

Playing it Safer

Facilitator's Manual

CHEMICAL DEPENDENCE TREATMENT PROGRAM

G. V. (Sonny) Montgomery VA Medical Center

Jackson, MS

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Welcome Facilitator

We hope you find the Playing it Safer program to be a fun and helpful way to help your patients learn how to build healthy supportive relationships and avoid situations that place them at risk for getting HIV and/or substance abuse relapse.

How does Playing it Safer work?

Playing it Safer is divided into four, 60- to 90-minute, sessions. The sessions are flexible enough that they can be presented weekly, daily, or combined into a full day program. Moreover, although the program is designed for groups led by one or, ideally, two facilitators (a male and a female), it can be completed using one-on-one or self-study formats.

The **Patient Workbook** contains the majority of the material that makes up the Playing it Safer program. It includes didactic information, material for group discussion, and several educational exercises.

The **Facilitator's Manual** contains all of the information in the Patient Workbook, as well as: brief outlines that describe the session objectives, lists of suggested materials, and group exercises. Also included are detailed descriptions of exercises and demonstrations not included in the Patient Workbook.

To make it easier for you to identify material that is not included in the patient workbook we have printed it on yellow paper and written it using 12-point Comic Sans MS font. Important notes about exercises and demonstrations are in **bold type** and written in 10-point Times New Roman font. Finally, to help you and your patients stay "on the same page" we have added text boxes that list the corresponding pages in the Patient Workbook. These are found at the bottom of each page of the facilitator's manual.

What is this "Ask Me" thing?

Ask Me is an exercise that gives patients a chance to ask the facilitators questions in an anonymous format. In our program we use a shoebox wrapped in plain white paper with a slit in the cover. At the end of the first session and the start of sessions two through four patients are given a half sheet of paper and a pen. They are encouraged to write down any questions they might have but don't want to ask aloud. The facilitators leave the room for five minutes and **all** patients are asked to fold their paper in half and put it in the box. These latter steps provide the patients with a greater sense of privacy and anonymity because the facilitators will not know who did and who did not ask a question.

Where did you get some of the stuff used in the exercises and demonstrations?

One of the biggest challenges to putting together the Playing it Safer program was finding materials to include in the demonstrations, exercises, and handouts. We spent many hours searching on the Internet and looking through supply catalogs to get the things we wanted while staying within our very limited budget. To save you some time, we have listed some places we found to be helpful. **IMPORTANTLY**, this information is offered exclusively as a resource and in no way represents an endorsement.

Health EDCO offers videos, male and female contraceptive training models, and educational posters on HIV/AIDS, reproductive anatomy, and condom use. They can be contacted using the information below:

Health EDCO
5045 Franklin Avenue
Waco, TX 76710
Phone: 1-800-299-3366 Ext. 295
Fax: 1-888-977-7653
Internet: <http://www.healthedco.com>

Education Training Research Associates Publishing (ETR) offers many pamphlets, brochures, and posters on relationships, safer sex, and other health related topics.

ETR Associates
P. O. Box 1830
Santa Cruz, CA 95061-1830
Phone: 1-800-321-4407
Internet: <http://www.etr.org>

The video clip that we used in session 1, Communication Skills was from the video "Couple Skills - The Video" produced by New Harbinger Publications. Their contact information is listed below.

New Harbinger
5674 Shattuck Avenue
Oakland, CA 94609
Phone: 1-800-7486-6273
Fax: 1-510-652-5472
Internet: <http://www.newharbinger.com>

Another important part of Playing it Safer was being able to offer our participants factual, practical, and accessible information about interpersonal communication, relationships, and human sexuality. There are dozens, if not hundreds, of book titles on these topics and they are readily available through libraries, bookstores, and the Internet. If you decide to include this information, we suggest that you provide participants with an opportunity to examine books dealing with basic communication skills (e.g., How to start a conversation), creative tips for enhancing relationships (e.g., Ways to be romantic; Ideas for a date), and factual material on human sexuality.

Finally, safer sex demonstration materials such as condoms and dental dams are often available from numerous sources including state and county health departments, commercial stores, and the Internet.

Hey, wait a second. I'm not sure if I'm comfortable with this.

Talking about issues involving relationships and sexuality can sometimes make even the most seasoned facilitator uncomfortable. It is possible that some participants will also have reservations when it comes to talking or asking questions about sex. As a way of addressing this issue and helping you to elicit participation from those taking part in Playing it Safer we offer the following recommendations:

1. **Get additional education.** Research findings relating to the areas of interpersonal communication, relationships, HIV prevention, and human sexuality continue to emerge on a regular basis. Learning about some of these new findings can further your expertise in these areas and help you to feel more confident.
2. **Don't be afraid to say, "I don't know."** The topics of interpersonal communication, relationships, and human sexuality are very broad in nature and it is impossible for any one person to know it all. If you are asked a question, either directly or through Ask Me, and don't know the answer simply indicate that you do not know but will be happy to try and find out before the next session. This type of candor and your willingness to seek out information can help break down barriers between you and the participants. It also provides participants with good models of communication and learning how to find the answers to questions they have.
3. **Don't be reluctant to admit that the topics discussed in Playing it Safer are ones that are not talked about very often.** Being open about the sensitive nature of these topics can help normalize any anxieties or reservations that participants are feeling. It also encourages participants to ask questions about things that they might find difficult or embarrassing.
4. **Practice topic areas you might find sensitive or difficult.** Educating yourself about the topics presented in "Playing it Safer" is one way to increase your comfort level. A second way is through practice. Try practicing material you find difficult in front of a mirror or with another facilitator. These practice sessions will make you more comfortable and can give your presentations a more "polished" appearance.

5. **Remember that you do not have to disclose personal information.** As with other psychoeducational programs, Playing it Safer does not require participants or facilitators to disclose personal information. In fact, disclosing personal information can, in some groups, lead to bragging, or other distracting behaviors. If you are asked a personal question (e.g., Have you ever used or tried a female condom? What is your favorite lube?), there are several therapeutic ways to respond. We offer a few suggestions in the table below, but also encourage you to respond in a way that is consistent with your own therapeutic style.

Suggested responses to personal questions	
Question	Possible response
Have you ever used a female condom?	What I, or anyone else, have done before is really not important. What matters most is that you get the facts about safer sex.
What lube do you recommend?	Everyone has different tastes and preferences so what works for one person might not work for another. That's why we tell you about many different options so that you can find the one that works best for you.
If you haven't done this before, how can you tell us about it?	Sometimes education is just as important as experience. Just because a person has had their tonsils out doesn't mean that they can do surgery on another person.
There are so many choices out there, how do I know which one is right for me?	Trying different things is a big part of what makes Playing it Safer fun. If you feel really overwhelmed or are not sure where to get started you can feel free to meet with me individually or to ask your Treatment Coordinator/Case Manager for help.

Is there anything else?

To help assess changes in participants' knowledge of the workbook material and their opinion of the group, we have included both a 20-question pre-post Playing it Safer quiz and a satisfaction survey. The answers to the quiz are on page 7 of this manual.

Finally, we would welcome any comments, questions, or other feedback you might have about this workbook. Dr. Burke can be contacted by phone at 601-362-4471 Ext. 1254, by e-mail at randy.burke@med.va.gov, or by mail at the address listed below:

**Chemical Dependence Treatment Program (116A4)
Veterans Affairs Medical Center
1500 East Woodrow Wilson Drive
Jackson, MS 39216**

Thank you and good luck.

Randy S. Burke, Ph.D.
Dana Ross, Ph.D., MPH

Answers to the Playing it Safer Quiz (pre and post)

Question	Answer
1	d
2	c
3	c
4	c
5	a
6	a
7	c
8	b
9	b
10	d
11	a
12	a
13	d
14	c
15	c
16	a
17	a
18	a
19	c
20	d

Introduction Outline

Playing it Safer Program

- I. Introduction to the Playing it Safer Group
 - A. Group content
 1. Communication skills
 - a. Passive, aggressive, and assertive communication
 - b. Using assertive communication in social and sexual situations
 2. Healthy relationships
 - a. Types of needs
 - b. Levels of interpersonal closeness
 - c. Figuring out who can help you meet your needs
 - d. Developing supportive relationships
 3. Safer sex alternatives
 - a. The difference between unsafe (high-risk) and safer (low-risk) sex
 - b. Protecting you and your partner from HIV
 - c. Having fun with sex while playing it safer
 4. Motivation and how to take care of it
 - a. What is motivation
 - b. Increasing your motivation to play it safer
 - B. Group expectations
 1. Have fun
 2. Learn about relationships and how they can enhance your recovery
 3. Participation is encouraged but voluntary
 - C. Ask Me box
 1. Anonymous
 2. Everyone puts their paper in the box

INTRODUCTION

Congratulations for deciding to learn more about ways to play it safer in terms of your recovery and your relationships with others! This workbook has a lot of information in it. We hope it will help you to learn more about your relationships with others and how you can get the most out of those relationships.

First, in Session #1 we will talk about **communication styles**:

1. What is passive, aggressive, and assertive communication?
2. How can I use assertive communication in social and sexual situations?

Next, in Session #2 we will talk about **healthy relationships**:

1. What types of needs do I have?
2. What are some of the different levels of personal closeness that I take part in every day?
3. How can I figure out what individuals will help me meet my different needs?
4. How can I develop supportive relationships with others to help me meet my needs?

During Session #3 we talk about **playing it safer** by using **alternatives to unsafe (high-risk) sex**.

1. What is the difference between unsafe (high-risk) and safer (low-risk) sex?
2. How can I protect my partner and myself from getting HIV?
3. How can I have fun with sex while still playing it safer?

Last but not least, in the **4th** and final session you will learn about **motivation**, how to “grow” it, and how to take care of it.

1. What is “motivation”?
2. How do I increase my motivation to keep playing it safer?

Before each section we will have a review of what's already been covered. At the end of the last section you will have a chance to work out what you are going to do next.

