

PREParing PEERS FOR SUCCESS: DAY 2

PEER CORE COMPETENCY TRAINING

A curriculum for engaging out-of-care
or newly diagnosed people living with
HIV in care and treatment

**THE IMMUNE SYSTEM
AND THE HIV LIFE CYCLE**

HIV MEDICATIONS

**PEER
COMMUNICATION SKILLS,
PART II**

**PEER DISCLOSURES -
TELLING YOUR STORIES**

DAY 2: The Immune System and HIV Life Cycle

HIV Medications

Peer Communication Skills (Pt. 2)

Peer Disclosures - Telling Your Stories

An Overview of Today's Sessions and Topics

Topic	Duration	Slides	Page
Burden Basket Icebreaker*	15 min.	24	63
Review of previous day*	5 min.		60
Session IV: The Immune System and the HIV Life Cycle	1 hr. 20 min. (total)	25-38	65-70
Topic: What is the Immune System?	45 min.	26-30	65-66
Topic: HIV Life Cycle	35 min.	31-38	67-70
Session V: HIV medications	1 hr. 15 min. (total)	39-45	71-79
Topic: HAART	20 min.	40	71-72
Topic: Goals of HIV Medications	15 min.	41-43	73-74
Topic: Adherence to HAART	10 min.	44	75
Topic: Medications at Work in the HIV Life Cycle	30 min.	45	76-79
Energizer*	15 min.		
Session VI: Peer Communication Skills, Part 2	1 hr. 20 min (total)	46-51	80-93
Topic: Attentive Listening	15 min.	47	80-81
Topic: Reflective Listening	20 min.	48	82-84
Topic: Summarizing	10 min.	49	85
Topic: Self-Assertiveness	10 min.	50	86-87
Topic: Communication styles	25 min.	51	88-93
Session VII: Peer Disclosures - Telling Your Stories	55 min (total)	52-54	92-102
Topic: Overview	10 min.	52	94
Topic: Tips for Telling Your Stories	10 min.	53	95-96
Topic: Telling Your Story Exercise	20 min.	54	97-100
Topic: Affirmations Exercise	15 min.	55	101-102
Review, wrap-up, and evaluation*	30 min.		103-104

* See pages 7-8 for an explanation of these climate-setting activities

Throughout this curriculum, *italicized words* are intended to be spoken directly to the class.

This publication is part of the online curriculum *PREParIng Peers for Success: Peer Core Competency Training*. For the complete curriculum, accompanying PowerPoint slides, and other curricula in the series, visit <http://www.hdwg.org/prep/curricula>

This publication was supported by grant #U69HA23262, "Minority AIDS Initiative Retention and Re-Engagement Project," through the U.S. Department of Health and Human Services, Health Resources and Services Administration's HIV/AIDS Bureau, National Training and Technical Assistance. The contents of this publication are solely the responsibility of the Health & Disability Working Group and do not necessarily represent the views of the funding agencies or the U.S. government.

Suggested citation

Health & Disability Working Group, Boston University School of Public Health. (2014). PREParIng Peers for Success: Peer core competency training. Retrieved from <http://www.hdwg.org/prep/curricula>

BURDEN BASKET ICEBREAKER

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #24

 **Objectives:**

By the end of this session, participants will be able to:

- Identify ways of to relieve stress to better focus on training

 **Training Methods:**

- Large group exercise

 **In this activity you will:**

- Explain the concept of a burden basket (3 minutes)
- Facilitate a group activity to place burdens in the basket (7 minutes)

 **Materials:**

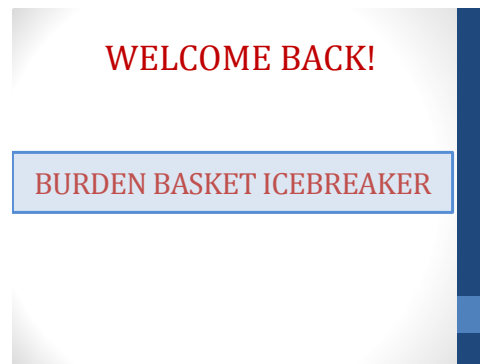
- Marbles
- Paper or rocks for the burden basket (10-15 of each, so each participant has a choice of material)
- Pens and pencils
- Basket

 **Preparation:**

- None

Instructions

1. Turn to slide 24.



2. Introduce the concept of the Burden Basket.

- *Many times, especially during trainings or meetings, it may be hard to relax and really participate since we all have so many things on our minds. There are jobs to do, children to take care of, mouths to feed, and bills to pay.*
- *But during this time, I hope that you can put those things aside. It is important to take time out for you—to clear your mind, renew your spirit, and energize your soul. I hope this training will help you do that.*
- *At this time, I will ask you to put aside all those things that are cluttering your mind. To help you do this we have a Burden Basket. This basket will hold all your burdens throughout the workshop.*

3. Explain the “Burden Basket.” Participants can “put their worries” (in the forms of pieces of paper, marbles, etc.) in the Burden Basket. This allows participants to fully participate by encouraging them to release their burdens. Distribute material (paper or rocks). Participants can write their worries on pieces of paper, or they can assign their worries to the rocks. If participants want to reclaim their worries at the end of the session, they need to put some sort of identifying mark (their initials, a symbol, etc.) on the piece of paper or rock.

BURDEN BASKET ICEBREAKER

- If using paper: *Write two or three of your worries on a piece of paper. If you want your worries back, put some sort of symbol such as your initials, a number, or a design on the piece of paper. That way you will be able to tell which worries are yours.*
 - If using marbles or rocks: *Take two or three marbles or rocks. Hold them in your hand while you think of your worry.*
4. Pass around the Burden Basket, while participants place their worries in the basket. Put the Burden Basket aside. *Put your burdens in the basket. Now since your burdens are in this basket, we can enjoy this time together and learn about peer education.*

Summarize

It is important to recognize that we all have other responsibilities and concerns. People learn better when they can concentrate and put other concerns aside and pay full attention to the training.

“When I was depressed or had a problem, then I liked to talk with her... she never told me no, I can't do that. I could count on her for whatever I needed.”

A patient about her peer

SESSION IV: THE IMMUNE SYSTEM AND THE HIV LIFE CYCLE

Topic: What is the Immune System?

TOTAL TIME FOR SESSION IV: 1 hour, 20 minutes

SLIDES: #15-38

▶ ABOUT THIS ACTIVITY

 **Time:** 45 minutes

 **Slides:** #26-30

 **Objectives:**

By the end of this session, participants will be able to:

- Explain the make-up of the human immune system

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Review how the immune system functions
- Review what happens when the immune system encounters HIV

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Open by stating that the immune system is a vast group of cells and organs in the body that work together to protect the body from infections. Different cells in the immune system serve different functions.
2. Review slide 26 with participants using a military analogy to explain the role of each type of cell in fighting HIV.

WHAT IS THE IMMUNE SYSTEM?	
Macrophages:	• Scouts or lookout
CD8 Cells:	• The infantry division
Memory Cells:	• Intelligence
CD4 Cells	• Army Generals

3. Explain that HIV can't reproduce on its own unless it uses the generals and hijacks their plans.
4. *Macrophages – cells that recognize invading germs (scouts or lookout)*
5. *CD8 – cells that attack and kill invading germs (the infantry division)*
6. *Memory – cells that remember how to kill invading germs in case of a future attack (intelligence)*
7. *CD4 – cells that coordinate the entire immune response (the army generals)*

SESSION IV: THE IMMUNE SYSTEM AND THE HIV LIFE CYCLE

Topic: What is the Immune System?

