

# Healing Our Women



**Curriculum**

# **Healing Our Women Curriculum**

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## **HEALING OUR WOMEN CURRICULUM**

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Supplement Materials: HOW posters & HOW labels at the end of the curriculum (pg.113)

## SESSION SUMMARIES

This 11-week intervention was conducted in a research and clinical setting and requires further refinement for CBO implementation. All sessions have a common component of relaxation, role-playing, writing, and homework review from the previous session. The following is an overview by session.

**Session 1:** *Orientation and Welcome.* The objectives are to: 1) introduce the facilitator and program concepts; 2) establish group cohesiveness, confidentiality issues and ground rules; and 3) review the impact of HIV and establish personal goals.

**Session 2:** *Identifying Personal Behaviors and Consequences.* The objectives are to: 1) define and understand the effects of childhood sexual abuse (CSA); 2) explore the long-term effects of CSA, and trauma symptoms; and 3) identify behaviors that can result from histories of violence.

**Session 3:** *Identifying the Social Context of Behaviors and Consequences.* Clients will learn how to: 1) increase awareness of their gender and culturally defined expectations and conflicts; 2) discuss perceived safety and risks in relationships and behaviors and develop risk management and safety plans; 3) identify strategies to assess support and stress encountered in social networks; and 4) learn breast health and self-examination within a cultural context.

**Session 4:** *Women's Bodies: Personal Identification of Barriers to Self-knowledge.* The objectives are to: 1) review and increase personal body awareness and touch; 2) increase understanding of the social, cultural, familial, and religious factors that influence personal responsibility and self protection; 3) demonstrate condom use to minimize HIV re-infection transmission; 4) increase motivation for behavior change and self-efficacy to maintain changes; and 5) increase motivation to slowly confront, and cope with painful experiences.

**Session 5:** *Triggers to Risks.* The objectives are to: 1) identify behavioral triggers due to HIV and CSA histories that increase risks and problem solve risk reduction; 2) understand how triggers influence personal goals; and 3) develop a plan for behavior change

maintenance.

**Session 6:** *Communication, Coping and Using Social Networks.* The objectives are to: 1) practice cognitive problem solving, assertive communication and negotiation, and relapse prevention; and 2) develop a personal coping maintenance plan.

**Session 7:** *How Do We Link What We Know with What We Feel?* The objectives are to increase knowledge of the influence of culture and social influences by: 1) reinforcing personal values that endorse self protection and risk reduction strategies; 2) increasing skill in anticipating risk reduction strategies; 3) learning problem solving (KFNHP) skills using scenarios that incorporate cultural conflicts, care-giving duties, religious beliefs, and contradictions; 4) discussing thoughts and feelings regarding sexual ownership and how CSA may influence attitudes and beliefs.

**Session 8:** *Negative Self-Talk; Illness, Death, and Dying.* The objectives are to: 1) discuss sexual protection and maintenance during illness and 2) develop strategies to increase self-efficacy.

**Session 9:** *Health Maintenance: Self-touch and Body Awareness.* The goals are to 1) discuss health maintenance, body awareness, as well as emotional and sexual self-regulation; 2) review obstacles to medical adherence; and 3) review the personal maintenance plan.

**Session 10:** *Implementing Health Practices and Developing a Plan.* The goals are to: 1) revisit and discuss the issues of social networks, group termination, and disclosure of HIV and CSA; 2) enhance role playing through scenarios and finding new solutions; 3) review goals and problem solving skills; 4) review personal maintenance plans; and 5) begin the process of group termination and community resource utilization.

**Session 11:** *Termination and Graduation.* This is a celebration and graduation for women and their families.

## **SESSION 1: ORIENTATION AND WELCOME**

### **GOALS:**

- Introduce Facilitators to group members and participants to each other
- Describe group intervention and ground rules, including limits to confidentiality, attendance, participation, payment, and commitment to the intervention
- Explain history of the Healing Our Women
- Explain when, how much participants will be paid
- Explain inclusion of child sexual abuse in curriculum
- Explain KFNHP acronym
- Explain intervention's focus on 5 areas of participants' lives ("The Big 5")
- Explain definition of terms used in the session
- Teach and have participants practice one relaxation technique; explain feelings thermometer
- Choose peer buddies
- Create carpool list
- Explain and distribute participant materials: journals, workbooks, calendars
- Distribute referral sources and hotline numbers
- Prepare participants to select 5 goals for change
- Assign homework

### **MATERIALS:**

- Name tags
- Book marks
- Tape recorder and inspirational music of the session: for example "Lean on Me"
- Extra pens, workbooks, unlined journals, art supplies
- Participant journals, workbooks, calendars

- Referral source cards, hotline numbers
- Icebreaker exercise to post at every session
- Posterboard to write participants' personal relaxation techniques to use and display at every meeting
- Banner "Keeping Females in a Healthy Place"
- Poster "the Big 5" to post at every session
- Poster with ground rules to post at every session
- Poster with statements about "Personal Rights" to post at every session
- Business cards for Participant Retention Manager (If applicable)

**STEP 1: INTRODUCTION & ESTABLISHING RAPPORT (45 minutes)**

**Objective: Build rapport among participants and increase comfort with self-disclosure. Increase participants' comfort in the group setting and to orient the group to the curriculum and ground rules.**

**Facilitator and Co facilitator introduce themselves as members of the project, describe the purpose, length, and format of the sessions. Engage participants by demonstrating warmth and sincerity. Establish a safe place for women to feel and disclose sensitive material and explain the group rules.**

**Conduct icebreaker exercise.**

**Explain the meaning of the KFNHP acronym and its role as an anchor for the curriculum, in that it models a problem-solving technique that will be used throughout the sessions. Even more importantly, participants must understand that the curriculum will address 5 ("The Big 5") areas of their lives, and that, if desired, they can accomplish positive changes in each domain.**

*Hello! Welcome to our project. Please help yourselves to the food; we will have food and refreshments every week to enjoy throughout the sessions.*

[The participants should be seated around table] *We are really glad that you are here today and that you want to be part of this very important project. My name is \_\_\_\_\_.* [Co facilitator introduces self.] *We are here to share with you a wide range of exciting*

*things that may work for you and help keep you healthy. I have chosen to have our co-facilitator be an HIV-positive woman because I want to understand important issues you might face and make sure the sessions meet your needs.*

[Conduct icebreaker exercise to familiarize women with each other and build rapport.] *Before we go on to tell you about the project, let's introduce each other. [Give each woman a sheet of paper and ask them to follow the following instructions]: Please write or draw (of if they are uncomfortable, they can just talk about) these 7 questions on your piece of paper. 1) Name, 2) Nickname, 3) where you were born, 4) favorite artist, 5) draw a picture of your family, and 6) what religion were you brought up with/what holidays did you celebrate growing up? [Write questions on the board so that they can refer to them]. When you are finished, we will go around and talk about ourselves, where we came from, our cultural heritage, any past experiences that you feel have affected you and we will also share the drawings. We'll start by introducing ourselves. [Facilitator and co-facilitator model introductions, including information about cultural background, being HIV+, abuse background, etc.]*

[When introductions are complete, thank women for sharing information.] *Optional: facilitators keep drawings to put up at all sessions. We want to keep your drawings during the 11 weeks to put them up on the walls so that you can continue to get to know each other. At the end of this group, you can take them home, if you wish.*

*Now I'd like to talk a little about this project. More and more women in the US are contracting HIV/AIDS and other studies here at UCLA have found that women with AIDS face many issues. We want to address these issues with you and would like for you to help us develop ways we can help other women in similar situations. We understand that sometimes these things are hard to talk about; we want you to feel comfortable and safe and enjoy yourself as you learn. Please feel free to ask us any questions and tell us what you think throughout the sessions. Only talk about things you are comfortable telling us. Everything that you share will be kept strictly confidential unless you are going to harm yourself or someone else. In that case, we will get you more help to protect you and we will talk about this more in a few minutes. In the past years, UCLA conducted a training called the Women's Health Project, in which over 400 women participated. Then to offer this information to other women, UCLA trained agencies in the community to use this curriculum and had over 150 women participate. Women who have taken part in this group have all enjoyed it.*

*The information you share in this project is new even though you may participate in some of our other programs, and we do not know any more about you than those who may be meeting us for the first time. The information you give us in these sessions will be confidential, and we'll talk more about confidentiality in a few minutes.*

*In these groups, we will focus on the effects of HIV, and explore five areas of your life: emotional health, physical health, sexual health, communication, and substance use. We will call these areas “The Big 5”. [Display and point to poster of the Big 5]. We will also talk about sexual experiences in childhood that you may not have fully understood or consented to and how these experiences may be related to different aspects of your lives today. Each person in this group has said she had an experience with child sexual abuse (CSA) or domestic violence or intimate partner violence. These issues will be talked about during this group because they are important. Again, we encourage you to tell us what you think, ask questions, make suggestions, and voice your concerns.*

*During the session, you may see us refer to this manual [Point to manual.] Basically, it outlines all of the important topics and information we want to cover during the session.*

*Throughout the sessions we’ll be using a problem-solving behavior-change method called **KEEPING FEMALES IN A HEALTHY PLACE** (Facilitator points to KFNHP banner.) This is how you use it: First, identify a problem you are having. Then, go through the letters to gather more information about the problem. Having more information, or thinking about the problem in a new way, may help you to find a solution, or try something different to tackle it.*

*First, **K** stands for what you **KNOW about the problem**, for example, “I know I have to find a way to cut down on using drugs”.*

*The **F** stands for **FEELINGS**; for example, I’m scared I can’t do it, which means I must really have a problem. What if I try to cut down and can’t? It’s happened before. I feel scared, anxious, and defeated.*

*The **N** stands for what you **NEED** to deal with the problem. For example, other people have had the same problem. Maybe they tried something that I don’t know about. Maybe I need more information about how to cut down on using.*

*The **H** is for what is **HOLDING YOU BACK** from changing. For example, I need more information about how to cut back, but I don’t want anyone to know that I have a problem. How can I ask about it when it’s a secret?*

*Finally the **P** stands for **PLAN**, what is your plan to deal with the problem: what are you going to do. I’m going to have to find a confidential place to get ideas about cutting down. I think I’ll ask the Retention manager if she can give me ideas about who to ask.*

*Does everybody understand this method? Again, by using this problem-solving model you can begin to change your sexual behavior, communication, emotional and physical health, medication adherence, and drug and alcohol use. Not every topic will apply to*

*everyone, but it is important to learn the skills that can be used to deal with a lot of different issues that may be present in your life, or even the life of someone you care about.*

*You will also receive \$\_\_\_ for every session you attend at the end of each session. We have also arranged for transportation for those of you who need it. Later, we will talk about a possible carpool.*

[Introduce the possibility of new group members joining the group in later sessions] *We may have new group members join us at some point during the 12 weeks. Even though you may get comfortable discussing things with a set group of women, it is a possibility that a new member will join this group. If this happens, we will let you know as soon as possible, and we can talk about what it will be like for you, and how we will welcome the new group member.*

*You may have noticed that our group represents several ethnicities. You may also have noticed that (co facilitator) and I have different ethnic backgrounds. We may represent certain things to you, based on your past experiences and backgrounds. One purpose of this group is to talk about these differences, and experiences we may have had.*

*You may be wondering why (co facilitator) has disclosed her status, and I haven't. Because this group is part of a research project, I am not able to disclose my HIV, CSA or IPV status. Even though you may wonder about this, I think it is really important for me to hear what you say, and relate to it. Whether I've experienced it or not myself isn't as important as whether I can understand your experiences.*

[Introduce the notion of participants receiving weekly phone calls from the facilitator and introduce the retention manager if she is attending first session] *You should expect to receive two phone calls from me each week – one before group to remind you about the group, and one within a few days after group, to see how things are going, and whether you need anything.*

**STEP 2: PARTICIPANT MATERIALS (10 minutes)**

**Objective: Explain role of journal, workbook, and calendar**

**Pass out the journals, workbook, and calendar.**

*Some of the things that you will be sharing in this group may be very painful to you and there may be things that you want to work out that you don't think you can share here or tell anyone else about. Putting them on paper (or talking about them) will help give you*

*some perspective and help you to identify your feelings, especially when you think about your own child sexual experiences or anything else that may be painful. At one point, your whole world might have seemed to be falling apart. You may have, for example, never thought that you'd be HIV positive and the HIV diagnosis might have changed how you look at life now. Writing or drawing in a journal about your observations and feelings about these experiences may be helpful because your journal may serve as a place to put your feelings like anger or fear. It will also clarify how you make decisions. This journal is where you can practice your KFNHP- what you know, what you feel, what do you need, what is holding you back, and what you plan to do about it. Don't worry about spelling or grammar; this journal is private. Sometimes when you look at your journal, it may be painful but other times you will be glad you have it. Your journal will be called MY SAFE PLACE because it will be a safe place for you to see how far you have come. It will remind you that there are kind and compassionate people out there that want to help you and support you like your family, friends, and even complete strangers! If you don't have a safe place to keep the journal at home, we would be happy to keep the pages you've written; just let us know, and we'll keep the pages for you. [Facilitators assess comfort with writing, drawing can be used as alternative]*

*Writing in a journal can help to remind you that there are many skills to be learned when living with HIV: you can live a long time with it if you take care of your health, in both your body and your mind. Although everyone experiences HIV differently, women have common challenges about treatment decisions, how the antiviral medications affect their bodies, and how women feel while taking or not taking their medications. This journal is not intended to be therapy or a substitute for getting professional help. So please, if you feel really upset about something, let us know.*

*Each day, when you pull out your journal, ask yourself HOW DO I REALLY FEEL? [Pass out materials for bookmarks.]*

*This is a workbook that goes along with the sessions [Distribute workbooks if participants don't already have them.] There are exercises, worksheets, handouts, and the goals for each week in it. Please bring the workbook every time you come to group.*

*We will also give you a calendar to organize your schedule and appointments and a workbook that will contain simple homework and exercises that you will be doing during the sessions. Hopefully, this will help you remember things and feel more in control of your life. Sometimes just by having things organized and appointments written down, stress can be relieved. Do you have any questions so far?*

### **STEP 3: GROUND RULES (35 minutes)**

**Objective:** Increase knowledge about how the group functions and its rules. Discuss limits of confidentiality. Increase feelings of belonging and ownership by inviting participants to add to the group rules.

**Help participants to feel comfortable and establish the belief that the group is safe and that they are in a non-judgmental atmosphere in which to begin to make desired changes. Participants must feel that their feelings will be respected. They should understand what the rules are for communicating during the session and between group sessions in order to disclose private, sometimes painful information in the group. By reminding participants that they signed a confidentiality contract, they witness that the other participants entered into the same binding agreement.**

*We are going to set some ground rules and we invite you to add to them if you'd like. The purpose of these ground rules is that you feel comfortable sharing personal information about yourselves in a safe place. We will keep everything that you share here in the strictest confidence so that you feel safe. It is also important that you do not discuss things that are talked about here with anybody. Please keep everything confidential.*

*However, there are a few things that we cannot keep confidential by law.*

- *If you tell us that you want to harm yourself or others, or*
- *If you share that you are abusing your children or that your children are in danger of being abused, or that someone elderly is being abused,*

*We cannot keep this information confidential. If a situation like this occurs, we will speak with you individually. If you need to talk about these issues, it's important to talk to someone, either one of us on the project, or we can refer you to someone else. Please only discuss things with us that you are comfortable talking about.*

*During the first interview, you signed a confidentiality contract. Basically, you signed something saying that you would hold all of the information about other people here confidential.*

*[Introduce the length of sessions and missing a session] These sessions will last about 2 ½ hours. It is really important to come each week, and try to attend every session possible. We will be covering a lot of very valuable information in each session, and it is best if you do not have to miss any sessions. If you need to miss a session because you aren't feeling well or have an emergency, please call me (the facilitator) as soon as possible. After the session each week, we will be holding a "mini" make-up session, which lasts approximately 15-20 minutes. Again, it is important that you come to every session. Please tell us about any problems you can think*

*of that would keep you from attending a session, and we will try to help you figure out a way of coming to the session. If you do miss several sessions, we will need to discuss it.*

*During the sessions, you will probably hear women talking about their “joys” and also their “pain”. It may be difficult to talk about some topics and/or listen to other group members’ experiences, especially traumatic events, but if we all work together and give each other support and understanding, it will be easier. We will be talking a lot about coping, how to handle listening to other people’s difficulties, certainly with empathy, but without taking other people’s problems home with you. What we can talk about and help you with is how to contain it, so you can put it aside. It is helpful to think about putting difficult things in something, like a milk carton, a box, or some other container, so it doesn’t seep into your life, your thoughts, and your dreams. It is really important to talk about things that are bothering you, so you can contain them, then put them somewhere where it becomes something you can control.*

*We also ask that in the spirit of shared respect, if you need to use the bathroom, or take medications, please leave the room quietly and return as quickly as possible. If you need to use the phone or smoke, please wait until the break.*

*Usually, no one will enter the room, except for an emergency. Your privacy will be respected. If someone like, the Project Directors, need to visit, we will always try to tell you first. Also, if the child sitter needs to contact a parent, someone will come to the room.*

*You will never have to talk about anything that you don’t want to share or are not comfortable with. Please share anything you wish to the degree that you feel comfortable. If you would prefer to write down a question or concern, you can write it down and place it in this question envelope (hold up question envelope)*

*Again, I may call you to see how you are doing. (If Applicable) The facilitator or retention manager will also be calling you every week to check in with you and see if there is anything you need. Do you know how to get in touch with her? [Distribute Retention manager’s business cards].*

*Now, back to our ground rules, these will be posted every week [Refer to poster of ground rules]*

- *Sessions will start and end on time.*
- *Respect must be shown for the opinions of others. Please listen to whoever is talking and respect them even if you disagree with what is said. When someone is sharing or talking, please do not interrupt, whisper, give funny looks, or make fun of anyone.*

- *You have the right to choose to participate. Do not feel pressured to participate in a certain activity or to answer any questions that may make you feel too uncomfortable. However, we will welcome any sharing you choose to bring to the group. Your experience will serve to enrich the group experience for everyone.*
- *There are no “dumb” questions or concerns. Please ask questions about ideas words we may use that are hard to understand.*
- *Confidentiality will be respected in and out of this room. It is very important that you don’t talk about the lives of the women in the group with friends, neighbors, family members, or anyone else. What is talked about here stays here.*
- *Please don’t leave messages on other people’s answering machines when not appropriate. Please do not leave any information on an answering machine or leave a message that might reveal confidential information.*
- *No drugs or alcohol are permitted in this room. If you are under the influence of drugs or alcohol, you will not be allowed to complete the session. You will be welcomed back if you are clean and sober.*
- *No smoking allowed inside this room or building. If you are a smoker, you may smoke outside of the building during the break.*
- *Children must stay with the child sitter. If you have children and are going to bring them with you, childcare will be provided and children need to stay with the childcare provider.*
- *Transportation will be provided if necessary and we encourage you to arrange your transportation with our help so that you can be on time for the sessions. We will be putting together carpool lists.*
- *Please respect each other’s lifestyles; there are women here of different religions, different ethnicities, and different sexual orientations.*
- *It’s okay to make mistakes. The important thing when a mistake is made is to bring it to the group, decide how to get past it, learn from it, and change the behavior the next time.*
- *Please raise your hand when you want to speak.*
- *If you have had a chance to talk, we will probably call on someone who hasn’t had a chance before calling on you again.*

*Are there any other ground rules that you would like to add to this list?*

*Do you have any questions so far?*

**[BREAK] (10 minutes)**

**STEP 4: CHOOSE PEER BUDDIES AND CREATE CARPOOL LIST (10 minutes)**

**Objective: Outcome addressed = Social Support**

**To increase participants' support network by allowing them to designate another participant as a "peer buddy". Encourage participants to carpool with others to facilitate attendance and peer support.**

**Participants are likely going to need support in between sessions, and one way to accomplish this is to allow them to choose someone in the group who is their peer buddy to go to for support. Encouraging participants to carpool may increase attendance and alleviate budgetary concerns on our part. Discuss role of peer buddies and give examples of ways peer buddies can provide support to each other.**

*Another way of having more support is to have a "peer buddy". At the end of this session, we will leave 5 minutes for you to pair up with a peer buddy in the group. If at the end you have not found someone, we will help you. Please exchange phone numbers with your peer buddy. I would like to encourage you to call the buddy each week. Peer buddies will support you throughout intervention and we encourage you to call each other for mutual support.*

*One suggestion we have, is when you call your peer buddy, do not talk about the group. This may make it easier to connect with her.*

*What are some ways you think having a peer buddy could be helpful? What are things you could do as a peer buddy to be supportive? Here are some more examples of what you can do for each other as peer buddies. You can call and remind each other about the group, motivate each other to complete homework assignments, motivate each other to achieve your goals. You can also share resource information, for example childcare or support groups you have been to. And of course, as your relationship develops, you can have someone to talk to when you need a listener. When you call your peer buddy, you can talk about things other than the group.*

*Be sure to talk about any time/schedule constraints for receiving phone calls. For example, if you like to sleep in on the weekends, you may consider asking your peer buddy to call you after a certain time. Make sure you talk about evening hours and anything else you think might be helpful.*

*If you have a problem with not having a telephone or problems being able to get calls, please let us know so that we can help.  
[Examples include scheduling times to call and a place where to call]*

[Ask participants to create carpool list]

## **STEP 5: IDENTIFYING GOALS (5 minutes)**

**Objective: Outcome Addressed = Sex Risk, Drug Risk, Treatment Adherence, Psychological Adjustment**  
**To familiarize participants with the BIG 5 domains and help them to begin to identify goals that they would like to accomplish in each area. Participants are asked to refer to the GAS (ladder) measure in their workbook and the accompanying KFNHP Change worksheets. Facilitators will provide guidelines for selecting 5 personal goals and discuss process of change.**

