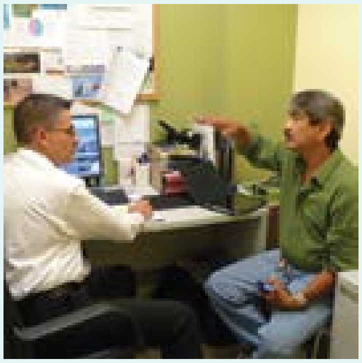
PREParing PEERS FOR SUCCESS

PEER CORE COMPETENCY TRAINING

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



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August 2014

ACKNOWLEDGMENTS

This curriculum draws heavily from an earlier peer training toolkit, Building Blocks to Peer Success (http://peer.hdwg.org/training_toolkit). We are indebted to everyone acknowledged in that toolkit for their work, which was the starting point for this curriculum.

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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

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INTRODUCTION

> *When you have just received this diagnosis, there is nothing better in life than to have someone by your side on whom you can count. A person who has had the same experience, who is living it, who is taking medications—a living witness. One of the most important things for the success of treatment is that you have someone who supports you.*
>
> Dr. Roberto Calderón Santiago
> PR CoNCRA
> San Juan, PR

Purpose of this curriculum

The purpose of this curriculum is to support the training of HIV positive peers who work to re-engage and retain people living with HIV/AIDS (PLWHA) who have fallen out of HIV medical care, link newly diagnosed PLWHA into HIV medical care, and to improve the overall health-related quality of care of PLWHA. This training curriculum was developed through a Health Resources and Services Administration (HRSA) funded Minority AIDS Initiative (MAI) Project. Peer programs are viewed as an opportunity to help bridge the divide between people living with HIV and the health care system, in recognition of two important aspects of the HIV/AIDS epidemic in the U.S.:

1. The HIV/AIDS epidemic is growing rapidly among traditionally underserved, minority, and marginalized segments of American society.

2. Antiretroviral therapy can have a dramatic impact on health outcomes of people living with HIV infection, yet a significant proportion of underserved individuals living with HIV are not accessing this care.

Where this curriculum has been used

This curriculum was developed as part of the Peer Re-Engagement Project (PREP), a three-year randomized control study evaluating a program that brings HIV-positive peers—individuals from the community who are living with HIV—into the HIV care team to support patients who have fallen out of care or who are newly diagnosed with HIV and at risk of falling out of care. The project focuses on supporting racial and ethnic minorities struggling with behavioral health issues, and/or unstable housing, a population that is at high risk of not engaging or staying in HIV care. Through HRSA MAI funding, three sites—CARE Resource in Miami, FL; PR CoNCRA in San Juan, PR and The PATH Center in Brooklyn, NY—have used this peer training curriculum to prepare their peers to work with PLWHA to engage and retain them in continuous HIV medical care. This curriculum is designed to provide a complete set of training materials, along with instructions about how to use them to train peers in your community. More information about the Peer Re-engagement Project can be found at http://www.hdwg.org/prep/

Peer:

(within the context of this initiative)

An individual who is affected by or infected with HIV, shares similar background characteristics with the patients being served, and is not a clinically trained health care professional.

> Peer is synonymous with HIV. The friends and companions to those first cases in the early 80's were peers, advocating, listening, nurturing, feeding and lending comfort. When I first heard of the position as peer educator for the PREP Program, I thought, this is my dream position. Almost three years later, the journey has provided me endless opportunities to assist, advocate and educate the clients who enrolled and were assigned to me. Sometimes when we meet for a session, I can't help but see Michael looking back at me.
>
> A peer at CARE Resource in Miami

What is a peer?

For this initiative and other similar HIV initiatives, peers are defined as "individuals who are affected by or infected with HIV, share similar background characteristics with the patients being served, and are not clinically trained health care professionals. They may have the title of peer counselors, community health workers, promoters, outreach workers, treatment educators, peer educators, consumer trainers, and/or peer advocates. Peers are incorporated into the HIV health care team to work in conjunction with medical, mental health and service providers.

Who should use this curriculum?

The primary audiences for this curriculum are Ryan White and Community Health Center clinics interested in training and incorporating peers into their clinical team. This curriculum will train peers to work as members of the clinic health care team to assist new PLWHA in engaging and staying in continuous HIV medical care as well re-engaging and retaining PLWHA who have fallen out of HIV medical care. This curriculum is an introduction, and continuing education will be necessary for peers depending on program/agency objectives, peer and patient needs, and new developments in treatments, services and research.