Segue

Next we will discuss what happens when HIV invades and hijacks the CD4 cells (the army generals).

8. Review definitions on slide 27

DEFINITIONS

HOST:	<ul style="list-style-type: none"> The animal or cell that another organism lives in. CD4 cells are the hosts of HIV
NUCLEUS:	<ul style="list-style-type: none"> The center or core of CD4 cells. It contains DNA

9. Review definitions on slide 28

DEFINITIONS

DNA:	<ul style="list-style-type: none"> The chemical makeup of living things. Contains 2 strands of information. Humans carry DNA.
RNA:	<ul style="list-style-type: none"> The chemical makeup of living things. Contains 1 strand of information HIV carries RNA.

10. Review definitions on slide 29

DEFINITIONS

- Retrovirus:** a type of virus that has RNA instead of DNA in its genetic material.
- It uses an enzyme called reverse transcriptase to become part of the host cell's DNA which has 2 strands.
- This allows many copies of the virus to be made in the host cell.

11. Review definitions on slide 30



Summarize

The virus changes cells in the body which allow the virus to make copies of itself and affect how the immune system fights off other illnesses.

SESSION IV: THE IMMUNE SYSTEM AND THE HIV LIFE CYCLE

Topic: HIV Life Cycle

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 35 minutes

📄 **Slides:** #31-38

➔ **Objectives:**

By the end of this session, participants will be able to:

- Visually explain what happens when HIV gets into the CD4 cell using the AFRITAB HIV Life Cycle

★ **Training Methods:**

- Lecture
- Discussion
- Repetition

✓ **In this activity you will:**

- Teach the stages of the HIV life cycle using multiple visual methods

✂️ **Materials:**

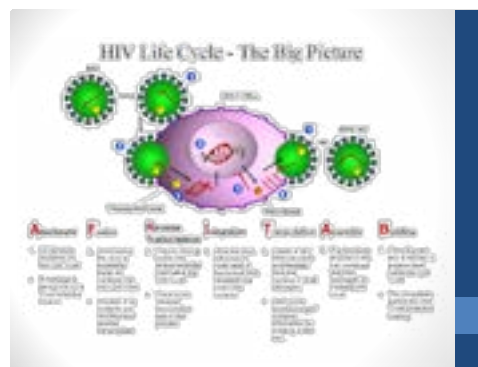
- “HIV Life Cycle – the Big Picture” handout/posters of the life cycle
- Newsprint

Preparation:

- Write AFRITAB vertically on the left hand side of a sheet of newsprint

Instructions

1. Tell participants: *We are now going to walk through the entire life cycle. Ask them to find the “AFRITAB” handout in their training packet (show slide 31 – same content) and explain that AFRITAB is a mnemonic—the word mnemonic means something intended to assist the memory, a great way to recall each of the stages in the viral life cycle.*



2. Step 1: *Attachment- HIV binds to receptors on the CD4. A message is sent to the CD4 to let the virus in. This is the first letter in the mnemonic. Write the word “Attachment” on the AFRITAB newsprint next to the letter “A.” Show slide 32.*



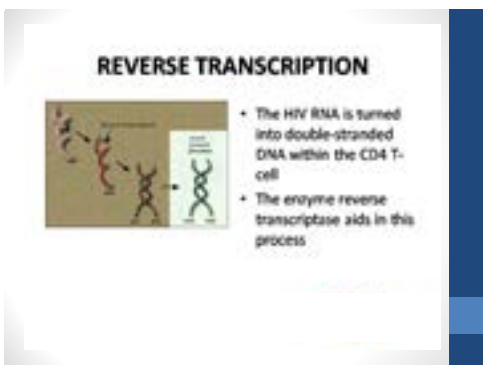
SESSION IV: THE IMMUNE SYSTEM AND THE HIV LIFE CYCLE

Topic: HIV Life Cycle

3. Step 2: *Fusion* once bound to the cell, the HIV virus is allowed to dump its content into the CD4 T-cell. Its content is composed of one strand of HIV RNA. Write the word "Fusion" on the newsprint next to "F", the second letter in the mnemonic. Show slide 33.



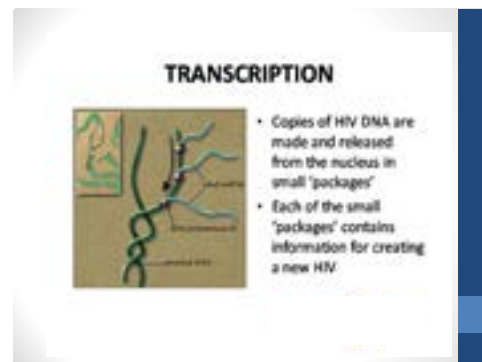
4. Step 3: *Reverse Transcription* - the HIV RNA is turned into double-stranded DNA within the CD4, the enzyme reverse transcriptase aids in this process. Write the words "Reverse Transcription" on the newsprint next to the third letter of the mnemonic "R". Show slide 34.



5. Step 4: *Integration* - once the DNA is formed, it hides itself in the human DNA housed in the CD4 nucleus. Write the word "Integration" on the newsprint next to the letter "I" of the mnemonic. Show slide 35.



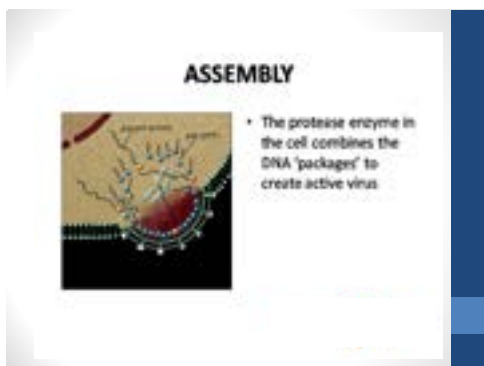
6. Step 5: *Transcription* - copies of HIV DNA are made and released from the nucleus in small "packages"; each of the small "packages" contains information or instructions for creating new HIV. Write the word "Transcription" on the newsprint next to the "T". Show slide 36.



SESSION IV: THE IMMUNE SYSTEM AND THE HIV LIFE CYCLE

Topic: HIV Life Cycle

7. Step 6: *Assembly* - The protease enzyme in the cell combines the DNA “packages” to create active HIV virus. Write the word “Assembly” on newsprint next to the seventh letter “A”. Show slide 37.
9. Allow questions and facilitate discussion.
10. Repetition exercise: *Ask participants to direct their attention to the AFRITAB newsprint and lead them into a repetition exercise by reading each AFRITAB letter out loud and asking them to finish the word. Increase speed as you go through the exercise.*



8. Step 7: *Budding* - Once the new HIV is formed, they push themselves out of the CD4; the virus steals the CD4's protective coating and the CD4 dies. Write the word “Budding” on the newsprint next to the last letter “B”. Show slide 38.



