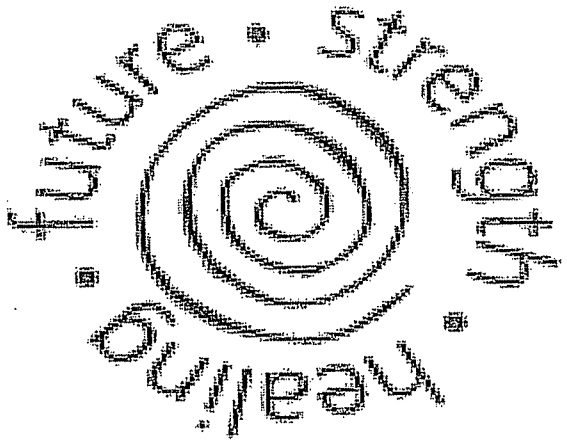
Healing Our Women

Workbook



Healing Our Women (HOW) Workbook

Project Street Beat
Planned Parenthood of NYC

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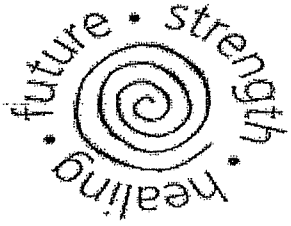


Healing Our Women

KFNHP – Problem Solving Method

$\mathcal{K}$ – What You **K**now?

$\mathcal{F}$ – What You **F**eel?

$\mathcal{N}$ – What You **N**eed?

$\mathcal{H}$ – What's **H**olding You Back?

$\mathcal{P}$ – What's Your **P**lan?

Limits of Confidentiality for Interviews and Group Sessions

Interviews and group sessions will be kept confidential. That means, that almost everything you say will never be repeated outside of the group, except for a few situations. The facilitators of the group are required by law to break confidentiality, meaning tell some else, under a few dangerous situations.

First, if anyone here talks about a child getting abused, we will need to take some action. This means if a child in your home is getting hit or sexually abused by you or someone else in your home - your husband, your parent, or an older sibling - then we will need to bring this information to the department of Child services so they can try and protect this child. This means that even if we suspect that it is happening, we hear things that sound like a child is getting punished harshly or hurt in some way, we are obligated to protect that child. All of you in this group had early abuse, experience where maybe an adult in nervous or angry to hear that we may report this information to someone, we are here to try and ensure that other children don't get hurt. Before we would report anything, we would of course talk to you privately, and try and work together to make the report, so you wouldn't feel it was being done behind your back.

This same criteria applies to older people - termed elder abuse. Elders sometimes have as much difficulty protecting themselves as children, and are protected by the same laws.

The other circumstances where we would have to break confidentiality is if we feel someone here is at serious risk for hurting themselves, such as trying to kill themselves or at risk of seriously hurting someone else.

We want to encourage each of you to talk about your feelings here, which may include talking about death and not wanting to live. Some people talk about this, but do not intend to actually kill themselves. It is very common for people with chronic illness to feel this way, but we are talking about if someone here describes really wanting to hurt themselves, and seems likely to carry out a plan. If we feel that someone is at risk of this, we will talk to that person privately, and try and come up with a safety plan before we call anyone. IF we feel you'll be safer if a friend or family member knows, we may have to call that person to make sure you stay safe.

Also, you may express feelings of anger and rage at other people in your life. Some of you may have even had thought of wanting to kill someone, like your doctor when he or she was rude, or your partner when he or she was insensitive or abusive to you. Again, we want to encourage you to talk about all kinds of feelings, including those, and we will only take action if we feel you pose a real threat to someone else, like if you have a well thought our plan that seem possible for you to carry out. In that case, we will again meet with you separately, and work out how to keep you from acting out your anger, and figure out how to keep that other person safe. If we fell you cannot restrain yourself from hurting that person, we are required by law to inform that person that he or she is in danger.

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/side bars
- Use "I" statements
- Respect other's opinions
- Use active listening/constructive criticism
- Stay focused
- Be open-minded

HEALING OUR WOMEN

WORKBOOK

SESSION 1

Session 1 Summary:

- Introduction and getting to know each other
- Giving out and explaining materials
  (such as journal, workbook, calendar)
- Ground Rules for the group
- Choosing a peer buddy and making a carpool list
- Relaxation Techniques
- Summary and homework

INFORMATION ABOUT HEALING OUR WOMEN (HOW)

More and more women in the US are contracting HIV/AIDS and other studies here at our center 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 this group, 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". 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). 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.

Throughout the sessions we'll be using a problem-solving behavior-change method called KEEPING FEMALES IN A HEALTHY PLACE. 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.

The F stands for FEELINGS.

The N stands for what you NEED to deal with the problem.

The H is for what is HOLDING YOU BACK from changing

Finally the P stands for PLAN, what is your plan to deal with the problem: what are you going to do.

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.

YOUR JOURNAL

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 them. 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. Your journal will be called MY SAFE PLACE because it will be a safe place for you to see how far you have come.

WORKBOOK

This workbook goes along with the sessions, and contains exercises, worksheets, handouts, and other useful information. Please bring the workbook every time you come to group.

CALENDAR

We will also give you a calendar to organize your schedule and appointments. 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.

GROUND RULES

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.

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. 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 need to miss a session because you aren't feeling well or have an emergency, please call 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 minute. If you do miss several sessions, we will need to discuss it.

- 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 or words 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 which might reveal confidential information.

- No drugs or alcohol are permitted in this room. You will be able to participate better, without disrupting the group. 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.

- 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.

PEER BUDDIES

One way of having more support is to have a "peer buddy". You'll pair up with a peer buddy in the group. Please exchange phone numbers with your peer buddy, and call your buddy each week for mutual support. Peer buddies will support you throughout intervention. 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.

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.

Be sure to talk about any time/schedule constraints for receiving phone calls. If you have a problem with not having a telephone or problems being able to get calls, please let the facilitators know so that they can help.

IDENTIFYING GOALS

Now that you have learned a little about the BIG 5 and KFNHP, we want you to begin using these tools. 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. 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 some time to think about 5 goals you'd like to reach. We will talk about these goals during the next session.

RELAXATION TECHNIQUES

You can use relaxation techniques throughout the day when you feel stressed. First, it is important that you begin to monitor how you feel. You can use the "feelings thermometer", a scale from 1 to 10, with 1 being very relaxed, 10 feeling very distressed.

10 (very distressed) ---- 5 ------- **1** (very relaxed)
anxiety
fear
anger
sadness

You can write down some ideas for relaxation techniques suggested by the group below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

On the next few pages of the workbook, we have also included some other relaxation techniques that you can use. We will try using some of them in our later sessions.

In addition, you can try using Yoga for relaxation. Some information on yoga techniques is included in the supplementary reading at the end of the workbook.

YOUR "RIGHTS" RELAXATION

Repeat aloud examples from the list of "Rights" that you can choose to adapt. The "Rights" below are just some examples. You can change them, or you can add some of your own.

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 the right to put myself first sometimes.*
7. *I have the 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 or 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 problem.*

What are some other rights you would like to add?

_____

_____

_____

_____

GUIDED IMAGERY RELAXATION

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 woods, the seashore, your kitchen, a warm bath, your best friend's home, a mountain-top, 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.

Remember the sights, the sounds, and the scents you experience in that place. For example, you might imagine the sight and smell of beautiful flowers, the fresh air and sunlight, the rustling of leaves, the smell of bread baking, the laughter of friends or family, the scent of candles, or the gentle crashing of waves. Immerse yourself in the sights, sounds, and smells of your special place.

Imagine that you are there. You feel very peaceful and at one with your surroundings. You feel very calm, happy, and relaxed. Savor and enjoy this peaceful place.

"QUIETING OUR BODY" RELAXATION

Please select a small personal object that you like a great deal. Focus all your attention on this object 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 back to that object. At the end of this exercise you will probably feel more peaceful and calmer, with less tension or nervousness.

MUSCLE RELAXATION TECHNIQUE

- 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 viselike, knotted, cold, numb? Do you notice any strong feelings, such as hurt upset, or anger, in that part of your body? Breath 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 your 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.

Homework:

- Call your peer buddy during the week to see how her week is going, and remind each other to bring your calendars, journals and workbooks back to the group with you next week.

- Write or draw on the bookmark we gave you so that it says or shows who you are.

- Think about your goals. We'll be discussing them next time.

SESSION 2

Session 2 Summary:

- Relaxation Exercise
- Open Sharing
- Review last week's session and homework
- Discuss goals
- Healthy and not so healthy behaviors
- What is Child Sexual Abuse
- What are the effects of Child Sexual Abuse
- Summary and homework
- Writing Exercise

HEALTHY AND NOT SO HEALTHY BEHAVIORS AND THEIR CONSEQUENCES

In the session, you will take part in a game that will help you think about behaviors that range from "very risky" to "no known risk" from each of the Big 5 areas. In addition, you'll think about the pros and cons, that is, the good and the bad things about these behaviors: Many behaviors have both positive and negative aspects. This exercise can help you think more objectively about your behaviors and think about where you might want to make changes.

