships** content.

### **Benefits of prevention with people living with HIV**

Prevention with people who are living with HIV is necessary to reduce the transmission of HIV. Prevention with people living with HIV will enhance their quality of life by providing them with the skills to prevent re-infection and to be pro-active about their health maintenance. Prevention with people living with HIV creates opportunities for them to reach other people living with the virus. Utilizing peers who are living with HIV provides an opportunity for their unique perspective to be incorporated into prevention efforts. Furthermore, this peer-focused approach creates social networks that current prevention efforts could tap to strengthen the quality of prevention services. Working with people living with HIV will help stop the transmission of HIV by teaching the negotiation and practice of safer sex skills. Also, this type of prevention will link persons living with HIV to HIV medical care and clinical care (such as testing for Sexually Transmitted Diseases and treatment services). Prevention with people living with HIV can provide a link to social and support services (such as support groups) that are important for their survival. In addition, it can provide links to prevention living services that promote healthier living which helps to increase the life span of persons living with HIV. Prevention with people living with HIV can help them adhere to medical care including drug regimes and doctor visits.

As a prevention intervention with people living with HIV, **Healthy Relationships** provides persons with the skills necessary to make effective disclosure decisions and negotiate safer sex. **Healthy Relationships** works on the premise that the decision about whether or not to

disclose one's HIV status is an important factor in reducing the risk of transmitting HIV. **Healthy Relationships** utilizes the concept of peers reaching peers through encouraging the use of person living with HIV as a possible peer facilitator. Finally, **Healthy Relationships** seeks to increase participants' self-efficacy through the modeling of safer behaviors and through the identification of behaviors that put them at risk. Prevention with people living with HIV will enhance the quality of prevention services your agency offers, and **Healthy Relationships** can be a great tool in the fight to reduce the transmission of HIV.

### Social and behavioral science used in Healthy Relationships

The Healthy Relationships intervention is based on Social Cognitive Theory.<sup>2</sup> In a nutshell, the theory states that persons learn by observing other people successfully practice a new behavior. Of course, behavior change is not simple, and many factors affect a person's ability to change. Social Cognitive Theory considers that behaviors, environment, attitudes, and beliefs influence and depend on each other.<sup>3</sup> Therefore, in order for persons to successfully change their behavior, they need:

- Information—Such as awareness of risk and knowledge of techniques for coping with the environment
- Self-efficacy—Belief in their ability to control their own motivations, thoughts, emotions, and specific behaviors
- Outcome expectancies—Belief that good things will happen as a result of the new behavior
- Social skills within interpersonal relationships—Such as the ability to communicate effectively, to negotiate, and to resist pressures from others
- Self-regulating skills—Such as abilities to motivate, guide, and encourage oneself and to problem-solve
- Reinforcement value—“Rewards” produced by attempts at a new behavior, as opposed to “costs”

According to Social Cognitive Theory, these necessary things can be achieved by:

- Observing other people's behaviors and experiences
- Learning information from other people
- Discussing strategies with other people
- Hearing the outcomes of other people's behaviors
- Observing behaviors being modeled
- Having guided practice or rehearsal of new behaviors and skills
- Receiving corrective feedback on one's performance of the behavior or skill
- Acquiring personal experience with new behavior and skills
- Receiving social support for the new behavior

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<sup>2</sup> Albert Bandura. Social cognitive theory and exercise of control over HIV infection. IN *Preventing AIDS: Theories and Methods of Behavioral Interventions*, edited by Ralph J. DiClemente and John L. Peterson. New York: Plenum Press, 1994, pp. 25-59.

<sup>3</sup> Seth C. Kalichman. *Preventing AIDS: A Sourcebook for Behavioral Interventions*. Mahwah, NJ: Lawrence Erlbaum Associates, 1998.

Healthy Relationships also uses strategies from Motivational Enhancement.<sup>4</sup> These strategies encourage favorable group processes by actively involving participants in the behavior change process and in developing risk reduction strategies that are suited to their own circumstances. Examples of Motivational Enhancement strategies include:

- Fostering a collaborative atmosphere
- Affirmation of strengths and self-efficacy
- Feedback based on the results of a baseline assessment, which helps the participant identify reasons for change and self-motivating statements

The goal of the Healthy Relationships intervention is to reduce sexual risk behavior among women and men living with HIV infection. Social Cognitive Theory predicts that enhancing self-efficacy for managing life stress, including risk-producing situations, leads to effective coping responses. Coping with risky situations involves using behavioral skills and practicing risk reduction behaviors. Coping responses that are effective in reducing stress also can be used to cope with risky sexual situations and with other interpersonal behaviors.

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<sup>4</sup> WR Miller, A Zweben, C. DiClemente, R Rychtarik. Motivational Enhancement therapy Manual. Washington, DC: US government Printing Office, 1992.

## Core Elements and Key Characteristics

Evidence-based interventions, such as Healthy Relationships, have components that must be maintained without alteration to ensure the programs' effectiveness. These components are called *core elements*. *Core elements* are the components that are central features of an intervention's intent and design and that are thought to be responsible for its effectiveness. *Core elements* are derived from components of behavioral theories and/or the experience of implementing the intervention. **Healthy Relationships'** five *core elements* are as follows:

- 1) Defining stress and reinforcing coping skills with people living with HIV across three life areas:
  - a. disclosing to family and friends,
  - b. disclosing to sexual partners, and
  - c. building healthier and safer relationships.
- 2) Using modeling, role-play, and feedback to teach and practice skills related to coping with stress.
- 3) Teaching decision-making skills around the issue of disclosure of HIV status.
- 4) Providing participants with Personal Feedback Reports, based on the Initial Assessment Survey, to motivate change of risky behaviors and continuance of protective behaviors.
- 5) Using movie-quality clips to set up scenarios around disclosure and risk reduction to stimulate discussions and role-plays.

These 5 *core elements* must be maintained without alteration to ensure *fidelity* to the intervention and its effectiveness. *Fidelity* is conducting and continuing an intervention by following the *core elements*, protocols, procedures, and content set by the research study that determined its effectiveness. While the *core elements* cannot be altered, implementing agencies can tailor *key characteristics*. *Key characteristics* are activities and delivery methods for conducting an intervention that, while considered of great value to the intervention, can be altered without changing the outcome of the intervention. These activities and delivery methods can be tailored and adapted for different agencies and at-risk populations. *Tailoring* describes the process of customizing delivery of interventions to agency circumstances and ensuring that messages are appropriate for target populations without altering, deleting, or adding to the intervention's *core elements*.

Remember *key characteristics* are important aspects of an intervention that can be tailored to be more appropriate for your community. Some *key characteristics* identified from the original research for **Healthy Relationships** are:

- **Participants meet in small groups, similar in style to support groups. The groups are “closed,” which means that new members cannot join once the series of sessions has begun.**
- **Groups meet for at least five 120-minute sessions.**
- **Participants sit in circle, face-to-face.**
- **Groups are divided by gender and sexual orientation of the members.**
- **At least one group facilitator is an experienced and skilled counselor and, preferably, is a mental health professional. This facilitator may or may not be living with HIV.**
- **One facilitator is a peer counselor who is living with HIV.\***
- **One facilitator is male and the other female.\***
- **At least one facilitator matches the ethnicity of the majority of group members.\***
- **Both facilitators have the personal characteristics and group skills of effective facilitators.**

\*These *key characteristics* bring immediate credibility and access to groups.

## Organizational Assessment Activities

Capacity issues and developing the budget are two central getting started activities. It is important to note that these activities do not happen strictly in the order they appear in this manual; they may happen simultaneously. These activities appear in this order in the manual because they build on one another: capacity issues lead to discussions around budget development.

### **Getting Started: Capacity Issues**

The first getting started activity is addressing the capacity issues. Capacity issues are focused on securing the “buy-in” of stakeholders in the agency.

#### **Buy-In**

Securing “buy-in” is crucial because it assures the support of agency administration and allows for agency resources to be utilized for intervention implementation. Obtaining “buy-in” is most effectively accomplished with an intervention *champion*, but the *champion* could be an individual or a group of people. Regardless of the number of *champions* the central issue is convincing the agency that implementing **Healthy Relationships** would enhance the quality of its prevention services and that the agency is capable of implementing **Healthy Relationships**. A *champion* is someone within the agency generally who is a mid-to-upper level administrator who serves as a link between administration and staff. The *champion* needs to be adept at answering questions and mediating any changes in organizational structure; they can serve as a negotiator of any necessary trade-offs or compromises. The *champion* becomes the intervention’s spokesperson, anticipating the reservations of staff, answering questions about the intervention needs and resources. The *champion* must have an excellent knowledge of the intervention including its costs, *core elements*, and *key characteristics*. In addition, the *champion* can use the marketing video available in the intervention package. The *champion* can use the information presented in this manual and the package to further field any questions or concerns about **Healthy Relationships**.

### **Getting Started: Budget**

The final getting started activity is developing the budget.

This budget is meant as an example of possible costs associated with implementing **Healthy Relationships**. Depending on the number of times you implement or your specific agency needs, these figures will vary from organization to organization. This is meant only as a guide.