How this curriculum was developed

Much of the curriculum presented here is drawn from a toolkit titled *Building Blocks to Peer Success,* which can be found on the Web at http://peer.hdwg.org/training_toolkit *Building Blocks* combines the expertise and materials of several organizations that provide peer training. It contains additional training modules that can be used to address your organization's specific training needs related to peer core competencies, topics for continuing peer education, classroom activities, and case studies for discussion. The toolkit guide includes lots of tips for developing and conducting peer trainings, with sample materials from other programs. We recommend that you familiarize yourself with this information as you plan a peer training within your organization.

How this curriculum is organized

Peer-Patient Educational Sessions

The curriculum for the PREP intervention is intended for a five-day peer training to prepare peers to interact with patients through a series of 30-60 minute face-to-face educational sessions. The purpose of these educational sessions is to inform patients about a variety of issues that they may face as individuals living with HIV. The following is a list of the topics covered by the peer with their patients in each session.

Session 1– Introduction & Assessment
Session 2 – HIV Transmission & the Viral Life Cycle
Session 3 – Effective Communication and Self-Advocacy (on-going)
Session 4 – Understanding Lab Values
Session 5 – HIV Medications
Session 6 – Drug Resistance & Adherence; Understanding & Managing Side Effects
Session 7 – Disclosure and Stigma
Session 8 – Harm & Risk Reduction

A Peer-Patient Educational Session Conversation Guide is included in Training Handout #2 on pages 14-21. A more detailed explanation of how peers worked with patients in these individual sessions in the PREP intervention is outlined in the Intervention Manual, available on the Web at http://www.hdwg.org/prep/curricula

The curriculum is presented here in roughly the order in which peers will present it to patients in the eight sessions outlined above. It is divided into the suggested sequence for each day of training, as presented in the sample agenda in Training Handout #1 on pages 9-13.

Other considerations for using this curriculum

Powerpoint slides accompany many of the activities outlined here, and you will find specific slides referenced by number throughout the curriculum. These slides can be found on the PREP curricula page at http://www.hdwg.org/prep/curricula

Finally, please note that the final session on day 5 is dedicated to exploring how peers and case managers may work together as part of the interdisciplinary team. It is recommended that case managers who will be working with the peers being trained be invited to attend the Case Manager Question and Answer portion of this session. For more information, please see Session XX: Case Manager Q&A on page 236.

Climate-setting activities

The Sample Training Agenda for each day, included in Training Handout #1 on pages 9-13, allows time for several climate-setting activities, including icebreakers, energizers, and wrap-up and evaluation. These activities are not part of the core competencies the peers are being trained in. They are nevertheless important to help facilitate group interaction and learning, break up the day, reinforce what is being learned, and bring closure to the training.

Icebreakers

Icebreakers are a way to get everyone's voice in the room. Once people have spoken, they are more likely to speak again. Icebreakers help participants feel more comfortable and engage them in a participatory manner right from the start of any training. It is useful to begin each day with an icebreaker. This curriculum includes explicit icebreakers on Day 1 and Day 2. For the remaining three days, you may wish to select an appropriate icebreaker from the many activities offered in the *Building Blocks to Peer Success* Activities page at http://peer.hdwg.org/training_toolkit/activities

Energizers

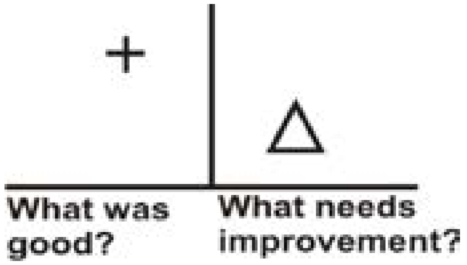
Energizers enliven a training by re-invigorating the group after lunch, after a serious discussion, or late in the day. They increase the energy in the room. For examples of energizers that can be incorporated into your training, see the Building Blocks to Peer Success Activities page at http://peer.hdwg.org/training_toolkit/activities

