Healthy Living Support Group Facilitation:

Training Facilitator Manual

NASTAD

Center for Training and Professional Development at JRI Health
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<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>i</td>
</tr>
<tr>
<td>User's Guide</td>
<td>3</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>COURSE BACKGROUND</td>
<td>3</td>
</tr>
<tr>
<td>OVERVIEW</td>
<td>3</td>
</tr>
<tr>
<td>PARTICIPANT PROFILE</td>
<td>3</td>
</tr>
<tr>
<td>TRAINING FACILITATOR REQUIREMENTS</td>
<td>3</td>
</tr>
<tr>
<td>FACILITY NEEDS</td>
<td>4</td>
</tr>
<tr>
<td>HOW TO USE THIS TRAINING FACILITATOR MANUAL</td>
<td>4</td>
</tr>
<tr>
<td>PREPARING TO DELIVER THE TRAINING</td>
<td>5</td>
</tr>
<tr>
<td>ROLE OF THE TRAINING FACILITATOR</td>
<td>6</td>
</tr>
<tr>
<td>Materials Checklist</td>
<td>7</td>
</tr>
<tr>
<td>Power Point Slides</td>
<td>8-168</td>
</tr>
<tr>
<td>Handouts</td>
<td>169-245</td>
</tr>
</tbody>
</table>
INTRODUCTION

This Training Facilitator Manual is part of an integrated training package sponsored by the National Alliance of State & Territorial AIDS Directors (NASTAD) and developed by the Justice Resource Institute’s Center for Training and Professional Development (JRI-CTPD) to assist HIV peer support group leaders to lead “Healthy Living” support groups. This introductory section provides background and guidelines to help training facilitators use this Healthy Living Support Group Facilitation: Training Facilitator Manual.

COURSE BACKGROUND

This course is the latest in a series of JRI-CTPD developed trainings designed to teach professional leadership skills to HIV peer support group leaders and equip them to provide effective counseling and support to their peers, both in one-on-one and group settings.

OVERVIEW

This course is designed to develop HIV peer support group leaders proficiency in starting, running, and maintaining support group meetings. This course does not include an HIV/STI and “Healthy Living” basics component. Gaining a basic knowledge of HIV/STI and “Healthy Living” is strongly encouraged previous to engaging in this training.

PARTICIPANT PROFILE

This workshop is designed for:

- 8-24 HIV support group facilitators or people about to facilitate support groups
- Providing support group services in South Africa
- People who have completed the Fundamentals of HIV and Healthy Living course

This training functions optimally with 8 to 24 participants. If there are more than 24 participants, it will be difficult to meet individual needs, the specified learning objectives, and time allowances. Fewer than 8 participants, in some cases, may limit the richness of group discussions.

Due to time limitations, this course must assume that participants will bring sound basic HIV knowledge to the training.

TRAINING FACILITATOR REQUIREMENTS

Training facilitators with experience in group facilitation are best qualified to present the materials in this course.
Training facilitators should be committed to making this course participant-centered. This means making the experience safe for all participants, helping ensure the participants will be successful in their practice exercises, listening, and responding to participant concerns.

A team of two training facilitators is preferred. Participants will gain richer exposure from two sets of experiences, insights, and styles. Two people can also more easily facilitate the group discussions in the course.

**FACILITY NEEDS**

The training room should be relatively sound-proofed from adjacent areas and large enough to accommodate:

- The number of people enrolled, placed in a horseshoe seating arrangement, with writing surfaces facing the front of the room;
- Two facilitators at the front of the room;
- Extra chairs and floor space for small group exercises and for trainers to move around them.

**HOW TO USE THIS TRAINING FACILITATOR MANUAL**

This training facilitator manual is a detailed document meant to support a mix of experience levels and skills among training facilitators. It is organized to accomplish the training activities as economically as possible. This manual describes activities in great detail, even providing script for some sections. This may be especially helpful for less-experienced training facilitators.

Each Unit of the Training Facilitator Manual Contains:

- **Timeframe:** The modules are closely timed. Strict adherence to the allotted time is not required. The amount of time spent on each module may vary depending on the particular group’s needs. The training is designed to encourage full participation. If more time is spent covering a particular module, it will be necessary for the training facilitators to borrow time from other sections. While sub-optimal, it maybe possible to substitute the participant role-plays activity with a more succinct lecturette or group discussion. Please keep in mind that the course is very full. Being off-track for a large amount of time may result in the unfortunate consequence of reducing the time allotted for skills practice.

- **Materials:** Necessary materials to conduct the module.

- **Objective:** These are the learning objectives for the module. It is the facilitator’s responsibility to ensure that all of the learning objectives from each module are met before proceeding to the following unit.

- **Activity/Process:** This is the body of the training that includes the instructions for conducting the activity as well as content and examples. It is recommended that
training facilitators maintain a high degree of fidelity to the general content of each module to help ensure consistency of information across sites. We strongly encourage training facilitators to put their own personal stamp on this training by offering real life experiences, challenges, relevant stories, and useful tips. The examples presented in this training were included to concretize concepts that might otherwise be too abstract. The training facilitator may opt to substitute the examples in the manual with his or her own examples. Unless the training facilitator feels completely confident that he or she can formulate alternate examples off the cuff, it is recommended that as part of training preparation, the examples be handwritten in the margin space of the corresponding activity. Content in quotation marks simply provides a way of clarifying particular points—they are by no means a required script. The training facilitator may use alternate clarification points which best suits her or his own personal communication style.

- **Key Points:** These are the “Key Points” for each module for training facilitators to emphasize and for training participants to learn; it is also often referred to as the “Take-Home Points.” As with objectives, the facilitators are responsible for ensuring that participants grasp the key points outlined in each section.

- **Transition Statements:** The transition statements are scripted. The scripting is intended solely to offer the facilitator a ready-made segue. The facilitators should feel completely free to make the transition statement in a way that best suits their communication style.

### PREPARING TO DELIVER THE TRAINING

Every training facilitator has personal preferences in preparation and delivery. The suggestions outlined below arise from the structure of this training package and may be most useful to the training facilitator who is new.

A useful way to begin preparing a new unit is to review the material without trying to prepare it. Such a review might consist of a walk-through of each module, including looking at the training packet contents and handouts.

This review provides most training facilitators who are new to the material with a clear mental image of how the unit’s methods and materials support the specified objectives. Having such an image firmly in mind can save a lot of preparation time.

It is particularly important during preparation to make two key decisions about how to integrate materials in the training guidelines for delivery:

- How to integrate personalized notes
- Developing personal examples or anecdotes for presentations (as time allows)

As training facilitators use this manual, it usually becomes quickly apparent which method works best for them. And, as they become versed in delivering the course, the need to rely heavily on the manual usually fades. Highlighting key word in the manual is often one of the best ways to support delivery. It is recommended that the co-
facilitator appropriately step in to fill the points that may have been missed by the lead presenter. Hence, preparation should include a decision between the training facilitators on an agreed upon way to chime-in while the other is presenting.

Training facilitators should resist the temptation to rewrite substantial portions of training activities because the resulting material may not:

- Fit within the time allotted;
- Serve the objectives specified for the unit or subsequent activities;
- May not be consistent with NASTAD and JRI-CTPD guidelines.

**ROLE OF THE TRAINING FACILITATOR**

It is important that the facilitator recognizes that skills practice and especially role-plays often produces anxiety for participants. Such anxiety often involves fear of failure or criticism. Training facilitators should make every effort possible to reduce participant anxiety. This may be done by:

- Informing participants at the beginning of the training regarding what practice or evaluative measures will be used during the course;
- Allowing participants to verbalize their concerns or anxiety and address these as directly as possible. Make yourself available at the break and at end of the day;
- Reassure participants that the intent of the skills practice is to provide a supportive opportunity to practice in a “safe” environment (note that for some people, practicing in front of one’s peers is not considered safe due to fears of criticism);
- Recognize the importance of and be open about one’s own perceived weaknesses and know how to play off each other’s strengths.

Other responsibilities of the training facilitators are:

- Decide who covers what. It is not necessary for the facilitation to be a 50/50 split, but should be predetermined by the training facilitators.
- Both training facilitators should be familiar with the entire curricula in the event of an emergency with the co-facilitator. Training facilitators do not have to know the sections equally well, but in a pinch should be able to cover all sections.
- Discuss how style will fit together. Styles don’t need to be the same, but need to be complementary.
- Debrief with the other training facilitator at lunch and at the end of the day. Provide constructive criticism and lavish praise.

If any questions or concerns related to the curricula should arise, please contact James Figueiredo, Director, JRI-Center for Training and Professional Development at (617) 988-2605 x2311.
Materials Checklist

This training may be implemented using one to three visual aid options. Training facilitators may opt to choose any combination that best suits one’s presentation style and the needs of the participants.

- Option 1: Flipchart and flipchart stand
- Option 2: LCD projector and CD-Rom with PowerPoint slides
- Option 3: Overhead projector and transparencies

- Name tags
- Markers
- Flipchart paper (for activities)
- Tape (preferably “Masking Tape”)
- Participant packets – PowerPoint slides and handouts
- Short pieces of wool in varying colors
- Index cards
- Participants’ certificates
Summary of Comments on Slide 1

Page: 1

Number: 1  Author: Presenter  Subject: Presentation Notes  Date: 4/25/2008 3:26:59 PM

Timeframe: 15 minutes
Materials for the entire training:
Objectives: Full materials list on this page
Welcome participants to training
Introduce facilitators to participants
Develop rapport between trainers and participants

Key points:
Before the training:
Make sure you have all the materials, that the computer and projector is set up, and that the chairs and tables are set up
Greet participants as they walk in
Check-them in and give the person a training packet
Have participants fill out nametags
Welcome participants (e.g. "Welcome to the Peer Support Group Facilitation training today. We're very excited to be here today.") Facilitators quickly introduce selves by first name and organization (My name is Asha and I'm from the Center for Training and Professional Development) Quickly acknowledge members involved in this project:
South Africa Partners
Funding by NASTAD Global Program with funding provided by CDC South Africa
The Department of Public Health, Commonwealth of Massachusetts
JRI Health, Center for Training and Professional Development
Transition statement: To quickly give you a background on this project...
Getting to Know Each Other

- Break out into pairs and introduce yourself to your partner by sharing:
  - Your name
  - Where you are from
  - One thing about your name

- You will then be asked to introduce your partner to the rest of the group
Objectives:

To get to know each other

Encourage participants to talk and participate

Help participants understand how it might feel to ask a support group member to reveal personal information in a group of strangers and better understand why someone might be reticent to share information as soon as they join the support group.

Encourage participants to not disclose personal information without the expressed consent of the person whose disclosure you are making

Key points:

Let group know that we are going to be doing group introductions

Introduce the slide, read and explain each bullet:

Introduce yourself to the person sitting next to you/person designated by the facilitator

State your name or what you prefer to be called

Where you are from

Any one thing about your name – what it means, who it was named after, etc. or one thing you like to do for fun

As you are introducing yourselves to each other pay attention to how it feels to disclose personal information to someone you don’t know or know a little and how it feels to hear personal information about someone you don’t know or know a little.

You will then be asked to introduce your partner to the rest of the group. Before doing so, please ask him/her for permission to disclose their information.

Try to take this opportunity to learn names and use them consistently throughout the training.

Debrief:

When you were the speaker, how did it feel to disclose personal information to someone you don’t know or know a little?

When you were the listener, how did it feel to each personal information to someone you don’t know or know a little?

How would you have felt if someone disclosed your personal information without your consent?

How did it feel to then have to reveal somebody’s personal information to other people?

Key Points:

In support groups, we ask people to reveal personal information to the entire group. In the beginning this will be difficult for people and some people may not share or say anything. Knowing this can help us be patient

We must create a space in which people can feel safe if they are to reveal themselves to the group

As support group facilitators we have a huge responsibility to not reveal personal information about support group members without their consent and to safeguard their privacy.

Transition statement:

Asking for expressed consent is our first lesson in support group facilitation. As support group facilitators we learn a lot of personal information about support group members; how we use this information often determines the type of relationship we have with each member. If we reveal this information without consent, we will destroy the level of trust group members have in us and, as a result, some may leave the group while others may continue to attend but not open up and freely discuss the issues they bring to the table. If we safeguard private personal information, we will engender trust and strong relationships. This is called confidentiality. More on this topic later.
Agenda: Day 1

- Welcome and Introductions
- Background
- Defining Peer Support
- Facilitation Skills
- Getting Started
Materials: Agenda in Participant Training Packets

Objective:

To give participants a feel for what the next 5 days will look and flow like

Key Points:

Present information on slide

Let participants know there is an agenda in their handouts
Agenda: Day 2

- Retention Strategies
- Group Awareness
- Exploring our Thoughts and Values about HIV/AIDS
- Self-Assertiveness and our Beliefs about HIV/AIDS
- Ethics and Boundaries
Agenda: Day 3

- Room Set-Up
- Facilitation Tips
- Trainer’s Model Facilitation
- Facilitation Practice Sessions
- Presentation Skills
- Presentation Skills Practice Sessions
- Qualities of an Effective Facilitator
Collaborators

- **MANEPHA** *(Masihlanganeni Network of People Living with HIV/AIDS)*
- **SAP** *(South Africa Partners)*
- **NASTAD** *(National Association of States and Territories AIDS Directors)*
- **CDC** *(Centers for Disease Control)*
- **MDPH** *(Massachusetts Department of Public Health)*
- **CTPD** *(Center for Training and Professional Development at JRI Health)*
Objectives:

Explain the different stakeholders involved in the Healthy Living Support Groups project

Key points:

MANEPHA – implementers, peer support group facilitators (acknowledge MANEHPA members in the room)

South Africa Partners – organizers, manager of Healthy Living Support Groups project (acknowledge SAP staff in the room)

CTPD at JRI Health – research, curriculum development, and delivery (acknowledge other JRI staff present in the room)

NASTAD/CDC/PEPFAR – funders (acknowledge NASTAD/CDC/MDPH staff in the room)

Organization structure of Healthy Living Support Groups (who are the “point people” – (acknowledge the point people in the room)

Ask group: What questions do people have?

Note that there are a diversity of people in the room– people with varying experiences, backgrounds. Let participants know that this training was developed with this in mind, that it should cater to people with all levels of experience and knowledge around peer support groups and facilitation. Welcome participants with many years of experience to contribute their stories and experiences to the training so that we can all learn from them. The training, does, however, require a basic level of knowledge around HIV (terminology, transmission, ARV regimens, etc.), TB, and STIs.

Transition:

Without these stakeholders, we would not be doing this training. Now that we know who some of the stakeholders are, let’s get to know other stakeholders – YOU! Your role in this process is as important as the other stakeholders we just mentioned.
Logistics

- Training Materials
- Break and Lunch
- Restrooms
- Phones
- Smoking
- Name tags
Objectives:
Participants become familiar with logistics of training

Key Points:
Introduce logistics slide

Training Materials
In your training materials you have a copy of the Power Point slides we are using in this training
We acknowledge different learning styles and the training materials and resources are provided to facilitate the learning process

Lunch and Break
We have 15 minute scheduled breaks, one in the morning, one in the afternoon
We will have 45 minutes for lunch break
Lunch will be provided on all days

Restrooms, Phones– Explain where they are (*Be sure to check the location of the restrooms and phones before the training begins)
Smoking– Explain the smoking policy of the venue (*Be sure to check the smoking policy of venue before the training begins)
Name tags– Make sure each person has gotten one

Ask group: What questions do you have?
Training Objectives

- Develop support group facilitation skills
- Understand roles and responsibilities of a facilitator
- Know how to facilitate conversations about HIV-related issues
- Develop presentation skills for educational groups
Objective: To review the goals of the training so that everyone understands what they will be learning about over the next 4 days.

Process:

Let participants know that this training was developed based on the assumption that participants have fundamental knowledge of HIV, TB, and STIs, so the training will not be covering these topics. We believe that to be an effective support group facilitator, a basic knowledge of HIV, TB, and STIs is necessary.

Let participants know that we have built in plenty of time for practice and feedback in this training.

Let participants know that we believe in continued professional development. While we hope that this 4-day training will support participants in learning how to be an effective support group facilitator, we realize that becoming a skilled facilitator requires practice, real life experience, continued training, and networking.

Give participants the opportunity to ask questions about the training objectives.

Key Points:

“We believe participants already possess many skills and experiences that will contribute in their development as a peer support facilitator”

“We believe practice and continued training are key to developing skilled facilitators”
Group Agreements
Objectives:
Discuss and identify ground rules for group for safe and effective learning environment throughout the duration of the training

Process
“We would like to take some time now to develop some group guidelines—agreements we make with each other—so that we can create a safe and effective learning environment for the next 4 days. You may have also heard of this as “ground rules” or “group agreements”

Start by giving an example: “For example, Please turn off all cell phones and pagers.”

Ask group to brainstorm others

Document group agreements on flipchart

Facilitator adds additional agreements if not mentioned by participants. For example:

Confidentiality

Take responsibility for your own learning—ask questions!!!

Share responsibility for each other’s learning—contribute to the group!!!

Share responsibility to keep track of time

Come back to training on time (morning, lunch, break)

Ask group for acceptance of the group agreements by a show of hands

Tape up agreements on wall so that it’s visible to all for the next 5 days

Every support group should have these types of agreements to create a safe, productive environment for the group. We will be revisiting these Group Agreements later when we talk about setting up guidelines within the support groups

If participants are repeatedly not following group agreements, remind them of the agreements they made earlier in the training
### Key Words

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<thead>
<tr>
<th>Support</th>
<th>To give active aid to other people living with HIV/AIDS</th>
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<tbody>
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<td>Peer</td>
<td>People of the same HIV status</td>
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<td>Support Group</td>
<td>Two or more HIV+ people meeting to give each other support</td>
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<tr>
<td>Educational Group</td>
<td>A group of HIV+ people meeting to learn about a topic</td>
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<tr>
<td>Facilitation</td>
<td>The art of guiding the group process</td>
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</tbody>
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Objectives: To define terms that we will be using throughout the training process.

Review the chart with group and answer questions.
Tea Time
Exercise: “We Are Connected”
Timeframe: 20 minutes

Activity
Trainers will put pieces of wool on a table
Ask participants to each take a piece of wool
Their task is to join a partner with a different color piece of wool
Each pair talks about their experiences of living with HIV/AIDS
Once they have shared for a few minutes, they tie their wool together
Then they find another pair and repeat the exercise briefly
Each group of 4 will find another 4 and share again. (Note to trainer: If the number of participants is unequal, then allow groups of 3).

Continue until all the participants are tied to each other.

Ask participants to stand in a circle.
Ask participants to comment on what they see, what happened and how they feel.

Key Points
“We are all linked by our common experiences, our sharing of living with HIV/AIDS, that we are very strong as a group, and that the purpose of the [support group] session is to become even stronger as a group”

“Everybody is indirectly connected to everybody else”

Participants are usually able to see this is a symbolic exercise.
They had a chance to share with each other. Now they are tied in a web that looks like a network.

It gives a visual representation of a support network.

Participants may feel a sense of belonging and of support.
Definition of Peer Support

“Peer support facilitators are people who have experienced emotional difficulties and are interested in helping others with similar difficulties.

By listening empathetically, sharing their experiences and offering suggestions, peer support facilitators are uniquely able to help others like themselves.”

*Peer Counseling Skills and Perspectives*

*Vincent D’Andrea and Peter Salovey*
Objectives:

To identify the overall purpose and benefits of peer support
To give participants a sense of pride in the work they will be doing

Activity: (let everyone know what the expectation is at end of sharing)
Give each participant an index card
Ask them to write one emotional difficulty they’ve overcome
Give them 5 minutes to write it down
Process with group: What was your difficulty and how did you overcome it? How did you feel when you were going through it? How did you feel once you dealt with it?

Key Points:

There is no generally accepted definition of peer support. There is one common element upon which we all agree and that is that peer support is provided by people with illness to people with illness.

It is much easier for a PLHA to tell a professional that a specific goal is impossible to reach than to tell a peer who has already accomplished that goal. The elements of peer pressure often motivate a person to attempt things previously thought to be impossible. This is an important point to keep in mind as we do this work: a balance of motivation by example, while at the same time being aware to create a non-judgmental space so that individuals do not feel pressured and expected to change personal behaviors.
Benefits of Peer Support

Research findings consistently show that participation by people living with HIV/AIDS in Peer Support is associated with:

- Reduced hospitalizations
- Increased knowledge, information, and coping skills
- Increased self-esteem, confidence, sense of well-being and of being in control
- Stronger social networks and supports

Consumer Involvement and Initiatives Report, HRSA 2001
Source: Consumer Involvement and Initiatives Report, 2001 HRSA

Objectives:

To present research on the positive effects of peer support to all members involved

To instill confidence, purpose, and enthusiasm in the participants in the work they will do

Key points:

“Self-help is founded upon the principle that people who share a disability have something to offer each other which cannot be provided by professionals”. (Clarke Institute 1997)

There are also many personal benefits to Peer Support workers such as increased self-esteem, acquisition and development of work skills (Mawbrey, 1996), as well as decrease in stress-level, and increased health

Refer participants to training material handout to read later on the phenomenon of “helper high”

Another benefit to the peer support can be an increase in interpersonal and communication skills and their own coping skills.

Ask group and document responses on flipchart: “What motivates you to be a peer support group facilitator?”

Note that any of these reasons are valid and valuable (there are not right or wrong answers) but we must also operate within a framework and a set of skills
Facilitation Skills
Objectives:

Learn core skills every facilitator should know

Process:

“As we learned earlier, the word facilitation comes from the Latin word fasil, which means easy”

“What are we trying to make easy or easier in a support group?”

“It’s like a winding an alarm clock, when it runs out of wind you re-wind it so that it keeps ticking.
Show alarm clock and wind it in front of the group

“How can we make things easy or easier in a support group?

Possible responses: talking, being friendly, answering questions, helping people with problems, etc.

“How do we do that?

Expected response: By talking.

“Talking is the thing that happens most in support groups”

“The facilitator enables the group to explore and find the resources” “What resources?” Answer: “Everyone’s internal esources”

“How does talking help people in a support group? Take comments from participants

Key Points:

The role of support group facilitator is to keep the conversation going and giving everyone an opportunity to speak

It is important to facilitate rather than lecture, preach and dictate.

When we facilitate, we create chances for participants to learn for themselves and about themselves and to do something with the knowledge they gain.

If we just lecture or do all the talking ourselves, then support group members become passive observers who do not really feel, think and make the issues being discussed their own.

If we engage people actively, we can make them feel, think and take issues in their lives seriously.

A facilitator intervenes to protect the group process and keep the group on track.

Facilitation allows others to participate and be part of the process.

Facilitation promotes democratic and empowered learning.

We cannot facilitate without the necessary skills, so today we will cover 9 skills that every facilitator should know.
Lunch Time
Facilitation Skill #1: **Attending**

- Facilitator is in service to the support group during the meeting ensuring that people feel welcomed, safe and at ease.

