Community-friendly Health Recovery Program (CHRP)
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**Training and Consultation:**
Please contact the PI, Dr. Michael Copenhaver, for a copy of materials (including power-point slides and video clips) and to arrange training or consultation regarding implementation of the CHRP intervention (Michael.Copenhaver@UConn.edu).

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The CHRP intervention was developed and tested after systematically adapting content from an evidence-based intervention - the Holistic Health Recovery Program (HHRP+; Avants et al., 2004; Margolin et al., 2003) - with the objective of making it ‘community-friendly’ or, in effect, optimally usable in community-based treatment settings. Thus, the CHRP team grateful acknowledges the pioneering work of Dr. Kelly Avants and Dr. Arthur Margolin whose decade-long intervention work and mentoring helped make this and future intervention work possible. We also acknowledged the invaluable contributions and support of the staff and clients of the APT Foundation, Inc., New Haven, CT where the majority of the grant-funded efforts took place.

This intervention manual includes a wide range of approaches to HIV risk reduction and incorporates specific cognitive remediation delivery strategies that are more commonly used with individuals with mild to moderate head injuries. Our objective in doing so is to accommodate individuals with some degree of cognitive impairment in order to allow them to optimally participate in our intervention sessions (see Copenhaver et al., 2003). Taking into account the characteristics and needs of our target population of high risk drug users, we incorporated a number of intervention techniques from the sources listed below:


CHRP intervention approach:

Material for each group is delivered by two co-facilitators using three modalities:
- Verbal (e.g., didactic presentation of material by counselor and group discussion)
- Visual (e.g., handouts, slides, videos, group responses written on flipcharts)
- Experiential (e.g., demonstrations, behavioral games, practice exercises)

Delivery approach is designed to accommodate participants with mild to moderate cognitive impairment.

This manual provides co-facilitators with the following for presenting each group:
- Counselor toolbox (includes a list of what is needed for each group)
- Special instructions to facilitators are provided in **highlighted typeface**
- Group agenda and recommended amount of time per segment of content
- Detailed script for all verbally presented material
- Slides and video segments for all visually presented material
- Materials for all experiential segments
- Quiz material indicated in the text by **QUIZ ITEM**
- Post-session quiz with correct responses

Each 60-minute group session follows the same basic structure:
- Greetings, announcements, review of ground rules, selection of a time-keeper
- Facilitators alternate presenting material multi-modally as covered in the manual
- Review of material using multi-modal techniques
- Quiz with immediate feedback
- Stress management technique

Outline of each session:

**Session 1 – Actively Participating in Health Care**
- Introduction – Participating positively in your health care; your patient “IQ”?
- Understanding your immune system; the role of STDs, Hepatitis, and drug use
- Improving skills for partnering with health care providers to support HIV RR
- Building skills for adhering to medical recommendations
- Role-play effective communication skills related to your health care
- Compare/contrast/integrate with communication skills for HIV risk reduction
- Review using multi-modal techniques
- Quiz with immediate feedback
- Relaxation exercise

**Session 2 – Reducing Risk of Injection Drug Use**
- Introduction – Identifying and reducing risks related to drug use
- Pyramid of harms caused by drug use; demonstration of needle contamination
- Instructions for needle cleaning; video tape of needle cleaning
- Cue-elicited craving
- Skills for managing cravings during needle cleaning
• Negotiating drug-related risk reduction with partners and “friends”
• Review using multi-modal techniques
• Quiz with immediate feedback
• Relaxation exercise

Session 3 – Risk Reduction with Latex
• Introduction – Identifying and reducing sex-related risks
• Pyramid of sex-related risks; thinking about your personal vulnerability
• Instructions for proper latex condom use; video tape of condom application
• Improving skills for safer sex; learning about latex products
• Discussion of barriers to using latex products
• Compare/contrast/integrate with motivation/skills for drug-related risk reduction
• Review using multi-modal techniques
• Quiz with immediate feedback
• Relaxation exercise

Session 4 – Negotiating Risk Reduction with Partners
• Introduction – Defining negotiation skills related to risk reduction
• Tips for successful negotiation; elements of persuasion
• Improving communication skills for risk reduction
• Video tape of condom use negotiation scenarios
• Discussion of reactions to video
• Role-play negotiation skills
• Compare/contrast/integrate with negotiation skills for drug-related risk reduction
• Review using multi-modal techniques
• Quiz with immediate feedback
• Relaxation exercise
GROUP SESSIONS
Group One
Actively Participating in Health Care

Skills to Be Taught:

- Understanding Your Immune System
- Becoming Knowledgeable about HIV and Hepatitis B and C
- Improving Skills for Establishing and Maintaining a Partnership with Health Care Providers
- Learning Strategies for Improving Adherence to Medical Recommendations
# COUNSELOR TOOL BOX

## Multimodal Presentation of Material:

### Verbal
- Didactic presentation of material
- Questioning
- Group discussion

### Visual
- Visual presentation of major points using slides
- Group responses written on flipchart by counselor
- Written/Pictorial handouts

### Experiential
- Post-group quiz
- Relaxation exercise

### Materials
- Flipchart and markers
- Power-point projector and slides
- Clock/timer
- Pens/pencils
- Handouts:
  - Group agenda
  - Group quiz
  - HIV/AIDS (double-sided)
  - Certificate of Achievement (as warranted)

### Reminders
- Ensure that all material on quiz is covered well during group.
- Quiz material is indicated by **QUIZ ITEM** in the text. Instructions to counselors are provided in this **typeface**.
Actively Participating in Health Care
AGENDA

0:00  Begin Group – Introductions and Rules (5 min.)

0:05  Introduction to topic: Actively participating in your health care (5 min.)

0:10  HIV infection and treatment (10 min.)

0:20  Hepatitis B and C (5 min.)

0:25  The role of STDs and drug use on susceptibility to infection (5 min.)

0:30  Participating in your health care; demo (10 min.)

0:40  Medication adherence game (10 min.)

0:50  Quiz, feedback, questions (5 min.)

0:55  Relaxation exercise (5 min.)

0:60  End
BEGINNING OF EVERY GROUP (5 min.)

- Group members and counselors introduce themselves
- Counselors review rules

slide 1.1

CHRP GROUP RULES

- **Relaxation** (complete quiet…no talking, shuffling of papers)
- **Eating** (clean up after yourself if you eat during group)
- **Sober** (don’t come to group high)
- **Punctuality** (come to group on time)
- **Everyone can’t talk at once** (no crosstalk)
- **Confidentiality** (what’s said in group, stays in group)
- **Teamwork** (group members work together towards recovery)

- Copy of agenda for today’s group is distributed to group members

Counselor provides introduction to today’s topic. (5 min.)

You are in this program because you are ready to make healthy lifestyle choices. People make better choices in their lives when they are well-informed. In order to maintain or improve your physical health, you need to be well-informed about the effects of drug use and unsafe sexual practices on your health, so that you can make choices that will protect your health. In this group, we will focus on HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV) because they cause illness and death at exceptionally high rates among drug users, their sex partners, and, through mother-to-infant transmission, their children. In other groups, we cover specific strategies for reducing risk of infection so we will not do that here. What we will be doing today is helping you to become an informed and active participant in your own health care.

Being informed means that you are aware of illnesses you may be at risk for such as HIV and Hepatitis. Let’s begin with information on HIV.
Counselor provides information about HIV infection and treatment (10 min.)

QUESTION: Which body fluids spread HIV?  

Counselor writes group members’ responses on the board.  
Note: Only the four listed below should be written on the board.

Answer: HIV is not spread by casual contact or insect bites. Only these body fluids have been proven to spread HIV:

- Blood  
- Semen  
- Vaginal fluid  
- Breast milk

The human immunodeficiency virus (HIV) is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding. HIV causes AIDS and most people with HIV infection will develop. AIDS is life-threatening because the immune system of someone with AIDS has lost the ability to defend itself against life-threatening cancers and other infections. More than one-third of all AIDS cases reported in the United States are directly or indirectly associated with drug use. It is estimated that between 650,000 to 900,000 people in this country are now infected with HIV and approximately 40,000 new infections occur every year. Being well-informed about HIV is therefore crucial for maintaining your health and the health of your loved ones.

Getting tested (5 min.)

The blood tests commonly used to detect HIV infection actually determine whether antibodies have been produced by your body to fight HIV. Antibodies are produced in response to infection, so you would only have HIV antibodies if in fact you had been infected. The period of time between when you were infected with HIV and when antibodies can be detected is called the “window period.” During this window period, your HIV test result may be negative when in fact you are actually HIV-positive. Most people will develop detectable antibodies within 3 months after infection (for many, the window period is only about three weeks). In rare cases, it can take up to 6 months. It is therefore recommended that you get tested 6 months after the last possible exposure (unprotected vaginal, anal, or oral sex or sharing needles or works - such as splitting drugs in a risky manner). It is very important to get tested regularly and to learn your test results because medications are now available that may keep you healthier longer. The less time that HIV has to multiply in your body, the better your chances for managing the disease and the more likely you can prevent transmission of HIV to your drug and sexual partners and to your children.
QUESTION: How do you protect yourself from exposure to HIV?

Counselor writes answers on the board and ensures that the following are discussed

Answer:
• No penetrative sex without latex protection
• No direct needle sharing (using another person’s syringe after he or she has used it)
• No sharing drugs from the same syringe (e.g., through frontloading or backloading)
• No indirect sharing (mixing fluids without actually sharing a syringe), for example:
  – Do not put syringes in the same container of water or drug solution
  – Do not use a plunger from a previously used syringe to mix the drug solution
  – Do not use a used syringe to distribute or return the drug
  – Do not draw drug from a shared cotton filter
  – Do not return the drug to a shared cooker
  – Do not “Beat the cotton” or “scrape the cooker”
  – Do not rinse your syringe in other people’s water
  – Do not split drugs with unclean syringes or cookers

Do not confuse HIV testing with prevention. Some people who are not well-informed think that they do not need to change their behavior if they continue to test negative for HIV.

This is not true.

If you engage in any of the behaviors we just discussed with someone who has been infected, you are at risk for infection. There is no way to prevent transmission except through your own behavior. You are in control.

Interpreting your test results

If you test negative:

If you test negative, don’t forget the “window period.” You may in fact be HIV-positive, but your immune system has not yet developed detectible antibodies. However, if you still test negative six months after the last time you engaged in any high risk behavior, then you can feel assured that you have not been infected. Do not assume that because you tested negative, that your partner is also negative. Because HIV is not necessarily transmitted every time there is exposure, your partner could in fact be infected but did not yet infect you. Therefore, if you engage in high risk behavior again with this person you could still be at risk unless your partner also tested negative 6 months after his or her most recent high risk behavior.

If you test positive:

If you are told you are HIV-positive, this means that antibodies were found in your blood that indicated you have been infected with HIV. Depending on how much of the virus
you have and the strength of your immune system, your doctor may prescribe some medications that will help you to stay healthy longer. There is no cure. If you engaged in high risk behavior any time after you were infected, you could have infected your partners. That’s why it is so important for everyone to get tested.

The sooner you know that you have been infected, the sooner you can begin treatment, and the sooner you can stop the spread of HIV to others.

Slide 1.2

[Diagram showing immune system, viral load, and CD4 count]

This slide shows what happens in your body once you are infected with HIV. Once infected, the virus attacks the T-helper cells (also called CD4 cells). These are the cells that would normally orchestrate the attack against viruses and infections. One measure of the strength of your immune system is your CD4 count; a high number indicates that your defense against foreign invaders is strong. Your CD4 count gets lower and lower as the amount of HIV in your body increases. Your viral load is the amount (number of copies) of the HIV virus you have in your blood. The higher your viral load (the more copies of the virus you have) the greater the threat to your immune system. If you are HIV-positive, you may have hundreds of thousands of copies of the virus in every drop of your blood. This is because every day the original virus that infected you produces about 10 billion copies of itself. The more copies of the virus you have, the weaker your defenses have become, and the faster you are likely to get sick. Also, the more of the virus you have, the more likely you are to infect other people. Having HIV is like having two armies at war. You want to keep your defense (immune system) strong and the number of soldiers in this army high, while reducing or eliminating the number of invading soldiers. In the last few years a number of medications have been developed that reduce viral load and therefore slow down the destruction of the immune system. While the development of these medications represents a major advancement in the management of HIV disease, it is very important to remember that there is no cure. The truth is that, in the year 2001, despite medical advances, HIV remains a serious and usually fatal disease that requires complex, costly, and difficult treatment regimens.