*Now, we'd like to ask you to take a few moments to begin to think about exactly what you want to get out of this project. Everybody comes here wanting to get something out of it. Now that we have talked a little about the BIG 5 and KFNHP, we want you to begin using these tools.*

*What are goals? Do you know what a goal is? Has anyone set a goal in your life before? Have you ever reached a goal?*

*During the upcoming week, please take some time to think about each of the BIG 5 areas and a goal that you would like to accomplish in each area. Please try to think of a realistic goal: that is, one that you think you can achieve. [Facilitator refers to BIG 5 poster]*

*These goals should be attainable; in other words, the goal is one you can actually achieve in 3 months, realistic, and healthy. If you have a goal that you want to set but you know that it will take more than 3 months, think of steps you need to take toward that goal. These goals can also include maintaining a behavior that is already healthy. You do not HAVE to have anything to change in all 5 areas. If you do not have something to change in a particular area, you can work on maintaining healthy behaviors in that area. Just take a few minutes to think about 5 goals you'd like to reach. We will talk about what you come up with next week.*

#### **STEP 6: RELAXATION TECHNIQUES (5 minutes)**

**Objective: Outcome Addressed = Psychological Adjustment**  
**To explain the benefits of relaxation techniques, teach and practice one technique. To introduce the feelings thermometer and emphasize the importance of self-monitoring feelings. To encourage members to list personal techniques for relaxation to increase support.**

**Explain that there will be a 2-minute check-in time at the beginning of each session to help participants relax and feel comfortable. The participants initiate the relaxation technique (e.g., guided imagery, breathing techniques, and thought stopping) or, if no one volunteers, the peer model. Both facilitator and peer model should encourage participants to use these exercises throughout the day when encountering feelings of distress. Introduce feelings thermometer scaled from 1 to 10 to**

**help participants begin to monitor feelings. Ask participants to make a list of activities/strategies that have been effective for them.**

*Because some of the things that we talk about here may make you feel stressed; we will practice how to relax and introduce you to some ways that you can do these things here or at home. Before we introduce a technique, it is important that you begin to monitor how you feel. First, what are feelings? Can you name the different feelings that you have had?*

*We will use a scale from 1 to 10, 1 being very relaxed, 10 feeling very distressed, either angry, sad, or anxious. Show us how you feel now by holding up your fingers. (On chalkboard, facilitators demonstrate the following thermometer)*

**10** (very distressed) ----                      **5**                      -----                      **1** (very relaxed)  
*Anxiety*  
*Fear*  
*Anger*  
*Sadness*

*This group can also provide an opportunity for us to learn from each other. Let's talk about some of the methods you have used to relax and make a large list that we can display at each meeting. Can any of you tell us how you relax [make list, with examples: read, pray, listen to music, exercise, etc. Facilitator encourages participants to review lists for ideas to use when trying to relax]*

*Now, here are 5 examples about "rights" you can choose to adopt. Repeat these 5 statements aloud with us [Co-Facilitator reads each one and then participants repeat]:*

*I have the right to have my own opinions and beliefs*  
*I have a right to ask for help or emotional support*  
*I have a right to feel and express my emotions*  
*I have a right to make my own decisions and listen to my intuition*  
*I have a right to say "no"*

*Should we add any others? [Facilitators add additional statements by participants]*  
*How did it feel to say these "rights"?*

**STEP 7: SUMMARY AND CLOSURE, ASSIGN HOMEWORK; (5 minutes)**

**Objective:** To summarize the session, ask for feedback, assign homework. Increase awareness of referral sources that are available in their area.

**Help participants to anticipate problems with attendance or completing the assigned homework to decrease resistance and help address issues before they become problems. Point out the referral sources in participant workbooks.**

*Okay, so far we have described the group, the ground rules for the group, your journal, workbook, and calendars, and who is going to be your buddy for the rest of the sessions.*

*Do you have any concerns or suggestions? How do you feel about this 1<sup>st</sup> session? Does anyone feel comfortable sharing their experience of today's group? [Co-facilitator models if no one volunteers].*

***For homework, please remember to think about goals in each of the BIG 5 areas. Also, please***

- 1. Call your peer buddy and remind each other about the group next week.*
- 2. Here's a book mark-please write or draw on it so that it says or shows who you are.*

*If you anticipate any problems doing this homework, attending the next session, etc. please let us know so that we can help you.*

*We cannot tell you enough how important your peer buddy is. Please contact your peer buddy during the week to see how her week is going. Remind each other to bring your calendars, journals, and workbooks back with you. Decide before you go who will call whom first.*

*Here's a list of referrals and emergency numbers for you to use as needed in your workbooks. You also have our number and the number for the retention manager.*

*I will be calling you before each group session to remind you about group and will call you within a few days after the session to see how you are doing.*

*Here are fliers for the project that you can give to other women you think might be interested in participating.  
[Participants will be paid at pre-test]*

## **SESSION 2: IDENTIFYING PERSONAL BEHAVIORS AND THEIR CONSEQUENCES**

### **GOALS:**

- Explain definition of terms used in the session
- Provide the definition of CSA
- Increase understanding of the long term effects of CSA (across Big 5 areas)
- Conduct reflective listening activity
- Increase skills involved in the identification of a continuum of behaviors (not-so-healthy to healthy) across five domains
- Increase skills involved in the identification of the consequences (pros and cons) of a continuum of behaviors (not-so-healthy to healthy) across five domains
- Target 5 personal behaviors for change
- Conduct group writing exercise that will continue through session 11

### **MATERIALS:**

- Facilitators will require a chalkboard, eraser, chalk, 5 sheets of butcher block paper labeled “relationships”, “my body”, “feelings”, “substances”, and “sex”. Each sheet of paper is to be divided into two large columns, labeled “healthy” and “less healthy/risky”, and a smaller area for “healthy but risky”. Facilitators will need the following items from their manual: list of long-term effects of CSA for each domain, master list of behaviors and corresponding HIV 101 information, and scenarios written on large index cards for group discussion.
- Participants will require the glossary of terms
- tape recorder and music of the session
- extra pens, workbooks, journals
- Icebreaker exercise to post at every session
- Poster with statements about “Personal Rights” to post at every session
- Poster board of relaxation techniques to put up in meeting room
- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5
- Outline for last week and this week
- Posterboard and Xeroxes of issues to address during writing exercise

- Box to turn in writing exercises
- Tape Recorders for writing exercises, if needed
- Bookmark
- GAS forms and KFNHP worksheets
- Confidential identification numbers for writing exercise at end of session

**NOTE: When participants enter the room, facilitators will ask if they completed their bookmark. If not, they should be given the materials and asked to work while other participants arrive.**

### **INTRODUCTION TO SESSION:**

**Every session, facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to learn:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*
- *How certain behaviors can put you at higher risk for reinfection and how condoms and other less risky sexual behaviors can decrease your risk*
- *How child sexual abuse has affected your life in the 5 big areas: psychological health, physical health, relationships, substance use, and sexual behaviors*
- *How using a listening technique called Reflective Listening can help you communicate better in your relationships and hopefully decrease some of the arguments you may be having*

### **STEP 1: RELAXATION EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**To build rapport and increase comfort/relaxation in the group setting and to maximize motivation for learning**

**Conduct guided imagery technique.**

*Let's revisit the relaxation techniques we talked about last time.*

*How did the relaxation technique we used last week work for you? [Wait for responses. If none, co facilitator shares her experience with the technique, giving both positive and negative feedback].*

*Today, we want you to learn about another technique that many people find very helpful when they are feeling stressed out, tired, or emotionally drained. We'll go through the exercise as a group, and if you find it helpful, you can use it or change it for use on your own. There may be a few quiet pauses, so I'll let the group know when we are done.*

[Include long pauses between sentences to allow participants to imagine]

*Please close your eyes. Try to clear your mind of the day's business and stress. Think of a peaceful place that makes you happy. It might be a beautiful garden, the seashore, or any other place that you feel happy in. I'd like you to go to your special place in your mind -- Imagine yourself in this wonderful place. [Pause] Remember the sights, the sounds, and the scents you experience in that place. [Pause] For example, you might imagine the sight and smell of beautiful flowers, the fresh air and sunlight, the calming resonance of leaves, the laughter of friends or family, the scent of candles, or the gentle sound of the ocean waves. [Pause] Immerse yourself in the sights, sounds, and smells of your special place. [Pause] Imagine that you are there. [Pause] You feel very peaceful and at one with your surroundings. You feel very calm, happy, and relaxed. [Pause] Savor and enjoy this peaceful place. [Pause]*

*When you are ready to do so, please open your eyes.*

*How was that exercise for you? Did anyone find it relaxing? Let's use the feelings thermometer we talked about last week to rate our stress from 1 to 10 (1, feeling very relaxed and calm; 10 is feeling very anxious and stressed.) How did you feel before we did the exercise (from 1 to 10)? How did you feel after (from 1 to 10)? Do you think that you could use that scene to relax outside of the group? When and where will you be able to use it? How might you change it? What scene may work best for you?*

**STEP 2: WRITING EXERCISE (15 minute)**

**Objective: Outcome Addressed = Psychological Adjustment**

**Introduce the Pennebaker writing exercise to be completed at the end of each session through session 11.**

*We will start with our writing exercise. We really want your help. We want to find ways to help people who are dealing with the kind of experiences that you're coping with. In the next 9 sessions, we will reserve 15 minutes for you to write. We want you to feel safe and comfortable. You will not be judged or graded. You are free to write about your experiences. You can disclose what you choose*

*to disclose. Your writing will be read by someone on this project, but not by me or the co-facilitator. Do not put your name on the writing; we will give you a confidential number to put on the paper. The writing will be kept confidential, just as our discussions here are confidential. They will be used as data to measure change over time. Confidentiality will only be broken if you write about wanting to harm yourself or others, or a child being in danger. Although we would prefer it if you would turn in your writing, you may choose to keep it, it's up to you. Turning it in will allow us to hopefully, help other women. If you choose to turn it in, we have this box with a space in the top to drop your writing into.*

*We see these writing exercises as an opportunity for you to exercise your personal choice. We are inviting you to use writing to express your deepest thoughts about traumatic experiences and to work it through.*

*Now I'd like you to write for 15 minutes about your deepest thoughts and feelings about child sexual abuse and/or HIV. In your writing, I'd like you to just let go and express yourself and write about your deepest emotions and thoughts related to this issue. For example, you could write about how being HIV+ affects you, how it ties into other parts of your life. You might write about how it relates to your feelings about who you are, your childhood, your past, or your thoughts about the future. You might write about how it affects your thoughts about yourself, your thoughts about sex, or your relationships with other people. If you run out of things to write, you can simply repeat what you have already written. Do not worry about grammar, spelling, or sentence structure. The important thing is that you really let go and dig down to your very deepest emotions and thoughts about child sexual abuse and/or HIV and explore them in your writing.*

*I'd like you to take 15 minutes to write. If you'd like some privacy, you can face the wall. Please see me if you have decided that you would prefer to talk into a tape recorder. It would be helpful to me if you turned your writing in after by putting it into the box, but I understand that you might prefer not to, so you can keep your writing if you'd like. Remember that your writing is confidential, and I won't be able to link the writing to you. [Tell participants you will let them know when the 15-minute session is over. Facilitator refers to the posterboard/worksheet with the issues to keep in mind while writing, and distributes the Xeroxes. ]*

**STEP 3: OPEN SHARING**

**Objective: Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.**

*Let's take the next few minutes to talk about how everyone's week is going.*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK**

**Objective:** Increase understanding of the connection between what occurred in last week's session and what will be covered in this session. Increase commitment to session's objectives by reviewing homework assignment.

**Review session objectives in participant workbook. Follow up with participants any feelings associated with the last session, and use of peer buddy system.**

*Let's review what we did last week [Facilitator reviews main points from the last session]. Does anyone have any questions or concerns about this? We really need feedback from you in order for everyone to get the most from the group.*

*One part of your homework was to call your peer buddy. Did the system work for you -(ask pairs who contacted each other during the previous week to discuss what worked, etc.)- Were some of you unable to get in touch with your peer buddies? If you have questions about the peer buddy system or need some help, make sure you talk to us at the break. You should not talk to your peer buddy about the group.*

*Was anyone able to write in the journal? How was that?*

*Let's move on to the homework bookmark. Last week, we asked to you draw on your bookmark so that it represents something about yourself. How did it go?*

*We also asked you to think about pinpointing personal goals in each of the BIG 5 areas. [Facilitator distributes GAS forms and KFNHP change plan worksheets. Facilitator and co facilitator follow directions on the forms, and check on participants' progress as they complete the forms, making sure that goals selected are reasonable, attainable, and healthy].*

#### **STEP 5: IDENTIFYING AND CLASSIFYING PERSONAL BEHAVIORS AND CONSEQUENCES**

**Objective:** Outcome Addressed = Sex Risk, Drug Risk, Treatment Adherence

**To increase the ability to classify personal behaviors across the 5 domains and knowledge of HIV 101.**

**The rationale behind this step is to introduce participants to the notion of being self-reflective and developing their ability to think about the behaviors in which they engage in a more objective manner. By identifying and examining their behaviors in a more objective light, they may be able to think about what they have been doing differently, and identify some areas in**

**which they want to make changes. This step also serves the critical function of introducing HIV 101 information, which will be built upon and elaborated in subsequent sessions.**

*Now let's talk about behaviors. We are going to ask you to think about behaviors that range from "Very risky" to "No known risk". [Facilitators will have an exhaustive list of not-so-healthy to healthy behaviors for each domain, and corresponding HIV 101 information in the Facilitator Manual. Facilitators will frame the consequences of each behavior mentioned in terms of pros and cons of the behavior. Using their manual as a guide, facilitators will write each of the behaviors mentioned in the appropriately labeled domain on butcher block paper. Facilitators will model and ask participants for consensus regarding each "healthy", "less healthy/risky", and "healthy to want, but risky to do" behavior. HIV 101 information will be tagged to each of the behaviors listed. Have a list of examples ready for categories that need assistance. As each behavior is identified, facilitator asks about pros/cons. For example, smoking has good and bad things about it, to help participants understand that behaviors whether healthy or unhealthy may have both positive and negative aspects].*

**[BREAK]**

#### **STEP 6: DEFINING CHILD SEXUAL ABUSE**

**Objective: To increase knowledge of the definition Child Sexual Abuse (CSA) and increase participants' understanding of the extent to which the definition rings true to their experience.**

**Facilitators ask participants for definitions of CSA, write proposed definitions on chalkboard. Facilitators will explain legal criteria for CSA (refers to wanted or unwanted genital contact or intrusion with a child under the age of 18 (NIS-3.)**

*Let's move on to the first goal of today's session. Beyond living with HIV, everyone in this group had some type of sexual contact in childhood that they either didn't understand or did not fully consent to. There may even be early sexual contact to which you may have agreed to participate in with an older partner. Now, we each probably think and talk about these experiences differently. One of the things we want to accomplish today is for you to discuss what child sexual abuse means.*

*What is child sexual abuse? [Facilitator and peer write different definitions from participants on chalkboard or wipe off board]*

*Let's compare these ideas to the definition of child sexual abuse. The definition of child sexual abuse is any genital contact with a child under the age of 18 by someone who was legally an adult. So, even sexual experiences that felt okay or that happened with*

*someone you love that fall within this definition are considered by the law to be child sexual abuse. What are your thoughts about this definition?*

**STEP 7: ESTABLISHING CSA EFFECTS IN THE BIG 5 AREAS**

**Objective: Increase knowledge of the long-term effects of CSA in each of the 5 areas.**

**Facilitators will explain that there is a range of CSA experiences, participants' experiences are varied, and some participants may not feel that the term "CSA" applies to them. Facilitators will explain that the reason the intervention is addressing CSA is that links have been found between these early experiences in childhood and thoughts, feelings, and behaviors in adulthood. Discuss patterns of difficulties in five domains: interpersonal relationships, physical health, emotional health, substance use, and sexual behaviors (see facilitator manual.)**

*Even though there is one definition of child sexual abuse, there is a wide range of experiences that people have which are considered abuse. Some of you might not feel that the definition applies to you, and that's okay, while others of you had really difficult experiences that you have tried to forget. The reason we are discussing child sexual abuse in the group is that these early experiences have been found to have effects on our adult lives. Child sexual abuse may affect the way you make decisions, the way you talk, who has power over you, how you feel about yourself, how you set limits, and your ability to cope with these experiences.*

*Child sexual abuse affects the 5 areas that we talked about in session 1. When children are sexually abused, it is really common for them to have some problems later in the BIG 5 areas: relationships with other people, physical health, emotions, use of substances, and sexuality. All 5 areas of your life may not have these difficulties, but for many women who experienced child sexual abuse, each area is affected.*

*Even though this group will address child sexual abuse and the possible ways these experiences may have affected your lives, remember our rules, no one is required to give any information if you don't want to. We also realize that some of you may have never told anyone or find it difficult to remember what happened because you may be trying to forget. We are not trying to make you feel worse; instead we will support you in the healing process. Part of the healing process means that it is important not to forget, but to try to talk about past abuse little by little so that these memories become less painful.*

*It's like having a cut on your arm; the more you ignore it and try to forget it, the better chance the wound can become infected. But if you clean it and bandage it, and keep cleaning it and bandaging it, you will help yourself heal little by little. Although you will have a*

*small scar, it will hurt less. Just like the child sexual abuse memories, for some of you it may feel like it just happened yesterday, but the more you heal, the memory will be there, but it won't hurt or interfere as much with your lives as much.*

*How do you feel about talking about this? Does anyone feel comfortable sharing their experience? [Co-facilitator can model]  
If the person was a family member, these experiences can go on a long time and make it hard to trust people close to you. Sometimes you think about these incidents instead of other important things. Sometimes you have dreams about what happened. Sometimes if anyone else touches you the way that you were touched you can feel like the abuse is happening all over again. You may see people who resemble the perpetrator or person and feel nervous or upset like the incident is happening again. Sometimes with time, these feelings become less noticeable but you have trouble finding someone to trust or love.*

#### **STEP 8: REFLECTIVE LISTENING ACTIVITY**

**Objective: Outcome Addressed = Interpersonal Risk**

**Increase understanding of how active listening influences our relationships with others.**

**The rationale behind this step is twofold. First, we want to teach participants how to really listen to each other, which helps to establish the group as a safe, non-judgmental place. Second, we want to teach participants basics of communication to use with partners and other people in their social networks that can be built upon in later sessions.**

*One of the skills we are going to be working on throughout the next 9 weeks is communication. This is important, because some behavior changes require communication with others. For instance, asking a partner to use condoms can be a difficult subject for people to approach. We are going to share with you a variety of skills that will help you accomplish this, if that is a change you want to make. Our perceptions of what another person says directly affect our relationship with him or her. Active listening involves: showing the other person that their point of view and feelings are respected. See page \_ in your workbook.*

*We are going to show this point by doing a short reflective listening exercise. Reflecting\* means being a mirror, you are going to listen to your peer and tell them back or "reflect" like a mirror what they said to you including how they felt. This shows them that you heard what they were saying. We are going to role-play an example first and then you will pair up with your peer buddy to practice what we show you. One person will talk about a topic for 3-5 minutes, while the other person just (actively) listens, and then reflects to the talker what she thinks the person said, including feelings. Active listening involves looking the person whose talking in the eyes and paying attention to what they say. Expressing emotion, "oh my goodness" is also appropriate. [Facilitator and co facilitator sit in 2 chairs facing each other, co facilitator talks about a problem with her partner that occurred yesterday, facilitator will*

reflect what the mentor said]. *Now it's your turn, sit with your peer buddy and tell them something for 3-5 minutes and after your buddy reflects what you said, switch places and start again so that you each get to practice listening and reflecting. [The participants will be encouraged to helpfully correct any information heard incorrectly by her partner].*

*Did you feel listened to? Did you feel a sense of unloading?*

**STEP 9: SUMMARY AND CLOSURE; ASSIGN HOMEWORK**

**Objective: Increase commitment to the intervention, completing the assigned homework, and contacting peer buddies.**

**Facilitators will provide time for group sharing and support around issues raised. Debrief and summarize session, asking for participant feedback. Give instructions for homework. Participants will self-monitor and document in workbook “healthy” and “less healthy” behaviors engaged in throughout the week.**

*Today we had a really productive session. We talked about what child sexual abuse is, and learned about the pros and cons of engaging in healthy and “not-so-healthy” behaviors.*

*Now we've set aside some time to talk about any feelings you might have had about today, including questions, or any concerns.*

*For homework, please contact your peer buddy for support. [Have them decide who will call]. Do this at least one time this week; it could be to remind each other about our next meeting. Also, remember your 5 goals from last week? Please keep track of what you do regarding each in the next week. Have they changed since last week? In what way? Please remember to make sure that your goals are attainable, realistic, and geared toward the “healthy” end of the spectrum.*

*Also, as part of your homework, please keep track of the “healthy” and “not-so-healthy” behaviors you engage in throughout the upcoming week. Please record these behaviors in your journal.*

*Can anyone anticipate possible barriers to doing the homework? [Use KFNHP to help participants overcome possible obstacles].*

### **SESSION 3: IDENTIFYING BEHAVIORS AND CONSEQUENCES: THE SOCIAL CONTEXT**

#### **GOALS:**

- Explain definition of terms used in the session
- Increase awareness of the role expectations that participants have for themselves, and others have for them
- Discuss degrees of safety and risk in relationships, behaviors, and situations (circumstances) encountered in the past and present
- Encourage participants to assess the benefits and drawbacks associated with their current relationship/social network and how they may facilitate or impede desired growth.
- Increase frequency of breast self-exams and general health checks including urine checks
- Increase knowledge of HIV 101 and general health
- Conduct group writing exercise to be completed each session through session 11

#### **MATERIALS:**

- **HIV video**- updated
- tape recorder and music of the session
- extra pens, workbooks, journals
- Glossary of HIV 101 terms (in workbook)
- Educational materials for female reproductive, sexual, and mental health
- Breast self-exam handout (by Dr. Stoppard)
- Icebreaker exercise to post at every session
- Poster with statements about “Personal Rights” to post at every session
- Poster board of relaxation techniques to put up in meeting room
- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5
- Outline for last week and this week
- Posterboard and Xeroxes of issues to address during writing exercise
- Box to turn in writing exercises
- Tape Recorders for writing exercises, if needed

- Make sure VCR is available

### **INTRODUCTION TO SESSION:**

**Facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to practice some of the things we have already learned like:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*

*You are also going to learn:*

- *How having support from other people and using resources from the community can help you*
- *How doing regular breast self exams and other types of self exams can help you improve your physical health*
- *How condoms can decrease your risk for reinfection and transmission of diseases*
- *How drugs can put you at risk for getting sexually transmitted diseases*
- *How important it is for you to take your medications regularly and why*

### **STEP 1: RELAXATION EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Increase comfort in group setting and help participants to relax so that they can maximize learning in the group.**

*Let's begin with a short relaxation exercise. Did anyone practice using guided imagery during the week? Would anyone volunteer to lead the group in a guided imagery or other relaxation technique of your choice? [If there are no volunteers, co facilitator will lead the exercise]*

### **STEP 2: WRITING EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Participants will write for 15 minutes.**

*Last time, you wrote about your feelings about HIV+ or child sexual abuse. This time I want you to REALLY get into your deepest thoughts and emotions about your experiences with HIV and/or child sexual abuse.*

**STEP 3: OPEN SHARING**

**Objective:** Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.

*Let's take the next few minutes to talk about how everyone's week is going.*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK**

**Objective:** Increase understanding of the connection between what occurred in last week's session and what will be covered in this session. Increase commitment to session's objectives by reviewing homework assignment.