Building in repetition

The Sample Training Agenda in Training Handout 1 on pages 9-13 allows for a few minutes of review at the beginning and end of each day. The curriculum for each day concludes with a summary of the main points discussed in the sessions presented on that day and how these lessons relate to the peer-patient educational sessions outlined above. These summaries may be used to reinforce learning and ensure understanding before new material is introduced. As participants gain in knowledge, you may wish to vary the routine by using the Jeopardy Game that is part of the *Building Blocks to Peer Success* toolkit, available at http://peer.hdwg.org/training_toolkit/jeopardy

Wrap up and evaluation

Time is allotted in the Sample Training Agenda for Wrap-up and Evaluation at the end of each day. A quick plus-delta exercise can help to elicit feedback from the group. In this exercise, an upside-down "T" chart can be drawn on a flip chart:



Participant comments are written under each symbol to generate a list of areas of strengths and where improvements are needed.

More resources

Many more considerations and ideas for conducting a training, including preparation, facilitation, and evaluation, can be found in the *Building Blocks to Peer Success Toolkit* at http://peer.hdwg.org/training_toolkit

What peers will learn

Some of the material in this curriculum provides peers with the knowledge they need to discuss topics with patients, such as HIV life cycle, HIV medications, disclosure, and harm reduction. The curriculum also equips peers with skills they can draw on when interacting with patients and with the interdisciplinary team within the organization—such as communication skills, motivational interviewing, confidentiality, understanding the peer role and working with managers. At the conclusion of the training, peers will have a greater understanding of the effects of HIV/AIDS on their lives and on the lives of others, and they will be better able to communicate and comprehend their role in helping other HIV-positive individuals conquer the challenges and obstacles to living a healthy, full life.

> *I identify with her because she went through the same process that I'm going through. When I started to identify with her, I was able to cleanse myself of my bad habits. She has helped me a lot.*
>
> A patient talking about her peer

SAMPLE TRAINING AGENDA

Below is a sample five-day training agenda. This curriculum is intended to prepare peers to interact with patients through a series of eight 30-60 minute educational sessions. The purpose of these sessions is to inform patients about a variety of issues that they may face as individuals living with HIV. See page 7 for a list of the topics covered by the peer with their patients in each session.

DAY 1

Time	Duration	Activity
8:30 - 9:00	30 minutes	Arrival and breakfast
9:00 - 9:25	25 minutes	Welcome and trainer introductions Training and project overview Logistics and agreements
9:25 - 9:55	30 minutes	M&M ice breaker
9:55 - 12:00	2 hours 10 minutes*	**Session I: Peer Role** (15-minute break)
12:05 - 12:50	45 minutes	Lunch
12:50 - 1:05	15 minutes	Energizer**
1:05 - 2:30	1 hour 15 minutes*	**Session II: Peer Communication Skills - Part 1** (15-minute break)
2:30 - 3:30	1 hour	**Session III: HIV Basics**
3:30 - 4:00	30 minutes	Review, Wrap-up and Evaluation (+/Δ)***

* Includes break time between session topics

** Energizers enliven a training by re-invigorating the group after lunch, after a serious discussion or late in the day. They increase the energy in the room. For examples of energizers that can be incorporated into your training, see the *Building Blocks to Peer Success* Activities page at http://peer.hdwg.org/training_toolkit/activities

***See page 8 for an explanation of the Plus/Delta exercise that is part of the wrap-up and evaluation.

DAY 2

Time	Duration	Activity
8:30 - 9:00	30 minutes	Arrival and breakfast
9:00 - 9:15	15 minutes	Burden Basket Icebreaker**
9:15 - 9:20	5 minutes	Review of previous day
9:20 - 10:55	1 hour 35 minutes*	**Session IV: The Immune System and the HIV Life Cycle** (15-minute break)
10:55 - 12:20	1 hour 25 minutes*	**Session V: HIV Medications** (10-minute break)
12:20 - 1:20	1 hour	Lunch
1:20 - 1:35	15 minutes	Energizer**
1:35 - 3:05	1 hour 30 minutes*	**Session VI: Peer Communication Skills - Part 2** (10-minute break)
3:05 - 4:00	55 minutes	**Session VII: Peer Disclosures**
4:00 - 4:30	30 minutes	Review, wrap-up and evaluation (+/Δ)***