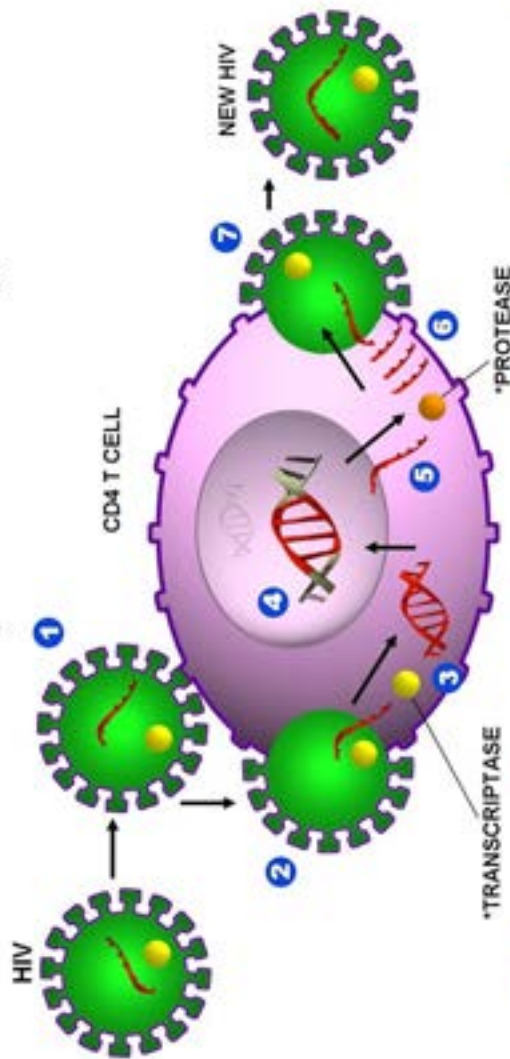
SESSION IV: THE IMMUNE SYSTEM AND HIV LIFE CYCLE

Topic: HIV Life Cycle

SESSION HANDOUT

You may wish to share this handout with the patient during Peer-Patient Educational Session #2, HIV Transmission and Life Cycle (see guide on page 16)

HIV Life Cycle - The Big Picture



- | | | | | | | |
|---|---|--|---|---|---|---|
| <p>Attachment</p> <p>Fusion</p> | <p>Reverse Transcription</p> | <p>Integration</p> | <p>Transcription</p> | <p>Assembly</p> | <p>Budding</p> | |
| <p>1. HIV binds to receptors on the CD4 T-cell.</p> <ul style="list-style-type: none"> A message is sent to the CD4 T-cell to let the virus in. Included in its contents are HIV RNA and reverse transcriptase. | <p>2. Once bound, the virus is allowed to dump its contents into the CD4 T-cell.</p> <ul style="list-style-type: none"> The enzyme 'reverse transcriptase' aids in this process. | <p>3. The HIV RNA is turned into double-stranded DNA within the CD4 T-cell.</p> <ul style="list-style-type: none"> The enzyme 'reverse transcriptase' aids in this process. | <p>4. Once the DNA is formed, it hides itself in the human DNA housed in the CD4T-cell nucleus.</p> | <p>5. Copies of HIV DNA are made and released from the nucleus in small 'packages'.</p> <ul style="list-style-type: none"> Each of the small 'packages' contains information for creating a new HIV. | <p>6. The 'protease' enzyme in the cell combines the DNA 'packages' to create active virus.</p> | <p>7. Once the new HIV is formed, it pushes itself out of the CD4 T-cell.</p> <ul style="list-style-type: none"> The virus steals part of the CD4 T-cell protective coating. |

SESSION V: HIV MEDICATIONS

Topic: HAART

TOTAL TIME FOR SESSION V: 1 hour, 15 minutes

SLIDES: #39-45

▶ ABOUT THIS ACTIVITY

 **Time:** 20 minutes

 **Slides:** #40

 **Objectives:**

By the end of this session, participants will be:

- Familiar with the classes of HIV medications.

 **Training Methods:**

- Lecture
- Group discussion
- Demonstration

 **In this activity you will:**

- Review medication classes
- Discuss how medications should be taken

 **Materials:**

- Current medication chart (*can order charts online at <http://crine.org/our-research/hiv-medication-chart/> or by phone at 617.502.1726)
- Newsprint
- Tape

 **Preparation:**

- Write out the words in HAART (Highly Active Anti-Retroviral Therapy) on newsprint and post on the wall

Instructions

1. Show slide 40.



2. Ask participants: *What is HAART?* Allow responses, then show the prepared newsprint with the words written out. Answer: combination therapy.
3. Ask participants to find the “Medication Chart” in their packets and review together. Emphasize the classes of meds rather than each med. Each class of meds has a role in interrupting the HIV life cycle and, taken together, produce an assault on HIV.
4. **Taking HAART as prescribed.** Engage participants in a conversation about taking meds properly for maximum effect. Write the following questions on newsprint, post them on the walls, and facilitate discussion.
 - a. *How many people in the room have to take meds once a day? Twice a day?*
 - b. *Is anyone taking, or has anyone taken, meds three times a day?*
 - c. *How many of you are taking meds with food? Without food?*
 - d. *How many have to refrigerate meds?*

Topic: HAART

- e. *Why are meds taken together?*
- f. *Why are there differences in the way meds are taken?*

5. Answer Key

- a. Meds taken once a day have a 24-hour life before being eliminated by the body; meds taken twice a day have a shorter life of 12 hours.
 - b. For people who are or have taken meds three times a day, the life of those meds is 8 hours.
 - c. Some meds are best absorbed with food, while some are best absorbed without food.
 - d. Some meds have a short shelf life and have to be refrigerated.
 - e. Most meds are taken together because they fight HIV in different ways, and that fight is stronger when you send multiple soldiers (meds) in at the same time.
 - f. The difference among the meds is that they combat HIV from different angles and are thus made differently. As a result, the human body absorbs each medication differently and we have to adjust the way we take them to assure optimal levels of medication in the blood.
6. Write the correct answers to each question on the posted newsprint in fewer words.



For fifteen years I've had the condition and went to clinics in Puerto Rico and in the United States, and I didn't have the support that I received here with this program. I learned a lot of information that I did not know. I didn't know that the medications had to be taken... at the same time each day. [The peer] taught me the importance of taking one's medications correctly.

A patient about her peer

SESSION V: HIV MEDICATIONS

Topic: Goals of HIV Medications

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #41-43

 **Objectives:**

By the end of this session, participants will be able to:

- State the goals of HAART

 **Training Methods:**

- Lecture
- Discussion

 **In this activity you will:**

- Review the goals of HIV medications and recommendations for treatment

 **Materials:**

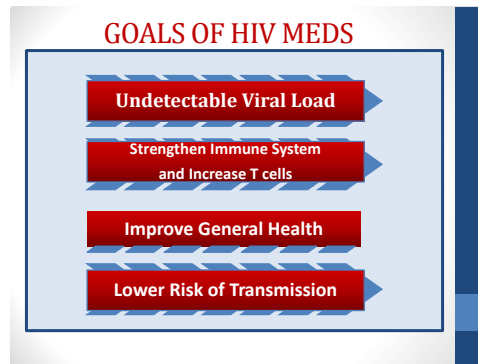
- None

 **Preparation:**

- None

Instructions

1. Review slide 41 with participants and elaborate:



- *Undetectable viral load keeps HIV from multiplying and causing serious harm to the immune system. This is the only way to block HIV replication; the more HIV in the blood, the greater the likelihood of disease progression and life-threatening illness. Undetectable does not mean a person no longer has the virus, it means the virus is being blocked from replicating.*
 - *Having an undetectable viral load can not only keep you healthy for a long time, it can prevent transmission of HIV to your sexual partner(s) (fewer viral copies means lower infectivity).*
2. Group Discussion. Ask participants if anyone has ever developed medication resistance and what that experience was like. Allow responses and facilitate discussion.
- *Sharing with patients your personal experience with resistance (story telling), how you felt and how you handled it, can be very supportive when they face resistance.*
 - *Supporting them so that they don't develop resistance will be one of your primary roles as peers.*

SESSION V: HIV MEDICATIONS

Topic: Goals of HIV Medications

- Review slides 42 and 43.