**Review session objectives in participant workbook and on posterboard. Follow up with participants any feelings associated with the last session, use of peer buddy system and problem solve barriers (using KFNHP) to completing the homework. Discussion will focus on what it was like to be asked to monitor personal behaviors, any problems experienced, insight gained. Discussion of what the process of targeting 5 personal behaviors was like, and difficulties encountered. Facilitators will elicit barriers to the identification of healthy and less healthy/risky behaviors, and 5 areas for change. Discussion of how to shape targeted behaviors so that they are consistent with the intervention's goals, as well as realistic and attainable for each participant.**

*Let's review what we did last week [Facilitator reviews posterboard from the last session].*

*We began sharing experiences about child sexual abuse, does anyone feel like they want to add anything.*

*Does anyone have any questions or concerns? We really need feedback from you in order for everyone to get the most from the group.*

*What was your experience with your peer buddy? If there are any questions or problems with the peer buddy system, please see me at the break.*

*Last week, we asked you to record "healthy" and "not-so-healthy" behaviors in your journals. How was that? Did you learn anything by record keeping? Would anyone volunteer to discuss her lists? [Use KNFHP as appropriate]*

*Did anyone write in their journal?*

*Let's review the goals of today's session together in your workbook.*

**STEP 5: WOMEN'S ROLES: CARING FOR SELF AND OTHERS**

**Objective: Outcome Addressed = Service Utilization, Social Support**

**To increase awareness of the expectations that participants' feel they must fulfill, increase ability to discuss these expectations, and discuss the expectations and demands that others place on them. Increase ability to share and obtain support from other group members.**

**Facilitators will lead a discussion regarding the different roles that women are expected to fulfill and facilitate supporting listening and problem-solving skills.**

*As women, we are often expected to fulfill many roles. By roles, we mean the expectations that you have for yourself and that other people have for you as a woman, wife, partner, mother, daughter, etc. Sometimes it is really hard to set boundaries, to say no to others who may expect much from us.*

*What roles do you feel you are expected to fulfill? [Facilitator elicits responses from participants; co facilitator models appropriate responses as necessary, including society's expectations of women, being a daughter, wife, mother, co facilitator, etc.]*

*Have you ever thought about how these roles influence your ability to take care of yourself? Sometimes, women are so busy taking care of others that they forget or don't have time to do the things they need to do to keep themselves healthy.*

*Being a parent takes so much giving of yourself. Sometimes it's really hard to find time for you. How do you take care of your children when you're feeling sick? How can you be the kind of parent you want to be when you're tired and not feeling well? Do you ever get help with your parenting duties? [Facilitators manage discussion of childcare support utilized by participants. Problem-solve using KFNHP to help women access alternative supports]. Have any of you been successful contacting childcare providers on our referral list? Has anyone asked the retention manager for help in finding childcare? How is the childcare working here during these meetings?*

*Many of you are also caring for partners, elderly parents, or others (who may be healthy or sick) while you are not feeling well and trying to take care of yourselves. [Facilitators elicit responses and group sharing from participants.]*

## **STEP 6: BREAST HEALTH**

**Objective: Outcome Addressed = Service Utilization**

**To increase awareness and identification of triggers and barriers that prevent women from examining their breasts; increase awareness of BSE.**

**Introduce the topic of breasts and generate group discussion. Help identify triggers and obstacles of why they don't touch their breasts and to motivate them to touch them or continue to touch them if they already do so.**

*Sometimes we ignore our breasts, we pretend as if they were not there. What are the people, events, situations, cultural, spiritual or personal history, moods, and feelings that cause you to touch or not touch your breasts? What are the messages that you heard or didn't hear when you were little that keep you from checking your breasts?*

*The female breast goes on maturing from puberty until menopause. Once you are aware of the normal phases of how your breasts mature, how they grow and how they shrink, then you don't need to be afraid and you can do something about it. That is why is so important that you become familiar with your breasts. BREAST SELF EXAMINATION (BSE) is a simple way to get to know your breasts and how they feel, so that you can tell if there is something unusual. You may know that nine out of ten women don't check their breasts. Do your BSE, it can save your life and it promotes self-awareness about your body, making you feel in touch with your own body so that it is easier to ask questions from your doctor rather than hoping that something may go away. It also helps you to keep your doctor in check if he/she is not doing a good job of examining your breasts. Remember that no one knows as well as you do how you feel. Report breast symptoms early, don't put it off. Early diagnosis and treatment may save your life!*

*Some HIV medications can make breasts shrink. Other medications make breasts larger [Elicit discussion]. Does anyone have breast pain? How do you handle it?*

*Have you had a mammogram?*

*These are the things that you can do:*

*Although you cannot control for factors in your family history or age at menopause, you can make changes that are healthy.*

*For example: in general, unless, your doctor has told you otherwise:*

- *Restrict the amount of red meat in your diet and increase your fiber intake by getting plenty of whole grain cereals, fruits, and vegetables*
- *If you drink, drink alcohol only in moderation, and ask your doctor how alcohol affects HIV medications*
- *Keep your body fat down by eating a balanced diet and get regular exercise*

## **STEP 7: URINE HEALTH**

**Objective: Outcome Addressed = Service Utilization**

**Introduce the topic of urine checks; bring it up for group discussion.**

*Why is it important to look at your urine? Looking at urine is a way to advocate for your health. This is a good place to start keeping you healthy. Being aware of what happening inside your body is very important because you are better able to become your own health advocate. One reason is that you will know when to call your doctor.*

*Abnormal colors in your urine indicate a possible problem and it is important that you know what to do. If the color changes, call your doctor.*

*These are the things that you can do:*

- *Check your urine regularly*
- *Read your chart handout to memorize changes in your urine that may help keep you healthy*
- *See your doctor for radical changes in your urine.*

**[BREAK]**

## **STEP 8: HIV 101 AND FEMALE HEALTH**

**Objective: Outcome Addressed = Service Utilization, Treatment Adherence, Sex Risk, Drug Risk**

**Increase knowledge of HIV care, treatment, and illness prevention. Increase knowledge of female reproductive, sexual and mental health.**

**Participants will be presented with information regarding HIV care, treatment, and illness prevention via video (HIV video). Participants will be provided with basic information regarding female reproductive, sexual, and mental health. Review glossary of terms and meanings of terms.**

*Now we're going to watch a video about HIV and staying healthy. [Play video]*

*What did you think about the video?*

*This is a glossary of female health and HIV terms. Let's go over the list so we're sure that we are all using the same words.*

*We're going to give you some more information that wasn't in the video about women and HIV.*

*Transmission: Why do condoms matter if you're already infected? [Wait for responses]. If you are already infected, and have unprotected sex with a person who has the virus, you can be reinfected with a different strain of the virus, one you may be resistant to. That means that the medications you are taking may not work as well for you or may not be effective fighting the new strain of the virus. HIV can be transmitted through transfusion of infected blood, vaginal sex, oral sex, anal sex, sharing needles, pregnancy, breastfeeding, and needlestick injuries. Some of these behaviors are more risky than others, but all of them involve some degree of risk.*

*Having an STD (herpes, gonorrhea, chlamydia, syphilis) all increase the odds of transmission. An untreated STD increases the risk of transmitting and also increases viral load. STD's can also cause other problems. For example, genital herpes may cause cervical cancer. It's really important to get regular gynecological checkups and pap smears, because a lot of people have STD's but don't know it. If you treat the STD, you are helping to protect yourself and your partner. Having your period may also increase the risk of transmission. HPV warts can cause cervical cancer.*

*HPV is a family of wart viruses, some likely to cause cancer, some not (HPV serotype 16, for example, is likely to progress to cancer). Warts cause chronic inflammation and long-term replication of skin cells. Over time, mutations occur in the skin cells and unless killed off by a healthy immune system, will progress to squamous cell cancer. Low DC4 cells predispose to cancers of all types, including this one. ASCUS (nonspecific inflammation), LSIL (low grade dysplasia-low risk of cancer), HSIL (high grade dysplasia--high risk of cancer) and cancer-in-situ (small amount of cancer already there)*

*Women are less likely to progress to cirrhosis and liver failure than men with hep C (estrogens protective)*

*KS is caused by HHV-8 (human herpes virus #8), a sexually transmitted disease that is more likely to be found in populations of gay and bisexual men. Women can get KS when they have sex with bisexual men.*

*STD symptoms in women: the most common symptom is none! Most women do not have symptoms of chlamydia, or gonorrhea, or syphilis, or trich, until it is too late--until they are sterile or have a massive pelvic infection (PID), or a pelvic abscess. Best advice is that any time a sexually active woman has something that feels like a bladder infection (dysuria), or a vaginal discharge (itching or staining) she should also be tested (urine test) for GC and chlamydia; she should also be tested at every Pap smear.*

*Even if a person is “undetectable”, he or she can still spread the virus. (Unlikely during pregnancy)*

*Risk of transmission is much lower when you don't inject drugs and risk is lower when you use condoms. In fact, using male or female condoms (you'll get a chance to see both in a later session) is the single largest factor in preventing the spread of HIV. Transmission rates in couples where there is one male, one female, and one is positive, the other negative is only 1% a year when condoms are used consistently (from a study where they had sex twice a week for at least 2 years). Using condoms protects both partners.*

*Did you know that (receptive and insertive) anal sex is just as risky for women as it is for gay men?*

*There is no proven way to “wash” semen to get rid of the HIV. If you want to become pregnant, discuss it with an experienced doctor who works with HIV positive women who want to get pregnant, could be MCIC (Maternal Child Immunology Clinic) (Substitute with your local clinic). They have funds to see pregnant women for free.*

*Although getting pregnant involves unprotected vaginal sex, and can involve risk, there are people you can talk to about reducing your risk of becoming reinfected or your partner becoming HIV + (can call the high risk pregnancy clinic at UCLA (OBGYN Clinic) (Substitute with your local clinic). All things being equal, a pregnant woman with HIV is not more likely to progress to AIDS than a non pregnant woman. The use of some medications, including AZT during pregnancy dramatically reduces the spread of HIV to newborns. Some medications are not safe to take during pregnancy- check with your doctor. If the mother is undetectable at delivery, the baby will most likely be born HIV-negative. HIV-infection in babies can be determined within 4 months of birth. The single biggest factor in reducing transmission is whether the mother is undetectable during pregnancy and especially during delivery.*

*Breast milk contains HIV and women who are HIV positive should not breastfeed unless there are no other options. The miscarriage rate is higher among HIV infected women. C-section is a controversial procedure in women with HIV. Women with HIV are more likely to have complications from C-section. There is evidence that C-section may slightly reduce the risk of transmission of HIV to the infant in certain cases.*

*Medical and Cost Issues: Medications are very expensive, MediCal and all HMO's pay for medications in California. The AIDS Drug Assistance Program/Ryan White Act clinics (Substitute with your local clinic) (AIDS Healthcare Foundation, T.H.E. Clinic, Long Beach Memorial, etc.) allow people who are not eligible for MediCal or private insurance to get medications.*

*Differences between men and women with HIV, women are much less likely to develop Kaposi's Sarcoma. Women are more likely to develop primary pulmonary hypertension. Women are also more likely to need their medication dose adjusted because they generally weigh less than men. Everyone benefits from the medications; the problem is that not all people have access to medication. There is ongoing research about the differences on HIV medications and women's health, such as changes with menopause and use of oral contraceptives. How medications interfere with your menstrual cycles is currently unknown.*

*Medication Adherence: The medications work and they work well. The medications are the major factor in survival with HIV/AIDS. Stopping medications or taking them incorrectly may build high resistance to HIV medications and can lead to AIDS defining illnesses, and death. Stopping your medications can cause your t cells to drop and viral load to rise. Missing drugs, also known as drug holidays, causes the HIV to be resistant to the medications. Structured Treatment Interruption (STI) is still not recommended, but it is under study. If you feel like you just can't stand to take a particular medication because it makes you so sick, or for any other reason, call or see your doctor right away and tell them you want something different. Ask someone you trust to come with you to doctor's visits. That person can take notes, ask questions you might not be able to ask. **Usually, patients are treated better if there is someone else in the room.** If you don't have anyone to take, (Substitute with your local program) AIDS Project LA has a buddy program that might work, or maybe your peer buddy would be willing to go. It's also helpful if that person understands your medication regime. In fact, if you teach your friend or family member your medication regime, they can help remind you when to take them. If you are going to stop taking one or more medications for some reason, ask your doctor how to do it. Generally, it's best to stop them all at once, and restart all at once, but you should ask your doctor what he or she recommends.*

*If you are taking other medications, please check with your doctor.*

*Women are more likely to have side effects from HIV meds (doses different for women--they are lower in weight and lower in muscle mass than men). Women are more likely to get rashes from Neviripine*

*A lot of people find that the medications interfere with their meals, they have to take them too frequently, they get numerous side effects, including nausea and diarrhea. Taking drugs and alcohol, and being depressed can make it really hard to take medications correctly or at all. There are medications available now that are taken only once or twice a day, and most can be taken with meals. If you want more information about different kinds of medications you could take, see your doctor. You can also ask your doctor about formulating a backup medication plan (a plan “B”, in case your current regime causes severe side effects or isn’t working) that could be simpler or make you feel less sick, then you have a way to switch to something that might be easier to take. We are not medical doctors, so you need to consult your doctor about making any changes to your medication regime.*

*We have referrals for educational programs where you can learn about drug treatment options (Substitute with your local agencies). (APLA has an HIV 101 course, Shanti’s “Plus Seminar”). There are also women who serve as advocates: Women Alive treatment advocates, UCLA (Lisa Croyden x66414), Women’s Link, etc.*

*It is important to (1) review medications and schedules with your partner, family member, or friend; (2) review medications, doses, and schedule with your doctor at each visit; and (3) have a way to remember taking meds on weekdays, and another system of remembering to take meds for weekends and holidays; and (4) have a Plan B in case you forget to take meds on the way to work (keep meds in desk, car, another purse, or different vitamin bottle.)*

*We have included a pharmacy referral list in your workbook. Some pharmacies give out free beepers (Substitute with your local agencies/programs) (Los Feliz, Meds Made Easy, Oaks Pharmacy), and pre-package medications in weekly tray. Please take a look at these services in your workbook (p. \_\_\_). You can also set up GTE phone mail, beepers, and watch alarms to call or beep you when it’s time to take meds. Set up your own system to remind you to take meds, like notes, pictures of meds, keeping them next to the bed, keeping a toothbrush in the kitchen, etc. Some people find it helpful to put pictures of loved ones on their bottles to help them remember why they are taking meds. Make sure your system is confidential; you can place meds in vitamin pill bottles, your purse, underwear drawer, etc.) Some pharmacies are a lot cheaper than others; contact ADAP, mail-order pharmacies.*

*Some foods to avoid are raw fish, raw meat, and raw eggs, raw cookie dough, Caesar salad w/ raw eggs. Avoid unpastuerized dairy products that may contain bacteria that can make you sick.*

*Try to engage in exercises which build muscle (yoga is good). If wasting, don't exercise to burn fat or calories; try to build muscle mass. Remember that any exercise helps prevent and treat depression. If you are feeling really depressed, ask your doctor about treatment options, including exercise and/or yoga.*

*Contact your doctor immediately if you have the following symptoms (1) a fever that doesn't go away in one day, or (2) a new rash following a new medication, or (3) persistent nausea or vomiting.*

## **HIV DISCLOSURE**

*When you tell people that you are HIV +, and who you decide to tell, is a very personal decision. You should tell your sexual partners so that they can get tested and treated. If you are uncomfortable approaching that person(s), there are persons in the Public Health department whom your doctor can contact and have someone approach the person without identifying you. There are cases of women who have been physically or emotionally abused by partners, friends, or co-workers when their HIV status was disclosed. How to tell and when to tell other people about your HIV status is an issue that has to be decided by yourself and your clinician.*

## **STEP 9: SUMMARY AND CLOSURE; ASSIGN HOMEWORK; PAYMENT**

**Objective: Encourage to look at whole body. Solidify knowledge gained in the session.**

**Facilitators will debrief and summarize session, asking for participant feedback. Ask participants to look at whole bodies at home and report back the following week.**

*Great, we had another very productive session today. We talked a lot about our goals for change, particularly those that involve partners or other people. We also talked about how healthy or risky other people's behaviors are. Do you have any questions or concerns about what we talked about today?*

*Please remember to contact your peer buddy... Please contact me with questions or concerns about the peer buddy system.*

*For homework, we'd like to ask for you to go home, and look at your bodies. We know this might be a difficult thing to ask, but we think it is really important and that everyone here will learn a lot from this. The purpose of this exercise is to help you understand your body more and feel more comfortable with your body. We'd like you to really look at their whole bodies, what they like, don't like, would like to improve, etc., and report back and we'll all talk about it next week. [Facilitator and/or peer share experience with looking at own body.] You can begin with the body parts you are most comfortable with.*

**Check out:** Let's go around and check out how everyone is as we are about to end. On a scale of 1 to 10, 10 being very stressed, upset, what number are you at.