* Includes break time between session topics

** Icebreakers help participants feel more comfortable and engage them in a participatory manner right from the start of any training. Energizers enliven a training by re-invigorating the group after lunch, after a serious discussion or late in the day. They increase the energy in the room. For examples of icebreakers and energizers that can be incorporated into your training, see the *Building Blocks to Peer Success* Activities page at http://peer.hdwg.org/training_toolkit/activities

***See page 8 for an explanation of the Plus/Delta exercise that is part of the wrap-up and evaluation.

DAY 3

Time	Duration	Activity
8:30 - 9:00	30 minutes	Arrival and breakfast
9:00 - 9:20	20 minutes	Icebreaker**
9:20 - 9:25	5 minutes	Review of previous day
9:25 - 11:35	2 hours 10 minutes*	**Session VIII: Assessing Adherence** (10-minute break)
11:35 - 12:35	1 hour	**Session IX: Drug Resistance**
12:35 - 1:20	45 minutes	Lunch
1:20 - 1:35	15 minutes	Energizer**
1:35 - 2:10	35 minutes	**Session X: Understanding Labs**
2:10 - 3:05	55 minutes	**Session XI: HIV Stigma**
3:05 - 4:40	1 hour 35 minutes*	**Session XII: Values** (10 minute break)
4:40 - 5:00	20 minutes	Review, wrap-up and evaluation (+/Δ)***

* Includes break time between session topics

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***See page 8 for an explanation of the Plus/Delta exercise that is part of the wrap-up and evaluation.

DAY 4

Time	Duration	Activity
8:30 - 9:00	30 minutes	Arrival and breakfast
9:00 - 9:20	20 minutes	Icebreaker**
9:20 - 9:25	5 minutes	Review of previous day
9:25 - 11:25	2 hours*	**Session XIII: Motivational Interviewing** (10-minute break)
11:25 - 12:30	1 hour 5 minutes*	**Session XIV: Supporting Patients with Disclosure** (10-minute break)
12:30 - 1:05	35 minutes	Lunch
1:05 - 1:20	15 minutes	Energizer**
1:20 - 2:20	1 hour*	**Session XV: Depression and HIV** (5-minute break)
2:20 - 3:15	55 minutes*	**Session XVI: Harm Reduction** (5-minute break)
3:15 - 4:45	1 hour 30 minutes*	**Session XVII: Sexual Health** (5-minute break)
4:45 - 5:00	15 minutes	Review, wrap-up and evaluation (+/Δ)***

* Includes break time between session topics

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***See page 8 for an explanation of the Plus/Delta exercise that is part of the wrap-up and evaluation.

DAY 5

Time	Duration	Activity
8:30 - 9:00	30 minutes	Arrival and Breakfast
9:00 - 9:20	20 minutes	Icebreaker**
9:20 - 9:25	5 minutes	Review of previous day
9:25 - 10:25	1 hour*	**Session XVIII: Documentation** (10-minute break)
10:25 - 12:35	2 hours 10 minutes*	**Session XIX: Confidentiality and Boundaries** (5-minute break)
12:35 - 1:15	40 minutes	Lunch
1:15 - 1:30	15 minutes	Energizer**
1:30 - 3:40	2 hours 10 minutes*	**Session XX: Peer Case Manager Session [optional]** (15-minute break)
3:40 - 3:55	15 minutes	Continuing education plan***
3:55 - 4:25	30 minutes	Review, wrap-up and written evaluation
4:25 - 4:40	15 minutes	**Graduation Ceremony and Closure**

* Includes break time between session topics

** Icebreakers help participants feel more comfortable and engage them in a participatory manner right from the start of any training. Energizers enliven a training by re-invigorating the group after lunch, after a serious discussion or late in the day. They increase the energy in the room. For examples of icebreakers and energizers that can be incorporated into your training, see the *Building Blocks to Peer Success* Activities page at http://peer.hdwg.org/training_toolkit/activities

***Use this time to discuss additional topics for training that you didn't have time to address in a 5-day training course. These could be offered at subsequent trainings, reunion meetings, or provided as part of orientation for newly hired peers. Ideas and curricula for continuing education topics can be found on the *Building Blocks to Peer Success* Continuing Education page at http://peer.hdwg.org/training_toolkit/continuing_education