Besides the trained facilitators, the time needed to train in the intervention, and the time for assembling the video/movie clips (which can be compiled at very low cost), the costs of this intervention are minimal. The Personal Feedback Report (PFR) forms can be simplified and incentives reduced, if necessary. The original intervention study provided participants with a \$10 incentive per session. However, if **Healthy Relationships** is used in ongoing support groups, incentives for the intervention would not be necessary.

## Cost Sheet

To conduct **Healthy Relationships**, an agency will need a 100% full-time equivalent (FTE) paid, experienced counselor to serve as a facilitator and one 25% FTE peer to serve as a co-facilitator (volunteer or paid) for each population of persons living with HIV/AIDS for whom **Healthy Relationships** sessions will be offered. An agency will need from 40 to 60 hours to find and assemble 13 video/movie clips to use during the sessions. The actual number of hours and costs for assembling the clips depends on 1) staff knowledge of movies and appropriate clips, 2) equipment access and staff skill to assemble clips on a VCR tape or DVD disk or contract for these services, and 3) the number of populations who will be receiving the intervention, since most of the selections are population-specific. The cost sheet assumes that the agency will be finding and assembling the clips they will use. If this is not the case with your agency, you will need to add contractual costs for these services. The cost sheet also assumes that your agency already has access to intervention participants. If this is not the case, you will need to add recruitment costs. In using this cost sheet to create a budget, pretend that there will be no donations, volunteers, or in-kind contributions and include costs/values as if everything needed to be paid for.

Use of very small portions of movie clips for educational purposes, with no financial gain, is considered “fair use” and does not violate copyright law. All of the videos that are included in the package were either produced by Dr. Seth Kalichman (the researcher who developed the intervention), are in the public domain, or permission was received to include them in the intervention package.

### Categories for Provider Costs to Implement the Healthy Relationships Intervention

Categories		Pre-Implementation (start-up)		Implementation <sup>1</sup> (intervention delivery)	
		# staff	% time or # hrs/wk (% FTE time spent on intervention)	# staff	% time or # hrs/wk (% FTE time spent on intervention)
<b>Personnel</b>					
Salaried:					
	Program Mgr.	1	50%	1	25%
	Admin. Asst.	1	20%	1	10%
	Facilitator, MHP <sup>2</sup>	1	100%	1	25%
Hourly:					
	Facilitator, peer <sup>2,3</sup>	1	10 hrs/wk	1	10 hrs/wk
Fringe benefits			25%		25%
<b>Facility(ies)</b>					
Rent:					
	Office	\$	x	\$	x
	Small group meeting space	0		\$	x
			(% time used for intervention) % =		(% time used for intervention) % =
					# sessions = (inc. pre-sessions)

Categories	Pre-Implementation		Implementation <sup>1</sup>	
Utilities	\$	x % =	\$	x % =
Telephone/fax	\$	x % =	\$	x % =
Maintenance	\$	x % =	\$	x % =
Insurance	\$	x % =	\$	x % =
<b>Equipment</b>				
		(% time used for intervention)		(% time used for intervention)
Television	\$	x % =	\$	x % =
VCR Player with remote <sup>4</sup>	\$	x % =	\$	x % =
Computer	\$	x % =	\$	x % =
Copier	\$	x % =	\$	x % =
Easel	\$	x % =	\$	x % =
Equipment maintenance	\$	x % =	\$	x % =
Internet service provider	\$	x % =	\$	x % =
<b>Supplies</b>				
Videos (other than in pkg./kit and by target population) <sup>4,5</sup>	10 x # target			
	pops. x	\$ /each =	0	
Postage & mailing	\$		\$	
Copying & printing	\$		\$	
Office supplies:				
Paper (white)	1 ream x	\$ /ream =	5 reams x	\$ /ream =
Paper (colored)	0		3 reams x	\$ /ream =
Certificate paper	0		1 pkg. x	\$ /pkg. =
Pens	1 dozen x	\$ /doz. =	3 dozen x	\$ /doz. =
Name badges	0		100 x	\$ /each =
Easel paper	0		2 pads x	\$ /pad =
Markers	0		1 pkg. x	\$ /pkg. =
Push pins	0		1 box x	\$ /box =
Masking tape	0		1 roll x	\$ /roll =
Pocket folders	0		10 x	\$ /each =
Blank video tapes (by target population) <sup>4</sup>	2 x # target			
	pops. x	\$ /each =	0	
Condoms:				
Male	0		2 dozen x	\$ /doz. =
Female <sup>6</sup>	0		2 dozen x	\$ /doz. =
Lube	0			
Anatomical models:				
Male	10 x	\$ /each =	0	
Female <sup>6</sup>	10 x	\$ /each =	0	
Printed materials: <sup>1</sup>				
IAS	0		10 x	\$ /each =
Easel guides (by target population)	36 x # target			
	pops. x	\$ /each =	0	
PFR posters	3 x	\$ /each =	0	
PFR forms	0		30 x	\$ /each =

Categories	Pre-Implementation		Implementation <sup>1</sup>	
Brochures/flyers	5 gross x	\$ /grs. =		
Other materials: <sup>1</sup>				
Key chains	0		10 x	\$ /each =
Prizes	0		8 x	\$ /each =
Catering/refreshments			80 x	\$ /pers. =
<b>Recruitment</b> (of staff/volunteers)				
Advertising	10 column inches x	\$ /inch =	10 column inches x	\$ /inch =
<b>Travel</b>				
Miles to/from intervention site (if other than regular work place)	# miles x	¢/mile =	# miles x	¢/mile =

<sup>1</sup> Intervention delivery costs are based on an average of 10 participants times 8 sessions (80). The 8 sessions are figured as follows: 1 introductory meeting, the 5 **Healthy Relationships** sessions, 1 extra meeting time in case a session could not be finished in 2 hours, and 1 reunion meeting. Numbers of printed and other materials are calculated as follows: For the complete intervention you will need 1 Initial Assessment Survey (IAS), 3 Personal Feedback Report (PFR) forms, and 1 key chain for each participant. For each session you also will need 1 name badge and 1 “refreshments” per participant. One prize is awarded at each session.

<sup>2</sup> Both facilitators, Mental Health Professional (MHP)/skilled counselor and peer, will need to be compensated for their time spent recruiting, interviewing participants, training (3 days), and practicing during pre-implementation. Intervention delivery time includes review before each session, travel to the sessions, session time and debriefing time and assumes weekly sessions for 8 weeks, plus a week for preparation and wrap-up.

<sup>3</sup> Figures are based on one implementation of the complete intervention to one target population. Additional peer facilitators will be needed for each implementation delivered to a different target population. Peer facilitator compensation may need to take into account whether or not the individual is receiving disability payments.

<sup>4</sup> This budget lists a VCR player and video tapes. If DVDs are to be used, substitute DVD player and DVDs.

<sup>5</sup> Additional, substitute videos may be needed over time to keep the intervention up to date.

<sup>6</sup> Female anatomical models do not have to be used with groups of men who have sex with men.

<sup>7</sup> As staff turns over, additional money must be allocated for training new staff.

## **Resources Needed**

In order to implement **Healthy Relationships** your agency will need to ensure they have the following list of supplies:

### **Supplies:**

- Blank video tapes or DVD disks
- Colored paper for Personal Feedback Report (PFR) forms and other handouts (we suggest using colors that correspond to the divider colors from the implementation manual: Session One-gold, Session Two-green, Session Three-blue, Session Four-orange, Session Five-purple)
- Name badges (suggest first names/nicknames only)
- Food/snacks
- Male and female anatomical models for condom demonstration
- Condoms (male and female)
- Lube
- Push pins
- Latex dams
- Blank Personal Feedback Report (PFR) Forms enlarged to poster size
- Easel chart guides enlarged to poster size and with selected clips included
- Resource packets

## Site, Room Logistics and Time

**Healthy Relationships** is designed to take place in a private and secure location. The following are some suggestions for site selection and room logistics:

- Central location
  - Along major transit routes so participants without transportation can easily and readily access the location
- Depending on your population's concerns about stigma, you might want to avoid venues that advertise services provided to people living with HIV/AIDS. Possible alternative sites include:
  - Non-descript locations with a private entrance
  - Local religious and community centers
- Handicapped accessible
- Flexible seating arrangements
  - Room needs to be big enough to seat 14 comfortably in a circle
- Tables for food
- Allow for audio/visual equipment and easel charts (which need to be set-up near the facilitators)
- Open at flexible times to make the intervention more accessible

Several factors should be considered when choosing the days and times for your sessions. If you do a community assessment, you can ask about the most appropriate times for holding these kinds of group sessions. Otherwise, your staff may be aware of some of the factors, such as the meeting time for HIV support groups, that will affect the decision. The availability of the facilitators and the room also needs to be considered.

## Intervention Tape(s)

Selecting the video and movie clips for your target population is central to the implementation of **Healthy Relationships**. Selected clips can be put together into an intervention tape to simplify clip usage in the sessions. Videos or DVDs which are cued up to the appropriate counter time can also be used.