## **SESSION 4: WOMEN'S BODIES: PERSONAL IDENTIFICATION OF BARRIERS TO SELF-KNOWLEDGE AND MODEL USE**

### **GOALS:**

- Explain definition of terms used in the session
- Increase personal body awareness
- Increase understanding of the social, cultural, familial, religious, and other factors which influence female body awareness
- Increase awareness of body changes due to HIV infection and medication
- Increase social support regarding body changes
- Increase knowledge of HIV re-infection and efficacy of using models
- Increase motivation and self-efficacy regarding how to use models of prevention
- Increase motivation to slowly confront, rather than repress, painful experiences from the past
- Define triggers and explain their connection to risks

### **MATERIALS:**

- Markers, pens, chart paper, board, personal journals
- Tape recorder and music of the session
- extra pens, workbooks, journals
- TV/VCR
- Resource list
- Icebreaker exercise to post at every session
- Poster with statements about "Personal Rights" to post at every session
- Poster board of relaxation techniques to put up in meeting room
- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5
- Outline for last week and this week
- Posterboard and Xeroxes of issues to address during writing exercise
- Box to turn in writing exercises

- Tape Recorders for writing exercises, if needed
- Picture of the female body

### **INTRODUCTION TO SESSION:**

**Facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to practice some of the things we have already learned like:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*

*You are also going to learn:*

- *How some behaviors will be more healthy in terms of protecting you from re-infection (like masturbation or using a condom) and how others are not as healthy*
- *What is preventing you from using condoms and other risk reduction tools*
- *How HIV and CSA/IPV have made you feel about your bodies*
- *How to use certain risk reduction tools like condoms and dental dams*
- *About the female anatomy and how to take better care of your physical health*

### **STEP 1: RELAXATION EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Increase comfort in group setting and help participants to relax so that they can maximize learning in the group.**

*Let's begin with a short relaxation exercise. Did anyone practice using a relaxation technique you liked during the week? Would anyone volunteer to lead the group in a technique of your choice? [If there are no volunteers, co facilitator will lead the exercise]*

### **STEP 2: WRITING EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Participants will write for 15 minutes.**

*Last time, you wrote about your feelings about HIV+ or child sexual abuse. This time I want you to REALLY get into your deepest thoughts and emotions about your experiences with HIV or child sexual abuse.*

**STEP 3: OPEN SHARING**

**Objective: Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.**

*Let's take the next few minutes to talk about how everyone's week is going. How have you been since we last saw you?*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK**

**Objective: Increase understanding of the connection between what occurred in last week's session and what will be covered in this session. Increase commitment to session's objectives by reviewing homework assignment.**

**Review session objectives in participant workbook and on posterboard. Follow up with participants any feelings associated with the last session, and use of peer buddy system.**

*Let's review what we did last week [Facilitator reviews posterboard from the last session]. Does anyone have any questions or concerns about this?*

*Did anyone have a chance to talk to their peer buddy? How did it go?*

*Did anyone write in their journal?*

*Last week, we asked for you to go home you to take a mirror and look at your body. Does anyone want to talk about some things you liked about your body? Were there any body parts that were more uncomfortable to look at and why? [Elicit discussion from volunteers; thank them for their honesty]*

*Let's review the goals of today's session together in your workbook.*

**STEP 5: NOT SO HEALTHY TO HEALTHY BEHAVIORS: UNDERSTANDING RISK**

**Objective: Outcome Addressed = Sex Risk, Drug Risk**

**To increase knowledge of HIV re-infection and efficacy of using models.**

**Introduce the Pocket-Card Game to process high risk, some risk, and no known risk behavior game. Hang 3 folders (“pockets”) with High Risk, Some Risk, and No Known Risk written on front of each folder. Index cards with different behaviors of various risk levels are handed to the participants to place in the corresponding folders. For example: High Risk (Unprotected vaginal sex; Unprotected anal sex; Needle sharing; Breast feeding; Fellatio). Some Risk (Cunnilingus; Body to Body rubbing). No Know Risk (Dry kissing; Masturbation; You and your partner kissing and touching each others’ bodies; touching your partner’s genitals (vagina or penis) or breasts until they come, climax, or reach orgasm;Your partner touching your genitals until you come, climax, or reach orgasm;You and your partner rub bodies against each other until become sexually excited and/or come, climax, or reach orgasm(no risk with protection);Talking erotically;Using sex toys that have been cleaned properly).**

**It is important that you let the participants complete the tasks before giving feedback. Use their answers to point out how consistent use of risk reduction tools such as the male condom, female condom, dental dams, and lubes can move them from No Known Risk, Moderate/Some Risk, and High Risk behaviors.**

*Earlier we talked about how you can get re-infected from someone who has HIV, how drinking and using drugs can prevent you from practicing prevention and even from taking your medications. There are some sexual and other behaviors that may not put you and your sexual partner at risk for getting re-infected with HIV or other STDs. Please look at these cards [Distribute cards to the group.] Place the cards on each pocket in these folders across the room. Lets put the cards inside these pockets and go over them. [After all cards are placed in folders, begin discussion of behaviors and risk levels].*

*We are going to talk about sexual behaviors that increase the risk of HIV transmission. These are the sexual behaviors that are highest in risks for transmission of the virus to an uninfected person and reinfection of HIV if your partner is infected:*

- *Unprotected vaginal sex*
- *Unprotected anal sex (sex where the penis enters your bottom or behind)*
- *Needle sharing*
- *Breast feeding*
- *Fellatio (you put your mouth on your partner’s penis)*

*These are the behaviors that pose Some/moderate risks for transmission and reinfection:*

- *Cunnilingus (your partner put their mouth on your vagina)*
- *Body to Body rubbing (chlamydia, syphilis)?*

*These behaviors have no known risks:*

- *Dry kissing (with lips closed)*
- *Masturbation (touching your genitals (penis or vagina) until you reach orgasm or you come)*
- *You and your partner kissing and touching each others' bodies*
- *You touching your partner's genitals (vagina or penis) or breasts until they come, climax, or reach orgasm*
- *Your partner touching your genitals until you come, climax, or reach orgasm*
- *You and your partner rub bodies against each other until become sexually excited and/or come, climax, or reach orgasm(no risk with protection)*
- *Talking erotically*
- *Using sex toys that have been cleaned properly*

*Are there any questions or comments?*

*Sometimes, in order to know what level of risk a behavior involves, you need to look at the **CONTEXT OF VULNERABILITY**.*

*Each of these behaviors can increase your feelings of vulnerability as an abuse survivor. , not only is it important to choose the sexual behaviors that you would like to engage in but try to be aware of the situations in which they occur. Your risks can vary depending on how often, with whom, and whether you have any say in what happens sexually between the two of you.*

*Let's discuss what can make you feel more or less vulnerable.*

*Depending on how often you:*

- *Have sex*
- *Whether you want to have sex or not*
- *Who your partner is*
- *Whether body fluid (blood, semen, breast milk, vaginal fluid) is exchanged from one partner to another; and*
- *How many other sexual behaviors you engage in during one sexual act*

*You can feel vulnerable. For example, suppose you like to have unprotected vaginal sex. If you*

- 1) have vaginal sex often but can't talk to your partner about his movements,*
- 2) don't want to have sex,*
- 3) have sex with someone you do not know (like a stranger) or someone you know very very well (like a husband or long-term committed partner,*
- 4) DO NOT use a method of contraception that prevents pregnancy (if you don't wish to become pregnant) or HIV transmission (a condom), and*
- 5) engage in not only intercourse but oral sex and open mouth kissing,*

*How vulnerable to feeling out of control of your sex life would you feel? Why? What risks are there for transmission? What could you do to feel less vulnerable?*

*Things can either increase or decrease how vulnerable you feel.*

*Let's try another example – sex where a penis enters your bottom or behind.*

- 1) if you have sex this way often but are unable to control how much your partner moves*
- 2) don't want to have sex that often*
- 3) have a partner who you really love*
- 4) would never consider mentioning a condom*
- 5) and have anal sex then have vaginal sex where both of you come, climax, or reach orgasm,*

*How vulnerable would you feel? Why?*

*What risks are there for transmission?*

*What could you do to feel less vulnerable?*

*As an abuse survivor, you will feel in more control if you can talk about what you like and discuss what makes you feel more vulnerable. If you can't discuss these matters with your partner, discuss them with someone you can trust and who won't violate your confidence. Even when you can't change behaviors, sometimes discussing them can make you feel better and in more control.*

*That is, you need to think about the frequency of the behavior, who your partner is, whether body fluid is involved/exchanged, and the order of the acts engaged in.*

*In some situations, you may be highly vulnerable to risk: for example,*

- 1. if you are the passive partner in anal sex*
- 2. fellatio*
- 3. sharing needles*
- 4. drugs and alcohol*

*You may be moderately vulnerable, depending on who is giving sex*

*Masturbation involves low vulnerability*

*Can you think of other situations that increase risks or decrease them?*

## **STEP 6: PERSONAL BODY AWARENESS**

**Objective: Outcome Addressed = Sex Risk**

**To increase participants' awareness of their bodies and the social, cultural, familial, religious, and other background factors which influence women's awareness or lack of awareness of their bodies. This increase in body awareness will prepare for the identification of triggers and barriers that prevent women from using risk reduction tools (condoms, dental dams, etc.) to take care of their health.**

**Read the following questions aloud and bring them up for group discussion. Focus on women's feelings to identify the triggers and obstacles of why they don't touch their bodies, or take care of their bodies.**

*Everyone learns about their bodies in different ways. How have you learned about your body? Where are you supposed to touch? How do you feel about knowing or not knowing the female/male anatomy? What are some experiences that may have made it harder to learn about your body, touch it, feel proud of it. Early sexual abuse may also affect how you feel about your body. How has becoming HIV infected impacted how you feel about your body? [Facilitators offer feedback and suggest the following: abuse, culture, and religion.] Let's make a list of the words you have used for body parts. [Facilitators elicit responses from participants and write on chalkboard.]*

**[BREAK]**

**STEP 7: BODY CHANGES SINCE HIV and CSA/IPV**

**Objective:** To increase social support and group cohesion and decrease negative feelings about body changes since HIV. To help participants feel that they are not alone.

**Facilitate a group discussion about body changes due to HIV and HIV medications.**

*Let's do an exercise to make sure that we all understand what we mean when we use these terms. [Give picture of outlined body.] Circle the areas that you are most concerned about on your body where change has occurred. [Connect the feedback from clients to the body model and those body areas affected by HIV. Co facilitator demonstrates by taking the first turn.]*

*A common concern among women is the changes they see in their bodies as a result of HIV infection and HIV medications. How many of you have experienced body changes [Co facilitator talks about her experiences with body changes since HIV.] How do you feel about these changes? How has it affected your sense of sexuality? The way you feel about yourself? Your relationship with others.*

**[Use similar approach to discussing link between CSA/IPV and feelings about body.** *Some of the things that have happened to our bodies are painful memories. Some of the experiences that you have had as abuse survivors have changed the way that you feel about your bodies and/or genitals. Is that true for anyone? What did you think about your bodies before sexual abuse occurred? How do you feel about your bodies now? Let's do a similar exercise of circling the body parts that you feel have changed by the CSA/IPV. [Use the same picture of outlined body and provide colored markers in case participants choose to use a different color from that used for HIV exercise.] Circle the areas that you are most concerned about since the sexual abuse. [Connect the feedback from participants to the body model and those body areas affected by CSA. Co facilitator demonstrates by taking the first turn and talks about her experiences with body changes connected to CSA/IPV.] How do you feel about these changes? How has it affected your sense of sexuality? The way you feel about yourself? Your relationship with others.*

**STEP 8: USE OF MODELS TO DECREASE RISK**

**Objective:** Outcome Addressed = Sex Risk

**To increase motivation and self-efficacy regarding how to use models of prevention.**

**Lead a group discussion and ask the things that women do to protect themselves from re-infection of HIV or AIDS.**

*So what kinds of things do you think women do to protect themselves from getting re-infected or just staying healthy? Here are some to help you think about it:*

- *Not having sex at all*
- *You and a partner touching each others' genitals until you have an orgasm*
- *Using condoms during sex*
- *Not sharing needles and if she or her partner do clean them with Clorox appropriately. [Remind participants to refer to handout in workbook for instructions from CDC for cleaning needles].*

[Introduce models and do teach-back. Refer to Handout in Facilitators Manual for Model Demonstration Instructions]

[Here it is important to reinforce the women's previous efforts to protect herself].

*What kinds of things are you willing to do to protect yourself and stay healthier?* [Facilitators EMPHASIZE CONDOM USE or INTENT to USE CONDOMS]

**STEP 9: BODY TOUCHING**

**Objective:** To increase knowledge of female anatomy and how it works. Assist participants in reframing painful events in the past and build positive associations with genitals.

*We have talked about the body and how it works. We have also talked about how HIV affects our bodies and our ability to reproduce. [Name women] have been so helpful in talking about their homework and exploring their bodies. Our discussion would not be complete without including the parts of our bodies that are just as important to our sexuality and how we define ourselves as women as our breasts—our genitals—our vaginas and all of our parts.*

***Pass out the anatomical pictures of vaginal opening and O'Keefe's art***

*Let's first describe all of the parts and how they work:*

***Labia Majora***-outer lips that help to protect the inner parts

***Labia Minora***-inner lips that protect the vaginal opening

***Vaginal opening and Canal*** -extends to the cervix and beyond to the reproductive organs, the uterus, fallopian tubes and

ovaries.

**Clitoris**-the small organ that gives women pleasure. It has the same construction of the penis—it becomes filled with blood when a woman is sexually aroused and erect. The inner and outer lips of the vagina are connected so that the stimulation around the vaginal opening can also stimulate the clitoris.

Some women like direct pressure on their clitoris—others do not. Women who like direct pressure sometimes need to have that stimulation even if they are having intercourse. They or their partner can touch the clitoris even during penetration of the vagina (or anus).

For women who prefer indirect clitoral stimulation, the movement of the penis during intercourse can usually increase their arousal and result in an orgasm, a series of warm and pleasant sensations that may also include ejaculation, the release of body fluids into the vagina. Direct pressure to the clitoris can also produce the same result. It is important that each woman know how her genitals look and your scent.

**The Clitoral Hood**-Given that the clitoris is so sensitive, the hood is a flap of skin that protects it.

**Bartholin, Urethral, and Skene Glands**-help lubricate the vagina. With arousal and during orgasm, they release even more fluid.

**Perineum**-the skin between the vaginal opening and the opening of the anal opening.

## **Hygiene-**

1. We recommend that you look at your genitals as often as possible to make sure that there are no changes in color, smell or sores, warts, or lesions that may indicate that you need to see your doctor, or health professional and get medication for these conditions.

2. Avoid using vaginal sprays or douche that make it difficult to smell your natural aroma and can cause infection.

3. Each day, wash around the hood of the clitoris, between the inner and outer lips and generally around the vaginal opening. Always wash from top, moving towards the pubic hair to bottom where the anal opening is. Keep bacteria away from the vagina as much as possible.

We would like you to bring out the picture by O'Keefe and place it next to the picture of the vagina. For thousands of years, many cultures have drawn the vagina to be a flower. Look at your two drawings and try to imagine your vagina as a flower. The outer and inner lips are like petals. The vaginal opening is like the stem. It leads to other parts of the flower that can produce life. The clitoris is like the stem, the essence of the flower, but it is the sweetest part. Like a flower, our genitals are beautiful. Try to see your genitals in a

*new light today, not as sources of pain, but as sources of beauty and pleasure. Try to re claim your feelings about your bodies and develop positive feelings and images of your genitals. Who ever has inappropriately touched or hurt you in the past does not deserve to taint your feelings about your bodies forever. Begin to change how you feel about your bodies today.*

*Regardless of what has happened in the past, it is time for you to think about your genitals in a positive way and to protect and care for all of your body, even the parts that have been hurt in the past. Release the feelings of shame and hurt and replace them with feelings of pride about being a woman.*

**STEP 10: SUMMARY AND CLOSURE; HOMEWORK; PAYMENT**

**Objective: Increase commitment to the intervention, completing the assigned homework, and contacting peer buddies.**

**Facilitators will debrief and summarize session, asking for participant feedback.**

*For homework, we're going to ask you to do something that may be harder for some of you to do than others. As women, many of us are not aware of what our bodies look like or how they work, especially in our private areas. But some of the ways that women can protect themselves against STDs and reinfection involve knowing how our bodies work and where all of the parts are. We need some women to volunteer to take home these mirrors and look at their genitals. The homework would be to find all of the parts displayed on the pictures.*

*In order to do the homework, we need you to find a private place where you are alone and can have no one interrupt*

*Either squat down with the mirror on the floor and locate each part that we have discussed, or sit with your legs wide apart and hold the mirror between your legs.*

*Next week, we would like for you to tell us about what you found. We guarantee you that the coloring of everyone's genitals matches their skin color. You are color matched! The picture of the genitals often shows them as pink. Look to see if that is true for you. [Distribute mirrors]*

**Check out:** *Let's go around and check out how everyone is as we are about to end. If you could be a color, what color would you be?*

## **SESSION 5: TRIGGERS TO RISKS**

### **GOALS**

- Define triggers and risks and demonstrate links between triggers and history of CSA
- Facilitate understanding of how triggers are indeed obstacles to engaging in healthier behaviors
- Determine a personal action plan

### **MATERIALS**

- Connect the Dots game, Erase markers, large sheets of paper, personal journals
- tape recorder and music of the session
- extra pens, workbooks, journals
- Survival card or brochures with women's health services
- Icebreaker exercise to post at every session
- Poster with statements about "Personal Rights" to post at every session
- Poster board of relaxation techniques to put up in meeting room
- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5
- Outline for last week and this week
- Posterboard and Xeroxes of issues to address during writing exercise
- Box to turn in writing exercises
- 8 Tape Recorders for writing exercises

### **INTRODUCTION TO SESSION:**

**Facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to practice some of the things we have already learned like:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*

*You are also going to learn:*

- *What might trigger you to practice risky behaviors and what you can do to overcome these triggers*
- *How to develop a plan to reduce your risk. For example, for those of you who want to begin using condoms, we can help you make a plan for how to do it.*

**STEP 1: RELAXATION EXERCISE (2 minutes)**

**Objective: Outcome Addressed = Psychological Adjustment**

**Increase comfort in group setting and help participants to relax so that they can maximize learning in the group.**

*Welcome back! Before we get into the material for today, let's begin with a short relaxation exercise. Will anyone volunteer to lead the group in a relaxation technique? [If there are no volunteers, co facilitator will lead the exercise]*

**STEP 2: WRITING EXERCISE (15 minutes)**

**Objective: Outcome Addressed = Psychological Adjustment**

**Continue narrative exercise.**

**Participants will write for 15 minutes.**

*Last time, you wrote about your feelings about being HIV+ and/or child sexual abuse. This time I want you to REALLY get into your deepest thoughts and emotions about your experiences being HIV+ and/or child sexual abuse.*

**STEP 3: OPEN SHARING (10 minutes)**

**Objective: Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.**

*Let's take the next few minutes to talk about how everyone's week is going.*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK (2 minutes)**

**Objective: Increase understanding of the connection between what occurred in last week's session and what will be covered in this session. Increase commitment to session's objectives by reviewing homework assignment.**

**Review session objectives in participant workbook and on posterboard. Follow up with participants any feelings associated with the last session, use of peer buddy system and problem solve barriers (using KFNHP) to completing the homework.**

*Let's review what we did last week [Facilitator reviews posterboard from the last session]. For homework, we asked you to take a mirror and look at your vagina. How did that go?*

*Are any of you writing in your journals?*

**STEP 5: SHARING CSA STORIES**

**Objective:** To allow women to share their past experiences with child sexual abuse, gain the support of other group members, process.

*We have talked about how everyone in this group has had experiences with child sexual abuse in the past. Does anyone feel comfortable talking about what happened to them? If you want, you can include things like how old you were when it started, whom you told, or why you didn't tell anyone. It is perfectly okay to choose not to tell your story, if you aren't ready to share your experience with others. It may also be hard to hear other people's stories; it may bring up unpleasant memories for you, and we can talk about how to contain them, how to listen and empathize with other group members, but not take the stories home with you or disrupt your thoughts. [Elicit group discussion].*

**STEP 6: DEFINING AND IDENTIFYING TRIGGERS TO RISKS (20 minutes)**

**Objective:** Outcome Addressed = Psychological Adjustment, Sex Risk, Drug Risk, Social Support

**To increase participants' knowledge of the definition of triggers to risk and increase awareness of the links between triggers and history of CSA/IPV.**

**Conduct the following exercise to help the group explore how their own cultural values, attitudes, beliefs, and behaviors are related to their triggers and risks.**

*When something causes a person to behave in a certain way it is called a trigger. We talked about how moods and feelings can trigger us to practice risky behaviors. For example, I may feel sad about something I remembered and try to fix this sadness with drugs, alcohol, or sex. Other triggers, such as people, histories, places, situations, and substances can also cause people to take risks with their health.*

*These triggers are linked to the Big 5 areas of health (sex, physical health, emotions, communication, and substance use) [Facilitator points to Big 5 poster]. Let's talk about how different triggers, such as moods and feelings, people, places, situations, and so on, connect to the risks that we take.*

**[Structure the exercise so that all components are covered (i.e., people, places, situations, moods, etc.) and write responses on the board. Allow 20 minutes for the group to work. Members discuss their responses. Facilitators will write the following headings on the board to structure the discussion: moods/feelings triggers, people triggers, location triggers, situation triggers, substance triggers, history/culture/religion/other triggers. Facilitator will write responses under appropriate categories].**

***Moods/Feelings Triggers.** As we discussed earlier, moods and feelings may be powerful triggers to risky behavior. For example, you may be driving in your car, and feeling a certain way without knowing where it came from. You don't know where the feeling comes from, so the feeling...anger, sadness, etc. becomes the trigger.*

*We talked about how some of the feelings that trigger unhealthy behavior can be:*

- *Anger/arguments*
- *Sadness*
- *Fear of violence*
- *Sexual arousal*
- *Depression*
- *Happiness/wanting to celebrate*

*What are some other examples? [Write responses under category]*

**People Triggers.** For example, a close friend or relative may influence you to not practice safer sex or make it hard to use condoms. Certain people can be triggers for us to do things that are risky for different reasons. Some of the reasons can be

- Feeling loyalty to a person, such as your husband
- Wanting to avoid confrontation, an argument or fight, for example, with a relative
- Wanting approval, love, or acceptance, no matter what, from friends or family
- Being sexually attracted to someone

Can you think of other people triggers that make you take risks, because there are different reasons for everyone? [Write responses under category]

**Location Triggers.** Certain places may trigger risky behaviors. For example,

- A place that reminds you of using drugs or alcohol.
- A particular bar or club might trigger you to drink
- A parent or relative's house might trigger you to go back to your old ways of communicating

What are some other location triggers that make you practice risky behaviors? [Write responses under category]

**Situation Triggers.** Some situations can also lead to risky behaviors.

- Wanting to have sex and not having a condom, might trigger risky sex
- A situation similar to abuse, might trigger you to numb yourself with drugs or alcohol
- Death of a relative or loved one, might trigger you to not take medications because you don't want to be reminded of HIV/IPV
- Being rejected
- Having a party/holidays
- Memories brought on by senses (such as smell)

What are some other examples that lead to risk taking? [Write responses under category]

**Substance Triggers.** *Drinking and drugs can be triggers to take risks, like not using condoms, or forgetting to take your medications. The need to get high or drink increases our sexual or health risks. Can you think about other situations drugs and alcohol can make worse:*

- *finances*
- *friendships*
- *obligations (appointments, social commitments)*
- *nutrition*

*What are some others? [Write responses under category]*

*In addition to being a trigger, substance use can also be a response to a trigger; an unhealthy behavior triggered by some of the people, location, situation, or mood triggers we talked about.*

**History/ Culture/Religion/other Triggers.** *Other situations in our histories, experiences, gender, class, culture, or religion may also trigger behaviors that may be risky to our health. For example, you may have been brought up to have strong religious beliefs about birth control, which can trigger feeling of guilt about using condoms. Or if you have had a bad experience or have been treated badly at the doctor's office, you may be unwilling to take your medications, go to the doctor again.*

- *When your personal beliefs prevents you from protecting your health (i.e., using condoms)*
- *Past experiences with racism or discrimination prevent you from going to the doctor's office*
- *Lack of health care access*
- *When you are treated badly at the doctor's office because of race or financial status, so you don't seek medical care in the future*
- *Language problems can keep you from going to the doctor because you don't feel the doctor understands*

*Any others examples? [Write responses under category]*

*As we saw in many of the examples you gave, sometimes risky behaviors don't follow immediately after the trigger, but might follow after some time instead.*

**Summary and Closure.** Identifying what triggers behaviors that may place our health at risk is important to practicing healthier behaviors and keeping ourselves in a healthy place.