We’ll talk about these treatments now.
Treatment—HIV medications and importance of medication adherence (Note to Counselors: Approaches to the treatment of HIV change rapidly. This section should therefore be updated and revised as appropriate).

Individuals who are infected with HIV may have to take a number of different medications, referred to as HAART—which stands for “highly active anti-retroviral therapy.” These medication “cocktails” of different antiretroviral medications are capable of reducing HIV viral load to undetectable levels.

However, these treatments don't work for everyone. Sometimes when they do work, they have unpleasant or intolerable side effects. Some people can't take them because the interaction with their other drugs causes serious problems. Still others find it extremely difficult to maintain the drug treatment schedules. If you are already infected, remember that you must take these medications exactly as prescribed in order for them to be effective.

These medications can reduce viral load to undetectable levels. What this means is that the amount of virus in the person’s blood is so low that it cannot be detected by currently available blood tests, which in turn means that the person can stay strong and healthy much longer. It does not mean that this person can no longer transmit the virus or that the person no longer has the virus. As you’ll see on the next slide, some virus remains even though it cannot be detected by a blood test.

Medication-resistant HIV

As shown in this slide, one of the potential consequences of not taking anti-HIV medications exactly as prescribed is the development of medication resistant virus.

Slide 1.3

Remember that HIV multiplies by making copies of itself, and that some of these copies may be mutations, which means that it has changed slightly. Some of these mutations
may not respond well to medication. When medication is taken as prescribed, the amount of HIV in the body is reduced, and the chance of producing medication resistant mutations is also reduced.

However, when a dose is missed or is not taken exactly as prescribed, HIV begins to multiply again, and there is now a window of opportunity for medication-resistant mutations to take hold and get stronger. Once this happens:

- The medications that the patient is currently taking will no longer be effective in reducing viral load.
- Alternative medications may also be ineffective against this form of the virus.

So, one of the serious consequences of not taking HIV medications as prescribed is that people infected with HIV may ruin their chances of being able to take a medication that could make it possible to live a longer and healthier life. So, if you are HIV-positive, you should never take a “drug holiday” (a break from medications) unless instructed to do so by your doctor. If you are HIV-negative, do not forget that this medication-resistant form of the virus can now be transmitted to you if you engage in high risk behavior with this person, and your treatment options will also be greatly reduced.

Viral Rebound

Slide 1.4

As shown in this slide, if you are HIV-positive, medication may reduce your viral load (the number of foreign invaders), but if you stop taking it against the advice of your doctor:

- Your viral load may rebound; that is, increase to very high levels that won’t respond to treatment. A high viral load makes you more infectious to others, so if you engage in high risk behavior you are even more likely to transmit the virus to your partner
- Your CD4 count may decrease leaving at risk for life-threatening infections
- HIV may reseed in previously uninfected cells, making treatment more difficult.
Imagine now that you are infected with HIV and have successfully reduced your viral load to almost undetectable levels by taking your medications exactly as prescribed. Sadly, though, you mistakenly believe that it is safe for you to share needles or have unprotected sex with someone else who is also HIV-positive. However, it turns out that your partner has been missing medication doses and has developed a strain of the virus that does not respond to the medication that you have been taking so diligently (or your partner could have developed this strain simply because the virus mutated). Because of your risky behavior with your partner, you become infected with this medication-resistant HIV, and now your own medications stop working. This means it may become more difficult to treat you for HIV and you may get sick more quickly.

Let’s summarize what we’ve covered so far by giving you these take home messages:

1. If you have engaged in any high risk behavior, get tested.
2. If your test result is negative:
   – Don’t forget the “window period” from infection to detectible antibodies can be up to 6 months.
   – Do not engage in any high risk behaviors, then get retested in 6 months.
   – Don’t assume because you test negative, that this means that your partner is also HIV-negative
   – Don’t become complacent. Think of this test result as a second chance. Do everything in your power to protect yourself and your loved ones from a potentially devastating illness.
3. If your test result is HIV-positive:
   – Follow medical recommendations
   – Take medications exactly as prescribed
   – Engage in a healthy lifestyle
   – Do not engage in any high risk behavior, including drug use.
4. Being informed can save your life. Let’s turn now to being well-informed about hepatitis:

Counselor provides information about hepatitis B and C. (5 min.)

Sources: Centers for Disease Control and Prevention (CDC) and National Institute on Drug Abuse, NIH Publication Number 00-4812, Printed September 2000.

Slide 1.6

There are five types of viral hepatitis. Hepatitis A, B, C, D, and E. Today, we will focus our discussion on hepatitis B and C because both occur at particularly high rates among drug users. Just like HIV, both of these types of hepatitis are transmitted through injection drug use and unsafe sexual practices. Between 1 million and 1.5 million Americans have active hepatitis B, and nearly 3 million Americans have active hepatitis C.

QUESTION: What are Hepatitis B and C?

Answer:
• Both Hep B and Hep C are serious diseases caused by a virus that attacks the liver.
• Hep B may be more serious of the two, yet Hep C is much more prevalent among drug users. They can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, and liver failure.
• HBV can be prevented by vaccination. However, for the vaccine to be effective you must receive a series of three shots. If you do not receive all 3 shots, you will not be successfully immunized against Hep B.
• There is no vaccination for Hep C - - therefore, to prevent Hep C and Hep B it is important to engage in drug using or sexual behaviors that do NOT involve the exchange of blood or sexual fluids.
• Symptoms of Hep B include fatigue and other flu-like symptoms, and jaundice (yellowing) of the skin and eyes.
• Symptoms of Hep C also include fatigue and jaundice, but also abdominal pain, loss of appetite, nausea that comes and goes, and vomiting. However, not everyone who becomes infected gets the symptoms. In fact, Hep C is serious for some persons, but not for others. Most people who get Hep C carry the virus for the rest of their lives and have some liver damage but may not feel sick from the disease for many years.

Meaning of Negative Hep B or Hep C Results

• Like HIV, negative test results mean that antibodies to the hepatitis virus were not found in the blood. A negative test does not mean that a person is free of the virus. Since the test screens for virus levels that are present for a short period, a person can be infected and still test negative.
• Anyone who continues to engage in risky behaviors should be retested in 6 months.

Meaning of Positive Hep B or Hep C Test Results

• A person who tests positive should get regular preventive medical care, including more testing and liver monitoring.
• Sexual partners, shooting buddies, and the children of those who test positive may be infected and should be tested and become immunized against Hep B if they are not infected.
• A person who tests positive should not donate or sell blood or donate an organ.
• A woman who tests positive risks passing the virus to her child if she is pregnant.

Facts About HIV/AIDS, Hep B, and Hep C that are often misunderstood

• You can’t get HIV, Hep B or Hep C from sneezing, hugging, or coughing, or from food or water; from sharing eating utensils or drinking glasses; or from casual contact. However, do not share toothbrushes, razors, or other personal care articles that might have blood on them.
• You can’t get HIV, Hep B or Hep C from a dry kiss.
• You can’t get HIV, Hep B or Hep C from clothes, a telephone, or a toilet seat.
• You can’t get HIV, Hep B or Hep C from a mosquito bite or other insect bites.

Counselor provides information about the role of other sexually-transmitted diseases (STDs) and the use of illicit drugs in susceptibility to acquiring and transmitting HIV, Hep B, and Hep C. (5 min.)

Be informed about other blood-borne and sexually-transmitted diseases.

Other blood-borne and sexually-transmitted diseases, in addition to having negative consequences of their own, increase your risk for becoming infected with, and transmitting, HIV and hepatitis.
There is now strong evidence that other STDs increase the risk of HIV transmission and, conversely, that STD treatment reduces the spread of HIV. People are 2–5 times more likely to become infected with HIV when other STDs are present. Furthermore, people infected with HIV are more likely to infect their partners if either one of them also has an STD. This is because STDs that cause genital lesions make it easier for HIV to gain entry. Even if the STD does not cause lesions, they increase the number of HIV-target cells in genital secretions and therefore provide HIV with an easy target. If you are already infected with HIV, having another STD makes you even more infectious— you are more likely to spread HIV to someone else — and in addition, having an STD can reduce the effectiveness of HIV-treatment and contribute to HIV disease progression. So, there are very good reasons for everyone to be tested regularly for STDs. STDs can be prevented and treated. Detection and treatment of STDs can substantially reduce HIV transmission. So, be informed. Be a positive participant in your own health care.

Be informed about the effect of continued drug use on your susceptibility to infection.

Use of illicit drugs also makes you more susceptible to infection and reduces the effectiveness of treatment. For example, sometimes people smoke crack or snort cocaine rather than inject it. But that doesn’t mean they are safe. Even if they only smoke or snort, moderate and heavy cocaine users are still increasing their risk of contracting HIV, HBV, HCV, or other STDs. The slide shows some of the reasons why cocaine users increase their risk of infection:
• People often have more sex when they use cocaine, and they often forget to wear latex condoms or to ask their partner to wear a condom.
• Some people sell sex to get cocaine or to get money for cocaine. This may mean they have more sex or unprotected sex.
• Crack and cocaine may weaken the immune system, making it easier to get HIV, Hep B, Hep C, and other STDs.
• Crack and cocaine often make it difficult to reach sexual climax. This may lead to prolonged intercourse and increased chances for getting cuts and abrasions, which could result in blood-to-blood contact and the transmission of HIV, Hep B, Hep C, and other STDs.
• If you are a crack or cocaine user, you can decrease your chances of getting HIV, Hep B, Hep C, or other STDs by getting off drugs. If you can’t get off drugs, don’t share needles or “works.” In addition, when having sex be sure to use latex condoms.

Counselor provides information participating in health care (5 min.)

Now that we have talked about HIV and Hepatitis, let’s focus on the importance of getting regular medical care.

Getting regular medical care is important for all of you, whether or not you are infected with HIV or hepatitis. Many people in addiction treatment have neglected their health over the years because getting and using drugs has been their Number One priority. Their primary relationship has been with their dealer. It is now time for your health to be Number One, and for you to develop a trusting relationship with your health care provider.

Not only do you need to be well informed about illnesses and infections but also it is important for you to inform your health care provider about yourself and your lifestyle.
Think of it as your Patient IQ – I for informing yourself and informing your health care providers. Q for Question.

This slide lists the information you should give to your health care provider:

Slide 1.9

As shown in this slide, if you are a positive participant in your health care, you will:

• Inform your health care provider that you plan to actively participate in your treatment plan and that you want to be kept informed of your status and your options at each stage in your treatment.
• Inform your health care provider of symptoms or side-effects of medication. In fact, if you experience any side-effects, the first thing you should do is inform your health care provider. **QUIZ ITEM**
• Inform your health care provider of your response to treatment recommendations – provide your doctor with feedback about how you think the treatment is going.
• Inform your health care provider of allergies.
• Inform your health care provider of any other medications you are taking.
• Inform your health care provider of any street drugs you are using.
• Inform your health care provider of any “alternative” or “complementary” therapies you are getting (such as acupuncture or herbal remedies).

Always keep your medical information updated and readily available.

It is also important that you ask your health care provider relevant questions about your medical problems and treatment.
The Q of Patient IQ stands for QUESTION.

You should never be embarrassed to ask questions. Remember the only stupid question is the one that wasn’t asked. You have a right to know what some one else is suggesting you do with your own body. So, as the slide shows, if your health care provider informs you that you have a health problem, you should:

1. Ask about treatment options

2. Ask for information to be written. **QUIZ ITEM**
   It is easy to forget what you are told in a doctor’s office. If you have it written down you will be able to read it over later.

3. If you are being prescribed medications, ask…

   - What is the specific purpose of the medication?
   - How long will I need to continue taking the medication? Sometimes you may feel just fine, but still need to take the full-course of treatment. For example, antibiotics…
   - How long before I can expect to see some positive benefit? Knowing this may motivate you to continue and may decrease your chances of becoming discouraged.
   - Are there any side effects; how long might they last? Some side-effects diminish over time.
   - What are the consequences of missing doses or stopping the medication prematurely? Some medications cannot be missed or stopped abruptly. Does the prescribed medication interact with any other drug, or food, nutritional supplement, or alcohol?
4. Ask to be provided with a reminder telephone call or card before your next appointment. When you do not show up for appointments and do not call to reschedule, the message you give to others is that you don't care about your own health or about your healthcare provider's time.

5. Ask for an explanation for anything you do not understand.

Because interactions with your health care provider are time limited, you need a special set of communication skills to get your needs met in the allotted period of time, which is often quite short.

