

GET YOUR LIFE:

**An HIV & STI Prevention Program Developed
by and for Black & Latino Young Men Who
Have Sex with Men (YMSM)**



**Young.
Powerful.
Taking Over.**

**Advocates
for Youth**
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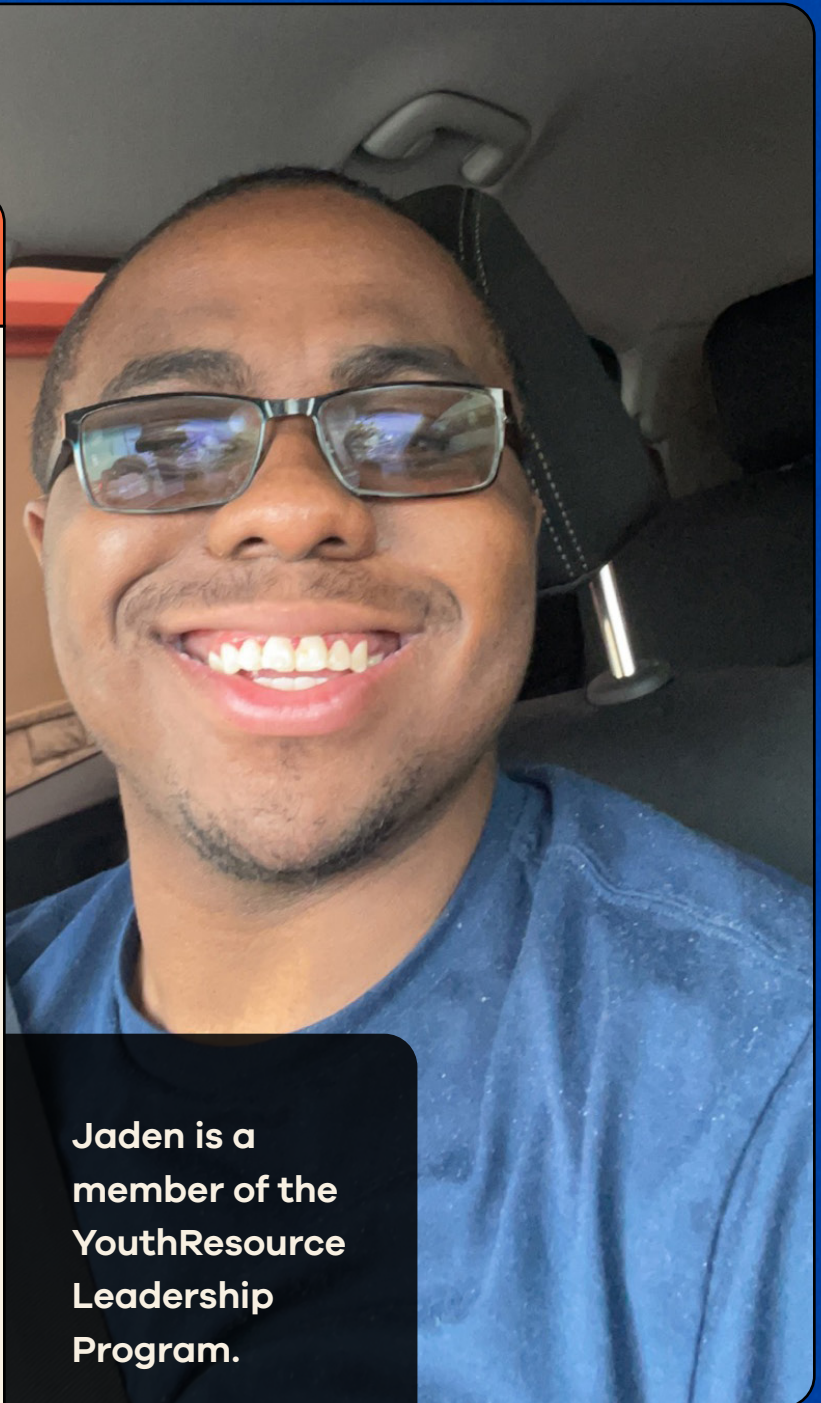
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Jaden

he/him

Jaden is a Senior studying Political Science at Sewanee: The University of the South. He is passionate about breaking barriers surrounding sex education and HIV prevention and intervention. Last year, he organized to include more inclusive questions on Sewanee's admission application and worked to provide more mental health resources to LGBTQ students on campus.

Jaden is a member of the YouthResource Leadership Program.



A letter from Jaden Turner-Oliphant

Youth Activist, YouthResource Leadership Program, Advocates for Youth

Dear Readers,

My name is Jaden Turner-Oliphant, and I use he/him/his pronouns. I am a part of Advocates for Youth's YouthResource Leadership Program dedicated to advocating for LGBTQ health and rights on college campuses, in our communities, and at the state and federal levels. In the United States, it is sad that LGBTQ youth of color experience various health disparities. I think it is important for LGBTQ youth of color, and particularly young men who have sex with men (YMSM), to have medically accurate, and affirming, sex education and learn about HIV prevention, treatment, and care options.