**STEP 7: USING SKILLS BUILDING TO CONTROL TRIGGERS TO RISK (15 minutes)**

**Objective: Outcome Addressed = Sex Risk, Drug Risk**

**To increase participants' skills in controlling triggers and implementing and maintaining a risk reduction plan.**

**Assist participants to develop skills for controlling and overcoming barriers by setting a plan of behavior change and maintenance. For example, facilitate problem solving by sharing that one skill to control obstacles is to use the problem solving method. Use the acronym KFNHP as a reminder to overcome obstacles.**

*We have talked about different types of triggers. Okay let's practice with each other. Let's take person A, and identify her trigger and how she handled a trigger. Let's go through the KFNHP steps and role-play about how she could have done this differently so that if she is facing this situation again, she, or any of you, can do it differently. [Co-facilitator models the process first to make it clear. Focus on condom use, less drug use, and regular treatment adherence. Prompt, encourage, and reinforce the participants doing the role play through the process.]*

**STEP 8: DEVELOPING AN ACTION PLAN/HOMEWORK (5 minutes)**

**Objective: To assist the participant in setting up a plan of risk reduction.**

**Assist participants to develop skills for controlling and overcoming obstacles by setting a plan of behavior change and maintenance. As homework, ask them to commit to one behavioral change and use the problem solving method. Use the acronym KFNHP as a reminder to overcome obstacles.**

*We have talked about a lot of things today, what are some of the things we have learned? [Review] Before the next session are you willing to try using KFNHP at home? We know this is not easy, so try to commit to at least one trigger that you are willing to work on. Try to practice dealing with one of your triggers, the one you think is important for you and write it in your journal. The next time you come in we will review it and we will learn more ways of coping with these triggers. Keeping your goals will help you stay healthy. If you can identify what makes you take risks, you can then deal with that so that you can focus on your healthier behavior goals.*

**STEP 9: SUMMARY AND CLOSURE (5 minutes)**

**Objective: To increase reinforcement and understanding of homework assignment.**

**Review quickly what you discussed in the session to clarify questions and encourage women with their homework assignment.**

*We have talked about a lot of things today. We talked about connecting triggers to risks and working to control these triggers. Do you have any questions or concerns about your assignments? What were the good things about what we did here today? What could we have done differently?* [The idea here is to make a quick assessment of the participants' satisfaction with the group's sort of housekeeping maintenance of the group task].

*Please call your peer buddies to see how the week is going, and go over homework with each other. Please bring your calendar, workbook, favorite object, and journals next time.*

**Check out:** *Let's go around and check out how everyone is as we are about to end. If you were a color, what color would you be?*

## **SESSION 6: COMMUNICATION; ALTERNATIVES FOR COPING AND USING SOCIAL NETWORKS**

### **GOALS:**

- Give an overview of the session
- Explain definition of terms used in the session
- Define tools such as problem solving, assertive talk, reframing, creative negotiation, and relapse prevention
- Determine a personal maintenance plan

### **MATERIALS:**

- Markers, large sheets of paper, personal journals, Survival card or brochures with women's health services
- tape recorder and music for the session
- extra pens, workbooks, journals
- Icebreaker exercise to post at every session
- Poster with statements about "Personal Rights" to post at every session
- Poster board of relaxation techniques to put up in meeting room
- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5
- Social Network Handouts
- Outline for last week and this week
- Posterboard and Xeroxes of issues to address during writing exercise
- Box to turn in writing exercises
- Tape Recorders for writing exercises, if needed
- Posterboard of communication strategies

**NOTE: When participants enter the room, facilitators will ask if they completed their homework. If not, they should be given a paper and asked to work while other participants arrive.**

### **INTRODUCTION TO SESSION:**

**Facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to practice some of the things we have already learned like:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*
- *How doing your regular breast self-exams and urine checks will help your health*

*You are also going to learn:*

- *Ways of communicating that can help you with your relationships. Especially if you and your partner fight or you are experiencing violence, some of these communication skills might help decrease some of that.*
- *How other people in your lives might make it harder to achieve your goals. For example for those of you who are trying to use a condom, you need your partners cooperation.*
- *What you can do to keep up your healthy behaviors or if you relapse into an unhealthy behavior, how to stay healthier.*

**STEP 1: RELAXATION EXERCISE (2 minutes)**

**Objective: Outcome Addressed = Psychological Adjustment**

**Increase comfort in group setting and help participants to relax so that they can maximize learning in the group.**

*Welcome back! Before we get into the material for today, let's begin with a short relaxation exercise. Will anyone volunteer to lead the group in a relaxation technique? [If there are no volunteers, co facilitator will lead the exercise]*

**STEP 2: WRITING EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Participants will write for 15 minutes.**

*Last time, you wrote about your feelings about CSA and HIV. This time I want you to REALLY get into your deepest thoughts and emotions about CSA and HIV.*

**STEP 3: OPEN SHARING (10 minutes)**

**Objective: Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.**

*Let's take the next few minutes to talk about how everyone's week is going.*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK**

**Objective:** Increase understanding of the connection between what occurred in last week's session and what will be covered in this session. Increase commitment to session's objectives by reviewing homework assignment.

**Review session objectives in participant workbook and on posterboard. Follow up with participants any feelings associated with the last session, use of peer buddy system and problem solve barriers (using KFNHP) to completing the homework.**

*Let's review what we did last week [Facilitator reviews posterboard from the last session]. Does anyone have any questions or concerns about this?*

*Did anyone write in their journal?*

*Last week, for homework, we asked you to work on one of your triggers so that you can practice healthier behaviors. How did that go? What did you learn? Would anyone like to share? Did anyone run into any problems? [Problem-solve using KFNHP]*

*Let's review the goals of today's session together.*

[Co-facilitator points to poster while facilitator quickly reviews goals]

**STEP 5: BREAST HEALTH AND URINE CHECK**

**Objective:** Outcome Addressed = Service Utilization

**To increase awareness and identification of triggers and barriers that prevent women from examining their breasts; increase awareness of BSE.**

**Review the topic of breasts and urine checks and generate group discussion. Help identify triggers and obstacles of why they don't touch their breasts and to motivate them to touch them or continue to touch them if they already do so.**

*We have already talked about why it is so important to take care of yourselves on a regular basis and what are the people, events, situations, cultural, spiritual or personal history, moods, and feelings that cause you to do regular self-exams and urine checks or not. What are the messages that you heard or didn't hear when you were little that keep you from checking your breasts?*

*Remember, the female breast goes on maturing from puberty until menopause. Once you are aware of the normal phases of how your breasts mature, how they grow and how they shrink, then you don't need to be afraid and you can do something about it. That is why it is so important that you become familiar with your breasts. BREAST SELF EXAMINATION (BSE) is a simple way to get to know your breasts and how they feel, so that you can tell if there is something unusual. You may know that nine out of ten women don't check their breasts. Do your BSE, it can save your life and it promotes self-awareness about your body, making you feel in touch with your own body so that it is easier to ask questions from your doctor rather than hoping that something may go away. It also helps you to keep your doctor in check if he/she is not doing a good job of examining your breasts. Remember that no one knows as well as you do how you feel. Report breast symptoms early, don't put it off. Early diagnosis and treatment may save your life!*

*Have you had a mammogram?*

*Although you cannot control for factors in your family history or age at menopause, you can make changes that are healthy.*

*For example: in general, unless, your doctor has told you otherwise:*

- *Restrict the amount of red meat in your diet and increase your fiber intake by getting plenty of whole grain cereals, fruits, and vegetables*
- *If you drink, drink alcohol only in moderation, and ask your doctor how alcohol affects HIV medications*
- *Keep your body fat down by eating a balanced diet and get regular exercise*

**Review the topic of urine checks, bring it up for group discussion.**

*Why is it important to look at your urine? Remember, looking at urine is a way to advocate for your health. This is a good place to start keeping you healthy. Being aware of what happening inside your body is very important because you are better able to become your own health advocate. One reason is that you will know when to call your doctor.*

*Abnormal colors in your urine indicate a possible problem and it is important that you know what to do. If the color changes, call your doctor.*

*These are the things that you can do:*

- *Check your urine regularly*
- *Read your chart handout to memorize changes in your urine that may help keep your healthy*
- *See your doctor for radical changes in your urine.*

**STEP 6: REFLECTIVE LISTENING ACTIVITY**

**Objective: Outcome Addressed = Interpersonal Risk**

**Increase understanding of how active listening influences our relationships with others.**

**The rationale behind this step is twofold. First, we want to teach participants how to really listen to each other, which helps to establish the group as a safe, non-judgmental place. Second, we want to teach participants basics of communication to use with partners and other people in their social networks that can be built upon in later sessions.**

*One of the skills we are going to be working on throughout the next 10 weeks is communication. This is important, because some behavior changes require communication with others. For instance, asking a partner to use condoms can be a difficult subject for people to approach. We are going to share with you a variety of skills that will help you accomplish this, if that is a change you want to make. Our perceptions of what another person says directly affect our relationship with him or her. Active listening involves: showing the other person that their point of view and feelings are respected. See page \_ in your workbook.*

*We are going to show this point by doing a short reflective listening exercise. Reflecting\* means being a mirror, you are going to listen to your peer and tell them back or “reflect” like a mirror what they said to you including how they felt. This shows them that you heard what they were saying. We are going to role play an example first and then you will pair up with your peer buddy to practice what we show you. One person will talk about a topic for 3-5 minutes, while the other person just (actively) listens, and then reflects to the talker what she thinks the person said, including feelings. Active listening involves looking the person whose talking in the eyes and paying attention to what they say. Expressing emotion, “oh my goodness” is also appropriate. [Facilitator and co facilitator sit in 2 chairs facing each other, co facilitator talks about a problem with her partner that occurred yesterday, facilitator will reflect what the mentor said]. Now it’s your turn, sit with your peer buddy and tell them something for 3-5 minutes and after your buddy reflects what you said, switch places and start again so that you each get to practice listening and reflecting. [The participants will be encouraged to helpfully correct any information heard incorrectly by her partner].*

*Did you feel listened to? Did you feel a sense of unloading?*

**STEP 7: ASSERTIVENESS SKILL BUILDING**

**Objective: Outcome Addressed = Interpersonal Risk**

**To increase participants' skills and confidence in initiating, negotiating, and practicing healthy behaviors. To understand how past experiences and culture may impact communication styles.**

**Assist the participants in improving their communication skills. Assist the participants to learn assertive skills, help them understand that assertive communication is a most appropriate way to speak and send non-verbal messages by emphasizing the differences between speaking and sending non-verbal messages in a passive, aggressive, and assertive way. Discuss how past experiences such as child sexual abuse and culture may affect how we communicate.**

*Some ways you can prevent relapse is through communication. People communicate in different ways both verbally and non-verbally. How have you heard people talk to each other? How have people you've known disagreed? How did they resolve conflicts? Many times we communicate in the way that we have seen others communicate. We're going to talk today about effective ways to communicate.*

*How about your past experiences. We all come from different backgrounds, do any of you feel that your communication style may be related to your culture, religion, family background, or other experiences. If so, in what way?*

*Imagine you are driving on the freeway and someone cuts in front of you. Would you yell at them if it were your boss? Would you talk to this person differently if they were a stranger? Communication involves more than the words we say? In this case, we can communicate far more with our body, tone of voice, eyes, and our posture.*

*Can you identify situations in which the way we communicate can increase risks for conflict? [Ask for examples, such as yelling / rolling eyes / flipping someone off]*

*Today we are going to talk about communicating in three ways: Passive, Aggressive, and Assertive.*

*[Put these terms on butcher block paper and first let the women define what these terms mean to them]*

*Passive = Not saying what we want verbally or non-verbally*

*Aggressive = Saying verbally or non-verbally what we want but in a rude or bullying way*

*Assertive = Saying what we want verbally and non-verbally in a clear and firm way, that doesn't intimidate or insult the other person  
Other ways to describe these might be passive -- with no attitude, aggressive -- with too much attitude, assertive -- with just enough attitude*

*When we communicate in a passive way we don't say what our goal, need, or point of view is, not expressing our own needs and wishes. [Also refer back to definitions given by participants on butcher block paper]. Talking passively does not respect our own feelings and ideas. When you talk passively, you probably won't get what you need to protect your health.*

*Can you think of ways that we talk passively and, as a result, not take care of ourselves? How about:*

- *Being at the doctor's office and not telling her/him how you really feel about your treatment?*
- *Not being able to tell your partner about certain needs and feelings, such as your feelings of fear, hurt or frustration*
- *Going with the crowd when you are not sure of the situation*
- *Saying yes when what you really want to say is NO*
- *Acting in a way so that you are liked, even if you don't want to*
- *Being nice to somebody so that you don't hurt their feelings but failing to meet your needs.*

*Can you think of ways that you communicate passively without talking? How about:*

- *Just saying "um" a lot*
- *Whining (voice)*
- *Looking away or down (eyes)*
- *Putting your head down (posture)*
- *Shaking, rubbing your hands (hands)*
- *turning your back*
- *not saying anything when you have an opinion*
- *not defending yourself*

*Can you think of any others?*

*Now, speaking aggressively means that we don't show respect for others' feelings and ideas in the way we communicate. [Also refer back to definitions given by participants on butcher block paper]. We cut off someone else before they are finished speaking. Sometimes you may get away in talking this way but then you may not create good relationships with people.*

*Can you think of ways in which someone can talk aggressively? How about*

- *Verbally threatening someone*
- *Trying to get your way by putting someone down*
- *swearing at someone*
- *talking loudly over someone - interrupting*
- *being sarcastic*

*Can you think of aggressive non-verbal messages one may be sending? How about*

- *Cold, glaring, calculating staring (eyes)*
- *Stiff, rigid, hands on hips, turning you back (posture)*
- *Pointing finger, waving fist (hands)*
- *Hitting, punching, kicking, throwing things*

*Speaking assertively means clearly stating your opinion and speaking with confidence. [Also refer back to definitions given by participants on butcher block paper]. This is the most effective way to talk because it allows you to feel good and shows respect for yourself.*

*These are steps to being clear and firm when you communicate:*

- *Communicate your feelings and opinions in a direct honest manner instead of hoping the other person will figure out what is on your mind*
- *Say no to things you don't want or things that threaten your health*
- *Not being insulting or threatening. Validating another's feelings and ideas*
- *Use "I" statements to let the other person know how you feel. Example: instead of "You never support me", say "I feel scared and need comfort." This helps you keep in control and responsible for the situation. This might be a hard thing for you to do.*

*[Show how to use the "I" statements strategy with an example: I feel \_\_\_\_\_ when \_\_\_\_\_. Please \_\_\_\_\_].*

- *Active listening: repeating what you hear: Let me make sure that I understand what you said (Repeat what you think you heard.)*
- *Offer other alternatives to situations that may be harmful for your health. Example: “I understand that you’re angry but screaming makes it hard for me to hear you because I get upset. I’ll let you cool down and then you can TELL me how you feel.”*

*The way we communicate can also be affected by the situation. Some people or situations might trigger you to be more passive, or aggressive, or assertive.*

*What are the situations where you find it easy to be assertive, and in what situations is it more difficult?*

*In what situations would aggressive communication result in conflict?*

*In what situations would passive communication result in conflict?*

*In what situations does aggressiveness help you? When does it not help you?*

*Who are the people you can speak aggressively with?*

*Who can’t you communicate aggressively with?*

*What is a more effective style with \_\_\_\_ ?*

*Let’s come up with a more effective plan for communicating with this person/these people.*

*What about non-verbal ways? Can you think of any?*

- *Clear, confident, firm, loud enough to be heard but not too loud (voice)*
- *Head and shoulders raised (posture)*
- *Relaxed (hands)*
- *eye contact, if appropriate [how do we handle this in a culturally diverse group]*

[Use example, such as New York Subway, to illustrate how in some situations eye contact can be unsafe or inappropriate]

*Let’s practice by role-playing with one another. [Allow a lot of time to practice role playing. First have the co-facilitator model passive, aggressive, and assertive behaviors tailored to situations that HIV positive women might encounter. Make sure you use situations in which a woman may be initiating a discussion or active refusal about condoms or anything else that may damage their health, such as drugs. Then have the participants practice communicating assertively in different situations, such as situations that they have experienced and want to learn to respond better to].*

*Now that we have talked about different types of communication styles, how do you think you learned to communicate? Who did you learn from? Do you feel that this is a positive way of communicating? Have any of you had specific experiences that affected your communication? For some women, child sexual abuse was an experience that may make it difficult to be assertive. Also, keeping the abuse a secret may be related to how you communicate. However, communicating assertively may help us feel more in control of our lives and less helpless, and can help us deal with the abuse.*

**STEP 8: BARRIERS IN SOCIAL NETWORK**

**Objective: Outcome Addressed = Sex Risk, Drug Risk, Social Support**

**To increase understanding of barriers to change in one's social context, increase ability to classify these behaviors, and increase knowledge of HIV 101.**

**Facilitators will be alert to barriers to change that involve members in participant's social context and elicit examples of specific problems across the 5 domains. Put several on the chalkboard. Start with interpersonal relationships, using examples provided by group - choose one to illustrate problem-solving technique (KFNHP.) Continue with other domains. For each example that is worked on by the group, the facilitators will review/provide relevant HIV 101 information. Conduct role-play exercise.**

*Did anyone choose a personal goal that involves other people? For instance, did anyone select a goal to work on that requires someone else to change? [Facilitator chooses one of the participants' examples or a predetermined example and begins role-play with co facilitator as the participant with the goal, and Facilitator leads her through the KFNHP model. Facilitators will use a scenario focusing on CONDOM USE and DECREASED DRUG USE.]*

*Please pair up with someone new in the group. Pick one of your goals and begin role-playing.*

*How did that exercise go?*

**[BREAK]**

**STEP 9: BUILDING SKILLS FOR RELAPSE PREVENTION**

**Objective: Outcome Addressed = Sex Risk, Drug Risk**

**To increase participants' alternatives and skills on how to overcome obstacles and develop a plan of action to**

**prevent slips.**

**Because many of the women may have not been successful practicing their new behavior, introduce dealing with slips or relapse prevention before you go on with assisting them to build new skills.**

*Many times people learn a new skill-stopping smoking, exercising - -but then don't keep it up. This is called a relapse. Let's talk about how you can keep your goal of staying healthy even after you finish this program. Let's assume that you have been doing a great job using a condom every time you have sex and refusing sex when no condoms are available. But then something happens that could tempt you to have sex without a condom.*

*What could that situation be? Can you think of different situations? How about when you are drinking too much or are high? With a new partner?*

*What steps can you take so that you can stay safe in that situation? How about:*

- *Avoid the situation (example: going to your partners' place late at night)*
- *Carry a condom with you*
- *Avoid drinking, or drink less, especially when you know you may end up having sex*
- *Avoid having vaginal/anal sex.*

*[Obtain more examples from the group]. This is to help you recognize your triggers to risks in situations, which could tempt you to have sex without a condom. By recognizing these situations, you can plan ahead so that it would be easier for you to stay healthier.*

*Can you think of other situations that could make it hard to keep up your healthy behaviors? [Write on board]. What if you relapse and have sex without a condom? Or what if you relapse and don't take your meds? At times people may relapse and take risks even when they have made a commitment to take precautions. We need to learn to be kind and patient with ourselves when we relapse, and not use the relapse as a reason to stop doing the things we need to do to stay healthy. If you say to yourself: "I took a small drink, so since I relapsed I might as well drink the whole bottle" or "I really wanted to use a condom but I didn't have one" or "I missed my medications today so I might as well not take them tomorrow", you might have trouble keeping up your healthy behaviors. What we say to ourselves is important, but keeping the messages to ourselves positive is especially tough when we have histories that include CSA. It might be hard to say positive things to yourself if abusive people have told you only negative things. Some of the verbal*

messages that are negative are “but” “should” “if only” “I might as well” because they prevent us from maintaining or changing our behavior or make us feel guilty or depressed. Let’s replace these with KFNHP.

Let’s practice with one of the situations. [Use example]

Using KFNHP, identify the following:

1. What triggered you to relapse, why did the relapse occur (K)?
2. How it feels to return to a behavior you thought you had changed (F)
3. Assess what you need to do to stay healthy (N)
4. What is getting in the way? (H)
5. What is your plan? (P)

Forgive yourself for your relapse, and remember that a relapse does not mean we have failed. We can learn a lot from our relapses. What sorts of things can you learn from relapses? They can help you figure out situations that may tempt you to \_\_\_\_; Remember how important it is to stay safe; think ahead and plan how to avoid relapses. What are some things you can do if you relapse and what kinds of things can you do to keep these relapses from happening? How about by: carrying condoms with you, eating crackers before taking meds, keep pictures of your kids handy

Another way to keep yourself from relapsing is to reward yourself when you do something good for your health. Be good to yourself. What kinds of things could you do or say to yourself to protect your health that could make you feel good? How about: I am doing a good job! I am taking care of myself; I care about me. What things could you do to reward yourself for taking care of your health? [Generate ideas].

#### **STEP 10: REFRAMING AS AN ALTERNATIVE**

**Objective: Outcome Addressed = Interpersonal Risk**

**To increase the participant’s skill and confidence in practicing healthier behaviors by turning her/other negative messages into positive reasons for staying healthy.**

So far we have learned how and when to be assertive and now we are going to talk about a different tool for coping with our triggers to risky behaviors. It is called REFRAMING and it involves turning the negative into the positive with our words and the way we act.

*Okay, let's do a role-play to practice reframing. Let's say you are with your boyfriend and you ask him to put on a condom because you are worried about re-infection and he objects. How would you respond? Let's look at the scenario:*

*How about the following:*

**Objection:** "You don't love me" "It doesn't feel good"

**Comeback:** [if cannot generate one suggest] "I know you love me so much. I do love you honey, and because I love you, I want us to be absolutely safe so neither of us will get sick/sicker/reinfected."