- Facilitator listens and sees without judgment, but with **discernment** – when someone is asleep or upset, when an intervention is necessary, for example*

- Facilitator gives frequent acknowledgement, affirmation and praise to the group; this can be done to individuals or the whole group*
Suggested time frame: 20 minutes

Objective: Understand how to pay attention to the group

Key Points

It is not always possible to get the venue we want. However if there is a choice, we need to try to get the best venue we can to make facilitating easier.

Try to gather in a private venue (indoor or outdoor) for privacy.

Make sure the venue is accessible for members (for example, participants who are physically challenged should be able to easily enter and move around the room).

Make sure to set up the venue before members start to arrive and make it as welcoming and comfortable as you can.

Open a few windows for fresh air; if air conditioned, switch it on before people arrive. Check if the air conditioning is too cold for participants.

Put clean water on tables and snacks (if applicable).

Have everything you need ready.

Activity: Your venue checklist.

Source: On the Other Side of the Mountain, Facilitation Book

Instructions:

Ask participants to find in the packets Andile’s example of setting up a venue.

Ask for a volunteer to read the example out loud.

Process with the group: “What did Andile do to set up the meeting venue?” “How will this make group facilitation easier?” “What effect will this have on the support group?”
Facilitation Skill #2: Active Listening

- Attending to the verbal and nonverbal aspects of communication
- To encourage trust, self disclosure and exploration
- Supportive active listening is done without judging
- Involves:
  - Eye contact
  - Body posture
  - Facial expression
  - Following the person’s lead
Objective: Understand what it means to actively listen as a support group facilitator

Materials: The 4 Components of Active Listening

Process

Ask participants to find the handout in their packets “The 4 Components of Active Listening” and review with the group

“Active listening is also about focusing on what the person feels and what s/he communicates through body language more than on the content of the message.”

“Eye Contact: look at the person that’s talking most of the time; communicate caring "I am with you, I am listening” “I’m sorry that happened to you” or “How can we help?”

“Body posture: Be comfortable, be relaxed, lean forward slightly, don’t cross your arms avoid distracting gestures or fidgeting; head nodding.

“Facial expressions: Don’t be a brick wall! Display appropriate empathy.”

“Follow the person’s lead: Don’t interrupt, don’t change the subject”

Key Point

Of all the facilitation skills you will learn in this training, active listening is the most important
Facilitation Skill #3: Asking Open-Ended Questions

- Open-ended questions invite dialogue and conversation
- Closed-ended questions require only a yes or no answer

➢ Examples:
  - Closed: “Is it going to rain today?”
  - Open: “What will the weather be like today?”
  - Closed: “Are you feeling well?”
  - Open: “How are you feeling today?”
Objectives:
Understand the difference between open-ended and closed-ended questions
Understand the value of using open-ended questions in support group facilitation
Materials: Index cards with closed-ended questions
Process: Explain difference between open- and closed-ended questions and give some examples.
Exercise:
Go around the room and have each participant take an index card from the deck in the trainer’s hands
Once everyone has a card, ask them to take a few minutes to convert the closed-ended question on the card to an open-ended question
Have participants report out to the rest of the group on their converted questions
Key points:
Open-ended questions invite dialogue without asking too many questions
Open-ended questions generally begin with the words “what” and “how”
Beginning the meeting with open-ended questions can help generate a conversation for the meeting; in many support groups the topic usually emerges from within the group.
Facilitation Skills #4: Pausing

- Pausing is the silent time in the group interaction
- Some members may be ready to respond while others are still thinking about how to respond
- No pause time minimizes and discourages full group participation and may create resentment toward those perceived as over-participators or dominators
Objective:
By the end of this section, participants will:
Understand the value of pausing and silence in group interactions
Include pause time when facilitating

Process:
Present slide.
Give participants the opportunity to ask questions on pause time.
Model pause time: “How have you noticed me using pause time while facilitating this training? How did the silent time feel?”

Key points:
Facilitators often have a measure of control over how much pause time is used in the group.
Pause time has a strong cultural component, especially in regard to language differences (if the meeting is in English, and the person is not as comfortable with English)
No pause time may create resentment toward those perceived as over-participators
Silence is a skill. Facilitators need to learn to be comfortable with it. Many people need to overcome their discomfort with silence. Remember that lots may still be going on even if the group is silent.
During silence the facilitator’s body language is critical. Crossed arms, may signify impatience or disapproval. If facilitator looks relaxed with silence, it signals to participants that silence is not a problem.
Pause time has a strong cultural component, especially in regard to group members for whom English is a second language.
Let people sit with what was just experienced.
Tea Time
Facilitation Skill #5: Bouncing Back

- Bouncing back is what the facilitator does to put a question asked by a group member back to that group member or to the entire group in order to generate discussion.

- To find the answer in the group when the facilitator does not know the answer.
Objective: Understanding that the facilitator does not always have to answer questions that come up in the group, that the answer may lie within the support group.

Materials: Index cards with questions someone may ask in a support group (6)

Process

Ask for volunteers and hand out "Bouncing Back Questions" index cards (6)

Each index card contains a question that the trainer will bounce back when it is read by volunteer participants.

Facilitator then models bouncing back a question to the individual or to the entire group.

Key points:

Bouncing back can be helpful when group members make stigmatizing comments. It gives the opportunity for group members to express their feelings and present the person with alternative points of view. It also takes away the responsibility from the facilitator to "correct" the group member.

Gives facilitator time to better formulate his or her response.

Provides opportunity to let others show off their knowledge.

Opens up opportunities for group members to share their strategies for Healthy Living.

Reminds group members that the answers usually lie within ourselves and within the group.
Facilitation Skill #6: Offering Options

- Offering perspectives, experiences and information, direction and ideas for new behavior

- To help members develop alternative courses of thinking and action
Objective: Understand that the role of the facilitator is NOT to give advice, tell people what to do or solve people’s problems

Activity
Ask participants to take 5 to 7 minutes to make a list of things they are told by other people that they “should” not do.
After they have completed the list, break out into 3 groups of 6 and have each group debrief for 10 minutes answering the following questions:
“How do the “shoulds” make us feel?”
“How do we respond when someone tries to tell us what we should do?”
After 10 minutes, bring the small groups back and ask for volunteers to share what they discussed.
Then ask: “How might this exercise influence our work with peers? Why does it matter?”
“What might be a more effective approach when sharing information with the support group?”

Key Points
All ideas should be shared without pressure and there should be no negative consequences if a group member decides not to take an idea.
Offering options differs from advice. Advice has an expectation attached to it
Avoid the use of “you should” or “you must” when making suggestions - support group facilitators do not tell people what they should do.
Facilitators do not “fix” people’s problems.
We all have the right to make our own decisions. Most people rebel against being told what to do or how to run their lives. Instead, facilitators should provide information and let group members make their own decisions.

Ways to frame giving options:
“May I offer some options?”
“For some people this works, for others that works .......it's up to you to decide what you want to try out”
“Have you considered.......?”
“Here's something you can do if you like....”
Facilitation Skill #7: Addressing Challenging Behaviors

- Intervening to stop counter-productive behavior in the group
- To protect members; to enhance the flow of the group process
- To interrupt behavior that is impeding progress, such as an off-track discussion or personal attack
Objective: To know how to intervene to stop counter-productive behavior in the group

Materials: Challenging Behaviors Cards

Activity

Break out into groups of 3

Give each group a problem behavior card

Ask groups to answer the questions on the cards: 1) What might cause this behavior? 2) What impact could this behavior have on the group? 3) How can the facilitator appropriately respond to this behavior?

Groups will have 15 minutes to answer the questions

Ask for a volunteer from each group to report back to the full group and discuss

Key Points:

Keep intervention to a minimum

Only intervene in group discussion when it is necessary

Use group agreements to block unproductive behavior.

Separate the person from the issue.

Ask questions to find out more and clarify issues

Brainstorm options everyone can live with

Avoid interrupting, blaming and arguing

Be objective

Separate opinions from facts

Ask for commitment to working out a solution

Set goals and create an action plan
Facilitation Skill #8: Being Tactful

“A keen sense of what to do or say in order to maintain good relations with others or avoid offense; skill and grace in dealing with others.”

*Webster’s Dictionary*
Objective
To understand the importance of being tactful and practice how to be tactful

Activity
Ask participants: "What is the opposite of being tactful?" Possible responses: being argumentative, defensive, offensive, rude or threatening. Flipchart responses

Key points
Keep calm during controversial moments.
Acknowledge controversial moments as such.
Maintain neutrality as emotions flare.
Manage sarcasm or other undesirable interactions within the group with care not to offend anyone.
Facilitation Skill #9: Modeling

- To lead by example; demonstrating desired behaviors through action
- An effective facilitator personally believes in and practices the things other PLHA find difficult to believe in or do, including:
  - Coping effectively with stigma
  - Being comfortable with disclosure
  - Adhering to medication regimen
  - Practicing safer behaviors
  - Living healthy
- Facilitator shares with support group his/her own experiences of living with HIV/AIDS
Objectives:

Understanding that the role of the facilitator is more than just facilitating and educating, it is also about serving as a model or standard of excellence

Process

Review slide with the group, then ask?

“How would you feel going to a dentist who has rotten teeth?”

“How would you feel hearing someone speaking against alcohol drinking and then seeing them drunk?”

“How would you feel getting a haircut from someone who never combs her hair?”

“How would you feel hearing from the facilitator that disclosing your status is good for you but s/he never discloses to anyone outside the group?”

“When you facilitate groups, people see you as their leader, as an example that they would like to follow and if we are not a good example, group members may feel discouraged and may see you as having a double standard.”

Activity

In order to assess comfort where participants are with the 3rd bullet (disclosure), ask the following questions:

“What is your own comfort level sharing about yourself with the group?”

“What are you willing to share and not share?”

“It’s important to be clear about what and how much to share before entering into your role as a facilitator”

Key points:

We are chosen to facilitate HIV peer support groups because we are also living with HIV/AIDS, have overcome many obstacles, have learned to live well with HIV and thus can be a good example others, especially individuals recently diagnosed with HIV

It is helpful to share your own personal experience, ideas, perspectives with the group; however, be careful that in sharing you are not monopolizing the conversation or sharing “too much information”

What might be “too much information”

Third-personing is a useful tool when a sharing of an experience may be helpful for the group but inappropriate for the facilitator to share with the group (e.g. “I love these condoms! They feel great.” vs. “Many people enjoy these condoms and say they feel better than other condoms.”)
Getting Started
Objective: Understanding some of the logistics of running a support group

Process

“In this section of the training we will walk you through how to plan for the support group meeting, including how people are referred to the group, setting up the meeting venue, logistics, group agreements and how to keep people coming to the support group”
Referrals

- The Healthy Living Support Groups will meet weekly in voluntary counseling and testing sites (VCT)
- The staff of the VCT will make referrals to your support groups
Objective: Understanding how people will be referred to the support group

Process

“Referrals will be made by the staff of the VCT sites when someone receives an HIV+ diagnosis”

“Recruitment should not be a problem for these support groups”

“The reasons the support groups will meet in the VCT sites are:

To keep people connected to health care as the VCTs are all linked with medical sites

To ensure periodic analysis of CD4 and viral load count and quick entry to ARVs (or wait list for ARVs) when people become eligible (200 CD4)

So that people don’t have to go to multiple venues”

“When you receive a referral it is important to meet with the person and do an orientation.” Segue to “Orientation slide”
Orientation

- Familiarizes new members with purpose and process of the support group
- Enables new members to be active participants
- Includes an orientation packet with:
  - Group Member Contact Form
  - Support Group Welcome Sheet
  - Support Group Member Guidelines
  - Meeting Schedule
  - Other?
Objectives: Participants will learn what points should be covered at orientation

Key points to cover in an orientation:

- Group guidelines
- Stated purpose/mission of the support group
- Meeting schedule written on a calendar (you can make copies of the calendar in your packets)
- Group structure and process
- Privacy and confidentiality statement (each member should sign one)
Support Group Guidelines

- To assure comfort and safety of every member during meetings
- Created by the group at the first meeting
- Each member signs a printed copy of the guidelines agreeing to follow them
- When a guideline is not being followed, draw the group’s attention to them without singling anyone out
To learn about the role of group guidelines in creating a space where people can be exactly who they are.

Process

“The group guidelines are agreements that each group member commits to. It says how members will conduct themselves while in the support group meeting and how they will treat each other. Because each member is a unique individual and personalities can sometimes clash, it is important to decide at the outset how we will conduct ourselves, what things are allowed in the group and what things are not allowed.”

“The Group Safety Contract is a living document; this means that it can be changed as the needs of the group change. They should also be posted in the meeting room and reviewed at the beginning of each meeting as a reminder to everyone in the room and in case there are new members joining the group. Everyone should sign one and keep a copy to review from time to time.”

Have participants pull out of their training packets the sample Group Contract and review as a group. Tell participants that the guidelines are actually created by the group as a whole in order to get buy-in and ownership from each member of the support group. The following are core guidelines that should exist in every group and if group members don’t articulate them, the facilitator should:

- Be on time and stay for the entire meeting
- One person speaks at a time when acknowledged by the facilitator
- Refrain from making statements that are sexist, racist, homophobic, or otherwise offensive in nature
- Refrain from using alcohol or drugs before and during the group
- Protect the confidentiality of every member
- Refrain from any actions or gestures that are aggressive or hostile in nature
- Be non-judgmental in actions, words or body language

Activity

Role play: ask for volunteer to play the new member and trainer plays the facilitator

Trainer goes over the group safety contract and confidentiality statement with the new participant and has him/her sign both documents.

Key Points

You can call the guidelines by a name that suits the group – they can be called group guidelines, group agreements, safety contract, member contract, etc.

What is important is not what you call them but that you have them, you review them before each meeting and that you give members opportunities to amend them based on past experience within the group.
Wrap-up of Day 1

- Preview day 2
- Evaluation
Healthy Living Support Group
Facilitation Training

Namkelelekile!
Retention

- What BARRIERS might people living with HIV/AIDS face in attending support group meetings?
- What can we do to ADDRESS the barriers and motivate everyone to keep coming to the support group?
Objective: Identifying ways of removing barriers people might face in attending the support group consistently

Activity
10 minutes: Brainstorm with the full group BARRIERS people might face in attending the support group and document on 3 sheets of newsprint (try to spread all responses evenly across the 3 sheets)

Once there is a significant list of barriers, break out into 3 small groups for 20 minutes

Each small group will discuss how to address the barriers listed on their sheet and document on newsprint by a volunteer note taker

After 20 minutes, bring the 3 groups back together and debrief for 10 minutes

Debriefing
“How did you come up with these solutions?”

“Which solutions do you think are easier and which are more difficult to achieve?”

“How might you go about implementing the solutions?”
Group Awareness
Objective: Understanding what energy people bring into the support group

Exercise

Hand out a set of crayons with a blank sheet of paper to each participant.

Have each participant draw a face reflecting feelings that support group members might bring into the room. These may include faces of anxiety, depression, anger, shyness, fear, stress, bored, tired, etc.

Have each participant display his/her drawing to the rest of the group one at a time. Go around the room and ask each person to say what characteristics they see in the picture.

After 15 minutes have passed ask participants to stop

Debrief

“What may cause this behavior?”

“How might this behavior impact on the group?”

“What can we do to help prevent these characteristics from negatively impacting the group?”

Key Points

Every support group member brings his/her personality and what they might be feeling at the moment into the room.

Facilitator must manage this and ensure that moods or other issues people bring do not get out of hand and derail the meeting
Tea Time
Facilitator Creates the Space

- Authenticity
- Empathy
- Acceptance

Growth Promoting Environment

Acceptance

Empathy
Objective: Understanding the role of the facilitator

Process

Explain to group what this graphic means. “According to Carl Rogers, American Psychologist from the 1940s, these are the three conditions that constitute a growth-promoting environment, and facilitate movement toward behavior change, whether we are speaking of the relationship between therapist and client, parent and child, leader and group, teacher and student, or provider and client. The conditions apply in any situation in which development of the person is a goal:

1) Authenticity –
   The more the facilitator is himself or herself in the relationship, putting up no professional front or personal façade, the greater is the likelihood that the person will change and grow.
   Genuineness means that the facilitator is openly being the feelings and attitudes that are flowing within at the moment.
   As a facilitator you will be more effective when you are being yourself.
   People get permission to be themselves when you model this.
   Keep checking to see in what way the group is reflecting you.

2) Acceptance or caring
   Unconditional positive regard.
   When the facilitator is experiencing a positive, non-judgmental, accepting attitude toward whatever the group member is at that moment, change is more likely.

3) Empathy
   This means that the facilitator senses accurately the feelings and personal meanings that the group member is experiencing and communicates this acceptant understanding to him/her.
   The facilitator is so much inside the private world of the other that he or she can clarify not only the meanings of which the person is aware but even those just below the level of awareness.
   Listening, of the very special, active kind, is one of the most potent forces for movement or change.

Activity

Brainstorm how we can tell when a facilitator is being or what it looks like when someone exhibits these skills

Break out into 3 small groups of 6

Each group will take one of the 3 conditions and brainstorm what qualities a facilitator might display to show: 1) Authentic/Genuine 2) Acceptant and 3) Empathetic

Tell group they will have 10 minutes to brainstorm and document on flipchart

Report back to larger group: select a member of your group to report out and debrief
Underlying Facilitation Principles

- Facilitator ensures that everyone in the group is respectful and non-judgmental.
- Each individual is responsible for his/her own growth and change.
- People are capable of self-directed growth.
- Everyone has a right to self-determination.
- Facilitator ensures that everyone in the group is respectful and non-judgmental.
Objective
To understand the principles of facilitation

Process:
Ask for volunteers to read each principle (one per volunteer)

“These principles will help keep us from assuming too much power or tolerating violations of people’s rights”

“PLWHA did not give up their rights under the South African Constitution or Bill of Rights when they tested HIV+. These rights include:

The right to medical care
the right to have sex
the right to get married
the right to have a baby
the right to be respected and treated with dignity
the right to say no
the right to not disclose

“PLWHA also have responsibilities, including:
The responsibility to take care of themselves;
to seek health care;
to disclose HIV+ status to sex partner;
to not transmit HIV;
to ask for what they need to live healthy;
to treat service providers with respect;
to treat support group facilitator with respect.

Key Point
Everyone in the group is equal regardless of race, color, class, sexual orientation or personal behaviors”
Exploring Our Thoughts and Values About HIV/AIDS

*Adopted from the Siyam’kela Project*
**Materials:** Three signs placed at different parts of the room – Agree, Disagree, Don’t Know

**Objectives:**
- Be sensitive to the range of attitudes and values related to HIV and AIDS
- Understand and respect diverse opinions
- Have insight into their own attitudes and values and how this may influence their work

**Process:**
- Explain that this exercise will help us understand viewpoints that are different from our own and to consider how these attitudes and beliefs about HIV and AIDS might affect the way we treat support group members. State that there are no ‘right’ or ‘wrong’ answers and that we are all entitled to our own opinions.

- Ask participants to gather in the center of the open area. Direct their attention to the signs.

- Explain that we will be reading a series of value statements. After hearing the statement, the participants will decide whether they agree, disagree with the statement or if they are unsure. Those who agree will move and stand by the “Agree” sign. Those who disagree will move and stand by the “Disagree” sign. If unsure, to the “Don’t Know” sign. If participants hear something that causes them to change their opinion during the course of the activity, they may move from one area of the room to another.

- The facilitator remains neutral by not offering interpretations for the statement that would influence participants’ responses. However, facilitator can share factual information to clarify matters, as needed.

- Read a statement and then get feedback from the group why participants chose that point of view.

- After finishing the activity, ask participants to return to their seats for a group discussion.

- Facilitate a discussion to explore differences of opinions and values more deeply, based on the following questions:
  - How did you feel during this exercise? What was it like for you?
  - Which statements were the most controversial and why?
  - How can you explain the differences between individuals in this group?
  - How did you feel when other people expressed values and beliefs that were different from yours?
  - How might attitudes and beliefs affect the way you behave toward support group members?
  - How can we keep our own values from influencing our work in a negative way?

**Sample value statements:**

- Sex education encourages people to be sexually active.
- People living with HIV/AIDS should stop having sex.
- People living with HIV/AIDS should be discouraged from getting pregnant.
- It should be a crime for a person who knows their HIV+ status to have sex with an HIV-negative person without first telling them their status.
- All hospital patients should be tested for HIV.

**Key points:**
- Arrange the training room so that there is enough space for participants for this activity.

- During the exercise, it is important to emphasize that there are no right or wrong answers. We all respond to the statements based on our own beliefs and values, and the purpose of this activity is to help explore these differences.

- In order to explore a range of issues, you may need to limit discussion of each statement to comments from one or two participants representing each position.

- If everyone moves to one side of the room, you can ask the group how a person with the opposite opinion might defend their position.
Self Assertiveness
and
Our Beliefs About HIV/AIDS
Objective

To understand how self-assertiveness

Process

Ask: “What is Assertiveness?” Take comments from the group.

Webster definition: “positive or confident in a persistent way” or saying what you think, feel and want in a clear and honest way that is good for yourself and others. It is not being aggressive or showing anger. It is simply telling people in a clear and honest way what you think, feel and want.

“One reason why many PLHA are treated as victims” is that sometimes we allow ourselves to be treated as victims. We often remain passive and silent, allow others to think and decide for us and keep our own feelings and ideas hidden.

“What do you think about this view?”

“What does it mean to be assertive?”

“How does being assertive help? What does it do for us?”

Key Points

Assertiveness can increase your self-confidence, stand up for your rights, gain more respect from others, improve your relationships and gain more control over your life.

Studies show that being self-assertive can boost your immune system.
Lunch Time
HIV+ Health Is Possible

Long-Term Survival Skills Can Be Learned
Activity

Ask participants:

“How is HIV+ health possible?”

“How do you personally believe that HIV+ health is possible?”

“What do you believe are long-term survival skills that can be learned?”

“How have those skills improve your own health and how did you learn them?”

Key Points

If the facilitator believes that HIV+ health is possible and that long-term survival skills can be learned, others may come to believe it, too.

If the facilitator wants others to believe in the power of self-assertiveness, he/she has to believe it first.

Facilitator models self-assertiveness in words and actions during the support group meeting.
### Immunity

Assertiveness increases both quantity and strength of natural killer cells

A University of California in Los Angeles study found that long term survivors with low CD4 counts, who remain healthy without treatment, are assertive and have high natural killer cells

### Risk Behavior

Self-assertiveness helps with safe sex negotiation with a partner

Self-assertiveness allows you to stick to your plan regarding safer sex and safer living

### Adherence

Self-assertiveness can assist in clarifying with your doctor what treatment routines you can adhere to.