KFNHP Change Plan Worksheet

Physical Health/Treatment Adherence Goal

1. What do I **Know** is the problem or issue? What are some important reasons why I want to make these changes?

2. How do I **Feel** about this problem or issue? How do I feel about trying to make this change?

3. What do I **Need** to make this change? The ways other people can help me are:

Person	Possible ways to help

4. Some things that could **Hold me back** from making this change are:

5. What is my **Plan** for success?

KFNHP Change Plan Worksheet

Emotional Health Goal

6. What do I **Know** is the problem or issue? What are some important reasons why I want to make these changes?

7. How do I **Feel** about this problem or issue? How do I feel about trying to make this change?

8. What do I **Need** to make this change? The ways other people can help me are:

Person	Possible ways to help

9. Some things that could **Hold me back** from making this change are:

10. What is my **Plan** for success?

KFNHP Change Plan Worksheet

Sexual Health Goal

11. What do I **Know** is the problem or issue? What are some important reasons why I want to make these changes?

12. How do I **Feel** about this problem or issue? How do I feel about trying to make this change?

13. What do I **Need** to make this change? The ways other people can help me are:

Person	Possible ways to help

14. Some things that could **Hold me back** from making this change are:

15. What is my **Plan** for success?

KFNHP Change Plan Worksheet

Substance Use/Abuse Goal

16. What do I **Know** is the problem or issue? What are some important reasons why I want to make these changes?

17. How do I **Feel** about this problem or issue? How do I feel about trying to make this change?

18. What do I **Need** to make this change? The ways other people can help me are:

Person	Possible ways to help

19. Some things that could **Hold me back** from making this change are:

20. What is my **Plan** for success?

KFNHP Change Plan Worksheet

Relationships with Others Goal

21. What do I **Know** is the problem or issue? What are some important reasons why I want to make these changes?

22. How do I **Feel** about this problem or issue? How do I feel about trying to make this change?

23. What do I **Need** to make this change? The ways other people can help me are:

Person	Possible ways to help

24. Some things that could **Hold me back** from making this change are:

25. What is my **Plan** for success?

Name: _____

ID#: _____

Date: _____

Goals for the Women's Health Project

Your group Facilitator will read this form along with you. She will also give you examples, answer questions, and help you complete the form if you feel you need help.

There are five ladders on this worksheet, one for each of the "Big 5" areas we will be talking about in the curriculum.

Please fill out the middle step FIRST. Please write on this line the goal that you are most likely to reach during the next 12 weeks. Please make sure this goal is realistic.

On this worksheet, going up the ladder is better (and healthier). Next, please fill out the line that says "one step higher". Write on this line the behavior that would be one step better than the middle step. Then, fill out the "two steps better" line of the ladder. Please make sure that these behaviors are just a little better (for one step higher) and even better (for two steps higher). Please do not write any unrealistic goals or perfect behavior.

Next, fill out the "one step lower" and "two steps lower" lines on the ladder. These behaviors should be just a little worse (for one step lower) and even worse (for two steps lower).

If an area does not apply to you, please leave it blank. For example, if you do not use or abuse substances, your goal would be to keep everything the way it already is.

You will receive a copy of this form to put in the pocket of your workbook. We will be looking at this sheet from time to time, to see how you are doing.

Remember, it is important that you fill out the middle step first. Thank you!

Name: _____

ID#: _____

Date: _____

Example

Physical Health/Treatment Adherence Goal:

_____

2 steps higher	Two steps better would be	_____
		_____
1 step higher	One step better would be	_____
		_____
Middle step	**The goal I am most likely to reach is**	_____
		_____
1 step lower	One step below would be	_____
		_____
2 steps lower	Two steps below would be	_____
		_____

Name: _____

ID#: _____

Date: _____

Example

Emotional Health Goal:

_____

2 steps higher	Two steps better would be	_____
		_____
1 step higher	One step better would be	_____
		_____
Middle step	**The goal I am most likely to reach is**	_____
		_____
1 step lower	One step below would be	_____
		_____
2 steps lower	Two steps below would be	_____
		_____

Name: _____

ID#: _____

Date: _____

Example

Sexual Health Goal:

_____

2 steps higher — Two steps better would be _____

_____

1 step higher — One step better would be _____

_____

Middle step — **The goal I am most likely to reach is** _____

_____

1 step lower — One step below would be _____

_____

2 steps lower — Two steps below would be _____

_____

Name: _____

ID#: _____

Date: _____

Example

Substance use/abuse Goal:

_____

2 steps higher	Two steps better would be	_____
		_____
1 step higher	One step better would be	_____
		_____
Middle step	**The goal I am most likely to reach is**	_____
		_____
1 step lower	One step below would be	_____
		_____
2 steps lower	Two steps below would be	_____
		_____

Name: _____

ID#: _____

Date: _____

Example

Relationships with Others Goal:

_____

2 steps higher	Two steps better would be	_____
		_____
1 step higher	One step better would be	_____
		_____
Middle step	**The goal I am most likely to reach is**	_____
		_____
1 step lower	One step below would be	_____
		_____
2 steps lower	Two steps below would be	_____
		_____

WHAT IS CHILD SEXUAL ABUSE & WHAT ARE ITS EFFECTS

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. We each probably think and talk about these experiences differently.

The legal 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. 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 which 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.

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.

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.

Sexual Abuse Terms

CHILD SEXUAL ABUSE – Any genital contact with a child under the age of 18 by someone who was legally an adult. However, there is a wide of experiences that people have which are considered abuse, and some might feel this definition doesn't apply. Child Sexual Abuse can affect women later in life in a variety of ways:

FLASHBACK – Having pictures in your head of your abuse and feeling like it is happening again. A person having a flashback can see the abuse and / or offender; she might hear the sounds, feel the emotions, smell the smells, and even feel the abuse happening again in her body.

DISSOCIATION -- "Spacing out." It's like your body is still in the room but your mind is somewhere else. Some people dissociated while they are being abused or while they are in flashbacks.

INTRUSIVE MEMORIES – When a memory of your abuse pops into your head from out of nowhere. Intrusive memories tend to stay in your head even though you don't want them to. They tend to be very hard to get rid of.

PTSD (Post-traumatic stress disorder) – a name for some of the ways abuse affects people. A person who has PTSD is affected by some of these things:

- trying not to think about your abuse
- panic attacks
- memory gaps
- flashbacks
- trouble sleeping
- intrusive memories
- depression
- bad dreams
- being grumpy
- going off when you're mad
- trouble concentrating
- feeling jumpy or paranoid

PERPETRATOR – Person who abuses other people

Homework:

- Call your peer buddy.

- Keep track of what you do regarding each of your 5 goals.

- Keep track of healthy and not-so-healthy behaviors you engage in throughout the week, and write them in your journal (Split page down the middle with two columns).

SESSION 3

Session 3 Summary:

- Relaxation Exercise
- Sharing Stories of Abuse
- Review last week's session and homework
- Women's Roles
- Information about HIV and Women's Health
- Summary and homework
- Writing Exercise

WOMEN'S ROLES -- Expectations you have for yourself and that other people have for you as a woman, wife, partner, mother, daughter, etc.

What are some of the roles that you are expected to fulfill?

_____

_____

_____

_____

How do these roles influence your ability to take care of yourself? What are some ways that you can you find additional support, so that you can take care of yourself as well as the ones you love?

Glossary of HIV and Female Health Terms

Accelerated approval: Government approval of a new treatment for sale based on early data from clinical studies

Adherence: The extent to which a patient takes his/her medications according to the prescribed schedule (also called "compliance").

AIDS (Acquired Immunodeficiency Syndrome): the late stage of the illness triggered by HIV infection. A diagnosis of AIDS comes with HIV infection and one of the following conditions: one or more of 25 opportunistic infections; severe symptoms of HIV disease; or a CD4+ count below 200 cells/μL two or more times over the course of 6 months.

AIDS dementia complex: A neurological condition that can be caused by HIV infection, resulting in loss of coordination, depressed moods, memory lapses, and personality changes.

Alternative Medicine: This phrase describes medical approaches that differ from Western, drug-based medicine. It includes Chinese medicine, Ayurveda, acupuncture, and homeopathy, among other treatments.

Amenorrhea: the absence of a menstrual cycle (period)

Anemia: a condition caused by a lack of red blood cells, usually resulting in fatigue or loss of strength.

Antibody: a disease-fighting protein in the blood created by the immune system, also known an immunoglobulin

Antiretroviral: A substance that stops or suppresses the activity of a retrovirus such as HIV.

Bacterial pneumonia: a lung infection often affecting women with HIV disease.

Branched DNA (bDNA): a type of blood test that measures HIV RNA copies/mL, also known as Quantiplex or the 'Chiron assay".

Candidiasis: a fungal infection that may occur in the vagina or other parts of the body.

CD4+ cell count: a blood test that measures the number of CD4+ cells.

CD4+ cells: a type of white blood cell; one of the components of the immune system that helps the body fight infection. Also known at T-cells, T-helper cells, or CD4+ lymphocytes. When HIV infects these cells they become the site of HIV replication and are killed as a result of this process.

Cervical dysplasias: irregular growths on the surface of the cervix, which may be benign or an indicator of problems, including cervical cancer.

Clinical trial: a study of a drug or treatment strategy in human subjects. All drugs must go through three distinct phases of clinical trials in the US, regulated by the US Food and Drug Administration, before they can be prescribed legally as a treatment. Participants in clinical trials may have access to a treatment before it is generally available.

CMV: Cytomegalovirus, a type of herpes infection that may cause serious illness in patients with AIDS, most often among those with CD4+ counts of less than 50 cells/mL. CMV disease can occur in almost any part of the body, but most often manifests in the retina of the eye, the colon, the esophagus, or the nervous system.

Combination therapy: The current clinical standard in HIV treatment, consisting of several different kinds of anti-HIV drugs taken at the same time in combination to inhibit HIV replication.

Condom: A sheath of rubber placed on the penis prior to coitus, which catches seminal fluid and prevents sperm from entering the vagina. It also acts as a barrier to bacteria, preventing infections from passing between partners. Condoms are also referred to as sheaths or rubbers.

Control group: Clinical trial participants who do not receive the experimental treatment.

Cross-Resistance: This refers to the development of resistance by a viral strain that makes it less susceptible to other medications in the same class.

Depression: A state characterized by depressed mood, decreased energy, reduced interest in sex, suppressed appetite, and too much sleep or sleeplessness. Depression is common in people with HIV infection; it often responds well to treatment.