In the package are educational clips and a clip essence table. The clip essence table is also in this Starter Kit. These tools are provided to guide your agency in the compilation of the tailored intervention tape. The clip essence table explains in detail the elements and purposes of each video or movie clip. This table is designed to assist your agency in selecting effective video and movie clips to use for your target population. The table contains helpful notes about the selection of culturally appropriate clips and how the clips are used in the intervention. A tailored intervention tape is a video that is culturally competent or relevant for your target population. Choosing video and movie clips can be a difficult task, but the clip essence table should make that task easier for the **Healthy Relationships** intervention team. **Healthy Relationships** makes use of popular movie clips. Most of the videos can be rented from local video rental stores, or agencies may want to purchase the videos or borrow them from employees or board members. The clip essence table also contains information on the movies that were used in the original research. If agencies do not want to choose clips more specific to their target population, they can use the movies that were used in the original research.

## Incentives

In the original research incentives were given to encourage intervention participants to arrive on time. Another use of incentives is to keep participants engaged during sessions; food is a great way to hold participants' attention. Incentives are not a *core element* or *key characteristic* of **Healthy Relationships**, so your agency is not required to provide incentives. We encourage your agency to consider using incentives for the same reasons they were used in the original research. Suggestions are fast food coupons, discount store gift cards, and movie rental cards. We also encourage your agency to be creative with using and delivering the incentives. If your agency doesn't have the financial capabilities to purchase gift cards and gift certificates, it may be possible to solicit donations from the community and offer those donations as incentives. The incentives can be raffled off at the end of each session, with only the participants who arrived on time for the session eligible to participate in the raffle. One of the facilitators could draw the winner's name out of a hat at the end of the session.

## Other Intervention Materials

Other resources needed for the intervention are in the **Healthy Relationships** intervention package. These materials are:

- Implementation Manual
  - Facilitator's Handbook
  - Initial Assessment Survey (IAS)
  - Personal Feedback Report (PFR) Forms
  - Evaluation Materials
  - Clip Essence Table
  - Sample Easel Chart Guides
- Risk Continuum Banner and Cards
- Marketing Video
- Marketing Brochure
- Educational Clips on one master video:
  - *HIV/AIDS Infecting and Affecting Our Community*
  - *When Men Talk About AIDS*
  - *Safe in the City*
- Disk containing electronic version of forms and handouts (Word XP)

The following items are not included in the package. An agency will need to acquire them before implementing **Healthy Relationships**, along with the supplies listed in the budget.

- TV/VCR or DVD player with remote control
- Computer with Printer (optional, for ease of tailoring intervention materials/non-tailored forms could be photocopied from the Intervention Manual)
- Intervention Tape (or individual copies of clips)
- Either video equipment to copy selected video clips onto an intervention tape or funds for a video contractor to create the tape for you (optional)

## Stakeholder's Checklist

Your agency's intervention *champion* can use the following stakeholder's checklist to obtain support for implementing **Healthy Relationships**. The stakeholders are those people on your Board of Directors/Executive Board, in your community, agency, your staff or your funding source who have a stake in the successful implementation of an intervention. The stakeholder's checklist contains those items the *champion* can use to convince the stakeholders that **Healthy Relationships** is an intervention that your agency can and should implement because it meets the needs of the community your agency serves.

### Stakeholder's Checklist

1. Assess the community to determine whether they will support the *core elements* of **Healthy Relationships**
2. Identify your stakeholders
  - a. Your agency's Board of Directors/Executive Board
  - b. Staff members from your agency who will have a role in the operation of the intervention
    - i. Administrators who will obtain support
    - ii. Supervisors who will monitor the intervention
    - iii. Staff who will interact with participants at any level
  - c. Local agencies from which you could recruit participants, facilitators, or both
    - i. Agencies offering support groups for people living with HIV
    - ii. Health care providers and mental health professionals serving people living with HIV
    - iii. Social service agencies reaching people living with HIV
    - iv. Organizations of HIV-positive persons and organizations which may have members who are living with HIV
  - d. Organizations which could provide assistance or other resources
    - i. Merchants for incentives, loan of videos, refreshments
    - ii. Video production groups, such as college video production classes, community cable organizations, corporate video production departments, videographers, for help with video clip assembly
    - iii. Agencies, merchants, printers, publishers, broadcasters, and others that can advertise the intervention
    - iv. Agencies that can provide a venue for the intervention
    - v. Agencies that can provide child care
    - vi. Agencies that can provide transportation
    - vii. Advisory board to help tailor intervention (selecting video clips)
    - viii. Other collaborating agencies to provide information for resource packets

- e. Agencies with which your agency needs to maintain good community or professional relations
    - i. Local health department
    - ii. Local medical and mental health associations
    - iii. Your funding source(s)
    - iv. Others
3. Getting stakeholders informed, supportive, and involved
- a. Getting them informed about the intervention
    - i. Decide in advance what specific roles you want each stakeholder to play. Who will you ask to:
      - (a) provide financial support?
      - (b) refer people living with HIV to the intervention?
      - (c) serve as an intervention facilitator?
      - (d) be a resource to which you can refer participants?
      - (e) join your community advisory board?
      - (f) help tailor the intervention for your target population?
      - (g) help identify appropriate video clips?
      - (h) lend videos for duplication?
      - (i) provide equipment access and/or skill to assemble clips on a VCR or DVD?
      - (j) assist in advertising the intervention?
      - (k) provide a room in which the sessions can be held?
      - (l) supply refreshments for participants?
      - (m) donate small incentives or prizes for participants?
      - (n) speak supportively about **Healthy Relationships** in conversations with their associates?
    - ii. Send letters that tell stakeholders about **Healthy Relationships**, its importance, that your agency is/will be making the intervention available, what specific role(s) you think that they might play in the success of the intervention, and offer an opportunity for them to learn more.
    - iii. Call in two weeks and assess their interest. If they are interested, schedule a time to meet (e.g., one-on-one, lunch-and-learn at your agency with a group of other stakeholders, presentation at their agency for several of their staff or association members).
    - iv. Hold the meeting, show **Healthy Relationships** marketing video if the setting and time allow, answer questions.
  - b. Getting them supportive
    - i. Describe several specific roles they could play.
    - ii. Emphasize the benefits of their involvement to themselves, their agency, the community, and persons living with HIV and answer questions.
    - iii. Invite them to commit to supporting **Healthy Relationships** by taking on one or more roles. Keep track of commitments.

- c. Getting them involved
  - i. Soon after meeting, send thank you letter that specifies the role(s) to which they committed. If they did not commit, send letter thanking them for their time and interest and ask them to keep the letter on file in case they reconsider later.
  - ii. For persons who committed to a role that is important to pre-implementation, put them to work as soon as possible.
  - iii. For persons who committed to involvement later in the process, send them brief progress updates and an idea of when you will be calling on their support.
  - iv. Hold periodic celebratory meetings for supporters to acknowledge your appreciation for and the value of their contributions, update them on the intervention's progress, and keep them engaged.

## Staffing Requirements

In order for **Healthy Relationships** to run smoothly you will need a program manager; at least one trained counselor, preferably a mental health professional; and at least one peer facilitator for each population you plan to serve.

### **Program Manager**

This list of items below contains some of the program manager's primary responsibilities. They are not the only tasks that the program manager will do in the course of the intervention.

The program manager is primarily responsible for the following tasks:

- |   |   |
|---|---|
| Preparing the agency for the intervention                             | ➤ Establishing the evaluation plan and overseeing the evaluation plan |
| ➤ Determining the necessity of collaboration with other organizations | ➤ Overseeing the intervention and intervention team                   |
| ➤ Securing the intervention needs                                     | ➤ Debriefing facilitators   |
| ➤ Hiring and managing the intervention team                           | ➤ Conducting debriefing sessions                                      |
| ➤ Setting up training and technical assistance                        | Managing the budget   |
|   | ➤ Quality assurance   |
|   | ➤ Monitoring fidelity   |

The program manager will assist with the following tasks:

- |   |  |
|---|--|
| ➤ Recruiting and selecting of the advisory board    | ➤ Preparing the intervention materials |
| ➤ Managing the advisory board                       | ➤ Collaborating with other agencies    |
| ➤ Tailoring and adapting the intervention materials | ➤ Recruiting participants              |

## Facilitators

As mentioned before **Healthy Relationships** requires two facilitators. At least one of the two should be an experienced and skilled counselor, preferably a mental health professional (MHP). The other should be a peer from the community (one of the *key characteristics* suggests that the peer facilitator be living with HIV). It is important to remember that the facilitators for **Healthy Relationships** will not operate in the role of counselors. The trained facilitators need to be clear that **Healthy Relationships** is a behavioral intervention; the sessions are not counseling sessions.

One facilitator should be a male and the other female. Experiences in delivering the intervention have found that women feel more comfortable and safe discussing issues of sex and sexuality with women facilitators. If any of the women have been victims of domestic violence or any crimes against women, the presence of a female facilitator will help to create a safe and supportive environment. Finally, at least one facilitator should match the ethnicity of the majority of the participants.