Self-assertiveness can assist in saying “yes” to what might help with adherence and saying “no” to what might interfere

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**HIV+ Health**
Practice self-assertiveness through affirmations (internal self-assertiveness)

Show participants some examples of affirming statements

Encourage participants to come up with their own affirmation

Toss a ball from participant to participant

Every time someone catches the ball, they read their chosen affirmation to the group

Examples of affirmations:

“I can live a healthy life even with HIV”

“I am not a victim”

“I have nothing to be ashamed of”

“If no one has ever survived AIDS, I can be first”

“If someone else survives AIDS, I can be second”

“I will live each day to the fullest”

“I will overcome internalized stigma”

“I will overcome my fear of disclosure”

“I will take my meds on time, every day”

“I will take care of my body by eating right and exercising”

“I will lead a productive life as an HIV-positive person”

“I will have a satisfying and healthy sex life”

“I will have a positive attitude about life”

“I will attend every support group meeting”

“I will be a long term survivor”

“I will stop all health-harming behaviors”

“I will exercise my rights under the So. African Constitution and Bill of Rights”

Key Points

If you want others to believe in the power of self-assertiveness you have to believe it yourself

Model self-assertiveness in words and actions during the support group meeting
## Exploring Our Beliefs About HIV

<table>
<thead>
<tr>
<th>Supports HIV+ Health</th>
<th>Threatens HIV+ Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive emotion</strong>: you feel some confidence that you will remain healthy</td>
<td><strong>Negative emotion</strong>: you feel hopeless and trapped because of your beliefs about HIV disease progression</td>
</tr>
<tr>
<td><strong>Disclosure</strong>: you discuss with supportive people in your life about your HIV status and positive emotion that you will remain healthy</td>
<td><strong>Non-disclosure</strong>: you do not talk with anyone about your HIV beliefs</td>
</tr>
<tr>
<td><strong>Healthy denial</strong>: you accept your HIV diagnosis, yet reject the belief that you have to develop, and die from, AIDS</td>
<td><strong>Fatalism</strong>: you believe that sickness is certain; that there is nothing you can do to make a difference in your health</td>
</tr>
<tr>
<td><strong>Optimism</strong>: you let yourself believe in the possibility that you can be a long term survivor, remain healthy and thrive.</td>
<td><strong>Pessimism</strong>: you give up and continue health harming behaviors and very little health helping behaviors</td>
</tr>
<tr>
<td><strong>Values</strong>: You value your health by avoiding health hurting behavior and increasing health-helping behavior</td>
<td><strong>Disregard</strong>: you do not value your health and engage in health hurting behavior</td>
</tr>
</tbody>
</table>
Timeframe: 15 minutes

Process

Review slide with participants

“What do you think of these beliefs?”

“How does this reflect what you already do to support HIV+ health?”

“What do you do to avoid threatening your own HIV+ health?”

“How might you share these beliefs with the support group?”

Key Points

If you want others to believe in the power of self-assertiveness you have to believe it yourself

Model self-assertiveness in words and actions during the support group meeting
Belief About HIV

<table>
<thead>
<tr>
<th>Immunity</th>
<th>Risk Behavior</th>
<th>Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term survivors typically believe in the possibility of a long and healthy life.</td>
<td>If you believe that it’s possible to live a full and rewarding life, you are less likely to allow self-destructive behavior and more likely to treat your body as if it has a future.</td>
<td>If you believe it is possible to survive long and well with HIV, you can be motivated to reinforce that possibility with adherence to health routines, including medication schedules.</td>
</tr>
<tr>
<td>Research has shown that HIV+ people who have a fatalistic outlook on their future develop symptoms sooner than people who are optimistic.</td>
<td>If you believe that you are doomed to die from AIDS, the resulting hopelessness or resignation could promote a “why bother” attitude with regard to safer behaviors.</td>
<td></td>
</tr>
</tbody>
</table>

HIV+ Health and Long-Term Survival
Timeframe: 10 minutes

Process:

Review slide with participants

Ask each participant to pair up with the person next to them and discuss the following questions:

“What do you think about these views?”

“How do these beliefs reflect what you believe?”

“If you don’t believe this, what would need to happen for you to believe?”

Activity

Play DVD of The Wiz, the final scene when Lena Horne, the good witch, sings to Diana Ross (Dorothy) the song: “If You Believe”

Key Points

If you want others to believe in the power of self-assertiveness you have to believe it yourself

Model self-assertiveness in words and actions during the support group meeting
“We are not victims, we are not patients and we are not sufferers. These names are both derogatory and disempowering. We are people living with HIV. We laugh, we cry, we dance, we sing, we play, we argue, we pay tax, we are parents and children. We belong to families. We are all in communities. Above all these things we are part of human nature. That is the second challenge: destigmatizing ourselves and HIV/AIDS”

Thanduxolo Doro
Speaking at the First National Summit for PLHA
Midrand, South Africa
Objective: To share a quote on self assertiveness

Process

Ask a participant to read the quote aloud

“Not surprisingly, people living with HIV all around the world use these words and statements to assert themselves as people who have the same rights as everyone else”
“We are people living with HIV and we have nothing to be ashamed of”

Leonard Spinner
HIV+ since 1983
United States
Objective: Sharing another quote on self-assertiveness

Process

Ask for another volunteer to read this quote
Understanding Assertiveness

Exercise
Timeframe: 30 minutes

Materials: Self-assertiveness scripts 1 and 2

Exercise:

Divide into pairs and ask pairs to stand facing each other. Ask each pair to decide who will play the PLHA and who will play the family member. Give script 1 to 4 pairs and script 2 to the other 5 pairs.

The PLHA’s role is to a) decide what you want to say and to say it clearly b) stick to this statement, repeating it over and over if necessary and c) brush off the other person’s excuses and then repeat your demand.

The family member’s role to refuse the PLHA’s request and give all kinds of reasons why you think this friendship should stop or why you think the PLHA should stop sweeping.

Then ask all of the pairs to role play at the same time. After a few minutes shout “stop” and ask for volunteers to demonstrate their role play.

Scripts for role play:

Script 1: The PLHA has found a new friend, a neighbor. A family member of the PLHA objects to this friendship and wants to stop it.

Script 2: The PLHA is sweeping the yard when her mother returns from the market. The PLHA’s mother says this work is too hard for the PLHA and she should be resting.

Debrief:

“What happened? How did you feel? How can you assert your rights to contribute in different settings and keep control over your life? Did you succeed? How? What did you do that led the other person know how strongly you feel about the issue?”

Key Points

Tell people what you think, feel and want clearly and forcefully

Use “I” statements e.g. I feel or I think or I want or I would like

Don’t apologize for saying what you think or put yourself down

Stand or sit straight in a relaxed way

Hold your head up and look the other person in the eye

Speak so that people can hear you clearly

Stick with your own ideas and stand up for yourself

Don’t be afraid to disagree with people

Accept other people’s right to say “no” and learn how to say “no” yourself
Tea Time
Ethics and Boundaries
Objectives:

Begin conversation about ethics and boundaries with group

Begin developing a definition of ethics and boundaries as a group

Gauge participants familiarity with concepts of ethics and boundaries

Process

“What are ethics?” Document responses. “Let’s try to develop a working definition of ethics because it’s going to come up over and over again in this training and we want to make sure we all have the same understanding of what it is?”


Transition statement: Great, everything that you’ve said encompasses these words… now, let’s take a look at the dictionary’s definition of these words...
What are Ethics?

“The system or code of morals of a particular person, group, or profession”

*Webster’s Dictionary*
Objectives: Outline and explore the code of conduct for peer support group facilitators

Process

“What are morals?” Possible responses: Making the distinction between right and wrong in conduct; good or right in conduct; implies conformity with the generally accepted standards of goodness or rightness in conduct or character

“In the context of peer support group facilitation it means a set of rules of do’s and don’ts for the facilitator”

“Facilitators must always reflect upon ethics in all of their dealings with support group members in and outside the group”

“What are some examples of unethical behaviors that could possibly occur in this line of work?”

Document on flipchart
What are Boundaries?

“Any line or thing marking a limit; bound; border”

*Webster’s Dictionary*
Objectives:
Outline and explore boundaries that are set for peer support group facilitators

Process
“What are some ways in which we as facilitators can ‘cross the line’ with the support group members?”
Document on flipchart
“In the context of facilitating a support group, facilitators have to pay attention to NOT cross that line.”

Use the next slide to summarize responses.
Common Boundary Dilemmas

- Self-disclosure
- Use of Touch
- Location (your or a member’s home/car)
- Relationships with former members
- Gifts
- Becoming friends
Objectives:

Move discussion of boundaries from a theoretical sense to more concrete examples

Discuss common boundary dilemmas to prepare participants for possible future dilemmas
Dual or Overlapping Relationships

- Worship at the same place
- Members of same small community
- Old friend
- Friend-of-a-friend
- Knew through a previous job
- Old fling
Materials: “Boundaries: Questions to Ask Yourself” handout in participant’s training packets

Objectives

Acknowledge the challenges of overlapping roles of community member and support group facilitator

Equip participants with questions to ask oneself to follow ethical code of conduct as support group facilitator whenever a boundary dilemma arises.

Key points

Potential boundary issues will come up from time to time but not frequently

Not maintaining boundaries can negatively impact the group and is counter-productive
Case Studies Exercise: Ethics and Boundaries
Timeframe: 40 minutes

Explain activity and break into groups = 5 minutes

Breakout groups = 10 minutes

Report backs = 5 minutes for each group x 5 groups = 25 minutes

Materials: “Ethics and Boundaries” handout

Objectives

Understanding how to handle potential lapses in boundaries

Activity:

Participants break into 5 groups.

Each group will review a case study from the handout in the packets.

Let group know they have 15 minutes discussion.

Ask for each group to choose a person to report back to the bigger group.

Explain that Group 1 will have case study 1, Group 2 will have case study 2...

Go around to make sure groups understood the instructions.

Go around while participants are discussing to see if they have any questions and to hear discussions. Note if participants seem to have any challenges with the activity. Note how people are doing with time.

When the discussions seem to be wrapping up, or when close to 10 minutes have passed, ask groups to start wrapping-up the discussion.

Ask group to come back to the bigger group.

Ask for volunteers to present on their discussion.

Key points

Case Study 1: Member’s right to privacy, what is it? Facilitator’s right to privacy, what is it? We may want to avoid being “trashed” around our peers; although you are just as human as everyone else in the group, members see you in a different light. We recommend that you tell the support group as soon as they join that you will not approach them if you see them in public because you want to protect their confidentiality.

Case Study 2: We cannot break confidentiality even if it is to help a friend; support group members have a right to privacy; this presents a potential conflict of interest

Case Study 3: Providing housing for a member could be viewed as favoritism and opens the door for other to ask; if you do it for one you have to be willing to do it for all; it might violate your employer’s policy.

Case Study 4: There is an issue of power dynamics in this case; any attraction would be initiated by the group member, not the facilitator; having sex with a member is unethical and crosses boundaries; other members of the group may feel vulnerable; it’s normal to be attracted to some people, it’s not OK to act on that attraction and remain in the group (as a member and as a facilitator).

Case Study 5: Not acknowledging the past relationship can have the “elephant in the room” effect, raising everyone’s discomfort level; the new member and the facilitator can mutually decide what history they feel comfortable sharing; don’t play out your old relationship habits or issues in front of the group.
Testing Our Professional Boundaries Exercise
Timeframe: 30 minutes

Materials:
16 Index cards with statements/questions made by support group members to facilitators that have potential for crossing boundaries

Activity:
Set up two chairs in the front of the room, one for the support group member and the other for the facilitator
Divide the large group in half and have each half form two lines, one on either side of the room (lines A and B).
Pass out index cards to all participants

“We want you to think about what you would say in response to the statement or question by the support group member”

“One participant from each line comes forward, takes a seat faces each other; support group member poses the question/comment in a realistic way to the facilitator”

“The facilitator has to think of the most appropriate response to the support group member”

“If the facilitator cannot think of a response, he/she may call for a lifeline and one of the other participants can assist”

“Each of the two people in the role play go back to the end of your line so that you can have another turn only this time the roles are reversed and the person who played the facilitator before will play the support group member”

Note to Trainer: facilitate a group discussion as the activity progresses, but keep the lines moving

Key Points:
“As a general rule, if you wouldn’t do something for every support group member you have to think about what might be your motive to do it for this one member”

“Examine your triggers and be aware and prepared for all potential situations that may arise – strategize with your other facilitators”

Note: This might be a good place in the training to discuss how participants will support each other once they become facilitators, e.g., periodic facilitator meetings.
Wrap-up of Day 2

- Preview of day 3
- Evaluation
This page contains no comments
Icebreaker: Song and quick review of yesterday
Support Group Objectives

- For people living with HIV with CD4 over 200
- To provide information and support to members
- To help empower members to live healthy and productive lives
- To keep members connected to health care
- To facilitate quick entry to ARVs if and when needed
Objective: Understand the goals of the healthy living support groups

Process

Present slide.

Give participants the opportunity to ask questions on the objectives of the support groups.

Key points

The Healthy Living Support Groups are for people with T-cells above 200. The point is to empower them to care for their bodies, minds and spirits so that they can better cope with HIV and at the same time do concrete things to maintain good health and well being even in the absence of ARVs.

The other thing about the support groups is that they are a way of keeping people connected to care. Presently, around 70% of people who test positive in the Eastern Cape are lost to care, partly because there is not treatment available for them. When they do return, it’s because they are sick and their T-cells are often well below 200. By having a support group connected to each of the 25 VCT (voluntary counseling and testing) sites people stay connected and can get blood tests regularly and go on ARVs immediately upon reaching the 200 T-cell mark to go on wait list.
Room Set-Up
Objective: To learn how to best set up the room for support group meetings and to set up the room for the remainder of the training

Materials: Training Room Arrangement Options

Process

"Many support groups prefer the circle set-up because:

You can see each other
You can see the facilitator
There is no head of table
Everyone in the group is an equal

Whether you are a man or a woman, white, black or colored, heterosexual or homosexual, everyone in the group is equal. This should be communicated to our support group in words and actions"

"In your training packets there are other set-ups that are useful for education groups. Let's take a look at them"

Review the handout together. The handout is from Institute for Social Change/Interactive Institute entitled Training Room Arrangement Options

Ask participants to help you rearrange the room into support group format and segue into next slide

Transition statement

"Now that we are in support group format, let's talk about some tips before we begin practicing facilitation"
Tips Before Getting Started

- Get everyone’s name so you can call on them by name
- Call on people in the order in which they raise their hands
- Have paper and pencil ready for note taking
- Protect the process by enforcing group rules and time allotments; protect ideas and individuals from attack
Timeframe: 10 minutes

Objective: Understanding tips from experienced facilitators

Process

Review slide with participants:

“The facilitator works in such a way that the support group members are aware that it is their business that is being conducted and that each person has a role to play”

“Facilitator should either make a seating chart during introductions or make sure that everyone wears a readable name tag (If making a seating chart it helps to tell them you are making one so you can call them by their names. People appreciate being called by their name and it shows the facilitator’s interest in the individual)

“Keep running a list of the order in which hands are raised so that members can lower their hands and pay attention to the person who is speaking”

“Take notes of important points people bring up so that you can go back to them later”

“For example, interrupt a speaker politely and diplomatically if they are off subject and ask how their point deals with the issue currently being discussed. A diplomatic, early intervention to enforce the ground rules establishes the seriousness of the facilitator”

A note on time allotments: “Some groups give each member a certain amount of time to speak and use a timer to enforce this rule. Do what works best for your group once your group is established”
Modeling Facilitation: Beginning Part of the Meeting
Objective: To shift from theory to practice; to show participants how to facilitate the beginning part of a support group

Activity: By now everyone is in the circle

“I (trainer) am going to model facilitating the first part of the support group meeting, which consists of 4 elements: 1) Welcome 2) Icebreaker 3) Introductions and check-in and 4) Review of group agreements”

“Then I will ask for volunteers to sit in the facilitator chair and do the same”

“Remember that beginnings are crucial – group meetings have a beginning, a middle and an end; the beginning is like building a foundation to a house: the first part of a meeting is crucial to the whole process and time needs to be allowed for the process of starting.”

“Some groups like to do a moment of silence for all people living with HIV/AIDS around the world, those who have passed on and those coming behind us; other groups do an icebreaker or sing a song” “What would you like to do to open the meeting?”

Facilitator proceeds to model facilitating the 4 elements of opening the meeting

Debrief

“What do you think?”

“What skills did you observe me use?”

“What questions do you have?”

Transition Statement

“I would like to ask for a volunteer to sit in the facilitator chair and do what I just did” “Who would like to try?”
Practice Sessions 1 and 2: 
Beginning Part of the Meeting
Objective: Participants practice what they just saw trainer do: facilitating opening the meeting: 1) Welcome 2) Icebreaker 3) Introductions and check-in and 4) Review of group agreements

Process

Volunteer facilitator takes the facilitator chair

Trainer: "I will be with you every step of the way to coach you as we go along"

Debrief

“How did it feel to be in the facilitator chair?”

“What was it like to facilitate these 4 elements?”

“What was difficult?”

“What feedback does the rest of the group want to give the volunteer facilitator?”

Trainer gives final feedback and asks for another volunteer to repeat the 4 elements
Tea Time
Modeling Facilitation: 
Middle Part of the Meeting
Objective: To show how to facilitate different topics during the middle part of the meeting

Materials: 2 scripts: one on stigma and one on disclosure

Process

“I would like to ask for 2 different volunteers to play out the scripts”

“I will begin this Modeling session where we left off in the previous practice session: check-in”; I will pretend I made a couple of notes during the previous check-in and am now going back to address the two issues that were brought up”

“Volunteer 1, you mentioned that you are having problems with stigma: Please say a little more about that”

“I would like to put this questions back to the group: “How have you dealt with stigma in your life?” Note: engage participants in this conversation; tell them to just play along and share how they have dealt with stigma and disclosure in their own lives

Key Points

Trainer should model different skills and elements of facilitation including:

The use of facilitation skills: asking open-ended questions, bouncing back, attending, empathy and acceptance

How to start the conversation

What questions to ask and how to phrase them

Sharing own experience and perspective on the topics being discussed without dominating the conversation
Practice Sessions 3 and 4: Middle Part of the Meeting
Objective: Participants practice facilitating the Middle Part (or content) of the support group meeting

Materials: 2 scripts: one on stigma and one on disclosure

Process

“I would like to ask for two volunteers to play the scripts for these practice sessions”

“Volunteer 3, start out by going back to the 2 volunteers who stated they had an issue to discuss during check-in”

“I will be with you every step of the way to coach you”

Key Points

Give praise to each volunteer at the end of their practice session

“Don’t be afraid of making a mistake – even experienced facilitators make mistakes; what’s important is learning from our mistakes and being aware of them when they occur”

“If you are aware of your mistakes when they occur, you can fix them right away” “Fixing your mistakes by apologizing is genuine and the will respect you for it”

Ask for volunteer 4 to facilitate what was just done
Modeling Session:
End Part of the Meeting
Objective: To show how to facilitate the End Part of the meeting

Process

“I am now going to model how to close a meeting”

“Close the meeting by doing the following: 1) do something that is “ritualistic” in nature so that people come to expect at every meeting 2) summarize what happened today for reinforcement 3) acknowledge any topics left uncovered and tell group that at next meeting we will start where we left off today 4) ask group if there is a topic they might want to hear about at the next meeting and 5) do a breathing exercise or singing or say something nice to each other or whatever else might work best for the group but make sure it is ritualistic and thus the same at every end part of the meeting”

Key Points

It is best to end each meeting on a positive note

People feel good leaving a meeting on a positive note and are more likely to come back next time

Always remember that even if there was no resolution to any issue in the meeting, the meeting was highly successful because: 1) many spoke and participated 2) issues were brought up showing trust in the group 3) something was learned, however small or subtle and 4) people left on a good note
Practice Sessions 5 and 6: End Part of the Meeting
Objective: Participants practice facilitating the end part of the meeting

Process:

“I would like to ask for 2 volunteers to come up and sit in the facilitator chair to facilitate the end part of the meeting”

“Volunteers, you can either do it exactly how I did it or in your own style; you can also use a different “ritualistic” closing activity”

Key Points

“Try to structure every meeting with a beginning, a middle and an end”

“Be yourself and allow others to be themselves”

“Don’t worry if a lot of information did not get covered – there’s only so much you can cover in an hour; the group interaction and what was going on internally for members covered a lot of territory”
Lunch Time
Presentation Skills: Educational Groups
Objectives

Understanding the difference between group facilitation and presentation

Process

*Presentation skills differ from group facilitation in that: 1) presentations require the presenter to do most of the talking 2) presentation is about education and facilitation is about guiding a process 3) preparation on a topic or topics is required for presentation.
What is a Presentation?

- Presentations are a way of communicating ideas and information to a group

- A good presentation has:
  - Content: Contains information that people
  - Structure: It has a logical beginning, middle and end
  - Human Element: A good presentation will be remembered because it has a person attached to it
Objective: Understanding meaning of “Presentation”

Process

Review slide with group

“Content: the presentation must account for how much information the audience can absorb in one sitting”

“Structure: It must be sequenced and paced so that the audience can understand it. The presenter must be careful not to lose the audience when wandering from the main point of the presentation”

“Human element: be yourself (genuine) and speak in words and style that your audience can connect with”

Key Points

“Unlike group facilitation, when you present you are doing most of the communication and only facilitating questions and answers either during or at the end of the presentation”

“Preparation on a topic and how you are going to deliver the presentation must be done in advance”
Preparing for a Presentation

- **Step 1**: Research the topic – *make clear exactly what you will be talking about in the introduction*
- **Step 2**: Know the room – *be familiar with the place in which you will speak*
- **Step 3**: Know the audience – *your presentation must suit the audience*
- **Step 4**: Structure your presentation –
  - Beginning = introduction and purpose
  - Body = main points to cover
  - End = questions & answers
Objective: Understanding the various steps involved in preparing the presentation

Process

Review slide with group. "Good presentations require some preplanning."

Step 1: "You can use the Facilitator Manual we have prepared for you, which contains about 50 topics, and you can use other sources of information"

Step 2: "Walk around the space are and practice in front of the room (you can use a microphone to hear how you sound"

Step 3: "What are the interests, presuppositions and values of the audience and how can you best convey your message to them; choose your words and your non-verbal cues with the audience in mind"

Step 4: "Beginning should be short and to the point; Body should contain at least 3 major points; End should be a review or summary of the main points so that the audience can leave with them in mind"
Sample Presentation Outline

A. Opening
1. Captures the audience’s attention
2. Leads into the speech topic

B. Body
1. First point
   i. Statement of fact
   ii. Supporting material
2. Second point
   i. Statement of fact
   ii. Supporting material
3. Third point
   i. Statement of fact
   ii. Supporting material

C. End
1. Review or summary
2. Call to action or memorable statement
Objective: To provide a framework for preparing a presentation

Process

Review slide with group

“Keep your opening short but catchy”

“Because your educational groups will be large and you will only have 1 hour, we are suggesting making 3 points per presentation; if the time allotted increases, the number of points can increase accordingly”

“It is a good idea to summarize the 3 points in the conclusion of the presentation and/or say something memorable”
Be Aware of:

- **Voice**: volume, tone, pitch and pace
- **Body**: eye contact, facial expressions, gestures, posture, body orientation
- **Active listening**: never daydream or become preoccupied with your thoughts when others are talking
- **Nerves**: do not apologize for being nervous!
- **Questions**: always allow time for questions
- **Habits**: watch out for them!
Objective: Understanding pitfalls in presentations

Process

Review slide with participants

“Voice: the goal is to be heard without shouting; good speakers lower their voice to draw their audience in, and raise it to make a point”.