Disease progression: in HIV disease, the development of HIV symptoms or any other decline in health, such as the onset of an opportunistic infection.

Drug resistance: The reduction of a drug's ability to work against a specific bacterium or virus.

Estrogen: a type of hormone, present in higher quantities in women than men, produced in ovaries, testes, and placenta. These hormones regulate various functions, especially the menstrual cycle.

Experimental Group: Clinical trial participants who do receive the experimental treatment.

Genital secretions: any substance secreted by the female or male genitals, such as vaginal fluids or semen.

Genotypic test: a type of blood test used to assess HIV drug resistance. It analyzes the genes of "genome" or HIV to identify mutations, some of which indicate resistance.

HAART: (Highly Active Antiretroviral Therapy), currently used to refer to a potent treatment regimen using three or more drugs.

Hepatitis: an inflammation of the liver that may be cause by hepatitis viruses or by medications. Physical symptoms include yellow skin color (jaundice), nausea, fatigue, and fever.

HIV-1 (Human Immunodeficiency Virus): The causative agent of AIDS. Infection with HIV does not mean that a person has AIDS

HIV RNA: genetic material of HIV that gets converted to HIV DNA and is then incorporated into the DNA of an infected cell. Each viral particle of HIV contains HIV RNA.

HPV (Human papilloma virus): a common sexually transmitted disease that may not produce noticeable symptoms but may lead to warts, often in or on the genitals.

Immune system: the complex set of tissues, organs, and cells that protect the body from damage by foreign organisms such as viruses, bacteria, parasites, and fungi.

Intensification: a treatment strategy of adding one or more drugs to boost the potency of an existing regimen.

Interactions: The negative reaction that some drugs have when taken at the same time. For instance, some antidepressant medicines have drug interaction with protease inhibitor drugs.

Lipodystrophy: changes in the distribution of fat throughout the body, with no change in overall body weights.

Lymph nodes: organs the size and shape of a small bean which are crucial components of the immune system. Lymph nodes are intricately interconnected to each other and the blood through a system of vessels. Germ-fighting cells gather in the lymph nodes to fight infections.

MAC: Myobacterium avium complex, a common opportunistic infection cause by bacteria that may affect many different organ systems. MAC most often occurs among individuals with CD4+ counts < 100 cells/mL.

Malaise: vague feeling of bodily discomfort.

Masturbation: Physical or mental stimulation of one's own body, particularly the genitals, to produce sexual pleasure and orgasm.

Menopause: The time in a woman's life – usually in her forties or fifties, during which the menstrual pattern changes, ultimately resulting in a cessation of the menstrual activity.

Mutations: changes in HIV genetic materials that allow new strains of HIV to emerge that are slightly different from previous ones. Mutations can sometimes cause HIV to become resistant to one or more drugs.

Opportunistic infection (OI): An infection that are more likely to occur in people with immune systems made weaker by HIV infection, cancer, or other causes. Examples of OIs related to HIV infection include PCP, toxoplasmosis, MAC, CMV disease, and bacterial pneumonia.

Oral ulcers: painful condition of pen sores in the mouth.

Pancreatitis: inflammation of the pancreas that can be fatal.

Pap smear: a microscopic examination of the surface cells of the cervix, usually conducted on scrapings from the opening of the cervix

PCP: Pneumocystis carinii pneumonia, a lung infection that is one of the most common AIDS-defining conditions in the US. TMP/SMX (Bactrim or Septra) helps prevent this disease in HIV-infected people with CD4+ counts < 200 cells/mL.

Peripheral neuropathy: a condition characterized by sensory loss, pain, muscle weakness, and wasting of muscle in the hands, legs or feet. Feels like burning or tingling sensations or numbness in toes and fingers.

Phenotypic test: a blood test used to assess HIV drug resistance. It measures how well HIV can replicate in the presence of various drugs.

Polymerase chain reaction (PCR): A laboratory procedure that allows the amplification and identification of specific DNA or RNA sequences, such as HIV RNA. PCR is repeated for many cycles to create millions of copies of the targeted sequence. The final step is the calculation of HIV RNA copies for viral load tests.

Protease: enzyme involved in viral replication that assembles the functional parts of HIV during later stages of HIV replication.

Protease inhibitor: a drug that binds to and blocks HIV protease from working, thus preventing the production of new infectious viral particles

Resistance: the ability of an organism, such as a virus, to not be affected by drugs. In the case of HIV, resistance usually refers to less or no effect of the antiretrovirals in keeping viral load at low levels.

Reverse transcriptase: an enzyme that HIV uses to reproduce itself.

Reverse transcriptase inhibitors: a class of antiretroviral drugs that block HIV replication by blocking the function of the viral protein reverse transcriptase.

Salvage (also salvage therapy): a treatment strategy for patients who have taken many antiretrovirals, using at least four, and as many as seven, drugs as intensive treatment after other efforts have failed.

Side effects: unintended, often unpleasant effects of a drug used in treatment. For instance, many drugs taken orally may irritate the digestive system, causing nausea, diarrhea or vomiting.

Standard of care: what leading medical and community experts consider to be the most beneficial method of treatment for a health condition. For example, triple-drug antiretroviral therapy became the standard of care when protease inhibitors became widely available in 1996.

Switching (therapy): changing one or more drugs in a treatment regimen due to drug resistance or side effects, among other reasons.

Taste perversion: a side effect that creates a lingering taste in the mouth or distorts taste sensations.

Thrush: generic term for fungal infections of candida albicans, also known as candidiasis. May affect the inner and outer surfaces of the oral area, the

esophagus and lungs, or the vagina. Considered to be an opportunistic infection if diagnosed in the esophagus.

T-helper cells (also T lymphocytes): White blood cells that help the body fight against infection. Also known as CD4+ cells or CD4+ lymphocytes.
Toxoplasmosis: a very serious opportunistic infection which can affect many different parts of the body, but most commonly causes swelling and lesions in the brain. For individuals with CD4+ counts <100 cells/mL, who test positive for the toxo organism, TMP/SMX (Bactrim or Septra) may help prevent toxoplasmosis.

Treatment failure: increases in viral load, decreases in CD4+ cell counts, appearance of HIV symptoms, or an opportunistic infection, any of which indicate that an ART regimen is not working effectively to suppress HIV infection.

Undetectable viral load: indicates that the amount of HIV RNA in the blood plasma falls below the detection level of the test.

Urinary tract infection (UTI): An inflammation or infection in the bladder which can sometimes spread to the kidneys. The cause can be stress, sexual activity or improper wiping after a bowel movement. The location of the urethra makes some women more prone to frequent infections. The infection can be caused by a number of different kinds of bacteria.

Uterus: A hollow, pear-shaped organ with an inner mucous membrane lining. The uterus lies in the middle of the pelvis. It goes through changes in the monthly cyclic changes throughout a woman's life. During pregnancy, the uterus houses the fetus.

Vagina: The very elastic canal with a mucous membrane lining which extends from the cervix to the vulva. The vaginal walls usually touch each other, but can be greatly expanded, especially during childbirth. Also called the birth canal.

Viral Load: The estimated amount of HIV present in your blood. This is not an absolute number and does not measure the amount of HIV in other fluids or organs in the body.

Viral replication: the process by which HIV is able to invade a CD4+ cell and use the cell's resources to reproduce or "replicate" to make more copies of HIV.

Wasting: severe, unintended weight loss cause by HIV or other diseases. When the loss is more than 10% of a person's ideal body weight, it is an AIDS-defining condition.

HIV INFORMATION

Transmission Facts:

Why do condoms matter if you're already infected? 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. It's really important to get regular gynecological checkups, because a lot of people have STD's but don't know it. Warts also cause cervical cancer. If you treat the STD, you are helping to protect yourself and your partner. Having your period may also increase the risk of transmission.

Even if a person is "undetectable", he or she can still spread the virus. (However, it's unlikely during pregnancy, as discussed below)

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 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. Using condoms protects both partners.

Did you know that 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. (Getting pregnant from an HIV+ man involves the risk of becoming infected with the strain of HIV that he has) If want to become pregnant, discuss it with a

ASSERTIVE COMMUNICATION SKILLS

People communicate in different ways both verbally and non-verbally. Many times we communicate in the way that we have seen others communicate. Our past experiences, such as culture, religion, family background, or other experiences, can affect our communication style. Described below are three ways of communicating: Passive, Aggressive, and Assertive.

PASSIVE -- not saying what we want verbally or non-verbally

When we communicate in a passive way we don't say what our goal, need, or point of view is. 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.

AGGRESSIVE -- saying verbally or non-verbally what we want but in a rude or bullying way

Speaking aggressively means that we don't show respect for others' feelings and ideas in the way we communicate. 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.

ASSERTIVE -- saying what we want verbally and non-verbally in a clear and firm way, that doesn't intimidate or insult the other person

Speaking assertively means clearly stating your opinion and speaking with confidence. This is the most effective way to talk because it allows you to feel good and shows respect for yourself.

ASSERTIVE COMMUNICATION STRATEGIES

These are some steps to assertive communication:

- 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.
  [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."

HOW THE SITUATION AFFECTS COMMUNICATION

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. Think about the situations where you find it easy to be assertive, and the situations where it is more difficult. Who do you find it hard to communicate assertively with. Try to come up with a plan for communicating effectively with this person.

GOALS THAT INVOLVE OTHER PEOPLE

Many personal goals that we might be working on involve other people. For instance, some of your goals might require someone else to change. You can use the KFNHP problem solving technique for those kinds of goals too.