Patient Workbook page 2

SESSION 1

- Communication Skills

Patient Workbook page 3

Session One Outline

Communication Skills

- I. What is communication?
- II. Styles of communication
 - A. Passive
 - B. Aggressive
 - C. Assertive
- III. Sexual communication
 - A. Talking about sex
 - B. Talking about HIV
 - C. Talking about safer sex
 - D. Negotiating condom use and safer sex
- IV. Communication styles and safer sex
 - A. Passive
 - B. Aggressive
 - C. Assertive
- V. Two important things
 - A. "No" means "No"
 - B. Drugs and alcohol impair assertive communication
- VI. Ask Me

Exercises:

- A. Patient workbook
 1. Describing the feelings and behaviors associated with aggressive communication
 2. Describing feelings and behaviors associated with passive communication
 3. Identifying assertive communication behaviors from a video clip
 4. Identifying aggressive, passive, and assertive statements
 5. Using assertive communication to practice safer sex
- B. Facilitator's manual
 1. Role play of a passive communication style

Suggested materials:

- Half sheets of blank paper
- Pens
- Dry erase board, chalk board, or newsprint
- Markers or chalk
- A brief (i.e., about five minutes) video clip on assertive communication between a couple

Suggested handouts:

- "5 Smart Steps to Good Sex" (a brochure by ETR Publishing Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407)
- "Safer Sex: Talking With Your Partner" (a brochure by ETR Publishing Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407)

What is communication?

Webster's dictionary says that communication is a way that people share information.

Okay, that seems reasonable, but as everyone knows sometimes communication works well and sometimes it doesn't. Let's look at the differences between the two.

When communication works:	When communication doesn't work:
<ul style="list-style-type: none"> • you feel like the other person respects you 	<ul style="list-style-type: none"> • you feel frustrated
<ul style="list-style-type: none"> • you respect the person you are talking to 	<ul style="list-style-type: none"> • you feel angry and might get aggressive
<ul style="list-style-type: none"> • you feel like you have been treated fairly 	<ul style="list-style-type: none"> • other people can take advantage of you
<ul style="list-style-type: none"> • you feel like other people have listened to you 	<ul style="list-style-type: none"> • you feel like other people are not listening to you
<ul style="list-style-type: none"> • other people know how you really feel 	<ul style="list-style-type: none"> • other people don't know how you feel
<ul style="list-style-type: none"> • other people know what you really want 	<ul style="list-style-type: none"> • other people don't know what you really want

How do you make communication work?

When we communicate with others we mostly use one of three styles. These three styles are different in the way they look, sound, and feel. They usually bring different long-term and short-term results, too. Let's look at each one.

Passive communication:

- has no eye contact (person looks away; stares at the floor)
- is very quiet
- puts too much space between you and other person
- involves a lot of “I don’t know” and “whatever you want”
- means people do not express their feelings
- means people do not say what’s on their mind
- can be frustrating because you never know what the other person feels or wants

Think about the last time someone communicated with you in a passive way. What did the other person do? How did they act? How did you feel?

Aggressive communication:

- has a lot of angry stares
- is loud
- is full of threats and insults
- is full of demands instead of requests
- means people get in your space when you don’t want them to
- disrespects other people

Think about the last time someone communicated with you in an aggressive way. What did the other person do? How did they act? How did you feel?

Assertive communication:

- will work the best most of the time
- lets you express your feelings
- lets you state your opinion
- respects the rights of others
- uses direct eye-contact
- focuses on a behavior or situation and not a person (“Please fix the mistakes you made on your work.” instead of “You lazy bum.”)

These three styles can seem pretty different from each other, but they can get mixed up

- An assertive style can be mistaken for aggression. Sometimes when we hear someone clearly and directly stating his needs, it sounds like a demand
- A passive style can be mistaken for politeness. Sometimes we feel that the best way to be polite is to give in to everything the other person wants. Nothing could be further from the truth!
 - For example, when friends ask where we'd like to go for lunch, they truly would like to know your opinion. Telling them it doesn't matter takes away the part of the fun of being friends—the idea of friendship is that decisions like this are made together.

A good way to tell the difference is by thinking about what the person said and what the person did. Was the voice too loud (Aggressive), too soft (Passive), or in between (Assertive)? Did the person look directly at you (Assertive) or did they try to stare you down (Aggressive) or look away (Passive)? Finally, do you know what the person wants or feels (Assertive)? Did it come as a request (Assertive) or a demand (Aggressive)? Did they insult you (Aggressive) or not tell you what was wrong (Passive)?

On the next page is a table that lets you see the three different styles side by side.

	Thoughts	Feelings	Behaviors
Passive	<i>Whatever you want....</i>	<i>depressed, resentful</i>	<i>looking at floor quiet</i>
Aggressive	<i>I want it NOW!!</i>	<i>angry, impatient</i>	<i>loud, threatening</i>
Assertive	<i>This is what I would like....</i>	<i>confident, respectful</i>	<i>direct, situation focused</i>

Now let's watch a short video about a couple who are having a disagreement. What assertive behaviors did you see them do?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Sexual communication: Talking about sex

Now that we've talked about communication in general, let's talk about sexual communication. What is it? Sexual communication is an important part of having safer sex.

Wait a second. What do you mean by safer sex?

As we know sex can give us good feelings both physically and emotionally. Sometimes though, sex can also put you at risk of getting HIV or other sexually transmitted diseases. Three levels of risk are unsafe sex (high-risk), safe sex (no-risk), and safer sex (low-risk).

Unsafe sex (high-risk) means that you have contact with another person's body fluids. So if they have HIV, there is a risk or a chance you can get it too. Examples of high-risk sex are having vaginal or anal sex without a rubber (condom).

Safe sex (no-risk) means that you do NOT have ANY contact with another person's body fluids like cum (semen) or blood. It provides you with the most protection from getting HIV. Examples of safe sex are masturbating by your self or giving another person a sexy massage.

Safer sex (low-risk) is kind of like a middle ground. You have sex with another person, BUT you avoid having contact with their body fluids by using protection. So even if the other person has HIV your risk of getting it is MUCH LOWER than if you had high-risk sex. Examples of safer sex are vaginal or anal sex with a rubber (condom).

We will talk more about safe, safer, and high-risk sex in the third session of this group. We will also give you more examples of safe and safer sex that you might want to try.

Talking about sex

The more comfortable you feel talking about sex, the more comfortable your partner will feel talking about sex.

What's the first step? Try saying "I'm not really comfortable talking about this but I think we need to." This can help break the ice. It also lets your partner know that it is "normal" or okay to feel a little uncomfortable talking about sex.

What should I ask?

When talking about sex with a partner, the most important things to remember are:

- Talk in person.
- Talk with your clothes on.
- Talk before you start fooling around.
- Ask about your partner's sexual history:
 - ◆ Have they had high-risk sex?
 - ◆ Have they had sex with people who they know have HIV?
- What types of things do they like to do when having sex?
 - ◆ Do they like to have sex when high or drunk?
 - ◆ What are the things that turn them on?
- Have they ever been tested for HIV?
 - ◆ When did they get tested?
 - ◆ What were the results?
- Have they ever had another STD?
- How do they feel about getting tested now?
- How do they feel about using protection during sex?
- Do you have any protection on you?

How do I talk to my partners about HIV?

It isn't easy, no matter who you are! Straight, gay, woman, or man. But here are a couple of tips to make it easier.

First, the more you know about HIV, the easier it will be to talk about it. Taking part in this group can help. You can also talk with your primary care provider or Treatment Coordinator. Finally, there are some good pamphlets that you can get for free at the health department in your county and at the Red Cross.

Talk in person—not by letter, phone, or email. Try to make it as relaxed a conversation as possible. Talk in a quiet, one-to-one setting when you are both sober and in a pretty good mood.

Your partner will probably be defensive. They may feel hurt or angry, and could become verbally aggressive. Tell your partner that you care and that you are discussing HIV as a way to protect your health and your partner. It helps to discuss your own risk factors first, and then ask your partner.

Finally, after you've discussed HIV with your partner, and before you have sex with them, consider getting tested with your partner for HIV. Remember, even if you both test negative for HIV, you still need to practice safer sex.

How do I talk about safer sex?

Safer sex means not only using condoms to help prevent transmission of HIV, it means feeling safe with the person you are having sex with. This means you feel safe enough to:

- stay or leave at anytime
- only do things you really want to do
- say, “no,” stop,” or “I don’t want to do this”
- talk about sex without laughing
- look at your partner when you talk about sex
- being able to talk about your sexual history, especially if you have had unsafe (high-risk) sex
- being able to ask about your partner’s sexual history

The best time to talk about safe sex is before you have sex. It’s never easy, but it is a lot harder if things are hot and heavy. Another way to look at it is, if you can’t talk about sex with your clothes on, what makes you think you can talk about it with your clothes off?

Negotiating condom use and safer sex

Your partner might not want to use a condom when you have sex. In this case, it is still best to be assertive. When you talk assertively to your partner about using a condom, it’s called **negotiating safer sex**. This can be a challenge, but if you remember to keep the focus on the situation (protecting each other from HIV) it may help your partner to be less defensive.

Last but not least, if you find yourself in a situation where your partner refuses to practice safer sex or must be drunk or high, your best bet is to get out of the situation. There is absolutely no type or amount of sex is worth the risk of HIV and a relapse. In this case, **your health and recovery must come first**.

Communication styles and safer sex

A few minutes ago we talked about being passive, aggressive, and assertive when you are communicating with another person. These three styles can also be used when you are talking about safer sex. Let's take a look at each one.

Passive communication

When it comes to talking about sex, a passive style can get you in trouble. Your partner will not know what you want or how you feel, and may take advantage of you. You can also wind up in a bad situation where you have unsafe sex, or relapse into drugs and alcohol. Either way, being passive about sex is not worth the risk. To see how this might play out in real life, let's do a brief role-play.

Brief Exercise

Role play of a passive communication style

Objective:

To increase participants' understanding of how using a passive communication style increases the risk of having unsafe sex.

Individuals needed:

- One facilitator
- One volunteer

Note: If a volunteer cannot be identified, then the exercise can be done with two facilitators.

Steps:

1. A participant is identified as a volunteer and is told that he is going to be asked to engage in unsafe sex.
2. The volunteer is informed that he/she is only allowed to respond to the offers by saying either "okay" or "I don't know." The volunteer is also instructed to avoid eye contact.
3. For a period of about 30-seconds, the facilitator makes comments such as "How about if we get high before we fool around" or "let's skip using a rubber."

Follow-up:

After completing the role-play, reinforce the volunteer for participating by giving him/her a round of applause.