Initiating ART Guidelines Feb. 2013

- Antiretroviral therapy (ART) is recommended for all HIV-infected individuals. The strength of this recommendation varies based on pretreatment CD4 cell count.
- CD4 cell count <350 cells/mm³ (A1)
- CD4 cell count 350-500 cells/mm³ (AII)
- CD4 cell count >500 cells/mm³ (BIII)
- Regardless of CD4 count initiation of ART is recommended for individuals with the following conditions:
 - Pregnancy (A1) (see perinatal guidelines for more detailed discussion)
 - History of an AIDS defining illness (A1)
 - HIV- associated nephropathy (HIVAN) (AII)
 - HIV/ HBV (Hepatitis B Virus) coinfection (A1)

Initiating ART Guidelines Feb. 2013

- Effective ART has been shown to prevent transmission of HIV from an infected individual to a sexual partner; therefore, ART should be offered to patients who are at risk of transmitting HIV to sexual partners (A1 [heterosexuals] or AIII [other transmission risk groups]; see text for discussion)
- Patients starting ART should be willing and able to commit to treatment and should understand the benefits and risks of therapy and the importance of adherence (AIII). Patients may choose to postpone therapy, and providers, on a case-by-case basis, may elect to defer therapy on the basis of clinical and/or psychological factors.

SESSION V: HIV MEDICATIONS

Topic: Adherence to HAART

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #44

 **Objectives:**

By the end of this session, participants will be able to:

- Discuss the importance of adherence of medication

 **Training Methods:**

- Lecture
- Discussion

 **In this activity you will:**

- Discuss the challenges of adherence and strategies for managing adherence

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Turn to slide 44.



2. Ask participants how they define adherence. Allow responses and facilitate a discussion.
3. Expected responses: “sticking to your meds,” “taking your meds on time every day,” “taking your meds as prescribed.”
4. Facilitate a discussion around how participants manage adherence in their own lives and challenges they may be facing.

Summarize

- *Many people find it difficult to adhere to their meds for any number of reasons. As a result, adherence is a topic you will find yourself discussing with patients time and again, and it's important to be prepared to have those conversations.*
- *Those of you currently on meds already have knowledge and experience taking meds that will be useful in your work with patients.*
- *Later we will discuss how to assess adherence and support patients to achieve adherence.*

SESSION V: HIV MEDICATIONS

Topic: Medications at Work in the HIV Life Cycle

▶ ABOUT THIS ACTIVITY

 **Time:** 30 minutes

 **Slides:** #45

 **Objectives:**

By the end of this session, participants will be able to:

- Discuss how medications fight HIV

 **Training Methods:**

- Lecture
- Group discussion
- Individual exercise

 **In this activity you will:**

- Facilitate a group discussion on how medication works.
- Facilitate an individual exercise, and a group exercise.

 **Materials:**

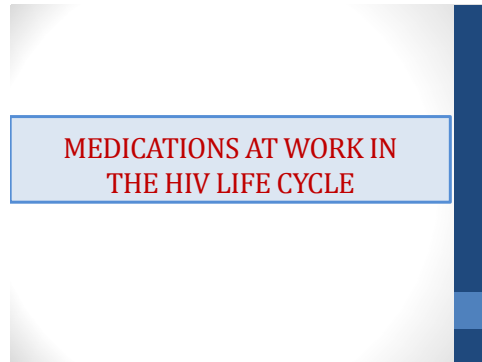
- Current medication charts (*can order charts online at <http://crine.org/our-research/hiv-medication-chart/> or by phone at 617.502.1726)
- AFRITAB Medications at Work in the HIV Life Cycle handout (or alternative Spanish activity)
- 2 sets of cards with one medication class per card (total of 5 cards in each set).

 **Preparation:**

- Enlarge the AFRITAB life cycle picture onto 2 large posters.

Instructions

1. Turn to slide 45.



2. Ask participants to find the “Medications at Work in the HIV Life Cycle” handout and quickly connect the dots between the stages of HIV replication and where the medications work within those stages.
3. *At what stage do Fusion Inhibitors work?* Allow responses and make corrections as needed—response is step 1; *What does it do?* Answer: blocks the first step of HIV replication; blocks the lock on the door, keeps the virus from entering and dumping its RNA.
4. *At what stage do Non-nucleosides (NNRTIs) or “non-nukes” work?* Answer: reverse transcriptase; *What do they do?* Answer: blocks HIV from using this enzyme to turn from 1 strand of RNA to 2 strands of DNA.
5. *At what stage do Nucleosides or “nukes” work?* Answer: reverse transcriptase; *What do they do?* Answer: same as non-nukes, however, these medications are structurally different and bind to the enzyme at a different place (fakes out the virus and messes up the translation).
6. *At what stage do Integrase Inhibitors work?* Answer: Integration; *What do they do?* Answer: keep HIV from binding to the host cell nucleus.

SESSION V: HIV MEDICATIONS

Topic: Medications at Work in the HIV Life Cycle

7. *At what stage do Protease Inhibitors work?* Answer: Assembly; *What do they do?* Answer: blocks the protease enzyme. When protease is blocked, the new viral particles cannot mature; prevents new HIV from forming.
8. **Individual exercise.** Ask participants to take a few minutes to look at the medication chart and identify which classes of medications they take. See if they can identify where their own meds work. Ask for a few volunteers to report out where their meds work and facilitate discussion.
9. **Reinforcement exercise.** Ask participants to put away the “Medications at Work in the HIV Life Cycle” handout, and break out into 2 groups.
10. Give each group a set of cards with the 5 classes of medications in each set. Each group will tape its cards in order on the 2 life cycle posters. Members of each group should work together without looking at the other group. Participants cannot look at notes or the handout during the exercise.

Summarize

- Ask each group to report out and correct any mistakes made.