1. What do I KNOW about the problem or issue?

_____

2. How do I FEEL about this problem or issue?

_____

3. What do I NEED to make this change? How can other people help me?

_____

4. What is HOLDING ME BACK from making this change?

_____

5. What is my PLAN?

_____

skilled practitioner, for example, at the MCIC (Maternal Child Immunology 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 with HIV or your partner becoming infected with HIV (You can call the high risk pregnancy clinic at UCLA (OBGYN 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-free. 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. Cesarean section is a controversial procedure in women with HIV. Women with HIV are more likely to have complications from cesarean section. There is evidence that cesarean 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 (AIDS Healthcare Foundation, T.H.E. Clinic, Long Beach Memorial, ADAP, 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, except when they have had sex with a bisexual man. Women are more likely to develop primary pulmonary hypertension. Women are also more likely to need their medication dose adjusted because they 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 differences between men and women with HIV, differences in the effects of medications, and health-related issues for women with HIV, 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, XXX (Substitute with your local program). 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.

A lot of people find that the medications interfere with their meals, they have to take them too frequently, or 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.

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 medications on weekdays, and another system of remembering to take medications for weekends and holidays; and (4) have a Plan B in case you forget to take medications on the way to work (keep medications in desk, car, another purse, or different vitamin bottle.)

Please see the referral list in this workbook for educational programs where you can learn about drug treatment, women who serve as advocates, and pharmacies. Some pharmacies give out free beepers, and pre-package medications in weekly tray. You can also set up GTE phone mail, beepers, and watch alarms to call or beep you when it's time to take medications. Set up your own system to remind you to take medications, like notes, pictures of medications, 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 medications. Make sure your system is confidential; you can place medications in vitamin pill bottles, your purse, underwear drawer, etc.

Nutrition, Health, and Exercise

Some foods to avoid are: raw fish, raw meat, and raw eggs, raw cookie dough, Caeser salad w/ raw eggs. Avoid unpastuerized dairy products.

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, any exercise helps prevent and treat depression. If you are feeling really depressed, ask your doctor about treatment options.

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

Telling People that you are HIV +

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 them, 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.

Homework:

- Using a mirror at home, look at your whole body. The purpose of this exercise is to help you understand your body more and feel more comfortable with your body.

SESSION 4

Session 4 Summary:

- Relaxation Exercise
- Sharing Stories of Abuse
- Review last week's session and homework
- Healthy and Not-so-healthy Behaviors Game
- Learning about our Bodies
- Body changes since HIV
- Protecting yourself from re-infection
- Understanding our bodies
- Summary and homework
- Writing Exercise

CONTEXT OF VULNERABILITY TO RISKS

TRANSMISSION RISKS

High Risk

1) Unprotected vaginal sex
2) needle sharing
3) anal sex
4) breast feeding
5) fellatio

Moderate Risk

1) cunnilingus

NO Known Risk

1) dry kissing
2) masturbation
3) petting
4) touching
5) frottage
6) body rubbing (with protection)
7) talking erotically
8) using sex toys that have been properly cleaned

CONTEXT OF VULNERABILITY

Consider each behavior along with the following:

1) How often did you have sex?
2) Who is your partner?
3) body fluid exchanged?
4) How many sexual behaviors did you engage in during one sexual act?

Each of the behaviors listed has the potential to be risky

LEARNING ABOUT OUR BODIES

Everyone learns about their bodies in different ways. Think about 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, or feel proud of it. What effects do your religion, culture, family, abuse, or other experiences have on your understanding of your body? What are some of the words you have used for body parts?

BODY CHANGES SINCE HIV

A common concern among women is the changes they see in their bodies as a result of HIV infection and HIV medications. Many of you have experienced body changes. Look at the picture of a woman's body that's included in your workbook. Circle the areas that you are most concerned about on your body where change has occurred. Think about 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?

PROTECTING YOURSELF FROM RE-INFECTION

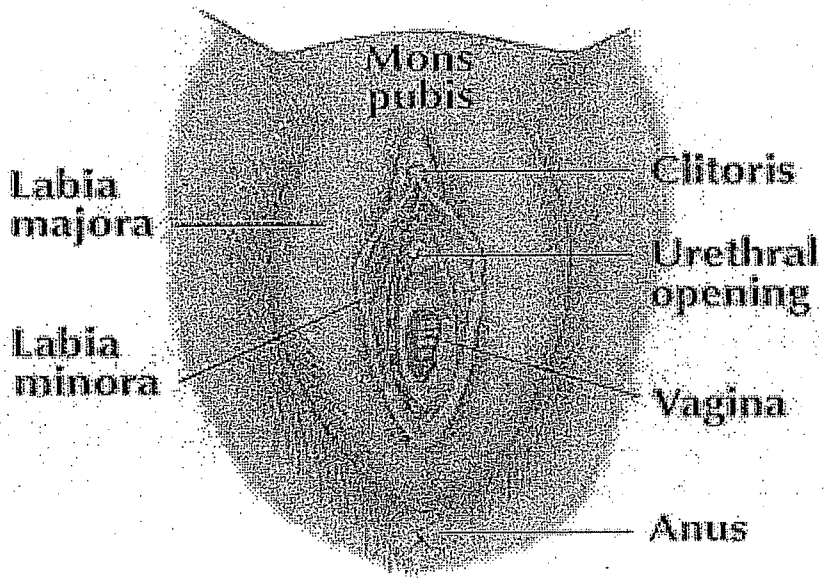
Here are some of the ways women protect themselves from getting reinfected:

- 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 bleach appropriately.

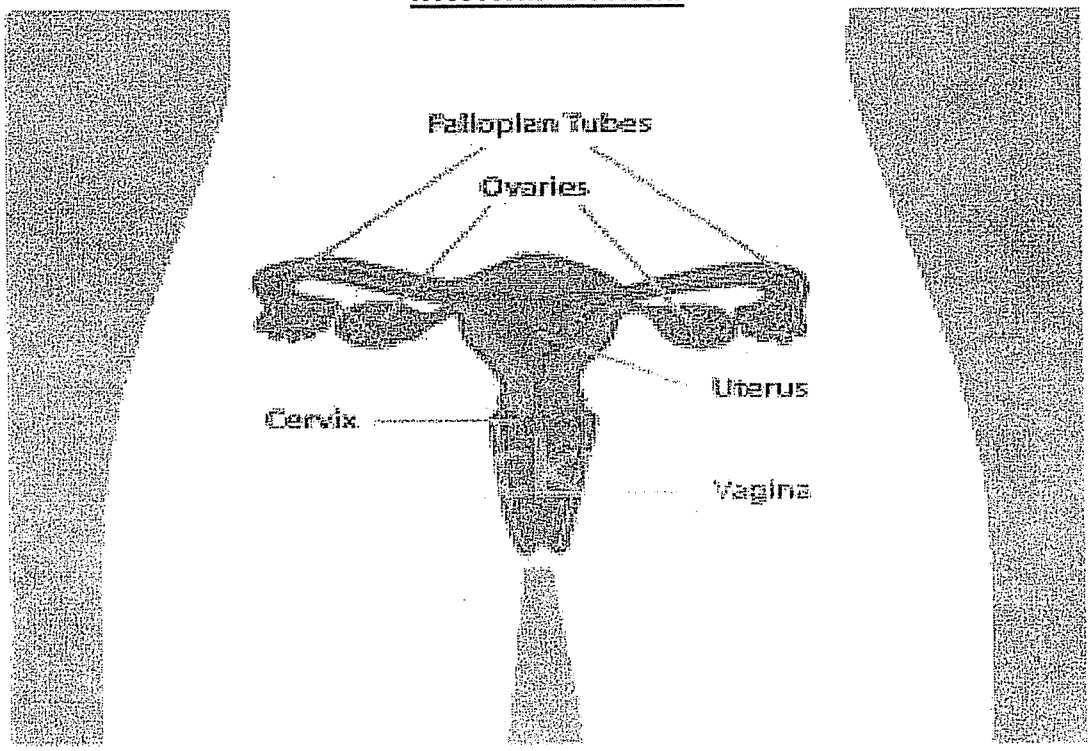
What are the kinds of things you have done to protect yourself from getting re-infected with HIV and to stay healthy? What kinds of things are you willing to do to protect yourself and stay healthier?

Female Reproductive System

External Genital



Internal Genital



UNDERSTANDING OUR BODIES

It's important to increase understanding of 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 their parts. Look at the anatomical picture of the vaginal opening, and refer to it as you learn about all 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 that we have discussed last week.

Clitoris: the small organ that does nothing but give women pleasure. It has the same construction of the penis—it becomes filled 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) with a penis.

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 how they should smell.

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 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 that make it difficult to smell your natural aroma

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 north, moving towards the pubic hair to south where the anal opening is. Keep bacteria away from the vagina as much as possible.

The genitals have a life of their own and many times, we do not want to remember what has happened to them. Some of the things that have happened to our genitals are painful memories. Some of the experiences that you have had as abuse survivors have changed the way that you feel about your genitals.

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 new light, 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. Whoever 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.

Homework:

- 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 the mirrors we'll distribute 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.

The Infection Connection

Here's how to cope with the most common vaginal infections that strike women in midlife:

The culprit	The symptoms	The cure
Bacterial vaginosis, an overgrowth of normal vaginal bacteria.	Thin grayish or white discharge that has a foul, fishy odor. Possible itching and irritation.	The prescription drugs metronidazole or clindamycin. Avoid nonprescription yeast drugs—they could make matters worse.
Yeast infection, an overgrowth of the *Candida* fungus.	Odorless white, cottage cheese–like discharge and itching.	If you're sure it's yeast, try an over-the-counter yeast fighter; otherwise, see your doctor. Eating yogurt that contains live *Lactobacillus acidophilus* cultures may reduce the risk of future infections.
Trichomonas, a parasite usually transmitted during sex.	Frothy, yellow-green fishy-smelling discharge; itching, painful urination or intercourse.	Prompt treatment with the prescription drug metronidazole for both you and your partner.
Herpes simplex virus, which can be transmitted sexually even in the absence of blisters.	Itching, stinging sores on the vulva or in the vagina.	There is no cure, but prescription antiviral drugs can reduce outbreaks and to some extent protect a partner from infection.
Human papillomavirus, which can be sexually transmitted.	Vaginal warts which may itch or burn after sex.	Certain types of HPV place women at above-average risk of cervical cancer, so most growths are surgically removed.