Lead the group in a brief discussion of how a passive style makes it hard to say "no" and can increase the risk for engaging in unsafe sex and/or substance abuse relapse.

Note: Asking the volunteer about his/her reactions during the role-play can help start the discussion.

Aggressive communication:

Using an aggressive style when talking about sex can also give you problems. This can happen if your partner becomes aggressive towards you (A condom? Are you saying I have AIDS) or makes fun of you (What are you, a queer? You aren't a real man!! Is that all you got?). It may be tempting to use aggressive communication right back, to defend yourself to this person. But this will only cause hurt feelings and might even lead to violence. That's not the way sex is supposed to be.

Assertive communication:

Just like we talked about before, being assertive is usually the best way to talk about sex. Let's look at some ways to do this.

In the case where your partner makes fun of you, you might say something like "I feel hurt and angry when you say things like that." This lets your partner know how you feel without blaming anyone. You might also want to decide if that is the type of person you want to be around.

Another situation that requires you to be assertive is when you are ready to have sex or are in the middle of having sex and your partner suddenly says "no!" What do you do? Remember that assertive communication is respectful of the other person. This is a situation where emotions are very intense and it's easy to become aggressive. A good first step in this situation is to stop the sex and take a deep breath. It may also help to get out of bed or take a couple steps away from your partner. This gives you a chance to slow down and cool off. Once you are calm you can ask what the 'no' is about. Does it mean to stop any kind of sex completely? Or does it mean to change position or technique?

If your partner tells you that they have decided they don't want to have sex with you, this can hurt. It can feel like a personal insult, and you may feel angry with your partner. Again, a good first step is to cool off by taking a couple of deep breaths. Then you can start to talk in an assertive way. You may be surprised to discover that sharing these feelings with each other makes your relationship stronger.

A third type of situation can happen when people are buying sex or having sex with more than one person at a time (e.g., threesomes, group sex). In this case it is easy for one person to feel like they are getting ripped off or treated unfairly by their others. You can get real angry real fast and it can be tempting to become aggressive. Trying to talk with the other people in an assertive way might not work. So, if you are in this type of situation and you find yourself getting angry then the best way to assert yourself is to walk away. Remember, sexual activity is supposed to be fun and enjoyable. If you start getting angry then the sex, no matter how interesting, is not worth it. In the third session we will talk more about other ways you can experience this type of sex.

Two important things

1. In the situations we just talked about you may not be sure what your partner means by “no.” This is not the time to guess, however. “No” means “no” and part of being assertive is being able to respect the other person and accept that. Remember, sex is about pleasure, not rape.
2. Using drugs or alcohol when having sex not only ruins your recovery, it makes it very hard to think clearly and be assertive. You may be more likely to communicate aggressively and could wind up hurting yourself and your partner.

Before we go on, take a look at the statements below. Put a "P" next to the ones that are passive, an "AG" next to the aggressive ones and an "A" next to the assertive ones:

_____ **Stop it! You pig!**

_____ **We don't have to use a rubber if you don't want to.**

_____ **Stop you are hurting me.**

_____ **I like it when you touch me that way.**

_____ **What's wrong with you?**

_____ **It's up to you.**

How did you decide which ones were passive, aggressive, and assertive?

Okay, now that we have talked about how to be assertive with your partner about practicing safer sex, it's time to practice.

On pages 15 to 19 of your workbook, there are some more examples of things you can say to your partner if you are being pressured to have unsafe sex. We also left some blank so that you can practice coming up with your own assertive responses.

Ways to assert yourself about practicing safer sex

PARTNER: Sex doesn't feel as good with condoms.

YOU: I'll feel more relaxed. And if I'm more relaxed, I can make it feel better for you.

PARTNER: We've never used a condom before.

YOU: I don't want to take any more risks.

PARTNER: Rubbers are gross.

YOU: Getting AIDS is gross.

PARTNER: We've been using condoms for 6 months! When can we stop?

YOU: When we are ready to die for each other.

PARTNER: I'm ready to die for you.

YOU: I'm not ready to die for you or anyone else. I've got too much to live for.

PARTNER: Come on let's skip the rubber and get high. You only live once.

YOU: Once is all it takes and I'm no good to anyone dead.

PARTNER: Don't you trust me?

YOU: Trust isn't the point. People can have HIV without knowing it.

PARTNER: I'll pull out in time.

YOU: Better safe than sorry.

PARTNER: Using condoms makes me feel cheap.

YOU: I decided to face facts. I like having sex and I want to stay healthy and happy.

PARTNER: I can't feel anything with a dental dam!

YOU: I tell you what, let's experiment with it, and you tell me what feels good.

PARTNER: Condoms aren't romantic.

YOU: Neither is AIDS.

PARTNER: Ain't you a real man?

YOU: A real man protects himself and the people he cares about.

PARTNER: You can't get AIDS from giving me a blowjob!

YOU: I can get HIV, and I don't want to risk it.

PARTNER: Female condoms make that squishy sound!

YOU: Let's put on some sexy music.

PARTNER: Female condoms make that squishy sound!

YOU: Let's make some noise of our own!!

PARTNER: Condoms aren't romantic.

YOU: Let's see what we can do to change that.

PARTNER: Making love with a condom is like taking a shower with a raincoat.

YOU: Doing it without a condom isn't making love, it's playing Russian Roulette.

PARTNER: I don't like using condoms.

YOU: You like having sex, don't you?

PARTNER: Dental dams make me feel dirty.

YOU: Let's see how we can use them to make you feel sexy.

PARTNER: Using a condom takes away all the fun.

YOU: Let's see how we can change that.

PARTNER: Dental dams aren't romantic.

YOU: _____

PARTNER: Condoms are too expensive.

YOU: Not compared to getting HIV.

PARTNER: Female condoms are too expensive.

YOU: I'll make it my treat.

PARTNER: I can't feel anything when I wear a condom.

YOU: Maybe you can last even longer.

PARTNER: I don't stay hard when I put on a condom.

YOU: I can do something about that.

PARTNER: Sex doesn't feel as good with a dental dam.

YOU: _____

PARTNER: Putting on a condom gets in the way of everything.

YOU: Not if I help put it on.

PARTNER: I'll try it, but I don't think it's going to work.

YOU: Practice makes perfect.

PARTNER: But I love you.

YOU: Then you'll help me keep healthy.

PARTNER: I guess you don't really love me.

YOU: I do, but I'm not risking my future to prove it.

PARTNER: If you really loved me you wouldn't use a rubber.

YOU: I'm using a rubber because I love you.

PARTNER: We're not using condoms and that's it!

YOU: _____

PARTNER: We're not using condoms and that's it!

YOU: Okay. See ya.

PARTNER: Just this once without it.

YOU: _____

PARTNER: I don't like talking about condoms.

YOU: Who does? But I'd rather talk about condoms than tell you I'm HIV positive.

PARTNER: None of my other girlfriends/boyfriends uses a condom.

YOU: I'm not them, I'm me.

PARTNER: A real man isn't afraid to have sex without condoms.

YOU: A real man cares about the person he is with.

PARTNER: I'm afraid that you'll think I'm easy if I carry condoms with me.

YOU: Actually, I'll think that you're smart because you want to protect both of us.

PARTNER: I don't have a condom with me.

YOU: I do.

PARTNER: I don't have a condom with me.

YOU: Let's go to the store!

PARTNER: It's too embarrassing to buy condoms.

YOU: If we're too embarrassed to deal with condoms, we're probably not ready for sex.

PARTNER: Men can't get AIDS from women.

YOU: The risk is small, but it's still there.

PARTNER: You can't get AIDS from oral sex.

YOU: _____

PARTNER: I got tested for HIV two months ago and I know I'm negative.
What's your worry?

YOU: Have you had sex with anyone since then?

PARTNER: I've never used needles! I'm not at risk.

YOU: Anyone having sex these days is at risk.

PARTNER: Let's get high first.

YOU: I'm in recovery and when I'm straight I can make you feel even better.

PARTNER: It's so hard to put in a female condom.

YOU: _____

PARTNER: If you're on the Pill, you're protected from AIDS.

YOU: The Pill doesn't protect against AIDS.

PARTNER: You can tell people who are HIV positive just by looking at them.

YOU: _____

PARTNER: Condoms taste bad.

YOU: Let's shop around and try some different flavored lubes.

PARTNER: I'm allergic to latex.

YOU: _____

PARTNER: Condoms cause irritation from rubbing.

YOU: Let's try out some (new) lubes.

PARTNER: Condoms are too tight—I feel like my penis is being strangled!

YOU: Let's get you a larger size.

PARTNER: Dental dams taste bad during oral sex.

YOU: _____

PARTNER: Condoms always slip off when I use them.

YOU: Let's try a different kind.

PARTNER: I feel cheap when you ask me to use a condom.

YOU: It's a way of showing you how much I care about you.

PARTNER: You can't get AIDS from going down on me.

YOU: _____

PARTNER: What do you mean: no condom, no sex?

YOU: _____

SESSION 2

- Healthy Relationships

Patient Workbook page 20

Session Two Outline

Healthy Relationships

- I. Ask Me
- II. Brief review of Session 1
- III. Relationships
 - A. Different types of interpersonal needs
 - B. Different people fill different needs
 - C. The negative effects of using alcohol or drugs as a substitute for a relationship.
- IV. Sexual needs
 - A. Identifying positive relationships
 - B. Having sex just to have sex
 - 1. The choice is yours
 - 2. Always practice safe sex
 - 3. Be aware of the difference between fantasy and reality
 - 4. No amount and/or type of sex is worth losing your sobriety
- V. Meeting your relationship needs
 - A. Different levels of interpersonal contact
 - 1. Shallow
 - 2. Moderate
 - 3. Deep
 - B. How do you make a relationship?
 - 1. It takes time
 - 2. It takes work
 - 3. It takes practice
 - 4. Don't give up

Exercises:

- A. Patient workbook
 1. Figuring out who fills our relationship needs
- B. Facilitator's manual
 1. Looking at your own relationship needs and how to meet them

Suggested materials:

- Half sheets of blank paper
- Pens
- Dry erase board, chalk board, or newsprint
- Markers or chalk
- One set of five 3 X 5 inch yellow index cards listing various needs (included with the Playing it Safer program materials)
- One set of five 4 X 6 inch blue index cards listing various people (included with the Playing it Safer program materials)

Suggested handouts:

- "101 Ways to Make Love Without Doin' It" (a brochure by ETR Publishing Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407)
- "Getting What You Want From Relationships" (a brochure by ETR Publishing Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407)

In the first session we talked about:

- Passive, aggressive, and assertive communication
- How to use assertive communication to express what you want and how you feel
- How to use assertive communication to talk with you partner about sexual issues

Now it's time to build on those skills. In this session we will talk about how to use assertive communication to build healthy relationships that will meet your social and sexual needs.