*Let's say you are having trouble taking medication every day and your doctor or nurse tells you the following:*

**Objection:** "This worked for everyone in the study and should work for you."

**Comeback:** "I know you are concerned for me. Can we try something else?"

[Open up to the group -- offer possible objections and brainstorm comebacks. Keep doing the role plays to give participants a chance to participate with the same format objection and comeback.]

## **STEP 11: CREATIVE COMMUNICATION**

**Objective:** Outcome Addressed = Interpersonal Risk

**To increase the participant's skill and confidence for staying healthier under difficult situations.**

**Share with the participants creative negotiation skills that can help them in special situations, and when all other ways of coping have failed. One of these may be if she feels that a violent situation may occur with a partner. For these participants who express fear of abuse, express that appropriate referrals will be necessary and that these strategies are only for temporary solutions.**

*Let's think about this situation:*

*Melinda suspects that her husband had been cheating on her. She is worried about getting re-infected because she has heard that if she develops a resistant strain of HIV, there may be no medications to treat it. She doesn't want to ask her husband because he may get mad and hit her. She loves him and needs him because she is on disability and doesn't have the money to take care of her kids. The bottom line is that she doesn't want to leave her husband but wants him to use condoms. He has a very bad temper and is very jealous. She is afraid to start a conversation about using a condom or getting re-infected.*

*How do you think it would be best for her to handle the situation? [Try to let participants come up with their own solutions and if they get stuck offer suggestions] How about:*

- *My doctor said that I have to stay healthy and that re-infection may really set me back in my treatment, and getting re-infected could set you back too.*
- *I don't want to get pregnant right now and I can't take any more pills, so, condoms would be better for me to avoid getting pregnant*
- *I am having yeast infections too often and the nurse at the clinic said I can give it to you. If we use condoms, I won't pass it to you.*
- *You are working so hard to take care of us. It would be best if we made sure that I am healthy to avoid any emergencies where you would have to take time off from work to take care of me.*

*Let's review the safety plan in your workbook together (see page X). Review plan in detail so that they can complete it for homework, elicit questions about completing the plan. Introduce the idea that women can be abusers, too]*

**STEP 12: DEVELOPING AN ACTION PLAN/HOMEWORK.**

**Objective:** Increase participants' commitment to practicing coping skills.

**Give homework assignments by asking the women to create a personal safety plan.**

*For homework, we're going to ask you to set up a personal safety plan if this applies to you. This is a plan to help keep you or your children safe if you are or were in a relationship with someone abusive.*

[Pass out safety plan, and go over it in detail, make sure the women are clear on how to plan and complete it]

[Introduce idea that women can be abusers too.]

**STEP 13: SUMMARY AND CLOSURE**

**Objective:** To increase level of comfort with any issues discussed during the session.

**Review quickly what you discussed in the session to clarify questions and encourage participation in homework assignment.**

*We have talked about a lot of things today. We talked about how to prevent relapse, practiced good communication skills, and learned some useful coping tools. Do you have any questions or concerns about your assignments? What did you like about our*

*session? What could we have done differently?* [Make a quick assessment of the participants' satisfaction with the session content; sort of housekeeping maintenance of the group task/dynamic.

*Finally, call your peer buddy this week; remind each other to bring your calendars, journals, and workbooks next week. Ask how the week is going, and problem-solve the homework. Bring in the same object for the relaxation exercise next week.*

**Check out:** *Let's go around and check out how everyone is as we are about to end. If you were a color, what color would you be?*

## **SESSION 7: HOW DO WE LINK WHAT WE KNOW AND WHAT WE FEEL – TO WHAT WE DO?**

### **TIME FRAME:**

### **GOALS:**

- Check-in; problem solve any barriers to doing homework.
- Explain definition of terms used in the session
- Reinforce the role of awareness and perception and knowledge in driving behaviors and actions.
- Increase participants' knowledge of basic risk reduction strategies through the use of a "concentration" game. Reinforce HIV101 and body knowledge.
- Increase skill in planning the implementation of a risk reduction strategy.
- Practice problem solving (KFNHP) using scenarios that incorporate culture, care-giving duties, history, and religion.
- Discuss thoughts and feelings around taking possession of one's own body, sex and socialization and how CSA may influence and drive some attitudes and beliefs (and therefore behavior.)
- Assign homework for following week

### **MATERIALS:**

- Journal
- tape recorder and music of the session
- extra pens, workbooks, journals
- Risk reduction "concentration" game
- Butcher block, pens, tape
- Icebreaker exercise to post at every session
- Poster with statements about "Personal Rights" to post at every session
- Poster board of relaxation techniques to put up in meeting room
- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5
- Outline for last week and this week

- Posterboard and Xeroxes of issues to address during writing exercise
- Box to turn in writing exercises
- 8 Tape Recorders for writing exercises
- Shells for relaxation exercise

**NOTE: When participants enter the room, facilitators will ask if they completed their homework of writing safety plan. If not, they should be given a paper and asked to work while other participants arrive.**

### **INTRODUCTION TO SESSION:**

**Facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to practice some of the things we have already learned like:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*

*You are also going to learn:*

- *How to incorporate behavior change that will increase your health into your daily lives*
- *How to match strategies to risk reduction goals. For example, if your risk reduction goal is to prevent re-infection, then condoms is one strategy to achieve this.*
- *How sex, your upbringing or socialization, and CSA/IPV may be placing you in risky situations*

### **STEP 1: RELAXATION EXERCISE (2 minutes)**

**Objective: Outcome Addressed = Psychological Adjustment**

**Increase comfort in group setting and help participants to relax so that they can maximize learning in the group.**

*Let's begin with a short relaxation exercise called "quieting our body". Please select one of these shells. Focus all your attention on it as you inhale and exhale slowly and deeply for one to two minutes. While you do this, try not to let any other thoughts or feelings enter your mind. If they do, just turn your attention to the shell. At the end of this exercise you will probably feel more peaceful and calmer, with less tension or nervousness.*

**STEP 2: WRITING EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Participants will write for 15 minutes.**

*Last time, you wrote about your feelings about HIV+ or child sexual abuse. This time I want you to REALLY get into your deepest thoughts and emotions about your experiences with HIV and/or child sexual abuse.*

**STEP 3: OPEN SHARING (10 minutes)**

**Objective: Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.**

*Let's take the next few minutes to talk about how everyone's week is going.*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK (5 minutes)**

**Objective: Review session objectives in participant workbook and on posterboard. Follow up with participants any feelings associated with the last session, use of peer buddy system and problem solve barriers (using KFNHP) to completing the homework.**

*Let's review what we did last week [Facilitator reviews main points from the last session]. Does anyone have any questions or concerns about this?*

*How is journal writing going?*

*Last week, we asked you to create a personal escape plan or emergency plan. How did it go? Any problems we can work on? Successes?*

*Let's review the goals of today's session together in your workbook.*

**STEP 5: WHY DO WE 'BUCKLE UP FOR SAFETY'?**

**Objective: Outcome Addressed = Sex Risk, Drug Risk**

**To increase awareness of how certain risk reduction strategies have already been successfully incorporated into their lives.**

**Use seatbelt analogy to raise issue of how behavior change can be incorporated into daily life.**

[Go around the room, ask participants] *Who uses a seatbelt (most or all of the time) when they get into a car?*  
[For those who respond positively or negatively]

*Why? Or why not?*

*Using a seatbelt is something that we have all managed to incorporate. The interesting thing is how and in what way:*

- *One, car manufacturers now makes all cars with seatbelts, i.e., they are available.*
- *Two, the government made it into a law, i.e., others say it is safer. You will get a ticket if you don't use it.*
- *three, our own awareness that using a seatbelt is a good way to prevent serious injury in case you are in a car accident, i.e., we FEEL safer*

*In many ways, our own perceptions guide our behavior - we do things everyday to reduce the dangers of being in a car. We have figured out that the pros of wearing a seatbelt outweigh the cons (i.e., uncomfortable, inconvenient, a hassle, etc.) Therefore, we all pretty much buckle up when we get into a car. The interesting thing is how we convince ourselves that certain dangerous actions aren't dangerous. How does that happen? Everyone does things that are not so healthy right? How do you think awareness and knowledge of the risks affect behavior? [Acknowledge that sometimes disparity between someone's knowledge and awareness or danger and their risky behavior]*

*Sometimes we do things even though we know the consequences.*

#### **STEP 6: BASIC RISK REDUCTION STRATEGIES**

**Objective: Outcome Addressed = Sex Risk, Drug Risk, Treatment Adherence**

**To improve knowledge of basic risk reduction strategies across all five domains.**

**Facilitators will conduct a “Concentration” style game with participants to increase knowledge of risk reduction strategies.**

*Right now, we are going to play a concentration game. On some index cards are different risk reduction goals, like reducing the risk of transmission when shooting up, or taking care of your breast health. Other cards have a strategy that matches the goal. Try to match the strategy with the risk reduction goal. The group has to agree that your strategy matches.*

[Play a matching game; lay out different risk reduction goals across all five domains and have participants uncover a risk reduction strategy and try to match it. For example:]

- Using a seatbelt prevents injuries in case of a car accident/ sets good example for kids
- Using a condom- reduces risk of re-infection, transmission of blood-borne diseases like HIV, hepatitis, other STDs, and unintended pregnancy
- Using birth control pills prevents a pregnancy that is not planned.
- Cleaning needles reduces risk of transmission of blood borne diseases.
- Brushing your teeth prevents cavities and gum disease
- Talking to your children about doing drugs may prevent them from experimenting or doing them
- Writing your thoughts and feelings down may help reduce psychological distress and may prevent acting on unpleasant feelings
- Taking your HIV medications will help boost your immune system, reduce viral replication
- Getting a regular pap exam may help detect any irregularities in cervix that could be forerunners of cancer
- Using a pillbox may help you to remember to take your meds
- Talking to your doctor about what alternative medicines you are taking may inform you as to possible drug interactions.
- Checking your urine alerts you to any possible liver disorders (some medications actually increase risk for liver & kidney problems.)
- Using communication tools reduces conflict and arguments.
- Eating balanced diet will increase energy, helps with medication absorption

**[BREAK]**

**STEP 7: WHAT DOES RISK REDUCTION MEAN TO ME?**

**Objective: To increase the awareness of the role of sex, socialization and past CSA.**

**Introduce the role of sex, socialization and CSA/IPV in placing women in risky situations.**

*We have knowledge about what healthier behaviors are; why don't we change our behavior? What gets in the way of our changing our behaviors?* [Facilitators will respond to participant suggestions and offer the following: socialization, family, our past]

*Each of us can think about why is it easier to incorporate some strategies (like brushing your teeth, wearing your seatbelt) and not other strategies? [Demonstrate awareness of cultural factors and social networks –i.e., religious factors such as birth control for Catholics; discuss other examples- cultural factors, family friends. Co facilitator gives example such as how friends and family worry about health]*

*What are the possible effects on our families, friends, others? [Take into consideration the effects of risk reduction on participants' familial and interpersonal relationships.) [Help with examples if necessary]. Starting to talk about feelings and past events could be uncomfortable for family and friends. It could also help them feel freer to express their needs and feelings. You could end up being models to your children and others, and help them avoid painful experiences.*

*How big a role does our past, socialization (family environment, etc.) and past abuse play in influencing attitudes, beliefs, and behaviors?*

#### **STEP 8: SUMMARY AND CLOSURE; HOMEWORK**

**Objective: To increase level of comfort with any issues discussed during the session.**

**Review quickly what you discussed in the session to clarify questions and encourage participation in homework assignment.**

*For homework, pick one risk reduction strategy that you feel might be possible for you to incorporate into your daily life, much like wearing a seatbelt – use workbook to list out KFNHP. Try to implement it this week. Keep in mind that your first solution may not be a good fit, but that an important part of finding a solution that works is fine-tuning. Please keep track in your journal what adjustments you had to make. [Facilitator or co facilitator gives an example].*

*Finally, remember to call your peer buddy, see how they are doing.*

**Check out:** *Let's go around and check out how everyone is as we are about to end. On a scale of 1 to 10, 10 being very stressed, upset, what number are you at right now.*

## **SESSION 8: NEGATIVE SELF-TALK; ILLNESS, DEATH, AND DYING**

### **TIME FRAME:**

### **GOALS:**

- Discuss our body, ourselves
- Explain definition of terms used in the session
- Discuss sexual protection and identify obstacles to taking care of one's health
- Determine a personal maintenance plan

### **MATERIALS:**

- Markers, pens, chart paper, board, personal journals
- tape recorder and music of the session
- extra pens, workbooks, journals
- Video on HIV/AIDS
- Card Game, lubes, pamphlets and resources for women living with HIV/AIDS
- Penis model, dental dam, sex toys, condoms, pill boxes, needle, Clorox
- Handouts, TV/VCR, Resource list
- Icebreaker exercise to post at every session
- Poster with statements about "Personal Rights" to post at every session
- Poster board of relaxation techniques to put up in meeting room
- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5
- Outline for last week and this week
- Posterboard and Xeroxes of issues to address during writing exercise
- Box to turn in writing exercises
- Tape Recorders for writing exercises, if needed
- Incentives to use models

- Index cards for “getting sick” discussion

**NOTE: When participants enter the room, facilitators will ask if they completed their homework. If not, they should be given a paper and asked to work while other participants arrive.**

### **INTRODUCTION TO SESSION:**

**Facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to practice some of the things we have already learned like:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*
- *We are also going to review what some healthy versus not so healthy behaviors in order to help you plan on what you are going to do.*

*You are also going to learn:*

- *How negative self-talk can lower your self-esteem*
- *How to be prepared in case of illness*

### **STEP 1: RELAXATION EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Increase comfort in group setting and help participants to relax so that they can maximize learning in the group.**

*We're going to try a muscle relaxation technique to release tension and anxiety. Who wants to lead the relaxation exercise?*

- *Sit in a comfortable position. Allow your arms to rest at your sides, palms down. Inhale and exhale slowly and deeply with your eyes closed.*
- *Become aware of your feet, ankles, and legs. Notice if these parts of your body have any muscle tension or tightness. If so, how does this tense part of your body feel? Is it tight, knotted, cold, numb? Do you notice any strong feelings, such as hurt upset, or anger, in that part of your body? Breathe into that part of your body until you feel it relax. Release any anxious feelings with your breathing; continue until they begin to decrease in intensity and fade.*

- *Next, move your awareness into your hips, pelvis, and lower back. Note any tension there. Notice any anxious feelings located in that part of your body. Breathe into your hips and pelvis until you feel them relaxed. Release any negative emotions as you breathe in and out.*
- *Focus on your abdomen and chest. Notice any anxious feelings located in this area and let them drop away as you breathe in and out. Continue to release any upsetting feelings located in your abdomen and chest.*
- *Finally, focus on your head, neck, and arms, and hands. Note any tension in this area and release it. With your breathing, release any negative feelings blocked in this area until you can't feel them anymore.*
- *When you have finished releasing tension through the body, continue deep breathing and relaxing for another minute or two. At the end of this exercise, you should feel lighter and more energized.*

**STEP 2: WRITING EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Participants will write for 15 minutes.**

*Last time, you wrote about your feelings about HIV+ or child sexual abuse. This time I want you to REALLY get into your deepest thoughts and emotions about your experiences with HIV and/or child sexual abuse.*

**STEP 3: OPEN SHARING**

**Objective: Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.**

*Let's take the next few minutes to talk about how everyone's week is going.*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK**

**Objective: Increase understanding of the connection between what occurred in last week's session and what will be covered in this session. Increase commitment to session's objectives by reviewing homework assignment.**

**Review session objectives in participant workbook and on posterboard. Follow up with participants any feelings associated with the last session, use of peer buddy system and problem solve barriers (using KFNHP) to completing the homework. Let's review what we did last week [Facilitator reviews main points from the last session]. Does anyone have any questions or concerns about this? We really need feedback from you in order for everyone to get the most from the group.**

*How is journal writing going?*

*Last week, we asked you to pick one risk reduction strategy to work on incorporating it into your daily life, and problem-solve barriers using KFNHP. How did it go? Any successes? Problems?*

*Let's review the goals of today's session together in your workbook.*

**STEP 5: TALKING ABOUT VOICES FROM THE PAST**

**Objective: Outcome Addressed = Psychological Adjustment  
Increase participants' awareness of the origin of negative self-talk**

*Sometimes we tell ourselves negative things, and these thoughts are somewhat automatic. We might not question where these thoughts come from, or try to change them. Can you identify your negative self-talk? Do you have any idea whose "voice" it is saying these negative statements? [Co facilitator gives example. Elicit discussion].*

*Another example is when someone gives you a complement, you tend to put yourself down.*

*Have any of you ever been able to stop the self-talk?*

**STEP 6: ILLNESS, DEATH, AND DYING (60 minutes)**

**Objective: Facilitators raise their hand along with the participants. Review Kubler Ross' Five Stages of grief and dying. Lead participants through a discussion of feelings about feeling sick, dying and death, planning for the care of others that may be left behind, and resources to prepare for these phases of life. Use KFNHP to help problem solve the management of these phases.**

*Sickness*

*Let's begin with becoming sick. Sometimes getting sick means different things to different people. Some people think that sickness is annoying and gets in the way of getting things done. Other people consider it a reminder that they need to slow down and take better care. Others consider sickness as a process that can lead to other outcomes.*

- 1. What does becoming sick mean to you? [Generate discussion by going around the room].*
- 2. What are the signs that let you know you are getting sick?*

*Knowing our bodies and being present in our bodies helps us to identify when changes have or are occurring. We have all experienced the common cold or flu, and possibly were aware of the “symptoms” leading up to the illness. There are ways in which our bodies talk to us and let us know when something has changed or is changing.*

*When you have been sick in the past, what were some of the symptoms you experienced that made you aware that a change was happening?*

*[Distribute index cards] On this index card, write down all the ways your body shows, or you know, that you are dealing with an illness.*

*After your diagnosis of being HIV +, how do you feel about illness or being sick?*

*What do you need to support you when you are dealing with your illness, no matter how big (i.e., opportunistic infection) or small (common cold)?*

*In the past, (or now) what has held you back from getting the support that you need when you are ill or becoming ill?*

*What is your plan to assure that you can receive support during this time of need?*

*In the last sessions, we have talked about how to heal and reduce risks in order to improve and preserve your health. However, there are times when everyone becomes very sick. Not just with a cold, but with illnesses that are serious and require that you be hospitalized? How many of you have been hospitalized because of an illness related to HIV? We may be asking you more about that in a minute. There are also people that you know that are dying. How many of you know people who are dying? More about that in a minute. Finally, most of us know people who have died because of AIDS related illnesses. How many of you know people who have died? So, sickness, dying and death have touched each of our lives. If health comes in phases, so does sickness. If life is a phase, so is death. Today, we are going to discuss how to cope with phases of life. [Use KFNHP to problem solve].*

### *Dying and Death*

*A lot has been written about the process that a person goes through when dying. When someone first gives news that death is a possibility, there is a process that occurs. There are five stages that people generally go through when they are confronted with the death of a loved on or the possibility of their own death. The first stage, DENIAL, involves not thinking about it – like pretending*

*nothing is happening or changing. The second stage, ANGER, involves feelings that death is a possibility, and can happen. People feel enraged, think things like “This is just not fair” or “Why should it happen to me?” The third stage is BARGAINING, when the person may make promises to God or themselves in exchange for keeping things the way they were. The fourth stage is DEPRESSION, when people realize that the promises made may not guarantee that nothing bad will happen; death is a possibility for everyone. In this stage, people may feel like there is very little that they can do to control their lives. The fifth stage, ACCEPTANCE, is when people come to a healthy realization that death is a possibility, but people begin to prepare and accept it. They do not live in fear of this phase of life*

*What are your feelings about dying?*

*Talking about them helps to lessen their effect on you. This is where talking to buddies, therapists, or good friends are helpful.*

*How does a person prepare for dying? If dying is a phase that everyone must go through and serious illness can make a person think that they are also dying, we need a plan to deal with these phases of life.*

*Death. What does death mean to you?*

*This is where your spiritual beliefs can be helpful. How do you prepare for death?*

*Discussing death and your plan can help to lessen feelings that there is nothing that you can do about it.*

## **STEP 7: DEVELOPING AN EMERGENCY PLAN IN CASE OF ILLNESS OR HOSPITALIZATION**

**Objective: To assist participants in preparing for possible illness or hospitalization.**

**Get the participants to develop a plan for what to do if they become ill and/or need to be hospitalized. Include: what to do with children for childcare; what friends or family to notify; who will take care of bill paying; should anyone have key to home; who will care for pets; canceling or rescheduling appointments. Discuss Advanced Health Care directives. Brainstorm other issues to deal with.**

*Let's talk about what you would do in case you get sick or need to be hospitalized. What are some of the things you need to think about and make a plan for? Who would take care of your children? Are there any family members or friends that you can talk to now and make a plan with them for taking care of some of your needs in an emergency? Would you give anyone the key to your home? How would your bills be paid? Who will take care of your pets? Does anyone have an advanced health care directive to let the hospital know ahead of time about what your wishes are. Any other ideas.*

## **STEP 8: NOT SO HEALTHY TO HEALTHY BEHAVIORS: UNDERSTANDING RISK**

**Objective: Outcome Addressed = Sex Risk, Drug Risk**

**To increase knowledge of HIV re-infection and efficacy of using models.**

**Replay the Pocket-Card Game to process high risk, some risk, and no known risk behavior game. Hang 3 folders (“pockets”) with High Risk, Some Risk, and No Known Risk written on front of each folder. Index cards with different behaviors of various risk levels are handed to the participants to place in the corresponding folders. For example: High Risk (Unprotected vaginal sex; Unprotected anal sex; Needle sharing; Breast feeding; Fellatio). Some Risk (Cunnilingus; Body to Body rubbing). No Know Risk (Dry kissing; Masturbation; You and your partner kissing and touching each others’ bodies; touching your partner’s genitals (vagina or penis) or breasts until they come, climax, or reach orgasm; Your partner touching your genitals until you come, climax, or reach orgasm; You and your partner rub bodies against each other until become sexually excited and/or come, climax, or reach orgasm (no risk with protection); Talking erotically; Using sex toys that have been cleaned properly).**