SESSION 5

Session 5 Summary:

- Relaxation Exercise
- Sharing Stories of Abuse
- Review last week's session and homework
- Sharing our experiences of child sexual abuse
- How "Triggers" affect the risks we take
- Dealing with triggers
- Summary and homework
- Writing Exercise

HOW TRIGGERS AFFECT THE RISKS WE TAKE

TRIGGERS -- Feelings, people, places, situations, substances, or experiences which can lead to risky behaviors. Triggers are linked to the Big 5 areas of health (sex, physical health, emotions, communication, and substance use). Listed below are the types of triggers that can affect the risks that we take.

Moods/Feelings Triggers. Moods and feelings may be powerful triggers to risky behavior. 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?

_____

_____

_____

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

What are other people triggers that make you take risks?

_____

_____

_____

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 behavior?

_____

_____

_____

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
- Being rejected
- Having a party/holidays
- Memories brought on by senses (such as smell)

What are some other examples that lead to risk taking?

_____

_____

_____

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. It can affect many aspects of our lives:

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

What are some others?

_____

_____

_____

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. Here are some examples of these triggers:

- 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

Can you think of any other examples?

_____

_____

_____

Sometimes risky behaviors don't follow immediately after the trigger, but might follow after some time instead.

In sum, identifying what triggers behaviors that may place our health at risk is important to practicing healthier behaviors and keeping ourselves in a healthy place.

DEALING WITH TRIGGERS

You can practice skills for dealing with triggers. By using the KFNHP problem solving method, you can identify your trigger and come up with a plan for how to handle the trigger and do things differently next time you're faced with it.

What do you **Know**?

How do you **Feel**?

What do you **Need** to deal with the trigger?

What is **Holding you back** from changing?

What is your **Plan** to deal with the trigger?

Homework:

- Use KFNHP at home to work on at least one trigger. Write it in your journal. This is important, because identifying what leads to taking risks can lead to healthier behaviors.

- Call your peer buddy, and go over homework with each other.

Bring your favorite object next time, in addition to your journal, workbook, and calendar.

SESSION 6

Session 6 Summary:

- Relaxation Exercise
- Open Sharing
- Review last week's session and homework
- Active Listening Exercise
- Assertive communication skills
- Goals that involve other people
- Relapses and how to prevent them
- How to handle difficult situations using creative communication skills
- Social networks
- Summary and homework
- Writing Exercise

ACTIVE LISTENING – This is listening carefully and showing the other person that their point of view and feelings are respected. This includes both verbal and nonverbal behavior. Looking at the person who's talking, paying attention to what they say, and expressing emotion (such as "oh my gosh") are all parts of active listening. Reflecting, which is described below, is another technique for active listening, because it shows someone you heard what they were saying.

REFLECTING – Listening to someone, and after they're done expressing him or herself, telling them back or "reflecting" like a mirror what they said to you, including how they felt.
Example: "So I hear you saying that you get frustrated and angry with your husband because you feel like he doesn't understand you."

Client ID#_____ Date:_____

	Passive	Aggressive	Assertive
Physical Health			
Emotional Health			
Sexual Health			
Substance Use			
Relationships with Others			

Use the KFNHP problem solving method to determine in what areas of the "Big Five" are you "passive", "aggressive", and "assertive". Place a check mark on the appropriate box. By the end of the intervention, redo this exercise and determine where you are in your life and where you would like to be.

RELAPSES AND HOW TO PREVENT THEM

RELAPSE – This occurs when people learn a new skill (such as eating for health, stopping smoking, exercising, practicing safe sex), but then don't keep if up.

For example, you might be doing a great job using a condom every time you have sex, but then something tempts you to have sex without a condom. What can you do to stay safe and prevent relapses?

- Avoid the situation (e.g. 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.

It is important to recognize your triggers to risks in situations. By recognizing these situations, you can plan ahead so that it would be easier for you to stay healthier. 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.

Use KFNHP to help you deal with relapses. 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)

REFRAMING

A different tool for coping with our triggers to risky behaviors is reframing. **Reframing** involves turning the negative into the positive with our words and the way we act.

For example, 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 can you respond?

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

Comeback: " 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 sicker"

How else can you respond to turn the negative into the positive?

CREATIVE COMMUNICATION SCENARIO:

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?

_____

_____

_____

_____

How about these strategies:

- 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.

SOCIAL NETWORK -- Those people around us that support us when we feel that we can't deal with something alone.

SOCIAL NETWORK SHEET

WHEN:	**I GO TO:**
I feel sad	
I need money	
I need to talk about HIV	
I need to talk about my child abuse	
I need to talk about something personal	
I'm happy	

Homework:

Please 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. It is on the next few pages of this workbook.

SAFETY PLAN

Step 1. Safety during violence – What can I do while it's happening?

a. If I decide to leave, I will_____

b. I can keep an overnight bag ready and put it_____ so I can leave quickly.

c. I can tell_____about the violence and have them call the police when violence happens.

d. I can teach my children to use the telephone to call the police and the fire department.

e. I will use this codeword _____for my children, friends, or family to call for help.

f. If I have to leave my home, I will go to _____.(Be prepared even if you think you will never have to leave.)

g. I can teach the above safety strategies to my children.

h. When an argument starts, I will move to a safer room such as _____ (one with a lock and a telephone).

Step 2. Safety when getting ready to leave.

a. I will leave money and an extra set of keys to my car and house with _____.

b. I will keep important documents and keys at _____.

c. I will open a savings account by this date_____ to make sure I can take care of myself and my children.

d. I will keep extra medication _____

e. The domestic violence hotline is _____.

f. The shelter's hotline is_____.

g. I will keep change for phone calls with me at ALL times, even if I have a cell phone. I know that if I use a telephone credit card, that the following month the telephone bill will tell the batterer who I called after I left. I will keep this information confidential by using a prepaid phone card, using a friend's telephone card, calling collect, or using change.

h. I will check with_____ and _____ to know who will let me stay with them or who will lend me money.

i. I can leave extra clothes with_____.

j. I will review my safety plan every _____(time frame) in order to plan the safest route. I will review the plan with _____ (a friend, counselor or advocate.)

k. I will rehearse the escape plan and practice it with my children.

Step 3. Safety at home for women who don't live with their batterers.

a. I can change the locks on my doors and windows as soon as possible.

b. I can install security systems- i.e. additional locks, window bars, poles to wedge against doors, electronic sensors, etc.

c. I can purchase rope ladders to be used for escape routes from the second floor.

d. I can install smoke detectors and buy fire extinguishers for each floor of my home.

e. I can install an outside lighting system that lights up when someone approaches my home.

f. I will teach my children how to use the phone to make collect calls to me and to _____ (friend, family, minister) if my partner tried to take them.

g. I will tell the people who care for my children, who has permission to pick up my children. My partner is NOT allowed to. Inform the following people:

School_____
Day Care_____
Babysitter_____
Sunday School_____
Teacher_____
Others_____

h.I can tell the following people that my partner no longer lives with me and that they should call the police if he is near my residence:

Neighbors_____
Church Leaders_____
Friends_____
Others_____

Step 4. Order of Protection/Restraining Order

a. I will keep the protection order in _____(the location). Always keep it with you. I will keep a copy with _____ .

b. I will give my protection order to police departments in the areas that I visit my friends, family, where I live, and where I work.

c. If I visit other counties, I will register my protection order with those counties.

d. I can call the local domestic violence agency if I am not sure how to register my protection order with the police departments.

e. I will tell my employer, my church leader, my friends. my family and others that I have a protection order.

f. If my protection order gets destroyed, I know I can go to the County Courthouse and get another copy.

g. If my partner violates the protection order, I will call the police and report it. I will call my lawyer, my advocate, counselor, and/ or tell the courts about the violation.

Step 5. Job and Public Safety

a.I can tell my boss, security, and _____ at work about this situation.

b.I can ask_____ to help screen my phone calls.

c.When leaving work I can do the following: _____
_____

d. When I am driving home from work and problems arise. I can _____
_____

e. If I use public transportation, I can _____
_____

f. I will shop at different grocery stores and shopping malls at different hours than I did when I was with my partner.

g.I will use a different bank and bank at different hours than I did when I was with my partner.

h.I can block my partner's phone number, meaning I can call the phone company and keep him from being able to call me.

Step 6. Drug and Alcohol Use.

a. If I am going to use drugs/alcohol, I am going to do it in a safe place with people who understand that I have a violent partner and who are committed to my safety in case I can't take care of myself.

b. I can also _____

c. If my partner is using, I can _____

d. To protect my children while I'm using, I can _____
_____

Step 7. Emotional Health

a. If I feel depressed and ready to return to a potentially violent situation/ partner, I can call _____ instead.

b. When I have to talk to my partner in person or on the phone, I can _____
_____
_____

c. I can call the following people and/ or places for support: _____
_____

d. Things I can do to make me feel stronger are: _____
_____

SESSION 7

Session 7 Summary:

- Relaxation Exercise
- Open Sharing
- Review last week's session and homework
- "Buckling up" for safety
- Risk Reduction Strategies Game
- What does risk reduction mean to me?
- Summary and homework
- Writing Exercise

BUCKLING UP FOR SAFETY

Many of us use a seatbelt when we get into a car. Why? 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. And sometimes we do things even though we know the consequences.