### Where to Find Effective Facilitators

This section contains some suggestions on how to find effective facilitators. You can use the characteristics of effective facilitators on page 20 of this Starter Kit to help you choose the right facilitators. Once you identify potential facilitators, provide them with basic information about **Healthy Relationships** and their expected roles and responsibilities. Examples of these roles and responsibilities are listed on pages 21 and 22 of this Starter Kit. Both facilitators will be required to attend training on the intervention. You can use the information on the above pages to help facilitator candidates understand what the intervention is, what their job will involve, and what skills and experience you are looking for in the facilitators.

#### Where to find Effective Facilitators:

##### Peer

- Ask your advisory board to make recommendations
- Local AIDS service organization
- Attend support meetings for people living with HIV/AIDS

##### MHP

- Social work programs at local colleges and universities
- Network within your own organization or other similar organizations for recommendations
- Observe support groups and other group leaders in action

## Characteristics and Skills

**Healthy Relationships** is not a class or a public health forum. The facilitators will direct the intervention sessions guiding the participants through the content of **Healthy Relationships**. The intervention depends on the rapport facilitators are able to build with and among participants. The following is a list of skills and characteristics to look for and the characteristics to avoid when selecting facilitators.

### Skills and Characteristics to Look for:

- Trustworthy
- Flexible
- Active listener
- Follows up on identified needs
- Good knowledge of group process
- Ability to promote communication
- Maintains eye contact
- Understanding of group dynamics
- Ability to adapt to changing dynamics in the group
- Understanding and non-judgmental
- Sober or in recovery
- Ability to manage and control problems
- Empathetic
- Uses humor effectively and appropriately
- Ability to make appropriate referrals to services
- Interested in working with groups
- Creates warm and welcoming environment
- Respectful of others and their opinions
- Ability to build rapport
- Willingness to learn from the group
- Ability to adjust agenda times to meet needs of the group

### Avoid the Following Characteristics:

- Anxious in group settings
- Act superior to the participants
- Dominate discussion
- Withdrawing physically or emotionally from the group
- Lack sensitivity to the needs of others
- In-flexible and non-adaptive
- Place their own personal needs before the needs of the group
- The center of attention
- Oriented more towards individuals than the group as whole
- Pushes personal agenda

## Skilled Counselor/Mental Health Professional

The selection of a skilled counselor or mental health professional (MHP) is an important part of **Healthy Relationships**. In addition to the general facilitator characteristics just listed, the MHP should have experience working with groups of people living with HIV. The MHP for **Healthy Relationships** could be someone with a bachelor's level training in counseling/mental health work, a psychologist, a social worker, a Licensed Practicing Counselor or a Licensed Chemical Dependency Counselor. Hiring someone with an advanced degree is not necessary for **Healthy Relationships**. Hopefully, the wide range of credentials will make finding a MHP easy and not create implementation barriers.

The roles and responsibilities of the Skilled Counselor/MHP as a facilitator of Healthy Relationships are:

- Prepare for sessions
  - Assist with tailoring and adapting
  - Balance the needs of the participants and the structure of the sessions
  - Facilitate discussion while following the session's curriculum
  - Along with peer facilitator create safe, welcoming and non-judgmental environment for participants
  - Practice and review material
  - Deal with inappropriate behavior problems
  - Build group cohesion
  - Inform group participants of the duty to warn, confidentiality and other relevant laws
- Along with peer facilitator create resource packets which provide information about other services offered to people living with HIV in their area
  - Guide the group process
  - Handle emotional issues
  - Create balance between content and mechanism of delivery
  - Along with peer facilitator and group participants set the ground rules
  - Along with peer facilitator and the program manager create a plan to deal with attendance issues and other logistical issues

## Peer Facilitators

The selection of peer facilitators is also an important process. Like the MHP, the peer facilitators should have experience working with people who are living with HIV and with diverse populations. Remember, one of the *key characteristics* suggests the peer facilitator be living with HIV. Your agency may want to consider selecting and training several peer facilitators if you are working with more than one population, to allow an appropriate cultural and gender mix of facilitators.

The roles and responsibilities of the peer facilitator of Healthy Relationships are:

- Prepare for sessions
- Assist with tailoring and adapting
- Promote communication
- Facilitates discussion while following the session's curriculum
- Handle emotional issues
- Practice and review materials
- Deal with inappropriate behavior problems
- Build group cohesion

When working with immune-compromised individuals there are several issues that need to be considered. During the course of **Healthy Relationships** participants may be absent as a result of health events such as doctor's visits, HIV/AIDS related illness, or any other issue related to their disease. The **Healthy Relationships** intervention team should be aware of the side effects caused by HIV medicines. These side effects can impact the physical, emotional and mental well-being of group participants. Your agency should establish attendance policies to deal with the absences or the cancellation of group sessions. Because one of the *key characteristics* suggests that the peer facilitator be a peer from the community who is living with HIV, your agency should be aware that the peer facilitator may also experience a health crisis which may lead to an absence. Also, immune-compromised individuals are more susceptible to communicable diseases, so your agency staff and the **Healthy Relationships** intervention team should plan accordingly.

## Getting Started: Video and Movie Clips

### **Explanation of table:**

There are a variety of types of clips shown in the 5 sessions of **Healthy Relationships**: personal statements, HIV/AIDS information, condom demonstration, and, most importantly, clips from popular movies. We will use the term “video” to refer to clips from non-movie sources and “movie” to refer to clips from popular movies. The following tables are designed to assist implementers in selecting appropriate video and movie clips to use in the intervention. Many of the clips used in the original study are useable or even recommended, but all clips should be selected based who the group participants are.

First are tables with information on each clip; the 2-digit clip number appears just before the table. The first digit is the session in which the clip is used. The second digit reflects the order in which the clips are used in that session. For example, the second clip used in Session Three would be listed as 3-2.

Column 1: (Purpose) lists what is to be accomplished by showing the clip. It will also refer to which skills should be related to the clip.

Column 2: (Essential Ingredients) lists what must be included in the clip selected.

Column 3: (Options) gives options that might increase the effectiveness of a clip or make it more effective for a particular population.

Column 4: (Original Video and Recommendations) lists the original clip(s) with the target population, the movie title (if applicable), a brief description, and the number of the related sample “set the scene” in column 5. It also lists any recommendations related to the selection of that clip.

Column 5: (Sample “Set The Scenes”) contains one or more sample scenarios based on the clip(s) that the original study used.

After these individual clip tables, there is another table which categorizes the original clips by target population (Women, MSWs and/or MSMs), counter times, length of clip, ethnicity of cast, and purchase information.

Abbreviations: MSW = men who have sex with women, MSM = men who have sex with men

### Notes:

Always use clips as appropriate to the target audience as possible. The majority of participants in the original research were African-American, and you will see that reflected in many of the clip selections.

The facilitators need to introduce all clips prior to viewing in such a way as to relate the scenes to HIV/AIDS and to act as springboards to discussion around disclosure and risk reduction. A few of the clips used in the original study were from movies about HIV/AIDS and/or included characters who were living with HIV/AIDS. If these clips are used, they may need slightly less explanation.

In general, for movie clips participants are told to ignore anything they may already know about the movie and concentrate on how the scene is described or “set” by the facilitator. Participants are told to assume that there has been no disclosure by the character(s) in the film prior to the scene in the clip.

Set up the context for the movie clips along these lines:

“You may have seen this movie (tell them the title) but now forget anything you know about it. For our purposes, the (add description, like ‘main female’ or ‘repairman’) character is living with HIV/AIDS and is thinking about disclosing...” (see sample “set the scenes” for more examples)

When creating the easel chart guides, you can choose to insert a “title” for the clip. For example, for the clip used for sample “set the scene” #1, you might title it “The Effects Decisions Can Have” or anything else you find appropriate.

Questions for many of the movie clips are the same, as they tie back to the 5 skills being taught in the group. Frame your “set the scene” so you can talk about “what would you have said or done?” or “what could be done to make this situation safer?”

Arrange clips in order from the easiest to role-play around to the most difficult: generally, the more talk there is in the scene, the easier the situation is to deal with; the more passion and less talk, the harder. The easier situations are dealt with in the earlier sessions, the harder/hardest ones in the last session.

A good source for finding movies similar to the ones listed here is *All Movie Guide*, found at <http://www.allmovie.com>. This site gives good general information on movies plus links to similar films. There are also links based on keywords, themes, tones, and personnel. Many of the films have a “Buy” button, where you can link directly to a purchase source for the movie. See Appendix VI for a list of where else to find these films. You can also search on the internet for more movie-related sites.