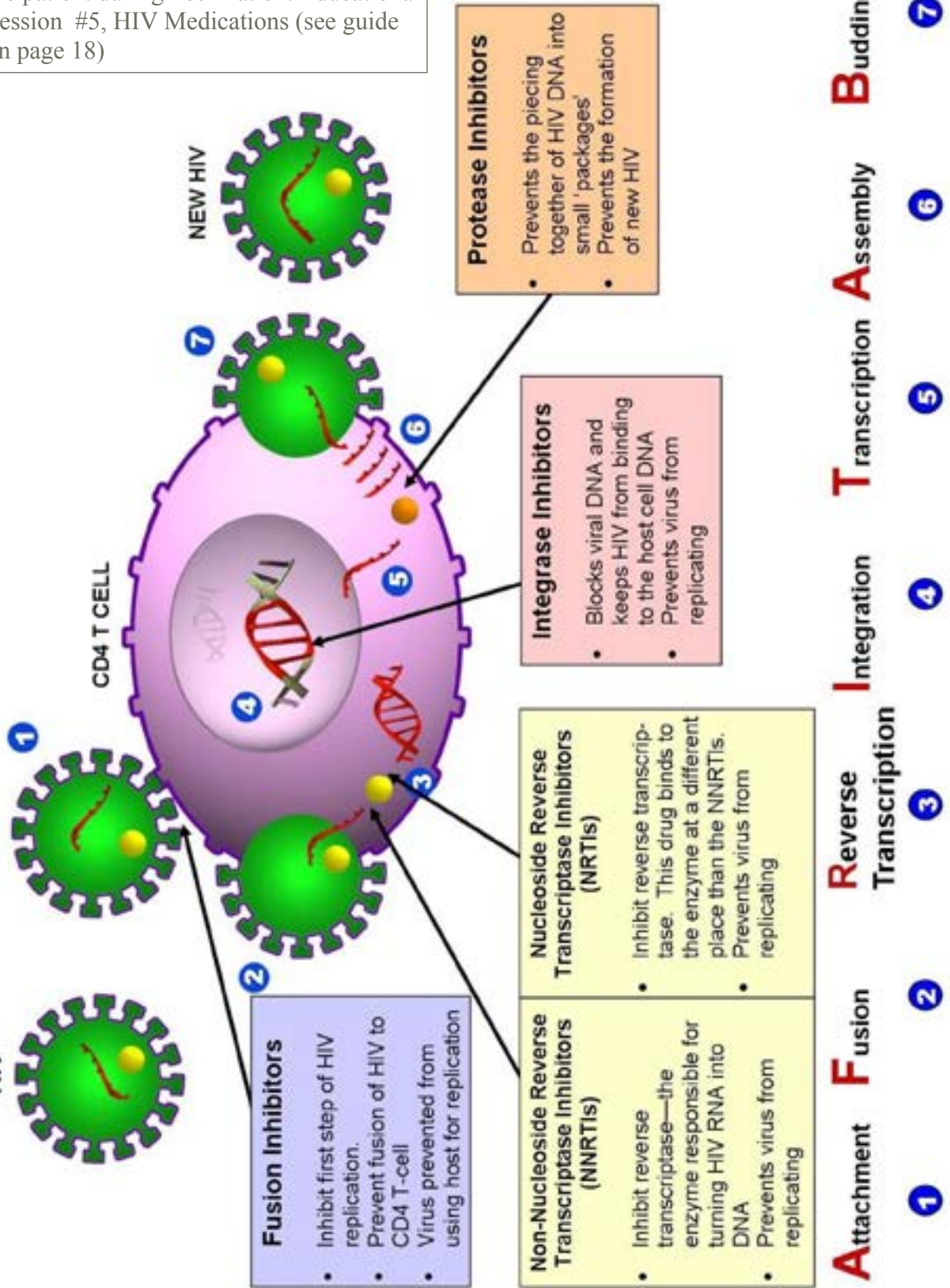
SESSION V: HIV MEDICATIONS

Topic: Medications at Work in the HIV Life Cycle

SESSION HANDOUT #1

Medications at Work in the HIV Life Cycle

You may wish to share this handout with the patient during Peer-Patient Educational Session #5, HIV Medications (see guide on page 18)



SESSION V: HIV MEDICATIONS

Topic: Medications at Work in the HIV Life Cycle

SESSION HANDOUT #2**Nucleoside Reverse Transcriptase Inhibitors (NRTIs)****Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)****Fusion Inhibitors****Integrase Inhibitors****Protease Inhibitors (PIs)**

You may wish to share this handout with the patient during Peer-Patient Educational Session #5, HIV Medications (see guide on page 18)

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Attentive Listening

TOTAL TIME FOR SESSION VI: 1 hour, 20 minutes

SLIDES: #46-51

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #47

 **Objectives:**

By the end of this session, participants will be able to:

- Identify differences in verbal and non-verbal listening skills
- Practice verbal and non-verbal listening skills

 **Training Methods:**

- Brainstorm
- Demonstration
- Group discussion

 **In this activity you will:**

- Facilitate a brainstorm around active listening
- Demonstrate non-verbal skills

 **Materials:**

- Newsprint

 **Preparation:**

- None

Instructions

1. Review slide 47 with participants and elaborate:



- *Attentive listening is a technique that can optimize communication.*
 - *Almost anyone can listen, but how often have you had a conversation with someone only to feel that you were not really heard? What made you feel that way? Allow responses and facilitate discussion.*
2. **Brainstorm.** Lead a brainstorm using the following question: *How do you know when someone is listening to you?* Document responses on newsprint and demonstrate the non-verbal skills as they are being discussed.

3. **Make the following points:**

a. **Verbal form of listening**

- *Use questions such as “Really?” “What happened?”*
- *Comment directly on what is being said by the patient.*
- *Restate the patient’s statements in your own words to check for understanding: “do you mean....?”*

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Attentive Listening

- *Encourage the patient to express feelings: “how did that make you feel?” “you must have felt...”*
- *Elicit more information: “Say more about that”.*
- *Don’t interrupt too frequently.*

b. Nonverbal form of listening

- *Nonverbal listening skills show the patient that you are interested without speaking.*
- *Make eye contact*
- *Nod your head*
- *Lean forward*
- *Facial gestures (smiling vs. rolling our eyes)*

Summarize

- *Attentive listening helps us better understand what patients are trying to tell us and communicates to them that we are interested in what they are saying.*
- *Listening is one of the best ways to support patients emotionally.*
- *Your listening gives the patient an opportunity to talk things through and, in talking, develop their own awareness of what’s going on with them and how they feel about it.*

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Reflective Listening

▶ ABOUT THIS ACTIVITY

 **Time:** 20 minutes

 **Slides:** #48

 **Objectives:**

By the end of this session, participants will be able to:

- Describe and demonstrate the three components of motivational interviewing

 **Training Methods:**

- Lecture
- Discussion
- Demonstration

 **In this activity you will:**

- Describe and demonstrate reflective listening

 **Materials:**

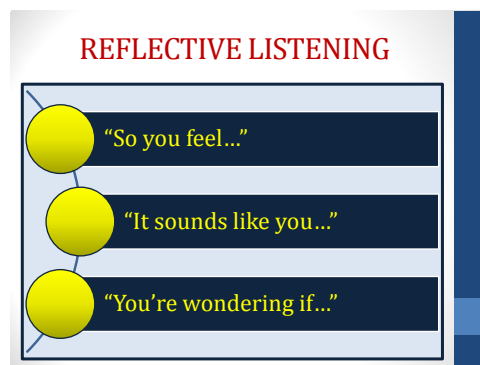
- Newsprint
- Reflective Listening Script

 **Preparation:**

- None

Instructions

1. Open by asking if anyone knows the definition of reflection and allow responses. When the definition emerges, write it on newsprint. *Reflection has different connotations—the definition we’re looking for is careful or long consideration or thought.*
2. *Reflective listening means giving careful thought to what patients are saying. This kind of listening is the deepest form of engagement in conversation and deep conversations build relationships.*
3. As a peer, you want to build relationships of trust with patients so that they can open up to you. This helps you figure out what they need.
4. *Reflective listening appears easy, but it’s not; it takes focus to do it well.*
5. *People who are reflective in their own lives find it easier to be reflective about what other people say and do.*
6. *When you listen reflectively you can help the patient say what they really mean, help clarify their thoughts and feelings, and bring out things that are just below the level of awareness. This can lead to further exploration of issues.*
7. Review slide 48. Tell participants that some people find it helpful to use some standard phrases like the ones in the slide.



SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Reflective Listening

Demonstration

The following is a discussion between a patient and his/her provider. It will be quite obvious by the responses and body language of the patient that he or she is really unaware of what the provider is talking about; yet, the patient will not admit this to the provider. Trainers will use props to distinguish the patient from the provider. Trainers will demonstrate throughout the role play what reflective listening looks like in a conversation. Ask participants to make note of the reflective listening skills being used in the role play.

Summarize

- *How did the listener display reflective listening, what did he or she say or do?*
- Briefly facilitate further discussion and move on.

SESSION VI: PEER COMMUNICATION SKILLS, PART 2**Topic: Reflective Listening****SESSION HANDOUT****Reflective Listening Script**

Provider: Well, as I said earlier, I think it's time to start you on medications. Your T-cell counts are at 300 and your viral load is up at 50,000. How do you feel about starting meds at this time?

Patient: Okay...

Provider: It sounds like you're anxious about starting the medications....are you sure you're okay with this option?