Healthy Relationships

People are hard to figure out sometimes

People have a lot of needs. Many times we need others to help meet our needs. Your needs may include someone who:

- you can share your dreams with
- can share dreams with you
- you can be silly with
- you can talk about your fears with
- can loan you money when you need it
- encourages you when things are hard
- will play a game with you
- gives you a hug
- fills your sexual needs
- will talk about sports with you
- can cook for you
- can give you a ride
- you can share a secret with
- can share a secret with you

With so many different needs, it's no wonder that no one person can meet all of them. Even though needs can feel like 'one size fits all', they're not:

- Not every need can be filled by a hug.
- Not every need can be filled by encouraging words.
- Not every need can be filled by sex.

Some examples of different persons filling different needs in your life are your:

- girlfriend
- best friend
- mother
- sponsor
- preacher
- brother
- treatment coordinator

How do these people meet the different needs you have? Your girlfriend may love to cook your favorite foods and will support you when times are hard. Your best friend may love to play cards with you and sometimes can give you a ride. Your mom may be able to loan you money when you need it, while your sponsor is someone to confide in. Your preacher may be able to help you spiritually. Your brother goes fishing with you and your treatment coordinator helps you make a recovery plan.

Where drinking and drugging comes in

Sometimes we feel that alcohol or drugs can fill our needs. Other people might have hurt you in the past and that can make it hard to trust others. Alcohol or drugs may have seemed like a trusted friend, always there for you and never letting you down. For example, how many times have you heard (or said), "Crack and whiskey never broke my heart—it's people I can't trust!"?

Although alcohol and drugs might have seemed like a true friend, they have hurt you too. Because of drinking and drugging, you may have:

- gone to jail
- had a fist fight
- health problems
- spent all your money
- lost your family
- come close to dying

“True friends” don’t treat you this way! Most of us would agree that we don’t need these things in our lives.

So how do you know who your true friends are?

Here are some ways you know that your needs are being filled in a positive way.

- You can trust the other person and they can trust you.
- You can control your own actions.
- You feel good when you are with the other person and not just when you are high or drunk.
- You feel happy and content when you are with the other person.
- The things you do together are good for your health, like laughing.

What about sexual needs?

Why do people love having sex? The obvious answer is that it feels good! Masturbation can feel good too, but anyone who has done both knows that there is a big difference. The key difference is interpersonal contact—a fancy way of saying that another person is involved.

So how do you figure out who fills what needs?

Let’s work together as a group to figure out the answer.

Brief Exercise

Finding out about how we meet our needs

Objective:

To help participants increase their understanding of how different individuals help them meet their various needs.

Items needed:

- One set of five 3 X 5 inch yellow index cards listing various needs (included in the Playing it Safer program materials)
- One set of five 4 X 6 inch blue index cards listing various people (included in the Playing it Safer program materials)
- Blank sheets of paper
- Pens
- Markers
- A dry erase board or newsprint

Individuals needed:

- All participants

Steps:

1. Divide the participants up into smaller groups of two or three individuals.
2. Send half of the small groups to one side of the room and the other half to the opposite side.
3. Give a pen and sheet of paper to one of the members of each group.
4. Have the groups complete the exercise according to the table on the next page.

For the sets of small groups on one side of the room:	For the sets of small groups on the opposite side of the room:
<ul style="list-style-type: none"> Give one member of each group a yellow index card that has a need (e.g., food, shelter, sex, friendship) written on one side. 	<ul style="list-style-type: none"> Give one member of each group a blue index card with a person (e.g., mother, spouse, friend, repairman) written on one side.
<ul style="list-style-type: none"> Have the small groups write down people that could fill the need listed on the card. 	<ul style="list-style-type: none"> Ask the members of each group to write down what needs/roles the person listed on the card could fill.
<ul style="list-style-type: none"> Have the participants work in small groups for a period of about three minutes 	
<ul style="list-style-type: none"> Have the members of each small group report the needs written on their cards and the people that can fill them. 	<ul style="list-style-type: none"> Have the members of each small group report the people written on their cards and the needs they can fill.

- Record the information reported by the small groups on a dry erase board or newsprint.
- Assist the group in arriving at the following conclusions:
 - Most of the time, the people who meet our sexual needs meet other needs as well.
 - Needs such as being loved and respected can be met by many people, and in ways that do not involve sex.
 - Sex can be an important part of our lives, but it cannot meet all our needs.

Follow-up:

Congratulate the participants on their efforts and answer any questions.

Great work. Three important things that we learned are:

1. Most of the time, the people we have sex with meet more than just our sexual needs.
2. Other needs like being loved and respected can be met by other people and in ways that don't involve sex.
3. Sex can be an important part of our lives, but it can't fill all our needs.

What about having sex just to have sex?

Another type of sexual need that many people get into is having sex just to let off some steam or to stir up some excitement. In these cases, people will sometimes buy sex, trade drugs for sex, or have sex with someone they just met at a sex club, bar, or crack house (anonymous sex).

It's true that, for some people, this type of sex can be exciting to be a part of or to just watch. The down side is that there are many big risks that you should know about including:

- getting HIV
- getting arrested (for some things)
- losing your sobriety (relapsing)
- getting physically hurt
- getting ripped off

The good news is that there are other ways to take part in this type of sex without hurting yourself or your sobriety. Some safe examples are:

- watching porno movies
- looking at porno mags
- reading erotic books
- phone sex
- cyber sex

Only you can decide these are things that you want to do. The main things to remember are:

1. If you want to have sex just to have sex always try to play it safer in whatever you do.
2. Watching porno movies and phone sex are safe in terms of disease but they can cost a lot of money. Also, remember that things like porno movies and computer sex are exciting because they are based on fantasies and NOT realities. People might say a lot of things on the phone or in a computer chat room that they would NEVER want to do in REAL LIFE.
3. There is NO amount or type of sex that is worth more than your life and your recovery.

Before we move on, we wanted to spend a couple of minutes talking about a problem that some people can have when they have sex for the sake of sex. As we just talked about many people will sometimes have or watch sex just because it is fun and exciting. This is normal and is not a problem if they have other non-sexual ways of meeting their other needs.

For some people though, having sex becomes a bigger and bigger part of their lives so that it gets in the way of other important parts of their lives. They might start to see sex as their only way to have fun, try to use sex as a way of meeting all of their needs, or find that they keep having sex even though they don't want to. When this happens, sex stops being fun and starts causing you problems. If you have questions or think that you might need some help with some of your sexual needs, please come and talk with one of the group leaders or your Treatment Coordinator.

Now let's shift gears a little bit and, look at some ways to meet our needs.

Different levels of interpersonal contact

Contact with another person can happen on many different levels. For example, calling to order pizza is a very shallow level of contact. You might never see or meet the person you're talking to!

Talking to someone in line at the canteen or grocery store offers a little more interpersonal contact. You may talk about the long wait, the high prices, or the weather, but you usually do not talk about anything more personal.

A deeper level of interpersonal contact can occur when you are talking with other people in your group. In this case you might share things about your past, your plans for the future, and other personal topics.

Sometimes, talking to members of your family is an even deeper level of interpersonal contact. You might be able to talk about your fears, doubts, and worries about your addiction and your sobriety and the other person will still respect you.

One of the deepest levels of interpersonal contact can be talking to your partner, spouse, or girlfriend. The two of you have goals and dreams in common. You may have common problems to solve, such as housework, paying bills, and childcare. Conversations may be silly, as in sharing a joke, or they may be serious, as in making a budget. Either way, there is a sense of sharing, trust, and loyalty between the two of you.

To help you put it all together, here is a table that summarizes what we have been talking about:

Shallow contact		Moderate contact		Deepest contact
<ul style="list-style-type: none"> • Little trust needed • Not very personal 		<ul style="list-style-type: none"> • Some trust needed • Somewhat personal 		<ul style="list-style-type: none"> • Lots of trust needed • Very personal
Calling for pizza	Small talk in the grocery store	Talking with your group	Talking with your sponsor or family	Talking with your partner

So how do you make a relationship?

Well for starters, keep in mind that there is no such thing as the perfect relationship. People come together in lots of different ways and even the best of friends will have good times and bad ones. It is also impossible to have one relationship that meets all your needs (e.g., the same person cannot be your mother, wife, and sister). The good news is that you can make more than one relationship and, most of the time, they develop in a similar way.

Now lets talk about some of the basic things that make up healthy relationships:

It takes time

Getting to know a person takes time. If you try to rush things, like trust, you can set yourself up to be hurt. Going too fast is like getting high or drunk, the rush is fast and furious but it doesn't last and you wind up getting hurt. The idea of love at first sight is nice but pretty rare. Most of the time it is a slow process that goes one step at a time. The good news, though, is that by taking your time, the relationship can be built to last.

It takes work

Healthy relationships do not just happen. Just like with staying sober, some things are easy and other things are hard. Having a healthy relationship will take effort on your part but it is worth it because most of the time you get out more than you put in.

It takes practice

People are not born knowing how to make a good relationship. But just like you are learning to live a sober life, you can learn to be a good friend or a caring partner. Skills like listening and assertive communication come in handy. To make them work though, you have to practice them. AA/NA meetings can be good places to practice. They give you a chance to do some sharing and get to know others who have “been in your shoes.” The good news is that with practice it will become easier for you to do the things that build strong relationships.

Don't give up

Even with a lot of effort and practice, relationships can go bad. People break up and friends lose touch with each other. This can hurt a lot and can make you feel like giving up. Don't. You may have had some slips or failures but that doesn't mean you cannot build new relationships that will work. The key is to keep at it. Sometimes you may decide not to take a relationship to a deeper level, and that's okay. Other times you may decide that you want to try taking things to a deeper level. That's okay, too. The important thing is that both people in the relationship feel safe and want the same things to come out of it.

