PREParing PEERS FOR SUCCESS: DAY 4

PEER CORE COMPETENCY TRAINING

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

MOTIVATIONAL INTERVIEWING

SUPPORTING PATIENTS WITH DISCLOSURE

DEPRESSION AND HIV

HARM REDUCTION

SEXUAL HEALTH

August 2014

DAY 4: Motivational Interviewing, Supporting Patients with Disclosure, Depression and HIV, Harm Reduction, Sexual Health

An Overview of Today's Sessions and Topics

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* 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

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SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Defining Motivational Interviewing

TOTAL TIME FOR SESSION XIII: 1 hour, 50 minutes
SLIDES: 90-95

ABOUT THIS ACTIVITY

Time: 5 minutes

Slides: 90

Objectives:

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

- Define motivational interviewing

Training Methods: Discussion

In this activity you will:

- Introduce the concept of motivational interviewing

Materials:

- None

Preparation:

- None

Instructions

Discuss with the group:

1. *The motivational interviewing approach is a way of being with patients. It is not only* what *you do (ask questions), but* how *you do it that's important.*

2. *What does interviewing mean?*
   Answer: *Viewing together, between.*

3. *What does motivational (motivation) mean?*

   Answer: *Providing with a reason to act in a certain way, incentive, interest or drive.*

4. *Motivational interviewing in the context of working with HIV+ patients, then, means viewing together what's going on with the patient and what interest or drive they have to make changes in their lives.*

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Change Talk: Evoking Change

ABOUT THIS ACTIVITY

Time: 15 minutes

Slides: #91-92

Objectives:

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

- Create statements/questions that can evoke change

Training Methods: Discussion

In this activity you will:

- Review types of questions and statements that can evoke change
- Conduct a role-play with trainer and participant

Materials:

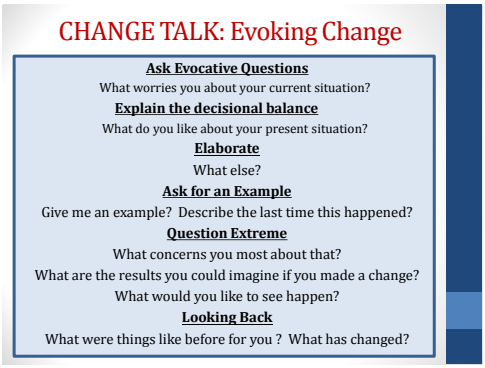
- None

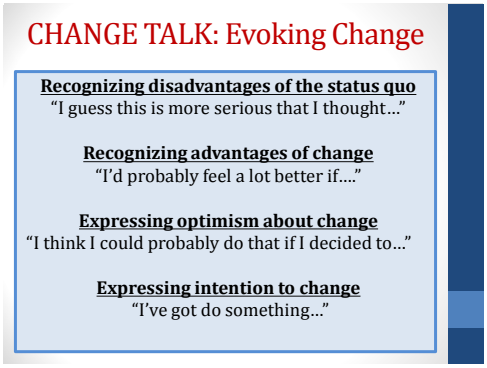
Preparation:

- Prepare role-play to conduct (trainer and participant as peer/patient)

Instructions

1. Introduce slides 91 and 92. Review the points and lead a discussion using the questions on the slides.





2. Trainer conducts a brief role-play with volunteer participant using some of these questions to evoke change between peer and patient.

Summarize

- *Eliciting change talk is a direct strategy for resolving ambivalence (uncertainty). The communication skills we learned earlier in the training, asking open-ended questions, attentive listening, reflective listening, and summarizing, may not be enough to elicit change in some patients. It's still possible for a patient to remain stuck in uncertainty.*

- *The idea is to have the peer help the patient engage in change talk, that is, for the patients themselves to present the arguments for change.*

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Change Talk: Assessing Importance

ABOUT THIS ACTIVITY

Time: 15 minutes

Slides: #93

Objectives:

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

- Measure the level of motivation for change with their patient

Training Methods:

- Discussion
- Role-play on assessing importance

In this activity you will:

- Facilitate a discussion
- Conduct a role-play using the trainers

Materials:

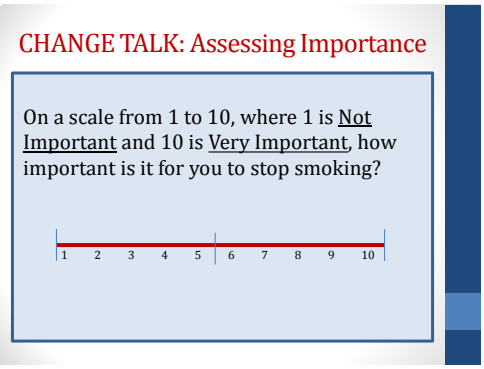
- None

Preparation:

- Prepare a role play exercise to conduct with a fellow trainer

Instructions

1. Review slide 93 with participants and facilitate discussion:



- *When you hear change talk from your patient, it's important not to ignore it, because that shows that the patient is motivated to make a change.*

- If the patent rates himself/herself a 6, you should ask: *Why did you rate yourself a 6 and not a 7 or an 8?* This will elicit information about where he or she is in level of motivation. Then you should ask: *What would it take to raise the level of importance?*

2. Trainers conduct a role-play on how to assess importance.

> *I realized [the patient] was ready to break the [drug] habit when she told me herself that she needed help. First we worked on adherence to her mental health medications, then she started adhering to her HIV treatment.*
>
> A peer at PR CoNCRA

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Change Talk: Assessing Confidence

ABOUT THIS ACTIVITY

Time: 15 minutes

Slides: #94

Objectives:

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

- Assess the level of confidence to change with their patient

Training Methods:

- Discussion
- Demonstration exercise

In this activity you will:

- Lead a discussion about having the confidence to change behaviors
- Demonstrate how to assess the confidence level with a patient

Materials:

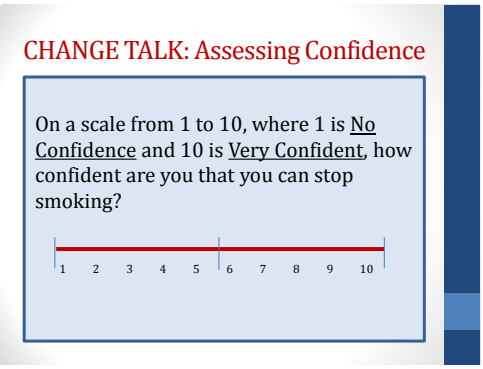
- None

Preparation:

- Prepare a role-play with a fellow trainer

Instructions

1. Review slide 94 with participants and facilitate discussion:



- Once you have assessed importance, take it to the next level and assess confidence. A person may place high importance on something they want to change but may not have enough confidence that they can do it.

- If the person rates himself or herself a confidence level of 4, ask: *What would it take to bring you confidence up to 5 or 6?* This will elicit information about where he or she is in level of confidence.

2. Trainers conduct a role-play on assessing confidence.

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Cost-Benefit Analysis

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #95

Objectives:

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

- Demonstrate a method for weighing options

Training Methods:

- Small-group exercise
- Large-group exercise

In this activity you will:

- Introduce a cost-benefit analysis
- Facilitate small- and large-group discussions around cost-benefit analyses created by participants

Materials:

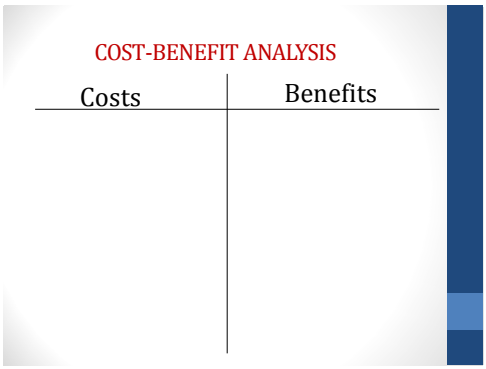
- Newsprints
- Markers

Preparation:

- Prepare two newsprints, one with the heading "Cost" and another with the heading "Benefit"
- Place them on opposite walls

Instructions

1. Tell participants: *A "Cost-Benefit Analysis," also known as a "Pros-Cons list," is a good way to help patients weigh their options about making changes in their lives. This method can be used when the patient is ambivalent or uncertain about whether or not to abandon a personal behavior that may be negatively impacting on their health and well-being.*
   Show slide 95.