“Tone: a voice that carries fear can frighten the audience, while a voice that carries laughter can get the audience to smile”

“Pitch: how high or low a note is; find your own but make sure it works for the audience”

“Pace: talking too fast causes the words and syllables to be short, while talking slowly lengthens them; varying the pace helps to maintain the audience’s interest.

“Body: displaying good posture tells your audience that you know what you are doing and you care deeply about it; also, a good posture helps you to speak more clearly and effectively”

“Make eye contact with the audience; eye contact conveys interest, warmth and credibility”

“Smiling is a powerful cue that transmits happiness, friendliness, warmth and liking; if you smile frequently you will be perceived as more likable, friendly and approachable”

“Nerves: do not fight them, welcome them! If you welcome nerves then the presentation become a challenge and you become better; if you let your nerves take over, then you withdraw from the audience; acknowledge the nerves but do the presentation anyway!”

“Questions: make sure you listen to the question being asked; if you do not understand the question, ask the questioner to clarify. If you do not know the answer, be honest and say you will get back to the person. Keep cool if a questioner disagrees with you”

“Habits: if we say “uh” or “you know” or put our hands in our pockets and jingle our keys too often during a presentation it distracts from the message”

Note to Trainer: Review with participants “Tips and Techniques for Good Presentations” handout found in the training packet
Presentation Skills
Preparation Session
Objective: To prepare participants to deliver a presentation

Process

“We are going to pair you up with another participant and ask that you work together to prepare a 5 minute presentation of a topic in your Facilitator Manual”

“You will have 90 minutes to prepare”

“Once every pair is done preparing their presentation, we will ask each pair to come up to the front of the room to deliver the presentation to the whole group”

“Trainers and other JRI staff will go around and assist each pair with preparation”

“What questions do you have?”
Tea Time
Presentation Skills
Practice Sessions
Objective: Participants (pairs) deliver a 5-minute presentation to the audience

Process
Pairs 1 through 9: 5 minutes for presentation and 5 minutes for feedback

Feedback process
Trainers and audience give participants feedback on what went well, what they liked
Trainers and audience give participants feedback on what could be improved

Be sure to give lots of praise for the hard work of the participants
Qualities of an Effective Facilitator
To finish the training, draw a silhouette on newsprint. Have participants write on the silhouette qualities of an effective support group facilitator.
Wrap-Up

- Preview of day 4
- Evaluation
This page contains no comments
Healthy Living Support Group
Facilitation Training

Namkelekile!
This page contains no comments
Graduation Ceremony
Toolkit Table of Contents

Facilitator References

Support Group Facilitator Job Description ................................................................. 1
Suggested Topics to Cover ...................................................................................... 2
Facilitation Skills Matrix ....................................................................................... 5
Ethics and Boundaries: 12 Questions to Ask Yourself ...................................... 7
Support Group Recruitment and Retention Strategies ....................................... 8
5 Stages of Group Development ........................................................................ 10

Support Group Forms

Sample Support Group Welcome Sheet ............................................................. 13
Sample Support Group Member Guidelines 1 ................................................... 15
Sample Support Group Member Guidelines 2 ................................................... 16
Sample Group Member Contact Form ............................................................... 17
Sample Group Member Grievance Procedure ............................................... 18
Sample Group Member Summary Form ......................................................... 19

HIV/AIDS

HIV Terminology and Transmission ................................................................ 20
Opportunistic Infection Reference Table ....................................................... 22
Testing Chart ..................................................................................................... 25
Test Diary .......................................................................................................... 26
Dealing With Side Effects .............................................................................. 27
AIDS Wasting .................................................................................................... 30

Treatment Literacy: ARVs

ARV/ART Fact Sheet ............................................................................................ 31
ART Reference Table .......................................................................................... 33
Talking About ARVs .......................................................................................... 34

Healthy Living

Talking About Nutrition ...................................................................................... 37
Food Diary .......................................................................................................... 38
BRATT Diet Fact Sheet ....................................................................................... 39
Oral Rehydration Therapy Fact Sheet ............................................................ 40
Alcohol and Cigarettes Fact Sheet .................................................................... 41
Exercise Fact Sheet ............................................................................................ 43
Exercise Diary .................................................................................................... 44
Sleep Fact Sheet ................................................................................................ 45
Sleep Diary ......................................................................................................... 46
Hand Washing Fact Sheet .................................................................................. 47
Listen To Your Body ......................................................................................... 48
Protect Yourself From Infections .................................................................... 50
Emotional Health

Stigma Fact Sheet ................................................................. 52
Disclosure Fact Sheet ............................................................ 55
Stress Management Fact Sheet ............................................. 57
Stress Diary ................................................................. 59
Stress Diary Instructions .................................................... 60
Depression Fact Sheet .......................................................... 62
Depression: Facilitator Notes ............................................. 63
Suicide Prevention Fact Sheet ............................................ 64
Sample Personal Safety Contract ....................................... 67

Sexual Health

Condom Fact Sheet .............................................................. 68
Reality/Female Condom Fact Sheet ..................................... 69
STD Chart ........................................................................ 72
Pregnancy Fact Sheet .......................................................... 74
Talking With Your Partner About Sex .................................. 76
Safer Sex Menu ................................................................. 77
Justice Resource Institute, Inc  
JRI Health  
Job Description

Position: Support Group Facilitator

Qualifications: Knowledge of HIV/AIDS; knowledge of development techniques; ability to identify, contact and engage external sources with the purpose of obtaining products/services; strong organization/communication skills.

Supervision: Reports to the support group coordinator.

Responsibilities: Responsibilities include the following:

➢ Facilitate POZ 20’s social support group for gay and bisexual men living with HIV/AIDS.

➢ Maintain accurate, organized records of all contacts made and the outcome of each inquiry.

➢ Attend supervision meetings and necessary trainings.

➢ Other duties as assigned by supervisor.

I acknowledge that I have received a copy of this job description and have had the opportunity to discuss it with my supervisor. There are no religious, psychological, or physical reasons preventing me from assuming these responsibilities.

____________________________  ___________
Employee      Date

____________________________  ___________
Supervisor      Date
Suggested Topics to Cover

- **Introduction - Outlining Rules and Objectives**
- **HIV / AIDS - Talking About the Antibody Test**
  “How are you feeling about your test result?”
  “What questions do you have about the antibody test?”
- **HIV / AIDS - General Overview and Talking About Disease Progression**
  “What are your greatest fears about HIV?”
  “What are your greatest fears about living with HIV?”
- **HIV / AIDS - Talking About Tests (CD4, Viral Load)**
- **HIV / AIDS - Managing HIV Disease**
  “How do you feel about people saying, ‘HIV is a manageable disease’?”
- **Treatment Literacy - Talking About ARVs (Criteria, Regimens, Readiness Program)**
  “What have you heard about ARVs (Anti-HIV medication)?”
  “How do you feel about ARVs?”
  “What concerns do you have about ARVs?”
- **Treatment Literacy - Talking With Your Doctor**
  “What have your experiences been with talking with your doctor about your health?”
  “What challenges have you had in talking with your doctor about living with HIV?”
  “What are things that have helped you in talking with your doctor?”
- **Sexual Health - General Overview**
  “How have your feelings around sex changed since your diagnosis?”
- **Sexual Health - Transmission and Prevention**
  “What have you heard about how HIV is transmitted?”
  “What have you heard about how HIV transmission can be prevented?”
- **Sexual Health - Re-Infection Debate and STIs**
  “What are some possible health risks to your own health in having unprotected sex?”
  “What have you heard about STIs?”
  “What have you heard about re-infection?”
- **Parenting**
  “How have your feelings around being a parent changed since your diagnosis?”
  “How have your feelings around becoming a parent changed since your diagnosis?”
- **Disclosure - General Overview**
  “What does disclosure mean to you?”
  “What has your experience been with disclosure (in general)? Disclosure of your HIV-positive status?”
  “Have other people ever disclosed your status without your permission? How did that feel? How did you handle the situation?”
  “What barriers do people face in disclosing?”
  “What are reasons people might choose to disclose?”
  “What has helped you to prepare for disclosure?”
Disclosure - Partner
“How do you feel about disclosing your status to your sexual or needle-sharing partner(s)?”
“What have your experiences been with disclosing to your partner(s)?”
“What has helped you to prepare for disclosing to your partner(s)?”
“What has helped you with your feelings after you have disclosed?”
“How do you feel about disclosing your status to potential sexual or needle-sharing partner(s)? When and how are ways you would feel comfortable disclosing?”

Disclosure - Family
“How do you feel about disclosing your status to members of your family?”
“When and how are ways you would feel comfortable disclosing to your family?”
“What have your experiences been with disclosing to members of your family?”
“What has helped you to prepare for disclosing to members of your family?”
“What has helped you with your feelings after you have disclosed?”

Disclosure - Social Network (Friends, Religious Groups, Neighbors, etc.)
“How do you feel about disclosing your status to members of your social network?”
“When and how are ways you would feel comfortable disclosing?”
“What have your experiences been with disclosing to members of your social network?”
“What has helped you to prepare for disclosing to members of your social network?”
“What has helped you with your feelings after you have disclosed?”

Disclosure - Work
“How have your feelings about work changed since your diagnosis?”
“How do you feel about disclosing your status to members of your workplace?”
“When and how are ways you would feel comfortable disclosing?”
“What have your experiences been with disclosing to members of your workplace?”
“What has helped you to prepare for disclosing to members of your workplace?”
“What has helped you with your feelings after you have disclosed?”

Stigma - General
“How are people living with HIV perceived in your community?”
“How has the stigma of being HIV-positive changed since your diagnosis?”
“How do you handle being stigmatized or being discriminated against?”

Stigma - Internal
“How has your perception of yourself changed since your diagnosis?”
“How have your relationships with your social network (family, friends, co-workers, etc.) changed since your diagnosis?”

Stigma - External
“What has your experience been with rejection? How did it make you feel?”
“What has your experience been with gossip? How did it make you feel?”
“What has your experience been with people avoiding you for fear of transmission? What did the person say? Do? How did it make you feel?”

Stigma - External - Verbal and Physical Abuse
“Have you experienced (personally and/or witnessing) verbal and/or physical abuse because of your HIV-positive status? Or from people suspecting you might have HIV?”
- **Stigma - External - Gender, Sexual Orientation, Race, and Ethnicity**
  “How do you feel your gender has played a role in your life living with HIV?”
  “How do you feel your sexual orientation has played a role in your life living with HIV?”
  “How do you feel race and ethnicity plays a role in living with HIV?”

- **Stigma - External - Poverty**
  “How do you feel challenges with money to pay for food, transport, school, etc affect your health? Has this changed since your diagnosis?”

- **Emotional and Mental Health - Stress**
  “How is your stress level? Has your relationship with stress changed since your diagnosis?”
  “What are things you do to help you feel better? What are ways you reduce your stress?”

- **Emotional and Mental Health - Depression**
  “How are people feeling?”
  “Have people ever felt depressed? Have people ever felt really sad for a long time and/or hopeless about life? Tell us more.”

- **Healthy Living - Nutrition**
  “What are ways people eat that can help them to stay healthy?”
  “How are people eating? How ‘well’ do you feel you eat?”
  “What challenges do you some times have with eating?”

- **Healthy Living - Nutrition (follow-up)**
  “How did people eat this past week?”
  “What are things you feel you realistically could do to continue to eat healthily?”

- **Healthy Living - Exercise**
  “What are ways people exercise that can help them to stay healthy?”
  “How much of a role does exercise play in your life? Are you comfortable with the level of activity you have in your life?”
  “What challenges do you face in trying to stay active?”

- **Healthy Living - Exercise (follow-up)**
  “How much exercise did people get this week? How did it feel?”
  “What are things you feel you realistically could do to continue to get plenty of exercise?”

- **Healthy Living - Sleep**
  “How are people sleeping? What experiences have you had with difficulty with falling asleep or staying asleep?”
  “What are some challenges you face in trying to get restful sleep?”
  “How does it make you feel to have trouble sleeping or staying asleep?”

- **Healthy Living - Sleep (follow-up)**
  “How did people sleep this past week?”
  “What are things you feel you realistically could do to continue to get enough sleep?”

- **Healthy Living - Washing Hands**

- **Healthy Living - Alcohol and Other Drugs**
  “How have alcohol, cigarettes, and other drugs played a role in your life?”
  “Do you feel alcohol, cigarettes, or other drugs has an impact on your HIV-infection? In what ways?”
<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>Aims and Desired Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Attending to the verbal and non-verbal communication through eye contact, nodding your head, asking for more information, being prepared to respond</td>
<td>To encourage trust, self-disclosure and exploration</td>
</tr>
<tr>
<td>Blocking</td>
<td>Intervening to stop counter-productive behavior in the group</td>
<td>To protect members; to enhance the flow of the group process</td>
</tr>
<tr>
<td>Bouncing Back</td>
<td>Putting a question asked or a statement said by a group member back to that group member or to the entire group</td>
<td>To allow for reflection; to increase group participation; to allow a multitude of perspectives to be expressed; to handle stigmatizing or generalizing comments</td>
</tr>
<tr>
<td>Clarifying</td>
<td>Grasping the essences of a message at both the feeling and thinking levels; simplifying statements by focusing on the core of the message</td>
<td>To help sort out conflicting and confused feelings and thoughts; to arrive at a meaningful understanding if what is being communicated</td>
</tr>
<tr>
<td>Confronting</td>
<td>Challenging group members to look at discrepancies between their words and actions or body messages and verbal communication; pointing to conflicting information or messages</td>
<td>To encourage honest self-investigation; to promote full use of potentials; to bring about awareness of self-contradictions</td>
</tr>
<tr>
<td>Dealing with Silence</td>
<td>Refraining from verbal and non-verbal communication</td>
<td>To allow for reflection and assimilation; to integrate emotionally-intense material; to help the group use its own resources</td>
</tr>
<tr>
<td>Empathizing</td>
<td>Identifying with members by assuming their frames of reference</td>
<td>To foster trust in the facilitator/member relationship or member/member relationship; to communicate understanding; to encourage deeper levels of self-exploration</td>
</tr>
<tr>
<td>Evaluating</td>
<td>Appraising the ongoing group process and the individual and group dynamics</td>
<td>To promote deeper self-awareness and better understanding of group movement and direction</td>
</tr>
<tr>
<td>Facilitating</td>
<td>Opening up clear and direct communication within the group; helping members assume increasing responsibility for the group’s direction</td>
<td>To promote effective communication between members; to help members reach their own goals in the group</td>
</tr>
<tr>
<td>Giving Feedback</td>
<td>Expressing concrete and honest reaction based on observations of members’ behaviors</td>
<td>To offer an external view of how the person appears to others; to increase the members’ self-awareness</td>
</tr>
<tr>
<td>Goal Setting</td>
<td>Planning specific goals for the group process and helping members define concrete and meaningful goals</td>
<td>To give direction to the group’s activities; to help members select and clarify their goals</td>
</tr>
<tr>
<td>Initiating</td>
<td>Taking action to bring about group participation and to introduce new directions in the group</td>
<td>To prevent needless floundering; to increase the pace of group process</td>
</tr>
<tr>
<td>Interpreting</td>
<td>Offering possible explanations for certain behaviors, feelings and thoughts</td>
<td>To encourage deeper self-investigation; to provide a new perspective for considering and understanding one’s behavior</td>
</tr>
<tr>
<td>Modeling</td>
<td>Demonstrating desired behaviors through actions</td>
<td>To provide examples desirable behavior; to inspire members to fully develop their potential</td>
</tr>
<tr>
<td>Skill</td>
<td>Description</td>
<td>Aims and Desired Outcomes</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Positive Reinforcement</td>
<td>Focusing on the positive behaviors and attitudes of the group members rather than the negative</td>
<td>To create a safe, nonjudgmental environment; to encourage any behavior change that reduces harm to the member</td>
</tr>
<tr>
<td>Protecting</td>
<td>Safeguarding members from unnecessary psychological risks in the group</td>
<td>To warn members of possible risks in group participation and to reduce these risks</td>
</tr>
<tr>
<td>Questioning</td>
<td>Asking open-ended questions that leads to self-exploration of the “what” and “how”</td>
<td>To elicit further discussion; to get information; to stimulate thinking; to increase clarity and focus</td>
</tr>
<tr>
<td>Reflecting Feelings</td>
<td>Communicating understanding of the content of feelings</td>
<td>To let members know that they are heard and understood beyond the level of words</td>
</tr>
<tr>
<td>Restating</td>
<td>Saying in slightly different words what someone has said to clarify its meaning</td>
<td>To determine whether the facilitator has understood correctly the statement; to provide support and clarification</td>
</tr>
<tr>
<td>Self-disclosure</td>
<td>Revealing ones personal information in the context of a group discussion</td>
<td>To facilitate deeper levels of interaction in the group; to create trust; to model ways of making oneself known to others</td>
</tr>
<tr>
<td>Suggesting</td>
<td>Offering information, direction and ideas for new behaviors</td>
<td>To help members develop alternative courses of thinking and action</td>
</tr>
<tr>
<td>Summarizing</td>
<td>Pulling together important elements of an interaction or session</td>
<td>To avoid fragmentation or give direction to a session; to provide for continuity and meaning</td>
</tr>
<tr>
<td>Supporting</td>
<td>Providing encouragement and reinforcement</td>
<td>To create an atmosphere that encourages members to continue desired behaviors; to provide help when members are facing difficulties; to create trust</td>
</tr>
<tr>
<td>Terminating</td>
<td>Preparing the group to end the session or finalize its history</td>
<td>To prepare members to assimilate; integrate and apply in-group learning to everyday life</td>
</tr>
<tr>
<td>Third-Personing</td>
<td>Using your own experience or collection of people’s experiences to illustrate a learned experience</td>
<td>To share experiences without inappropriate self-disclosure; to suggest options for behavior change in a nonjudgmental way</td>
</tr>
</tbody>
</table>
Ethics and Boundaries: 12 Questions to Ask Yourself

1. Is this in the group member’s best interest?
2. Whose needs are being served? Mine or the group member?
3. Will this have an impact on the service I am delivering?
4. Should I make a note of my concerns or talk to my supervisor or another support group facilitator about them?
5. How would the group member’s family or significant other feel about this?
6. How would I feel about telling a coworker or supervisor about this?
7. Am I treating this group member differently than others? Why?
8. Is this group member “special” to me?
9. Am I taking advantage of this group member?
10. Does this action benefit me rather than the group member?
11. Am I comfortable documenting this decision/action/behavior in my notes?
12. Does this violate any of my employer’s codes of conduct?

*Adapted from the College of Psychologists of Ontario*
Support Group Recruitment and Retention Strategies

**WHAT ARE SOME BARRIERS TO RECRUITMENT?**

Effective recruitment of PLWHA to participate in support groups requires understanding and overcoming a number of barriers that prevent or discourage membership. Some of these barriers include:

- Lack of knowledge about how to become involved
- Difficulty of travel
- Language barriers
- Lack of written criteria for membership
- Unclear member roles, responsibilities and expectations
- Perception that participation will not make a difference in one’s own personal circumstances
- Fear of disclosure of HIV status, sexual orientation, drug use, sex work, etc.
- Unfamiliarity or discomfort with formality and complexity of support group meeting procedures

**WHAT ARE SOME WAYS TO ADDRESS THESE BARRIERS?**

Some of these barriers might be overcome by having a selection process that:

- Is broadly announced and publicized
- States time commitments
- Coordinates formal recruitment with the local agency/clinic; in other words, responsibility for recruitment should not be placed primarily on support group facilitators but rather shared by the staff of the agency/clinic (since they have access to the clients/patients in the region)
- Clearly communicating expectations, roles and responsibilities
- Clearly describes available supports, such as transportation assistance, child care, food, etc.
- Assures confidentiality outside of the meetings
- Assures language interpretation and translation of written materials
- Describes how support group members would benefit from being involved; in other words, “what’s in it for me?”
- Is extensive and ongoing, involving contact throughout the community
WHAT ARE SOME BARRIERS TO RETENTION?

Sustaining and maintaining effective involvement in support groups requires continued attention. Many factors may cause a member to become inactive or resign from the support group. Some of the most often reported barriers to continued involvement include:

- Lack of clearly defined roles and responsibilities
- Lack of orientation and mentoring of members
- Time, length and frequency of the meetings
- Conflict between group members
- Large geographic areas requiring time-consuming, long-distance travel
- Change in work or family schedules
- Fear or shyness about speaking in front of a group
- Power differential between men and women in some cultures; in other words, women fearing to speak openly and assertively in the presence of men

ORIENTATION

Many of the approaches that aid in recruitment also contribute to effective and sustained involvement. Additionally, an orientation would enable new members to participate actively in the support group. Without a complete understanding of the support group’s function and purpose a member cannot fully and effectively participate in the process. Therefore, it is incumbent upon support group facilitators to orient new members. The orientation should include an orientation packet containing the following information:

- Meeting schedule
- Group structure (e.g., meeting format, leaders, notes taker, etc.)
- Topics discussed in the support group
- Expectations
- Privacy of the support group space
- Statement of confidentiality to be signed by each member of the group
- Rules of engagement/conduct to be signed by each member (this is a list of group agreements stipulating how each member shall comport themselves within the group in order to create a safe environment for everyone; should include boundaries and ethics)
5 Stages of Group Development

**STAGE 1: FORMING**

In the *Forming* stage, personal relations are characterized by dependence. Group members rely on safe, patterned behavior and look to the group leader for guidance and direction. Group members have a desire for acceptance by the group and a need to know that the group is safe. They set about gathering impressions and data about the similarities and differences among them and forming preferences for future sub-grouping.

- Group members need to know that the group is safe and look to the group leader for guidance and direction.

Rules of behavior seem to be to keep things simple and to avoid controversy. Serious topics and feelings are avoided.

The major task functions also concern orientation. Members attempt to become oriented to the tasks as well as to one another. Discussion centers around defining the scope of the task, how to approach it, and similar concerns. To grow from this stage to the next, each member must relinquish the comfort of non-threatening topics and risk the possibility of conflict.

**STAGE 2: STORMING**

The next stage, which Tuckman calls *Storming*, is characterized by competition and conflict in the personal-relations dimension and organization in the task-functions dimension.

As the group members attempt to organize for the task, conflict inevitably results in their personal relations. Individuals have to bend and mold their feelings, ideas, attitudes, and beliefs to suit the group organization. Because of “fear of exposure” or “fear of failure,” there will be an increased desire for structural clarification and commitment. Although conflicts may or may not surface as group issues, they do exist. Questions will arise about who is going to be responsible for what, what the rules are, what the reward system is, and what criteria for evaluation are. These reflect conflicts over leadership, structure, power, and authority. There may be wide swings in members’ behavior based on emerging issues of competition and hostilities. Because of the discomfort generated during this stage, some members may remain completely silent while others attempt to dominate.

In order to progress to the next stage, group members must move from a “testing and proving” mentality to a problem-solving mentality. The most important trait in helping groups to move on to the next stage seems to be the ability to listen.
STAGE 3: NORMING

In Tuckman’s Norming stage, interpersonal relations are characterized by cohesion. Group members are engaged in active acknowledgment of all members’ contributions, community building and maintenance, and solving of group issues.