Let's finish this session by doing a brief exercise that might help you look at your own needs in a relationship and how to meet them. Go to the next page and we'll get started.

First: Make a list of all the things you need in a relationship.

Second: Next to each need write down the name of the person who fills that need. If you can't think of anyone leave it blank for now.

My relationship needs	Who meets them

Third: Copy the needs that are not being met onto the next page.

Finally: List some ways that you can go about meeting that need.

Unmet need: _____

Ways I can meet it: _____

Unmet need: _____

Ways I can meet it: _____

Unmet need: _____

Ways I can meet it: _____

SESSION 3

- Safer Sex Alternatives

Patient Workbook page 32

Session Three Outline

Safer Sex Alternatives

- I. Ask Me
- II. Brief review of Sessions 1 and 2
- III. Risks associated with unsafe (high-risk) sex
 - A. What is HIV?
 - B. What is AIDS
 - C. How does HIV hurt you?
 - D. How do you get HIV?
- IV. Playing it safer sexually
 - A. Levels of sexual risk
 - 1. Unsafe sex (high-risk)
 - 2. Safe sex (no-risk)
 - 3. Safer sex (low-risk)
 - B. How to use a male condom
 - C. How to use a female condom
 - D. How to use a dental dam
 - E. Other safer sex behaviors
- V. Two important things
 - A. Make sure both you and your partner are comfortable with sexual things you want to try.
 - B. Real life sex is not the same as what you might see in erotic books or movies.

Exercises:

- A. Facilitator's manual
 1. HIV versus the immune system
 2. The steps of male condom use

Demonstrations:

- A. Facilitator's manual
 1. The correct way to use a male condom
 2. The correct way to use a female condom
 3. The correct way to use a dental dam
 4. How to make a dental dam

Suggested materials:

- Half sheets of blank paper
- Pens
- Dry erase board, chalk board, or newsprint
- Markers or chalk
- HIV/AIDS chart
- Steps of condom use chart
- Samples of safer sex materials including male and female condoms, latex or polyurethane gloves, and dental dams
- Two sets of ten 3 X 5 inch index cards listing the steps of male condom use (included with the Playing it Safer program materials)
- Scissors
- Male condom training model
- Female condom training model
- Phosphorescent simulated body fluid
- Blacklite light bulb and desk lamp
- Packages of sugarless mints
- Books on interpersonal communication, relationships, and human sexuality

Suggested handouts:

- "Incredible Condom Facts" (a brochure by ETR Publishing Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407)
- "Incredible Sex Facts" (a brochure by ETR Publishing Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407)

In the first half of this program, we have talked about using assertive communication in your relationships with other people. We also looked at ways that you can use assertive communication to build healthy relationships with others. Now, let's take a look at how to use communication and relationship building skills to play it safer in sexual situations.

Playing it safer sexually

Sex can be great. It can also be a real bummer. You know that some relationships can be very close but not involve sex, like your relationship with your sponsor. Some relationships can involve sex without being very deep, such as a one-night stand.

Any time sex is involved there are risks, not only the risks of being hurt physically or emotionally, but also the risk of getting HIV.

So what?

So, with sex, there are different levels of risk. Some sexual activities are completely safe, and have no risk of getting HIV. Some are very risky and can cause you to get infected with HIV. Most sexual activities fall in between these two. Condoms can help prevent body fluid contact and reduce your risk of getting HIV. Sometimes, however, you don't have a condom or want to try something new that might be a little risky. We are going to talk about these things in a few minutes, but first let's take a step back and find out a little more about HIV.

What is HIV?

HIV is short for Human Immunodeficiency Virus. It is the disease that causes AIDS. HIV attacks your immune system, so you cannot fight off diseases. A person can have HIV and not know it. HIV can be in a person's body for more than 10 years without any symptoms. Many people who have HIV do not look or feel sick. Often, people who have been exposed to HIV have flu-like symptoms within 6 months after being exposed. These symptoms may last 3 days to a few weeks. Even after the symptoms go away, however, the person still has HIV.

What is AIDS?

AIDS is short for Acquired Immune Deficiency Syndrome. You have AIDS when HIV has attacked your immune system. It is the last stage of HIV disease. People who have AIDS may often feel and look sick.

How does HIV hurt you?

HIV attacks the immune system, leaving your body unable to fight off infections you don't normally get. These are called "opportunistic" infections because your body does not have an opportunity or chance to fight them off. These infections include things like some types of pneumonia and cancers. This probably sounds a little confusing so let's do a brief exercise that will make it easier to understand how HIV hurts you.

Brief Exercise

HIV versus the immune system

Objective:

To increase participants understanding of how HIV breaks down the immune system.

Items needed:

- One marker
- Two stacks of 8.5 X 11 inch blank white paper with about 100 sheets in each stack
- HIV/AIDS chart (optional)

Individuals needed:

- Two volunteers

Steps:

1. Place the two stacks of paper about 12 feet apart on two tables or chairs. Make sure that the path between the stacks is unobstructed.
2. Place the marker in front of one of the stacks of paper.
3. Ask one of the volunteers to represent HIV and the other to represent the immune system.
4. Tell the HIV representative to write "HIV" as fast as possible on as many pieces of white paper as he or she can.

Note: Explain to the group that this represents the virus destroying the white blood cells, the cells that fight HIV. Each piece of paper represents one white blood cell.

5. Tell the immune system representative to do the following:
 - First, take one sheet of paper with HIV written on it.
 - Second, tear it up, into small pieces, and throw it down.
 - Third, run to the second stack of paper, take one sheet, and make a new stack of blank of paper near the HIV representative.

Note: Explain to the group that this represents the immune system working to destroy HIV while at the same time needing to make more white blood cells.

6. Allow the exercise to take place for about three minutes.
7. Call time and compare the number of pieces with HIV written on them to the number of pieces of white paper recovered (i.e., placed in the new stack) by the immune system representative.

Note: Explain that the problem with HIV is that it copies itself faster than the immune system can destroy it because the immune system has two jobs: 1) destroy HIV and 2) make more white blood cells.

8. Point out that the HIV representative wrote "HIV" neatly in the beginning, but as time went by, the writing began to change.

Note: Explain to the group that when HIV reproduces in the body, it changes (mutates).

Follow-up:

Thank the volunteers for participating and answer any additional questions posed by the group. Having a HIV/AIDS chart available, as a supplementary visual aid, can also be helpful.

How do you get it?

You can get HIV by coming in contact with another person's body fluids. Examples of body fluids are cum (semen), blood, vaginal fluids, and breast milk.

You can come in contact with another person's body fluids by having sex without a condom, sharing needles, getting HIV-infected body fluids into open wounds or sores, and breast-feeding.

You CANNOT get HIV through casual contact. This means you will NOT get HIV from being around sneezes or coughs, touching tears or sweat, hugging, touching doorknobs, phones, beds, or drinking glasses.

A person who has HIV can look and feel healthy but still give HIV to another person. People who are being treated for HIV with medicine can still give HIV to another person.

So how do you know what's safe?

Exchanging body fluids with an infected person is the main way you get HIV. Sex usually involves body fluids. So to keep from getting HIV from sex you have to avoid mixing body fluids. One way to do this is by using a barrier such as a condom, glove, or dental dam. Another way is to take part in sexual activities that do not involve exchanging body fluids. Turn to the next page to see a list of unsafe (high-risk), safer (low-risk), and safe (no-risk) sexual activities.

General guidelines for HIV sexual risk

UNSAFE SEX (high-risk)

- ❖ “Getting laid” without a condom (unprotected vaginal intercourse)
- ❖ “Taking it up the butt” or anal sex without a condom (unprotected anal sex)
- ❖ Giving a “blow job,” “rim job,” or “eating a woman out.” (unprotected oral sex--especially if semen, vaginal secretions, or menstrual blood gets into the mouth)
- ❖ Having sex while drunk or high

SAFER SEX (low-risk)

- ❖ “Jerking each other off” (mutual masturbation)
- ❖ Getting a “blow job,” “rim job,” or being “eaten out” (receiving oral sex)
- ❖ Kissing
- ❖ Any type of sex when you use a condom the right way
- ❖ “Water sports” or “golden showers” (sexual activities involving exposure to saliva, sweat, and urine)

SAFE SEX (no-risk)

- ❖ Phone sex
- ❖ Computer/cyber sex
- ❖ “Jerking yourself off” (solo masturbation)

Unsafe (high-risk) sexual activities

Any type of sex in which one person penetrates or goes into another person's body without any protection is unsafe (high-risk) sex.

Safe (no-risk) sexual activities

Any type of sex that does NOT involve ANY contact with another person's body fluids, like blood, saliva, or cum (semen).

Safer (low-risk) sexual activities

Using a condom correctly and every time you have any kind of sexual contact decreases your risk of getting HIV. Putting on a condom might seem like an easy thing to do but it has to be done right for it to work. You also have to choose the right kind of condom. Latex and polyurethane condoms are the only ones that protect you against HIV. Natural or lambskin condoms do NOT protect you against HIV. The good news is that it only takes a few easy steps to use a condom correctly and there are many different kinds to choose from. Turn to the next page and let's go through the steps.

Brief Demonstration

The correct way to use a male condom

Objective:

To teach participants the correct way to use a male condom.

Items needed:

- Latex or polyurethane male condoms
- One male condom training model
- How to use a male condom chart (optional)
- Phosphorescent simulated body fluid (optional)
- Blacklite light bulb and desk lamp (optional)

Individuals needed:

- One facilitator

Steps:

1. Set up the male condom training model and explain that the purpose of the demonstration is to show them the correct way to use a male condom.
2. Direct the participants to page 38 of their workbooks and have them follow along as you demonstrate each of the steps.

Note: A way to make the demonstration interactive is to have one of the participants read each of the steps aloud as you demonstrate it.

3. Demonstrate the correct way to use a male condom by following the steps on the next page:

Patient Workbook page 37

- Choose a latex or polyurethane male condom.
- Check the expiration date and then check the package for holes or tears.
- Carefully open the package without using your teeth or fingernails.
- Squeeze the tip of the condom.
- Roll the condom to the base of the penis.
- Use it.
- Orgasm.
- Pull out the penis while it is still hard.

Note: While this step will obviously not be demonstrated you can still comment on its importance.

- Hold onto the rim of the condom and slide it off the penis.