2. Ask participants to break out into 2 groups; ask one group to go to the "Cost" newsprint on the wall and write down "**The price of disclosure for many people**," and ask the other group to do the same with "**The benefits of disclosure.**"

3. Ask each group to select a recorder and reporter.

4. After 10 minutes, ask the 2 groups to stop and place the two newsprints next to each other.

5. Ask each group to report out. After each report out, ask the other group to add anything left out. Add costs and benefits not listed.

6. In some cases, as in this example, the costs and benefits may cancel each other out; in other words, the number of costs may equal the number of benefits. In this case the patient may decide that the benefits far outweigh the costs OR the patient may become ambivalent.

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Cost-Benefit Analysis

7. *As a peer, you can explore how much the patient* values *the benefits over the costs. To help the patient make this determination, use the "Assessing Importance" scale we discussed earlier to help the patient understand the level of importance he or she places on the benefits over the costs.*

8. Also, if there are too many costs, check and see if some of those costs might be eliminated with the provision of services. If so, help the patient begin working towards addressing them.

Segue

In the next exercise we will explore how you can help motivate a person who is preparing to disclose.

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Change Talk Exercise

ABOUT THIS ACTIVITY

Time: 40 minutes

Slides: #96

Objectives:

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

- Use eliciting change talk in a conversation with patients

Training Methods:

- Role-plays with observer

In this activity you will:

- Facilitate small-group role plays
- Debrief after each role-play

Materials:

- Case scenarios worksheet

Preparation:

- Put each scenario on a separate piece of paper and place in a box

Instructions

1. Turn to slide 96.

2. Divide participants into groups of three and assign a specific role to each person in the working groups: the peer who is conducting the interview, the patient being interviewed, and an observer.

3. Ask the "patients" to select a scenario from the box and read it. They should not reveal the scenario ahead of time to the persons in either the peer or observer roles.

4. The person in the peer role begins by asking an open-ended question, such as *"How might I be of help?"* or *"What brings you here today?"*

5. The person in the patient role should create a personal story around the scenario.

6. The peer's goal is to use the skills to understand the patient's situation, thoughts, and feelings.

7. The job of the people in the observer role is to jot down examples of the peer's use of motivational interviewing skills.

8. Allow about eight to ten minutes for each interview. After each role-play, the three participants should debrief for about four minutes around the discussion questions listed on the newsprint.

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Cost-Benefit Analysis

9. If time permits, allow each working group to repeat the role-play using different scenarios so that everyone has an opportunity to play all three roles.

10. These role-plays are simultaneous, so trainers should go around, listen and support the process.

11. Ask the groups: *What did you learn from this exercise?*

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Cost-Benefit Analysis

SESSION HANDOUT

CASE SCENARIOS

You are a 17-year-old, homeless Caucasian youth who has tested positive for HIV. To survive, you make money by having sex, usually unprotected, with various regular customers.

You are a young Latina who is in early pregnancy and is infected with HIV. You are afraid to see your doctor, because you are ashamed of your HIV status.

You are a 50-year-old African American man who is infected with HIV. You have remained drug-free for the past three months since you successfully completed a long-term residential treatment program for your heroin addiction. You report that you've recently been having intense cravings to use again.

You are an immigrant man in your thirties from West Africa. You recently tested positive for HIV. You don't believe that you could possibly be infected, and you refuse to discuss it with anyone.

You are a formerly homeless Native American woman in your early forties living with HIV. You've recently found permanent housing, but it seems to be more of a problem than a solution. You report that you feel walled in, that you don't like being alone, and that people are constantly knocking on your door trying to sell you drugs that threaten your recovery. You report feeling more and more depressed and are considering moving out. You say you were happier living on the streets.

SESSION XIII: MOTIVATIONAL INTERVIEWING

Topic: Cost-Benefit Analysis

SESSION HANDOUT (cont.)

CASE SCENARIOS (CONT.)

You are a 29-year-old Caucasian woman who is infected with HIV. You are trying to regain custody of your two young children. You recently moved into clean-and-sober transitional housing after successfully completing in-patient treatment for polysubstance use. You tell your provider in confidence that you've been drinking and using crack occasionally, but you are not doing any of that "other stuff." You report that you only use on the weekends when you are away from the transitional housing facility.

You are a man in your thirties who is infected with HIV. A few months ago you were released from prison after serving a lengthy sentence for multiple drug-related offenses. You are currently on parole with the requirement that you not use drugs. For the first month after release, you went back to smoking crack almost every day, but now report feeling very proud that you've been able to cut back to smoking crack only on weekends.

You are a 28-year-old Latino male who has tested positive for HIV. You probably contracted the virus by having anonymous unprotected sex with men at gay sex clubs. You are married with a child and do not consider yourself to be homosexual. You are afraid to disclose your HIV status to your family.

You are a 25-year-old woman who is involved in a long-term abusive relationship with a partner who is infected with HIV and uses injection drugs. You are quite concerned that you might also test positive for HIV, but your partner refuses to let you get tested or seek medical help. Your partner says in a dismissing manner, "What you don't know won't hurt you."

SESSION XIV: SUPPORTING PATIENTS WITH DISCLOSURE

Topic: Overview of Disclosure

TOTAL TIME FOR SESSION XIV: 55 minutes
SLIDES: #97-99

ABOUT THIS ACTIVITY

Time: 5 minutes

Slides: #97

Objectives:

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

- Provide an overview of disclosure

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Explain why some patients and people in general may have difficulty disclosing personal traits/ characteristics
- Lead discussion about disclosure and why it is important

Materials:

- None

Preparation:

- None

Instructions

1. Give an overview of disclosure:

Many PLWHA have different reasons for telling or not telling others about their HIV status; there are some risks and benefits to disclosing your status. It is important to know that everyone has his or her own unique experiences with disclosure. It's not a question of whether or not you disclose, but rather that people disclose to some people but not others.

2. Lead a discussion around disclosure:

- Why are people's choices to disclose or not disclose his or her *HIV status to family and friends important?*
- *Telling others about your HIV status is your personal choice. You have a right to keep it a secret, with the exception of telling: current and past sex partners, anyone you may have shared needles with, and your doctor or dentist.*
- *People have different reasons for telling or not telling others about their HIV status. There are some risks and benefits of disclosure.*
- *It is important to know that everyone has his or her own unique experiences with disclosure.*
- *Peers may not agree with, but need to respect, the decisions that others make about disclosure.*
- *Think about an experience when you told someone about your HIV status. In that experience, was the person or the group supportive, angry, violent, judgmental or confused? There are many reactions that may be associated with disclosure, some of which we could never have anticipated.*

Segue

The next exercise will help us learn why people choose or do not choose to disclose their HIV status.

SESSION XIV: SUPPORTING PATIENTS WITH DISCLOSURE

Topic: I Would Always Tell - I Would Never Tell

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #98

Objectives:

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

- Discuss reasons why individuals chose to disclose or withhold personal information.

Training Methods:

- Individual activity
- Group activity

In this activity you will:

- Facilitate a large-group discussion on disclosure

Materials:

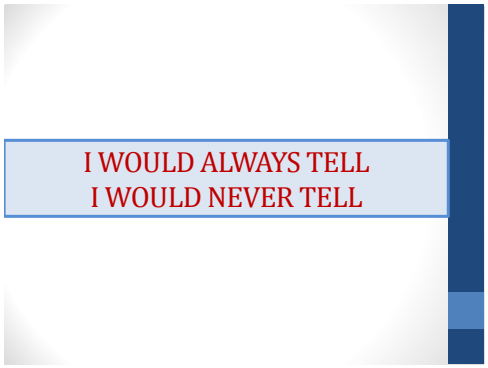
- I would always tell and I would never tell sheet (cards)

Preparation:

- Print and cut 6-8 cards from the "Disclosure Exercise" sheet

Instructions

1. Turn to slide 98.



2. Let participants know that as peers they will encounter some patients who don't disclose. *In these cases you may not agree with, but need to respect, the decisions that patients make about disclosure.*

3. Set up the exercise: *At this time we want you to think about an experience of when you told someone about your HIV status; you don't have to say it, just think about it. Think about who they were: your mother, partner, brother, sister, friend or child. In that experience, was the person supportive, angry, violent, judgmental or confused?*

4. Exercise instructions:

- Hand out "I Would Always Tell and I Would Never Tell" cards to several people in the room, and tell participants the cards are part of an activity on disclosure.