Patient: No, it's okay, I guess, if you think I need to.

Provider: It feels like you're ambivalent. We have the option to start with a combination of medicines and see how it goes. If you should start having any side effects, such as high fever or rash, let me know as soon as possible.

Patient: High fever or rash. Okay, I will ... I'll let you know.

Provider: Sounds like we have a plan. You take your medicines as prescribed—every dose, every day—and I'll see you back in about a month to see how it's going and to check on your liver. Any questions?

Patient: No, I don't think so.

Patient leaves, saying to herself/himself: T-cells and viral load...wonder what he meant by that? And if this stuff is going to cause me to have a fever and a rash, I don't know if I want to take it. Plus he said something about my liver. I feel fine right now, I don't know about taking this stuff.

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Summarizing

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #49

 **Objectives:**

By the end of this session, participants will be able to:

- Ask questions during a conversation to ensure they are understanding their patient correctly
- Summarize a conversation with a patient to begin closing the session

 **Training Methods:**

- Lecture
- Discussion
- Demonstration

 **In this activity you will:**

- Describe and demonstrate summarization.

 **Materials:**

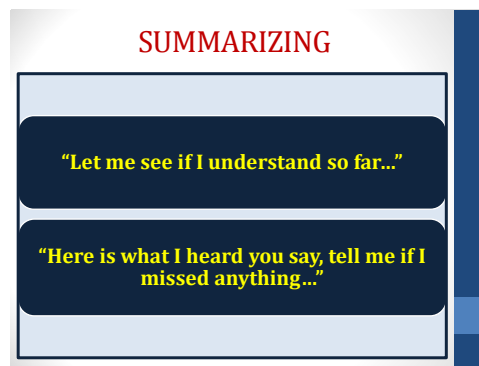
- None

 **Preparation:**

- None

Instructions

1. Open by stating that summarizing is particularly helpful at transition points in the conversation. For example: *Summaries are often helpful after someone has finished speaking or when an appointment is coming to an end.* Show slide 49.



2. *Summarizing helps to ensure that there is clear communication between speaker and listener.*
3. *When you summarize, be brief!*
4. End summary statements with an invitation. For example: *"Did I miss anything?" "If that's accurate, what other points are there to consider?" "Is there anything you want to add or correct?"*

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Self-Assertiveness

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #50

 **Objectives:**

By the end of this session, participants will be able to:

- Identify ways that self-assertiveness impacts in the lives of HIV+ people.

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Discuss assertiveness

 **Materials:**

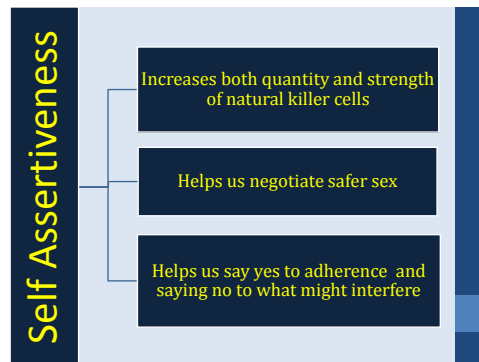
- None

 **Preparation:**

- None

Instructions

1. Ask: *What is assertiveness?* Answer: *Assertiveness means expressing what we want or believe in; confident and direct in claiming one's rights or putting forward one's views.*
2. *Assertiveness has been shown to make HIV+ people healthy; long-term survivors are usually assertive.*
3. Review slide 50 with participants and facilitate discussion:



- *A UCLA study found that long-term survivors with low CD4 counts, who remain healthy without treatment, are assertive and have high natural killer cells (T-cells)*
 - *Self-assertiveness helps you stick to your plan regarding safer sex and healthy living; it helps you communicate what you want and don't want, what you're willing to do and unwilling to do. For example, assertiveness can help you tell your doctor what treatment routines you can and can't adhere to.*
4. Ask participants: *What do you think of these facts? How does this reflect your communication style? How can we as peers model assertiveness?* Allow responses.

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Self Assertiveness

Summarize

By modeling self-assertiveness in words and actions, peers can help their patients become assertive.

Segue

Next we will be doing an exercise that will help us distinguish assertiveness from other styles of communication.

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Communication Styles

▶ ABOUT THIS ACTIVITY

 **Time:** 25 minutes

 **Slides:** #51

 **Objectives:**

By the end of this session, participants will be able to:

- Distinguish among communication styles

 **Training Methods:**

- Lecture
- Small group exercise
- Report out

 **In this activity you will:**

- Describe different communication styles
- Facilitate a small group exercise and report out

 **Materials:**

- Communication styles activity sheet

 **Preparation:**

- None

Instructions

1. Open by stating that discussing assertive communication brings up other styles of communication, such as “passive, aggressive, and passive aggressive” as shown on slide 51.



- *Being assertive means expressing what we want or believe in and is an important part of clear communication.*
 - *Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves.*
 - *Being aggressive means interacting with others without respect for their rights and/or feelings.*
 - *Being passive aggressive means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency.*
2. Facilitate discussion and give examples.
 3. **Exercise.** Tell participants that we are going to do a small group exercise. Ask them to find the “Communication Styles Activity Worksheet” in their packets.
 4. Break out into 3 small groups and assign a case scenario to each group. Groups should choose a recorder and reporter.

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Communication Styles

- You will have 10 minutes to go through your scenario and write in the spaces provided the communications style of each statement on the worksheet.*

Summarize

Ask for volunteers to report out their answers.
Facilitate discussion and correct any wrong answers.

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Communication Styles

SESSION HANDOUT

Communication Styles Activity

Being assertive means expressing what we want or believe in and is an important part of clear communication.

Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves.

Being aggressive means interacting with others without respect for their rights and/or feelings.

Being passive aggressive means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency.

Scenario 1: Provider-Patient

Your provider informs you that you have developed resistance to one of your HIV medications. She tells you that your resistance occurred due to non-adherence and wants you to be more consistent with a newly prescribed medication.

1. "You had better take this new medication more seriously or you won't have to worry about any medication."	
2. "I am so sorry this is happening to you. Maybe there is something else I should have done to prevent this from happening. I don't know if you even want to try the new medication..."	
3. "The results of your tests indicate that you have developed resistance to one of your medications. I would like to prescribe another medication, but before I do, I would like to know how I can support you in adherence."	
4. "You have developed resistance to one of your medications. I always tell my patients that nothing should keep them from taking every dose, every time. That's why things like this happen."	

SESSION VI: PEER COMMUNICATION SKILLS, PART 2**Topic: Communication Styles****SESSION HANDOUT (Cont.)****Scenario 2: Peer-Patient**

Your patient comes to your second appointment reeking of alcohol. His speech is slurred and he is not able to pay attention during the session. It appears you will be unable to accomplish anything together.

5. "Why would you come to our session like this? I don't know what you want me to do for you."	
6. "Maybe we should try to meet another time. I am okay with rescheduling at a convenient time for you."	
7. "Thank you for keeping your appointment today, but unfortunately we will not be able to continue our session today because of your alcohol consumption."	
8. "No worries. Come to our session any way you would like. It's not like I have anything important or meaningful to do with my time."	

Scenario 3: Peer-Staff

A staff member has angrily expressed her belief that you are trying to do her job. She believes you are telling a mutual patient he is eligible to receive certain services.

9. "If you were any good as a case manager, your patient wouldn't have to ask me!" You need to stop thinking about your job and do it!"	
10. "I would never try to do your job. You are far more skilled at helping people access services than I could ever be."	
11. "I am happy to discuss your concerns, but I would prefer to do so when we are able speak calmly and respectfully to one another."	
12. You say nothing. You sigh loudly and make glaring eye contact with your colleague.	