Slide 1.11

1. When speaking:
   – organize ahead of time what you want to say and prepare a list of issues you wish to raise and questions you wish to ask.
   – refer to your list often while speaking to the health care provider
   – Stick to the point; time is very limited; don’t digress
   – Speak clearly and sufficiently loudly

2. Listening well entails:
   – paying close attention
   – taking notes so that you don’t forget, or asking for information to be written for you.
   – asking for clarification or for something to be repeated
   – paraphrasing what was said to make sure you understood correctly

3. Body language refers to:
   – your posture (sit up straight, facing the doctor/nurse)
   – your facial expression (do you appear unconcerned, inattentive)
   – eye contact (do you maintain good eye contact)
   – tone of voice (is your tone of voice one of concern, assertive but respectful).
Counselor provides demonstration about patient communication skills (5 min.)

Co-facilitators role-play a patient/doctor interaction two different ways. Role-play #1 demonstrates a patient who is not participating in his health care. Role-play #2 demonstrates a patient who does participate. (5 min.)

Script for role-play #1 (demonstrating poor communication skills):

Doctor: Good morning. How are you today?
Patient: (slouched, not appearing attentive, not making good eye contact, mumbling) Okay, I guess.
Doctor: I notice from your chart that you’ve lost weight. It’s important you keep your weight up. However, before I prescribe appetite stimulants, I’d like you to try a nutritional supplement. Start drinking one can of Ensure three times a day and we’ll see how you do. Also results of blood tests indicate that it is time for you to begin antiretroviral therapy. (Doctor writes the prescriptions).
Patient: (still mumbling) I don’t much like taking medicine.

Script for role-play #2 (demonstrating good communication skills):

Doctor: Good morning. How are you today?
Patient: (Patient has a list and refers to it; posture straight; attentive; good eye contact, clear voice). Actually, I’ve been trying to keep a record of how I’m doing (points to list), and I do seem to get tired more easily than I used to; I’ve also lost weight.
Doctor: Your fatigue and weight loss could be related. How’s your appetite?
Patient: Not too good.
Doctor: Any insomnia?
Patient: No, I seem to sleep okay, just feel run down.

Doctor: It’s important we keep your weight up. However, before I prescribe appetite stimulants, I’d like you to try a nutritional supplement. Let’s start by having you drink one can of Ensure three times a day.

Patient: Will you write down the name of that supplement for me?
Doctor: Yes, of course. I’ll write out the prescriptions; all the instructions will be on the containers. Do you have any questions?
Counselor points out differences between the two doctor/patient role-plays, asking group members for comments and questions.

If your health care provider prescribes medication for you it is important that you remember to take it as prescribed. Memory aids can help you with this. Here are some examples:

Counselor discusses memory aids for medication adherence.

Slide 1.12 **QUIZ ITEM**

![MEMORY AIDS](image)

- Daily Planner / Appointment Book
- Computerized reminders
- Alarm clock, beepers
- Post-it Notes in places you will notice
- Cues - reminders in daily routines
- Location - medication placement
- Pill organizer

Slide 1.13

*Medication Adherence Game*

Counselor leads medication adherence game (10 min.)

**MEDICATION ADHERENCE GAME**

**Materials required:**
- Worksheet, pens/pencils
Therapeutic goals:
• Identify potential obstacles to adherence
• Develop medication adherence skills
• Improve communication skills
• Encourage teamwork and appropriate social interaction

Instructions:
1. We will have work on this together. Turn to the Medication Adherence Worksheet in the Handouts. On the worksheet is a hypothetical medication regimen for Patient Pat. I’ll review this with you now.

Pat is being prescribed four different medications, labeled on your worksheet as A, B, C, and D. Don’t worry about the actual names of the medications right now. The instructions to Pat are to take two A tablets twice a day 30 minutes before a full meal; one B tablet twice a day; three C tablets three times a day with a meal; and one D tablet four times a day at least two hours before or two hours after a meal. The worksheet also tells you a little about Pat’s daily routine. Pat usually gets up at around 6:00 in the morning and goes to the clinic for methadone at 6:30. Pat returns from the methadone clinic by 7:30, eats breakfast, and gets ready for work. At 8:30 Pat leaves the apartment to catch the bus. Pat then works as a retail clerk from 9:00 am to 5:00 pm, sometimes Pat goes out in the evening with a friend; occasionally they use cocaine together. Two nights a week Pat bowls on a league from 8:00 pm to 10 pm. Pat goes to bed at around midnight.

Our task is to propose a medication schedule that Pat can follow. We will notice potential obstacles that Pat might face due to Pat’s normal daily schedule. Write down these obstacles in the space provided and propose solutions (such as changes in Pat’s schedule, not changes in the medication regimen). Finally, you will recommend memory aids that Pat can use on a daily basis.
Examples of potential obstacles faced by Pat (one point awarded for each):
1. Pat gets up at 6:00 and eats at 7:30, but has to take a pill two hours before a full meal.
2. Pat eats only two meals a day, yet has to take one medication with meals three times a day.
3. Because some medications are to be taken during working hours, Pat may be concerned about confidentiality.
4. Pat may want to have a snack between meals, especially when socializing in the evenings, yet one medication cannot be taken within two hours of any food.
5. Pat may be concerned about interactions with methadone and with occasional use of cocaine.
6. Pat’s routine may change on weekends.

Examples of potential solutions (one point awarded for each):
1. Change breakfast time. Get ready for work before breakfast and eat breakfast at 8:00 instead of at 7:30.
2. Take a light lunch to work.
3. Take short breaks at work in order to take the mid-morning and mid-afternoon medication doses. If asked about medications, Pat is not obliged to disclose HIV status.
4. In order for Pat to be able to snack when socializing with friends in the evening, Pat could take medication D before going to bed rather than mid-evening, but Pat cannot eat after 10:00 pm if taking medication D at midnight.
5. Pat should discuss these concerns with health care provider, but should also attempt to see non-drug using friends and family members in the evening.
6. Every Friday night create a schedule for the weekend identifying when each medication will be taken during weekend; place this schedule in a prominent place (e.g., on refrigerator) and refer to it often. Ask family member (“medication buddy”) to call daily to remind Pat to look at weekend schedule.

Examples of memory aids (one point awarded for each):
1. Use pill organizer and/or keep detailed daily planner.
2. As Medication D is taken upon arising and upon retiring, keep medication D next to bed. In addition, upon arising and retiring use the bathroom as a cue and place a post-it note on bathroom mirror which says “Did you take your D medication yet?”
3. Use return from methadone clinic as cue to take medications A and B. Leave A and B near those items that are always needed to get ready for work.
4. Leave note on outside of lunch box to remind Pat to include two D tablets and three C tablets when making daily lunch; also leave a note inside the lunch box as reminder to take three C tablets with lunch.
5. Establish a routine of taking short “water cooler” or restroom breaks at 10:30 and 3:30 to take the D tablet. Identify something that happens at work at that time to serve as a cue. Keep a clock nearby. If personal telephone calls are permitted at work, ask a family member to call Pat at 10:30 and 3:30.
6. Medication buddy: Ask friend at work to remind Pat to take breaks; ask family member to call daily with reminders.
7. Use a beeper, timer, or alarm at home or work.
8. Keep Medication C (which must be taken with meals) next to the refrigerator or with dishes. Place note on refrigerator as reminder to take medication C with meals.
9. On bowling night, use end time (i.e., 10 pm) as cue that no more food permitted if medication D is to be taken at midnight. On other nights, ask non-drug using friend of family member to remind Pat not to eat past 10 pm (alternatively, set an alarm; put “don’t eat past 10” post-it note on refrigerator).

Example of a correctly completed Worksheet:

<table>
<thead>
<tr>
<th>Time</th>
<th>Medication (A,B,C,D)</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am</td>
<td>D (upon getting out of bed)</td>
<td>D=1</td>
</tr>
<tr>
<td>6:30 am</td>
<td>Methadone clinic</td>
<td></td>
</tr>
<tr>
<td>7:30 am</td>
<td>A and B (upon return from clinic) then get ready for work (30min. earlier than usual)</td>
<td>A=2; B=1</td>
</tr>
<tr>
<td>8.00 am</td>
<td>C with breakfast (eat breakfast 30 minutes later than usual)</td>
<td>C=3</td>
</tr>
<tr>
<td>8:30 am</td>
<td>Leave for work</td>
<td></td>
</tr>
<tr>
<td>9:00 am</td>
<td>Begin work</td>
<td></td>
</tr>
<tr>
<td>10:30 am</td>
<td>D (take break; no food)</td>
<td>D=1</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>C (Take a light lunch to work)</td>
<td>C=3</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>D (take break; no food)</td>
<td>D=1</td>
</tr>
<tr>
<td>5:00 pm</td>
<td>Leave work</td>
<td></td>
</tr>
<tr>
<td>6:00 pm</td>
<td>A and B (30 min. before dinner)</td>
<td>A=2; B=1</td>
</tr>
<tr>
<td>6:30 pm</td>
<td>C with dinner</td>
<td>C=3</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Bowling or out with friends</td>
<td></td>
</tr>
<tr>
<td>10:00 pm</td>
<td>End bowling (no more food)</td>
<td></td>
</tr>
<tr>
<td>Midnight</td>
<td>D (before bed)</td>
<td>D=1</td>
</tr>
</tbody>
</table>
QUIZ WITH FEEDBACK, Questions (5 min.)

We will end today’s group with a quiz. I’m going to pass around the quiz now.

Counselor distributes the quiz, and reads the items aloud, providing sufficient time for group members to mark their answers.

Detailed feedback:

Counselor re-reads each item aloud to the group, providing the correct answer after reading each item.

1. Is HIV spread by casual contact and insect bites? The answer is (b) False. HIV is spread by blood, semen, vaginal secretions and breast milk.
2. Which of the items listed are patient communication skills suggested by CHRP? The answer is (b) asking for information to be written down. Shouting at the nurse, answering cell phones during appointments and lying about past illicit drug use are ineffective ways to receive positive healthcare outcomes.
3. What is the first thing you should do if you develop side-effects to medications? The answer is (c)—immediately inform your health care provider; don’t tinker with your dose and don’t self-medicate.
4. Which of the infectious diseases listed currently has a vaccine that can prevent it? Answer: (b) There is a vaccine that can prevent hepatitis B. If you haven’t already been immunized, talk to your health care provider about it. There is no vaccine to prevent HIV/AIDS or hepatitis C.
5. Which of the items listed is NOT a memory aid? The answer is (d) reducing the amount of sleep you get. For most people, this makes your memory worse!
RELAXATION EXERCISE (5 min.)

OK, let’s start our relaxation exercise…

Begin by just relaxing your muscles and allow your eyes to close if you want to…

...(a few seconds of silence)…

Good…OK, let’s take 5 slow, deep breaths….

...(a few seconds of silence)…

Breathe slowly and deeply…. letting all the stress and worry leave your muscles and thoughts…

...(a few seconds of silence)…

..Breathing slowly and deeply……picturing yourself on the road to recovery…taking control of your health…

...(a few seconds of silence)…

..5 more slow, deep breaths…

...(a few seconds of silence)…

..and on the fifth one allow your eyes to open… feeling completely calm and relaxed…

END SESSION
Group 1 Quiz - Actively Participating in Health Care

CHRP

Initials: ____________________          Date: ______________

1. HIV is spread by casual contact and insect bites.
   a. True          b. False

2. Patient communication skills suggested in CHRP include:
   a. shouting at the nurse
   b. asking for information to be written down
   c. answering cell phone calls from friends during the doctor appointment
   d. lying about past illicit drug use

3. What is the first thing you should do if you develop side effects when taking a medication?
   a. take a “drug holiday”
   b. take less of the medication
   c. inform your health care provider
   d. take another drug to help you feel better

4. For which of the following infectious diseases is there a vaccine that can prevent people from getting it?
   a. HIV
   b. hepatitis B
   c. hepatitis C
   d. AIDS

5. All of the following are memory aids that can help you adhere to your medication regimen, EXCEPT:
   a. using a pill organizer
   b. setting an alarm clock
   c. placing a “post-it” reminder note on the refrigerator
   d. reducing the amount of sleep you get
Group Two
REDUCING THE RISK
OF INJECTION DRUG USE

Skills to Be Taught:

- Identifying the Harm of Injection Drug Use
- Learning Harm Reduction Techniques (e.g., needle cleaning)
- Reducing Cue-elicited Craving
# COUNSELOR TOOL BOX

## Multimodal Presentation of Material:

### Verbal
- Didactic presentation of material
- Questioning
- Group discussion

### Visual
- Visual presentation of major points using slides
- Group responses written on flipchart by counselor
- Pictorial handouts
- Video of needle cleaning

### Experiential
- Demonstrations: Needle/syringe contamination and cleaning
- Needle cleaning practice/game
- Post-group quiz
- Relaxation exercise

### Materials
- Flipchart and markers
- LCD projector, laptop with Powerpoint and slide file
- TV, VCR, and video cued to needle cleaning demonstration
- Syringes/needles
- Red food coloring
- Practice bottles with bleach and water labels
- Bottle of rinse water
- Disposable cups
- Sharps container for needles
- Clock/timer with second hand
- Pens/pencils
- Handouts:
  - Group agenda
  - Group quiz
  - Needle Cleaning Steps
  - Certificate of Achievement (as warranted)

### Reminders
- Ensure that all material on quiz is covered well during group.
- Quiz material is indicated by **QUIZ ITEM** in the text.
- Instructions to counselors are provided in this typeface.
Group Two Agenda

0:00 Begin Group – Introductions and Rules (5 min.)