### Clip #1-1

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To introduce the concept of using video clips as part of the sessions.</p> <p>To act as spring-board to discussion around disclosure.</p>	<ul style="list-style-type: none"> <li>* Show the difficulty/stress involved in disclosure</li> <li>* Include some emotional elements</li> <li>* Give hint of “what would people say?”</li> <li>* Involve communication issues</li> </ul>	<p>Can be clip from a popular movie or a personal statement.</p> <p>Create “in-house” video with personal statement from someone from the target population.</p> <p>Emotional elements can be any combination of a number of different ones (embarrassment, fear, pain, guilt, anger, frustration, etc.).</p> <p>Can show:</p> <ol style="list-style-type: none"> <li>1) lack of understanding</li> <li>2) myths about HIV/AIDS</li> <li>3) support, rejection, or fear of rejection from church, family, friends, etc.</li> <li>4) dealing with interruptions or the other person not listening</li> <li>5) disclosure of sexual orientation, not HIV/AIDS (for MSM groups)</li> </ol>	<p><u>For Women:</u> from <i>Absolutely Positive</i>, a personal statement. A woman talks about the fact that she has not disclosed her son’s HIV status, #1.</p> <p><u>For MSW:</u> from <i>Batman</i>. Batman tries to disclose his status as a super hero to a girlfriend, #2.</p> <p><u>For MSM:</u> from <i>Billy’s Hollywood Screen Kiss</i>, young man recalls childhood experience of disclosing his sexual orientation, #3.</p> <p><b>Optimum Length:</b> Between 1 and 3 minutes.</p>	<p><b>Sample “Set The Scene” #1:</b> This scene shows a woman talking about not disclosing the fact that her son's living with HIV/AIDS.</p> <p>Watch and think about the stress she reveals related to this lack of disclosure.</p> <p><b>Sample “Set The Scene” #2:</b> This scene shows a man, who is living with HIV/AIDS, trying to disclose his HIV status to a woman he slept with.</p> <p>Watch and think about reasons why the disclosure is stressful for him.</p> <p><b>Sample “Set The Scene” #3:</b> This scene shows a man, who is living with HIV/AIDS, talking about disclosing his sexual orientation when a child.</p> <p>Watch and think about the stress related to this disclosure experience.</p>

### Clip #1-2

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To end session on “up note.”</p> <p>To motivate participants to return for next session.</p>	<p>* Humorous</p> <p>* Anything that can be tied to the life areas or skills that will be addressed in upcoming sessions.</p>	<p>Can revolve around disclosure of anything, not just sexual orientation or HIV status.</p> <p>Create “in-house” video of men and their lines to update the concept used in <i>She's Got to Have It</i> and use for any groups, including MSMs.</p>	<p><u>For Women and MSW:</u> from <i>She's Gotta Have It</i>. A number of men demonstrate some of the worse pick-up lines ever tried, #4.</p> <p><u>For MSM:</u> from <i>The Bird Cage</i>. In these scenes a gay man tries to help his lover learn to act “like a man”, #4.</p> <p><b>Recommendations:</b> Use <i>The Bird Cage</i> with all groups, unless you have participants with severe homophobia, since it is so funny to most people. Do cut the scenes to make shorter.</p> <p><b>Optimum Length:</b> Between 3 and 4 minutes.</p>	<p><b>Note:</b> For Clips 1-2 and 1-3, only one contextual “set the scene” is necessary, since the clips should be run back-to-back.</p> <p><b>Sample “Set The Scene” #4:</b> Before you leave, we’d like to show you a couple of funny clips about the difficulties caused by trying to hide things about ourselves.</p>

### Clip #1-3

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To end session on “up note”.</p> <p>To motivate participants to return for next session.</p>	<p>* Humorous</p> <p>* Anything that can be tied to the life areas or skills that will be addressed in upcoming sessions.</p>	<p>Can introduce idea of listening to prevention professionals.</p> <p>Can show:</p> <ul style="list-style-type: none"> <li>&gt; “what you see isn’t necessarily what you get”.</li> <li>&gt; the stress of not having a condom with you when you want to have sex.</li> <li>&gt; concept of prior partners</li> </ul>	<p><u>For all groups:</u> from <i>Robert Tommsend: Partners in Crime, Vol. 1</i>. A man considers having sex without a condom, and the “Surgeon General” pays him a visit, #4.</p> <p><b>Recommendations:</b> Use this clip! While somewhat dated, it would be hard to find a more appropriate piece.</p> <p><b>Optimum Length:</b> 2 minutes, 33 seconds</p>	<p>See previous “set the scene”.</p>

## Clip #2-1

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To set-up role-plays where participants can practice the skills learned in this session (awareness, trigger/barrier identification, problem-solving, decision-making).</p>	<ul style="list-style-type: none"> <li>* Show people disclosing or thinking about disclosing their status</li> <li>* Provide discussion points about the stress of being open (or not) about HIV status</li> <li>* Show importance of support (whether taken advantage of or not)</li> <li>* Bring up stigma</li> </ul>	<p>Can be movie-quality or personal statement</p> <p>Create “in-house” video with personal statement from someone in the target population.</p> <p>Can compare and contrast:</p> <ol style="list-style-type: none"> <li>1) between someone who discloses and someone who doesn’t</li> <li>2) people at different levels of openness</li> </ol> <p>Can show:</p> <ol style="list-style-type: none"> <li>1) disclosure of sexual orientation, not HIV/AIDS (for MSM groups)</li> <li>2) unusual ways to disclose (use films to prompt discussion, etc.)</li> <li>3) dealing with people who can’t cope with your disclosure</li> <li>4) different levels of support</li> </ol>	<p><u>For Women:</u> from <i>Absolutely Positive</i>, 2 personal statements. A woman talking about how she disclosed her HIV status to her young daughter (1 minute, 1 second), and the woman from Clip #1-1 talking more about her experiences related to not disclosing her son’s HIV status, #5.</p> <p><u>For MSW:</u> from <i>HIV/AIDS Infecting and Affecting Our Community</i>. A variety of men, who are all living with HIV/AIDS, talk about the reactions of other people to learning about their status, #5.</p> <p><u>For MSM:</u> from <i>An Early Frost</i>. A man, living with HIV/AIDS, discloses his status and sexual orientation to his parents, #6.</p> <p><b>Recommendations:</b> Use <i>An Early Frost</i> with all groups. It illustrates well the concept of awareness and listening, is about HIV/AIDS, and has lots of ways to tie it to the skills in this session.</p> <p><b>Optimum Length:</b> Between 2 and 3 minutes</p>	<p><b>Sample “Set The Scene” #5:</b> This scene shows a person (or people), who is (are) living with HIV/AIDS, talking about disclosing their status.</p> <p><b>Sample “Set The Scene” #6:</b> This movie scene shows a young man telling his parents that he is gay and living with HIV/AIDS.</p>

### Clip #2-2

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around disclosure.</p> <p>To set-up role-plays where participants can practice the skills learned in this session (awareness, trigger/ barrier identification, problem-solving, decision-making).</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in the session.</li> <li>* Be suitable for discussion and stimulating role-plays around disclosure to family and/or friends.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) silent clues of rejection</li> <li>2) stigma and myths about HIV/AIDS</li> <li>3) example (model) of someone who is very open about disclosure</li> <li>4) discussion point around appropriate times (or not) to disclose</li> <li>5) higher level of stress on part of person who is not living with HIV/AIDS than on part of person who is</li> </ol>	<p><u>All groups:</u> from <i>Philadelphia</i>. A man discloses to a lawyer the fact he has AIDS, #7.</p> <p><b>Recommendations:</b> Use <i>Philadelphia</i> with all groups. While filmed in 1993, it illustrates very well the concept of listening, is about HIV/AIDS, and can be tied to the skills in this session in many ways.</p> <p><b>Optimum Length:</b> 1 minutes, 38 seconds</p>	<p><b>Sample “Set The Scene” #7:</b></p> <p>This scene shows a man, who is living with HIV/AIDS, seeking legal advice from a lawyer he had met before.</p>

### Clip #3-1

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around disclosure to sex-partners.</p> <p>To set up role-plays where participants can practice the skills learned in the previous session (awareness, trigger/ barrier identification, problem-solving, and decision-making skills related to disclosure to sex partners).</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in the previous session.</li> <li>* Be suitable for discussion and stimulating role-plays around disclosure to sex partners.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) misunderstandings and stress in relationships when one or more partners are not honest about HIV status or sexual orientation</li> <li>2) how HIV status is viewed</li> <li>3) example (model) of someone who is struggling with disclosure (whether of HIV status or sexual orientation)</li> <li>4) appropriate and inappropriate times to disclose</li> </ol>	<p><u>For Women:</u> from <i>Eve’s Bayou</i>. A woman and man discuss it being time for him to go, #8.</p> <p><u>For MSW:</u> from <i>Boyz N the Hood</i>. A young man who is distressed talks with his girlfriend about their relationship, #9.</p> <p><u>For MSM:</u> from <i>Making Love</i>. Two men try to get each other to disclose sexual orientation.</p> <p><b>Recommendations:</b> Select a more current movie for the MSM clip as it is extremely dated. (note: that is why there is no sample “set the scene” for this clip.)</p> <p><b>Optimum Length:</b> Between 2 and 3 minutes</p>	<p><b>Sample “Set The Scene” #8:</b> The woman in this scene is feeling pressured to tell her partner that she is living with HIV/AIDS because he wants to make a commitment to her. She is at the point where she feels it is time to disclose.</p> <p><b>Sample “Set The Scene” #9:</b> In this scene, a young man has just learned that he tested positive for HIV and is feeling anger, rage, and sadness. He seeks comfort from his girlfriend who does not yet know about the HIV test.</p>