**It is important that you let the participants complete the tasks before giving feedback. Use their answers to point out how consistent use of risk reduction tools such as the male condom, female condom, dental dams, and lubes can move them from No Known Risk, Moderate/Some Risk, and High Risk behaviors.**

*We are going to play this game again in order to practice what healthy versus not so healthy behaviors are. This time, we want you to think about what you are planning to do when you go home. Really think about how confident you are that you can do these behaviors. If not now, then later.*

*Earlier we talked about how you can get re-infected from someone who has HIV, how drinking and using drugs can prevent you from practicing prevention and even from taking your medications. There are some sexual and other behaviors that may not put you and your sexual partner at risk for getting re-infected with HIV or other STDs. Please look at these cards again [Distribute cards to the group.] Place the cards on each pocket in these folders across the room. Lets put the cards inside these pockets and go over them. [After all cards are placed in folders, begin discussion of behaviors and risk levels].*

*We are going to talk about sexual behaviors that increase the risk of HIV transmission. These are the sexual behaviors that are highest in risks for transmission of the virus to an uninfected person and reinfection of HIV if your partner is infected:*

- *Unprotected vaginal sex*
- *Unprotected anal sex (sex where the penis enters your bottom or behind)*
- *Needle sharing*
- *Breast feeding*
- *Fellatio (you put your mouth on your partner's penis)*

*These are the behaviors that pose Some/moderate risks for transmission and reinfection:*

- *Cunnilingus (your partner put their mouth on your vagina)*
- *Body to Body rubbing (chlamydia, syphilis)?*

*These behaviors have no known risks:*

- *Dry kissing (with lips closed)*
- *Masturbation (touching your genitals (penis or vagina) until you reach orgasm or you come)*
- *You and your partner kissing and touching each others' bodies*
- *You touching your partner's genitals (vagina or penis) or breasts until they come, climax, or reach orgasm*
- *Your partner touching your genitals until you come, climax, or reach orgasm*
- *You and your partner rub bodies against each other until become sexually excited and/or come, climax, or reach orgasm(no risk with protection)*
- *Talking erotically*
- *Using sex toys that have been cleaned properly*

*Are there any questions or comments?*

*Sometimes, in order to know what level of risk a behavior involves, you need to look at the **CONTEXT OF VULNERABILITY**.*

*Each of these behaviors can increase your feelings of vulnerability as an abuse survivor. , not only is it important to choose the sexual behaviors that you would like to engage in but try to be aware of the situations in which they occur. Your risks can vary depending on how often, with whom, and whether you have any say in what happens sexually between the two of you.*

*Let's discuss what can make you feel more or less vulnerable.*

*Depending on how often you:*

- *Have sex*
- *Whether you want to have sex or not*
- *Who your partner is*
- *Whether body fluid (blood, semen, breast milk, vaginal fluid) is exchanged from one partner to another; and*
- *How many other sexual behaviors you engage in during one sexual act*

*You can feel vulnerable. For example, suppose you like to have unprotected vaginal sex. If you*

- 6) have vaginal sex often but can't talk to your partner about his movements,*
- 7) don't want to have sex,*
- 8) have sex with someone you do not know (like a stranger) or someone you know very very well (like a husband or long-term committed partner,*
- 9) DO NOT use a method of contraception that prevents pregnancy (if you don't wish to become pregnant) or HIV transmission (a condom), and*
- 10) engage in not only intercourse but oral sex and open mouth kissing,*

*How vulnerable to feeling out of control of your sex life would you feel? Why? What risks are there for transmission? What could you do to feel less vulnerable?*

*Things can either increase or decrease how vulnerable you feel.*

*Let's try another example – sex where a penis enters your bottom or behind.*

- 6) if you have sex this way often but are unable to control how much your partner moves*
- 7) don't want to have sex that often*
- 8) have a partner who you really love*
- 9) would never consider mentioning a condom*
- 10) and have anal sex then have vaginal sex where both of you come, climax, or reach orgasm,*

*How vulnerable would you feel? Why?*

*What risks are there for transmission?  
What could you do to feel less vulnerable?*

*As an abuse survivor, you will feel in more control if you can talk about what you like and discuss what makes you feel more vulnerable. If you can't discuss these matters with your partner, discuss them with someone you can trust and who won't violate your confidence. Even when you can't change behaviors, sometimes discussing them can make you feel better and in more control.*

*That is, you need to think about the frequency of the behavior, who your partner is, whether body fluid is involved/exchanged, and the order of the acts engaged in.*

*In some situations, you may be highly vulnerable to risk: for example,*

- 5. if you are the passive partner in anal sex*
- 6. fellatio*
- 7. sharing needles*
- 8. drugs and alcohol*

*You may be moderately vulnerable, depending on who is giving sex*

*Masturbation involves low vulnerability*

*Can you think of other situations that increase risks or decrease them?*

## **STEP 9: BUDDYING UP WITH SOCIAL NETWORKS AS AN ALTERNATIVE**

**Objective: Outcome Addressed = Social Support**

**To increase the participant's skill and confidence for choosing support systems to support and maintain behavior change.**

**Assist participants in identifying a list of people who can help them cope with their triggers and risks so that they can successfully practice the tools just learned and find support in making positive behavioral changes.**

*Many times people want to practice new behaviors, but change can be very hard. You may have tried this one before. Sometimes buddying up with somebody that can talk to us is a very helpful way to change our behavior and maintaining it. "Social Networks"*

*are those people around us that support us when we feel that we can't deal with something alone. Who is a part of your social networks? Who do you talk to when you feel sad? When you want to talk about something personal? When you need money. [Hand out social network worksheet, and go over it. Have participants write down who they would go to in different situations, such as when they feel sad, need money, need to talk about HIV, etc.] We also have a list of support groups in the area that you can use.*

**STEP 10: DEVELOPING AN ACTION PLAN/HOMEWORK**

**Objective: To increase behavior maintenance.**

**Get the participants to develop a plan of action for behavior change or health maintenance. Participants will commit to accomplishing at least one of their goals from previous weeks. Ask them to use their journal to keep track of this commitment and do it at home when they have time alone.**

*We have talked about a lot of things today. What are some of the things we have learned? [Review]. Before the next session are you willing to try using some of the models such as condoms, dental dams, etc., that you learned a few weeks ago? What are you willing to do? We know that this can be overwhelming, so try to commit to at least one thing that you are willing to do. For those of you who have chosen goals that involve cooperation from your partners, what will you do if they do not cooperate? What communication style are you willing to try?*

**STEP 11: SUMMARY AND CLOSURE**

**Objective: To increase level of comfort with sessions.**

**Wrap up the session.**

*[Distribute bags of goodies to participants]. I am going to give you condoms, dental dams, lubes and some other stuff to take with you today, what do you think you would need? [Give them what they need in addition to some kind of incentive to motivate them to use the models]. Do you have any questions or concerns? What if you aren't sexually active?*

**Check out:** *Let's go around and check out how everyone is as we are about to end. On a scale of 1 to 10, 10 being very stressed, upset, what number are you at.*

## **SESSION 9: HEALTH MAINTENANCE: SELF-TOUCH, AND BODY AWARENESS**

### **TIME FRAME:**

### **GOALS:**

- Discuss health maintenance, body awareness, and self-regulation
- Explain definition of terms used in the session
- Facilitate understanding of obstacles to taking care of one's health
- Determine a personal maintenance plan

### **MATERIALS:**

- Markers, pens, chart paper, board, personal journals
- tape recorder and music of the session
- extra pens, workbooks, journals
- Video on Menopause
- Breast self-exam handout
- Menopause pamphlet
- Handouts
- TV/VCR
- Resource list
- Posterboard of relaxation techniques to put up in meeting room
- Posterboard of group rules to display in meeting room
- Banner KFNHP
- Posterboard of The Big 5
- Outline for last week and this week
- Posterboard and Xeroxes of issues to address during writing exercise
- Shells for relaxation exercise
- Bag of goodies
- Handout: breast health by Dr. Stoppard

**NOTE: When participants enter the room, facilitators will ask if they completed their homework. If not, they should be given a paper and asked to work while other participants arrive.**

### **INTRODUCTION TO SESSION:**

**Facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to practice some of the things we have already learned like:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*
- *Why it's important to maintain our health, like doing regular breast self-exams, urine checks and getting regular medical care including gynecological visits.*

*You are also going to learn:*

- *How to maintain taking care of yourselves and how being in touch with your body can improve your health. You are also going to think about what is getting in the way of you taking care of yourself.*
- *How HIV may impact menopause*
- *How getting regular pap smears is important*
- *How to communicate better with your doctor*

### **STEP 1: RELAXATION EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Increase comfort in group setting and help participants to relax so that they can maximize learning in the group.**

**Begin with a Relaxation technique. (Full-body meditation for relaxation from Horwitz's (1999) A Stone's Throw). Durham: Stone Circles).**

*Let's begin with a short relaxation exercise.*

*“Begin by settling into the space underneath you...feel your body sink into the (floor or) chair...feel it getting heavier...let your body relax...turn your attention to your breath...notice it getting deeper...focus your attention only on the breath...as you breathe, become aware that each breath in is a chance to breath healing energy from the ground ...each breath out is a chance to rid the body of tension...use whatever distractions may arise as reminders to return to your breath...this is time just for your body and your mind to relax...loosen any clothing that may feel tight...readjust your body if you need to to feel more comfortable...”*

*Now bring your awareness to your feet...they’ve been carrying you around all day...let them relax...breath into your feet, noticing any points of tension or stress...just let your feet relax...clench the muscles in your feet and toes for a moment...feel the relaxation deepen as you release...let your feet and your ankles just sink into the floor beneath you...now move your awareness to your calves and your knees...notice any tightness or tension here...tighten these muscles and let them relax...keep breathing deeply as you begin to focus on your thighs, your pelvis, your buttocks...tense up the muscles in your thighs and your pelvis...then enjoy the release as you let this part of your body relax...continue to breath deeply and evenly, as you notice the calm in your lower body...”*

*How do you feel now?*

**STEP 2: WRITING EXERCISE**

**Objective:** Outcome Addressed = Psychological Adjustment

**Participants will write for 15 minutes.**

*Last time, you wrote about your feelings about HIV+ or child sexual abuse. This time I want you to REALLY get into your deepest thoughts and emotions about your experiences with HIV and/or child sexual abuse.*

**STEP 3: OPEN SHARING**

**Objective:** Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.

*Let’s take the next few minutes to talk about how everyone’s week is going.*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK**

**Objective:** Increase understanding of the connection between what occurred in last week’s session and what will be covered in this session. Increase commitment to session’s objectives by reviewing homework assignment.

**Review session objectives in participant workbook and on posterboard. Follow up with participants any feelings associated with the last session, use of peer buddy system and problem solve barriers (using KFNHP) to completing the homework.**

*Let's review what we did last week [Facilitator reviews posterboard from the last session].*

*How is journal writing going?*

*For homework, we asked you to commit to using at least one of the models. How did that go?*

**STEP 5: HEALTH MAINTENANCE, SELF-TOUCH, AND BODY AWARENESS**

**Objective: To increase awareness of self-touch and body awareness and care.**

**Introduce the topic of health maintenance, self-touch, and body awareness by asking the following questions then bring them up for group discussion.**

*Sometimes we ignore taking care of our health. We get really busy, depressed, or preoccupied with our kids and families and the last thing we think about is taking care of ourselves and being in touch with our bodies. Do you take care of yourself? Your body? How has it changed since HIV and medications? When you look at your body, what do you see? [Elicit discussion].*

**STEP 6: TRIGGERS AND BARRIERS TO BODY AWARENESS**

**Objective: To increase awareness and identification of triggers and barriers that prevent women from examining their bodies and taking care of them.**

**Read the following questions aloud and bring them up for group discussion. Help women identify the triggers and obstacles to touching and/or caring for their bodies, and motivate them to touch their bodies/continue to touch them if they already do so.**

*Why do you think that you feel the way you do about your bodies? What are the people, events, situations, cultural, spiritual or personal history, moods, and feelings that influence how you touch your body? Why? How do you think that affects how you take care of yourself?*

[Co facilitator discusses how self-image, changes in libido, and body changes can influence sex life].

*Here are some things you may find helpful:*

- *Start by looking at your body and touching your body*
- *Perform self-breast exams, learn about menopause, keep track of your gynecological visits, and check the color of your urine.*

*What are some feelings that come up as we make these suggestions?*

## **STEP 7: BREAST HEALTH AND URINE CHECK**

**Objective: Outcome Addressed = Service Utilization**

**To increase awareness and identification of triggers and barriers that prevent women from examining their breasts; increase awareness of BSE. Review Urine checks.**

**Review the topic of breasts and generate group discussion. Help identify triggers and obstacles of why they don't touch their breasts and to motivate them to touch them or continue to touch them if they already do so.**

*Sometimes we ignore our breasts, we pretend as if they were not there. What are the people, events, situations, cultural, spiritual or personal history, moods, and feelings that cause you to touch or not touch your breasts? What are the messages that you heard or didn't hear when you were little that keep you from checking your breasts?*

*Remember, the female breast goes on maturing from puberty until menopause. Once you are aware of the normal phases of how your breasts mature, how they grow and how they shrink, then you don't need to be afraid and you can do something about it. That is why is so important that you become familiar with your breasts. BREAST SELF EXAMINATION (BSE) is a simple way to get to know your breasts and how they feel, so that you can tell if there is something unusual. You may know that nine out of ten women don't check their breasts. Do your BSE, it can save your life and it promotes self-awareness about your body, making you feel in touch with your own body so that it is easier to ask questions from your doctor rather than hoping that something may go away. It also helps you to keep your doctor in check if he/she is not doing a good job of examining your breasts. Remember that no one knows as well as you do how you feel. Report breast symptoms early, don't put it off. Early diagnosis and treatment may save your life!*

*Some HIV medications can make breasts shrink. Other medications make breasts larger [Elicit discussion]. Does anyone have breast pain? How do you handle it?*

*Have you had a mammogram?*

*These are the things that you can do:*

*Although you cannot control for factors in your family history or age at menopause, you can make changes that are healthy.*

*For example: in general, unless, your doctor has told you otherwise:*

- *Restrict the amount of red meat in your diet and increase your fiber intake by getting plenty of whole grain cereals, fruits, and vegetables*
- *If you drink, drink alcohol only in moderation, and ask your doctor how alcohol affects HIV medications*
- *Keep your body fat down by eating a balanced diet and get regular exercise*

*Why is it important to look at your urine? Looking at urine is a way to advocate for your health. This is a good place to start keeping you healthy. Being aware of what happening inside your body is very important because you are better able to become your own health advocate. One reason is that you will know when to call your doctor.*

*Abnormal colors in your urine indicate a possible problem and it is important that you know what to do. If the color changes, call your doctor.*

*These are the things that you can do:*

- *Check your urine regularly*
- *Read your chart handout to memorize changes in your urine that may help keep your healthy*
- *See your doctor for radical changes in your urine.*

## **STEP 8: MENOPAUSE**

**Objective: Outcome Addressed = Service Utilization**

**To increase awareness of menopause.**

*There are three stages to menopause (see your workbook, p. \_\_). The female reproductive system is controlled by a delicate balance of hormones, produced by the ovaries (show picture of ovaries), mainly estrogen and progesterone. As the production of these hormone shifts, your body will go through 3 stages of menopause (Marshall & Conner, 1998.) This may happen either temporarily or permanently due to HIV or possibly medications you have taken.*

*Perimenopause is the transitional state between fertility and menopause that lasts from several months to several years, from when you first start to experience physical changes such as irregular periods and hot flashes until your menstrual period stops. Menopause-This is when your period stops, and along with it, fertility, caused by the decline of estrogen and progesterone production. Menopause has officially occurred when twelve consecutive months have passed without your menstrual period. Postmenopause-The days, months, and years that follow menopause.*

*The word menopause refers to all of these stages. But how do you know if you are menopausal? Menopause has officially occurred when 12 consecutive months have passed without your period. [Pass out menopause inventory].*

*Although you cannot control for factors in your family history or age at menopause, you can change your lifestyle to take care of your symptoms:*

- *Find ways to combat menopause symptoms, possibly including hormone replacement therapy (check with your doctor).*

*What are your feelings about menopause? It can be liberating...no periods, no pregnancy, but remember that you still need to protect yourself against STDs and reinfection. For others, menopause can be scary, because having periods is a reminder that we are women. Not all of these changes have to be a bad experience for you as long as you are well informed and prepared.*

*Have some of you ever wondered whether something happening to you is the result of HIV or menopause? If you have night sweats, etc., you should ask your doctor...these changes might be due to menopause.*

*Co facilitator: some women say that menopause comes earlier when you have HIV.*

*Here are some examples:*

- *Forty-two year-old Emily, always takes her medications and keeps herself healthy and active. She has suddenly started to wake up with night sweats. Is this because of her HIV, her medication, or perimenopause? Her heart is racing; she is drenched in perspiration.*
- *Betty just hit the big 5-0! she finds that she cries at the sight of GTE commercials. Worse yet, she has gained six pounds over the past five months and hates her body. She is depressed, she often feels like giving-up, she doesn't know whether it is because of her medications side effects or her menopause, she doesn't know what to do.*

*If either of these scenarios sounds familiar to you, please call/check with your doctor.*

*Do you know anyone who has gone through perimenopause or menopause? Are you approaching the age when your mother began menopause? Have you gone through it prematurely because of HIV? What are the people, events, situations, cultural, spiritual, or personal history, moods, and feelings that cause you to know/not know about menopause, to take care/not take care of your menopausal symptoms. Do you know how your mother deals with it, your aunts, sisters, and friends? [Co facilitator discusses and elicits discussion].*

**STEP 9: PAP SMEARS**

**Objective: Outcome Addressed = Service Utilization**

**To increase knowledge about pap smears and encourage regular care, return to doctor and speak to doctor for results.**

*It is really important to have regular pap smears and receive regular gynecological care. Who has a gynecologist? When is your next doctors visit. Are you willing to make an appointment? When?*

**STEP 10: PRACTICING BODY CARE**

**Objective: Outcome Addressed = Service Utilization**

**To increase body awareness and foster group support.**

**Introduce a role play where Facilitator is the patient and the co facilitator is the doctor. The participant is taking the patient's Menopause Inventory. Role model assertiveness training. Switch back and reverse roles. Encourage the women to practice assertiveness by asking questions from the "doctor."**

*How many different doctors do you have? [E.g. gynecologist, optometrist, etc]. What kinds of questions would you like to ask that you have not? We're going to practice how communicating with doctors. [Facilitator and co facilitator conducts role-play].*

**STEP 11: PERSONAL ACTION PLAN/HOMEWORK**

**Objective: To increase motivation to develop a plan of action for managing menopause.**

**Give the women their homework as follows:**

*Please select a body area that we talked about today (Breast exams, etc.) and make a plan for yourself. [Co facilitator models]*

*Also, please remember to bring your journal next week.*

*Let's end today's session with an affirmation (from Sinclair's I left my back door open):*

*God is the only power in my life*

*Nothing from without can touch the perfect life of God within me*

*No past experience has power over me*

*I am a perfect child of God*

*And nothing that anyone has ever done or said can interfere with my divine inheritance*

*The power of God is greater than any circumstance in my life*

*The strength of God is mine to use*

*Turning away from all feelings of inadequacy, I discover that all I need is within me right now*

*As I forgive the past I find that I have nothing to atone for and nothing to run away from*

*Casting off the old me, I discovered my true self*

*I take dominion in my life*

*Old habits have no power over me*

*Conditions have no power over me*

*Personalities have no power over me*

*I take dominion*

*I'm whole*

*I'm free*

*I'm complete*

*Now and forever more*

*And so it is!*

*Say yes!*

*I'm whole, I'm perfect and I'm free!*

*Now and forever more!*

*And so it is!*

## **SESSION 10: IMPLEMENTING HEALTH PRACTICES AND DEVELOPING A PLAN; REVISITING GOALS; MAINTENANCE; TERMINATION**

### **TIME FRAME:**

### **GOALS:**

- Check-in; problem solve any barriers to doing homework
- Explain definition of terms used in the session
- Discuss issues of:
  - Social network
  - Group termination
  - Disclosure of status (HIV and CSA/IPV)
- Use communication tools to role play scenarios and find solutions
- Review goals and revisit personal plans
- Explain definition of terms used in the session
- Facilitate continued maintenance of positive changes
- Begin process of termination of group and enable group members to say goodbye to one another
- Address whether or not participants would like to invite family members to graduation/celebration
- Assign task for following week – writing about group termination

### **MATERIALS:**

- Butcher block paper
- Journals
- Workbook (containing summary of communication techniques, social support inventory previously filled out, scenarios).
- Markers, tape
- tape recorder and music of the session
- extra pens, workbooks, journals
- Icebreaker exercise to post at every session
- Poster with statements about “Personal Rights” to post at every session
- Poster board of relaxation techniques to put up in meeting room

- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5
- Outline for last week and this week
- Posterboard and Xeroxes of issues to address during writing exercise
- Box to turn in writing exercises
- 8 Tape Recorders for writing exercises

**NOTE: When participants enter the room, facilitators will ask if they completed their homework. If not, they should be given a paper and asked to work while other participants arrive.**

### **INTRODUCTION TO SESSION:**

**Facilitators outline for participants what is going to be learned as it relates to the outcomes of the study.**

*Today you are going to practice some of the things we have already learned like:*