0:05 Introduction to Topic: Reducing the Harm of Injection Drug Use (5 min.)

0:10 Harm Caused by Drug Use & Harm Reduction ABCs (5 min.)

0:15 Booting—Demo of Contamination; Indirect Sharing (5 min.)

0:20 Needle Cleaning Demo Video (5 min.)

0:25 Instructions for Proper Needle Cleaning (5 min.)

0:35 Team needle cleaning game (10 min.)

0:40 Reasons for Caring, Not Sharing (5 min.)

0:45 Cue-elicited Cravings & Reducing Craving (5 min.)

0:50 Quiz, feedback, questions (5 min.)

0:55 Relaxation exercise (5 min.)

0:60 End
BEGINNING OF EVERY GROUP (5 min.)

- Group members and counselors introduce themselves and welcome new members
- Group rules are reviewed

slide 2.1

<table>
<thead>
<tr>
<th>CHRP GROUP RULES</th>
<th>RESPECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxation</td>
<td>(complete quiet…no talking, shuffling of papers)</td>
</tr>
<tr>
<td>Eating</td>
<td>(clean up after yourself if you eat during group)</td>
</tr>
<tr>
<td>Sober</td>
<td>(don’t come to group high)</td>
</tr>
<tr>
<td>Punctuality</td>
<td>(come to group on time)</td>
</tr>
<tr>
<td>Everyone can’t talk at once</td>
<td>(no crosstalk)</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>(what’s said in group, stays in group)</td>
</tr>
<tr>
<td>Teamwork</td>
<td>(group members work together towards recovery)</td>
</tr>
</tbody>
</table>

- Copy of agenda for today’s group is distributed to group members

Counselor provides introduction to today’s topic. (5 min.)

Different members of this group are likely to be at different stages in recovery from addiction. Some of you may be abstinent from all illicit drugs; others may be abstinent from heroin but not from cocaine, and some of you may not as yet have achieved abstinence from any drug. This group is important for all of you, no matter where you are in your recovery. Even if you are abstinent from all illicit drugs, your decision to live a healthy lifestyle needs to include being prepared. This means even being prepared for a “slip” and knowing how you can reduce the harm that the “slip” will cause you and others. And for those of you who are not yet abstinent, these skills will help you reduce the harm of drug use while you work towards achieving abstinence.
Although this is an amusing slide, the message of “being prepared” is very serious because it can save your life or the life of someone else. What we will be talking about today is how to make injection drug use less dangerous (that is, how to reduce the harm caused by needle use), it will not eliminate the harm of drug use. Some people find this topic uncomfortable, especially individuals who have achieved abstinence. However, it is very important. It may help to think of this as a fire drill; a fire drill does not give people permission to set fires, it does prepare them however by showing them how to use a fire extinguisher and how to leave the situation safely. Remember, you are not giving yourself permission to use by learning these harm reduction techniques; instead you are showing respect for your health and for the health of others by being prepared in the event that the unexpected happens.

Counselor leads a discussion on the harms caused by drug use. (5 min.)

Before we talk about harm reduction, let’s identify the harm that drug use can cause.
Drug use can cause many different types of harm:

- **Legal Harm** = arrest, conviction, prison;
- **Emotional Harm** = depression, anxiety, fear, loss of self-respect;
- **Family/Social Harm** = loss of family, damage to children, loss of trust;
- **Financial Harm** = loss of job, expense of drug habit;
- **Medical Harm** = HIV, hepatitis, endocarditis, abscesses, cellulitis, osteomyelitis, decreased CD4 count, impaired immune system.

(Counselor provides instruction on harm reduction.)

Today we are focusing specifically on the medical harm of injection drug use. We know that some people, even those who are in addiction treatment, may continue to inject drugs and even share needles or works. We also know that sharing needles or works is a sure way of transmitting diseases like HIV. The harm reduction techniques we will be teaching you today may help protect people from one of the most damaging effects of continued drug use—transmission of infections. However, keep in mind that these strategies do not protect you in any way from the other harms of drug use.

*For example, injection drug use can result in abscesses or endocarditis if the site to be injected (the skin itself) is not clean. You should therefore always clean the injection site with an alcohol wipe before injecting. This can help prevent endocarditis and abscesses.*

Harm reduction is as simple as A-B-C. **QUIZ ITEM**

Slide 2.4

![The Pyramid of Harm Reduction Strategies for Injection Drug Users](image)

A= Abstinence – Don’t Use Drugs. Because any drug use is dangerous, the only way to prevent the harm of drug use is to abstain from using drugs. Remember, there is a
difference between harm prevention and harm reduction. There is only one way to prevent the harm of injection drug use and that is abstinence. **QUIZ ITEM**

B = Buy or obtain your own supply of new needles – Never share needles or works. The second best way of avoiding harm is by never sharing needles or works **QUIZ ITEM** – buy or obtain new needles. When we say don’t share, we also mean don’t re-use your own needles. There are two reasons to always use new needles:

1. It is the best way to be sure a needle is sterile (not contaminated) which reduces transmission of infection.
2. Because used needles (even those that have been sterilized) are less sharp, they are more likely to harm or collapse your veins than new ones.

**Counselor leads discussion on how to obtain new needles:**

- Where can you get new needles?

Buying a needle on the street that is in a sealed wrapper does not guarantee that it is new.

**Counselor leads discussion of practices on the street of rewrapping used needles and passing them off as new.**

List: drug stores, going to a needle exchange program.

Needle exchange programs

(Counselor: use this material if a needle exchange program is available in your community.)

If you are unable to purchase new needles in a drug store, the best way to be sure you're getting a sterile needle is by using a needle exchange program.

Although you are responsible for changing your behavior, a needle exchange program can provide you with the tools (education, needles, and treatment referrals) necessary to begin making the changes.

C = Clean needles and works with full-strength bleach. When you are not abstinent and you don't have sterile, new, needles, the next best way to reduce the harm of your drug use is by cleaning your needles, syringes, and works with full-strength bleach. **QUIZ ITEM** We are going to demonstrate the correct method for cleaning your needles with bleach shortly. First, I want to show you how a needle can become contaminated.
Demonstration: Counselor demonstrates how blood remains in needle/syringe after injection; especially after “booting” as follows (5 min.):

1. Ask group members if they are familiar with the term “booting”? Explain that booting involves drawing blood into the syringe to mix it with the drug prior to injecting the drug. Emphasize that this is an extremely high risk procedure because it produces a contaminated syringe and needle.
2. Place a few drops of red food coloring in a cup of water. This will serve as the infected blood source.
3. Draw the “blood” into a syringe as if you were booting; show the group the red liquid in the syringe.
4. Squeeze the “blood” out of the syringe into a cup as if it were now injected into a vein.
5. Explain how another person could pick up the needle, see no visible blood, and draw drug solution into it.
6. Draw water into the syringe; squeeze the liquid onto a white sheet of paper, and, show the group the pink stain indicating residual “blood” in the syringe from the first user.

HIV can be transmitted by sharing a cooker or cotton or other “works.” Don’t share any drug paraphernalia. Just because you can’t see any blood on the “works” doesn’t mean it isn’t there.

Another way in which people may transmit HIV is through drug splitting, which you may know of as back-loading or piggybacking and front-loading. Buying drugs with someone else may be an issue of economics. Once purchased, the users then want to ensure that everyone gets their fair share, so they need to find a way to divide the drugs.

Typically, a syringe is used to divide drugs that were purchased with someone else. A lot of people do this, and it’s dangerous. They don’t realize that they are sharing, but they are.

The safest way to divide drugs is to split the powder or tar in dry form and have each person cook up their own drugs with their own materials.

If the dry option isn’t used for some reason, the drugs could be cooked up first using sterile equipment and then divided after they’re in liquid form, using sterile syringes.

If back-loading or front-loading:

- Back-loading (Piggybacking): A single, sterile syringe can be used to draw up equal amounts of the liquid which can then be carefully squirted into the back of each person’s sterile syringe after the plunger has been removed.
- Frontloading: The drug is squirted from a sterile syringe containing the drug into the front of each person's sterile syringe that still has the plunger in it but from which the detachable needle has been removed.

In summary, if dividing drug, always be sure any equipment you use to cook up and divide drugs is new (preferably sterile) or, as a second-best option, properly cleaned.

HIV and hepatitis B and C can also be spread through indirect sharing. Indirect sharing occurs when fluids are mixed without actually passing a syringe from one person to another. Routes of indirect sharing include those shown on the next slide.
As this slide shows, it is not enough that you do not share needles, you also need to protect yourself by not sharing anything at all that is involved in shooting drugs.

Show Video of Needle Cleaning (5 min.)

Counselor reviews needle cleaning procedure while demonstrating.

Your handout provides step-by-step instructions for cleaning “works” according to the method recommended by the National Institute on Drug Abuse (NIDA) in 1993. This method was based on evidence that bleach must stay in contact with the contaminated surface for at least 30 seconds in order to kill HIV in both clotted and unclotted blood. You may hear about different methods that use shorter bleaching times as more research
is conducted. However, to be conservative, we recommend the method you saw on the
video which involves two bleach exposures for 30 seconds each and two rinses.

**QUIZ ITEM** Let’s go over the steps again.

Here is a handout entitled “The ABCs of Reducing the Harm of Injection Drug Use”.
Let’s review the procedure

Counselor then reviews the cleaning procedure as follows:

**Slide 2.9**

**Needle Cleaning Steps**

1. Initially rinse the needle out with water until all visible drug or blood is cleared out.
2. Submerge needle; fill barrel of syringe with bleach.
3. Shake/tap needle while bleach is in it to break up clots.
4. Keep bleach in syringe for at least 30 seconds. Remember: Less than 30, it’s still dirty!
5. Squirt out bleach into waste cup (or cooker).
6. Repeat Steps 2-5 using new bleach and shake/tap for another 30 seconds.
7. Fill a disposable cup with water and fill the syringe.
8. Squirt out water into waste cup (or cooker).
9. Rinse again with clean water.
10. Eject water into waste cup (or cooker).
11. Take the syringe apart (remove the plunger) to improve the cleaning procedure.

Needle cleaning procedure:

1. Rinse syringe with water to remove any visible drug or blood.
2. Submerge needle; fill barrel of syringe with bleach.
3. Shake/tap needle while bleach is in it to break up clots.
4. Keep bleach in syringe for at least 30 seconds. Just remember:
5. Less than 30, it’s still dirty!
6. Squirt out bleach into waste cup (or cooker).
7. Take the syringe apart (remove the plunger) to improve the cleaning procedure.
8. REPEAT Steps 2-5 using new bleach and shake/tap for another 30 seconds.
9. Fill a disposable cup with water and fill the syringe.
10. Squirt out water into waste cup (or cooker).
11. Rinse again with clean water.
12. Eject water into waste cup (or cooker).
Additional tips:
1. Never dilute the bleach with water because diluted bleach is less effective for killing HIV.
2. Never re-use the bleach or rinse water.
3. Clean your needle before the blood inside them has a chance to dry; dried blood is harder to clean out of the needle.
4. Never put needle into the rinse water bottle; fill disposable cups with rinse water.
5. If you are unable to get bleach, do not inject drugs; other cleaning methods are not as effective at killing HIV.
6. Although boiling needles and syringes for 15 minutes between uses can sterilize them, it can also change the shape and function of plastic syringes.

Less effective methods
If you are not abstinent and don’t have a new needle and do not have bleach, the following cleaning methods may help reduce your risk of contracting some infections, but are definitely not as effective as bleach, and do not kill the HIV virus:
• Boiling needles for 15 minutes. Although this will sterilize equipment, it may change the shape and function of plastic syringes.
• Cleaning with a combination of water and detergent, alcohol, or vinegar.
• Remember, these methods are not as safe as bleach.
Counselor instructs group members on personal vulnerability. (10 min.)