Note: If you have a male condom training model that simulates ejaculation, you can use phosphorescent simulated body fluid and a blacklight light bulb to demonstrate that you did not come in contact with any body fluid while removing the penis.

- Throw it away.

Follow-up:

Answer any questions posed by the group. Having a male condom use chart available, as a supplementary visual aid, can also be helpful.

How to use a male condom

1. Choose a latex or polyurethane male condom.
2. Check the expiration date and then check the package for holes or tears.
3. Carefully open the package without using your teeth or fingernails.
4. Squeeze the tip of the condom.
5. Roll the condom to the base of your penis.
6. Use it!
7. Orgasm.
8. Pull out your penis while it is still hard.
9. Hold on to the rim of the condom and slide it off your penis.
10. Throw it away.

Now that you have read about and seen how to use a male condom, safely and correctly, let's try a little practice.

Brief Exercise

The steps of male condom use

Objective:

To help participants learn about and simulate the steps of male condom use.

Items needed:

- Two sets of ten 3X5 inch index cards with each card displaying one of the steps of correct male condom use (included with the Playing it Safer program materials)
- Condoms
- One or more condom training models
- Phosphorescent simulated body fluid (optional)
- Blacklite light bulb and desk lamp (optional)
- Packages of sugarless mints

Individuals needed:

- All participants

Steps:

1. Divide the participants into smaller groups using the following guidelines:
 - For groups of **up to** 20 participants, divide them into two groups of approximately equal numbers.
 - For groups with **more than** 20 participants, divide them into smaller groups with an approximately equal number of participants in each group.

Note: The key to this exercise is to make sure that no group has more than ten members.
2. Shuffle each set of cards and hand them out face down to the participants.

Note: If there are less than ten members in a group you should give some members more than one card.
3. Set up the condom training models and place condoms next to them.

Note: One way to make the exercise more challenging is to place some damaged or expired condoms among viable ones.

Note: For male condom training models that simulate ejaculation, phosphorescent simulated body fluid will glow under a black light and can be used to make sure participants adequately protected themselves from body fluids.

4. Explain to the group that each of them is holding a card or cards that list a step of correct condom use. When the signal is given they must work as a team to organize themselves and complete the steps in the correct order.

Note: The steps of correct male condom use are listed in order on page 38 of the participant workbook.

5. Tell the participants that the first team to complete the steps correctly will win a prize,

Note: A good prize for members of the winning team could be individually wrapped sugarless mints.

Follow-up:

Congratulate all the participants for taking part in the exercise and then engage them in a brief discussion about what steps they were likely to skip or do incorrectly. Ask them how they will remember to do all of the steps when actually practicing safer sex.

Another type of condom that is pretty new is the female condom. It is a polyurethane pouch that is worn by a woman inside her vagina. It's like a male condom in that it can protect you and your partner against HIV during vaginal sex. It can also be used to as protection when performing oral sex on a woman's vagina.

The female condom is different from male condoms, however, in that the woman can put it in up to 8 hours before sex. Men and women who have used it say you that cannot feel it and that it's big enough to fit any man. It can be a good thing to try if you feel like male condoms are too small, you want to be more spontaneous, or just want to try something new while playing it safer.

Here are the steps for using a female condom. Like with male condoms, they can be done by either a man or a woman.

Brief Demonstration

The correct way to use a female condom

Objective:

To teach participants the correct way to use a female condom.

Items needed:

- Female condoms
- One female condom training model (optional)
- How to use a female condom chart (optional)

Individuals needed:

- One facilitator

Steps:

1. Set up the female condom training model and explain that the purpose of the exercise is to show them the correct way to use a female condom.

Note: If a female condom training model is not available, you can use an overhead or poster that illustrates the correct way to use a female condom.

2. Direct the participants to page 39 of their workbooks and have them follow along as you demonstrate each of the steps.

Note: A way to make this exercise interactive is to have one of the participants read each of the steps aloud as you demonstrate it.

3. Demonstrate the correct way to use a female condom by following the steps on the next page.

Patient Workbook page 39

- Choose a latex or polyurethane female condom.
- Check the expiration date and then check the package for holes or tears.
- Carefully open the package without using your teeth or fingernails.
- Squeeze the inner ring (the closed end) with your thumb and index finger.
- Insert the closed end into the vagina as far as it will go.
Note: It is in the right place when the woman cannot feel it.
- Make sure the outer ring (the open end) is on the outside of the vagina and that the sheath (tube) is not twisted.
- Use it!
- To take it out, squeeze and twist the outer ring. Then gently pull it out while the woman is still lying down.
- Throw it away.

Follow-up:

Answer any questions posed by the group. Having a female condom use chart available, as a supplementary visual aid, can also be helpful.

How to use a female condom

1. Choose a latex or polyurethane female condom.
2. Check the expiration date and then check the package for holes or tears.
3. Carefully open the package without using your teeth or fingernails.
4. Squeeze the inner ring (the closed end) with your thumb and index finger.
5. Insert the closed end into the vagina as far as it will go. It is in the right place when the woman cannot feel it.
6. Make sure the outer ring (the open end) is outside the woman's vagina and that the sheath (polyurethane tube) is not twisted.
7. Use it!
8. To take it out, squeeze and twist the outer ring.
9. GENTLY pull it out. This is a lot easier to do if you take it out before the woman stands up.
10. Throw it away.

A third type of protection is called the Dental Dam. It is a square sheet of latex or polyurethane and it can be used when giving oral sex to your partner's vagina or anus. Dental dams come in many different colors and flavors and can protect you from HIV. The steps for using a dental dam are listed below.

Brief Demonstration

The correct way to use a dental dam

Objective:

To teach participants the correct way to use a dental dam.

Items needed:

- Dental dams
- One dental dam training model
- One marker or pen
- An overhead or poster demonstrating how to use a dental dam (optional)

Individuals needed:

- One facilitator

Steps:

1. Set up the dental dam training model and explain that the purpose of the demonstration is to show them the correct way to use a dental dam.

Note: If a dental dam training model is not available, you can use an overhead or poster that illustrates the correct way to use a dental dam.

2. Direct the participants to page 40 of their workbooks and have them follow along as you demonstrate each of the steps.

Note: A way to make this demonstration interactive is to have one of the participants read each of the steps aloud as you demonstrate it.

3. Demonstrate the correct way to use a dental dam by following the steps on the next page.

Patient Workbook page 40

- Choose a dental dam.
- Check the expiration date and then check the package for holes or tears.
- Carefully open the package without using teeth or fingernails.
- Use a pen or marker to write an X in the lower left corner of the side that will be facing you.
- Place the dental dam against your partner's vagina and/or anus.
- Apply your favorite lube.
- Use it!
- Throw it away.

Note: Stress to participants that if the dental dam slips and the side facing them touches their partner, the safest thing to do is throw it away and get a new one.

Follow-up:

Answer any questions posed by the group. Having a how to use a dental dam overhead or poster available, as a supplementary visual aid, can also be helpful.

How to use a dental dam

1. Choose a latex or polyurethane dental dam.
2. Check the expiration date and then check the package for holes or tears.
3. Carefully open the package, without using your teeth or fingernails.
4. With a pen, place an X in the lower left corner on the side that will be facing you.
5. Place the dental dam against your partner's vagina or anus.
6. Apply your favorite flavored lube.
7. Use it!
8. Throw it away after use. Do NOT reuse a dental dam.
9. If the dam slips and the side facing you (the side with the X in the lower left corner) touches your partner, throw it away and get a new one.

Brief Demonstration

How to make a dental dam

Objective:

To teach participants how to make a dental dam from a latex or polyurethane condom.

Items needed:

- Latex or polyurethane male condoms
- One pair of scissors

Individuals needed:

- One facilitator

Steps:

1. Explain that the purpose of the demonstration is to show them how to make a dental dam using a male condom.
2. Direct the participants to page 40 of their workbooks and have them follow along as you demonstrate each of the steps.

Note: A way to make this demonstration interactive is to have one of the participants read each of the steps aloud as you demonstrate it.

3. Demonstrate how to make the dental dam by following the steps on the next page.

Patient Workbook page 40

- Choose a latex or polyurethane condom.
- Check the expiration date and then check the package for holes or tears.
- Carefully open the package without using teeth or fingernails.
- Take the condom out but leave it rolled up.
- Use a scissors to cut halfway through the condom going from the outer edge to the middle.
- Unroll it and then use it as a dental dam (see page 40 of the patient workbook).

Follow-up:

Answer any questions posed by the group. Group members should also be commended for their efforts and attention during the exercises and demonstrations.

How to make a dental dam

If you do not have a dental dam, or you want to be creative, you can make one using a male condom. Here are the steps:

1. Choose a latex or polyurethane condom.
2. Check the expiration date and then check the package for holes or tears.
3. Carefully open the package without using your teeth or fingernails.
4. Take out the condom, but leave it rolled up.
5. With a scissors cut halfway through the condom (go from one end to the middle).
6. Unroll the condom.
7. Apply your favorite flavored lube.
8. Use it (see the steps on page 40 of the patient workbook)!
9. Throw it away.

With all these choices things can get a little confusing. So, to help keep things straight here is a table that puts it all together.

	Male Condom	Female Condom	Dental Dam
Protects you and your partner during/while:	<ul style="list-style-type: none"> • “blow jobs” (oral to penile sex) 	<ul style="list-style-type: none"> • “eating a woman out” (oral to vaginal sex) 	<ul style="list-style-type: none"> • “eating a woman out” (oral to vaginal sex)
	<ul style="list-style-type: none"> • “getting laid” (vaginal sex) 	<ul style="list-style-type: none"> • “getting laid” (vaginal sex) 	<ul style="list-style-type: none"> • “rim jobs” (oral to anal sex)
	<ul style="list-style-type: none"> • “taking it up the butt” (anal sex) 		

Is that all there is?