Members are willing to change their preconceived ideas or opinions on the basis of facts presented by other members, and they actively ask questions of one another. Leadership is shared, and cliques dissolve. When members begin to know-and identify with-one another, the level of trust in their personal relations contributes to the development of group cohesion.

♦ In this stage, people begin to experience group belonging and relief from resolving conflicts. ♦

It is during this stage of development (assuming the group gets this far) that people begin to experience a sense of group belonging and a feeling of relief as a result of resolving interpersonal conflicts.

The major task function of stage 3 is the data flow between group members: they share feelings and ideas, solicit and give feedback to one another, and explore actions related to the task. Creativity is high. If this stage of data flow and cohesion is attained by the group members, their interactions are characterized by openness and sharing of information on both a personal and task level. They feel good about being part of an effective group.

The major drawback of the norming stage is that members may begin to fear the inevitable future breakup of the group; they may resist change of any sort.

STAGE 4: PERFORMING

The Performing stage is not reached by all groups. If group members are able to evolve to stage 4, their capacity, range, and depth of personal relations expand to true interdependence.

In this stage, people can work independently, in subgroups, or as a total unit with equal facility. Their roles and authorities dynamically adjust to the changing needs of the group and individuals. Stage 4 is marked by interdependence in personal relations and problem solving in the realm of task functions. By now, the group should be most productive. Individual members have become self-assuring, and the need for group approval is past. Members are both highly task oriented and highly people oriented.

♦ In this stage, there is unity: group identity is complete, group morale is high, and group loyalty is intense. ♦

There is unity: group identity is complete, group morale is high, and group loyalty is intense. The task function becomes genuine problem solving, leading toward optimal solutions and optimum group development. There is support for experimentation in solving problems and an emphasis on achievement. The overall goal is productivity through problem solving and work.
**STAGE 5: ADJUSTING**

Tuckman’s final stage, *Adjourning*, involves the termination of task behaviors and disengagement from relationships. A planned conclusion usually includes recognition for participation and achievement and an opportunity for members to say personal goodbyes.

- This stage is about concluding the group, including recognition for participation, achievement, and saying goodbyes.

Concluding a group can create some apprehension - in effect, a minor crisis. The termination of the group is a regressive movement from giving up control to giving up inclusion in the group. The most effective interventions in this stage are those that facilitate task termination and the disengagement process.

*Adapted from:*


Sample Support Group Welcome Sheet

Welcome! We are excited you are interested in joining our Healthy Living Support Group. We hope you will find the support and care of the group helpful in keeping you physically, mentally, and spiritually healthy.

Below is some basic information about the support group to help you to better understand the functions of the support group.

If you have any questions, please do not hesitate to ask your support group facilitator.

**PURPOSE**

**Educational**

There are many things to know, understand, and learn about living with HIV. Sometimes it can feel overwhelming or confusing with all the information there is to know! One of the purposes of the meetings is to exchange information so that we can learn the basic information about HIV to live full, healthy lives and delay disease progression.

**Health**

Many studies have shown that people living with HIV who are part of a peer support group (such as this Healthy Living Support Group) have improved overall health and reduced hospitalizations. There are a lot of things you will learn from the support group about ways to live healthily. And being part of this support group means that you will be connected to healthcare services whenever you need it, which has been shown to delay disease progression to AIDS.

**Emotional**

There are many emotions people go through after getting diagnosed with HIV. Sometimes we do not feel safe to tell anyone about these feelings. Sometimes we do not have someone who is willing to listen or understand. Hearing and sharing experiences with people who are going through similar things as us can feel very relieving. Sometimes it can also be helpful because others may have learned strategies to help themselves feel better. Joining a support group also means you are joining a community that is safe for you to be who you are.

**EXAMPLES OF TOPICS COVERED**

- HIV disease progression
- HIV Tests (CD4, Viral Load, LF, etc.)
- Anti-HIV medication
- Opportunistic Infections
- Stigma
- Disclosure
- Healthy Living: nutrition, exercise, sleep
- Emotional Health: stress management, depression
- Sexual Health: condoms, STIs, pregnancy
EXPECTATIONS

There is no expectation that you talk or share personal information with the rest of the group. We believe that people can participate in the group without speaking; listening is also participating. While we have seen talking and sharing experiences can be stress-relieving for many people, it is also true that for many people talking with a group can be stress-inducing. However, many people also find that after building trust and becoming comfortable with the group, talking and sharing experiences become easier and even enjoyable.

CONFIDENTIALITY is of utmost important to us. We have strict expectations that people maintain the confidentiality of the group. This means that your private information will not be shared without your permission, and that we expect you will not share others’ private information without their permission.

Your support group facilitator will describe in further detail additional guidelines for behavior in the support group to ensure group safety.

SCHEDULE

The Healthy Living Support Group meets every __________________ at _____________________________.

______________________________________________________________

location and address

CONTACT INFORMATION

If you would like more information or have any questions about the Healthy Living Support Group, please contact:

Name: ________________________________

Phone: ________________________________

Email: ________________________________
Sample Support Group Member Guidelines

The members of the support group created the following guidelines to assure the comfort and safety of each member during support group meetings. Each new member is required to abide by these ground rules and sign a copy of this agreement:

- Members agree to be present at each meeting, be on time and stay for the entire meeting. If a member is unable to attend a meeting, s/he should inform the support group facilitator before the meeting, if possible

- Members will refrain from any gestures or actions that are physically aggressive or hostile in nature

- Members agree to actively listen when someone else is speaking

- Members agree to comment or ask questions only when recognized by the support group facilitator(s)

- Members agree to treat each other with respect and refrain from using foul language within the meeting

- Members agree to refrain from the use of illegal drugs and/or alcohol before or during the support group meeting

- Members agree to respect each other’s privacy and to maintain confidentiality of personal information of every member of the support group, including their names, identities, HIV status and any other disclosures made

- Members agree to disagree

Signed: _________________________________________________________________

Date: ______________________
Sample Support
Group Member Guidelines

Thank you for participating in a JRI Health Support Group or Workshop. We hope that you find it supportive, educational, and empowering.

In order to ensure that your experience is a positive one, we ask that you abide by the following rules, which have been established to make this group a safe space for everyone.

I, ______________________________________________________________________,

✓ Agree to be on time and to remain throughout the entire meeting.

✓ Agree to work actively on the problems and concerns that brought me to the group.

✓ Agree to disagree.

✓ Agree to put my feelings into words, not actions, thereby refraining from any gestures or acts which are physically aggressive or hostile in nature.

✓ Agree to use relationships made in the group for as long as I participate in the group, therapeutically.

✓ Agree to participate in the group for a minimum of four meetings to allow myself time to become more comfortable.

✓ Agree to refrain from the use of language or statements which are sexist, racist, homophobic, or otherwise offensive in nature.

✓ Agree to refrain from the use of alcohol and drugs before and during group. I agree that if I attend the group in an intoxicated state, I will leave if requested to do so by the group facilitator(s).

✓ Agree to speak when it is my own turn, and will refrain from speaking or engaging in conversations with others while a group member is speaking.

✓ Agree to protect the names and identities of my fellow group members thereby refraining from revealing the disclosures or sero-status of any group member outside of the group setting.

Signature:                  Date:
________________________________________      ______ / _____ / ________

JRI Health, Center for Training and Professional Development
Sample Group Member Contact Form

I, (print name)________________________, authorize the staff of Justice Resource Institute, Health Division (JRI Health) to contact me via:

Phone:   _______________________________
Email:   _______________________________
Mail:   _______________________________
Mail:   _______________________________
Mail:   _______________________________
Emergency Contact:
_______________________________
(Name)
_______________________________
(Phone number)

I understand that no records will be copied and no information identifying me will be recorded or removed. This authorization for release of information is for communication purposes only and in no way authorizes the removal of information or collection of personally identifying information.

I understand that I am not required by law to consent to release this information but choose to do so willingly and voluntarily.

Signed:  _____________________________ Date: ____________
(Clien)
Client Code: _____________________________
Signed:  _____________________________ Date: ____________
(Witness)
Sample Group Member Grievance Procedure

As a group member, you have the basic right to be treated in a respectful manner. If you feel that your rights are not respected and you would like action taken, there are steps you can take to remedy the situation. The JRI Health staff takes all complaints very seriously and we will handle them in a timely and appropriate fashion. The following are steps you need to take to have your voice heard.

Step 1
Speak to the person that you have a complaint with. We will work with you to resolve the issue.

Step 2
If the issue does not get resolved, ask to speak to the person’s supervisor. We will inform you within three working days as to what action has been taken.

Step 3
If the issue is still not resolved after the above steps have been taken, you may fill out the JRI Complaint Form, or you may choose to forego the previous steps and do this first.

If you are not satisfied with the response you may appeal it within three days of receiving the response. Please ask us how. The appeal will be resolved within five working days, after which you will receive notification.

__________________________  _______________________
Signature                          Date

__________________________  _______________________
Witness                            Date

__________________________
Client Code
# Sample Group Member Summary Form

## Observations and General Impressions

<table>
<thead>
<tr>
<th>Initial Summary:</th>
<th>Update due on:</th>
<th>Intake Administrator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Code:</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**What is your general impression of this client?**

**How do you assess this client’s ability to advocate for him/her self?**

**What support system does this client have?**

**Does the client have family support and/or involvement?**

**Does the client face any barriers to accessing services (language, disability, drug use, etc.)?**

**Does the client have any cultural or religious issues?**
HIV Terminology and Transmission

**HIV**

Human Immunodeficiency Virus. “Human” because it only affects human beings and therefore only transmitted (passed) from human to human. “Immunodeficiency Virus” because it is a virus that affects the immune system’s ability to fight off infections. Scientifically shown to be the cause of AIDS. Effective treatment is available for HIV, although there is currently no cure for HIV.

**AIDS**

Acquired Immune Deficiency Syndrome. “Acquired” because a person acquires (“gets”) this illness rather than being a genetic illness. “Syndrome” is a collection of illnesses. When a person who is HIV+ has a T-cell count of 200 or below, or the person has an opportunistic infection, the person receives an AIDS diagnosis. Medically defined as advanced stage of HIV disease.

**VIRUS**

A type of germ that needs a host cell to reproduce. It cannot replicate on its own. HIV uses the T-cells/CD4 cells to replicate itself.

**ANTIBODY**

A protein created by the body to fight a specific infection (virus, bacteria, worms, etc.). When a person is infected with HIV, the person’s immune system develops HIV antibodies to fight HIV. A person would only have HIV antibodies if the person is infected with HIV. Therefore, testing for HIV antibodies is a reliable method to test for the presence of HIV.

**HIV EXPOSURE**

Contact. HIV exposure means contact with HIV where there is a risk for infection. For example, oral, vaginal, or anal sex with someone who is HIV-positive. A person has to have exposure to HIV in order to be infected with HIV. However, not all exposures to HIV leads to HIV infection.

**HIV INFECTION**

HIV infection means a person has HIV, is HIV-positive. Every person who is HIV-positive once had exposure to HIV.

**CD4**

CD4, also known as T-cells, are part of the immune system. These cells let the body know if there is an infection in the body. HIV specifically damages the CD4 cells. A CD4 count (testing how many CD4s are in your body) is a good indicator of the affect HIV has had on your body. When a person has a low CD4 count it does not mean the person is sick, but that the person’s ability to fight off infection might be weakened. HIV+ individuals are recommended to get a CD4 count twice a year.
**VIRAL LOAD**

Copies (number) of HIV in your blood. HIV+ individuals are recommended to get a viral load test twice a year. An “undetectable” viral load means that the person has such a low level of HIV in the body that it cannot be detected by the test. “Undetectable” is great news! It means that you are taking great care of your body. However, it does not mean that you no longer have HIV, which means that you can still transmit (pass) HIV on to another person.

**HIV TRANSMISSION**

HIV is transmitted from an HIV-positive person to an HIV-negative person through:

- Unprotected sex (anal, vaginal, and oral sex)
- Sharing needles / syringes
- From an HIV+ mother to a child (during pregnancy, birth, and breastfeeding)
- HIV+ blood to blood contact

Framework for Assessing HIV-Infection Risk:

- Type of fluid
- Amount of fluid
- How easily fluid can get in the bloodstream

**Fluids that can transmit HIV are:**

<table>
<thead>
<tr>
<th>Higher Concentration</th>
<th>Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Semen</td>
</tr>
<tr>
<td>Vaginal secretions</td>
<td></td>
</tr>
<tr>
<td>Pre-seminal fluid / Pre-cum</td>
<td></td>
</tr>
</tbody>
</table>

| Lower Concentration  | Breast milk |

**Fluids that cannot transmit HIV are:**

- Tears
- Sweat
- Saliva
- Urine
- Feces

**HIV can enter the body through:**

<table>
<thead>
<tr>
<th>Higher Risk</th>
<th>Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anal</td>
</tr>
<tr>
<td></td>
<td>Vagina</td>
</tr>
<tr>
<td></td>
<td>Penis</td>
</tr>
<tr>
<td></td>
<td>Mouth</td>
</tr>
</tbody>
</table>

| Lower Risk  | Eyes |

*any cuts, breaks, or sores on the skin increase the risk of HIV infection from HIV exposure*
Opportunistic Infection (OI) Reference Table

In our bodies, we carry many germs - bacteria, protozoa, fungi, and viruses. When our immune system is working, it controls these germs. But when the immune system is weakened by HIV or by some medications, these germs can get out of control and cause health problems. Infections that take advantage of weakness in the immune defenses are called opportunistic infections (OIs).

There are many different types of OIs and thus also many different prevention methods. However, some general OI prevention methods include ARVs, drug prophylaxis, personal hygiene, and being careful around undercooked meat, domestic animals, human excrement, and lake or river water. Below is a table of the 9 most common OIs in South Africa and information regarding their symptoms, transmission, prevention, diagnosis, and treatment.

<table>
<thead>
<tr>
<th>OI</th>
<th>Symptoms</th>
<th>Transmission</th>
<th>Prevention</th>
<th>Diagnosis</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| Candidiasis (Thrush)        | • Oral: burning pain, altered taste, difficulty swallowing, white or pinkish-red blisters, chapped, cracked and sore corners of mouth  
• Vaginal: thick white discharge, itching and burning, rash, tenderness  
• Esophageal: chest pain, difficulty swallowing | • Caused by the fungus *Candida albicans*  
• Most people have this fungus on and inside their bodies  
• It can be sexually transmitted between partners | • ARVs  
• Drug prophylaxis  
• Stress reduction  
• Get plenty of rest  
• Avoid foods high in sugar, dairy, yeast, wheat and caffeine  
• Eat yoghurt containing *Lactobacillus acidophilus*  
• Practice good oral hygiene, avoid tobacco | • Visual diagnosis by medical professional  
• Sometimes, lab test of growth is needed  
• X-rays and endoscopy is used to diagnose esophageal candidiasis | • Oral: treatment available  
• Vaginal: treatment available  
• Esophageal: treatment available |
| Cytomegalovirus (CMV)       | • CMV Retinitis: floating spots before the eyes, hazy vision, blurred or missing areas of vision  
• CMV Gastritis: diarrhea, loss of appetite, fever, blood in the stool, stomach cramps, weight loss, painful swallowing, pain in the center of the chest | • Caused by a virus that can infect the eyes, stomach, brain, nerves, colon and throat  
• Can be transmitted through urine, saliva, blood, tears, semen and breast milk | • ARVs  
• Visit an eye doctor every 3-6 months  
• Drug prophylaxis | • CMV Retinitis: visual diagnosis by ophthalmologist (eye doctor)  
• Other forms of CMV are diagnosed using tissue samples collected from the affected organ | • CMV is treated using powerful antiviral drugs to both treat the disease and prevent the virus from causing disease in the future |
| Herpes Simplex Viruses (Oral and Genital Herpes) | • Oral herpes: itchy or painful sores around the mouth and nostrils  
• Genital herpes: sores on the penis, vagina, or anus, can cause pain when urinating or defecating | • Oral and genital herpes are caused by herpes simplex viruses  
• Can be transmitted by direct contact of lips or genitals both when the sores are present and also when no sores are present  
• Present in semen, vaginal fluid and saliva | • Long-term drug prophylaxis is available for people who have frequent recurrences | • Visual examination of sores by medical professional  
• A small sample of a sore is sent to a lab for testing | • Cannot be cured, but symptoms can be treated  
• Treatment can speed up healing time, reduce pain, and delay or prevent additional recurrences of symptoms  
• Keeping the sores and areas around them clean and dry will speed up healing time |
# Opportunistic Infections (OI) Reference Table

<table>
<thead>
<tr>
<th>OI</th>
<th>Symptoms</th>
<th>Transmission</th>
<th>Prevention</th>
<th>Diagnosis</th>
<th>Transmission</th>
</tr>
</thead>
</table>
| **Kaposi’s Sarcoma**      | • KS blotches, called tumors or lesions, range in color from pinkish-red to brownish-blue  
• KS skin lesions are usually flat and painless  
• KS lesions inside the mouth can make eating difficult and painful  
• Lesions in the gut can cause diarrhea, cramping, bleeding  
• Lesions in the lungs can cause severe breathing problems and discomfort | • KS is a type of cancer  
• Caused by a virus called Kaposi’s sarcoma-associated herpesvirus (KSHV) | • At this time there are no prevention methods for KS | • KS skin lesions are usually diagnosed by biopsy  
• A bronchoscope and/or X-rays are used to diagnose KS of the lungs  
• Endoscopy is used to diagnose KS of the gut | • KS lesions of the skin do not necessarily have to be treated  
• KS lesions in the gut or lungs can be treated with systemic therapy |
| **Malaria**               | • Fever, shivering, joint pain, vomiting, anemia and convulsions         | • Malaria is a mosquito-borne infectious disease caused by a protozoan parasite called *Plasmodium*  
• *Plasmodium* is transmitted by *Anopheles* mosquitoes  
• Human-to-human transmission cannot occur | • Drug prophylaxis  
• Mosquito control and eradication  
• Prevention of mosquito bites (insect repellants, insecticide-treated bed nets, wearing long-sleeved clothing and pants outdoors) | • Microscopic examination of blood sample  
• Antigen detection tests (for areas where microscopes are not available) | • Malaria can be treated and cured with antimalarial drugs |
| **Mycobacterium Avium Complex**  
(MAC) | • Causes disease in organs, including the liver, spleen and bone marrow  
• Fever, night sweats, chills, weight loss, muscle wasting, abdominal pain, fatigue and anemia  
• Enlargement of the liver, spleen, and/or lymph nodes | • Caused by MAC bacteria  
• MAC bacteria are common in the environment and cause infection when inhaled or swallowed | • Drug prophylaxis for people who have a CD4 count <75 | • Blood and/or bone marrow samples are collected and sent to a lab for testing | • MAC can be treated with a combination of antibiotics  
• Long-term MAC therapy can be used to prevent MAC from returning |
<table>
<thead>
<tr>
<th>Opportunistic Infections (OI) Reference Table</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OI</strong></td>
</tr>
<tr>
<td>Pneumocystis Pneumonia (PCP)</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

HIV/AIDS — OI Reference Table

Healthy Living Peer Support Group Facilitation

JRI Health, Center for Training and Professional Development
## Testing Chart

### Recommended Tests for People with HIV/AIDS

<table>
<thead>
<tr>
<th>Test Name</th>
<th>What Does it Test For?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD4 Count</td>
<td>Measures the number of CD4 cells in the blood; CD4 cells are disease-fighting cells</td>
</tr>
<tr>
<td>Full Blood Count</td>
<td>Measures the amount of hemoglobin, number of red blood cells, hematocrit, volume of red blood cells, mean cell hemoglobin, number of white blood cells, percentages of different types of white blood cells, and number of platelets in the blood; assesses overall health of a person</td>
</tr>
<tr>
<td>Liver Function Test</td>
<td>Measures the amount of albumin, liver enzymes, bilirubin, prothrombin, cholesterol and total protein in your blood; this shows how well a person’s liver is working</td>
</tr>
<tr>
<td>Viral Load</td>
<td>Measures the number of HIV in the blood</td>
</tr>
</tbody>
</table>

### TB Tests

<table>
<thead>
<tr>
<th>Test Name</th>
<th>What Does it Test For?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar Puncture</td>
<td>Collect and test cerebrospinal fluid (CSF) for TB bacteria; CSF is the fluid surrounding the brain and spinal cord</td>
</tr>
<tr>
<td>Sputum Culture</td>
<td>Collect and test sputum (phlegm) from your lungs for TB bacteria</td>
</tr>
<tr>
<td>X-Ray</td>
<td>See if TB bacteria has infected and caused inflammation in the lungs</td>
</tr>
<tr>
<td>Date</td>
<td>CD4 Count</td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>CD4 Count</th>
<th>Viral Load</th>
<th>CD4 %</th>
<th>How Do You Feel?</th>
<th>Date of Next Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
Dealing with Side Effects

HEADACHES

The most common cause of headache is tension, something most people have at some point! Medications, including anti-HIV drugs, can also cause them. Headaches are mostly just a pain and can be eased by over-the-counter medications like aspirin, acetaminophen, ibuprofen, or naproxen sodium. They can also be helped, and prevented, by reducing stress.

Tips for Headaches:

- For on-the-spot headache relief: try resting in a quiet, dark room with your eyes closed; place cold washcloths over your eyes; massage the base of your skull with your thumbs and massage both temples gently; take hot baths.
- To prevent headaches from recurring: try to anticipate when pain will strike. Avoid or limit foods known to trigger headaches, especially caffeine (from coffee, tea, soft drinks or some medications), chocolate, red wine, citrus fruit (if more than ½ cup a day), food additives (like monosodium glutamate, or MSG), nuts, onions, hard cheese and vinegar.

FATIGUE

It’s not unusual to feel tired, especially when life is hectic. A sense of tiredness that doesn’t go away with rest is a problem. If ignored, fatigue can worsen.

Symptoms of fatigue can be physical—like it’s difficult to getting out of bed or walk up stairs. They can also be psychological—like having a hard time concentrating. Fatigue is also a symptom of another drug side effect—anemia.

Getting a handle on fatigue begins with acknowledging it. If you’re feeling fatigued, ask yourself: how long have you been tired? Are there activities that are difficult today that weren’t a problem a few months ago? Are you having trouble concentrating? Are you having trouble sleeping or sleeping more than normal? The more information you can give your doctor about your physical, psychological and daily habits, the more likely the two of you will be able to decide the proper treatment for your fatigue.

Tips for Fatigue:

- Try going to sleep at night and waking in the morning at the same time every day. Changes in your sleep schedule can actually make you feel tired.
- Try to get a little exercise. Exercise eases stress and makes you feel stronger and alive.
- Keep easy-to-prepare foods on hand for times you’re too tired to cook.
DIARRHEA

Aside from being annoying, the biggest concern is that diarrhea can cause dehydration. So the first course of action is to replenish lost liquids by drinking plenty of fluids, like Gatorade, ginger ale, chicken or beef broth, herb tea or just plain water. See also the Oral Re-Hydration Fact Sheet for more information. Chronic diarrhea may lead to weight loss. Foods that provide nutrients, calories, and absorb liquid (like the BRATT diet—bananas, rice, applesauce, toast, and tea) are good tools in dealing with diarrhea. See the BRATT Fact Sheet for more information.