PEER-PATIENT EDUCATIONAL SESSION CONVERSATION GUIDE

This curriculum was developed and used to train peers as part of the Peer Re-Engagement Project (PREP), a three-year study evaluating a program that brings HIV-positive peers—individuals from the community who are living with HIV—into the HIV care team to support patients who have fallen out of care or who are newly diagnosed with HIV and at risk of falling out of care. In this study, peers were trained to interact with patients in a series of eight interactive sessions, 30-60 minute face-to-face meetings that were scheduled roughly on a bi-weekly basis. The purpose of these educational sessions was to inform patients about a variety of issues that they may face as individuals living with HIV. Below is a conversation guide that outlines the education sessions that were used in this study. Your organization may wish to make adjustments to the content, number or length of sessions or frequency of meetings with patients, depending on the goals of the peer program within the organization.

These sessions are meant to be flexible. The content of the curriculum can be adapted to suit the needs of the particular patient. Additionally, peers recognize that life events can sometimes interfere with educational sessions. Part of the peer role is to provide emotional support as needed, and if this is the case, it will often cut into the time of the more structured educational sessions. The peers use their time with patients to provide this kind of support and provide education and are always flexible depending on the current situation of their patients.

Tips for Preparing for a Peer–Patient Session

- Check notes from previous encounters
- Check progress notes from other providers (if have access to these)
- Check latest labs
- If possible, meet with team to discuss progress of particular patients (during team huddles) for patients that are having difficulty engaging in care or are dealing with particularly difficult issues at the time.

Peer–Patient Session Materials

- Educational Session 2: *HIV Life Cycle—the Big Picture* (pg. 70); *Stages of HIV Infection* (pg. 57); *Routes of Transmission Risk* (pg. 54)
- Educational Session 3: *How to Prepare for a Visit with your Doctor* (pg. 120); Symptoms Log (pg. 121); *HIV Patient Bill of Rights* (pg. 124); *HIV Patient Bill of Responsibilities* (pg. 125)
- Educational Session 4: *Monitoring Tests for People with HIV* (http://www.thebody.com/content/art2599.html)
- Educational Session 5: *Medications at Work in the HIV Life Cycle* (pg. 78); *Medications in the HIV Life Cycle (pg. 79)*
- Educational Session 6: *Assessing Adherence* (pg. 108); *Symptoms Log* (pg. 121)
- Educational Session 7: *Some Considerations Before You Disclose* (pg. 173)
- Educational Session 8: *Substance Use and Harm Reduction* (pg. 187)

Educational Session 1 - Introduction and Assessment

Conversation starter: Introductions

- Hi, my name is _____ and I am a peer. A peer is someone who is living with HIV and has learned to manage and control it.
- I've been positive since ______ and have overcome many obstacles because I got the support that I needed to take control of HIV.
- One of the things that helped me the most was learning about the disease and how to control it, and hearing how others were coping with their diagnosis and the things they did to overcome the stress, fear, and anxiety associated with being HIV-positive.
- My role is to give you health information and be someone you can turn to for support.
- Tell me about yourself. When did you receive your diagnosis and how have you been coping with the disease (medically, home life)? Do you have family or any other support?
- For patients that are new to the clinic or been out of care; not newly diagnosed:
  - o How did you find out you have HIV? How long have you been positive?
  - o When were you last seen by a doctor? Where were you receiving care in the last year? What has been getting in your way of coming into the clinic?
  - o Are you taking medications? If yes, how is it going?
  - o Who is your doctor/medical provider? What is it that you like about the way your doctor/medical provider manages your care? Is there anything that you would like to talk about with your doctor/medical provider? Is there anything that you wanted to say to your doctor but didn't dare to? Is there anything that you dislike in the way he/she manages your medical care?
  - o Where are you living now/what is your living situation?
  - o Do you have anyone in your life that provides social support? Who else knows you have HIV?
  - o Have you made any medical appointments? Other appointments? How can I help you get to your appointments?
- For patients that are newly diagnosed with HIV:
  - o How did you find out you have HIV?
  - o Where are you living now/what is your living situation?
  - o Do you have social supports? Who else knows you have HIV?
  - o Have you made any medical appointments? Other appointments? How can I help you get to your appointments?
  - o How do you feel about your diagnosis? (PEER may want to share their feelings about first learning about their diagnosis, how long he/she has been positive, and what the experience was like for them)
- What do you know about HIV? Where did you get this information?
- Your participation with me in this program will allow us to work together on your learning about HIV transmission/viral life cycle, meds, and resistance etc. over the next several weeks.
- These are some of the things we'll be going over in our meetings – how does this sound? Is there anything else you'd like to discuss?
- What particular questions do you have about HIV?
- Thanks for taking the time to meet with me today. Let's plan to meet again on_______________