RISK REDUCTION STRATEGIES

During the session you will play a matching game, to improve your knowledge of strategies for reducing your risks across each of the Big 5 areas.

WHAT DOES RISK REDUCTION MEAN TO ME?

We have knowledge about what healthier behaviors are; why don't we change our behavior? What gets in the way of your changing your behaviors?

Why is it easier for you to incorporate some strategies (like brushing your teeth, wearing your seatbelt) and not other strategies?

What are the possible effects of risk reduction on your families, friends, or others?

How do your family socialization, past abuse, and other experiences influence your attitudes, beliefs, and behaviors?

Homework:

- Pick one risk reduction strategy to incorporate into daily life. Use the workbook to list out KFNHP to problem-solve barriers. Try to implement it this week.

- Keep in mind that your first solution may not be a good fit, but an important part of finding a solution that works is fine-tuning. Keep track in your journal what adjustments you had to make.

- Remember to call your peer buddy.

SESSION 8

Session 8 Summary:

- Relaxation Exercise
- Open Sharing
- Review last week's session and homework
- Information and motivation for strategies to prevent re-infection
- Talking about voices from the past
- Illness, Death, and Dying
- Summary and homework
- Writing Exercise

TALKING ABOUT VOICES FROM THE PAST

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?

What strategies can you use to stop the self-talk?

ILLNESS, DEATH, AND DYING

Sickness

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.

What does becoming sick mean to you?

_____

_____

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?

_____

_____

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?

_____

_____

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? What does death mean to you?

_____

_____

Talking about them helps to lessen their effect on you. This is where talking to buddies, therapists, or good friends is helpful. Spiritual beliefs can also be 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. Discussing death and your plan can help to lessen feelings that there is nothing that you can do about it.

Please look in the folder of your workbook for information about how to use male and female condoms, contraceptive gel, etc.

Homework:

Try using some of the models that you have learned a few weeks ago, such as condoms or dental dams, at home. You can use some of the communication techniques you learned a few weeks ago to talk to your partner about using condoms, dental dams, etc.

SESSION 9

Session 9 Summary:

- Relaxation Exercise
- Open Sharing
- Review last week's session and homework
- Taking care of ourselves and our bodies
- What affects how you take care of yourself and your body?
- Information about taking care of our bodies
- Breast Self Exam
- Checking your urine
- Menopause
- Practicing body care
- Summary and homework
- Writing Exercise

TAKING CARE OF OURSELVES AND OUR BODY

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. Other things can also affect how we feel about our bodies. What are the people, events, situations, cultural, religious or personal history, moods, and feelings that influence how you touch your body? How do you think that affects how you take care of yourself?

Here are some things you may find helpful for taking care of yourself:

- 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.

BREAST HEALTH

Sometimes we ignore our breasts, we pretend as if they were not there or we become very worried about them. Our breasts may be the last things we want to think about when we are living with HIV. Think about the people, events, situations, cultural, religious 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?

INFORMATION ABOUT BREAST SELF-EXAMINATION:

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 are liberated from fear and empowered to act and 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 "chi-chis", breasts and how they feel, so that you can tell if there is something unusual that appears all of the sudden. You may know that nine out of ten women don't check their breasts, that they don't do their BSE. 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 asks 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 at checking your breasts. Remember that no one knows best how you feel like you do. Report breast symptoms early, don't put it off. The chances are that you do not have cancer, don't panic but do take care of your breasts. Most important is that early diagnosis and treatment may save your life!

You can learn more about Breast Self Examination by looking at the photocopied chapter from a book by Dr. Stoppard. It is included in the supplementary reading list at the end of the workbook. Information on mammograms is also included in this chapter. You can learn about the things that affect the development of breast cancer by looking at the chart in the supplementary materials.

What are some other things you can do to take care of your breasts?

- Restrict the amount of red meat in your diet and increase your fiber intake by getting plenty of whole grain cereals, fruits, and vegetables. You can look at the handout on the next page to find out about nutritious foods that you could eat inexpensively.

- Drink alcohol only in moderation

- Keep your body fat down by eating a balanced diet and get regular exercise

INFORMATION ABOUT CHECKING URINE:

Looking at your urine is a way to advocate for your health. Just like you look at your bank account to see if you have enough money to cover your expenses, it is important that you look at your urine to cover 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. Other reasons are that you can better understand the nature of your illness, you can more easily recognize circumstances when a doctor's help is needed, you can learn about useful facts on how to prevent disease.

FACT: Abnormal colors in your urine indicate a possible problem and it is important that you know what to do.

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
- Don't panic if your urine's color changes, changes in urine can be due to eating some foods like blueberries for example.
- See your doctor for radical changes in your urine.

You can find out more information about checking your urine and what certain colors may indicate by looking at the photocopied page from the book Women's Health by Griffith and Miller (1999). This page is in your supplementary readings. You can also go to your local library and check out this book.

MENOPAUSE

Change is the only thing you can count on. Some of these changes you can control but others you cannot such as menopause. There are good and not so good things about menopause. For one, you won't have to take birth control or have periods anymore, and find this liberating. Yet other changes may be scary but just for a while. Not all of these changes have to be a bad experience for you as long as you are well informed and prepared.

Think about how your experiences affect your thoughts and expectations about menopause. 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, religious 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 if you are menopausal?

_____

_____

How did your mother deal with it, your aunts, sisters, and friends?

_____

_____

How does being HIV+ affect your feelings about menopause?

_____

_____

MENOPAUSE INFORMATION:

There are three stages to menopause. The female reproductive system is controlled by a delicate balance of hormones, produced by the 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 your HIV.

PERIMENOPAUSE –This 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.

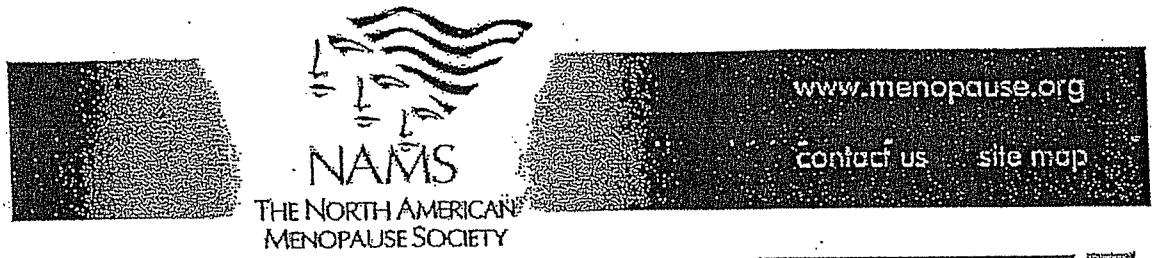
POSTMENOPAUSE - The days, months, and years that follow menopause.

The word menopause refers to all of these stages.

You can also find out more about menopause by looking at the photocopied page from the book Women's Health by Griffith and Miller (1999). This page is in your supplementary readings.

Homework:

Please go to the "Total Woman" chart and pick an area that relates to your health zone and make a plan for yourself.



Menopause is a natural biologic event, not an "estrogen deficiency disease." Menopause represents the permanent cessation of menses resulting from loss of ovarian follicular function. Menopause is also a psychosocial passage.

At menopause, the decline in ovarian hormones (particularly estrogen) may result in short-term, unpleasant effects such as hot flashes that adversely affect quality of life, and may increase the risk of osteoporosis and possibly coronary heart disease.

Menopause happens to all women, but affects each woman uniquely. For some, the end of fertility (and the end of concerns about contraception and menstrual periods) brings a sense of freedom. Menopause is a bridge to a part of life when many women report feeling more confident, empowered, involved, and energized than in their younger years. For some women, however, menopause -- coupled with midlife emotional and social crises -- can contribute to serious health problems.

One thing is true for all women: menopause is a signal to start -- or continue -- a good health program. Clinicians are urged to utilize an individualized approach to "menopause management," because no intervention is appropriate for every woman and each option has a risk/benefit profile unique to each woman.

Because of current population shifts, a woman's health after menopause has assumed greater importance than ever before. The ideal goal is that of maximum vigor until death. Although some decline is unavoidable, much of what is

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considered as normal aging can be modified with lifestyle and pharmacologic interventions. Menopause is a time for women to evaluate their health and lifestyle practices.

Menopause can occur naturally (ie, spontaneously) or be induced through a medical intervention (ie, surgery, chemotherapy, or pelvic radiation therapy).

DEFINITIONS

The Council of Affiliated Menopause Societies (CAMS) of the International Menopause Society (IMS) has developed standardized definitions for menopause-related events. In October 1999, the IMS voted to use these definitions worldwide (See Figure 1).

Menopause (natural menopause)

Menopause (ie, "natural" or spontaneous menopause) is defined by CAMS as the following: "The permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Natural menopause is recognized to have occurred after 12 consecutive months of amenorrhea, for which there is no other obvious pathologic or physiologic cause. Menopause occurs with the final menstrual period, which is known with certainty only in retrospect a year or more after the event. An adequate independent biological marker for the event does not exist."

In the Western world, menopause occurs at a median age of 51.4 years, with a Gaussian distribution ranging from 40 to 58 years. Some women reach menopause in their 30s, and a few in their 60s. Although there has been an increase in life expectancy over the years, the age of menopause has not changed over the past few centuries -- unaffected by improving nutrition and reduction of disease. In previous centuries, few women lived beyond menopause; today, women spend one-third to one-half of their lives after menopause.

Two factors have been identified as influencing when menopause occurs:

- Familial factors as well as genetic polymorphisms of the estrogen receptor influence the age of onset of perimenopause (as well as infuencing the risk for surgical menopause).

- Current smoking has been identified as a cause of earlier menopause, producing a shift of approximately 1.5 years. There is a dose-response relationship with the number of cigarettes smoked and the duration of smoking.