Anti-diarrhea medications like Lomotil, Kaopectate, Imodium, or Pepto-Bismol can help. So can bulking laxatives like Metamucil. Nutritional supplements, such as L-Glutamine, Provir or Shaman Botanicals-Normal Stool Formula (SB-NSF) may also help, but can be expensive.

Tips for Diarrhea:

- Eat foods high in soluble fiber, which slows diarrhea by absorbing liquid. In addition to the BRATT diet, these foods include oatmeal, cream of wheat, grits and soft bread (not whole grain).
- Try psyllium husk fiber bars (another source of soluble fiber). A recent study showed that two bars eaten one hour before bedtime with a large glass of water can really help diarrhea. They can be found at health food stores.
- Avoid foods high in insoluble fiber, like the skins of vegetables and fruits. These foods can make diarrhea worse.
- Try to avoid milk products and greasy, high-fiber, or very sweet foods. They tend to aggravate diarrhea.
- Try taking calcium supplements (500mg twice a day).
- Prevent dehydration by drinking lots of fluids.

NAUSEA AND VOMITING

Feelings of nausea and the urge to vomit vary greatly among people. The two symptoms often occur together. Certain medications used to treat HIV or related conditions can cause nausea. Persistent vomiting can lead to serious medical problems, like dehydration, chemical imbalances and even tearing of the esophagus (throat). Call your doctor if you vomit repeatedly throughout the day or if nausea or vomiting is persistent and/or interferes with your ability to take your medication.

Tips for Nausea and Vomiting:

- The BRATT Diet (Bananas, Rice, Applesauce, Toast and Tea) helps with nausea and diarrhea.
- Leave dry crackers by your bed. Before getting out of bed in the morning, eat a few and sit in bed for a few minutes. This can help reduce nausea.
- Try some peppermint, chamomile or ginger tea—they can calm the stomach.
- Sip cold carbonated drinks like ginger-ale, 7-Up or Sprite. They can help avoid nausea.
- Avoid hot, spicy, strong-smelling and greasy foods.
- If vomiting occurs, replenish fluids with broth, carbonated beverages, juice, Jell-O or popsicles.
- Talk to your doctor about the benefits/risks of anti-nausea medications (such as Compazine, Marinol, Ativan, Tigan, Zofran and Phenergan)
**PERIPHERAL NEUROPATHY**

Peripheral neuropathy is caused by damage to nerves. When these nerves are damaged, it can cause a sensation of burning, stinging, stiffness, tickling or numbness in the feet, toes or hands. These sensations can be mild or severe enough to prevent someone from being able to walk. Peripheral neuropathy can be caused by HIV itself or as a side effect of certain anti-HIV drugs or drugs to treat opportunistic infections.

Treatment of peripheral neuropathy usually involves stopping or decreasing the offending drug. This usually results in clearing up the symptoms. However, there is no drug that can reverse nerve damage. *Talk to your doctor if you have signs of peripheral neuropathy.* If neuropathy is severe, it’s a good idea to consult a doctor that specializes in pain management.

**Tips for Peripheral Neuropathy:**

- Wear loose-fitting shoes, roomy cotton socks, and padded slippers around the house. Good air circulation around the feet helps.
- Keep feet uncovered in bed. Bedding that presses down on your toes can add to the problem.
- Walk around, but not too much. Walking helps blood circulate in the feet (a good thing), but too much walking or standing can make the problem worse.
- Soak feet in ice water to reduce foot pain.
- Massage your feet. This reduces foot pain temporarily.
- Try ibuprofen to reduce pain and swelling.
- Use L-acetyl carnitine (available at health food stores or through prescription) to prevent the peripheral neuropathy related to ddI, d4T and/or hydroxyurea.

**DRY MOUTH**

Dry mouth can result from taking certain medications. It is an uncomfortable condition, making chewing, swallowing and talking difficult. Dry mouth can affect your sense of taste and can promote mouth problems, like tooth decay and oral yeast infections (thrush). Treating dry mouth can be as simple as drinking plenty of liquids during or between meals. Avoid sugary or sticky foods or caffeinated drinks since these can make your mouth even drier. Chewing sugarless gum can stimulate saliva flow. If these things don’t work, your doctor can prescribe a synthetic saliva or anti-dry mouth medication, such as pilocarpine.

**Tips for Dry Mouth:**

- Rinse your mouth throughout the day with salted warm water.
- Try *slippery elm or licorice tea* (available in health food stores)—they lubricate the mouth and taste great!
- Suck on sugarless candies, lozenges or crushed ice to cool the mouth and give it moisture.
- Ask your doctor to prescribe products or mouth rinses to treat your dry mouth.

*Adopted from Project Inform (www.projectinform.org)*
AIDS Wasting Fact Sheet

WHAT IS AIDS WASTING?

AIDS wasting is the involuntary loss of more than 10% of body weight, plus more than 30 days of either diarrhea, or weakness and fever. Wasting is linked to disease progression and death. Losing just 5% of body weight can have the same negative effects. Wasting is still a problem for people with AIDS, even people whose HIV is controlled by medications.

Part of the weight lost during wasting is fat. More important is the loss of muscle mass.

AIDS wasting and lipodystrophy can both cause some body shape changes. Wasting is loss of muscle, Lipodystrophy is loss of fat. However, wasting in women can start with a loss of fat.

WHAT CAUSES AIDS WASTING?

Several factors contribute to AIDS wasting:

- **Low food intake**: Low appetite is common with HIV and some AIDS drugs have to be taken with an empty stomach or with a meal. It can be difficult for people with AIDS to eat when hungry. Drug side effects such as nausea, changes in the sense of taste, or tingling around the mouth also decrease appetite. Infections in the mouth or throat can make it painful to eat. Infections in the gut can make people feel full after eating just a little. Finally, lack of money or energy may make it difficult to shop for food or prepare meals.

- **Poor nutrient absorption**: Healthy people absorb nutrients through the small intestine. In HIV disease, several infections can interfere with this. HIV may directly affect the intestinal lining and reduce nutrient absorption. Diarrhea causes loss of nutrients.

- **Altered metabolism**: Food processing and protein building are affected by HIV disease. Even before any symptoms show up, you need more energy. People with HIV need more calories just to maintain their body weight.

Unfortunately, these factors can work together to create a “downward spiral.” For example, infections may increase the body’s energy requirements. At the same time, they can interfere with nutrient absorption and cause fatigue. This can reduce appetite and make people less able to cook their meals. They eat less, which accelerates the process.

HOW IS WASTING TREATED?

There is no standard treatment for AIDS wasting. Treatments for wasting deal with each of the causes mentioned above.

- Reducing nausea and vomiting helps increase food intake. AIDS activists have long urged the legalization of marijuana. It reduces nausea and stimulates the appetite.

- Treating diarrhea and opportunistic infections in the intestines helps alleviate poor nutrient absorption. Another approach is the use of nutritional supplements that have been specifically designed to provide easy-to-absorb nutrients.

- Treating changes in metabolism: Hormone treatments are being examined. Human growth hormone increases weight and lean body mass, while decreasing fat mass.

*Adapted from AIDS InfoNet - Fact Sheet 519
Anti-Retroviral Medicines (ARVs)
Anti-Retroviral Treatment (ART)
Fact Sheet

WHAT IS ANTI-RETROVIRAL TREATMENT?

Anti-retroviral treatment is a treatment for HIV and AIDS, although not a cure. It can prevent people from becoming ill for many years by slowing down the replication of HIV in the body.

QUALIFYING FOR ART

• Tested HIV-positive at a Voluntary Counseling and Testing site
• Stage 4, AIDS Defining Illness
  o CD4 count is less than 200
  OR
  o Opportunistic Infection
• Passed the 6-week Readiness Program
  o Finished readiness program class that covers things such as names of ARVs, storing, measuring, and taking ARVs, symptoms of side effects from ARVs
  o Treated opportunistic infections, if any
  o Disclosed HIV to at least one person

FIRST-LINE TREATMENT

1a.

<table>
<thead>
<tr>
<th>GENERIC Name</th>
<th>SHORT NAME</th>
<th>LABEL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stavudine</td>
<td>D4T</td>
<td>Zerit</td>
</tr>
<tr>
<td>lamivudine</td>
<td>3TC</td>
<td>Epivir</td>
</tr>
<tr>
<td>efavirenz</td>
<td>EFV</td>
<td>Stocrin</td>
</tr>
</tbody>
</table>

1b.

<table>
<thead>
<tr>
<th>GENERIC Name</th>
<th>SHORT NAME</th>
<th>LABEL NAME</th>
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<tbody>
<tr>
<td>stavudine</td>
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</tr>
<tr>
<td>lamivudine</td>
<td>3TC</td>
<td>Epivir</td>
</tr>
<tr>
<td>nevaripine</td>
<td>NVP</td>
<td>Viramune</td>
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</table>

SECOND-LINE TREATMENT

<table>
<thead>
<tr>
<th>GENERIC Name</th>
<th>SHORT NAME</th>
<th>LABEL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zidovudine</td>
<td>AZT</td>
<td>Retrovir</td>
</tr>
<tr>
<td>Didanosine</td>
<td>Ddi</td>
<td>Videx</td>
</tr>
<tr>
<td>lopinavir / ritonavir</td>
<td>LPV/r</td>
<td>Kaletra</td>
</tr>
</tbody>
</table>
**ART CLASSES**

*Adapted from www.tac.org.za

**Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs/ “nukes”)**
- First type of drug available to treat HIV infection (1987)
- NRTIs interfere with the action of an HIV protein called reverse transcriptase, which the virus needs to make new copies of itself
- NRTIs are sometimes called the “backbone” of combination therapy because most regimens contain at least two of these drugs

**Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs/“non-nukes”)**
- Second group of drugs available to treat HIV infection (1997)
- NNRTIs stop HIV from replicating within cells by inhibiting the reverse transcriptase protein

**Protease Inhibitors**
- Third group of drugs available to treat HIV infection (1995)
- Protease inhibitors inhibit, protease, which is another protein involved in the HIV replication process

**Fusion or Entry Inhibitors**
- Fourth group of drugs available to treat HIV infection
- Entry inhibitors prevent HIV from entering human cells
- Needs to be injected
- One of these drugs, commonly called T-20 has been licensed in the US and Europe since 2003, but only for people who have already tried other treatments
# Antiretroviral Therapy (ART) for Adults

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Class</th>
<th>Storage</th>
<th>Adult Dosing</th>
<th>How It's Taken</th>
<th>Common Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Line Regimen A:</strong> ART Naïve Patients (5 pills per day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stavudine (d4T)</td>
<td>NRTIs</td>
<td>Room temperature</td>
<td>1 capsule every 12 hours*</td>
<td>Take with or without food</td>
<td>Peripheral neuropathy; nausea; diarrhea; vomiting; headache; rash; low red and white blood cell counts; muscle pain and wasting; fatigue; lipodystrophy</td>
</tr>
<tr>
<td>Lamivudine (3TC)</td>
<td>NRTIs</td>
<td>Room temperature</td>
<td>1 tablet every 12 hours</td>
<td>Take with or without food</td>
<td>Nausea; low red and white blood cell counts; muscle pain and wasting; fatigue; peripheral neuropathy; lipodystrophy</td>
</tr>
<tr>
<td>Efavirenz (EFV)</td>
<td>NNRTIs</td>
<td>Room temperature</td>
<td>1 tablet at night**</td>
<td>Recommended to take on an empty stomach at bedtime</td>
<td>Rash; drowsiness; insomnia; confusion; inability to concentrate; dizziness; vivid dreams; nausea; stomach discomfort; fever; increased liver enzyme levels</td>
</tr>
<tr>
<td><strong>1st Line Regimen B:</strong> ART Naïve Patients (6 pills per day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stavudine (d4T)</td>
<td>NRTIs</td>
<td>Room temperature</td>
<td>1 capsule every 12 hours</td>
<td>Take with or without food</td>
<td>Peripheral neuropathy; nausea; diarrhea; vomiting; headache; rash; low red and white blood cell counts; muscle pain and wasting; fatigue; lipodystrophy</td>
</tr>
<tr>
<td>Lamivudine (3TC)</td>
<td>NRTIs</td>
<td>Room temperature</td>
<td>1 tablet every 12 hours</td>
<td>Take with or without food</td>
<td>Nausea; low red and white blood cell counts; muscle pain and wasting; fatigue; peripheral neuropathy; lipodystrophy</td>
</tr>
<tr>
<td>Nevirapine (NVP)</td>
<td>NNRTIs</td>
<td>Room temperature</td>
<td>1 tablet every 12 hours***</td>
<td>Take with or without food</td>
<td>Rash; upset stomach; increased liver enzyme levels</td>
</tr>
<tr>
<td><strong>2nd Line Regimen:</strong> ART Naïve Patients (8 pills per day)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Zidovudine (AZT)</td>
<td>NRTIs</td>
<td>Room temperature</td>
<td>1 tablet every 12 hours</td>
<td>Take with or after food</td>
<td>Nausea; stomach discomfort; headache; insomnia; low red and white blood cell counts; muscle pain and wasting; fatigue; peripheral neuropathy; lipodystrophy</td>
</tr>
<tr>
<td>Didanosine (ddl)</td>
<td>NRTIs</td>
<td>Room temperature</td>
<td>2 tablets once per day****</td>
<td>Take alone, dissolved in at least 30ml water on an empty stomach (1 hour before or 2 hours after meal)</td>
<td>Peripheral neuropathy; nausea; diarrhea; vomiting; headache; rash; low red and white blood cell counts; muscle pain and wasting; fatigue; lipodystrophy</td>
</tr>
<tr>
<td>Lopinavir/Ritonavir (LPV/r)</td>
<td>PIs</td>
<td>Cool and dry, &lt;25°C</td>
<td>2 tablets every 12 hours</td>
<td>Take with or without food</td>
<td>Diarrhea; nausea; fatigue; headache; changes in blood sugar levels; increased blood fat levels; lipodystrophy</td>
</tr>
</tbody>
</table>

* For patients weighing <60kg take one 30mg tablet of d4T every 12 hours
** For patients weighing <40kg take one 400mg tablet of EFV at night
*** For the first 2 weeks of therapy, take one 200mg tablet of NVP per day
**** For patients weighing <60kg take 250mg of ddl per day

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Treatment Literacy — ART Reference Table

Healthy Living Peer Support Group Facilitation S JRI Health, Center for Training and Professional Development
What are antiretrovirals (ARVs)?

We are all people living with HIV. Many of us are taking ARVs. These are medicines that treat AIDS. They can save your life, but they are not a cure. You must take them every day for the rest of your life. ARVs are now available in some public clinics and hospitals.

- Thabo Cele

How do ARVs work?

They reduce the amount of the virus in my blood. This helps my immune system to work properly again and fight off infections that make people with HIV sick. I weighed 42kg when I started ARVs. I was close to death. Now I weigh over 60kg and am working and healthy. To meet the challenges of HIV, we must take responsibility to learn about the disease and become treatment-literate. It is not only our doctors and nurses who must understand our medical needs. We must understand them too.

- Nontsikelelo Zwedala

How do I tell when I need to start taking ARVs?

I was diagnosed with HIV in 2002, when I was very sick. It was a relief, because then I knew what was causing my illnesses. I also got counselling before and after I was tested. Next I had a test which measured how many CD4 cells I had. These cells control your immune system. Healthy people usually have over 800 CD4 cells per drop of blood. When you have about 200 CD4 cells or you are sick with AIDS, you should consider taking ARVs. Everyone is different, and this can take many years. I started when my CD4 count was 91. I am much healthier now.

- Lilhle Dlamini

Do ARVs work for everyone?

No. Some people start too late and their immune system cannot recover. They start becoming sick with AIDS again. However, ARVs do work for the vast majority of people who become sick with AIDS. It is important to get tested early and have your CD4 cells counted.

- Isaac Skosana

How do you take ARVs?

For lifelong treatment, you must take three different ARV medicines together. This is called combination therapy or HAART. Sometimes you can take one pill containing all three ARVs twice a day. But often you have to take more than one pill.

- Zackie Achmat

Why is it important to take ARVs on time everyday for life?

If you miss doses regularly, the virus will learn to defeat the ARVs sooner. This is called resistance.

- Alude Shongwe

I have heard of first-line and second-line regimens. What are these?

My doctor explained that even when you take ARVs correctly, the virus can change its form. Then your clinic or doctor needs to change the combination of medicines you first started taking (first-line regimen) to a different combination of ARVs (second-line regimen). If you take your medicines incorrectly, you may have to start your second line regimen sooner. It’s better to make your first-line regimen last as long as possible.

- Leon van den Heever

Do ARVs work for children with AIDS?

Yes. Children usually take smaller doses than adults. Instead of taking pills, they might take the ARVs as a syrup, which is often easier for them. Generally, children progress from HIV infection to AIDS quicker than adults, so they need to start ARVs sooner. Consult your doctor to help you decide what is best for your child.
I am pregnant. Can I still take ARVs?

Yes, but you must inform the doctor or nurse because not all ARVs should be taken by pregnant women, or women who might get pregnant. For example, a very commonly used and good ARV called efavirenz should not be used by pregnant women. Pregnant women taking an ARV called nevirapine as part of their treatment should be monitored closely for liver problems. My child is HIV-negative because we took nevirapine when he was born.

- Busisiwe and Luthando Maqungo

Why can’t I share my ARVs with other people in my family who need them?

Because both you and your family member will be taking too small a dose and the medicines will stop working for both of you. Also, you cannot take ARVs if you are not receiving proper monitoring from a doctor or nurse.

- Faghmeda Miller

If I take ARVs, do I still need to take any other medicines?

People with HIV get sick with diseases called opportunistic infections. They are more likely to get TB and they also get unusual diseases like systemic thrush (severe fungal infections of the throat, stomach or vagina), cryptococcal meningitis (infection of the brain caused by a fungus) and PCP pneumonia. ARVs do not treat these diseases. You have to take other medicines to treat them. However, ARVs strengthen your immune system and reduce the risk of you getting these diseases.

- Vuyani Jacobs

I take traditional remedies. Can I continue taking them with ARVs?

I am a traditional healer. I believe in traditional remedies but I also take ARVs. Traditional remedies are chemicals, just like medicines. Some of them can have negative effects if combined with ARVs. This is called drug interaction. We don’t know how some traditional medicines affect the immune systems of people with HIV. If you take traditional medicines, tell your doctor, especially if you take ARVs. Make sure your traditional healer knows about HIV and how ARVs work.

- Prudence Mabele

Can a healthy diet take the place of ARVs?

No. But people with HIV, whether or not they take ARVs, need to eat well to give the immune system the energy it needs to fight the virus. Be careful of people who claim that particular foods such as garlic or African potato treat AIDS. There is no food that is known to treat AIDS. Eat normal healthy foods. Try to drink as little alcohol as possible or none at all. Smoking is not good for people with HIV because of the chest diseases we are more likely to get.

- Nokhwezi Hoboyi

I do not have enough money to buy food. What can I do?

You must apply for a social grant. People with AIDS are entitled to a disability grant. You should find out what grants you are entitled to by contacting your local Social Welfare Department office, church, trade union, or Black Sash office. They can help. Join the campaign for a basic income grant!

- John Vollenhoven

What support do I need if I go onto treatment?

I belong to a support group where we talk about living with HIV/AIDS. I have a treatment supporter, my mother, who helps remind me to take my medicines. A friend can also be a good treatment supporter. You can also talk to your treatment supporter when you get depressed. Being open about your status makes it much easier to deal with HIV. Most importantly, take personal responsibility for taking your medicines and understanding them.

- Gugu Mpungose

If I take ARVs do I still need to use a condom when I have sex?

Definitely. You can still transmit the virus if you have vaginal or anal intercourse. Also, you could be re-infected with a different variation of the virus that is resistant to your medicines. So you must wear a condom to prevent this. People with HIV can have healthy sex lives if we practice safer sex.

- Ntombozuko Khwaza
Public clinics and hospitals offering ARV treatment

**Eastern Cape**
- Dora Nginza Hospital
- Uitenhage Hospital
- Frere Hospital
- Cecilia Makiwane Hospital
- Umtata General Hospital
- St. Elizabeth Hospital
- St. Lucy’s Hospital
- Rietvlei Hospital
- Umlali-Embilisweni Hospital
- Frontier Hospital
- Settlers Hospital

**Free State**
- National Hospital
- Bongani Hospital
- Mofumahadi Manapo Mopeli Hospital
- Itumeleng Clinic
- Metsimaholo Hospital

**Gauteng**
- Helen Joseph Hospital
- Coronation Hospital
- Discoverer Clinic
- Johannesburg Hospital
- Hillbrow Clinic
- Chris Hani-Baragwanath Hospital
- Zola Clinic
- Lillian Ngoyi Clinic
- Leratong Hospital
- Carletonville Hospital
- Khutsong Main Clinic
- Natalspruit Hospital
-Thembisa Hospital
- Far East Rand Hospital
- Daveyton Main Clinic

**KwaZulu-Natal**
- Kapanong Hospital
- Sebokeng Hospital
- Empilisweni Clinic
- Pretoria Academic Hospital
- Kalafong Hospital
- Laudium Clinic
- Dr. George Mukhari Hospital
- Soshanguve III Clinic

**Limpopo**
- King Edward VIII Hospital
- RK Khan Hospital
- Prince Mshiyeni Hospital
- Addington Hospital
- Mahatma Gandhi Hospital
- Greys Hospital
- Northdale Hospital
- Edendale Hospital
- Madadeni Hospital
- Newcastle Hospital
- Church of Scotland Hospital
- CJ Memorial Hospital
- Dundee Hospital
- Stanger Hospital
- Ngwelezane Hospital
- Lower Umfolozi Memorial Hospital
- Mseleni Hospital
- Hibabs Hospital
- Bethesda Hospital
- Mangusi Hospital
- Mosvold Hospital
- LadySmith Hospital
- Estcourt Hospital
- Benedicetine Hospital
- Nkonjeni Hospital
- Vryheid Hospital
- Murchison Hospital
- CJ Crookes Hospital

**Mpumalanga**
- Port Shepstone Hospital
- Christ the King Hospital
- St. Apollonaris Hospital
- Kokstad Hospital

**Northern Cape**
- Klerksdorp / Tshepong Hospital
- Mafikeng / Bophelong Hospital
- Rustenburg Hospital
- Taung Hospital

**Western Cape**
- Khayelitsha Site B Clinic
- Michael Mapongwana Clinic
- Nolungile Clinic
- Gugulethu Clinic
- Tygerberg Hospital
- Groote Schuur Hospital
- Red Cross Children’s Hospital
- GF Jooste Hospital
- Langa Washington Road Clinic
- Hout Bay Main Road Clinic
- Masiphumelelo Clinic
- Westfleur Hospital
- Victoria Hospital
- Hottentots Holland Hospital
- Tableview Clinic
- Eerste Rivier Hospital
- Mitchells Plain Clinic
- Robbie Nurrock Hospital
- Beaufort West Hospital
- Mosselbaai Hospital
- Knicksna Hospital
- Cloetesville District Hospital
- Paarl (TC Newman) Hospital
- Swartland Clinic
- Vredendal Hospital
- Malmesbury
- George Hospital
- Hermanus Hospital
- Robertson Clinic
- Worcester Hospital

This list was compiled from information provided by provincial departments of health.