Session 2 – HIV Transmission and The Viral Life Cycle

Conversation starter: Transmission

- Today I'd like to discuss how HIV is transmitted and the different stages it goes through once it enters your blood. This includes the body fluids that transmit HIV and the ones that don't, the pathways that allow HIV to enter the body, HIV symptoms and AIDS symptoms.
- We'll also discuss the immune system, the stages of HIV infection, and how HIV invades CD4 cells to multiply and then destroy those cells. This is called the viral life cycle.
- Knowing how the virus works gives you the power to control it.
- In a couple of weeks, we will learn where/how medications work in reducing replication of HIV that allows the viral load to be low and your immune system strong.
- Let's plan to meet again on ___________________

Suggested materials: *HIV Life Cycle—the Big Picture* (pg. 70); *Stages of HIV Infection* (pg. 57); *Routes of Transmission Risk* (pg. 54)

Educational Session 3 - Effective Communication and Self-Advocacy

Conversation starter: Effective communication and self-advocacy

- Let's review the importance of communicating effectively with your providers and how that impacts your health, as well as the importance of advocating for yourself.
- Having a partnership with your health provider is important because you want to have equal ownership about health decisions. Usually as a patient we follow whatever the doctor/nurse tells us to do; however research has shown that patients who ask questions increase their knowledge of their health/disease and have better health outcomes when fully involved in making health decisions.
- Suggestions to communicate more effectively are to come prepared with a list of questions for your medical appointments and/or I can help you prepare the list before your appointment, writing down any symptoms you experience between medical appointments is helpful – it's called a "symptom log," letting your provider know if you have missed appointments, honestly telling your doctor that you are uncomfortable with changes they may be recommending, and being truthful with your providers are ways to increase communication; yet advocate for yourself.
- Sometimes it may take a while to gain a trusting relationship, but know that I can attend your appointments with you, or if there is a supportive person in your life, you can ask them to attend the appointments with you.
- Let's plan to meet again on ___________________

Suggested materials: *How to Prepare for a Visit with your Doctor* (pg. 120); Symptoms Log (pg. 121); *Questions for Your Doctor about Medications* (pg. 123); *HIV Patient Bill of Rights* (pg. 124); *HIV Patient Bill of Responsibilities* (pg. 125)

Educational Session 4 - Understanding Lab Values

Conversation starter: Understanding lab values

- Your doctor will order blood tests on a regular basis to check HIV progression, see if your medications are working (if you're on meds), and determine the effects of HIV and meds on your organ function. This is why it's so important to come in to get your blood drawn every 3-4 months; if you don't, it will be very hard to take control of HIV and understand how the medications impact the virus.
- We're not going to cover every single blood test in this session, just the most common ones including: CD4 count, CD4 percent, viral load count, complete blood-cell count, liver function, kidney function, lipid profile, blood pressure, glucose levels, cholesterol, etc. These tests tell a story about your health and what needs to be done to keep you healthy.
- We'll also discuss healthy heart and the effects of HIV disease.
- Another reason to get your labs done regularly and understand what the numbers mean is that you and your doctor can do certain things to change the lab values whenever they're not normal. For example, if your cholesterol is too high, you and your doctor can intervene to lower it. If your CD4 is too low, you and your doctor can intervene to increase it.
- It's kind of like checking the oil in your car engine or taking your car in for a tune-up. If you don't do these things, what will happen to your car eventually? [Responses: Your car will need costly repairs or you may need a new car.]
- Routine screenings for preventive care are very important such as: eye exams, mammograms, PAPS, prostate, STD screenings. In addition, preventive care vaccines like flu, pneumonia and hepatitis are essential to maintaining good health.
- Have you had labs done, and what were the results?
- Let's review them to ensure that you understand the different labs that are monitored. We can also track your results on a spreadsheet. That way you can monitor independently and increase understanding of labs and your health. Always ask for a copy of your labs and keep them in one place so that if you move or change physicians, your new physician has a history of your care and treatment.
- Let's plan to meet again on ____________________