Here are some reasons why should you worry about using dirty needles or works.

Slide 2.11

Reasons to CARE, not SHARE

- **C**ompromised Immune System (drug users are susceptible to life-threatening blood-borne infections)
- **A**ltruism (you can help protect others)
- **R**esistance (you can be infected with a strain of HIV that is resistant to new medications)
- **E**vidence (HIV can live in a syringe for at least 4 weeks)

Unless you know your needle is new, it isn’t clean, unless it was cleaned by YOU.

C = Compromised immune system. Drug use and the “addictive lifestyle” can compromise your immune system and make you susceptible to a number of potentially life-threatening infections.

A= Altruism. That means having concern for the welfare of others. You do not want to infect others with any blood-borne infections that you may not even know that you have.

R = Resistance. By sharing needles or works or having unsafe sex, you could become infected with a strain of HIV that is resistant to some of the newer treatments. There has been an increase recently in the number of new HIV infections that are resistant to drug treatment. **QUIZ ITEM** Therefore, whether you are currently HIV-negative or HIV-positive, you may greatly reduce your HIV treatment options.

E = Evidence. Research has shown that HIV can live in a syringe for at least 4 weeks. Just consider that someone with HIV may have used a needle just once a month ago, and a friend or partner sees it and decides to use it -- that person has now been exposed to HIV or, if already HIV-positive, may have been exposed to another HIV strain or to other infections that may lead to AIDS.

So, there are very good reasons for an individual who is a drug user to CARE, not share. Unless you know for certain that your needle is new, never assume that it is clean unless you cleaned it properly with full-strength bleach. We are now going to show you a video which demonstrates the correct way to clean a needle with bleach. We will also discuss ways to reduce any drug craving that results from touching drug paraphernalia.
Counselor summarizes harm reduction.

Slide 2.12

Remember, to prevent harm...don’t use drugs. To reduce harm...if you use drugs, don’t inject. If you inject drugs, always use a new needle. If you inject drugs and don’t have a new needle, clean your needle properly with full-strength household bleach. If you inject drugs, don’t have a new needle, and don’t have bleach, don’t use drugs.

Discussion Counselor leads discussion and instruction concerning cue-elicited craving.(10 min.)

QUESTION: What symbolic meaning do needles have for you?

Counselor writes on the board:

A. “Addicted to the needle” (some drug users become addicted to using needles and may even continue to inject salt water after they become drug abstinent).
B. Being intimate with others (sharing needles and works provides a sense of sharing and intimacy for some drug users)
C. Conditioned Craving. Needles can become triggers (conditioned cues)

All of these are types of conditioning. Through repeated pairing with cocaine or heroin, the needle/syringe has become associated with pleasure or relief from distress. In the process of becoming addicted or dependent on drugs, you are also likely to develop a conditioned response to the sight of needles. Just imagine that you are on a diet. You’re driving down the street having a good day, proud of your weight loss, when you spot the golden arches. Imagine you are a McDonald’s fan. Your mouth starts to water and your desire for a cheeseburger and fries becomes very strong.
The mere symbol for the type of food you enjoy has become a conditioned cue or trigger. Salivating in response to this food image is now completely involuntary. When you are on a diet, seeing the golden arches of McDonald's may feel very uncomfortable, but it doesn’t need to result in eating a cheeseburger, fries, and milkshake. Someone on a diet whose mouth waters when they see the golden arches can use this as a signal to engage in an activity not related to food.

Similarly, needles can become conditioned cues or triggers for drug-addicted individuals.

Slide 2.13

Just the sight of a needle can automatically produce physical and psychological changes, such as rapid heart rate, sweating, and a strong desire for the drug, or craving. Some people say that it feels like a craving monster has been unleashed within them and worry that they will have to use drugs to satisfy and quiet this monster. Feeling this way doesn’t mean that you are weak or that your recovery is threatened. Certainly when you are trying to be abstinent, the sight of needles can be uncomfortable, but there is something you can do to reduce this discomfort. Remember that your conditioned craving response is particularly strong now because every time you injected drugs in the past and experienced the effects of the drug you were increasing the strength of the conditioned response. However, if you repeatedly see a needle and don’t use drugs, the association between needles and the effects of drugs will gradually weaken and your craving will eventually be eliminated. This technique is actually used in some drug treatment programs and is called “exposure therapy.” However, it does not mean that you should go out and expose yourself to drug paraphernalia with the goal of reducing your craving; that is too risky. When this technique is used in treatment, it is under controlled conditions and in a safe drug-free, environment. What it does mean is that you can use occasions such as this while you are in treatment to help you to reduce and manage your craving, rather than using it as an excuse to use drugs. You can also use the experience of craving as a warning signal that you are potentially entering a high risk situation, and that you therefore need to do something else, such as engage in a non-drug-related activity.
Starve, don’t feed, the craving monster!

Slide 2.14

Feeding your craving monster by using drugs just makes the craving monster that much fatter and hungrier. However, every time you crave drugs, but don’t use drugs, you starve the craving monster, and it will gradually decrease in size. Furthermore, if you engage in a non-drug-related activity instead of feeding the craving monster, you will not only decrease your craving in the long run, but you will also increase your ability to cope with other triggers without resorting to drug use. For some people it may take many years to completely eliminate the craving monster, but in the meantime, you can tame him. Remember that just because he rears his ugly head from time to time, this does not mean that you are weak, or that your recovery is doomed to failure.

Quiz, Feedback, Questions

Relaxation Exercise

As you know, we end each group with a quiz. I’m going to pass around the quiz now.
Counselor provides copies of quiz. Counselor then reads the items aloud, providing sufficient time for group members to mark their answers.

Detailed feedback:

Counselor re-reads each item aloud to the group, providing the correct answer after reading each item.

1. What is the best way to protect yourself from the harm of injection drug use? The answer is (a) abstinence.

2. How can you reduce the harm of injection drug use? The answer is (b) if no new needle, clean the needle with bleach — always use new needles, if no new needle, clean the needle with bleach, and never share needles or works.

3. Can someone who is already HIV-positive be re-infected with a type of HIV that does not respond well to the newer medical treatments? The answer is (a) true. If you are HIV-positive, don’t assume you are safe if you only share needles or works with someone else who is HIV-positive. You could be sharing with someone who has developed a mutation of the virus that is resistant to a certain medication, and you can also then become infected with this mutation and show the same drug resistance. If you are HIV-negative, you could be infected with a strain that does not respond to medication. So sharing works can place your own life at risk, as well as the lives of others, and can greatly reduce your treatment options.

4. How long should you leave the bleach in the syringe? The answer is (c) 30 seconds. Remember—less than 30, it’s still dirty.

5. This question asks about frontloading/backloading/piggybacking. The answer is (c) a shared cooker or syringe is used. Many people use this method when they buy drugs with another person and are trying to split it evenly. The only safe way to do this is to use all new equipment, and if that is not possible then use only bleach cleaned syringes and cooker.

Counselor leads relaxation exercise.

OK, let’s start our relaxation exercise…

Begin by just relaxing your muscles and allow your eyes to close if you want to…

…(a few seconds of silence)…

Good…OK, let’s take 5 slow, deep breaths….

…(a few seconds of silence)…
Breathe slowly and deeply… letting all the stress and worry leave your muscles and thoughts…

…(a few seconds of silence)…

..Breathing slowly and deeply……picturing yourself on the road to recovery…taking control of your health…

…(a few seconds of silence)…

..5 more slow, deep breaths…

…(a few seconds of silence)…

..and on the fifth one allow your eyes to open… feeling completely calm and relaxed…

The counselor requests that group members who are still experiencing craving remain after the group. The remaining group members are dismissed.

Additional craving reduction techniques for counselor to consider with group members who are still experiencing craving at the conclusion of the relaxation tape:
1. Call NA sponsor
2. Go to NA meeting
3. Call a non-drug-using family member
4. Plan to engage in non-drug-related activity
5. Make a commitment to “ride out” the wave of craving for at least 15 minutes
6. Remind self of the benefits of not using drugs and the negative consequences of using.

END SESSION
Group 2 Quiz – Reducing the Risk of Injection Drug Use

CHRP

Initials: ____________________ Date: ______________

1. The **best** way to protect yourself from the harm of injection drug use is:
   a. abstinence - don’t inject drugs
   b. clean your needle with boiling water
   c. use very large needles
   d. change the tip of the needle

2. To **reduce** the harm of injection drug use you should:
   a. buy a sealed needle on the street
   b. if no new needle, clean the needle with bleach
   c. boot up before injecting the drug
   d. only share needles with friends

3. Someone who is infected with the HIV virus could possibly become re-infected with a mutation of the HIV virus that does not respond to treatment.
   a. True           b. False

4. When cleaning a needle with bleach, you should leave the bleach in the syringe for at least:
   a. 5 seconds
   b. 10 seconds
   c. 30 seconds
   d. 10 minutes

5. **Splitting** a drug (frontloading/backloading/piggybacking) is an unsafe practice if:
   a. new needles are used
   b. bleach cleaned needles are used
   c. a shared cooker or syringe is used
   d. a new cooker is used
Group Three
RISK REDUCTION WITH LATEX

Skills to Be Taught:

- Identifying the Harm of Unsafe Sexual Practices
- Learning Harm Reduction Techniques (e.g., condom selection and application)
COUNSELOR TOOL BOX

Multimodal Presentation of Material:

**Verbal**
- Didactic presentation of material
- Questioning
- Group discussion

**Visual**
- Visual presentation of major points using slides
- Group responses written on flipchart
- Written handouts
- Video of condom application

**Experiential**
- Demonstration of correct latex use
- Demonstration of female condom use
- Condom application team game
- Post-group quiz
- Relaxation exercise

**Materials**
- Flipchart and markers
- LCD projector, laptop with Powerpoint and slide file
- TV, VCR, and video cued to condom application segment
- Latex (male) condoms for each group member (with reservoir tip)
- Polyurethane female condoms
- Sheepskin condoms
- Dental dams
- Latex gloves
- Water based lubricants
- Penis model (optional)
- Vagina model (optional)
- Clock/timer
- Pens/pencils
- Handouts:
  - Group agenda
  - Group Quiz
  - Using the Male Condom
  - Using the Female Condom
  - Certificate of Achievement (as warranted)

**Reminders**
- Ensure that all material on quiz is covered well during group.
- Quiz material is indicated by **QUIZ ITEM** in the text.
- Instructions to counselors are provided in this typeface.
0:00 Begin Group – Introductions and Rules (5 min.)
0:05 Introduction to topic: Reducing harm with latex (5 min.)
0:10 Harm caused by unsafe sex; Harm reduction ABCs (5 min.)
0:15 Discussion: How and when to use latex (5 min.)
0:20 Male condom application demo video (10 min.)
0:30 Female condom application demonstration (5 min.)
0:35 Team condom application demonstration game; Key steps for safer sex (10 min.)
0:45 Personal vulnerability; Barriers to using latex (5 min.)
0:50 Quiz, feedback, questions (5 min.)
0:55 Relaxation exercise (5 min.)
0:60 End
BEGINNING OF EVERY GROUP  (5 min.)

- Group members and counselors introduce themselves and welcome new members
- Group rules are reviewed

Copy of agenda for today’s group is distributed to group members

Verbal Counselor provides introduction to today’s topic.  (5 min.)

In other groups we talk about the need to always “be prepared” by knowing how to reduce the harm of drug use in the event that you have a “slip”. However, unlike drug use, sexual activity is not something, presumably, that you are trying to give up, but it is probably a part of your life about which you may have conflicting feelings. On the one hand, sexual intimacy in a caring relationship can greatly enrich your life; on the other hand, unsafe sexual practices can threaten the health and even the life of both yourself and your partner. Therefore, in addition to being prepared for situations that place you at high risk for drug use, you also need to be prepared for situations in which you are at risk for engaging in high risk sexual activities.
This is often the image people have of safer sex—that you need to be protected from head to toe, clean and sterile, as if entering an operating room. It is an amusing image to be sure. However, “being prepared” and knowing how to reduce the harm of sexual activity is a very important part of your decision to create for yourself a new and healthy lifestyle.

Counselor discusses the harms caused by unsafe sex. (5 min.)

Before we talk about harm reduction, let’s identify the harm that unsafe sex can cause.

Slide 3.3

- Legal Harm = legal consequences of nondisclosure of HIV status (note: varies by State); paternity/child support claims; prostitution-related arrests;
- Emotional Harm = fear, anxiety, depression, loss of self-respect;
- Family/Social Harm = unwanted pregnancy, transmission of HIV to unborn child;
- Financial Harm = expenses of medical care, pregnancy, childcare;
- Medical Harm = Today we are focusing on the medical harms of unsafe sex,
which include the transmission of infections (including HIV and other sexually-transmitted diseases and blood-borne infections).