### Clip #3-2

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around disclosure.</p> <p>To set-up role-plays where participants can practice awareness, trigger/ barrier identification, problem-solving, and decision-making skills related to disclosure to sex partners.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in the previous session.</li> <li>* Be suitable for discussion and stimulating role-plays around disclosure to sex partners.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) misunderstandings and stress in relationships when one or more partners are not honest about HIV status or sexual orientation</li> <li>2) stress and pain in relationships when one or more partners discloses something</li> <li>3) how HIV status is viewed</li> <li>4) example (model) of someone who is struggling with disclosure (whether of HIV status or sexual orientation)</li> <li>5) appropriate and inappropriate times to disclose</li> </ol>	<p><u>For Women and MSW:</u> from <i>Love Jones</i>. A couple is having trouble ending their first date, #10 (Women) and #11 (MSW).</p> <p><u>For MSM:</u> from <i>Love! Valour! Compassion!</i>. Two gay men, one older, are in bed together when one expresses love, then the other discloses an “indiscretion”, #12.</p> <p><b>Optimum Length:</b> Between 1 and 2 minutes</p>	<p><b>Sample “Set The Scene” #10:</b> This scene features a woman, who is living with HIV/AIDS, trying to postpone sex and disclosure with a new partner of unknown HIV status.</p> <p><b>Sample “Set The Scene” #11:</b> This scene features a man, who is living with HIV/AIDS, considering disclosure with a new partner of unknown HIV status.</p> <p><b>Sample “Set The Scene” #12:</b> This scene features a man, who is living with HIV/AIDS, disclosing an “outside” sexual experience to his main partner.</p>

### Clip #3-3

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around disclosure.</p> <p>To set-up role-plays where participants can practice awareness, trigger/barrier identification, problem-solving, and decision-making skills related to disclosure to sex partners.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in the previous session.</li> <li>* Be suitable for discussion and stimulating role-plays around disclosure to sex partners.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) misunderstandings and stress in relationships when one or more partners are not honest about HIV status or sexual orientation</li> <li>2) example (model) of someone who is struggling with disclosure (whether of HIV status or sexual orientation)</li> <li>3) appropriate and inappropriate times to disclose</li> <li>4) added problems of trying to disclose while influenced by drugs/alcohol</li> </ol>	<p><u>For Women:</u> from <i>Boys on the Side</i>. A drunk/high couple are on the edge of having sex, #13.</p> <p><u>For MSW:</u> from <i>Boomerang</i>. A man pretends to not want to have sex in order to get some, #14.</p> <p><u>For MSM:</u> from <i>Eve’s Bayou</i>. A woman and man discuss it being time for him to go, #15.</p> <p><b>Recommendations:</b> While the clip from <i>Eve’s Bayou</i> illustrates disclosure well and is powerfully set up in terms of the way the character views her infection, it features a heterosexual couple. For use with MSM groups, consider replacing it with a scene that features two men.</p> <p><b>Optimum Length:</b> Between 1 and 2 minutes</p>	<p><b>Sample “Set The Scene” #13:</b> In this scene a woman, who is living with HIV/AIDS, is struggling with her intoxication and passion as she tries to disclose to her partner.</p> <p><b>Sample “Set The Scene” #14:</b> In this scene, a man is trying to not have sex because he is living with HIV/AIDS, but his partner is making it very hard.</p> <p><b>Sample “Set The Scene” #15:</b> The woman in this scene is feeling pressured to tell her partner that she is living with HIV/AIDS because he wants to make a commitment to her. She is at the point where she feels it is time to disclose.</p>

### Clip #3-4

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around disclosure.</p> <p>To set-up role-plays where participants can practice awareness, trigger/barrier identification, problem-solving, and decision-making skills related to disclosure to sex partners.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in the previous session.</li> <li>* Be suitable for discussion and stimulating role-plays around disclosure to sex partners.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) how HIV status is viewed</li> <li>2) misunderstandings and stress in sero-discordant relationships</li> <li>3) stress and pain in relationships when one or more partners discloses something</li> <li>4) example (model) of someone who discloses</li> <li>5) appropriate and inappropriate times to disclose</li> </ol>	<p><u>For Women and MSW:</u> none</p> <p><u>For MSM:</u> from <i>Jeffrey</i>. Steve, a man living with HIV, wants to date Jeffrey, who has sworn off dating and sex because of fears of HIV/AIDS, #16.</p> <p><b>Recommendations:</b> In this session there were more scenes selected for MSM than for the other groups. Consider eliminating one of the clips to allow plenty of time for discussion.</p> <p><b>Optimum Length:</b> Between 2 and 4 minutes</p>	<p><b>Sample “Set The Scene” #16:</b> This scene is about a man who is so afraid of getting HIV/AIDS that he has sworn off dating and sex.</p> <p>Remember to look for triggers and barriers and think about problem-solving and decision-making.</p>

### Clip #4-1

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around disclosure to sex partners, especially in sero-discordant relationships.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in previous sessions.</li> <li>* Be suitable for discussion around disclosure to sex partners, especially in sero-discordant relationships.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) how HIV status is viewed</li> <li>2) misunderstandings and stress in sero-discordant relationships</li> <li>3) stress and pain in relationships when one or more partners discloses their HIV status</li> <li>4) example (model) of someone who discloses</li> <li>5) appropriate and inappropriate times to disclose</li> <li>6) how alcohol/drugs can “trigger” a disclosure</li> <li>7) example (model) of a negative partner deciding that the relationship is more important than HIV/AIDS</li> <li>8) example (model) of a negative partner demanding safe sex</li> <li>9) reality of HIV/AIDS not “going away”</li> </ol>	<p><u>For Women:</u> from <i>Absolutely Positive</i>. The woman from Clip #1-1 gives another personal statement, this one about her HIV-negative husband’s reactions, #17.</p> <p><u>For MSW:</u> from <i>Absolutely Positive</i>. This is a personal statement from a Hispanic couple who tell how she found out he was living with HIV, #18.</p> <p><u>For MSM:</u> 2<sup>nd</sup> scene from <i>Jeffrey</i>. Jeffrey sets up a seduction scene for Steve, #19.</p> <p><b>Recommendations:</b> If using scene from <i>Jeffrey</i>, cut to keep it under 4 minutes.</p> <p><b>Optimum Length:</b> Between 2 and 3 minutes</p>	<p><b>Sample “Set The Scene” #17:</b> In this scene, a woman talks about how discovering that she was living with HIV affected her husband, who was not.</p> <p><b>Sample “Set The Scene” #18:</b> In this scene, a woman, who is not living with HIV, has a dream about disclosure.</p> <p><b>Sample “Set The Scene” #19:</b> Remember the scene from <i>Jeffrey</i> that we saw last session? In this new scene, Jeffrey is the one who chases after Scott.</p>

**Clip #4-2**

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To ensure all participants have the same factual information about HIV/AIDS and risky behaviors</p> <p>To act as springboard to discussion around risk reduction.</p>	<p>* Include accurate and current information on HIV/AIDS</p>	<p>Any accurate and up-to-date educational video that has been approved by a literature review committee and that is not longer than the original video.</p>	<p><u>For all groups:</u> <i>When Men Talk About AIDS</i>, an AIDS education video, #20.</p> <p><b>Recommendations:</b> This video was used with all groups successfully. Other videos can be used for the educational element but make sure they are appropriate for your group participants.</p> <p><b>Optimum Length:</b> Between 15 and 20 minutes</p>	<p><b>Sample “Set The Scene” #20:</b> Where do people get their information on what’s safe and what’s not? This video gives the facts.</p>

**Clip #5-1**

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around risk reduction and condoms.</p>	<p>* Include accurate and up-to-date information about condoms. E.g., does not recommend non-oxynol 9.</p>	<p>Any condom educational videos that are not longer than the original videos.</p>	<p><u>For Women and MSW:</u> The Reality Condom marketing video, and <i>It’s All About Condoms</i>, #21.</p> <p><u>For MSM:</u> <i>It’s All About Condoms</i>, #21.</p> <p><b>Recommendations:</b> <i>It’s All About Condoms</i> was used with all groups successfully. Other videos can be used for the condom education but make sure they are appropriate for your group participants. The package includes one option: a short animated film <i>Safe in the City</i>.</p> <p><b>Optimum Length:</b> Between 8 and 12 minutes</p>	<p><b>Sample “Set The Scene” #21:</b> Since using condoms correctly is an important part of a healthy relationship, let’s make sure we all have the same information.</p>