- *Those of you who received cards should stand up and say who you would always tell or who you would never tell; for example: "I would always tell my employer because I may need to take time off from work to go to my medical appointments," and I would never tell my sister because she can't keep a secret.*

SESSION XIV: SUPPORTING PATIENTS WITH DISCLOSURE

Topic: I Would Always Tell - I Would Never Tell

5. Once all the card holders have had a chance to respond, ask the following questions:

   - *Who were the people who were always told?*
   - *Who was never told?*
   - *What did you notice about these people?*
   - *What helped you get through your disclosures?*

6. Allow participants to comment and facilitate discussion.

Summarize

It's important to remember that we all disclose to different people for different reasons. It is not up to the peer or anyone to push patients to disclose or decide to whom patients should disclose.

People will disclose when they are ready, not on anyone else's time line. Your role as a peer is to give people the tools to disclose, and give them ideas about how to disclose in a thoughtful manner that feels safe.

Segue

In the next exercise we will discuss one practical way peers can support patients who are considering disclosure.

SESSION XIV: SUPPORTING PATIENTS WITH DISCLOSURE

Topic: I Would Always Tell - I Would Never Tell

SESSION HANDOUT

DISCLOSURE EXERCISE

I WOULD ALWAYS TELL	I WOULD ALWAYS TELL	I WOULD ALWAYS TELL
I WOULD ALWAYS TELL	I WOULD ALWAYS TELL	I WOULD ALWAYS TELL
I WOULD NEVER TELL	I WOULD NEVER TELL	I WOULD NEVER TELL
I WOULD NEVER TELL	I WOULD NEVER TELL	I WOULD NEVER TELL

SESSION XIV: SUPPORTING PATIENTS WITH DISCLOSURE

Topic: Mentoring on Disclosure

ABOUT THIS ACTIVITY

Time: 30 minutes

Slides: #99

Objectives:

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

- Deepen participants' understanding of how to help patients think about disclosure

Training Methods:

- Lecture
- Group discussion

In this activity you will:

- Present information on how to help patients think about disclosure
- Lead a discussion about disclosure framework

Materials:

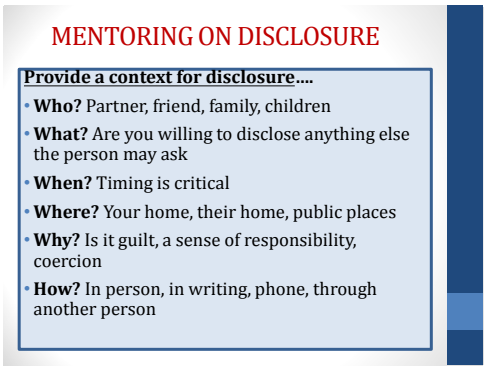
- Some Considerations Before You Disclose Handout

Preparation:

- Make copies of handout

Instructions

1. Review slide 99 with participants and stress that people don't need to disclose everything about themselves when disclosing HIV status.



- **Who?:** *You don't have to tell everyone; think about who you would like to tell or "would always tell."*

- **Why?:** *Think about why you would want to tell the person. Is it guilt, sense of obligation, because you want their support, or to unburden yourself from a "secret"; be clear about why.*

- **What?:** *What are you ready to share and what are you not ready to share?* Ask participants: *"What is the first question people ask when you tell them that you are positive?"* Allow responses. Expected answer: *How did you get it? How important is it to tell the person how you got it? Does that really matter? Sometimes people are curious and sometimes they want to determine if getting HIV was your fault as discussed earlier. Is that a good enough reason to tell them how you got it?*

- **When?:** *Don't disclose if the person you are disclosing to has had a bad day or is otherwise moody, cranky or pugnacious; find the right time for you and the person.*

- **Where?:** *A public place such as a park can discourage a person from becoming violent; also, disclosing in your own turf is better than in theirs.*

SESSION XIV: SUPPORTING PATIENTS WITH DISCLOSURE

Topic: Mentoring on Disclosure

- **How?:** *There are other ways to disclose besides face to face; what other methods can we use?* Allow responses. Expected answers: *Letter, phone, or having a trusted person do it for you.*

2. Review handout with participants and further elaborate about the questions on the slide. *As peers, your role involves helping patients think through these questions. Providing a framework for disclosure can make it easier and safer for patients to disclose.*

3. Ask for a volunteer to play the role of the patient or use their personal experience of disclosing their status to a friend; while the trainer plays the role of the peer using the framework to speak with the patient (volunteer).

4. Discussion: Ask - *What do you think about this framework? What did you like about the example? What would you have done differently?* Facilitate a discussion and answer questions that come up.

SESSION XIV: SUPPORTING PATIENTS WITH DISCLOSURE

Topic: Mentoring on Disclosure

SESSION HANDOUT

SOME CONSIDERATIONS BEFORE YOU DISCLOSE

Peers should encourage their patients to consider several things before disclosing to someone. These include:

- *What do you need most from the person you are telling?* Have the patient think about how this person knowing can help their situation or make it worse.
- *Who are you most comfortable telling?* Have the patient think of someone who can support them in a non-judgmental way while coping with their own feelings.
- *How important is privacy to you?* Have the patient consider how the person s/he's considering disclosing to regularly deals with others' confidential information.
- *Prepare for reactions.* Have the patient consider if the person s/he's going to tell might get upset. S/he might also provide written information on HIV to the person.
- *Where will you tell?* Have the patient choose a place that is comfortable and provides enough privacy.
- *What are some of the risks?* Have the patient think about the risks associated with disclosing, such as jeopardizing a job or telling someone who might become violent.

You may wish to share this handout with the patient during Peer-Patient Educational Session #7, Disclosure and Stigma (See guide on page 20.)

SESSION XV: DEPRESSION AND HIV

Topic: Depression and HIV

TOTAL TIME FOR SESSION XV: 55 minutes
SLIDES: #100-102

ABOUT THIS ACTIVITY

Time: 15 minutes

Slides: #100

Objectives:

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

- Describe the experience of stress and depression as they relate to HIV

Training Methods:

- Discussion

In this activity you will:

- Facilitate a discussion on the stress and challenges participants have faced due to their HIV status

Materials:

- None

Preparation:

- None

Instructions

1. Start out by stating that we all have things that create stress in our lives. *Studies have shown that most people living with HIV will experience clinical depression at some point or throughout the course of HIV disease. The stress of living with HIV and its daily challenges can make us anxious or depressed.*

2. *There are other forms of mental illness, but since it's the most common, we will focus on depression.*

3. *Some stressors are small and easy to deal with, while others can be overwhelming.*

4. *HIV is a long-term stressor that is difficult to live with. For some people, it may be the most stressful thing in their lives, but other people may have other things that stress them out even more, such as substance abuse, domestic violence, death of a loved one, poverty, or other serious problems.*

Discussion

Ask participants: *What is one thing you find stressful and how do you cope with it? What is one way that you deal with stress?* List coping strategies on newsprint.

SESSION XV: DEPRESSION WITH HIV

Topic: What is Depression?