Counselor provides instruction on harm reduction. (10 min.)

We know that some people stop sharing needles and works because of the harm if can cause, yet continue to have unprotected sex. The harm reduction techniques we will be teaching you today will help protect you and your partner from one of the most damaging consequences of unsafe sex—transmission of infections.

Harm reduction is as simple as ABC.

Slide 3.4

A= Abstinence.
Experts don’t always agree on the relative risks of various sexual activities. They do agree, however, that the only way to completely prevent all harm is to abstain from sexual activity.

B = Don’t exchange Body Fluids.
Sexual relations contribute substantially to the quality of many people’s lives. Therefore you may have chosen not to be celibate. However, it is important to look at the costs and benefits to you and your partner of being sexually active, and to do whatever you can to reduce the potential harm of sexual intimacy. Therefore, if you decide you are not going to be celibate, the best way to reduce harm would be to engage only in those sexual practices that do not involve the exchange of body fluids.

QUESTION: Can anyone think of examples of ways to be sexually intimate without the exchange of body fluids?
Examples of activities to include for discussion: **QUIZ ITEM**
- Erotic massage
- Bathing together
- Erotic dancing
- Sharing fantasies
- Phone sex
- Using personal (unshared) sex toys
- Mutual masturbation
- Consensual voyeurism
- Watching, reading erotic material

C = Always use Condoms and other latex (or polyurethane) protection.

If you are going to engage in sexual activity that does involve the exchange of body fluids, the best way to reduce the potential medical harm of sexual intimacy is to always use condoms and other latex protection.

Slide 3.5

- Latex condoms for vaginal and anal intercourse (penis to vagina or penis to anus) and oral sex (mouth to penis); polyurethane female and male condoms or dental dams

Counselor shows group a latex male condom.
Counselor shows group a female condom.
Counselor shows group where to look for the expiration date.
We will be providing a demonstration of how to use both male and female condoms later.

- Latex dental dams for oral sex (mouth to vagina, mouth to anus). If you cannot find or afford dental dams, you can cut up a non-lubricated condom or a latex glove to use as a barrier. Non-microwavable Saran Wrap can also be used.
  (Sometimes called "dental dams" [because dentists use them during procedures], these square latex sheets are primarily used during oral intercourse on a woman or anal/oral intercourse. It is helpful to mark a small "x" on one side so you can be sure you know which side has contact with the mouth, and which side has contact with other parts of your partner's body. Latex squares come in colors and flavors. They can only be used once.)

  Counselor shows the group a dental dam. Counselor also demonstrates how to cut a condom to use as a barrier during oral sex.

- Latex gloves for hand to penis, vagina, or anus, especially if there are any abrasions or broken skin on hands or fingers.

  Counselor holds up a pair of latex gloves.

  Counselor leads a discussion on how and when to use latex. (10 min.)
  Don’t pose as questions – just go through slide and provide answers.

Slide 3.6

**DISCUSSION QUESTIONS**

⭐ 1. Does a man need to use a condom if he does not ejaculate (‘come’) inside his partner?
⭐ 2. Are all condoms equally effective in reducing harm?
⭐ 3. What kind of lubricant should you use and why?
⭐ 4. What is nonoxynol-9?
⭐ 5. When should you put on a condom?
⭐ 6. When should you remove a condom?

QUESTION: Does a man need to use a condom if he does not ejaculate (‘come’) inside his partner?

Answer: Yes.

a) Even if the male does not ejaculate (come) inside the partner’s vagina, mouth, or anus, infection can be transmitted through the pre-ejaculatory fluid that can leak from the penis.
prior to ejaculation. **QUIZ ITEM** So it is very important to place a condom on the penis as soon as the male achieves an erection.

b) Infection can also be transmitted through blood from the vagina or anus. In addition to obvious sources of blood (e.g., a woman’s menstrual cycle), there may be hidden sources, such as internal sores or abrasions caused by friction during sexual activity.

**QUESTION:** Are all condoms equally effective in reducing harm?

Answer: No. Only latex and polyurethane condoms reduce the risk of HIV infection.

Animal skin condoms such as lambskin can prevent pregnancy, but they do not prevent the transmission of HIV. The pores in these condoms are small enough that they do not allow sperm through, thus preventing pregnancy, but are large enough to allow the HIV virus to pass through.

If possible you should use latex condoms, which are most readily available (what is usually given out by agencies). A small number of people have an allergic reaction to latex and can use polyurethane condoms instead. Polyurethane condoms are made out a type of plastic. They are more expensive than latex condoms.

Counselor shows the group a sample of both a latex condom and a lambskin condom, and instructs group how to differentiate between the two when buying condoms.

**QUESTION:** What kind of lubricant should you use with condoms, and why?

Answer: Lubricants can increase sensation and pleasure. Use only water-based lubricant with latex condoms. **QUIZ ITEM** Oil-based lubricants such as Vaseline/petroleum jelly, baby oil or cold cream can break down latex condoms and reduce their effectiveness.

Female condoms, because they are made from polyurethane, are not damaged by oil-based lubricants. **QUIZ ITEM** Both oil and water based lubricants can be used with them.

**QUESTION:** What is nonoxynol-9?

Answer: Nonoxynol-9 is a spermicide found in contraceptive gels, and sometimes (though rarely now) in lubricants and on latex products. It was once thought to provide protection against HIV. However, in August 2000, the CDC issued a warning against the use of nonoxynol-9. This was based on the results of research showing that nonoxynol-9 was actually not effective in preventing HIV and may, under certain circumstances, even increase the risk for HIV transmissions. We therefore no longer recommend the use of lubricants with nonoxynol-9 or condoms with nonoxynol-9.
Counselor shows group members different condoms and lubricants so that they can identify the condoms and water-based lubricants with and without nonoxynol-9. Counselors should also review any updates to CDC guidelines.

**QUESTION:** When should you put on a condom?

**Answer:** Both male and female condoms should be put on/in before any sexual contact. Male condoms should be put on as soon as the penis is erect. Female condoms can be inserted well in advance of any sexual activity. Never use both at the same time. **QUIZ ITEM**

**QUESTION:** When should you remove the condom?

**Answer:** The condom should be removed immediately after ejaculating/coming; hold the condom at the base when pulling out to prevent the condom from slipping off, and carefully “milk” the condom off the penis, and tie a knot in it to ensure that no semen escapes. A female condom should also be removed as soon as possible, while twisting to prevent leakage, wrapped, and disposed of safely. **QUIZ ITEM**

**Show Video of Condom Application (10 min.)**

Slide 3.7

*VIDEO: MALE CONDOM APPLICATION*  
*DEMONSTRATION: FEMALE CONDOM APPLICATION*

**Demonstrate how to use the female condom (5 min.)**

**Condom Application Team Game**

Male and female condom application practice/team game; Key steps. (10 min.) If a large group, divide members into teams who pick a representative to apply the condoms while other group members “talk them through it”.

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If a small group, divide into pairs and do as above or let each person practice. Facilitators should demonstrate at the same time.

Slide 3.8

**Male Condom Application Steps**

1. Always check expiration date on condom package.
2. Use only latex (or polyurethane) condoms. Condoms made of lambkin, sheepskin, and other natural materials do not protect you from getting HIV, hepatitis B or C, or other sexually-transmitted diseases.
3. Use only water-based lubricants with latex; never use oil-based lubricants (like petroleum jelly, body lotions, baby oil or massage oil).
4. Use lubricant inside partner and inside tip of condom for increased sensation.
5. Don’t open condom package with teeth; you can tear the condom.
6. Place the condom on the head of the penis leaving a reservoir tip to catch the semen. If the penis is uncircumcised, pull the foreskin back before putting on the condom.
7. Roll condom down over penis to base; don’t pull it. If the condom does not unroll easily, it is on upside-down and should be discarded. Start with a new condom.
8. Pull out of vagina/anus/mouth right after ejaculating/coming.
9. Tie knot in condom and dispose of it.
10. When receiving oral sex, dental dams for women; condoms for men.

Slide 3.9

**Female Condom Application Steps**

1. Female condoms are polyurethane; they are bag-like devices that are placed in the female genital canal to protect it from seminal fluid and blood.
2. The female condom must be properly positioned before any contact occurs between the penis and vagina and/or rectum. The female condom may be used for both vaginal and rectal sexual intercourse.
3. The female condom can be inserted up to 8 hours before intercourse.
4. For vaginal use, squeeze the smaller ring and insert it into the vagina. The large end should be placed over the vaginal opening to protect the outer genitalia from infection.
5. Be sure the penis goes directly into the large ring to prevent unprotected sexual contact between the penis and the vagina or rectum.
6. For rectal use the small ring should be removed. Place the condom over the erect penis. The condom will be inserted with your partner’s penis.
7. Remove the condom immediately after sexual intercourse and before standing up. To avoid semen leakage the large outer ring should be twisted. Carefully pull the condom out and dispose of it.
8. Never reuse male or female condoms, and never use both at the same time.
9. When receiving oral sex, dental dams for women; condoms for men.
Key steps for safer sex. Counselor reviews any information below that was not already addressed and as time allows.

1. The only way to completely prevent harm is abstinence.
2. Safer sex = no exchange of bodily fluids. **QUIZ ITEM**
3. The first step to having safer sex is being sober.
4. Besides not having sex, the best way to protect yourself against sexually-transmitted diseases (STDs) is by always using latex condoms.
5. Condoms that are kept on all the way through sex help prevent the spread of sexually transmitted viruses, including HIV, hepatitis B and C, and other STDs.
6. STDs often cause genital lesions or sores that make it easier for you to get infected with HIV, and hepatitis B and C, and also make it easier for you to infect others if you are already infected.
7. Use only latex condoms. Condoms made of lambskin, sheepskin, and other natural materials do not protect you from getting HIV, hepatitis B or C, or other sexually-transmitted diseases.
8. Always check expiration date on condom package.
9. Store condoms in a cool, dry place; out of direct sunlight.
10. Use only water-based lubricants; never use oil-based lubricants with latex.
11. Use lubricants inside partner and inside tip of condom for increased sensation.
12. Put on condom before any genital contact.
13. Don’t open condom package with teeth; you can tear the condom.
14. Roll condom down over penis to base; don’t pull it.
15. Pull out of vagina/anus/mouth right after ejaculating/coming.
16. Tie knot in condom and dispose of it.
17. Never reuse male or female condoms, and never use both at the same time.
18. Female condoms are polyurethane, bag-like devices that are placed in the female genital canal to protect it from seminal fluid and blood.
19. Female condoms reduce the risk of acquiring diseases, such as HIV, hepatitis C and B, and other STDs, and of becoming pregnant.
20. For receiving oral sex, men should use condoms, and women should use dental dams (or a non-lubricated condom or latex glove that has been cut to create a barrier).
21. Use latex gloves for hand-to-genital/hand-to-anal contact.
22. Clean lubricant applicators and sex toys after use.
23. Spermicides, such as diaphragm jelly and contraceptive sponges, do **not** kill HIV or hepatitis B or C, so they should never be used instead of condoms.
24. Avoid having sex during a woman’s menstrual period.
25. Do not consume breast milk.
QUESTION: Do you believe that you put your life at risk when you don’t use latex?

Answer:
If you are not yet infected with HIV, you may believe that if you have not been infected by now, then you must not be at risk, or you may believe that even if you do get infected with HIV that it is not life-threatening because there are now medications to treat it. If you are already HIV-positive, you may believe that there can be no further risk to your health by engaging in unprotected sex.

None of these beliefs is true.

Here are some reasons to C.A.R.E. about safer sex

Slide 3.10

![Reasons to CARE, about SAFER SEX](image)

1. C=Compromised immune system. Remember that your immune system, which helps your body fight infection, may have been weakened by your addictive lifestyle. Exposure to sexually-transmitted diseases is therefore potentially dangerous because your body has less ability to fight infection.

2. A = Altruism. That means having concern for the welfare of others—you don’t want to spread infections to others.

3. R = Resistance. By sharing needles or works or having unsafe sex, individuals with HIV can become re-infected with a strain of HIV that is resistant to some of the newer treatments. Therefore, you may greatly reduce your treatment options. Individuals who are currently HIV-negative may also be infected with a strain of HIV that does not respond to treatment.

4. E = Evidence. HIV is transmitted sexually by the sharing of body fluids (blood,
Only latex can reduce the sexual-transmission of HIV. You need to use latex protection for vaginal, anal, and oral sex, and for hand-to-genital or anal contact.