Nope. We have just talked about a few of the ways that you can play it safer sexually. We just covered the basics, however, there are lots of other things you can do either by yourself or with your partner that are both safe and fun. Some other examples are:

- kissing
- caressing
- stroking with a feather
- masturbating each other
- giving each other a massage
- taking a bath or shower together
- watching erotic movies or looking at erotic pictures
- reading erotic stories

Two quick, but important, things:

1. The most important part of playing it safer with your partner is that both of you are comfortable with the things you might want to try. What might be exciting for one person can be scary for someone else. The good news is that there are lots of ways to make sex fun and safe. With a little imagination and some assertive communication, you will find some things you both feel comfortable trying.
2. Erotic books and movies can make sex seem larger than life. The important thing to remember is that they are books and movies NOT real life. Just like in Superman and James Bond movies, erotic movies use camera angles, make up, actors, and other tricks to make it seem like sex lasts for hours and always feels good. The truth is that it is just acting and real life sex is not that way. The good news, though, is that sex does not have to be like that to feel good. In fact, when you play it safer, it can often be better than the movies.

So what's the bottom line?

The bottom line of this session is that there are lots and lots of ways to have sex in a way that is both fun and safe. To get the most out of it just keep the following things in mind:

- Assertively talk with your partner about things you might want to try.
- Listen to what your partner wants and try to find things you agree upon.
- Be creative.
- Play it safer by using protection.
- Avoid using alcohol or drugs.
- Enjoy yourself. Remember sex is supposed to be fun.

SESSION 4

- Motivation and How to Take Care of It

Patient Workbook page 44

Session Four Outline

Motivation and How to Take Care of It

- I. Ask Me
- II. Brief review of sessions 1, 2, and 3
- III. What is motivation?
- IV. Four important things about motivation
 - A. Motivation is not a feeling or emotion
 - B. Motivations compete against each other
 - C. Motivation changes, sometimes very fast
 - D. People, places, and things can serve as motivators.
- V. Decision scale
 - A. Two sides
 - 1. Motivation to play it safer
 - 2. Motivation to take a risk
 - B. Two weights
 - 1. Costs
 - 2. Benefits
- VI. Increasing motivation for playing it safer
 - A. Increasing the number of motivators to play it safer
 - B. Increasing the weight of motivators to play it safer
 - C. Decreasing the weight of motivations to take a risk
- VII. Final Thoughts
- VIII. Conclusions

Exercises:

A. Patient manual

1. Comparing the costs and benefits of motivations to play it safer versus taking a risk.
2. Increasing the number of motivators to play it safer
3. "Beefing up" the benefits of playing it safer
4. Decreasing the weight of motivators to take a risk

Suggested materials:

- Half sheets of blank paper
- Pens
- Dry erase board, chalk board, or newsprint
- Markers or chalk

Well this is it, our last session. So far we've covered:

- Passive, aggressive, and assertive communication styles
- Building healthy and supportive relationships
- Finding ways to have fun sexually while protecting yourself from HIV

For our last group we are going to look at ways that you can “grow” your motivation to help you keep playing it safer after this group is over.

What is motivation?

Motivation is *inside* us; no one knows anything about your motivation until you **DO** or **SAY** something. Making decisions about someone's motivation based on what they say is not very reliable: people often “talk the talk” without “walking the walk.” Words can be very cheap. So, what you **DO** is the best way we have to show others (and ourselves!) what your inside motivation really is.

There are a few very important things to remember about motivation:

1. Motivation is not a feeling or emotion

Motivation *can* have a positive feeling or emotion with it, but not always. There are lots of things we do that we do not have positive or excited feelings about. Think about your motivation to brush your teeth, to go to bed, to use the restroom, to go to group, or to mow the grass. We **DO** these things, but we don't usually get excited about them or have happy emotions about them.

2. Motivations compete against each other

Think what happens when your alarm clock rings early in the morning. You *want* to keep on sleeping but you feel you *have to* get up and go to work. The motivation to keep sleeping fights against the motivation to keep your job. We sometimes want two different things at the same time. So, the motivation to drink fights against the motivation not to drink. The motivation to take a risk fights against the motivation to play it safer.

3. Motivation changes. Sometimes it changes fast.

Do you hate anyone you used to love? Once you finish a big meal, how does your motivation to eat compare to what it was before the meal? How strong is your motivation to have risky sex while you are sitting in church? How about when you are alone with someone you are attracted to? What happens to your motivation to breathe when you hold your breath? Motivations can sometimes change in a “bat of an eye.”

4. People, places, or things that change our motivation to do something are called “motivators.”

We are surrounded by motivators. The smell of bacon frying in the morning can be a motivator to eat. The sight of a police car can be a motivator drive slower. Smelling a sweet perfume, seeing an attractive person, hearing a sensual voice are all motivators to have sex. There are “cues” inside of us and outside of us that make our motivations stronger or weaker.

DECISION SCALE

We use what we call a “decision scale” to help figure out what our motivation is and how to change it. We will use sex as an example.

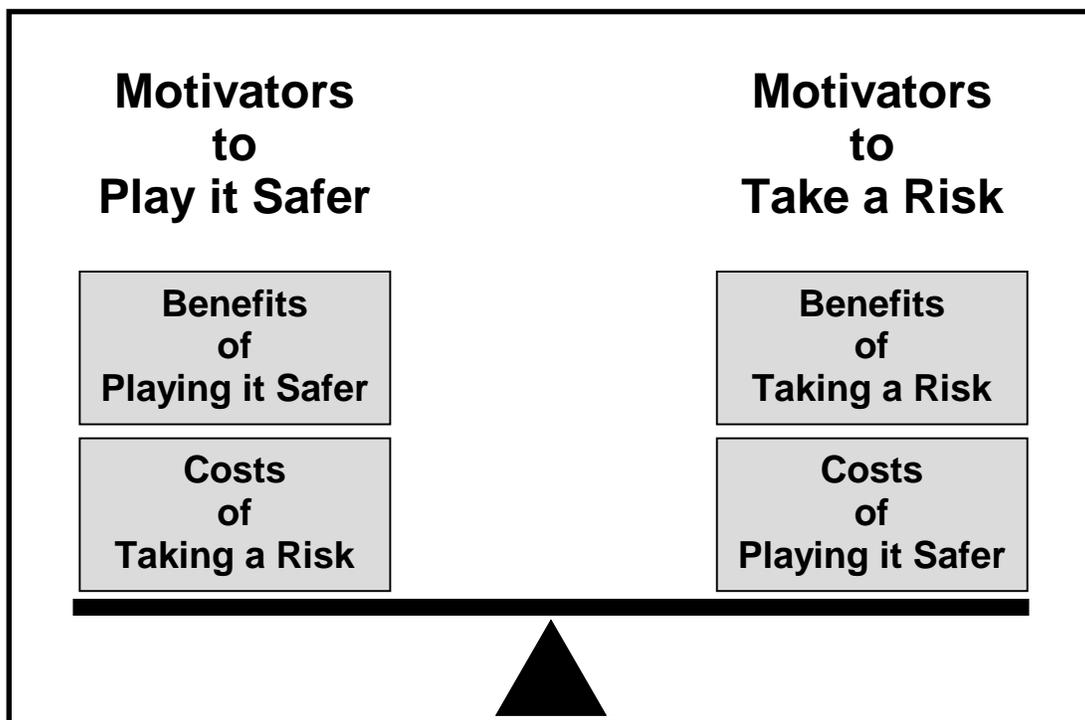
The scale has two sides:

Motivators to take a risk
and
Motivators to play it safer

Each side has two “weights:”

Costs and Benefits

It looks like this:



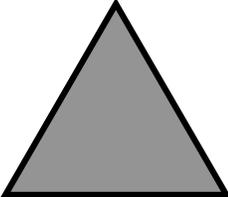
Here is a worksheet for you to fill out:

**MOTIVATORS
TO
PLAY IT SAFER**

**MOTIVATORS
TO
TAKE A RISK**

<u>Benefits of Playing it Safer</u>	<u>Benefits of Taking a Risk</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____

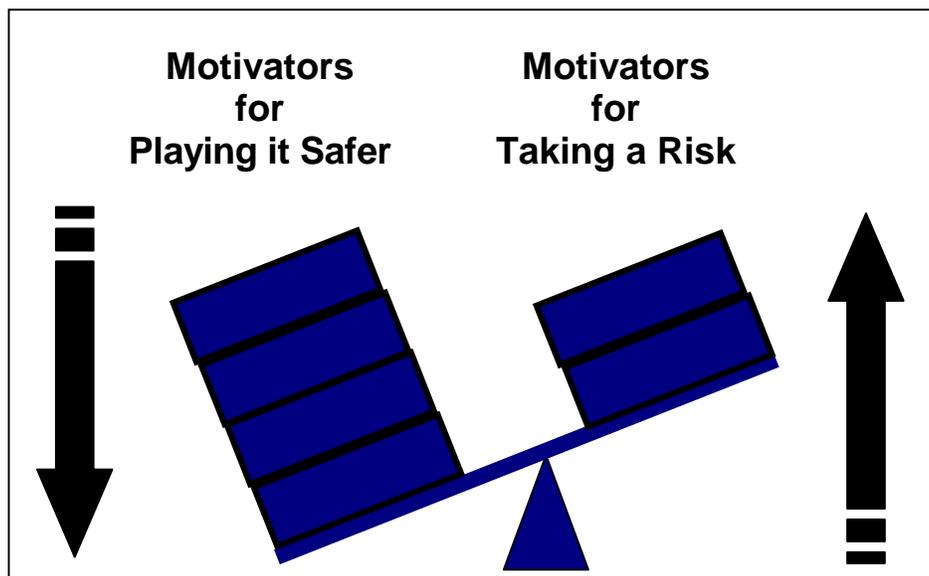
<u>Costs of Taking a Risk</u>	<u>Costs of Playing it Safer</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____



Good news! Instead of *just hoping* that your **Motivators for Playing it Safer** will outweigh your **Motivators for Taking a Risk**, we can help the **Decision Scale** lean to the side of **PLAYING IT SAFER**.

"TIPPING THE SCALE" IN FAVOR OF PLAYING IT SAFER

Increase the **NUMBER** of items on the **PLAYING IT SAFER** side by asking others to help you come up with more of them.



Here's how:

- A.** Ask your friends what MOTIVATORS to PLAY IT SAFER they have. *(You will become more motivated when you learn why your friends think you should practice safer sex.)*

- B.** Ask your program peers what MOTIVATORS to PLAY IT SAFER they have. *(When you hear them describe their MOTIVATORS you will realize you missed some important ones that also apply to you.)*

- C.** Ask your counselor, group leader, or case manager to help you add to your list. *(They have seen what MOTIVATORS to PLAY IT SAFER have worked for previous patients who are successfully recovering.)*

The more MOTIVATORS to PLAY IT SAFER you have, the greater your chance of staying healthy and not getting HIV.