Suggested materials: *Monitoring Tests for People with HIV* (http://www.thebody.com/content/art2599.html)

Educational Session 5 - HIV Medications

Conversation starter: HIV medications

- HIV medications are beneficial for you. Because of HIV meds, many people are living longer, fuller lives. I don't think many of us would be alive today if it weren't for HIV meds. Many people are living longer – 10, 20, 30 years and beyond – because of HIV meds. You can do it too!
- Taking meds is one of the most important things you can do to take control of HIV.
- Each individual responds differently to meds: some people get intense side effects, while others get mild or no side effects; some people have side effects in the first 30 days and then they disappear. Because of this, it is important not to judge how your body will respond to meds by other people's experiences but from your own experience.
- Remember: the benefits of taking meds outweigh any difficulty taking them. Remember, too, that if they don't work for you, your doctor can put you on different meds until you find the ones that are just right for you.
- We're fortunate that today there are many meds to choose from, and newer meds have fewer side effects than the older ones.
- Taking meds can be complicated at first, but once you develop a daily routine, it gets easier.
- I can give you ideas about how to remember to take meds on time, how to take them correctly, and I will be here for you whenever you need to talk about them.
- It's a big commitment, but one that eventually becomes second nature for most, and one that could bring you good, stable health and longevity.
- Together we – you, me, the doctor, case manager and anyone else involved in your care – can minimize any negative experiences that may (or may not) develop.
- Now, let's take a look at the goals of HIV meds and how they work to stop HIV from multiplying in order to give your immune system a fighting chance.
- Let's look at the different combination of medications that are available and where they work in the viral life cycle to reduce the virus.
- Let's plan to meet again on ____________________

Suggested materials: *Medications at Work in the HIV Life Cycle* (pg. 78); *Medications at Work in the HIV Life Cycle* (pg. 79); *Assessing Adherence* (pg. 108)

Educational Session 6 - Drug Resistance & Adherence; Understanding & Managing Side Effects

Conversation starter: Drug resistance & adherence

- Today's session builds on the last session we had on HIV meds: adherence, resistance and managing side effects.
- Adherence means "sticking to your medication schedule" at least 95% of the time. It means taking your meds correctly and on time every day. It also means managing side effects so that you're not discouraged from continuing to take your meds.
- Most people who stop taking meds do so because of side effects. Perhaps they didn't have information about how to manage side effects, or no one helped them learn how to manage them. But you have a team of people supporting you in sticking to your meds and identifying possible barriers to adherence, including me. In addition, there are many methods and tools (pillboxes, calendars, alarm watches etc…) available to help.
- We'll also talk about medication resistance; there are different types, and some are the direct result of non-adherence.
- Resistance means that the meds no longer work in blocking HIV from multiplying. HIV usually becomes resistant when it is not totally controlled by medications. Now, let's get started.

Conversation starter: Managing side effects

- Many side effects are related to your digestive system, e.g., nausea, diarrhea, bloating, gas, etc. Many people manage these with other medications or certain foods:
    - Apples and apple products like apple juice and apple sauce (Possible concern about arsenic levels in the current apple supply.)
    - Black or green decaf tea
    - Boiled white rice
    - White toast
    - Ginger and ginger products like ginger tea, candied ginger, ginger ale, ginger snaps, etc.
    - Yogurt
    - Soda crackers
    - Fiber-rich foods or supplements
    - Medication: Imodium AD (loperamide)
- It's always important to contact your provider immediately to let them know if you're experiencing side effects.
- Never stop taking your medications without getting guidance from your providers.
- Let's plan to meet again on ____________________

Suggested materials: *Assessing Adherence* (pg. 108); *Symptoms Log* (pg. 121)