**QUESTION:** Do you need to use latex protection even if you are monogamous (have sex with only one person) or if you and your partner are both HIV-positive?

**Answer:** Yes. Insisting on the use of latex in a monogamous relationship does not imply a lack of trust in your partner’s fidelity. Although being monogamous is safer than having multiple partners, if either you or your partner is a drug user, you could potentially infect each other with diseases acquired through unsafe drug use. Even if both you and your partner are HIV-positive, you should still use protection. Remember that HIV can mutate or change readily even within the same person and become resistant to medication, so you never know what you are exposing yourself and your partner to if you engage in unprotected sex or share needles or other drug paraphernalia. So there are very good reasons for everyone to care about practicing safer sex.

We are now going to show you a video which demonstrates the correct way to select and use condoms and other latex protection.

**Counselor addresses ways to remove perceived barriers to using latex.**

People used to believe that using latex products takes all the fun and spontaneity out of sex. However, you are really only limited by your imagination.

**Slide 3.11**

In a sexual relationship latex products can improve:

- **Creativity** (increase the pleasure of foreplay with creative use of latex)
- **Communication** (talk to your partner about their likes and dislikes)
- **Caring** (show your partner that you care about his/her health)
So don’t think of latex as spoiling your fun, think of latex as a way to make you a better lover—a lover whose motto is “No latex, no sex, no harm”.

Slide 3.12

NO LATEX – NO SEX – NO HARM

DON’T HAVE SEX

If you are sexually intimate, DO NOT EXCHANGE BODY FLUIDS

If you are sexually intimate, and you are going to engage in vaginal or anal intercourse, or oral sex, ALWAYS USE LATEX PROTECTION

IF YOU DON’T HAVE LATEX PROTECTION

Remember, to prevent sexually-transmitted diseases…don’t have sex. To reduce the harm of sexual activity…don’t exchange bodily fluids and always use latex protection. **QUIZ ITEM** If you don’t have latex protection—don’t have penetrative sex.

In the next group, we will be discussing how to talk to your partner about using safer sexual practices, how to overcome any objections, and how to make latex more fun.

**QUIZ WITH IMMEDIATE FEEDBACK** (5 min.)

Slide 3.13

**Quiz, Feedback, Questions**

**Relaxation Exercise**

As you know, we end each group with a quiz. I’m going to pass around the quiz now.
Counselor provides copies of quiz. Counselor then reads the items aloud, providing sufficient time for group members to mark their answers.

Detailed feedback:

Counselor re-reads each item aloud to the group, providing the correct answer after reading each item.

1. HIV can be sexually-transmitted by exchanging all of the following body fluids EXCEPT: The answer is (d) saliva.
2. Injection drug users should use condoms even if they are monogamous (have sex with only one partner). The answer is (a) true—even if you and your partner are HIV-positive you should use condoms to protect both of you against additional infections or drug-resistant HIV.
3. Which answer is not a way to be sexually intimate without the exchange of bodily fluids? The answer is (c) unprotected oral sex without coming— infection can be transmitted through the pre-ejaculatory fluid of males and the vaginal secretions of women.
4. When should a female condom be removed? The answer is (d), immediately after sex, and before standing up. Female condoms can be inserted up to 8 hours before sexual intercourse, but should not remain in 8 hours after sex.
5. A safe sexual practice is: The answer is (b) using water-based lubricants. Oil-based lubricants may be safe for female condoms, but are not safe for male latex condoms. Oral sex without protection is not safe, and a male and female condom should never be used at the same time.

Counselor leads relaxation exercise.

OK, let’s start our relaxation exercise…

Begin by just relaxing your muscles and allow your eyes to close if you want to…”

…(a few seconds of silence)…

Good…OK, let’s take 5 slow, deep breaths….

…(a few seconds of silence)…

Breathe slowly and deeply…. letting all the stress and worry leave your muscles and thoughts…

…(a few seconds of silence)…

..Breathing slowly and deeply……. picturing yourself on the road to recovery…taking control of your health…
...(a few seconds of silence)...

.5 more slow, deep breaths...

...(a few seconds of silence)...

..and on the fifth one allow your eyes to open… feeling completely calm and relaxed...

END SESSION
1. HIV can be sexually-transmitted by exchanging all of the following body fluids EXCEPT:
   a. semen
   b. vaginal secretions
   c. blood
   d. saliva

2. If a person is in a monogamous relationship (have sex with only one partner), there is no reason to use condoms to prevent HIV infection.
   a. True
   b. False

3. Which of the following is most likely to transmit an STI or HIV?
   a. erotic massage
   b. mutual masturbation
   c. unprotected oral sex
   d. erotic dancing

4. When should a female condom be removed?
   a. 8 hours after sex
   b. after waking up, the next morning
   c. after walking to the bathroom to throw in toilet
   d. immediately after sex, and before standing up

5. A safe sexual practice:
   a. using oil-based lubricants with latex (most male) condoms
   b. using water-based lubricants with male condoms
   c. oral sex with no protection
   d. using a male condom and a female condom at the same time.
Group Four
NEGOTIATING RISK REDUCTION
WITH PARTNERS

Skills to Be Taught:

- Harm Reduction Negotiation and Communication Skills
- Eroticizing Safer Sexual Practices
COUNSELOR TOOL BOX

Multimodal Presentation of Material:

Verbal  Didactic presentation of material
        Questioning
        Group discussion

Visual  Visual presentation of major points using slides
        Group responses written on flipchart
        Video segments: Latex negotiation

Experiential  Safer sex negotiation team game
             Post-group quiz
             Relaxation exercise

Materials  Flipchart and markers
           LCD projector, laptop with Powerpoint and slide file
           TV, VCR, and video cued to first latex negotiation segment
           Clock/timer
           Pens/pencils
           Handouts:
             Group agenda
             Group Quiz
             4 Role-play scenario cards for latex negotiation game
             Certificate of Achievement (as warranted)

Reminders  Ensure that all material on quiz is covered well
during group.
Quiz material is indicated by **QUIZ ITEM** in the
text. Instructions to counselors are provided in this
**typeface.**
Negotiating Risk Reduction with Partners
AGENDA

0:00  Begin group – Introductions and Rules (5 min.)
0:05  Introduction to topic: Negotiating safer sex (5 min.)
0:10  Negotiation defined; Tips for successful negotiation (5 min.)
0:15  Elements of persuasion (5 min.)
0:20  Video: Role-play negotiation vignettes (15 min.)
0:35  Effect of drug and alcohol use on decisions; Personal vulnerability (5 min.)
0:40  Team game: Role-play negotiating condom and latex use (10 min.)
0:50  Quiz, feedback, questions (5 min.)
0:55  Relaxation exercise (5 min.)
0:60  End
BEGINNING OF EVERY GROUP  (5 min.)

- Group members and counselors introduce themselves
- Group rules are reviewed

Slide 4.1

CHRP

GROUP RULES

R E S P E C T

Relaxation (complete quiet...no talking, shuffling of papers)
Eating (clean up after yourself if you eat during group)
Sober (don't come to group high)
Punctuality (come to group on time)
Everyone can't talk at once (no crosstalk)
Confidentiality (what's said in group, stays in group)
Teamwork (group members work together towards recovery)

Copy of agenda for today’s group is distributed to group members

Verbal Counselor provides introduction to today’s topic (5 min.)

In the last group we talked about protecting your health and the health of your partner by using condoms and other latex protection. However, it is not enough to know how to use latex and other safer sexual practices, each person has to agree to using these harm reduction techniques. Most people believe that they could easily convince their partner to use latex protection, or they say that if their partner refused, they would definitely leave the situation.

Slide 4.2
However, as this slide suggests, waiting until you are about to have sex to discuss harm reduction strategies will probably not work to your advantage. Despite good intentions to be safe, in the height of passion it may be difficult to come to an agreement. You will therefore need to be prepared to respond if your partner’s reluctant to use latex. The purpose of today’s group is to teach you some negotiation skills and also some ways to eroticize safer sex, so that you can persuade your partner that latex is not only an effective barrier to infection which can protect your health, but it can also actually increase sexual pleasure.

Counselor leads a discussion on the definition of negotiation and successful negotiation TIPS. (5 min)

Before we talk about how to negotiate safer sex, let’s define what we mean.

QUESTION: What does the word “negotiation” mean?

Negotiation is the process of achieving a desired goal through persuasion, bargaining, and compromise, for example, negotiating with car dealer for a car; labor contract negotiations for higher salaries; negotiating with children for good behavior.

Successful negotiations occur when both parties come away from the negotiation transaction with something desirable. In business, this is called a win–win situation. Successful negotiation occurs when both parties feel heard and feel that they have gained something positive from the transaction. Unsuccessful negotiations occur when one or both of the parties feel that their best interests will not be served.

Successful negotiations related to safer sex require at least 3 things: mutual Trust, a strong Intention to be safe, and Persuasive ability. Let’s go over each of these.
Trust
There needs to be trust that both parties are concerned about the other’s welfare—
increase trust by reassuring your partner that you care not only about your own health but
also about your partner’s health and welfare.

Neither person should feel that use of latex reflects a lack of trust. Insisting on latex does
not imply that either you or your partner has been unfaithful. Because you are a drug
user, insisting on latex protection means reducing the risk of infecting your partner with
diseases you may have acquired through injection drug use. If both you and your partner
are drug users, you can reduce the risk of infecting each other with a number of different
infections by using latex protection. Even if both you and your partner are HIV-positive,
you still need to use latex protection. **QUIZ ITEM** Whether you are HIV-positive or are
currently HIV-negative, you could become infected with other viruses that could further
weaken your immune system, and possibly lead to the progression of HIV to AIDS. So
insisting on latex does not mean that you believe your partner is having sex with other
people. It means that you care about protecting your partner and yourself.

Intention
Strength of your intention is important in negotiation.

• The stronger your intention to protect your health and the health of your partner, the
  more likely you are to persevere in your negotiations, and to ultimately succeed in
  reducing the harm of sex to you and your partner.
• The weaker your intention to protect your health and the health of your partner, the more
  likely you are to compromise, and the greater the likelihood that you will engage in risky
  behavior.
• You can increase the strength of your intention by learning about the serious
  consequences of unsafe sexual practices, and the effectiveness of various harm reduction
  strategies.
As shown on this slide, there are several elements to successful persuasion. We are now going to give examples of how you can use each of these elements in sexual situations.

**Counselors provide examples of the elements of persuasion shown on slide. (5 min.)**

Imagine that we are a couple talking about safer sex. Here’s how the scenario could go:

**Respect.**

*Counselors point to first element of persuasion on the slide.*

Your Partner: Condoms ruin sex for me; I just can’t feel anything with those things.
You: I understand what you’re saying, and I want you to enjoy our time together. Could we try using lubricant to see if that helps?

**Education.**

*Counselors provide example of a couple in which one partner has educated him or herself about the risks of unprotected sex:*

Your Partner: I wouldn’t care even if you did have the virus, we’ve had sex before and I’ve never got it; it’s my decision.
You: I’ve been trying to educate myself about this virus, and I now regret that we ever had unprotected sex. Using latex is for the protection of both of us, so it’s not just your decision. Actually, it’s possible that either, or both, of us, already have the virus because it might take up to six months for the test to say we’re HIV-positive. It’s also possible for us to give each other different kinds of infections that we may not even know we have.
**Perseverance.**
Counselors provide example of how to offer an alternative point of view when confronted with resistance to using latex:

Your Partner: Oral sex is safe. I sure don’t want either one of us to be covered in latex for oral sex.
You: On the other hand, why take chances with our health. Actually research has shown that oral sex isn’t as safe as it was once believed to be. We’ve never used flavored condoms for oral sex. It could be fun. Perhaps we could give it a try.

**Eroticizing latex. QUIZ ITEM**
Counselors provide example of incorporating latex into lovemaking rather than interrupting lovemaking:

Your Partner: Stopping to put on a condom ruins the mood; it really turns me off.
You: I know ways to use condoms that will actually get you more turned on. Let me show you.

**Bargaining.**
Counselors provide example of bargaining to achieve mutually desirable outcomes:

Your Partner: I want to have sex with you, but I don’t want to use a condom.
You: I want to have sex with you, too. So we definitely want the same thing. So why don’t we try using the lubricant with the condom to see if we can make it feel good for you? That way we’ll both get what we want and in the process we’ll be showing that we care about each other’s health.

Counselor shows video; stopping VCR after each of the four vignettes in order to lead group discussion of resistance to latex shown in the vignette and the level of skill demonstrated by the partner in responding to this resistance, as follows. (15 min.)