### Clip #5-2

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around risk reduction.</p> <p>To set-up role-plays where participants can practice awareness, trigger/barrier identification, problem-solving, and decision-making skills related to building healthier relationships.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in previous sessions.</li> <li>* Be suitable for discussion and stimulating role-plays around safer sex/risk reduction and building healthier relationships.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) situations with lots of humor</li> <li>2) problems with using condoms that might not be anticipated</li> <li>3) misunderstandings and stress in new relationships</li> <li>4) misunderstandings and stress where HIV status is unknown</li> <li>5) example (model) of someone who demands condom use</li> <li>6) example (model) of people who impose standards on their choice of partners</li> <li>7) example (model) of a partner demanding safe sex</li> <li>8) how choices can survive the influence of alcohol/drugs/passion</li> </ol>	<p><u>For Women:</u> from <i>Booty Call</i>. A man and a woman are about to have sex, but she refuses to do it without a condom, #22.</p> <p><u>For MSW:</u> from <i>Dead Air</i>. A couple of strangers in a bar become friends because of similar attitudes, #23.</p> <p><u>For MSM:</u> from <i>Billy’s Hollywood Screen Kiss</i>. Two friends end up sharing a bed and almost have sex, #24.</p> <p><b>Optimum Length:</b> Between 2 and 3 minutes</p>	<p><b>Sample “Set The Scene” #22:</b> The woman in this scene, who is living with HIV/AIDS, is not going to have sex without a condom. Her boyfriend has one but encounters difficulties with her dog</p> <p><b>Sample “Set The Scene” #23:</b> Here we see a woman come in to a bar and appear to try to pick up a stranger. He is living with HIV/AIDS and does not encourage her.</p> <p><b>Sample “Set The Scene” #24:</b> In this scene, a man, who is living with HIV/AIDS, comes in to share a bed with a friend whose HIV status he doesn’t know.</p>

### Clip #5-3

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around risk reduction.</p> <p>To set-up role-plays where participants can practice awareness, trigger/barrier identification, problem-solving, and decision-making skills related to building healthier relationships.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in previous sessions.</li> <li>* Be suitable for discussion and stimulating role-plays around safer sex/risk reduction and building healthier relationships.</li> <li>* Be a harder situation to negotiate than the last clip.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) situations with lots of humor</li> <li>2) problems with maintaining condom use</li> <li>3) misunderstandings and stress in sero-discordant relationships</li> <li>4) stress and pain in relationships when one or more partners resists healthy behaviors</li> <li>5) how alcohol/drugs and passion can “trigger” risky behavior</li> <li>6) example (model) of a negative partner deciding that the relationship is more important than HIV/AIDS</li> </ol>	<p><u>For Women:</u> from <i>Set It Off</i>. A couple is discussing the woman’s desire to leave, but he encourages her to stay and kisses lead to sex, #25.</p> <p><u>For MSW:</u> 2<sup>nd</sup> scene from <i>Boomerang</i>. The same man from the 1<sup>st</sup> scene goes dancing with a woman and later seduces her, #26.</p> <p><u>For MSM:</u> from <i>source unknown</i>. Two men have a long-standing relationship, but now one wants to have sex without condoms, #27.</p> <p><b>Optimum Length:</b> Between 1 and 3 minutes</p>	<p><b>Sample “Set The Scene” #25:</b> In this scene, a woman, who is living with HIV/AIDS, is considering leaving town to avoid negotiating safer sex with a new man she’s met.</p> <p><b>Sample “Set The Scene” #26:</b> In this scene, a man wants to have sex with a woman without telling her that he is living with HIV/AIDS.</p> <p><b>Sample “Set The Scene” #27:</b> This scene is about two men in a long-term relationship. One wants to stop using condoms, not knowing that his partner is living with HIV/AIDS.</p>

### Clip #5-4

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around risk reduction.</p> <p>To set-up role-plays where participants can practice awareness, trigger/barrier identification, problem-solving, and decision-making skills related to building healthier relationships.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in previous sessions.</li> <li>* Be suitable for discussion and stimulating role-plays around safer sex/risk reduction and building healthier relationships.</li> <li>* Be a harder situation to negotiate than the previous clip.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) division of power in relationships</li> <li>2) exchange of sex for money or drugs</li> <li>3) problems with maintaining condom use</li> <li>4) misunderstandings and stress in sero-discordant relationships</li> <li>5) stress and pain in relationships when one or more partners resists healthy behaviors</li> <li>6) how alcohol/drugs and passion can “trigger” risky behavior</li> <li>7) example (model) of a negative partner deciding that the relationship is more important than HIV/AIDS</li> </ol>	<p><u>For Women:</u> 2<sup>nd</sup> scene from <i>Set It Off</i>. A woman needs money immediately, and a man demands sex in exchange, #28.</p> <p><u>For MSW:</u> no clip for this slot.</p> <p><u>For MSM:</u> from <i>Love! Valour! Compassion!</i>. This is a virtually non-verbal scene where a blind man is seduced as he gets a late night glass of milk, #29.</p> <p><b>Optimum Length:</b> Between 1 and 3 minutes</p>	<p><b>Sample “Set The Scene” #28:</b> In this scene, a woman, who is living with HIV/AIDS, really needs money right away and has to use her body to get it.</p> <p><b>Sample “Set The Scene” #29:</b> In this scene, a man, who is living with HIV/AIDS, goes to get a glass of milk in the middle of the night. A visitor, whose HIV status he does not know, seduces him.</p>

### Clip #5-5

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around risk reduction.</p> <p>To set-up role-plays where participants can practice awareness, trigger/barrier identification, problem-solving, and decision-making skills related to building healthier relationships.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in previous sessions.</li> <li>* Be suitable for discussion and stimulating role-plays around safer sex/risk reduction and building healthier relationships.</li> <li>* Be a harder situation to negotiate than the previous clip.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) resistance being overcome</li> <li>2) how much can be said without words</li> </ol>	<p><u>For all groups:</u> scene from <i>Jason’s Lyric</i>. A woman reconciles with her boyfriend after a fight without words but with lots of passion, #30 or #31.</p> <p><b>Recommendations:</b> Strongly consider using this clip, at least with Women and MSW groups. This scene so powerfully depicts the level of passion that has no words that, while it features a heterosexual couple, it was used successfully with all groups. This type of clip with the most difficult risk-reduction negotiation situation should be used as the final clip.</p> <p><b>Optimum Length:</b> 1 minute, 32 seconds</p>	<p><b>Sample “Set The Scene” #30:</b> In this scene, a man is working late, when his girlfriend comes to make up after a fight. She hasn’t told him she is living with HIV/AIDS, even though she knows he is not.</p> <p><b>Sample “Set The Scene” #31:</b> In this scene, a man is working late, when his girlfriend comes to make up after a fight. He hasn’t told her he is living with HIV/AIDS, even though he knows she is not.</p>

### Alternate Clip #5-6 (MSM Only)

Purpose	Essential Ingredients	Options	Original Video and Recommendations	Sample “Set The Scenes”
<p>To act as springboard to discussion around risk reduction in anonymous sex situations.</p> <p>To set-up role-plays where participants can practice awareness, trigger/barrier identification, problem-solving, and decision-making skills related to practicing safer sex with anonymous partners.</p>	<ul style="list-style-type: none"> <li>* Be movie-quality.</li> <li>* Be able to be tied to the skills learned in previous sessions.</li> <li>* Be suitable for discussion and stimulating role-plays around safer sex/risk reduction and building healthier relationships.</li> </ul>	<p>Can show:</p> <ol style="list-style-type: none"> <li>1) ability to change mind</li> <li>2) what loneliness can lead to</li> <li>3) mixed feelings</li> </ol>	<p><u>For Women and MSW:</u> none</p> <p><u>For MSM:</u> from <i>Making Love</i>, a man goes cruising for companionship (sex) but changes his mind when it materializes, #32.</p> <p><b>Recommendations:</b> This scene was not used in every implementation. It was included to be available if a participant wanted to discuss or role-play what to do in an anonymous sex situation. Use discretion if you decide to include this clip for MSM groups, but still put Clip #5-5 last.</p> <p><b>Optimum Length:</b> Between 1 and 2 minutes</p>	<p><b>Sample “Set The Scene” #32:</b> In this scene, a man, who is living with HIV/AIDS, is feeling frustrated and lonely. He goes out cruising and picks up a man who is interested in having sex with him.</p>

## Details About Clips Used In The Original Study

Note: For non-movie videos, starting counter is the beginning of the tape. Starting counter for movies assumes the beginning of the movie as 0:00:00. This is to allow for different editions of the movies with different introduction times. Every effort has been made to be as accurate as possible on these counter times, but anyone using this table to create their tape should use their own judgment about the precise moment to start and end their clips.

The following clips are included in the package on one video cassette tape: *HIV/AIDS: Infecting and Affecting Our Community*, *When Men Talk About AIDS*, and a short animated film about condom use, *Safe in the City*. The counter times for *HIV/AIDS: Infecting and Affecting Our Community* presume that 0:00:00 is the beginning of this video. The complete video is included, since it contains other scenes that some agencies might also want to use in their sessions. *When Men Talk About AIDS* is played in its entirety; therefore, counter times are not listed. *Safe in the City* was not a part of the original research study, but it is included in the package because the original condom education tapes are not available. For some groups *Safe in the City* also may be appropriate to use for Clip #5-1 in place of a longer condom demonstration tape.