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #101

Objectives:

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

- Identify the symptoms of depression

Training Methods:

- Lecture
- Discussion

In this activity you will:

- Facilitate discussion about the specific role peers have as part of the health care team

Materials:

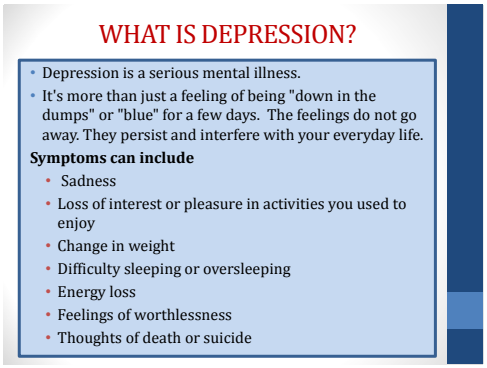
- None

Preparation:

- None

Instructions

1. Review slide 101 with participants and facilitate discussion.



a. *Many people who are depressed are not aware of it. Mental illness is also highly stigmatized and often even people who are aware don't talk about it.*

b. *Peers need to know how to recognize the symptoms of depression in the lives of patients and in their own lives. By this we don't mean that you should diagnose depression or provide therapy, but simply recognize it, raise the patient's awareness of it, and then coordinate a referral through the case manager for a mental health evaluation.*

2. *Because mental health and physical health are so closely linked, it is important not to ignore the symptoms of depression.*

3. *Peers can help the person become aware that these symptoms are often associated with depression and how important it is to pay attention to them.*

4. *Peers should share with the care team when they see these symptoms in their patients so that the team can conduct a mental health assessment and coordinate a referral to a mental health expert if necessary.*

SESSION XV: DEPRESSION AND HIV

Topic: What is Depression?

Summarize

Peers will need to document the work they provide to patients on progress notes and communicate with the team about these types of symptoms; when doing so, it's important to be objective *and share what symptoms were observed, rather than being* subjective *by saying that "the patient is depressed."*

SESSION XV: DEPRESSION AND HIV

Topic: Responding to Depression

ABOUT THIS ACTIVITY

Time: 35 minutes

Slides: #102

Objectives:

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

- Gain experience in responding to depression

Training Methods:

- Group exercise

In this activity you will:

- Lead a group activity
- Facilitate a discussion

Materials:

- Helpful and Unhelpful Responses handout
- Green, yellow and red colored paper
- "Green-Yellow-Red Light Situations" handout
- Mental Health Emergencies Handout
- Tips for Stress, Anxiety and Depression Handout
- "Symptoms of Clinical Depression" Handout
- "Symptoms of Anxiety Disorders" Handout
- Tape

Preparation:

- Prepare individual cards, each with a different response (helpful or unhelpful) (see "Helpful and Unhelpful Responses" handout)
- Prepare 2 newsprints with the headings: "Helpful Response" and "Unhelpful Response"
- Cut blank green, yellow, and red cards (one set for each participant and one set for trainer(s))
- Print a copy of the "Green-Yellow-Red Light Situations" for the trainer(s)

Instructions

1. **Exercise 1:**

- Distribute cards and explain what participants will do: *When someone is feeling depressed or anxious people want to help. Some of the things they say may be helpful, and others are not helpful. Here are some common responses. Please take a card. When you are ready, come up and tape the card up under the heading where you think it belongs – helpful or unhelpful.*

- Once all of the cards are placed, read the responses and discuss some of them with the group. If time permits, ask group members to think of other helpful things they could say. Hand out the "Helpful and Unhelpful Responses" handout as a reference for participants.

2. **Further Discussion**

- *Sometimes problems are more complex. You might encounter a patient who needs more help than you can provide.*

- *Here are a few signs of more serious problems: Feeling depressed or anxious for more than two weeks, not keeping appointments, not getting out of bed, not eating, bathing or dressing, thoughts of hurting themselves or someone else.*

3. **Exercise 2:**

- Introduce the exercise by telling participants that we are going to do another activity – the Green-Yellow-Red light activity:

- *There are different levels of depression that are important to know. We are going to do an activity to demonstrate them. I am going to distribute colored cards in green, yellow and red that represent lights. I am going to read some different situations. Each of you should hold up the color of the card you think corresponds to the situation.*

SESSION XV: DEPRESSION AND HIV

Topic: Responding to Depression

- *A green-light situation would be what you would consider typical levels of stress, anxiety, or depression; a yellow-light situation is more serious and requires action; a red light situation indicates an emergency and requires immediate action.*

- Conduct the exercise, debrief and facilitate discussion.

Summarize

- *Over time you will discern green-, yellow- or red-light situations more easily.*

- *Never say to a patient that you are certain they have mental illness, and resist the temptation to give advice. Do say: "Some of the things you are describing are similar to the symptoms of depression and the only way to know for sure is by going through a mental health assessment. Your case manager can refer you to a mental health counselor.*

- *HIV, mental health issues, and substance abuse have a lot in common. In all three, adherence to treatment or programs can be challenging. There can be stigma around all three. People dealing with any of them may find it hard to ask for help and feel very alone.*

- *As a peer, you may be the first person a patient opens up to.*

- *You can't diagnose or treat, but you can make a big difference by providing non-judgmental listening and referral to members of the team.*

SESSION XV: DEPRESSION AND HIV

Topic: Responding to Depression

SESSION HANDOUT #1

HELPFUL AND UNHELPFUL RESPONSES

Usually helpful

- I know you are hurting.
- You're not alone in this.
- I'm here for you.
- Do you want a hug?
- These feelings will pass; you'll get through this.
- I'm sorry you're in so much pain.
- If you need someone to talk to, I'm here for you.

Usually unhelpful

- It's all in your mind.
- No one ever said life was fair.
- There are a lot of people worse off than you.
- You should count your blessings.
- Stop your pity party
- Stop thinking about yourself and focus on your kids.
- You think you've got problems!
- Cheer up! Come on and give me a smile.

SESSION XV: DEPRESSION AND HIV

Topic: Responding to Depression

SESSION HANDOUT #2

GREEN-YELLOW-RED LIGHT SITUATIONS

Green means typical response to difficult things in life, yellow means referral is needed, and red means emergency referral. Some of these may vary depending on the context, so it's ok if different group members have different opinions about them.

- Your patient is feeling really blue on the anniversary of his partner's death [green]
- Your patient has a history of suicide attempts and is feeling REALLY blue today on the anniversary of his partner's death [yellow or red]
- Your patient is feeling unusually tense and angry today. [green]
- Your patient is so anxious and panicky lately that she can't eat and is losing a lot of weight [yellow]
- You call your patient to find out why he missed his appointment, and he says he just can't get out of bed. [yellow]
- Your patient tells you he wanted to tell you goodbye, because he plans to kill himself tonight. [red]
- Your patient says she can't come to her appointments anymore because she feels too panicky when she leaves her apartment. [yellow]
- Your patient says her meds have been making her feel moody and depressed. [green to yellow]
- Your patient says she has had really bad insomnia for over two weeks. [yellow]
- Your patient is making plans to kill the person who infected her. [red]
- Your patient says "Nothing matters to me anymore. I wish I were dead." [probably red – peer may need to probe for more information to find out if actively suicidal]
- Your patient says he has been "cutting" himself to help him cope with all the emotional pain he is going through. [yellow to red]

SESSION XV: DEPRESSION AND HIV

Topic: Responding to Depression

SESSION HANDOUT #3

MENTAL HEALTH EMERGENCIES

If a patient expresses thoughts about suicide or homicide or wanting to hurt himself or herself or others:

DO NOT try to decide whether the person is "serious" or "just wants attention." If she or he says it, it IS serious.

What can you do in an emergency? Depending on the situation and resources in your area, you can:

- Ask members of your team to help you make an emergency referral.
- Refer to physician or specialist.
- Accompany your patient to the emergency room or mental health center.
- Call the crisis line.
- Call 911.
- Make sure they are not alone.

SESSION XV: DEPRESSION AND HIV

Topic: Responding to Depression

SESSION HANDOUT #4

TIPS FOR DEALING WITH STRESS, ANXIETY, OR DEPRESSION (MILD)

- Talking to a trusted friend, family member or religious leader
- Exercising (Exercise has been found to be as effective as medications in treatment of depression)
- Helping others
- Keeping busy, finding something positive to do
- Writing in journals
- Taking deep breaths
- Spending time in nature
- Relaxation, meditation
- Prayer
- Creative projects, arts, crafts, hobbies, or gardening
- Attending a support group meeting
- Attending religious services or other gatherings
- Add self-care tips that work well for you

_____

_____

_____

SESSION XV: DEPRESSION AND HIV

Topic: Responding to Depression

SESSION HANDOUT #5

SYMPTOMS OF CLINICAL DEPRESSION

Not everyone experiences clinical depression in the same way. Different people have different symptoms. The National Mental Health Association recommends that you see a doctor or a qualified mental health professional if you experience five or more of these symptoms for longer than two weeks, or if the symptoms are severe enough to interfere with your daily routine.