SESSION VI: PEER COMMUNICATION SKILLS, PART 2

Topic: Communication Styles

Communication Styles Activity

Being assertive means expressing what we want or believe in and is an important part of clear communication.

Being passive means repressing the emotions, feelings, and thoughts that we have even if by doing so we feel uncomfortable and unhappy with ourselves.

Being aggressive means interacting with others without respect for their rights and/or feelings.

Being passive aggressive means displaying behavior in which feelings of aggression are expressed in passive ways as, for example, by stubbornness, sullenness, procrastination, or intentional inefficiency.

Scenario 1: Provider-Patient

Your provider informs you that you have developed resistance to one of your HIV medications. She tells you that your resistance occurred due to non-adherence and wants you to be more consistent with a newly prescribed medication.

1. "You had better take this new medication more seriously or you won't have to worry about any medication."	Aggressive
2. "I am so sorry this is happening to you. Maybe there is something else I should have done to prevent this from happening. I don't know if you even want to try the new medication..."	Passive
3. "The results of your tests indicate that you have developed resistance to one of your medications. I would like to prescribe another medication, but before I do, I would like to know how I can support you in adherence."	Assertive
4. "You have developed resistance to one of your medications. I always tell my patients that nothing should keep them from taking every dose, every time. That's why things like this happen."	Passive-Aggressive

SESSION VI: PEER COMMUNICATION SKILLS, PART 2**Topic: Communication Styles****SESSION HANDOUT ANSWER KEY (Cont.)****Scenario 2: Peer-Patient**

Your patient comes to your second appointment reeking of alcohol. His speech is slurred and he is not able to pay attention during the session. It appears you will be unable to accomplish anything together.

5. "Why would you come to our session like this? I don't know what you want me to do for you."	Aggressive
6. "Maybe we should try to meet another time. I am okay with rescheduling at a convenient time for you."	Passive
7. "Thank you for keeping your appointment today, but unfortunately we will not be able to continue our session today because of your alcohol consumption."	Assertive
8. "No worries. Come to our session any way you would like. It's not like I have anything important or meaningful to do with my time."	Passive Aggressive

Scenario 3: Peer-Staff

A staff member has angrily expressed her belief that you are trying to do her job. She believes you are telling a mutual patient he is eligible to receive certain services.

9. "If you were any good as a case manager, your patient wouldn't have to ask me!" You need to stop thinking about your job and do it!"	Aggressive
10. "I would never try to do your job. You are far more skilled at helping people access services than I could ever be."	Passive
11. "I am happy to discuss your concerns, but I would prefer to do so when we are able speak calmly and respectfully to one another."	Assertive
12. You say nothing. You sigh loudly and make glaring eye contact with your colleague.	Passive- Aggressive

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Overview

TOTAL TIME FOR SESSION VII: 55 minutes

SLIDES: #52-54

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #52

 **Objectives:**

By the end of this session, participants will be able to:

- Define the concept of story telling
- Explain how storytelling can be a helpful tool

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Describe how stories can help inspire and support patients
- Facilitate a discussion about how to tell stories in a way that is helpful

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Tell participants that telling stories is one of the most important and inspiring things they will do as peers.

- *Story telling can help patients understand that they are not alone, that there are people who have experienced similar struggles with HIV that are living and thriving.*
- *Hearing what you went through and how you got through it can inspire people to become motivated and face their fear.*
- *Your story telling can also inspire patients to tell their own stories, which has therapeutic value. One of the best ways to solve problems is by talking about them while someone who cares is listening; in fact, it is one of the first steps in problem solving and behavior change.*

2. Ask participants:

- *How can we tell our stories in a way that's helpful? Allow responses and facilitate discussion.*
- *Have you ever heard people telling an endless story? They just go on and on and sometimes you end up forgetting what the story's about. How did hearing such a long story make you feel? Allow responses.*

3. Suggest to participants:

When you tell your story:

- *Keep it short and to the point*
- *Make sure it's related to the issue the patient is going through*
- *End on a positive note*

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Tips for Telling Your Stories

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #53

 **Objectives:**

By the end of this session, participants will be able to:

- Explain the framework for telling peer stories

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Discuss story telling techniques

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Review slide 53 with participants and elaborate.

TIPS FOR TELLING YOUR STORIES

DO	DON'T
<ul style="list-style-type: none"> • Be concise • Make it relevant • Be appropriate - don't give "too much information" • Share your feelings at the time • Say what helped and how you got through it • Make it inspiring 	<ul style="list-style-type: none"> • Monopolize the conversation or make it about you • Don't make it about another topic • Over dramatize • Make it depressing

- *Be concise: get to the point quickly.*
- *Make it relevant: if you're having a conversation about disclosure, tell a story about your experience with stigma, not something else.*
- *Be appropriate: no need to share "too much information."*
- *Always share the turning point, what helped you get through the issue.*
- *Story should inspire, not depress.*
- *The patient session is not about your issues.*
- *People need to hear a flow to the story: talk about where you were at the beginning of your diagnosis and how you evolved – what made the difference? What was the turning point and how did that transform you?*
- *Stories should not be negative; you don't want to fall apart in front of the patient. Remember, you're there to support the patient, not for the patient to support you.*
- *Share your feelings, struggles, and then move on to how much better things are today*

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Tips for Telling Your Stories

Summarize

You don't have to share everything about you.

- *Don't try to tell all of your stories in one session; be selective and strategic about which stories you share and how you share them.*

Segue

Next you will have an opportunity to practice telling your stories.

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Telling Your Story Exercise

▶ ABOUT THIS ACTIVITY

 **Time:** 20 minutes

 **Slides:** #54

 **Objectives:**

By the end of this session, participants will be able to:

- Frame a story and tell it concisely

 **Training Methods:**

- Lecture
- Dyads
- Individual writing
- Practice
- Group discussion

 **In this activity you will:**

- Facilitate and observe participants sharing stories effectively

 **Materials:**

- Elements of Effective Story Worksheet
- Index cards
- Pens
- Newsprint

 **Preparation:**

- Write the heading: “Telling Your Story” on newsprint and the following questions underneath:

- 1) What happened?
- 2) How did you feel?
- 3) What made the difference?
What was the turning point?
- 4) How were you transformed by the experience?
- 5) Where are you now?

Instructions

1. Turn to slide 54



2. Tell participants: *We are going to do an exercise about story telling.*
3. Exercise Instructions Part I:
 - Ask participants to find the “Elements of an Effective Story” Worksheet in training packets and review together.
 - *The topics in the worksheet represent things that usually come up in conversation with patients. Go through them and pick one topic. Write a two-minute story about yourself that relates to the topic. You don’t need to write out the whole story, just a few words to help prompt your memory.*
 - Turn to slide 53.

TIPS FOR TELLING YOUR STORIES

DO	DON'T
<ul style="list-style-type: none"> • Be concise • Make it relevant • Be appropriate - don't give "too much information" • Share your feelings at the time • Say what helped and how you got through it • Make it inspiring 	<ul style="list-style-type: none"> • Monopolize the conversation or make it about you • Don't make it about another topic • Over dramatize • Make it depressing

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Telling Your Story Exercise

- *The dos and don'ts slide will be shown during this exercise for reference. Also, try to answer the questions on the newsprint and sequence them in the same order as the questions. You will have 5 minutes.*
4. One of the trainers should tell a short story following the instructions just given.
 5. Exercise Instruction Part II
- *Break out into dyads, one of you will play the peer and the other will play the patient. The peer should tell his/her story in 2 minutes.*

Summarize

- Ask the person in the role of listener: “*What about your partner’s story made it interesting or affecting?*” *How did the story make you feel, how was it useful to you?*” Allow responses and document on newsprint.
- If time allows, go back into same dyads, only this time the partner in the listening role tells the story. Repeat the debriefing process.