The exercise on the next page will help you add more to your list.

Step 2: Now, however you can, add at least 6 more MOTIVATORS to your list. Ask your peers what their MOTIVATORS are. Ask your counselor. You will learn some new ones that apply to you.

FRIENDS

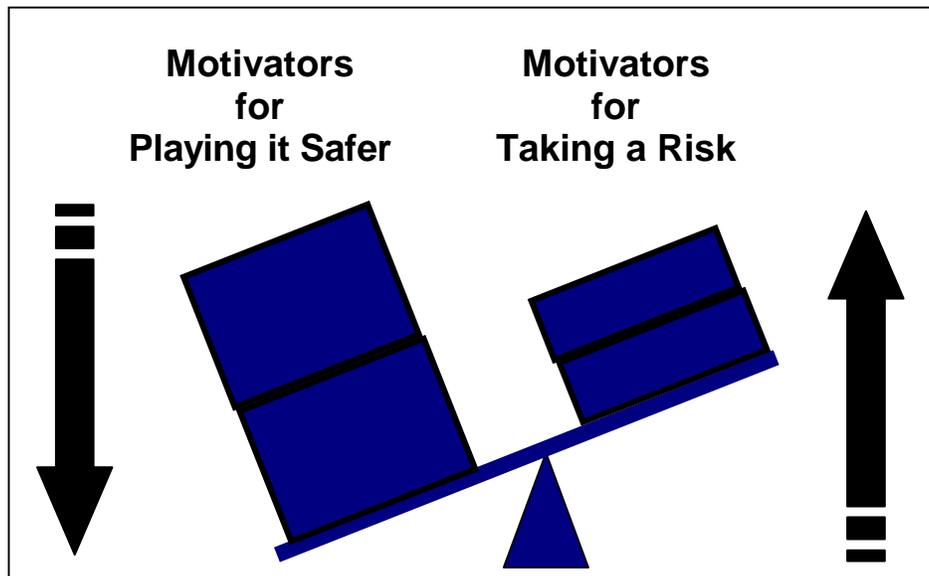
PEERS

COUNSELORS

AA / NA SPONSOR

Increase the *WEIGHT* of items on the Motivators for **PLAYING IT SAFER** side by:

Giving them more personal meaning: make them important parts of your life and feel good about yourself when you do.



Here's how . . .

Step 1: Look at your list of BENEFITS OF PLAYING IT SAFER and write down your most important one.

Step 2: Imagine a man or woman who is playing it safer and successfully living out this BENEFIT. Write down 7 or more SPECIFIC things that show you that BENEFIT is part of his/her life. Here is an example:

BENEFIT: Become a better spouse.

Specifics: *(What a good spouse does and looks like)*

1. Takes out the garbage without being asked.
2. Expresses love.
3. Is faithful.
4. Makes a promise and keeps it.
5. Shares the TV remote control.
6. Sometimes makes supper so the other person can relax.
7. Looks for kind things to say.

(Of course, there are MANY others, but you get the idea.)

Step 3: Pick one of the "specifics" and DO IT NOW!

Step 4: After you've done it, congratulate yourself for starting to become (as in the example) -- a better husband -- for that is what you've done. Notice how you feel about yourself for actually starting to live out your BENEFIT OF PLAYING IT SAFER.

"BEEFING UP" MY BENEFITS OF PLAYING IT SAFER

Step 1: BENEFIT _____

Step 2: SPECIFICS (things that are proof that the BENEFIT is there in my life.)

____ 1: _____

____ 2: _____

____ 3: _____

____ 4: _____

____ 5: _____

____ 6: _____

____ 7: _____

____ 8: _____

____ 9: _____

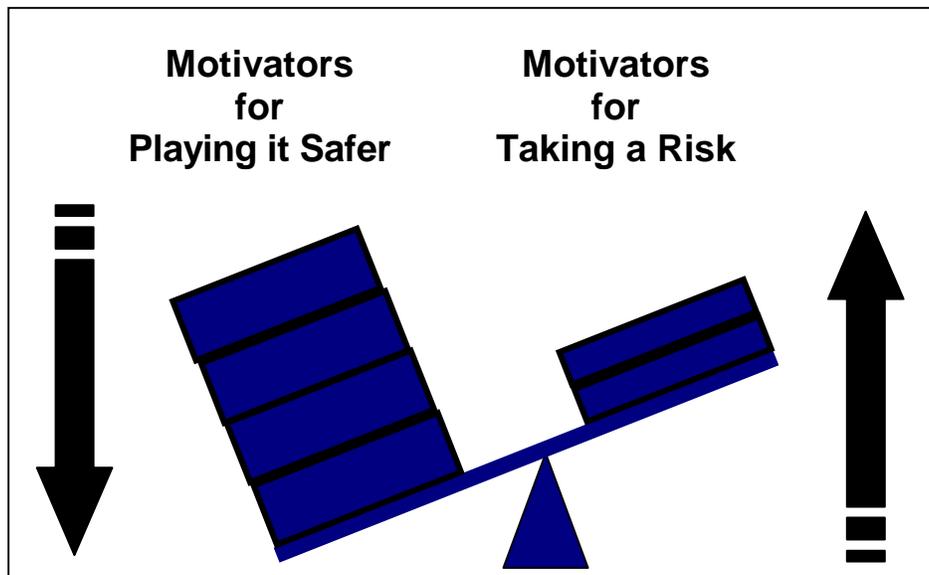
____ 10: _____

Step 3: Pick one of the "specifics" and DO IT! Then pick another one and do it too. In fact, mark every one that you can do in the next week and make a commitment to do them.

Step 4: Place a "✓" in front of each one after you have completed it. Then, find a way to reward yourself for your hard work and progress: see a movie, have a meal out, buy yourself a treat, or something like that. You can be proud and thankful that this BENEFIT has started becoming a real part of your life.

Decrease the **WEIGHT** of items on the Motivators for **TAKING A RISK** side by:

Challenging them with statements against them
and
Replacing them with healthy alternatives.



First, here's how to reduce the weight of the BENEFITS OF TAKING A RISK.

STEP ① -- Write down your strongest BENEFIT OF TAKING A RISK.

STEP ② -- Write out a list of problems or costs you pay for this BENEFIT OF TAKING A RISK.

STEP ③ -- Write down a POSITIVE safer ALTERNATIVE.

STEP ④ -- Write a list of reasons why the POSITIVE ALTERNATIVE is better

Here is an example:

<p>① BENEFIT OF Taking a Risk:</p> <p><u>It will feel good</u></p> <p>② “Yeah, but . . .” (List problems with it)</p>	<p>③ HEALTHY ALTERNATIVE:</p> <p><u>Have a romantic night</u></p> <p>④ “Better, because . . .” (List advantages of it)</p>
<p><u>Partner may not feel safe</u></p> <p><u>Risk my sobriety</u></p> <p><u>Hurt my self-respect</u></p> <p><u>Good feeling won't last</u></p> <p><u>Worry about HIV</u></p>	<p><u>Can still feel close</u></p> <p><u>Partner will feel safe</u></p> <p><u>Can be fun</u></p> <p><u>No worries about HIV</u></p> <p><u>Can last all night long</u></p>

Now it's your turn:

<p>① BENEFIT OF Taking a Risk:</p> <p>_____</p> <p>② “Yeah, but . . .” (List problems with it)</p>	<p>③ HEALTHY ALTERNATIVE:</p> <p>_____</p> <p>④ “Better, because . . .” (List advantages of it)</p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Of course, in this example having a romantic night isn't the only healthy alternative to taking a risk for feeling good. There are **MANY** others.

Repeat **STEPS** ① to ④ as often as you need to. We suggest at least twice a week for starters. The goal is to come up with a whole bunch of healthy alternatives to get that benefit. Once you have a list of healthy alternatives, the FINAL step is to PICK ONE AND START DOING IT!

TIP: Don't be afraid to ask your Treatment Coordinator or group leader(s) to help you get started turning these alternatives into actual practice. To help you practice, there are some extra worksheets on the next two pages.

① BENEFIT OF Taking a Risk:

② “Yeah, but . . .”
(List problems with it)

③ HEALTHY ALTERNATIVE:

④ “Better, because . . .”
(List advantages of it)

① BENEFIT OF Taking a Risk:

② “Yeah, but . . .”
(List problems with it)

③ HEALTHY ALTERNATIVE:

④ “Better, because . . .”
(List advantages of it)

① BENEFIT OF Taking a Risk:

② “Yeah, but . . .”
(List problems with it)

③ HEALTHY ALTERNATIVE:

④ “Better, because . . .”
(List advantages of it)

① BENEFIT OF Taking a Risk:

② “Yeah, but . . .”
(List problems with it)

③ HEALTHY ALTERNATIVE:

④ “Better, because . . .”
(List advantages of it)

Final Thoughts

We are getting very close to the end of the program and so let's take a minute to look at some of the things we have talked about. You have put in a lot of effort during these groups and have learned some important things about:

- ways to talk with other people about safer sex and HIV.
- how to build healthy supportive relationships to meet your social and sexual needs.
- ways to have fun with sex while also protecting yourself from HIV.
- how to keep up your motivation for doing things to protect your recovery and your health.

As we get ready to wrap up we just wanted to make a few final points about why we feel that it is important to play it safer.

Why is all this stuff important?

This isn't just about sex.

- This is about using your head.
- This is about maintaining your recovery.
- This is about speaking up for yourself.
- This is about taking a stand.
- This is about using your head.
- This is about self-esteem.
- This is about self-respect.
- This is about life.
- This is about you.

CONCLUSIONS

CONGRATULATIONS! You completed our Playing it Safer program! Hopefully you understand a lot more about safer and healthier ways to communicate and relate to others in ways that will help you stay on track with your recovery and reduce your risk of getting HIV.

What is your next step? Well, that is up to you. If you have other questions or would like to talk more about this, please let us know. We have individual sessions available for sexual and relationship problems. We want to help you eliminate destructive behaviors and learn new, healthy, behaviors. We want you to learn behaviors that are consistent with your own values and that help you have a safe and secure life. You can contact us at 601-364-1254. If you are out of the area, you can call toll-free at 1-800-949-1009, extension 1254.

Thanks for participating in this group with us!