Limited data support the association of the timing of menopause with the following:

- Multiparity (ie, more than one pregnancy) and increased body mass index (BMI) are associated with menopause occurring later than average.
- Nulliparity (ie, history of no pregnancy), medically treated depression, toxic chemical exposure, and treatment of childhood cancer with pelvic radiation and alkylating agents are associated with menopause occurring earlier than average.
- Higher cognitive scores in childhood are associated with a later menopause.

No link has been found between menopause age and use of oral contraceptives, socioeconomic or marital status, race, or age at menarche.

Menopause (permanent ovarian failure) means the end of natural childbearing (without assisted reproductive techniques).

Menopause is one point in time. The misnomers "in menopause" and "going through menopause" accurately describe perimenopause. It is appropriate to say that one "reaches" menopause.

Premenopause

According to CAMS, the term *premenopause* "is often used ambiguously, either to refer to the 1 or 2 years immediately before menopause or to the whole of the reproductive period prior to menopause." CAMS recommends that this term "should be used consistently in the latter sense, and should encompass the entire reproductive period up to the final menstrual period." However, CAMS has indicated that this term "can be confusing and preferably should be abandoned."

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Perimenopause

According to CAMS, the term *perimenopause* includes "the period immediately prior to menopause (when the endocrinologic, biologic, and clinical features of approaching menopause commence) and the first year after menopause."

The median age for the onset of perimenopause is 47.5 years. For most women, perimenopause lasts approximately 4 years. Only about 10% of women cease menstruating abruptly with no period of prolonged irregularity.

Perimenopause is the correct term for what some call "being in" or "going through" menopause.

Menopausal transition

According to CAMS, the term *menopausal transition* "should be reserved for that time before the final menstrual period when variability in the menstrual cycle is usually increased."

Premature menopause

According to CAMS, "ideally, *premature menopause* should be defined as menopause that occurs at an age less than two standard deviations below the mean estimated age for the reference population. In practice, in the absence of reliable estimates of the distribution of age at natural menopause in populations in developing countries, the age of 40 is frequently used as an arbitrary cutoff point, below which menopause is said to be premature."

Premature menopause can be the result of genetics or autoimmune processes. It has been linked to both familial and nonfamilial X-chromosome abnormalities. Premature menopause can also be caused by medical interventions, such as bilateral oophorectomy, chemotherapy, or pelvic radiation therapy.

Premature menopause and premature ovarian failure (POF) can be synonymous. Strictly speaking, however, menopause is by definition the very last menses. POF (ie, hypergonadotropic amenorrhea), while having all the characteristics of menopause, may not be permanent.

Induced menopause

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According to CAMS, the term *induced menopause* is defined as "the cessation of menstruation that follows either surgical removal of both ovaries (with or without hysterectomy) or iatrogenic ablation of ovarian function (eg, by chemotherapy or radiation)."

A medical intervention will not cause menopause unless it causes severe damage to both ovaries.

In women who experience surgically induced menopause, fertility ends immediately. With other types of induced menopause, fertility may end immediately or over several months.

- ***Surgical menopause*** The term *surgical menopause* refers to induced menopause caused by surgical removal of both ovaries (bilateral oophorectomy) in a woman who is still menstruating. Bilateral oophorectomy is the most common cause of induced menopause.

  The following surgical procedures could include a bilateral oophorectomy:

  - *Hysterectomy*. A hysterectomy is the surgical removal of the uterus performed for benign conditions (such as endometriosis, uterine fibroids) and for various forms of cancer (endometrial, ovarian, cervical). Depending on age and diagnosis, an oophorectomy may be performed simultaneously.

    A hysterectomy without oophorectomy does not usually cause menopause, but menstrual bleeding will stop. Occasionally, a hysterectomy will result in menopause, even if one or both ovaries are left in place. Some experts believe this occurs because removal of the uterus lessens the blood supply to the ovaries.

  - *Abdominoperineal resection*. This is a surgical procedure for colon cancer. It involves removal of the lower colon and rectum and may require resection of the uterus, ovaries, and rear wall of the vagina.

  - *Total pelvic exenteration*. This procedure is primarily

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performed when cervical cancer has recurred after surgery or radiation. It involves resection of the uterus, cervix, ovaries, fallopian tubes, vagina, urethra, urinary bladder, and rectum.

- ***Chemotherapy-induced menopause***

The term *chemotherapy* commonly refers to the use of drugs to treat cancer. Chemotherapy is a systemic treatment that can destroy cancer cells that have metastasized to other parts of the body. Chemotherapy can cause severe damage to both ovaries, thereby making them unable to produce sufficient levels of hormones to prevent menopause.

Following chemotherapy, a woman may experience months or even years of irregular ovarian function. Depending on the woman's age and the type of chemotherapy used, normal ovarian function may resume after a period of time. Permanent amenorrhea is more likely when an alkylating drug is used, when chemotherapy drugs are used in combination, or when the woman is close to natural menopause.

- ***Radiation-induced menopause***

Radiation therapy uses high-energy particles or waves-such as x-rays, gamma rays, and alpha and beta particles -- to damage or destroy cancer cells. Radiation therapy is one of the most common cancer treatments. It can be used alone or in combination with chemotherapy, biologic therapy, and/or surgery.

While some normal cells surrounding the tumor may be affected by radiation therapy, most appear to recover fully after treatment. Unlike chemotherapy, which exposes the entire body to anticarcinogenic agents, radiation therapy affects only the tumor and the surrounding area.

Pelvic radiation therapy is more likely to cause permanent ovarian failure if the ovaries receive high doses of radiation (such as for treatment of cervical cancer). If smaller doses of pelvic radiation are used (such as for Hodgkin's disease), the ovaries may recover.

Temporary menopause

The term *temporary menopause* describes a period when normal ovarian function is interrupted. The ovaries are functional, but they are unable to produce oocytes and the accompanying normal levels of hormones. Some POF patients and some women following chemotherapy or pelvic radiation therapy experience temporary menopause. Women who

over-exercise or over-diet can experience amenorrhea due to a hypoestrogenic state, but gonadotropin levels are usually normal to low normal. Drug therapy can also result in temporary menopause.

- ***GnRH analogues***

  The gonadotropin-releasing hormone (GnRH) analogues are used to treat endometriosis and severe premenstrual syndrome. They are also sometimes used before certain types of surgeries, such as myomectomy.

  GnRH analogues can cause the ovaries to temporarily stop hormone production. GnRH analogues do not directly cause menopause. They inhibit secretion of gonadotropins, which consequently suppresses ovarian function.

  Women who take short-acting forms of GnRH analogues (administered daily subcutaneously) usually resume normal ovarian function shortly after injections are stopped. In women taking the long-acting forms of the drugs (given as intramuscular injections or as an implant), normal ovarian function may take 2 or more months to resume.

Postmenopause

According to CAMS, the term *postmenopause* is defined as "dating from the final menstrual period, regardless of whether menopause was induced or spontaneous."

Climacteric

According to CAMS, the term *climacteric* describes "the phase during the aging of women marking the transition from the reproductive phase to the nonreproductive state. This phase incorporates the perimenopause by extending for a longer, variable period before and after the perimenopause." Thus, climacteric is a process, rather than a specific point in time.

According to CAMS, "climacteric is sometimes, but not necessarily always, associated with symptomatology. When this occurs, it may be termed the 'climacteric syndrome'."

EPIDEMIOLOGY

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Three factors make the health decisions made at menopause a significant public health issue:

1. menopause affects every woman,
2. an unprecedented number of women are reaching midlife, and
3. women are living longer than ever before, with the elderly population also reaching unprecedented numbers.

Therefore, treating this population gives clinicians an excellent opportunity to make a significant impact on public health.

The North American Menopause Society
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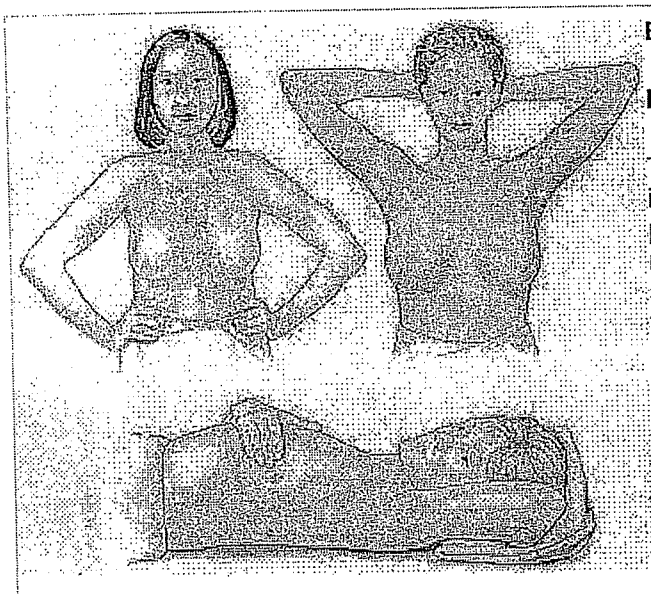


Breast Self Exam

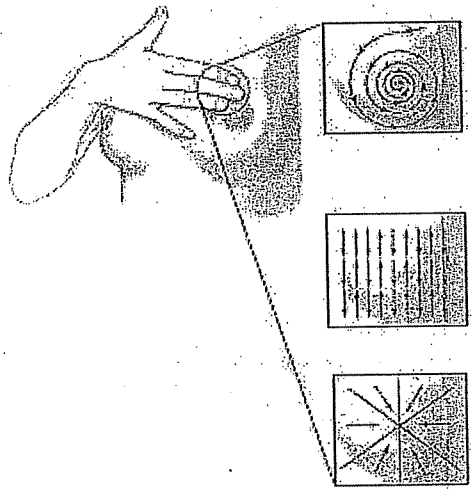
Looking

The self-exam should always be done in good light. Stand or sit in front of a mirror. Place arms at your sides. Look for dimpling, puckering, or redness of the breast skin, discharge from the nipples, or changes in breast size or shape. Look for the same signs with your hands pressed tightly on your hips and then with your arms raised high.