- A persistent sad, anxious or "empty" mood
- Sleeping too little or sleeping too much
- Reduced appetite and weight loss, or increased appetite and weight gain
- Loss of interest or pleasure in activities once enjoyed
- Restlessness or irritability
- Persistent physical symptoms that don't respond to treatment [such as headaches, chronic pain, or constipation and other digestive disorders]
- Difficulty concentrating, remembering, or making decisions
- Fatigue or loss of energy
- Feeling guilty, hopeless or worthless
- Thoughts of death or suicide

SESSION XV: DEPRESSION AND HIV

Topic: Responding to Depression

SESSION HANDOUT #6

SYMPTOMS OF ANXIETY DISORDERS

There are several types of anxiety disorders and not everyone experiences the same symptoms. An accurate diagnosis and treatment should be made by a qualified mental health provider.

- Excessive worry more days than not
- Inability to control the worry
- Restlessness, feeling keyed up or on edge
- Fatigue, feeling easily tired
- Irritability, or sudden anger outburst
- Muscle tension
- Trouble falling asleep or staying asleep
- Fatigue or loss of energy
- Repeated, unexpected “attacks” when you are suddenly overcome by intense fear or discomfort for no apparent reason
- Repeated, distressing memories or dreams of a life-threatening event you experienced
- Feeling “on guard”
- Feeling detached from other people
- Intense, persistent fear of a social situation in which people might judge you
- Extreme anxiety with pounding heart, trembling or shaking, sweating, nausea or abdominal discomfort, fear of losing control
- Feeling worthless or guilty

SESSION XVI: HARM REDUCTION

Topic: Harm Reduction

TOTAL TIME FOR SESSION XVI: 50 minutes
SLIDES: #103-106

ABOUT THIS ACTIVITY

Time: 5 minutes

Slides: #103

Objectives:

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

- Define harm reduction

Training Methods:

- Discussion

In this activity you will:

- Introduce and explain harm reduction
- Facilitate a discussion about harm reduction

Materials:

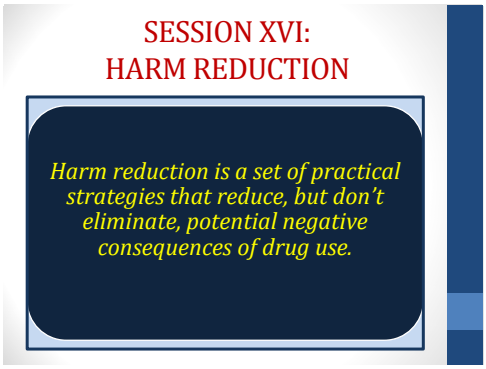
- None

Preparation:

- None

Instructions

1. Facilitate discussion by asking the following questions:
   - *What is harm reduction?*
   - *Can anyone provide an example of when we need to use harm reduction?*
2. Review slide 103 and assess participants' knowledge of harm reduction.



SESSION XVI: HARM REDUCTION

Topic: Principles of Harm Reduction

ABOUT THIS ACTIVITY

Time: 20 minutes

Slides: #104

Objectives:

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

- Understand the principles of harm reduction

Training Methods:

- Discussion
- Lecture

In this activity you will:

- Review harm reduction handouts
- Facilitate a discussion

Materials:

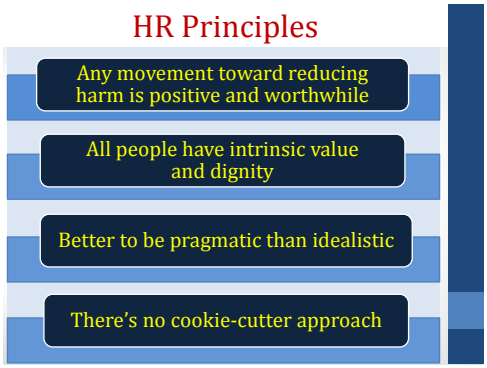
- "Substance Use and Harm Reduction" handout
- "Opiate Overdose Prevention and Survival" handout
- "Patient Information on HIV and Injecting Drugs" handout

Preparation:

- Make copies of the handouts

Instructions

1. Review slide 104 with participants and facilitate discussion:



- *Any movement, regardless of the amount of movement is worthwhile; important to notice, acknowledge and give positive reinforcement for taking even the smallest steps to reduce harm.*
- *Everyone has the right to human dignity and value regardless of personal behavior.*
- *Your idealism may get in the way of doing something practical to help a patient reduce harm; resist the tendency to rescue people (none of us is that powerful); recognize that doing something is better than doing nothing.*
- *Each person is an individual and what works for one does not work for all.*

2. Review "Facts about Substance Use and Harm Reduction" handout, "Opiate Overdose Prevention and Survival" handout and "Patient Information on HIV and Injecting Drugs" handout.

- Ask participants to find the three handouts in their packets and review them together; no need to read everything - just paraphrase each section.

SESSION XVI: HARM REDUCTION

Topic: Principles of Harm Reduction

SESSION HANDOUT #1

You may wish to share this handout with the patient during Peer-Patient Educational Session #8, Harm and Risk Reduction (See guide on page 20).

SUBSTANCE USE AND HARM REDUCTION

Principles of Harm Reduction

Harm reduction is a set of practical strategies that reduces potential negative consequences of drug use. This approach incorporates a spectrum of strategies from safer use, to managed use, to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, the Harm Reduction Coalition considers the following central to harm-reduction practice.

- Accept, for better and for worse, that licit and illicit drug use is part of our world.
- Work to minimize potential harmful effects of drug use rather than simply ignore or condemn users.
- Understand that drug use is a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledge that some ways of using drugs are clearly safer than others.
- Establish quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Call for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensure that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirm drugs users themselves as the primary agents of reducing the harms of their drug use, and seek to empower users to share information and support each other in strategies that meet their actual conditions of use.
- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Do not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Adapted from: www.harmreductioncoalition.org

SESSION XVI: HARM REDUCTION

Topic: Principles of Harm Reduction

SESSION HANDOUT #2

OPIATE OVERDOSE PREVENTION AND SURVIVAL

Opiates include: heroin, OxyContin, methadone, morphine, Percocet, fentanyl, and Vicodin

What is an Overdose?

Overdose (OD) happens when a person takes too much of a drug (or a combinations of drugs), and the body is overwhelmed – especially the brain and other important organs like the liver, heart, lungs and kidneys. When OD happens, the body loses the ability to cope with the drug. The person may pass out, stop breathing, have heart failure, or have seizures. All of these can kill a person, **but overdose doesn't have to be fatal.**

Risk Factors

- **Mixing drugs**-When drugs are mixed, especially alcohol or benzos.
- **Lowered tolerance**-Tolerance is down due to not using heroin or methadone- after incarceration, detox, or drug-free drug treatment.
- **Using alone** behind closed, locked door, where you cannot be found, esp. in single-room occupancies.
- **Other factors**-Major illness, change in the quality of the drug, depression, etc.
- **A prior overdose**-Might be a sign that the person is at risk of overdosing again

Prevention:

- Using one drug at a time; **not mixing drugs**
- **Doing a tester shot** if unsure about the purity of the drug or after a period of abstinence
- Not using alone; **using with other people**
- **Leaving doors unlocked**
- **Having an overdose prevention plan** and discussing it with friends and family
- Taking the **Narcan training***

Recognition of Overdose

- Person is unresponsive
- Person is unconscious, breathing very slowly
- Blue lips and nail beds
- Shallow breathing

*Narcan™ (naloxone) is a prescription medicine that blocks the effects of opioids such as heroin or prescription pain pills and reverses an overdose. It cannot be used to get a person high. With basic training, nonmedical professionals, such as friends, family members or even concerned bystanders, can recognize when an overdose is occurring and give Narcan.™ After a dose of Narcan™, the person should begin to breathe more normally and it will become easier to wake them. This gives concerned helpers a window of opportunity to save a life by providing extra time to call 911 and carry out rescue breathing and first aid until emergency medical help arrives. Source: http://stopoverdoseil.org/narcan.html

SESSION XVI: HARM REDUCTION

Topic: Principles of Harm Reduction

SESSION HANDOUT #2 (cont.)