Continuing Education

- As part of your preparation to become a storyteller, use the worksheet to write a story about every topic listed and practice telling them to your friends, family or coworkers.
- Memorize the stories so that you can easily share them with patients whenever these topics come up in conversation.

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Telling Your Story Exercise

SESSION HANDOUT

Elements of an Effective Personal Story Worksheet

1. Life prior to being HIV+

2. Personal risks factors leading to infection

3. HIV testing experience

4. Dealing with being HIV+

5. Medical care experience

6. Social support (or peer support) experience

7. Experience of discrimination

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Telling Your Story Exercise

SESSION HANDOUT (Cont.)

8. Finding love as an HIV+ person

9. Dealing with sex as an HIV+ person

10. Personal progress from moment of diagnosis to today

11. Experience with stigma

12. Disclosure Experiences

13. Life issues beyond HIV

14. Drug/alcohol use

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Affirmations Exercise

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #55

 **Objectives:**

By the end of this session, participants will be able to:

- Identify affirmations
- Express affirmations

 **Training Methods:**

- Large group exercise

 **In this activity you will:**

- Instruct participants in a group activity
- Facilitate the activity

 **Materials:**

- Light ball
- Strips of paper with affirmations
- Hat (or bag)

 **Preparation:**

- Prepare the paper in strips ahead of time
- Cut them up and put them in a hat (or bag)

Instructions

1. Turn to slide 55.



2. Tell participants that we are going to do an activity.

3. Give activity instructions: *I would like for everyone to stand up and form a circle.*

4. Pass around a hat or bag with strips of paper containing affirmations; ask participants to take one and pass it to the next person until everyone has one affirmation.

5. Start by throwing the ball to someone in the circle; when that person catches the ball, he or she will read the affirmation assertively. Then that person throws the ball to someone else and that person reads the affirmation, and so forth...until all have had a chance to read their affirmation.

6. Encourage participants to say their own affirmation; if time permits extend the game to see how many more affirmations participants are able to think of.

Summarize

How did it feel when you stated your affirmation assertively? How did it feel to hear others' affirmations? Allow responses and facilitate discussion.

SESSION VII: PEER DISCLOSURES: TELLING YOUR STORIES

Topic: Affirmations Exercise

Examples of affirmations

- “If no one has ever survived HIV, I can be first.”
- “If someone else survives with HIV, I can be second.”
- “I can live a long and healthy life.”
- “I am not a victim.”
- “Having HIV is not shameful.”
- “I can live each day to the fullest.”
- “I can overcome stigma.”
- “I know I can adhere to my meds.”
- “I don’t let others defeat me.”
- “I can take care of myself.”
- “I can hold my head up high.”
- “I can have a satisfying sex life.”
- “I keep a positive attitude about my future.”
- “I tell my doctor when I feel I’m not getting proper attention.”
- “I don’t do things that can harm my health.”
- “I decide who I tell about my status.”
- “I am capable of growth and change.”
- “I’m in control of my health.”
- “Si se puede” (Obama’s slogan, Yes we can!)



DAY 2: REVIEW

Review and remind participants how they will use their knowledge in working with patients. Refer to the Peer-Patient Educational Session Conversation Guide handout (pages 14-21) as you review.

Let's take a moment to relate what you've learned so far to the Peer-Patient Educational Session Conversation Guide handout.

Session IV Review

*We started Day 2 with a session about the immune system and the **HIV life cycle**. That's something that you will be talking with patients about in Educational Session 2, HIV transmission and the viral life cycle. You may want to share the HIV life cycle handout with patients for this session.*

- *We used a mnemonic to help you remember the different stages of the viral life cycle. Do you remember what it is? (AFRITAB) And what does each of those letter stand for?*
 - A Attachment - Virus binds to receptors on the CD4 cells. Using our army comparison, what are the CD4 T cells (the generals)
 - F Fusion – the virus is attached and now it dumps its RNA into the CD4 T cell.
 - R Reverse transcription – the RNA turns into DNA inside the CD4 T cell
 - I Integration – the DNA hides inside the CD4 T cell
 - T Transcription - Copies of the HIV DNA get bundled up into small packages in the CD4 T cell. Each one of those packages has instructions for making more HIV.
 - A Assembly – This thing called a protease enzyme mixes with these packages to create active virus.
 - B Budding – the new HIV pushes itself out of the CD4 T cell. It takes some of the CD4 cell's protective coating along with it and the CD4 cell dies.

- *Why is it important to learn about the viral life cycle? (Because it helps us understand how HIV meds work to interrupt this process, leading to an undetectable viral load, which keeps us healthy and makes spreading the virus less likely.)*

Session V Review

*Then we spent some time learning about **HIV medications**. This is something that you will be sharing with patients in Educational Session V, HIV medications. You will probably want to share the medication chart with patients for that conversation.*

- *Does anyone remember what the HIV drug medications are called? (HAART – Highly Active Antiretroviral Therapy or ART-Antiretroviral Therapy)*
- *What are some of the things that are important to know about taking HIV medication? (How often to take them, do you have to refrigerate them, do you have to take them with or without food)*
- *What are some of the goals of HIV meds? (undetectable viral load, strengthen immune system and increase T cells, improve health, lower transmission risk)*
- *You will probably want to show the Medications at Work in the Life Cycle chart to patients during Educational Session V because it shows the different stages of the HIV life cycle and that different classes of meds work to interrupt the process. What are the names of some classes of HIV meds? (Fusion Inhibitors, Non-Nucleoside Reverse Transcriptase Inhibitors, Nucleoside Reverse Transcriptase Inhibitors, Integrase Inhibitors, Protease Inhibitors)*
- *What happens if you don't take meds the way you are supposed to? (Resistance)*

Session VI Review

*Then we switched topics to talk about **peer communication skills**. These are skills you will always be using when you communicate with patients.*

DAY 2: REVIEW

- *What are some ways you can show a patient that you are actively listening to what they're saying?* (Verbal—ask questions, make comments, restate what they say in your own words to make sure you understand, ask about how that made a patient feel, “say more about that.” Nonverbal—eye contact, nod your head, lean forward, facial gestures such as smiling and how you sit/cross your legs means closed and arms crossed may mean that you're uninviting)
- What are some other ways of listening that we talked about? (Reflective – giving careful consideration to what a patient says, summarizing)
- *Do you remember 4 communication styles we talked about?* (assertive, passive, aggressive, passive aggressive)
- *Which of those styles do we want to model with patients?*
- *What is self-assertiveness?* (expressing what we want or believe in)
- *How does self-assertiveness help patients?* (increases “killer” T cells, makes us healthier, helps us adhere to treatment/ negotiate safer sex)

Session VII Review

*Towards the end of the day we talked about **disclosure**, both you telling your story to patients, as you may do in Educational Session I, and also helping them to figure out who to tell about their status, as you will do in Educational Session 7 which is about disclosure and stigma.*

- *What are some tips for things to do or not do when telling your story?* (Do: keep it short, don't give too much info, share how you felt, share what helped and how you got through it, end on a positive note Don't: run on for too long, talk about other things, be overly dramatic, make it depressing)
- *And we ended with a few affirmations. Can you give some examples?* (I'm in control of my health. Si, se puede, I can live a long and healthy life, I can adhere to my meds, etc.)