This pamphlet was issued by the Treatment Action Campaign. Tel: 021 788 3507 or 011 339 8421 Email: info@tac.org.za

Please always consult an accredited antiretroviral care-giver about taking ARVs.

Although great care was taken in compiling this pamphlet, TAC assumes no liability for any errors it might contain.
Nutrition and antiretrovirals are both important.

Good nutrition is very important if you are living with HIV. Antiretrovirals are the medicines that treat HIV. Most people with HIV only need to start taking them after a number of years, when they develop AIDS. Antiretrovirals help most people who take them live much longer, healthier lives. They have to be taken everyday for life. Nutrition is not a replacement for antiretroviral treatment. But good nutrition can help you stay healthy for longer so that you can start taking antiretrovirals later. Once you start taking antiretrovirals, good nutrition will improve their benefits.

Eat a balanced diet.

Foods fall into the following three groups:

- **Body-building foods (protein):** beans, soya, peanuts, eggs, meat, fish, chicken.
- **Energy-giving foods (carbohydrates and fats):** maize, millet, rice, potatoes, sugar and oil.
- **Foods with vitamins that protect against infections:** fruit and vegetables.

Try to eat food from each of these groups every day. This ensures a balanced diet. Also try to eat at least three times a day.

Since your body has to fight HIV as well as other infections, it needs more energy. Foods that many people eat everyday like pap, bread, rice, potatoes and mngqusho contain lots of energy. Eat lots of energy foods to prevent losing too much weight due to HIV.

Make eating an enjoyable event.

Many people living with HIV are badly informed about nutrition. We have been told, “do not eat this or don’t eat too much of that”. To wonder the whole time whether we are eating the right thing is not good. It makes us feel insecure and guilty. Eating should be an enjoyable, relaxed event.

What matters most is that you eat enough.

People with HIV often lose their appetites when they are sick. However, fighting HIV increases the energy needs of our bodies. Make sure you eat enough when you are ill even if you have lost your appetite.

If you cannot afford to buy enough food to eat, find out if you can apply for a social grant. Join the campaign for the Basic Income Grant so that everyone can have enough money to eat.

HIV causes poor nutrition. Poor nutrition makes HIV worse. A vicious circle.

HIV reduces absorption of food, which weakens the body’s ability to resist all kinds of diseases. Poorly nourished people are much more likely to get severe diarrhoea, TB and other infections.

Vitamins

Public clinics give people with HIV vitamins pills. These are often useful for people with HIV. But they are NOT a substitute for antiretrovirals. You should eat lots of fruit and vegetables to ensure you get enough vitamins.

Reduce alcohol and smoking.

Large amounts of alcohol makes HIV worse. Alcohol can also interact very badly with antiretrovirals. Drink small amounts of alcohol or do not drink it at all.

Smoking causes many illnesses, especially chest infections. People often smoke instead of snacking. This is unhealthy if you have HIV. Try to give up smoking.
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WHAT IS A BRATT DIET?

If you are suffering from an attack of prolonged diarrhea, you may find the BRATT diet helpful. This stands for five foods that can help most cases of intestinal upset, especially mild attacks:

- Bananas
- Rice
- Applesauce
- Toast
- Tea

These simple foods contain complex carbohydrates, are usually readily available, and are easily digested. Eating only these five foods for a few days provides some basic nourishment without adding fat which can further upset your system.

One objection to the BRATT diet is the limited choice of foods. This sounds boring, but is really quite tolerable. One tip: don’t eat all the items at every meal. It helps break up the monotony.

Stay on the diet until the diarrhea begins to subside, usually two to four days. Then gradually reintroduce other foods: baked fish, crackers, cooked vegetables, rice cereal, skinless chicken, yogurt; but stay away from high-fat foods like pizza, ice cream, burgers, and fries until stools are fully formed.
Oral Re-Hydration Therapy Fact Sheet

WHAT IS ORAL RE-HYDRATION THERAPY?

Oral rehydration therapy, (also called ORT, oral rehydration salts or solutions) is a simple, inexpensive, and effective treatment for diarrhea and vomit-related dehydration.

HOW DO I MAKE ORT?

To make 1 liter of ORT solution mix together:

- 8 level teaspoons of sugar
- 1 level teaspoon of table salt
- 1 liter of boiled water

* Fructose (fruit sugar) or artificial sweeteners should not be used instead of sugar as they may increase diarrhea and/or not provide sufficient energy.
* A half cup of orange juice or half of a mashed banana can be added to 1 liter of ORT solution both to add potassium and to improve taste.

WHAT IS THE PROPER DOSING FOR ORT?

The amount of rehydration that is needed depends on the size of the person and the degree of dehydration. Rehydration is usually adequate when the person no longer feels thirsty and has normal urine output. A rough guide to the amount of ORT solution needed in the first 4-6 hours of treatment for a mildly dehydrated person is:

<table>
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<tr>
<th>Weight Range</th>
<th>Amount of ORT Solution</th>
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<tr>
<td>Up to 5 kg (11 lb)</td>
<td>200 - 400 ml</td>
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<td>5 - 10 kg (11 - 22 lb)</td>
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<td>10 - 15 kg (22 - 33 lb)</td>
<td>600 - 800 ml</td>
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<td>20 - 30 kg (44 - 66 lb)</td>
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<td>30 - 40 kg (66 - 88 lb)</td>
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<td>40 plus kg (88 lb +)</td>
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People who are vomiting should be fed small frequent amounts of ORT until dehydration is resolved. Once re-hydrated, they may resume eating normal foods when nausea passes.
Alcohol and Cigarettes

WHAT ARE REASONS PEOPLE ENJOY DRINKING ALCOHOL?

- Feeling relaxed
- Being more social
- If a regular, long-term alcohol drinker, preventing side effects of alcohol withdrawal
- Low to moderate alcohol consumption can reduce risk of coronary heart disease and stroke
  - “Low to moderate” is considered one to two small glasses a day. Red wine has been show to have health benefits over other forms of alcohol.
  - However, drinking beyond low to moderate has negative health effects on the body. Additionally, there are many other less risky activities for people to reduce their risk of heart disease and stroke (physical activity, healthy diet, and others)

WHAT ARE SOME HEALTH EFFECTS OF LONG-TERM, REGULAR ALCOHOL CONSUMPTION?

Health Effects:

- “Alcoholism,” dependency or addiction to alcohol
- Reduce overall health and immune system
- Liver damage
  - Taking HIV medication and drinking alcohol can be very toxic (damaging) to the liver and can cause liver disease
- Brain damage
- Pancreatitis

Other effects:

- Financial burden
- Social limitations
- Feeling more comfortable participating in higher-risk behaviors when under the influence of alcohol (sex, illegal activities, and others)

WHAT HAVE HELPED PEOPLE TO REDUCE ALCOHOL CONSUMPTION?

- Reducing the number of alcoholic beverages in a given amount of time (from three drinks per night to one drink per night)
- Reducing the frequency of alcoholic beverages in a given amount of time (from every day to three times a week)
- Reducing the amount of alcohol consumed per one time (from a full glass to half a glass)
- Drinking soda/water/coffee instead of alcohol
- Spending time with people who do not drink alcohol
WHAT ARE REASONS PEOPLE ENJOY SMOKING CIGARETTES?

- Feeling a “buzz”
- Reduction and relief of stress
- If a regular, long-term smoker, preventing side effects of cigarette withdrawal

WHAT ARE SOME HEALTH EFFECTS OF SMOKING CIGARETTES?

- Cigarette addiction
- Reduce overall health and immune system
  - People living with HIV and smoke cigarettes are more likely to develop Opportunistic Infections
- Osteoporosis (weakening of the bones)

WHAT HAVE HELPED PEOPLE TO REDUCE SMOKING CIGARETTES?

- Reducing the number of cigarettes in a given amount of time (from 5 cigarettes a day to 1 cigarette a day)
- Reducing the frequency of smoking in a given amount of time (from every day to every other day)
- Reducing the amount of tobacco/nicotine consumed per one time (from a 1 cigarette to half a cigarette)
- Identifying healthy mechanisms to cope with stress
- Identifying ways to reduce stress in your life
- Chewing gum, eating candy, holding a straw instead of smoking a cigarette
Exercise Fact Sheet

**WHAT IS EXERCISE?**

Exercise is any body movement that increases your heart and breathing rate. Some examples of exercise include:

- Walking, jogging and running
- Dancing
- Swimming
- Carrying heavy things such as children, food or water

**WHAT ARE BENEFITS TO EXERCISE?**

- Overall improved health
- Strengthens your heart and lungs:
  - Prevent and reduce high blood pressure
  - Prevent and reduce high cholesterol
  - Prevent risk of developing heart disease
- Strengthens the immune system
- Keeps bones and muscles strong
- Prevents and manages diabetes
- Reduces risk of some cancers
- Improves mental, emotional and spiritual health
- Contributes to better sleep

**HOW MUCH EXERCISE IS RECOMMENDED?**

The recommended amount of exercise is 30 minutes per day, but this depends on each person. Any amount of exercise can have health benefits.

**TIPS**

- Keep track of your exercise in an EXERCISE DIARY; this can motivate you to exercise more. (see EXERCISE DIARY TOOL)
- Choose activities that are fun, not exhausting. Add variety. Develop a range of several activities that you can enjoy. That way, exercise will never seem boring or routine.
- Find a convenient time and place to do activities. Try to make it a habit, but be flexible. If you miss an exercise opportunity, work activity into your day another way.
- Surround yourself with supportive people. Try to find people to exercise together with, such as family members, friends, or co-workers.
- Go out for a short walk before breakfast, after dinner or both! Start with 5-10 minutes and work up to 30 minutes.
- When walking, pick up the pace from leisurely to brisk.
- Use music to keep you entertained.
- Wear comfortable, properly fitted footwear and comfortable, loose-fitting clothing appropriate for the weather and the activity.
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Healthy Living – Sleep Fact Sheet

Every person needs sleep, a time when the body rests and rebuilds itself for the next day. Sleep is essential to healthy living.

**WHAT ARE THE BENEFITS OF RESTFUL SLEEP?**

- Strengthens immune system
- Repairs and regenerates tissues
- Builds bone and muscle
- Helps regulate appetite

**HOW MUCH SLEEP IS RECOMMENDED?**

Most adults need about 7-9 hours of sleep per day; however, sleep needs are individual.

**SLEEP TEST**

These sleep tests can be used to determine how many hours of sleep a person needs. Do these tests when you don’t have any obligations to wake up at a specific time.

- **Test 1:** Let yourself sleep for as long as you need. Do you feel rested? How many hours did you sleep for?
- **Test 2:** Sleep for 7 hours 1 night, 8 hours another night, and 9 hours another night. See how you feel after each set. Which felt best for you?
- **Test 3:** Some people feel more awake in the morning or at night. Do you feel more energy in the morning or at night? This information can help determine when is a good time for you to go to bed and wake up.

**TIPS TO RESTFUL SLEEP**

- Relaxation techniques:
  - Deep breathing exercise (see Stress Management Fact Sheet for instructions)
  - Muscle relaxing technique:
    - Close your eyes
    - Moving from bottom to top, relax the muscles of each body part: feet, calves, thighs, hip, stomach, back, hands, arms, shoulders, neck and head
- Listening technique: as you are falling asleep start by trying to hear the sounds that are closest and then farther and then farther and then farther away...
- Avoid caffeine (coffee, tea, soda, chocolate) 6-8 hours before going to bed
- Avoid nicotine (cigarettes) before going to sleep
- Reduce alcohol consumption
- Try to stop doing mentally demanding work several hours before going to bed
- Try reading a calming, easy-to-read book for a few minutes to relax your body, tire your eyes, and help your forgot about the things that worry you
- Try writing thoughts and worries in a notebook to help put them out of your mind
- Try keeping the same bedtime, letting your body and mind get used to a routine
<table>
<thead>
<tr>
<th>Date</th>
<th>Bedtime</th>
<th>Wake Up Time</th>
<th># Hours Slept</th>
<th>How Do You Feel?</th>
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<th># Hours Slept</th>
<th>How Do You Feel?</th>
</tr>
</thead>
</table>
Hand Washing

1. Wet hands.
2. Apply soap.
3. Lather for 15 seconds. Rub between fingers, back of hands, fingertips, under nails.
4. Rinse well under running water.
5. Dry hands well with paper towel or hot air blower.
6. Turn taps off with paper towel, if available.

Stop the Spread of Germs

Always Wash Your Hands

After you:
- Sneeze, cough or blow your nose
- Use the washroom or change diapers
- Handle garbage

Before and after you:
- Prepare or eat food
- Touch a cut or open sore

*Adapted from www.toronto.ca/health/pdf/hand_washing_instruction.pdf
Remember... 
- Don't let health problems wait!
- Call your doctor and nurse team early to check in.
- Your doctor and nurse want to help you!

Stay healthy!
Learn the early signs of sickness.

When you have a question or a problem, please call:

__________________________________________

__________________________________________

April 2004

Duplication of this material is encouraged. Artwork by Stephanie Cooper.
Made possible with help from BMC ID Clinic, DEAF Inc., Fenway Community Health Center, MAP at Cambridge Hospital, and Project TRUST.

This fact sheet is part of an HIV and health series called "Matter of Facts."
Updating of "Matter of Facts" was supported by a grant from the National Library of Medicine. If you'd like more copies of "Matter of Facts," please call the Massachusetts Health Promotion Clearinghouse at (800) 952-6637 (toll-free).
Be Safe, Not Sorry!

Call your doctor and nurse team when you \textit{first} notice signs of sickness.

- Read this list.
- Check any signs that relate to you.
- Then call your doctor and nurse team.

- Trouble breathing
- Dizziness when you stand
- Coughing for more than two days
- Pain when you swallow
- More than four watery or soft bowel movements a day
- Fever, shaking, chills, or feeling hot for more than a day
- Losing weight for no reason

- Sweating that soaks your bed
- Very bad headaches or stiff neck
- Being so tired you can't work or take care of yourself
- Sore mouth or tongue
- Burning, itching, discharge, or smell in your vagina
- Changes in your memory
- Blurry vision, pain, or floating things in your eyes
- Feeling sick to your stomach or throwing up

Call Anytime You Just Don't Feel Well!
If you protect yourself from infections, you may live a longer and healthier life.

Begin taking medication for protection.
- Before you get sick is best.
- But if you get sick with an infection, ask your doctor or nurse about how to protect yourself from getting sick in the future.
- Ask your doctor about the right time to start medications.

When you start a new medication, ask your doctor or nurse these four questions. We’ve left space to write the answers.

1) What side effects should I watch out for?

2) How should I take my medications (with or without food, with water, and so forth)?

3) When should I take my medication?

4) Who can I call if I have a question or problem?

When you have HIV, protect yourself from infections. This can help to save your life!
Infection from Germs Can Cause Death in People with HIV

When your body is weak from HIV, it cannot protect you from certain germs. These germs can cause infection in your body.

- Germs that have lived in and around your body since you were a child can make you very sick.
- When you get sick, medications can help make you better. They can help kill germs that cause infection.

The good news is:
If you take medications before you get sick, you can help protect yourself from getting infections in the first place!

Protecting yourself from germs is called prevention. You practice prevention every day when you brush your teeth.

Stop germs from making you sick!

Learn About Prevention!

Taking medications is never fun. But medications can help to save your life. You are worth it!

Example:
PCP is a lung infection. This used to kill many people with HIV. But now you can protect yourself from PCP by taking medications like Bactrim or others. Sometimes it's as easy as taking one pill a day!

You can help protect yourself from other infections with medications. Here are a few examples:

- Dapsone can also help protect you from PCP lung infection.
- Pyrimethamine can help protect you from an infection called Toxo.
- Azithromycin can help protect you from an infection called MAC.

Ask your doctor and nurse team when you should start taking medications to prevent certain infections.
Stigma Fact Sheet

WHAT IS STIGMA?

Stigma can be described as an attribute or quality which significantly ‘discredits’ an individual in the eyes of others. This means that people will look at someone and have a negative attitude towards that person because of a certain quality or characteristic. For example, the person is known or suspected to be HIV-positive.

WHAT ARE THE ROOT CAUSES OF HIV STIGMA?

The main causes of stigma have been found to be incomplete knowledge, fear of death and disease, sexual norms and a lack of recognition of stigma.

Here is an example of how stigma may develop:

1. People may point out a difference and label it: s/he coughs a lot, so s/he must be ill
2. Then they may say that the difference is due to negative behavior: her/his sickness is caused by her/his sinful and “promiscuous” behavior
3. Then they separate “us” from “them:” we are not like them, we’re not sinful but they are
4. Then there may be a loss of status as well as discrimination - they don’t deserve respect, we should not mix with them, we can treat them in a particular kind of way

WHAT IMPACT DOES STIGMA HAVE?

Stigma has a powerful impact on individuals, communities and society:

- Results in excluding behaviors towards people thought to be HIV-positive
- Isolates, divides and breaks down communities
- Undermines equal human rights
- Results in the internalization of blame and shame, which in turn makes it more difficult to disclose and fight against stigma
- Undermines community health by reducing access to HIV prevention, voluntary counseling and testing, treatment, support and welfare benefits for those who are living with HIV
- Stigma leads people to believe people living with HIV/AIDS are different and inferior
WHAT IS EXTERNAL STIGMA?

External stigma refers to experiences of people living with HIV/AIDS being treated unfairly and differently than everyone else. This discrimination may include oppression, rejection, punishment, harassment, blame, and exclusion. It can also sometimes lead to violence against people living with HIV/AIDS.

WHAT ARE EXAMPLES OF EXTERNAL STIGMA?

- **Avoidance** - This may take the form of not wanting to share items or spend time with people living with HIV/AIDS.
  - “They are nice to you but they keep their distance. You don’t really have many friends.”
  - “You sit down [in church] and they all get up and go sit somewhere else.”
  - “Many a times I have had people shout at me saying “Don’t come near me, I am scared of you.”

- **Rejection** - Many people suffer rejection from their spouses, families, friends and coworkers due to the perception that people living with HIV/AIDS deserve the illness or that HIV can be transmitted through casual contact.
  - “You experience rejection, especially at home. When you tell your family that you are positive they start to chase you away. Like they did to me. They said that I must leave, and must stay away.”

- **Moral Judgment** - Involves viewing people living with HIV/AIDS as either “guilty” or “innocent” depending on how they contracted HIV. This places blame and allows people to distance themselves from people living with HIV/AIDS. This justifies discrimination.
  - “If you contracted HIV/AIDS it must have been through sex. It must have been unlawful sex. Therefore you are a sinner and it’s a punishment from God.”
  - “People look at you and they start thinking, she’s been sleeping around.”

- **Unwillingness to Invest** - This is based on a commonly held belief that investing in people living with HIV/AIDS as either “guilty” or “innocent” depending on how they contracted HIV. This places blame and allows people to distance themselves from people living with HIV/AIDS. This justifies discrimination.
  - “The minute you disclose you lose everything. They won’t bother training you anymore.”

- **Discrimination** - Some service providers perceive providing services and opportunities to people living with HIV/AIDS as a waste since they assume that people living with HIV/AIDS are not productive and will die soon.
  - “When I go to the police to ask for help they tell me they are tired of HIV/AIDS. And the magistrate also said he doesn’t accept cases of HIV/AIDS.”
  - “The policy is just there in name only. It’s there but nobody bothers to read it and it is not enforced. So it’s like the policy is not really there.”

- **Abuse** - Some people living with HIV/AIDS experience abuse by others because they are perceived as immoral or as a threat to the community.
  - “Twice I was threatened with my life where people openly told me: If you don’t leave now we will kill you.”
  - “When you go back to your man and disclose, tell him you are HIV positive, he runs away or he beats you.”
**WHAT IS INTERNAL STIGMA?**

Internal stigma is the way a person feels about themselves. For example, shame, fear of rejection and discrimination are all examples of internal stigma.

**WHAT ARE EXAMPLES OF INTERNAL STIGMA?**

- **Self-Exclusion from Services and Opportunities** - Some people living with HIV/AIDS have chosen not to seek out services or opportunities associated with HIV/AIDS because of their fear of stigmatization.
  
  - “Even if there is an offer of a job, I would not apply. It is hard because you think that they will draw blood or look at your urine and see that something is wrong.”

- **Perception of Self** - People living with HIV/AIDS seem to be more vulnerable to internalizing stigma after being diagnosed with HIV when they have poor coping mechanisms, are within a non-supportive environment, and/or have past experience of external stigma and discrimination.
  
  - “I was feeling that I disappointed those people.”
  - “First I apologized to the church and asked them to take me as I am. And I asked them to give me a second chance to prove myself.”

- **Social Withdrawal** - People living with HIV/AIDS may perceive the need to withdraw socially in order to protect themselves (and/or their family and friends) from stigmatization and discrimination.
  
  - “HIV has changed something in me. It has changed the way I conduct myself in front of people. I cannot be comfortable with my family because they... look at me differently. So then I also changed and became a loner. I decided to hide myself.”
  - “Although I’ve accepted the virus myself, I don’t want anyone next to me.”

- **Overcompensation** - People living with HIV/AIDS may perceive the need to overcompensate in terms of their behavior in order to prove and to protect themselves from stigmatization and discrimination.
  
  - “For me, I would say that earlier I thought I was doing what I thought was godly. I was doing my best to serve God. But when I found out that I was [HIV] positive I said no, I think it was not enough.”

- **Fear of Disclosure** - Disclosure of an HIV positive status is a very difficult challenge as people living with HIV/AIDS are concerned of the consequences for themselves and those close to them. As a result many people living with HIV/AIDS do not disclose their HIV status to others.
  
  - “Some people living with HIV/AIDS just cannot find it in themselves to disclose because of the stigma. They just have so much to lose - the respect of their community and family. Their friends will reject them. So they live in silence. It is an enormous burden to be scared of stigma.”
  - “Now the very same issues that you as the [HIV] infected person has to deal with, your partner and child go through the very same thing.”

*Adopted from the Siyam’kela Project*
It is a choice if a person tells, who they tell, and when they tell.

HIV disclosure is an ongoing lifelong process with benefits and drawbacks. **Brainstorm:** what are some benefits? What are some drawbacks?

Disclosure can be difficult for many reasons.

Providers can help you in your disclosure process by helping you emotionally and practically prepare for the disclosure, do the disclosure and cope afterwards.

Here are some things to think about while considering disclosing your HIV status.

**Who:**
- Friends
- Partner(s)
- Children
- Siblings, parents
- Medical and social service providers
- Supervisor, coworkers

**What:**
- You may be asked how you contracted HIV, which involves talking about certain behaviors that you may not want to talk about, such as sexual behavior and...
substance use, which are behaviors with stigmas associated to them. You can choose to disclose your HIV status without saying how you got HIV.