Responding to an Overdose:

- **Call 911**
  - Give address/location.
  - Say "my friend is unconscious and I can't wake him or her up" or "my friend isn't breathing."
  - You don't need to say that any drugs have been taken until the ambulance arrives.
- **Rescue breathing**
  - Make sure there is nothing in the mouth.
  - Tilt head back, lift chin, pinch nose.
  - Give a breath every 5 seconds.
- Stay (if you can) with the person until help arrives.
- **Recovery position so the person will not choke if s/he vomits**
- **If overdosing on heroin or other opiates, give Naloxone (Narcan)**
  - Blocks the effects of an opiate.
  - Is safe and effective in reversing opiate overdose.
  - Can be delivered as a spray in the nasal passage of someone who has overdosed.

Adapted from: "Get the S.K.O.O.P Brochure,"
published by The Boston Public Health Commission.
AHOPE Needle Exchange Program, www.bphc.org/needleexchange

SESSION XVI: HARM REDUCTION

Topic: Principles of Harm Reduction

SESSION HANDOUT #3

PATIENT INFORMATION ON HIV AND INJECTING DRUGS

Do you inject drugs?

There are things you can do to reduce the risk of getting HIV and other diseases and lower your chance of injuries and overdoses.

If I think my drug use is a problem for me, how can I get help?

- There are many programs that can help you to stop using. If you aren't ready to stop using, there are also many programs that can help you to reduce the harms your use might cause.

What are the risks that come from injecting drugs?

- You can get HIV, hepatitis, and other infections if you share needles, cottons, injection water, or other equipment.
- Some infections can make you very sick.
- You can get blood poisoning, tetanus, and an infection of the heart from bacteria in needles.
- You can get cotton fever from bacteria found in cotton.
- You can also get infections from using lemon juice or vinegar to dissolve your shot.
- If you use dirty equipment or if you don't wash your skin, you can get abscesses. Missing your vein when you inject can also cause them.
- Overdosing is easy with drugs like heroin because they slow down your heart rate and breathing. Mixing heroin with other drugs is even more likely to lead to an overdose.

How can I lower my HIV risk if I inject?

- Use a clean, sharp, sterile needle. Visit a needle exchange site for clean supplies.
- You may be able to get new needles from pharmacies.
- If you must share equipment, clean your syringe.
- Use the cleanest water you can find for mixing and injecting drugs and rinsing equipment.
- Mark your equipment so you know for sure that it is yours and you do not pick up someone else's by mistake.

What can I do to lower other risks from injecting?

- Before you inject, clean your injection site with an alcohol wipe or soap and water.
- Rotate your injection sites. This gives them time to heal and cuts down on scarring. When you hit near a spot that is healing, try to hit closer to your heart from where you last hit.

SESSION XVI: HARM REDUCTION

Topic: Principles of Harm Reduction

SESSION HANDOUT #3 (cont.)

- Use Vitamin C powder and lots of water to dissolve your shot. Try not to use lemon juice or vinegar. They can cause serious infections.
- Always clean up after yourself! Remember that your blood could harm someone else.
- Go to the nearest hospital emergency room if you have a fever, chest pains, or a red, painful area that's not going away. You may need medicine to help.

What if I share drugs with someone else?

Sharing drugs with someone else can pass HIV and other infections. Be safer by following these steps:

- Use separate syringes, cookers, cottons, and water for dividing your shots.
- If everyone must reuse their own supplies and water, do a dry divide: split the drugs on a clean surface before adding the water.
- If you can't do a dry divide, and only one person has a sterile or new syringe, use the sterile syringe to draw up the water and divide the shot.
- Be aware that it is going to take time and patience to change your habits and do things differently, especially if you are part of a group.

What can I do to lower the chance of overdosing?

- Find out as much as you can about the drugs you are injecting. Do you trust the dealer? Do the drugs taste and smell the same as usual? If you know about what you are using, it can keep you safer.
- If you are unsure about the drugs, snort a little bit before you shoot up or take a small test shot first.
- Avoid mixing drugs that have the same effects. For example, don't mix heroin with alcohol or benzos like Xanax®, Klonopin®, or Valium®.
- Know how much of a drug you can handle. If you have not used lately, your body might not be able to handle as much drug as before. Try to do less at first. The amount you can handle goes down after only one or two days of not using. Even if you are dopesick, your body might not be able to handle the same amount it could before.
- If you have any health problems or if you have been sick, your body may not be able to handle as much drug as usual. Be careful after any time you have been sick. If you have hepatitis C and your liver isn't working well, it won't be able to process the drug well. This could lead to an overdose.
- When you can, avoid injecting drugs alone. If you are alone, make sure you have someone you can reach right away if you are afraid you might be overdosing.
- There are a few programs that offer naloxone (Narcan®), which is a drug used to help people who overdose on opiates like heroin.

SESSION XVI: HARM REDUCTION

Topic: Principles of Harm Reduction

SESSION HANDOUT #3 (cont.)

How do I clean a needle?

- Before using the bleach, rinse the syringe with water three times to rinse out any wet or dried blood that may still be in the barrel, needle, or cap. The more blood left in the needle, the harder the bleach has to work.
- Then fill the needle all the way up with bleach and shake it for a full two minutes. Use full-strength bleach; don't water it down.
- Get rid of the bleach and repeat with new, clean bleach two more times.
- Rinse the needle three times with water when you are finished.

What should I do if I have shared a needle or had unprotected sex with someone who has HIV or likely has HIV?

- You can reduce your risk by taking certain medicines for one month after having unprotected sex or sharing a needle.
- These medicines have to be started less than 72 hours after your risk. The sooner you start taking these medicines, the better.
- Your nearest hospital emergency room or health care provider can help you decide if these medicines are right for you. If they are, the doctor can give them to you or tell you where to get them.

Adapted from HIV and Injecting Drugs brochure
by the Massachusetts Department of Public Health.

SESSION XVI: HARM REDUCTION

Topic: The Harm Pyramid

ABOUT THIS ACTIVITY

Time: 10 minutes

Slides: #105

Objectives:

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

- Illustrate harm reduction

Training Methods:

- Discussion

In this activity you will:

- Explain the harm-reduction pyramid

Materials:

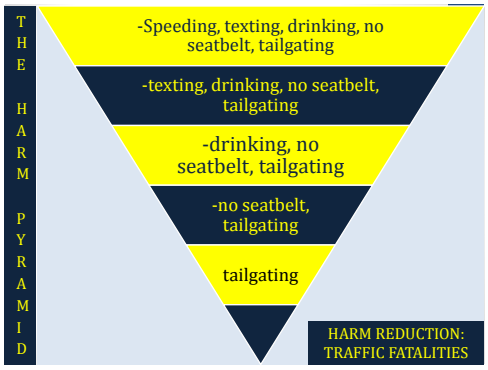
- None

Preparation:

- None

Instructions

1. Show slide 105 and describe how the pyramid works.



2. *None of these elements alone would greatly reduce traffic fatalities but, collectively, they reduce traffic fatalities considerably.*

SESSION XVI: HARM REDUCTION

Topic: Substance Use/Abuse

ABOUT THIS ACTIVITY

Time: 15 minutes

Slides: #106

Objectives:

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

- Apply harm-reduction principles to substance use

Training Methods:

- Lecture
- Discussion

In this activity you will:

- Explain substance abuse and what it entails
- Lead a discussion to help participants understand how substance use become abuse and the effects abuse has on one's health

Materials:

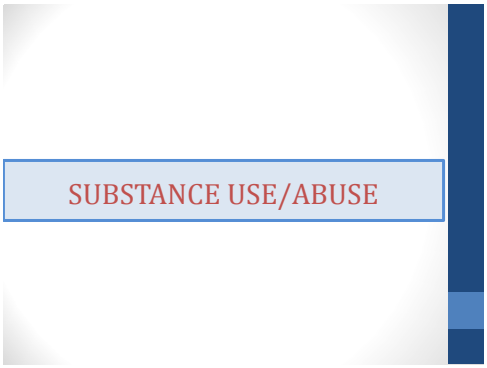
- "HIV and Substance Abuse" handout
- "Party Drugs" handout