Three of the original tapes are not available. *It's All About Condoms* and *Reality Condom Marketing Video* were used for Clip# 5-1 for Women and MSW groups. When discussing male condom use, we recommend that facilitators replace these tapes by choosing an appropriate condom demonstration tape or using *Safe in the City*. When discussing female condoms, the facilitators can distribute brochures showing how to insert the condom. They can also demonstrate how to insert the condom using a female anatomical model. The last unavailable tape (title unknown) was used for Clip #5-3 with MSM. In its place we recommend any clip that meets the criteria listed under "Purpose" and "Essential Ingredients" in the clip essence table.

Total time refers to the time of the clip as played straight through once. It does not include additional viewings.

The ethnic/gender breakdown refers to the main character(s) featured in the clip.

There are five tables, one for each session of **Healthy Relationships**.

Abbreviations: MSW = men who have sex with women, MSM = men who have sex with men

### Details About Clips Used In The Original Study: Session One

Clip #	Title	Target	Starting Counter	Ending Counter	Total Time	Ethnic/Gender Breakdown	Purchase Information
1-1	<i>Absolutely Positive</i> (1990)	Women	0:42:52	0:44:20	1 minute, 28 seconds	African-American woman	Frameline.org/distribution.
1-1	<i>Batman</i> (1989)	MSW	1:18:10	1:20:57	2 minutes, 47 seconds	White man and woman	Commercial video and film outlets
1-1	<i>Billy's Hollywood Screen Kiss</i> (1998)	MSM	0:23:18	0:26:08	2 minutes, 50 seconds	White man	Commercial video and film outlets
1-2	<i>She's Gotta Have It</i> (1986)	Women and MSW	0:14:27	0:16:08	1 minute, 41 seconds	African-American woman and men	Try African-American video and film outlets or used video stores.
1-2	<i>The Bird Cage</i> (1996)	MSM	0:49:37 0:53:09 1:10:05	0:52:41 0:54:16 1:11:03	5 minutes, 9 seconds	White men	Commercial video and film outlets
1-3	<i>Robert Townsend: Partners in Crime, Vol. 1</i> (1987)	All	0:34:13	0:36:46	2 minutes, 33 seconds	African-American man and woman and White man, mostly African-American extras	Commercial video and film outlets

## Details About Clips Used In The Original Study: Session Two

Clip #	Title	Target	Starting Counter	Ending Counter	Total Time	Ethnic/Gender Breakdown	Purchase Information
2-1	<i>Absolutely Positive</i> (1990)	Women	<b>A:</b> 0:35:17 <b>B:</b> 0:37:09	<b>A:</b> 0:36:17 <b>B:</b> 0:39:08	<b>A:</b> 1 minute, 1 second <b>B:</b> 1 minute, 59 seconds	<b>A:</b> White woman <b>B:</b> African-American woman from Clip #1-1	See #1-1 (Women)
2-1	<i>HIV/AIDS Infecting and Affecting Our Community</i> (1996)	MSW	0:05:04	0:07:56	2 minutes, 52 seconds	African-American men	Created by Dr. Seth Kalichman; tape included in package
2-1	<i>An Early Frost</i> (1985)	MSM	0:29:17	0:31:21	2 minutes, 4 seconds	White men and women	Commercial video and film outlets
2-2	<i>Philadelphia</i> (1993)	All	00:22:10	00:23:48	1 minute, 38 seconds	African-American man and White man	Commercial video and film outlets

### Details About Clips Used In The Original Study: Session Three

Clip #	Title	Target	Starting Counter	Ending Counter	Total Time	Ethnic/Gender Breakdown	Purchase Information
3-1	<i>Eve's Bayou</i> (1997)	Women	1:07:51	1:08:50	59 seconds	African-American man and woman	Commercial video and film outlets
3-1	<i>Boyz N the Hood</i> (1991)	MSW	1:13:40	1:17:18	3 minutes, 38 seconds	African-American man and woman	Commercial video and film outlets
3-1	<i>Making Love</i> (1982)	MSM	0:46:03 0:49:14	0:48:15 0:51:16	4 minutes, 14 seconds	White men	Commercial video and film outlets
3-2	<i>Love Jones</i> (1997)	Women and MSW	0:30:04	0:31:40	1 minute, 36 seconds	African-American man and woman	Commercial video and film outlets
3-2	<i>Love! Valour! Compassion!</i> (1997)	MSM	1:00:39	1:01:54	1 minute, 15 seconds	White men	Commercial video and film outlets
3-3	<i>Boys On The Side</i> (1995)	Women	1:04:00	1:06:02	2 minutes, 2 seconds	White man and woman	Commercial video and film outlets
3-3	<i>Boomerang</i> (1992)	MSW	0:13:41	0:14:34	53 seconds	African-American man and woman	Commercial video and film outlets
3-3	<i>Eve's Bayou</i> (1997)	MSM	1:07:51	1:08:50	59 seconds	African-American man and woman	See #3-1 (Women)
3-4	<i>Jeffrey</i> (1995)	MSM	0:25:03 0:34:49	0:28:36 0:35:19	4 minutes, 3 seconds	4 White men, 1 African-American man, extras of various ethnicities	Commercial video and film outlets

### Details About Clips Used In The Original Study: Session Four

Clip #	Title	Target	Starting Counter	Ending Counter	Total Time	Ethnic/Gender Breakdown	Purchase Information
4-1	<i>Absolutely Positive</i> (1990)	Women	0:48:42 0:55:59	0:49:23 0:57:37	2 minutes, 19 seconds	African-American woman from #1-1	See #1-1 (Women)
4-1	<i>Absolutely Positive</i> (1990)	MSW	0:51:09	0:52:58	1 minutes, 49 seconds	Hispanic man and woman	See #1-1 (Women)
4-1	<i>Jeffrey</i> (1995)	MSM	1:21:44	1:28:21	6 minutes, 37 seconds	4 White men, 1 African-American man, extras of various ethnicities	See #3-4 (MSM)
4-2	<i>When Men Talk About AIDS</i> (1996)	All	use whole tape	use whole tape	25 minutes	African-American woman, men of various ethnicities	Created by Dr. Seth Kalichman, included in package

### Details About Clips Used In The Original Study: Session Five

Clip #	Title	Target	Starting Counter	Ending Counter	Total Time	Ethnic/Gender Breakdown	Purchase Information
5-1	<i>Reality Condom Marketing Video</i> (date unknown)	Women and MSW	not available	not available	4 minutes, 28 seconds	Women of various ethnicities	The Female Health Company created this tape but no longer distributes it.
5-1	<i>It's All About Condoms</i> (date unknown)	All	not available	not available	8 minutes	African-American man and woman	Created by Dr. Seth Kalichman, no longer available
5-2	<i>Booty Call</i> (1997)	Women	0:27:28 0:28:47	0:28:07 0:29:13	1 minute, 5 seconds	African-American man and woman	Commercial video and film outlets
5-2	<i>Dead Air</i> (1994)	MSW	0:09:56	0:11:11	1 minute, 15 seconds	African-American man and woman	Not easily available. It gets shown on Black STARZ! sometimes. Try African-American used video and film outlets or Amazon.com.
5-2	<i>Billy's Hollywood Screen Kiss</i> (1998)	MSM	0:56:33	1:00:24	3 minutes, 51 seconds	White men	See #1-1 (MSM)
5-3	<i>Set It Off</i> (1996)	Women	1:16:40	1:17:40	1 minute	African-American man and woman	Commercial video and film outlets
5-3	<i>Boomerang</i> (1992)	MSW	00:48:10	00:50:34	2 minutes, 24 seconds	African-American man and woman	See #3-3 (MSW)
5-3	title unknown (date unknown)	MSM	not available	not available	1 minute, 59 seconds	African-American men	Unknown
5-4	<i>Set It Off</i> (1996)	Women	0:15:33	0:18:00	2 minutes, 27 seconds	African-American man and woman and extras	See #5-3 (Women)

**Details About Clips Used In The Original Study: Session Five (continued)**

<b>Clip #</b>	<b>Title</b>	<b>Target</b>	<b>Starting Counter</b>	<b>Ending Counter</b>	<b>Total Time</b>	<b>Ethnic/Gender Breakdown</b>	<b>Purchase Information</b>
5-4	<i>Love! Valour! Compassion!</i> (1997)	MSM	0:39:19	0:40:14	55 seconds	White men	See #3-2 (MSM)
5-5	<i>Jason's Lyric</i> (1994)	All	1:15:12	1:16:44	1 minute, 32 seconds	African-American man and woman	Commercial video and film outlets
5-6	<i>Making Love</i> (1982)	MSM	0:18:10	0:19:31	1 minute, 21 seconds	White men	See #3-1 (MSM)

## Advancing HIV Prevention

**Healthy Relationships** is an intervention which promotes the Centers for Disease Control and Prevention's *Advancing HIV Prevention* initiative in the priority area of prevention for individuals living with HIV.