Slide 4.5

**VIDEO: NEGOTIATION VIGNETTES**
Show Video “Vignette No. 1”

Points for discussion following Vignette No. 1:

QUESTION: Why was partner resistant? How was resistance overcome?

• She doesn’t want to use condom because she is on the pill.
• He is knowledgeable about why condoms are important for protecting against infection (not just for preventing pregnancy).
• He perseveres, while showing respect for her feelings and her health.

Show Video “Vignette No. 2”

Points for discussion following Vignette No. 2:

QUESTION: Why was partner resistant? How was resistance overcome?

• He is resistant to using condoms; he says wearing a condom is like taking a shower wearing a raincoat, says it ruins the mood.
• She offers an alternative point of view (persevere).
• She talks about eroticizing latex.
• She perseveres. They both win (bargain).

Visual Show Video “Vignette No. 3”

Points for discussion following Vignette No. 3:

QUESTION: Why was partner resistant? How was resistance overcome?

• He wants to use condom.
• She is insulted—thinks he is accusing her of sleeping around.
• He reassures her with his level of knowledge about the risks.
• He persuades her using examples of famous people who have contracted HIV.
• He respects her concerns.
• He demonstrates a desire to play it smart in order to protect them both.

Visual Show Video “Vignette No. 4”

Points for discussion following Vignette No. 4:

QUESTION: Why was partner resistant? How was resistance overcome?

• The main point of this segment is that if you cannot agree on a safer alternative, then you do not have sex.

Counselor leads a discussion on the effects of drug and alcohol use on negotiation skills, and personal vulnerability. (5 min.)
QUESTION: Did anyone notice what the couples in the two videos had in common. For example, did the people seem high or intoxicated? Were they talking about whether or not to use condoms and other latex protection while they were in the height of passion?

Answer: The answer is no to both. And that leads to an extremely important component of negotiation—being sane and sober when you negotiate. 

Being under the influence of any substance or being in the throws of passion means that you are not in control—you are being controlled by chemicals (those you put in your body or those that your body produces in great abundance when you are sexually aroused). At the time, you may believe you are still in control, but in fact your judgment can become quite impaired. It is simply not smart to make life and death decisions when you’re not in control. And, make no mistake, deciding to have sex without latex protection can indeed be a life or death decision. As we’ve discussed in previous groups, the only way to completely prevent any harm is to abstain from drugs and sex. However, if you do continue to use substances and you are sexually active, then if you’re smart, you will negotiate with your partner when you are both sober, before you have any sexual contact, and not when either of you are high or when you are in the height of passion. So unlike the guy in the first slide you saw who waited until he was in bed with his partner about to have sex before presenting her with a long list of demands about safer sex, be smart. Have open discussions with potential partners about your attitudes towards safer sex before you have any sex contact and when you are sober.

But what do you do if your partner still refuses to use latex?

Slide 4.6

If you both want to be sexually intimate, negotiate latex protection with your partner. If your partner refuses to use latex protection, suggest an alternative to sexual activity that does not involve the exchange of bodily fluids, such as massage, showering together, mutual masturbation and so forth. If your partner won’t use latex protection for oral, anal, or vaginal sex even if there is no ejaculation, and also rejects any alternative activity, leave the situation. No latex, no sex, no harm to you or your partner. Be smart, be safe, insist on latex protection.
So, you are more likely to persuade your partner to use latex protection if you show respect for your partner’s concerns, know how to eroticize latex, and have accurate information about the risks and how to reduce these risks. But why should you worry about all of this? If your partner is willing to take the risk, why should you be the one to insist on using latex protection?

Slide 4.7

Reasons to CARE, about SAFER SEX

C = Compromised immune system. A drug-using lifestyle can damage your immune system and make you susceptible to infection.

A = Altruism. That means having concern for the welfare of others – you don’t want to spread HIV and other infections to your partner or unborn children.

R = Resistance. By sharing needles or works or having unsafe sex, you could become infected with a strain of HIV that is resistant to some of the newer treatments. If this happens your treatment options (or those of your partners) may be greatly reduced.

E = Evidence. HIV is transmitted sexually by the sharing of body fluids (blood, semen, vaginal secretions, breast milk). Only abstinence can entirely prevent sexual transmission of infection and only the correct use of latex barriers can reduce the risk of sexually-transmitted diseases, including HIV.

So, there are very good reasons for everyone to C.A.R.E. about learning how to negotiate safer sexual practices.
ROLE-PLAY NEGOTIATION TEAM GAME.

**Materials:**
- High risk sexual situation scenario cards

**Therapeutic goals of the game:**
- Improve latex negotiation skills
- Encourage teamwork and appropriate social interaction

**Instructions:**
1. I’m going to divide the group into teams and give each team a card.

2. On this card is written a situation in which two people are deciding whether or not to have sex where one of the individuals does not want to use latex protection. Your group will have a couple of minutes to come up with ideas for the role-play and to select two representatives to demonstrate appropriate safer sex negotiation skills.

3. Each team takes turns to read aloud the scenario written on their card to the entire group and have their two representatives role-play safer sex negotiation in this situation.
As you know, we end each group with a quiz. I’m going to pass around the quiz now.

Counselor distributes the quiz, and reads the items aloud, providing sufficient time for group members to mark their answers.

Detailed feedback:

Counselor re-reads each item aloud to the group, providing the correct answer after reading each item.

1. What does successful negotiation depend on? The answer is (c) mutual trust, strength of intention, and persuasive ability (TIP).
2. What should you do if your partner refuses to engage in safer sex (to use latex for penetrative sex)? The answer is (a) suggest a massage.
3. How are you more likely to persuade your partner to use latex? The answer is (c), eroticize latex and make the prospect of using it sexually stimulating.
4. When should safer sex negotiations begin? The answer is (c) when you are sober.
5. Is condom use unnecessary if both you and your partner are HIV-positive? The answer is (b) false. Even if both of you are HIV-positive there are still many reasons to use latex protection.
Counselor leads relaxation exercise.

OK, let’s start our relaxation exercise…

Begin by just relaxing your muscles and allow your eyes to close if you want to…

...(a few seconds of silence)…

Good…OK, let’s take 5 slow, deep breaths…

...(a few seconds of silence)…

Breathe slowly and deeply…. letting all the stress and worry leave your muscles and thoughts…

...(a few seconds of silence)…

..Breathing slowly and deeply……picturing yourself on the road to recovery…taking control of your health…

...(a few seconds of silence)…

..5 more slow, deep breaths…

...(a few seconds of silence)…

..and on the fifth one allow your eyes to open… feeling completely calm and relaxed…

END SESSION
1. **Elements of successful persuasion in negotiating safer sex include all of the following, EXCEPT:**
   a. Respect your partner’s concerns
   b. Education – know your facts about HIV risks
   c. Bargain, by reaching a decision you are both comfortable with
   d. Tricking your partner

2. **If your partner refuses to use latex protection for penetrative sex, you should:**
   a. suggest a massage
   b. suggest oral sex without latex
   c. suggest vaginal without ejaculation (no coming inside partner)
   d. suggest anal sex with ejaculation

3. **You are more likely to persuade your partner to use latex protection if:**
   a. you say you will share your partner’s fantasies with family members
   b. you tell them it feels the same as taking a shower in a raincoat
   c. you eroticize latex – make it seem sexually exciting
   d. you provide inaccurate information about risks

4. **Safer sex negotiation discussions should begin:**
   a. in bed, just before you have sex
   b. after you discover that your partner may be HIV-positive
   c. when you are sober
   d. after your partner discovers that you may be HIV-positive

5. **If both you and your sexual partner are HIV-positive, condom use is unnecessary.**
   a. True
   b. False
Appendix A

Group Quizzes with Answer Key
1. HIV is spread by casual contact and insect bites.
   a. True  b. False

2. Patient communication skills suggested in CHRP include:
   a. shouting at the nurse
   b. asking for information to be written down
   c. answering cell phone calls from friends during the doctor appointment
   d. lying about past illicit drug use

3. What is the first thing you should do if you develop side effects when taking a medication?
   a. take a “drug holiday”
   b. take less of the medication
   c. inform your health care provider
   d. take another drug to help you feel better

4. For which of the following infectious diseases is there a vaccine that can prevent people from getting it?
   a. HIV
   b. hepatitis B
   c. hepatitis C
   d. AIDS

5. All of the following are memory aids that can help you adhere to your medication regimen, EXCEPT:
   a. using a pill organizer
   b. setting an alarm clock
   c. placing a “post-it” reminder note on the refrigerator
   d. reducing the amount of sleep you get
Group 2 Quiz – Reducing the Risk of Injection Drug Use

1. The best way to protect yourself from the harm of injection drug use is:
   a. abstinence - don’t inject drugs
   b. clean your needle with boiling water
   c. use very large needles
   d. change the tip of the needle

2. To reduce the harm of injection drug use you should:
   a. buy a sealed needle on the street
   b. if no new needle, clean the needle with bleach
   c. boot up before injecting the drug
   d. only share needles with friends

3. Someone who is infected with the HIV virus could possibly become re-infected with a mutation of the HIV virus that does not respond to treatment.
   a. True
   b. False

4. When cleaning a needle with bleach, you should leave the bleach in the syringe for at least:
   a. 5 seconds
   b. 10 seconds
   c. 30 seconds
   d. 10 minutes

5. Splitting a drug (frontloading/backloading/piggybacking) is an unsafe practice if:
   a. new needles are used
   b. bleach cleaned needles are used
   c. a shared cooker or syringe is used
   d. a new cooker is used
Group 3 Quiz – Risk Reduction with Latex

1. HIV can be sexually transmitted by exchanging all of the following body fluids EXCEPT:
   a. semen  
b. vaginal secretions  
c. blood  
d. saliva

2. If a person is in a monogamous relationship (have sex with only one partner), there is no reason to use condoms to prevent HIV infection.
   a. True  
b. False

3. Which of the following is most likely to transmit an STI or HIV?
   a. erotic massage  
b. mutual masturbation  
c. unprotected oral sex  
d. erotic dancing

4. When should a female condom be removed?
   a. 8 hours after sex  
b. after waking up, the next morning  
c. after walking to the bathroom to throw in toilet  
d. immediately after sex, and before standing up

5. A safe sexual practice:
   a. using oil-based lubricants with latex (most male) condoms  
b. using water-based lubricants with male condoms  
c. oral sex with no protection  
d. using a male condom and a female condom at the same time.
1. **Elements of successful persuasion in negotiating safer sex include all of the following, EXCEPT:**
   a. Respect your partner’s concerns
   b. Education – know your facts about HIV risks
   c. Bargain, by reaching a decision you are both comfortable with
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   a. in bed, just before you have sex
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   c. when you are sober
   d. after your partner discovers that you may be HIV-positive

5. **If both you and your sexual partner are HIV-positive, condom use is unnecessary.**
   a. True
   b. False
Appendix B

Fidelity and Feedback
CHRP - THERAPIST RATING SCALES


Session # and topic: __________ Date of session: __________

Therapist: _________________________

Rater: __________ Date of rating: __________

Rate therapist on the following scales:

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<td>below average</td>
<td>average</td>
<td>very good</td>
<td>excellent</td>
<td></td>
</tr>
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</table>

TO WHAT EXTENT DID THERAPIST:

Adherence Competence Comment

1. present RR as a matter of personal choice & responsibility? _____ _____ >

2. teach specific RR skills? _____ _____ >
   Gr1 a. Skills for Establishing and Maintaining a Partnership with Health Care Providers
   b. Strategies for Improving Adherence to Medical Recommendations
   Gr2 a. Needle cleaning steps
   Gr3 a. Condom application steps – male and female
   Gr4 a. Safe sex negotiation and communication skills
       b. Eroticize safe sex

3. provide rationale for RR skills? _____ _____ >

4. encourage patient to think in terms of what *can* be controlled in their lives (e.g., drug use, risk reduction, health-promoting behaviors) versus what they cannot control? _____ _____ >

5. draw parallels with RR skills taught in other CHRP groups? _____ _____ >

6. provide structure and consistency during the session (e.g., starting/ending sections on time, refocusing as needed) _____ _____ >

7. provide immediate reinforcement of appropriate behavior and immediate correction of inappropriate behavior? _____ _____ >

8. cover material as outlined in the manual for this session _____ _____ >

9. review/recap material as needed? _____ _____ >

10. use a multi-modal presentation style? _____ _____ >

11. overall spirit of manual? _____ _____ >

comments: __________________________________________________________

________________________________________________________________________

________________________________________________________________________