Preparation:

- None

Instructions

1. Turn to slide 106.



2. Introduce the topic of substance use and abuse. *When I say "substance abuse", what kind of substances do you think of?* Allow responses and document on newsprint.
   Expected answers: *Cocaine, heroin, methamphetamine (crystal meth), alcohol, ecstasy; prescription drugs can also be abused, including pain killers like OxyContin, Percoset, Vicodin, Valium, and other licit legal drugs.*

3. *Drugs can change the way we feel; what are some reasons people take drugs?*
   Answer: *celebrate, reduce stress, improve appetite, feel socially comfortable, overcome fear about having sex, forget, self-medicate, cope with stress, control anger, etc.*

4. Use: *Many people can drink alcohol or use recreational drugs from time to time without any problems – these are recreational/social users.*

5. Abuse: *Abuse is when you develop a pattern of use and addiction. It is when the drug takes over the person; they use regularly and it takes more and more to get the same high as before; the drug becomes more important than everything else.*

   - *Addicts often chase the high, they want to feel as good as the first time, but they can't, so they end up using more and more.*

SESSION XVI: HARM REDUCTION

Topic: Substance Use/Abuse

6. Effects on health: *Substance abuse compromises the immune system and makes it harder for the body to suppress the virus and use HIV meds properly.*

   - *Some drugs interact with meds: the liver breaks down meds used to fight HIV, and breaks down recreational drugs, including alcohol.*
   - *When drugs and medications are both "in line" to use the liver, they might both be processed much more slowly. This can lead to a serious overdose of the meds or the recreational drug. An overdose of HIV meds can cause more serious side effects—an overdose of recreational drugs can be deadly.*
   - *Recreational or addictive drugs have been linked to poor adherence and can lead to treatment failure.*
   - *They also impair a person's decision-making around sexual behavior.*

SESSION XVI: HARM REDUCTION

Topic: Substance Use/Abuse

SESSION HANDOUT #1

HIV AND SUBSTANCE USE:

Drug Interactions

The liver is involved in metabolism of most HIV meds and recreational drugs. Metabolism is the body's mechanism for processing, using, inactivating and ultimately eliminating foreign substances (including both HIV meds and recreational drugs). When HIV meds and other substances are taken at the same time, there can be different effects. Drugs can act as *inhibitors* or *inducers* (or both), which determine the kind of drug interactions that occur.

Inhibitors	Inducers
Competition • When 2 drugs are "waiting in line" to be broken down by the liver, they must compete to be processed. The drug that wins this competition (usually HIV meds) is acting as an inhibitor. • The liver is so busy processing the HIV meds (inhibitors), that recreational drug processing is delayed, eventually resulting in a high level of recreational drug and potential overdose.	**Enhancement** • Inducers are the drugs that, once present in the liver, have the effect of triggering more rapid clearance of drugs that follow leading to lower drug level (meds or other recreational drugs).

HIV Meds and Opioids

Methodone is an opioid analgesic (a.k.a. painkiller) used as treatment for heroin addiction because it reduces cravings and blocks the ability of heroin to produce euphoria, making it less desirable.

- It acts as inducer and inhibitor: Hinders absorption of didanosine (ddI) and stavudine (d4T) (inhibitor), and increases AZT (inducer).
- Research has shown that methadone hinders absorption of the drugs didanosine (ddI) and stavudine (d4T), due to increased degradation in the gastrointestinal tract.

SESSION XVI: HARM REDUCTION

Topic: Substance Use/Abuse

SESSION HANDOUT #1 (Cont.)

- When taken together, research has shown that protease inhibitors (PIs) act as inducers (leading to reduced methadone concentrations), or methadone acts as an inhibitor (causing PI toxicity).
- PI-related toxicity (and other HIV meds-related toxicity) include nausea, vomiting, and diarrhea, which are also symptoms of heroin or methadone withdrawal.

Heroin is an opioid used as an analgesic, but also used as a recreational drug. Frequent and regular use of heroin is associated with increased tolerance and physical dependence, which can develop into addiction.

- PIs acting as inducers can decrease heroine levels in the blood by 50%, causing a more rapid onset of and/or more severe withdrawal symptoms.
- This also leads to a desire to increase dose to compensate for the lesser effect, leading to even more dependence.

HIV Meds and Hallucinogens

Ketamine, also called "K," is a mild hallucinogen. K causes feelings of mind/body separation, possible seizures, respiratory depression, mild hallucinations (referred to as 'K-Holes'), and increased heart rate (HR).

- PIs intensify the already harmful effects of K, including increased HR, blood pressure and increased sedation.
- K increases the likelihood of experiencing "chemical hepatitis," drug-induced hepatitis: an inflammation of the liver that is permanently damaging.
- Norvir, Kaletra, Viracept, Agenerase, Lexica, Rescriptor and Sustiva have the greatest potential to cause toxicity.

PCP is a powerful hallucinogen which can cause feelings of empowerment and invulnerability. Potentially dangerous effects include seizures, hypertension, hyperthermia, and rhabdomyolysis.

- Mixed use with PIs, Delavirdine and possibly Efavirenz, may result in elevated PCP concentrations and resultant toxicity.

LSD is a powerful hallucinogen that is easily available which causes intense hallucinations, agitation, psychosis, and perception disorders known as "flashbacks." Side effects of the drug include higher body temperatures, increased heart rate, blood pressure, sweating, sleeplessness and tremors.

- The likelihood of experiencing these effects is greater when mixed with PIs.

SESSION XVI: HARM REDUCTION

Topic: Substance Use/Abuse

SESSION HANDOUT #1 (Cont.)

HIV Meds and Erectile Dysfunction (ED) Drugs

Viagra, Levitra and *Cialis* are all medications prescribed for ED which are also used recreationally.

- For example, many individuals mix ED drugs with crystal meth (which can cause a loss of erection) and engage in sexual activity for an incredibly long duration of time with multiple partners. Individuals are less likely to use protection because crystal meth makes them less inhibited.
- When ED drugs, crystal meth, and HIV meds are mixed: extended half-life and drug toxicity (due to elevated drug levels in the blood) means there is a greatly increased likelihood of experiencing adverse side effects: stroke, changes in blood pressure and heart attacks.

HIV Meds and Alcohol

Alcohol is a drink containing ethanol which is a psychoactive drug that has a depressant effect. High blood alcohol content is considered to be drunkenness because it reduces attention and slows reaction speed. The state of alcohol addiction is known as alcoholism.

- Chronic use causes liver damage, making it unable to perform its bodily function as effectively, weakens immune system, and can cause peripheral neuropathy (meaning nerves don't work properly) and pancreatitis (inflammation of the pancreas).
  - o Alcohol acts as an inducer, triggering the liver to process PIs more rapidly resulting in insufficient amounts to fight HIV.
  - o When d4T or ddI are mixed with alcohol, there is an increased risk of pancreatitis.
- Acute use can cause alcohol poisoning.
  - o PIs act as inhibitors, preventing alcohol from being processed properly. The consequence is alcohol toxicity, and an elevated risk of alcohol poisoning.
  - o Some cases have been reported of individuals experiencing increased levels of Ziagen because of acute alcohol use, which means an increased risk of corresponding side effects (life threatening body rash and fever)

Key Points

It is essential to have intensive discussions about potential drug interaction problems with patients using recreational drugs who are simultaneously taking HAART. Routinely discuss use of all drugs with your patients.

SESSION XVI: HARM REDUCTION

Topic: Substance Use/Abuse

SESSION HANDOUT #2

PARTY DRUGS AND HIV MEDICATIONS

Ecstasy (MDMA is the chemical name for ecstasy): Ecstasy is amphetamine-derived. Ecstasy's primary effect is to stimulate the release of large amounts of serotonin as well as dopamine and noradrenaline in the brain, causing a general sense of openness, energy, euphoria and well-being. Tactile sensations are enhanced for some users, making general physical contact with others more pleasurable. Furthermore, ecstasy pills are often "cut" with other hard drugs—particularly crystal meth or heroin—to increase their effects. More importantly (for the purposes of this training), MDMA increases the likelihood of problematic interactions w/HIV meds. Users are more likely to experience adverse side effects.