Feeling

Lie flat on your back. Place a folded towel or a pillow under your left shoulder. Place your left hand under or over your head. You also can feel for changes when you are standing.

With your right hand, keeping the fingers flat and together, gently feel your left breast without pressing too hard. Use one of the three methods shown here. Then lower your right arm and do the exam on the other breast.



Choose one of these methods

Circle. *Circle. Begin at the top of your breast and move your fingers slowly around the outside in a large circle. When you return to the top, move your hand a little closer to the nipple and make a smaller circle. Do this in smaller and smaller circles until you have examined all of the breast tissue.*

Lines. *Begin in the underarm area. Slowly move your fingers down until they are below your breast. Move your fingers closer toward your nipple and go slowly back up, using the same motion. Use this up-and-down pattern all the way across your breast.*

Wedge. *Begin at the outside edge of your breast. Slowly work your way in toward the nipple, doing one wedge-shaped section at a time. Do this until the entire breast area has been examined.*

Don't Forget

- With any pattern, be sure to examine the nipples also. Gently squeeze the nipple and check for any discharge.
- Examine the upper chest area and below the armpits—these places also have breast tissue.
- Call your doctor if you notice any lumps or changes in your breasts.

Looking

In the first part of the exam, you are looking in the mirror for any changes. This means you should make sure you have enough light when you are doing the exam.

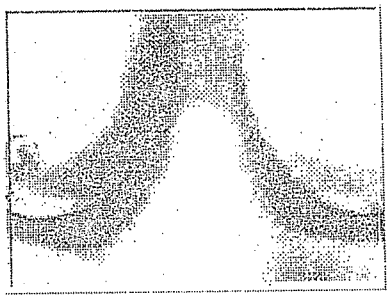
Feeling

In the second part of the exam, you are feeling for any changes. You can do this lying flat on your back, standing, or when you are taking a shower or bath. It often is easier to examine your breasts when they are smooth and wet with soap and water. It is a good idea to examine your breasts both ways—lying down and standing.

Examine one breast at a time. Feel with the pads (not tips) of your three middle fingers.

There are three methods you can choose from to feel for changes. You may find that one pattern works better for you than the others. Once you find the pattern that is easiest for you, use that pattern only. The box on the reverse shows you how to do a breast self–exam.

Remember how your breasts feel each month. Mark any lumps or other changes on the diagram shown here. Show it to your doctor.



Signs of a Problem

If you notice any of these symptoms during your breast self-exam, call your doctor:

- A lump
- Swelling
- Skin irritation
- Dimpling
- Pain
- Nipple retraction (nipple turns in)
- Redness of nipple or breast skin
- Scaly nipple or breast skin
- Nipple discharge

Any lump should be checked right away. Tests may be needed. In some cases, a ***biopsy*** may be done to look at the tissue.

Finally...

Do the breast self-exam once a month. If you detect any signs of a problem, talk to your doctor. By doing routine breast self-exams and having routine mammograms and checkups, you can help detect breast problems early—when they most likely can be treated with success.

SESSION 10

Session 10 Summary:

- Relaxation Exercise
- Open Sharing
- Review last week's session and homework
- Effective communication with your doctor
- Planning for the visit with your doctor
- Talking to other people about your HIV or past experiences
- Managing feelings and relaxation
- Reviewing goals
- Continuing to improve
- Sharing and Saying Goodbye
- Planning for the Graduation Celebration
- Homework
- Writing Exercise

Please see the supplementary readings for information on working with your doctor and questions to ask your doctor.

STEP 7:

EXAMPLE OF DISCLOSURE SCENARIO:

-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 the person that she is HIV+ before they go any further. What are some ways Maria could tell her partner?

-Can you think of an example of a situation where you might want to tell someone about your HIV, and how you might tell them?

Homework:

We are nearing 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. So for homework, please write about your thoughts and feelings about group ending.

How to make the most of your doctor visits

October 1999

by Dr. Kathleen Clanon

Mary L. goes to see her doctor, Dr. Lamb. Mary is bothered by pain in her back that won't go away. The pain is keeping her from sleeping, and it is scaring her because her grandmother had a pain like this that turned out to be cancer. Mary mentions the pain to Dr. Lamb, but he doesn't say anything about it. He rushes through the visit in 15 minutes and talks only about her T cells and viral load. Mary leaves without being sure what to do next about her pain.

When you go to see your doctor or provider, do you walk out with questions that didn't get answered? Does the doctor spend too much time on blood tests and not enough time on you? This article is about how to help get *your* agenda attended to during your medical visits.

Choosing your doctor

First, you need to have a medical provider who listens to you, and who you can work with. There are different kinds of medical providers you might see for your primary HIV care. Different providers tend to be good at different things.

- **Doctors (M.D.s and D.O.s)** have years of training in disease diagnosis and treatment. They are very knowledgeable about medical complications and are able to handle a variety of medical problems. Doctors are usually not so good at teaching and at dealing with all of your personal issues.
- **Nurse Practitioners (NPs) and Physician Assistants (PAs)** work *with* a doctor and see their own group of patients with advice from the doctor when they need it. NPs and PAs are usually better at explaining things than doctors are and they do better at focusing on what you can do to stay healthy. They don't have as much training in care of people who are really sick.

If you feel that your provider or doctor is not listening to you the way you would like, try telling them you feel that if they don't change their ways, you should change your doctor.

Taking charge of the Visit

Your medical visit is for *you*, but it doesn't always feel that way. Here are some things you can do to make sure your needs are met.

1) Have your agenda for the visit clear before you go.

Most often, your agenda will be to get some questions answered and to get a plan for what to do next about any health problems you have. Your agenda might be to hear your latest labs and be sure you understand what they mean. You might want to know why you are having a cough and what to do to get rid of it. Usually, your questions will fit into one of these categories:

- What is causing this problem? (What is my diagnosis?);
- Where did it come from? (Explaining how the disease or symptom works);
- What should I do to make it better? (Treatment); and
- When should I worry if it isn't better? (Time-line for next steps).

The clearer you are about the agenda, the more likely you are to feel satisfied with the visit.

2) Write down your questions so you can remember them.

I do this when I go to my own doctor, or I get nervous and forget things.

3) Tell the doctor your agenda early in the visit.

Do this before the doctor has a chance to get into his or her groove. Doctors are always worried about time, and if you wait until the end to bring up your issue, the doctor will be less likely to pay attention the way you want them to. Often when people wait until the end, it is because they have been scared to bring something up, and if they don't get it answered it will worry them. Even if it is scary, bring it up early and clearly: "I'm worried about this rash and I need to know more about it before I leave today."

4) Use concrete examples when you are describing symptoms.

This is especially important when you are talking about pain. People use lots of different words to describe pain, so telling your providers how the pain affects your life will give them a better idea of how serious the pain is. "My knee has been hurting" may not get the attention it deserves; better to say more detail: "My knee hurts so badly that I can't sleep and I can't climb up stairs."

Doctors will take as much power as you give them. You deserve to be in charge of your own health.

5) Bring a buddy with you.

This is very important. You can have someone right in the exam room with you when you go to see the doctor. If the doctor doesn't like it, tough (usually, they will like it). Your buddy can:

- Help you keep track of your questions, so you and the doctor don't forget them.
- Help you remember (and write down) what the doctor says.
- Be your advocate. Usually it is easier to be an advocate for someone else than for ourselves. It happens all the time that people minimize their symptoms to the doctor. They may say, "I have a little fatigue" and then the person's buddy tells the real truth—they haven't left the house in a week because they are so tired. Your buddy can stick up for you when you have trouble sticking up for yourself.
- Be the "Bad Cop" if you need to have a fight with the doctor about something. This lets you off the hook from being the hard guy.

6) Share info with your doctor.

If you have questions or concerns about an article or flyer you've seen, bring a copy for your doctor. AIDS newsletters often report new info before medical journals do, so he or she may not have seen the info you have yet.

Mary goes back to see Dr. Lamb, and asks Tanya to come with her. Right after she says hello, Mary tells Dr. Lamb, "I really want to talk with you about my back pain today. It is keeping me from sleeping and it is scaring me because I'm afraid it might be cancer." Dr. Lamb says, "OK, we'll come back to that in a minute", but he gets involved talking about Mary's medications and forgets. Tanya cuts in and says, "You forgot she needs to talk about her back." Dr. Lamb says, "We don't have enough time now." Tanya says, "We have to make time; Mary won't sleep until we get this taken care of."

Remember, doctors will take as much power as you give them. You deserve to be in charge of your own health.

You are not alone!!

(510) 986-0340 WORLD 414 - 13th Street, 2nd floor, Oakland, CA 94612

SESSION 11

Session 11 Summary:

- Giving feedback
- Interviewers will be calling to schedule an appointment
- Graduation Celebration

We realize how difficult it must have been to address the effects of HIV and Child Sexual Abuse on your lives. We appreciate all your effort and your support of each other.

Congratulations for your strength and courage!

In one month, there will be a reunion.

In three months, you will be contacted to schedule a follow-up interview.

Example of Writing Exercise Paper

ID number: 205

**Please do not put your name on this page.*

Writing Exercise

In your writing, I'd like you to just let go and express yourself. Write about your deepest thoughts and feelings related to this issue. Do not worry about grammar, spelling or sentence structure. The important thing is that you let go and really dig down to your very deepest emotions and thoughts and explore them in your writing.