- Sometimes a person is not sure exactly how and when they were infected.

**Where:**

- It is good to think about where you feel safe disclosing.
- Your home
- The other person’s home
- Neutral place

**When:**

- When you feel ready
- Certain times may be more difficult, such as holidays.
- If the person being told is going through a personal crisis, they may be less supportive than at another time.
- Sometimes people rush out to tell everyone when they are newly diagnosed and they may regret it later.

**Why:**

What is your motivation for disclosure?

- A desire for support
- Self empowerment
- A sense of responsibility
- Coercion- someone telling us we should or have to

**How:**

- In person, by telephone, in writing
- Alone, with provider present, or with friend or family member present

**Preparation:**

- Role playing or practicing with a provider or friend may help
- Think about the best case scenario, worst care scenario, and most-likely scenario
- Think about support you may need AFTER disclosure if things don’t go as well as you’d hoped
WHAT IS STRESS?

“Stress is a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize.”

- Lazarus and Folkman

People feel little stress when they have the time, experience, and resources to manage a situation. They feel great stress when they think they can’t handle the demands put upon them. It is not an inevitable consequence of an event: it depends a lot on people’s perceptions of a situation and their ability to cope with it.

WHAT ARE SOME HEALTH EFFECTS OF STRESS?

- Short Term Effects:
  - Increased heart-rate
  - Adrenaline rush

- Long Term Effects:
  - Increased headaches
  - Lowers the immune system
  - Increased risk of heart disease
  - Disruption of the digestive system

- Behavioral Effects of an Over-Stressed Lifestyle Can Be:
  - Consuming alcohol, cigarettes, or other drugs to immediately and chemically relieve stress
  - Not having time to exercise or eat properly
  - Poor sleep

People with lower levels of stress have a low likelihood (30%) of illness in the near future. People with higher levels of stress have a high likelihood (80%) of illness in the near future.

WHAT ARE WAYS TO MANAGE STRESS?

There are three types of approaches to managing stress:

- Action-Oriented: Changing the environment or situation to confront the problem causing the stress

- Emotionally-Oriented: Do not have the power to change the situation, but can manage stress by changing interpretation of the situation and the way we feel about it
  - It can help to see the stressor as having a positive influence
  - It can help to believe that we have the ability to cope with the stressors

- Acceptance-Oriented: Where something has happened over which we have no power and emotional control, and where our focus is on surviving the stress
**TECHNIQUES THAT CAN HELP TO REDUCE STRESS**

**Deep Breathing**
- Stand or sit up straight
- Close your eyes
- Put your hand on your stomach
- Take a deep breath through your nose, feel your stomach rise, continue and feel your chest rise
- Hold for 2 seconds
- Slowly, exhale through your mouth, feel your stomach and chest fall
- Repeat for 10 breaths

**Imagery**
- Stand or sit up straight
- Close your eyes
- Imagine a scene, place, or event that you remember as safe, peaceful, restful, beautiful, and happy.
- Bring all your senses into the image. For example, the warmth of the sun, sounds of running water, the smell of flowers.
- Use the imagined place as a retreat from stress and pressure.

Other uses of imagery in relaxation involve creating mental pictures of stress flowing out of your body, or of stress, distractions and everyday concerns being folded away and locked into a padlock chest.

You can also use imagery to rehearse and practice before a big event (like disclosure) so that you have already practiced handling it. Additionally, you can use imagery to pre-experience achievements of your goals, helping to give your self confidence.

**Stress Diary**
- See “Stress Diary Information” and “Stress Diary Tool” for more information

*Adapted from www.mindtools.com/stress*
### Stress Diary

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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Happiness &amp; Mood (-10 to +10)</th>
<th>Efficiency (0 to 10)</th>
<th>Feeling of Stress (0 to 10)</th>
<th>Most Recent Stress Event</th>
<th>How You Felt</th>
<th>Fundamental Cause</th>
<th>How Managed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Stress Diary Instructions

**WHAT IS A STRESS DIARY?**

Stress Diaries are useful for understanding the causes of short-term stress in your life. They also give you an insight into how you react to stress.

The idea behind Stress Diaries is that on a regular basis you write down how stressed you're feeling, so that you can understand these stresses and then manage them. This is important because often these stresses flit in and out of our minds without getting the attention and focus that they deserve.

As well as helping you capture and understand the most common sources of stress in your life, Stress Diaries help you to understand:

- Causes of stress in more detail
- How you react to stress and whether your reactions are appropriate and useful

**HOW DO I USE THE STRESS DIARY TOOL?**

Stress Diaries are useful in that they gather information regularly and routinely, over a period of time. This helps you to separate the common, routine stresses from those that only occur occasionally. This helps you understand the pattern of stress in your life.

Make regular entries in your Stress Diary (for example, every hour). If you have any difficulty remembering to do this, set an alarm to remind you to make your next diary entry. Also make an entry in your diary after each incident that is stressful enough for you to feel that it is important.

Every time you make an entry, record the following information:

- Date and time of entry;
- How happy you feel now, on a scale of -10 (the most unhappy you have ever been) to +10 (the happiest you have been). As well as this, write down the mood you are feeling.
- How stressed you feel now, again on a subjective scale of 0 to 10. 0 would be the most relaxed you have ever been, while 10 would show the greatest stress you have ever experienced.
- Most recent stressful event you have experienced
- Symptom(s) you feel (for example, anger, headache, raised heart rate, sweaty palms)
- Fundamental cause of stress
- How well did you hand it? Did your reaction help solve the problem? Or did it make it worse?

You will reap the real benefits of having a stress diary in the first few weeks. After this, the benefit you get will reduce each additional day.

If, however, your lifestyle changes, or you begin to suffer from stress again in the future, then it may be worth using the stress diary again. You will probably find that the stresses you face have changed. If this is the case, then keeping a diary again will help you to develop a different approach to dealing with them.
HOW DO I ANALYZE THE DIARY?

After two weeks, take the time to look through your diary in detail:

- First, look at the different stresses you experienced. Pick out the stresses you experienced most frequently, and write them out in order.
- Next, prepare a second list with the most unpleasant stresses at the top of the list and the least unpleasant at the bottom.
- Looking at your lists of stresses, those at the top of each list are the most important for you to learn to control.
- Working through the stresses, look at their underlying causes, and your appraisal of how well you handled the stressful events. Do these show you areas where you handled stress poorly, and could improve your stress management skills? If so, list these.
- Next, look through your diary at the situations that cause you stress. List these.
- Finally, look at how you felt when you were under stress. Look at how it affected your happiness and your efficiency, understand how you behaved, and think about how you felt.

Having worked through your diary, you should understand more fully what the most important and frequent sources of stress are in your life. You should appreciate the levels of stress at which you are happiest. And you should also know the sort of situations that causes you stress so that you can prepare for them and manage them well. You should also have more of an understanding about how you react to stress, and the symptoms that you show when you are stressed. When you experience these symptoms in the future, learn to use appropriate stress management techniques.

Remember how dangerous stress can be: If you have any concerns over stress-related illness or are persistently unhappy as a result of stress, it is important to see your doctor.

*Adapted from www.mindtools.com/stress*
Depression Fact Sheet

**WHAT IS “DEPRESSION?”**

- Depression is often referred to as “black heart” or “heavy heart” by traditional healers or those who have the disease.
- A person who feels depressed often feels sad for a long time and feels hopeless about her/his life circumstances.
- Depression is caused by a physical phenomenon of biochemical imbalances in the brain. It involves the body, mood, and thoughts. It affects the way a person eats, sleeps, the way one feels about oneself, and the way one thinks about things. It is not a sign of personal weakness or a condition that can be willed or wished away.

Treatment through therapy and medication can help most people who suffer from depression.

**HIV AND DEPRESSION**

Health care activists say that up to half of those with HIV/AIDS suffer from depression. Depression is often triggered by stressful life events such as experiencing the trauma of losing a loved one or being diagnosed and living with a chronic illness such as HIV.

**SYMPTOMS OF DEPRESSION**

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness
- Feelings of guilt, worthlessness, hopelessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed
- Decreased energy
- Difficulty concentrating, making decisions
- Difficulty with sleep

**THINGS THAT CAN HELP PEOPLE WITH DEPRESSION FEEL BETTER**

**Exercise**—studies show that exercise can help ease the feeling of depression. (Refer to the Exercise Fact Sheet for more)

**Sleep**—getting plenty of sleep is essential in maintaining a healthy mind and body. People with depression may find difficult falling or staying asleep. (Refer to the Sleep Fact Sheet for tips in falling and staying asleep)

**Healthy Diet**—eating enough and healthily helps to keep people energized and can help to elevate people’s moods (Refer to the Nutrition Fact Sheet for more)

**Spending Time with Friends**—talking with others and being in social settings can help and prevents people from feelings of isolation

**Identify the Good**—if the person can identify the things that are positive in their life and plans goals to build on the positive, it can help people to remember that they have good in their lives
Depression: Facilitator’s Notes

**DISCUSSION QUESTIONS**

“How are people feeling today?”

“How have people ever experienced a time when they felt really down/sad/bad for a long time? Felt like things are hopeless in life? Stopped being interested in things you previously enjoyed? What has that experience been like for people?”

**WAYS TO SUPPORT SOMEONE WITH DEPRESSION**

- Seek **PROFESSIONAL** help: while facilitators and the support group members play a great role in providing support to someone who is feeling depressed, it is important to recognize limitations. Therapists have extensive training and education in their field. Unless you are a therapist, you cannot and are not responsible to diagnose and treat someone with depression.
- Provide the person with **HOTLINE NUMBERS** so that the person can call to receive support at anytime
- Encourage the person to talk and **LISTEN**. Be understanding and be careful not to tell people what to do or give people advice. Do not invalidate the feelings they may be experiencing but balance this with pointing out the good, hopeful things in their lives. Our role is to support the person to go through the process they are experiencing.
- Let them know you **CARE** about them
- Give positive reinforcement and praise their achievements
- Do not push the person to undertake too much too soon. The depressed person need diversion and company, but too many demands can increase feelings of failure.
- With treatment, most people do get better. Keep that in mind and keep reassuring the person that, with time and help, she or he will feel better.

**DO NOT IGNORE REMARKS ABOUT SUICIDE**

**DO SAY**
- You’re not alone in this.
- I’m sorry that you’re in so much pain.
- I am here for you. We are all here for you.
- You are important to me and this world.

**DON’T SAY**
- Try not to be so depressed.
- Just snap out of it.
- Stop feeling sorry for yourself.
- So you’re depressed. Big deal. Isn’t everyone?
- There’s always someone else worse off than you are.
- No one ever said life was fair.
- I think your depression is a way of punishing us.
Suicide Prevention Fact Sheet

Note: Professional skills for suicide prevention and counseling are obtained through years of training and experience. This fact sheet is an overview and is not meant to replace any professional support. Seek immediate professional support if a member exhibits warning signs of suicide.

WHAT IS SUICIDE?

Suicide is defined as the act of causing one’s death. Suicidal behavior is the result of a medical condition, not a sign of weakness or character defect.

Suicide is often recognizable and treatable.

WHAT ARE POSSIBLE DANGER SIGNS OF SUICIDE?

✓ Observable signs of serious depression
  ▪ Although most depressed people are not suicidal, most suicidal people are depressed
✓ Threatening suicide or expressing a strong wish to die
  ▪ “My family would be better off without me”
✓ Making a plan
  ▪ Giving away possessions
  ▪ Obtaining a means of killing oneself
✓ Changes in behavior
  ▪ Risk taking or self-destructive behavior
  ▪ Unexpected rage or anger
  ▪ Increased alcohol and/or other drug use
  ▪ Sudden elevated mood

ASSESSING RISK: “HIP”

These questions will help assess whether a person is seriously considering suicide. If someone indicates that s/he has a history of suicide attempts, has the intent to harm her/himself, and has a lethal plan for committing suicide, it is necessary to take the threat seriously and immediately seek professional help.

History - Prior suicidal attempt(s)
“Have you ever tried to hurt yourself in the past?”

Intent -
“What thoughts do you have about hurting yourself?”
“Is this something that you feel you will do?”

Plan - Method, preparation, means, timeframe
The more detailed the plan, the greater the risk
“How do you think that you are going to act on these feelings?”
“What ways have you thought about hurting yourself?”
WAYS TO BE SUPPORTIVE OF SOMEONE WITH SUICIDAL IDEATIONS

Be Willing to Listen
- If a group member is depressed, don’t be afraid to ask whether s/he is considering suicide, or even if they have a particular plan in mind. Don’t ignore or change the subject.
- Most times a decision to commit suicide is not a rational decision, so don’t expect to have a rational discussion with the person to talk the person out of it.
- Listen to them with respect. Do not say, “You have so much to live for,” or “Your suicide would hurt us.”

Be Supportive and Reassuring
- Be supportive. Let the person know you care and understand and that s/he is not alone.
- Group members can be helpful in showing the person that people care about what happens to that person.
- Sometimes it may be better if the facilitator can meet privately with the person.

Seek Professional Help
- Be actively involved in referring the person to see a physician or mental health professional immediately.

Create a Safety Plan
- If the person seems to be considering suicide but is not at immediate risk, create a safety plan to ensure the safety of the person in the short-term.

SAFETY PLAN
- Have the person promise to you or the group verbally or in writing that they will not hurt themselves for x amount of time (see sample Safety Plan Contract)
- Having the promise be set for a specified time (until next meeting, until calling a hotline) is less of a commitment than forever. “One day at a time.”
- Build into plan they will call for help if they do not feel they can keep the promise
- Follow-up with the person to see how the person is doing

* IF THE PERSON IS UNABLE TO CREATE A SAFETY PLAN, SEEK PROFESSIONAL HELP IMMEDIATELY.*

WHAT TO DO IN A CRISIS
- Be willing to take charge and take appropriate steps. This is not the time to worry about privacy of the person’s suicide plan. Suicidal individuals are almost always relieved when someone caring steps in to help.
  - The person’s HIV-status can and should be kept private during a crisis situation
- Take the person to an emergency room or walk-in clinic.
  - “You can’t promise that you won’t kill yourself and that concerns me. Let’s go together to the hospital where we can get more support.”
- DO NOT leave the person alone until help is available.
  - “I can’t leave you here alone. I want you to come with me now so we can get you more help than I can give you here.”
- Remove drugs, razors, firearms, etc. that could be used in a suicide attempt away from the potentially suicidal person.
- **All suicide threats and attempts need to be taken seriously**
### SUICIDE AND CRISIS PREVENTION RESOURCES

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Help Line</td>
<td>0800-012-322</td>
</tr>
<tr>
<td>LifeLine / National Crisis Line</td>
<td>0861-322-322</td>
</tr>
<tr>
<td>South African Anxiety and Depression Group</td>
<td>0861-322-322</td>
</tr>
<tr>
<td>Suicide Helpline</td>
<td>0800-567-567</td>
</tr>
<tr>
<td>Mental Health Hotline</td>
<td>011-783-1474</td>
</tr>
</tbody>
</table>
Sample Personal Safety Contract

Date:________________________ Time: ________________

I, ___________________________, promise to keep myself safe until _______________ I see my
full name                              date/time
_________________________.  I will not harm myself or others in any way.
facilitator/support group/counselor
If I feel like I cannot control myself or start to feel worried, or anxious, or that I might not keep this
promise, I will call:
__________________________________________________________________________________
trusted friend or family member and telephone number
__________________________________________________________________________________
alternative choice of trusted friend or family member and telephone number
__________________________________________________________________________________
member of hospital or crisis hotline and telephone number

_______________________  _______________________
Signature of Member   Signature of Facilitator
10 Steps to Putting on a Condom

1. Check expiration date on package.
2. Check for air bubble in the package.
3. Push condom to the side and open on other side of the package.
4. Push the condom out of the package.
5. Check which way the condom rolls out.
6. Pinch the tip of the condom.
7. Roll the condom down to the base of the penis.
8. Withdraw before the erection is gone, being sure to hold the condom while withdrawing.
9. Take condom off carefully.
10. Tie condom and throw away in the trash.

Tips:
- Only use one condom at one time. Using two condoms at the same time increases the risk for the condom to break.
- Only use water-based lubrication for latex condoms. Using oil-based lubrication (for example, lotion, Vaseline) will break the condom.
- When used correctly, condoms are 98-percent effective at preventing pregnancy, and highly effective at preventing HIV and other sexually transmitted infections (STIs).
WHAT IS THE REALITY CONDOM?

- Also known as the Female Condom (FC).
- Made of polyurethane, not latex. Can be used with water and oil-based lubricants (latex condoms can only be used with water-based lubrication).
- US Food and Drug Administration (FDA) tested and approved effective for prevention of HIV, other STIs, and pregnancy for vaginal sex use.
- Although not tested and approved for anal sex use (no condom has been FDA approved for anal sex), many people use the Reality Condom for anal sex and find it just as effective in preventing HIV and other STIs as latex condoms.
- The outer ring covers more surface area and thereby has additional protection against STIs.
- Can be inserted several hours (up to eight hours) before sexual intercourse.
- Designed for one-time use only like the latex male condom. Not designed or tested for re-use.

SOME REASONS PEOPLE LIKE THE REALITY CONDOM

- Many people say, “Reality condoms feel better than latex condoms.” (Polyurethane conducts heat better than latex. Also, because it is big, men say it does not feel as tight on the penis as a latex condom.)
- Reality polyurethane condoms are more durable than latex condoms.
- Can be inserted several hours in advance of sex.
- The outer ring covers more surface area and adds additional protection against STDs
- The outer ring “stimulates the clitoris and feels really good” for the female partner.

SOME REASONS PEOPLE MIGHT NOT LIKE THE REALITY CONDOM

- The material tends to dry faster than latex condoms, so extra lubricant is needed.
- People complain of a “plastic-baggy” noise during sex.
- More expensive and difficult to find compared to latex condoms.
HOW TO USE A FEMALE CONDOM*

*Adopted from: www.ripnroll.com/femalecondoms.htm

1. Open the female condom package carefully; tear at the notch on the top right of the package. Do not use scissors or a knife to open.

2. The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during intercourse.

3. While holding the female condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.

4. Choose a position that is comfortable for insertion - squat, raise one leg, sit or lie down.
5. Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.

6. Place, the index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.

7. The female condom is now in place and ready for use with your partner.

8. When you are ready, gently guide your partner’s penis into the condom’s opening with your hand to make sure that it enters properly - be sure that the penis is not entering on the side, between the sheath and the vaginal wall.

9. To remove the female condom, twist the outer ring and gently pull the condom out.

10. Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it into the toilet.
Pregnancy Fact Sheet

**HOW DOES HIV PASS FROM A MOTHER TO HER BABY?**

HIV can be passed on from a mother to her baby:

- **While pregnant:** The virus can pass from the mother’s blood through the placenta and the cord to the baby while the baby is still in her womb.

- **During birth:** The virus can be passed on to the baby during birth. This can happen because there is a lot of blood when a baby is born and the baby can be exposed to it through the eyes or through small cuts, which the baby often has when born.

- **Through breastfeeding:** Because the virus is found in breast milk, a mother can pass the virus on to her baby when she breastfeeds.

**WILL AN HIV+ PREGNANT WOMAN ALWAYS PASS HIV ON TO HER BABY?**

NO. Not all women with HIV have babies who are HIV-positive. If a woman is HIV-positive, there is **one chance in four** that she will pass HIV on to her baby, and **less if she is part of the PMTCT** (Prevention of Mother-to-Child Transmission) program. That means that three babies out of four will be born without HIV infection to a mother who has HIV.

**WHAT CAN AN HIV+ WOMAN DO TO TRY TO STOP HIV FROM PASSING ON TO HER BABY?**

When a woman goes to the clinic because she is pregnant, she is highly recommended to be tested for HIV. Many women find out they are HIV-positive this way.

If a pregnant woman is HIV-positive, **she can take anti-retroviral medicines** (ARVs) to help stop the virus from being passed on to her baby. These medicines are given to pregnant women as part of the Prevention of Mother to Child Transmission program (PMTCT).

If you are HIV-positive and pregnant, ask your health worker where you can join the PMTCT program. You should also request to have your CD4 count done - if it is below 200, you are recommended to take ARVs, which can significantly help in keeping you healthy. The healthier you are, the lower the risk there is for your baby to be infected with HIV.

**HOW DOES PMTCT PROGRAM HELP?**

If a woman who is HIV-positive takes the ARVs there is only a very small chance that she will pass the virus on to her baby.

The PMTCT program helps prevent the baby from being infected at birth, but it will not help if the baby has already been infected during pregnancy. This is why it is important to start taking ARVs as soon as possible.

Women who are on the PMTCT program will take anti-retroviral medicines when they are in labor. Their babies will also be given anti-retroviral medicine before they are three days old. Mothers can also feed their babies in ways that can lessen the chance of the virus being passed on through breast milk.
HOW DO I FEED MY BABY IF I AM HIV+ AND MY BABY WAS BORN HIV-?

There are ways to lessen the chance of HIV from being passed on from an HIV-positive mother to her baby when she feeds. HIV-positive mothers can choose to do one of the following:

Option 1: Breastfeed only for 6 months
- Breastfeed your baby, but do not give him or her any other food or dink for the first six months of life.
- Food and drink can make tiny sores in your baby’s stomach. It is easy for the HIV from breast milk to get into the baby’s body through the tiny sores.
- After six months you can start to give your baby soft porridge but you will have to stop breastfeeding.

Option 2: Breastfeed only for 3 or 4 months
- Breastfeed your baby for 4 months. Do not give him or her any other food or drink.
- Food and drink other than breast milk can make tiny sores in your baby’s stomach. It is easy for the HIV from breast milk to get into the baby’s body through the tiny sores.
- When your baby is 4 months old, stop breastfeeding and start to feed your baby on formula milk or cow’s milk if you can’t afford formula.
  - Cow’s milk must be mixed with boiled, cooled water. You need 100mL cow’s milk, 50mL water and 2tsp sugar. Give your baby this until the baby is 1 year old. When your baby is 1 year old you can give cow’s milk without water.

Option 3: Express your breast milk and heat it
- Squeeze the milk from your breast. Put it into a clean jar.
- Boil a pot of water. When it has boiled, put the jar of breast milk into the hot water. Leave it for 20 minutes. The heat will kill the virus in the milk.
- Feed the cooled breast milk to your baby with a clean cup and a spoon. Scrub the cup and spoon with soap and then boil them for 10 minutes before you use them.
- Do not give your baby any other food or drink until he or she is 6 months old.

Option 4: Use milk formula to feed your baby
- Use only milk formula to feed your baby. Do not breastfeed at all.
- Make sure that you have clean water to mix the formula with.
- Make sure that you can afford to buy the milk formula, or get it from the clinic.
- Feed the formula to your baby with a cup and a spoon or a bottle. It is easier to clean a cup and a spoon than it is to clean a bottle. Make sure you know how to clean the bottles properly if you choose to bottlefeed your baby.

*Adopted from SOUL BUDDYZ: A guide for parents