- HIV meds and Ecstasy: Protease Inhibitors (PIs) slow down the liver enzyme that breaks down Ecstasy. As a result, the Ecstasy dose becomes 5-10 times stronger. Norvir is the most dangerous PI.

Crystal Meth: Crystal meth can be huffed, injected, snorted or smoked. Crystal meth use is characterized by the following: angry, hostile, and anxious feelings; violent behavior; confusion; mental illness that looks like schizophrenia (paranoid feelings, picking at your skin, hallucinations).

The user also frequently experiences the following: being haunted by his or her thoughts; increased physical activity; loss of appetite, which can result in severe weight loss (anorexia); inability to sleep; increased heart and pulse rate; permanent damage to the blood vessels in the brain, which can lead to strokes; convulsions and body tremors; chest pain and raised blood pressure, which could lead to a heart attack and then death; irregular heartbeat; an AIDS diagnosis or hepatitis C resulting from shared needles or syringes; mental dependence; tolerance and addiction to the drug.

- HIV meds and Crystal Meth: Norvir makes Crystal meth dose 2-3 times stronger.

GHB: In the past, GHB was used medically as a general anesthetic and as a hypnotic in the treatment of insomnia. It is also known as the "date rape drug."

- HIV meds and GHB: GHB is highly potent when combined w/ Rescriptor (NNRTI) and possibly Sustiva. However, when mixed with all PIs, its effect is much stronger. There is a greater risk of adverse side effects. For example, interaction with Norvir makes GHB 5-10 times stronger and longer lasting. High dose can cause sedation, confusion, coma and death. Because it is chemically unstable, GHB interacts negatively with many drug categories.

SESSION XVII: SEXUAL HEALTH

Topic: Sexual Risk and Sexually Transmitted Infections (STIs)

TOTAL TIME FOR SESSION XVII: 1 hour, 25 minutes
SLIDES: #107-108

ABOUT THIS ACTIVITY

Time: 1 hour

Slides: #107

Objectives:

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

- Identify the hierarchy of sexual risk and STIs

Training Methods:

- Large-group activity
- Risk game

In this activity you will:

- Facilitate the risk game group activity

Materials:

- "Route of Transmission" Risk Behavior cards
- Newsprint

Preparation:

- Draw a vertical double arrow on the left-hand side of a newsprint sheet, with a point at each end. Write the word "high" at the top and "low" in the middle, and "no risk" at the bottom.

Instructions

1. Make the following points:

- *Sexual health is an important part of overall health. Sexual health involves not just preventing acquisition and transmission of HIV, but being sex-positive and having a gratifying sex life.*
- *HIV+ people can more easily acquire STIs and more easily transmit HIV.*
- *As peers, it's important to carve out time to talk with your patients about their sexual health. Do they understand how HIV is transmitted? STIs? Would they recognize the symptoms of STIs? Sometimes there are no symptoms. Do they know how to protect themselves or their partners from acquisition and transmission of disease?*
- *One way you can support patients with sexual health is assessing their level of sexual risk and giving them information about what sexual behaviors constitute high risk, low risk and no risk (informational support).*

2. Conduct Exercise

- Pass around the "Route of Transmission Risk Behavior" cards; each participant should have at least one. Ask participants to work together ranking each behavior from no risk to high risk, taping them on the scale.
- After the group has finished go over each risk and ask the group if they have questions and if any of the answers surprises them.
- Make corrections as the hierarchy of risk is being debriefed.
- Once all the cards are taped on the risk scale, facilitate discussion around difference of opinions around what's high risk and what's low risk.

SESSION XVII: SEXUAL HEALTH

Topic: Sexual Risk and STIs

SESSION HANDOUT #1

ROUTE OF TRANSMISSION RISK BEHAVIOR CARDS

Anal sex	Mutual Masturbation
Vaginal sex	Body rubbing
Oral sex	Sweaty body rubbing
Anal sex with orgasm	Kissing
Vaginal sex with orgasm	Kissing tears
Oral sex with orgasm	Kissing sweaty body
Anilingus (oral-anal contact)	Golden showers (urine play)
Masturbation	Massage

SESSION XVII: SEXUAL HEALTH

Topic: Sexual Risk and STIs

HANDOUT #1 ANSWER KEY

ROUTE OF TRANSMISSION RISK BEHAVIOR CARDS

Anal sex High Risk	Mutual Masturbation No Risk
Vaginal sex High Risk	Body rubbing No Risk
Oral sex Low Risk	Sweaty body rubbing No Risk
Anal sex with orgasm High Risk	Kissing No Risk
Vaginal sex with orgasm High Risk	Kissing tears No Risk
Oral sex with orgasm High Risk	Kissing sweaty body No Risk
Anilingus (oral-anal contact) Low Risk	Golden showers (urine play) No Risk
Masturbation No Risk	Massage No Risk

SESSION XVII: SEXUAL HEALTH

Topic: Condom Relay Race

ABOUT THIS ACTIVITY

Time: 25 minutes

Slides: #108

Objectives:

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

- Correctly put on a condom

Training Methods:

- Demonstration
- Games

In this activity you will:

- Explain and facilitate group activity

Materials:

- 2 condom demo models
- Safer sex kits including condoms, female condoms, latex gloves and water-based lube.

Preparation:

- Prepare two condom demo tables at the front of the room with penis model and different kinds of condoms (enough for all participants to practice).

Instructions

1. Ask participants to form 2 lines (team A & B) in front of the 2 tables set up with condoms, lube, and a penis model.
2. The 2 teams will race against each other, one person putting on the condom at a time.
3. The trainers observe whether the condoms are being used correctly by each participant.
4. Wrap up session by reminding participants that it's very important for us, as mentors, to have a positive attitude about sex and safer sex.

DAY 4: 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 14-22) as you review.

Session XIII Review

- *Today we talked about something called **motivational interviewing** that you can use in working with patients. What is that and why does it matter?* (It helps patients identify any changes they might want to make to improve their lives.)
- *What were some methods of motivational interviewing we learned about?* (evoking change, assessing importance of a change, assessing patient's confidence in being able to make a change, cost-benefit analysis.)

Session XIV Review

*Then we spent some time talking about **helping patients with disclosure,** which is something that you will do in Educational Session 7.*

- *What are some things you can help the patient think through before they disclose their status to someone?* (See session handout on page 173 for possible responses)

Session XV Review

*Because most people living with HIV will experience **depression** at some point, it is likely that you will see some patients who show signs of depression, so we spent some time talking about that.*

- *What are some symptoms that might mean a person is depressed?* (sadness, loss of interest in activities they used to like, change in weight, problems sleeping, low energy, feeling of worthlessness, thoughts of suicide)
- *We also talked about green, yellow and red light situations. What are some red light situations?* (patient shares plans to kill himself or another, for example)
- *What should you do if a patient shows signs of wanting to hurt themselves or someone else?* (Use mental health emergencies handout on page 181 for possible responses or contact a mental health provider at your agency)

Session XVI Review

*The eighth and last educational session you will cover with patients is about **harm and risk reduction**, and the rest of the day was devoted to helping you acquire the knowledge you need to address these topics.*

- *What are some of the principles of harm reduction?* (any movement toward reducing harm is worthwhile, all people have value, better to be pragmatic than idealistic, there is no cookie-cutter approach)
- *What should patients know about HIV and alcohol and drug use?* (can result in risky behavior, can negatively impact how HIV meds help, sharing needles can spread HIV and Hep C, interaction between drugs can lead to harmful drug interactions.)

Session XVII Review

The final session of the day was devoted to sexual health and risk of STIs, which you also will talk about with patients in Educational Session 8.

- *What are some high-risk sexual behaviors?* (unprotected anal, vaginal sex)
- *What can be done to reduce the risk of these behaviors?* (using lube, fewer exposures, fewer partners, having an undetectable viral load, avoiding alcohol and drugs before or during sex)