Educational Session 7 - Disclosure and Stigma

Conversation starter: Disclosure and stigma

- To tell or not to tell. To whom should I tell, everyone or a few? Whether you've been positive for a while or newly diagnosed, disclosing your status is different for each of us and sometimes can be complicated. There is no exact way of knowing when the right time is or the right way.
- Is there anyone you feel that you **must** tell, like a spouse, a partner, or perhaps someone whom you've been dating? It takes time to adjust to being HIV-positive, but keep in mind that there are HIV laws and statues in each state that are different. In some states, it is unlawful for a person living with HIV to engage in sexual activity with another person, donate organs or blood, or share needles. Condoms are not always a defense, despite the fact that condoms have been proven to reduce the risk of HIV infection, so know the laws in your state. With that in mind, it's a good idea not to rush into disclosing your status without first giving it some thought.
- There are some general tips:
    - Consider the five "Ws"-who, what, when, where and why.
      Who do you need to tell?
      What do you want to tell them about your HIV infection, and what are you expecting from the person you are disclosing your status to?
      When should you tell them?
      Where is the best place to have this conversation?
      What are you telling them?
    - ***Keep it simple. You don't have to tell your life story.***
- Let's plan to meet again on ____________________

Suggested materials: *Some Considerations Before You Disclose* (pg. 173)

Educational Session 8 - Harm & Risk Reduction

Conversation starter: Prevention messages – sexual health

- Today we are going to discuss sexual health. My goal is not to pry into your sex life, but to give you information about how to prevent HIV and sexually transmitted infections.
- This is an important topic, because your sexual health is related to your overall health and well-being.
- As sexual beings, sex is an important aspect of our lives, and there's no reason why we couldn't have a gratifying and fulfilling sex life just because we have HIV.

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Educational Session 8 - Harm & Risk Reduction (cont.)

- For the longest time, health care and other service providers refrained from discussing the sexual lives of their HIV patients. They often felt that having that conversation could further stigmatize people with HIV, as it could trigger judgment on the part of the provider, and also because they themselves were uncomfortable having that kind of conversation. But people with HIV were clamoring for information about safer sex because, by and large, they didn't want to infect their sexual partners and also wanted to protect themselves from STI/STD, HCV and drug resistance. Now we are taking the time to have this conversation with all of our patients.
- Please remember that whatever information you share about your sex life is strictly confidential.
- Let's go over HIV transmission first, then STIs.

Risk hierarchy of sexual HIV transmission for HIV+ people:

High risk:

- Unprotected anal sex
- Unprotected vaginal sex
- MSM only: having unprotected anal sex as a bottom

Note: risk-reducing methods in high-risk sexual encounters: using lube, pulling out before ejaculating, having fewer exposures, having fewer partners, having an undetectable viral load, having regular STI screening (at least twice a year), being vaccinated against hep A&B, avoiding vaginal sex during menstruation, avoiding alcohol and drugs before or during sex (impairs decision making)

Low risk:

- Receiving oral sex
- Anal sex with condom
- Vaginal sex with condom

Note: risk-reducing methods in low-risk sexual encounters: not brushing or flossing before giving oral sex, not having oral sex when oral infection is present (bleeding gums), using condoms correctly, using water- or silicone-based lubricant

No risk:

- Giving oral sex
- Mutual masturbation
- French kissing
- Golden showers
- Sex toys (must be washed after each partner's use)
- Massage
- Ejaculating on partner's body (where there's no cavity or portal into blood stream)
- Abstinence

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Educational Session 8 - Harm & Risk Reduction (cont.)

Conversation starter: Prevention messages - drug use (for patients who use alcohol and/or drugs)

- This portion of the harm reduction session focuses on recreational drug use including alcohol.
- It is important to know that alcohol and other drugs can suppress your immune system. They also reduce your inhibitions and may cause you to take risks you wouldn't normally take.
- Because all drugs are processed through your liver, it is important to know that too many drugs being processed at the same time can increase liver function and make you feel sick; it can cause liver failure or permanent liver damage.
- If you take HIV meds and then recreational drugs, the recreational drug has to "wait in line" to get into the liver and be processed. This can lead to a situation called "inhibition" which can cause an overdose of the recreational drug.
- If you take recreational drugs and then HIV meds, this could lead to a situation called "inducing" which means that your HIV meds would get processed too quickly and not get fully absorbed by your body. It could also lead to harmful drug interactions.
- If you inject drugs, make sure you use a new needle every time to avoid abscesses.
- Do not share your needle with anyone else, as this is the easiest way to transmit HIV.
- If you use a needle that someone else has used, you may acquire hepatitis C (this is the easiest way to acquire hepatitis C).
- If you do share needles and works, make sure you clean your needle and works with bleach and water (add cleaning instructions here).

Suggested materials: *Substance Use and Harm Reduction* (pg. 187)