- *How to relax so that you can decrease your level of stress and feelings of sadness or anxiety*
- *How writing will help you decrease any feelings of sadness or anxiety that relate to your past abuse history*
- *How to communicate better with your doctors to increase your chances of getting more regular health care*
- *How important it is to continue your BIG 5 goals and how to maintain them in order to decrease risk. For example, for condom use, even if you are not having sex right now, we want to help you plan to use them if you decide to have sex later on.*

*You are also going to learn:*

- *How to develop an action plan for taking care of your health*
- *How to self-monitor your feelings better*

### **STEP 1: RELAXATION EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Increase comfort in group setting and help participants to relax so that they can maximize learning in the group.**

*Let's begin with a short affirmation. [Co facilitator reads affirmation].*

*I believe that  
What I think and feel about myself  
And how I care for and protect my body  
Frees me to love myself as God loves me,  
To gain the respect that I deserve  
And help others to do the same. (Wyatt, 1999)*

**STEP 2: WRITING EXERCISE**

**Objective: Outcome Addressed = Psychological Adjustment**

**Participants will write for 15 minutes.**

*Last time, you wrote about your feelings about HIV+ or child sexual abuse. This time I want you to REALLY get into your deepest thoughts and emotions about your experiences with HIV and/or child sexual abuse.*

**STEP 3: OPEN SHARING**

**Objective: Allow for sharing of current concerns to increase ability to focus on structured learning tasks in session.**

*Let's take the next few minutes to talk about how everyone's week is going.*

**STEP 4: REVIEW MATERIAL COVERED IN PREVIOUS SESSION AND HOMEWORK**

**Objective: Increase understanding of the connection between what occurred in last week's session and what will be covered in this session. Increase commitment to session's objectives by reviewing homework assignment.**

**Review session objectives in participant workbook and on posterboard. Follow up with participants any feelings associated with the last session, use of peer buddy system and problem solve barriers (using KFNHP) to completing the homework.**

*Let's review what we did last week [Facilitator reviews main points from the last session].*

*How is journal writing going?*

*For homework, we asked you to select a body area and make a plan. How did that go?*

**STEP 5: THE ROLE OF COMMUNICATION IN GETTING THE BEST MEDICAL CARE**

**Objective: Outcome Addressed = Service Utilization**

**To reinforce and increase participants' skills in utilizing communication skills with providers.**

**Review communication techniques; allow women opportunity to share their positive and negative experiences with going to the doctor.**

*In previous sessions, we practiced communication skills. Let's review effective communication, active listening, speaking assertively, and creative negotiation. Let's talk about these skills in the context of going to the doctor. Going to see your doctor can be scary or very positive. Have you ever left a doctor's office feeling like your needs weren't met, or you didn't get all your questions answered? How did that make you feel? What about the opposite, where you left feeling in control of your health decisions, and felt heard? How did that make you feel?*

*What are some qualities of the doctor or the clinic's atmosphere that are associated with the 'positive' and 'negative' experiences? [List on same page. Examples of 'positive': clinic is homey, easy to talk to staff, in a short time the doctor is with you, you felt respected, etc. Examples of 'negative': clinic is sterile, staff is rude or unwelcoming, no parking or not easily accessible, etc.]*

*Now that we have this list, how can we increase the good experiences and decrease the bad experiences? What could make the experience easier? Is anyone willing to share her experiences? [Possible solution: having a friend to accompany you to your Dr. visit; try to learn as much as possible on your own; prepare for appts: write down possible questions or critical issues; take your list of questions; choose a relationship style and discuss it with your doctor: authoritative, collaborative, etc., Using KNFHP can enhance medical experience through good communication]*

*It sounds like communication plays a very big role in getting your health needs met in a respectful and cooperative relationship with your health care provider. Let's role-play a negative experience and see how it can be turned into a positive experience. [Facilitator and co facilitator role play the physician "shutting the participant up"/not answering questions/rushing participant out and model how to be assertive and continue to communicate to get needs met] How many of you have experienced a similar situation? [Role plays continue with volunteers.]*

\*\*[FACILITATORS--emphasize going to get medical exams and OBGYN visits regularly]

**STEP 6: DEVELOPING AN ACTION PLAN FOR TAKING CARE OF HEALTH**

**Objective: Outcome Addressed = Service Utilization**

**Increase regular visits for health care and increase communication with providers**

*When you see your doctor, it's important to write down ahead of time all of the questions you want to ask, or the things you don't understand about your medications, or other issues. If you write down all of your questions, you will be more likely to get the answers you need. It's a good idea to write down the doctor's answers, too, even if it takes a while. Sometimes, it's hard to remember what the doctor said, because you are feeling rushed or nervous. If you write down the doctor's answers, you can go back and read them at home. [Gather examples of questions to write].*

*It's a good idea to plan how you will handle a situation where you do not understand something the doctor says. Decide what words you can use that feel comfortable to you. What has worked for some of you?*

*We talked about choosing a friend or family member to go with you to appointments? That person can write things down for you or help you ask difficult questions. If you speak another language, take someone who is bilingual. Remember that Retention manager can give you referrals for treatment advocates, and you might consider asking your peer buddy to accompany you. You can also ask your doctor about tape recording your sessions.*

**STEP 7: DISCLOSURE: HIV AND CSA**

**Objective: To raise feelings about disclosure of HIV and CSA/IPV. Increase skills in role playing possible disclosure scenarios.**

**Allow group sharing and support on issue of disclosure – benefits and drawbacks, consequences, etc. Use scenarios to practice role playing disclosure discussions.**

*Already today, we have refreshed our knowledge of the communication techniques and discussed them in reference to going to the doctor. Now let's take another look at your support network, and indicate which of those people know you are HIV+? With how many of them have you discussed HIV? What about CSA/IPV? What are your feelings about sharing either of these things? [Allow group sharing and support].*

*What would be the pros and cons of sharing your HIV status or your past childhood sexual experiences with the people in your network? [List possible pros and cons (include feelings like relief, or shame, etc...) on butcher block]*

*Can you identify any one person, or group that you might like to share this information with? What are some possible situations and ways you could see yourself disclosing your status? [Allow group sharing and support]*

*In your workbook, you will see several scenarios; let's choose one to work on as a group. [Have participants come up with a possible plan - and have 2 volunteers role play the disclosure conversation. Participants and facilitators will offer feedback: what they liked, what they would have done differently.]*

[Provide a list of scenarios, co facilitator reads possibilities:]

*-Maria has just started dating someone. She feels like this person is someone with whom she could really care about and cares about her too. The physical part of their relationship is at the point where she feels like sex is the 'next step'. They have not discussed HIV status, but she feels she would like to tell her partner that she is HIV+ before they go any further. What are some ways Maria could tell her partner?*

*-Can you think of your own example?*

## **BREAK**

### **STEP 8: REVIEW PROCESS OF AFFECTIVE SELF-MONITORING**

**Objective: Outcome Addressed = Psychological Adjustment**

**To reassess feeling states and self-monitoring techniques. To continue emphasizing importance of using relaxation methods to strengthen participants' commitment to continued use of relaxation techniques to manage stress.**

**Facilitator and peer model ask participants to assess their current affective status and review process of monitoring affective state throughout the intervention. Ask participants to reflect on their current feelings of self-esteem in regard to health protection and health status, and describe whether affective states changed during the intervention, in relationship to specific topics covered, or whether certain affect (i.e., anxiety) served as a barrier to integration of new information. Review positive activities/strategies that group members have used and have found to be helpful, that increase well-being. This will help the**

**participants realize how their own behaviors have helped and supported other group members in learning to relax. Also, review community referrals and hotlines for managing distress at home to remind them that they can use relaxation techniques in the home as well as support networks in their communities.**

*Since this is our last meeting before graduation, we want to begin reviewing what we have learned throughout the past 2 1/2 months. Let's begin by focusing on our feelings and seeing where we are on the thermometer scale in terms of some of the feelings we have talked about (e.g. depression, anxiety, and isolation.) At the beginning of group, how depressed/anxious were you on a scale of 1 to 10? How about now? [Discussion]*

*On a scale of 1 to 10, how good are you feeling about yourself? Have any feelings interfered with increasing self-esteem and making the changes you want to make? [Discussion]*

*How have your past experiences of child sexual abuse affected your feelings and your ability to relax in the beginning of the 12 weeks compared to now? Has it been the same, has it gotten more difficult, has it gotten better? [Discussion]*

*As we have discussed throughout the group, managing your feelings and being able to relax is very important. You have all played an important role in helping and supporting each other by sharing your stories and your own ways of dealing with stress. Let's review some of the ways that you have used to relax, such as meditation or relaxation techniques. [Point to specific examples by participants] Has anything gotten in your way? What has been the best time of the day or night to use these techniques? Where have you been able to use them? [Discussion]*

*Also, remember that you no longer have to rely solely on yourselves for help. You have received a lot of support from each other and your peer buddies. We hope that you continue to rely on each other as well as the resources we have given you. Let's pull out the list we passed out at the beginning of the meetings. Have any of you used these resources yet? If so, which ones? What will help you use them, what might get in your way? If you did use the resources, how did it go? [Language barriers and access to health care.]*

## **STEP 9: REVISITING GOALS**

**Objective: To review goals, barriers, and impact of CSA/IPV on progress.**

**Evaluate personal relevance of goals set by participant and assess changes made in sexual, interpersonal, and drug risk behaviors during the twelve-week intervention. Increase understanding of impact of child sexual abuse on goals set by**

**participant, service utilization, health status, and contraceptive use. Discuss personal relevance of child sexual abuse experiences on progress of goals. Reidentify past barriers to change, pinpoint circumstances surrounding setbacks, and assess potential barriers to future progress.**

*Let's review the goals you set in the first session, and have reviewed in the past weeks. Please look back in your journal, where you rated your expected success on the goals in each of the five areas. [Redefine Goal as discussed in the beginning of the group]. Let's take a few minutes to talk about the progress you may or may not have made. For those of you who would like to continue making changes, what do you think you would need that would help you reach some of your personal goals? Who can give you the support you would need? What was getting in your way? How can your support systems and community resources help you continue to achieve your goals?*

*Lets talk about sexual goals. How many of you can use condoms more regularly? Even if you are not having sex now, can you plan on using condoms in the future? Remember this is one of the best ways to reduce your risk for re-infection.*

*How do you think your past experiences and remembering and discussing child abuse has affected your ability to reach your goals? How about being HIV-positive? [Discussion]*

\*\*\*\*[FACILITATORS--focus on sexual goals and increasing condom use or intent to use condoms]

## **STEP 10: MAINTENANCE**

**Objective: Plan for maintenance of reduced sexual, interpersonal, and drug risk behaviors. Review potential barriers to maintaining appropriate utilization of services, treatment adherence, and contraceptive use. Strengthen awareness of the impact of child sexual abuse on effective utilization of social support networks to maintain progress and minimize setbacks. Review abuse related triggers that may interfere with health protection.**

**Discuss a personal plan for maintaining progress for the future and identify individuals who can support participant in maintaining decreased sexual and drug risk behaviors and health protective behaviors. Identify sources of social support to overcome obstacles to reaching and/or maintaining goals. Emphasize the importance of utilization of support networks and prevention of physical battery and sexual revictimization through learned assertiveness skills that counteract the effects of child sexual abuse. Plan for potential setbacks and anticipate how to effectively deal with problems when they arise. Review personal values and determine how women can accomplish what is important to them in the future. Review PTSD symptoms**

**and how flashbacks and intrusive thoughts may interfere with maintenance of goals and how to deal with CSA/IPV issues in the future.**

*Let's talk about ways we plan to continue improvements made in the last 2 1/2 months. Who are the people in your lives that have supported you in accomplishing your goals? Will they continue supporting you? Who has gotten in your way? What services have you used from the community that has helped? What other sources can we use?*

*How has your condom use changed or your plan to use condoms changed since you started this group? Our message to you is to really help you use condoms or encourage you to plan to use them the time you have sex.*

### **STEP 11: TERMINATION**

**Objective: Acknowledge completion of intervention. Facilitating a good-bye to group members and peer buddies.**

**Help participants re-identify the benefits of social support networks, including the group and other new support systems gained during the course of the intervention. Discuss the impact that increased support has had on old patterns of behavior, psychological status, and newly acquired behavioral and self-efficacy skills. Encourage members to continue to utilize community referral sources given throughout group. Reexamine the stigma and isolation that has resulted from HIV-positive status and CSA/IPV and how support from the group has been helpful. Participants share feelings related to support from other participants in the group.**

*You have all been important to each other in giving each other support and sharing personal aspects of your lives. You have also gotten to know each other, which makes saying goodbye difficult and possibly sad. How has this group been helpful to you? What will you miss most about the group?*

*Now we are going to help everyone say goodbye to each other. We are going to go around and share with each other something special about each person. Please go around and write something special about each person in her journals. You can draw it or write it, or you can ask one of us to write it down for you, which we'd be happy to do. This way, everyone will be able to take her journals home. Sign or write your name like a yearbook [Facilitator and co facilitator model by going around and writing in each journal and telling each participant in the group what they will miss most about the woman and her strengths, encouraging each woman to remember these strengths when they feel overwhelmed or like they can't go on]*

## **STEP 12: PLANNING FOR GRADUATION CELEBRATION**

**Objective:** Address whether or not participants would like to invite family members to graduation/celebration.

*We would like to have a special graduation celebration for next week, since it is our last group. We will have food and would like you to decide whether the group would like to invite family members to join you. [Allow participants to discuss whether they would like to invite family and assess comfort level with whole group]*

## **STEP 13: DEVELOP AN ACTION PLAN/HOMEWORK**

**Objective:** To increase skill at articulating thoughts and feelings about group termination.

**Re-introduce social support network and importance of kin networks in women's lives. Have women practice problem solving issue of expanding their networks, particularly in light of the upcoming group termination.**

*For the past 9 weeks - we have been able to cover a lot of things - in terms of your health, your sex life, your feelings, the impact of drugs and alcohol, and the way you communicate your needs in the best way possible. Today, we are going to go back to one of the major points we raised - the importance of support. One of the major benefits of this group is the friendship and support we've formed here. Women form bonds with friends, family, children, co-workers... and it is this network that we reach out to, find support in—much in the same way we have found each other, supported each other and revealed ourselves honestly and to great benefit. Not all of us may feel comfortable sharing some of these topics like HIV or abuse with the people we have at home, or we may form different groups for support for different issues. We had you define your social network in session 5 - let's go back and see what you wrote 5 weeks ago - and see if anything has changed since then. Is there anything that hasn't changed but you would like to talk about? [If a participant volunteers a part of their network they would like to expand, or get more support from the people they have, have the group brainstorm possible solutions using KFNHP. If there are no volunteers, offer the issue of the group finishing in two weeks. Otherwise, problem solve, then go into issue of termination.]*

*One issue that we should discuss is that we are at the end of our group. We want to make sure that you have all the support you need to when the group ends so you can continue doing the good work that you have done. [List on butcher block paper. Examples like trying to call each other once a week after the group ends. Have get togethers. Form their own group. Practicing some of the tools they learned with their outside friends. Provide the following: (Substitute with your local clinics/agencies information). Women Alive (323) 965-1564; Women at Risk (310) 204-1046; and Women's Link (310) 419-8087. Include others from HOW Training group.]*

*We are at the end of our time together. People have many feelings and reactions about endings, and we would like to give you a chance to process these feelings. For homework, please write about your thoughts and feelings about the group ending.*

**STEP 14: SUMMARY AND CLOSURE**

**Objective:** To increase level of comfort with sessions.

**Wrap up the session.**

**Check out:** *Let's go around and check out how everyone is as we are about to end. On a scale of 1 to 10, 10 being very stressed, upset, at what number are you.*

## **SESSION 11: TERMINATION & GRADUATION**

### **TIME FRAME:**

### **GOALS:**

- Celebrate completion of group
- Plan for possible reunion

### **MATERIALS:**

- Graduation certificates, ceremony refreshments (e.g. cake) and special dinner
- Poster with statements about “Personal Rights”
- Poster board of relaxation techniques to put up in meeting room
- Poster board of group rules to display in meeting room
- Poster of KFNHP-Problem solving approach
- Posterboard of The Big 5

### **STEP 1: CHECK-IN**

**Objective: Prepare for the last session.**

#### **Explain purpose of final meeting.**

*Thank you all for coming to the final session. We want to thank you for your bravery in sharing your experiences, support of each other, your patience with us and this curriculum, your generosity and contributions to this group. It is your spirit and contribution that will make this project succeed and help other women with these experiences who are HIV-positive and who have also experienced abuse. We want to congratulate you and celebrate with you for all your achievements and completion of the curriculum. This is the first of its kind; it's new and important for women. Hopefully, this curriculum will help women change the ways they see risk. What you have created will carry out a message that will help other women change behaviors that can help younger generations and stop the stigma of HIV and prevent the cycle of abuse.*

## **STEP 2: FEEDBACK**

*Throughout the sessions, we have asked each other for feedback. Please tell us now or write what you liked about your experience in this group, and also what you would have liked to be different.*

## **STEP 3: PLANNING FOR POST-TEST, PARTICIPANTS SHOULD HAVE TAKEN POST-TEST PRIOR TO SESSION OR IMMEDIATELY AFTER IF INDIVIDUAL WAS LATE.**

**Objective:** Remind participants that they should have been contacted for the posttest

*Remember, the interviewers should have called you to remind you of your Post-test.*

## **STEP 4: GRADUATION**

**Objective:** To celebrate closing of group.

**Facilitators congratulate women in their participation, progress, and completion of group to enhance self-esteem and feelings of efficacy by giving a certificate of achievement. Continued utilization of social support networks is emphasized. Families are welcomed to graduation to reinforce family support.**

*Now for the most important, well-deserved part of the day, you are all graduating from this group and we want to give each one of you a certificate.*

*We realize that at various points, this group may have been difficult because you all addressed how HIV and abuse have impacted the different areas of your lives. We appreciate your efforts in coming to these meetings week after week, doing the homework, and being supportive to each other.*

*We hope that you continue to work on the goals you have set for yourselves and goals that you will set in the future. Remember to monitor your feelings and continue to use the relaxation methods we learned. Especially, continue to rely on your support systems*

*[Facilitators address participants.] Congratulations to all of you once again, we admire your strength and plan to keep in touch with all of you. We will be calling you to see how you continue to make progress. Please call us if there are any changes in your address*

*or phone number. Remember that we will be contacting you for the post- test. The month after the group, we will all meet one more time to talk about any changes made since the group. Please stay in touch with your peer buddy and the facilitator.*

[Facilitators address participants' family members if invited to session.]

[Facilitators pass out certificates; dinner/lunch is provided.]

**FOLLOWING SESSION 11, PARTICIPANTS SHOULD BE CONTACTED TO SEE HOW DOING AND PERHAPS SCHEDULE FOR GROUP REUNION.**



# *Healing Our Women*

## **Substance Use**

**Risk**

**Goal**

<b>Risk</b>	<b>Goal</b>



# *Healing Our Women*

## **Physical Health**

**Risk**

**Goal**



# *Healing Our Women*

## **Sexual Health**

**Risk**

**Goal**

<b>Risk</b>	<b>Goal</b>



# *Healing Our Women*

## **Emotional Health**

**Risk**

**Goal**

<b>Risk</b>	<b>Goal</b>



# *Healing Our Women*

## **Relationships with Others**

**Risk**

**Goal**



# *Healing Our Women*

## **The “Big Five”**

**Physical Health**

**Emotional Health**

**Sexual Health**

**Substance Use**

**Relationships with Others**



# *Healing Our Women*

## **Ground Rules**

- Be on time to every session
- Please place all cell phones on vibrate
- “What’s said here, stays here”
- No cross-talking/sidebars
- Use “I” statements
- Respect others’ opinions
- Use active listening/constructive criticism
- Stay focused
- Be open-minded



# *Healing Our Women*

## **KFNHP Problem-Solving Method**

- K** – What Do You **K**now?
- F** – What Do You **F**eel?
- N** – What Do You **N**eed?
- H** – What's **H**olding You Back?
- P** – What's Your **P**lan?



# *Healing Our Women*

## **My Legitimate Rights**

- 1. I have the right to have my own opinions and beliefs**
- 2. I have a right to ask for help or emotional support**
- 3. I have a right to feel and express my emotions**
- 4. I have a right to make my own decisions and listen to my intuition**
- 5. I have a right to say “no”**
- 6. I have a right to put myself first sometimes**
- 7. I have a right to make mistakes**
- 8. I have the right to accept my feelings and see them as valid**
- 9. I have the right to change my mind or decide on a different course of action**
- 10. I have a right to protest unfair treatment and criticism**
- 11. I have a right to interrupt in order to ask for clarification**
- 12. I have a right to negotiate for change**
- 13. I have a right not to have to justify myself to others**
- 14. I have a right not to take responsibility for someone else’s problems**



# Healing Our Women

## Developing an Emergency Plan in Case of Illness or Hospitalization

What relatives, friends, and children of yours are aware of your illness? (List their names)	
Where is your local hospital located?	
Who is your emergency contact?	
Where is your list of emergency contacts?	
Who will take care of your children in the event of an emergency or illness?	
Who can be available to pay your bills?	
Do you have a spare key to your home?	
Who do you trust with the spare key to your home?	
Who is your health care proxy?	
In the event of an illness, what are your wishes? Is your proxy aware of them?	
What other concerns do you have?	

**High Risk**

**High Risk**

**High Risk**

**High Risk**

**Some/Moderate Risk**

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**Some/Moderate Risk**

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**Some/Moderate Risk**

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**Some/Moderate Risk**

**Some/Moderate Risk**

**Some/Moderate Risk**

**High Risk**

**High Risk**

**No Known Risk**

**No Known Risk**

**Some/Moderate Risk**

**High Risk**

**No Known Risk**

**No Known Risk**

**No Known Risk**

**No Known Risk**