As a youth-led project, Get Your Life (GYL) is an empowerment workshop for African-American and Latino gay, bi, queer, and questioning young men aged 16-19. The workshop is a space to build community, make friends and develop skills to navigate sexual health. GYL is a two-day, seven-session group-level HIV and STI prevention intervention program. It increases YMSM's awareness of cultural, social, and religious norms, interactions between HIV and other STDs, explores sexual relationship dynamics, and breaks down the egregious influences of racism and homophobia on HIV risk.

Growing up in Texas, I wish I had this opportunity to learn about sex education through these critical lenses. Unfortunately, Texas does not mandate that schools teach sex education. Schools that opt-in to teach sex education must stress abstinence as the preferred means of birth control for unmarried young people, and parents can opt their children out of any lesson they choose. Sex education in Texas has become so stigmatized that educators intentionally ignore discussions about LGBTQ relationships and other issues vital to YMSM. The only version of sex education I was taught while growing up was under the category of "The Birds and the Bees." It even leads me to wonder, what would be the LGBTQ version of that "catchy" phrase? I am struggling to find a good phrase as I write this letter to you, mainly because I grew up in a Black Baptist family. I was expected to only participate in a straight relationship. My community felt no need for me to be taught about HIV prevention and YMSM interactions.

That being said, I firmly believe that GYL is a beneficial intervention that YMSM will benefit from, especially in communities that lack the resources and demand more affirming and inclusive sex education. The best thing that we can do as a community seeking to support YMSM is to uplift resources such as GYL, share non-stigmatizing messages about HIV prevention, treatment, and care, and urge our communities to trust young people. The best and most effective action is collective action. Thank you for your time, and I hope that you will join me in affirming and elevating LGBTQ youth of color by helping to give them access to the resources they deserve.

Best,

Jaden Turner-Oliphant

Credits & Acknowledgements

Project Director:**Louie Ortiz-Fonseca (he/they)**

Director, LGBTQ Health & Rights

Illustrations:**Farah Farenheight Jeune**

farenheighttv.com/hiv-beautiful

@studiojeunart

Layout Design:**Rachel Margolis (she/her)**

Senior Manager, Creative Design

rachelellenmargolis.com

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Advocates for Youth adapted *3MV* to be used with Black & Latino young men who have sex with men (YMSM), ages 16-19 within a community-based setting. Advocates for Youth conducted formative research to inform the development of the *Get Your Life (GYL)* intervention.

Advocates for Youth would like to thank the many partners and young people whose feedback and support helped make the development of *Get Your Life* possible.

Mazzoni Center

Philadelphia, Pennsylvania

<https://www.mazzonicenter.org>**Hetrick-Martin Institute**

New York, New York

<https://www.hmi.org>**Reach LA (Realistic Education in Action Coalition to Foster Health)**

Los Angeles, California

<https://www.reachla.org>**Los Angeles Unified School District**

Los Angeles, California

<https://www.reachla.org>**San Francisco Unified School District**

San Francisco, California

<https://www.reachla.org>**Broward County Public Schools**

Broward County, Florida

<https://www.reachla.org>**Latinos Salud**

Wilton Manors, Florida

<https://www.latinossalud.org>**Pride Center**

Wilton Manors, Florida

<https://www.pridecenter.org>**LYRIC**

San Francisco, California

<https://www.lyric.org>**Fresno Barrios Unidos**

Fresno, California

<https://fresnobarriosunidos.org>

Thoughtful contribution to this intervention was made by the following individuals:

Angel Brown**Armonté Butler****Martha Chono-Helsey****Pharon Form****Twiggy Garçon****Erik Martinez****Stephen E. Wallace, MS**

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What is Get Your Life?

Get Your Life is a seven-session, group-level, HIV/STI prevention program. It was developed by and for young, Black & Latino young men who have sex with men (YMSM). The intended age range of the *Get Your Life* program participants is 16–19 years old.

Get Your Life addresses topics specific to Black & Latino YMSM: cultural and social norms, sexual relationship dynamics, the influences of racism and homophobia, and increases in HIV/STI among this group (Morin et al., 2003; McFarland et al., 2004). The sessions aim to foster positive self-image, educate participants about their HIV/STI risks, and teach risk reduction and partner communication skills.

Get Your Life is an adaptation of Many Men, Many Voices (3MV), which has been packaged by CDC's Diffusion of Effective Behavioral Interventions project. In 2015, Advocates for Youth adapted this intervention in partnership with Patricia Coury-Doniger, RN, who provided expert technical assistance on the adaptation process as she previously worked in the development of the 3MV intervention. *Get Your Life* is grounded in the same theoretical model, core elements, and key characteristics of the 3MV intervention.

Get Your Life Program Goal & Objectives

The goal of Get Your Life is to support Black & Latino YMSM in understanding the myriad of factors that influence attitudes and behaviors as they pertain to sexual health.

Specifically, through a multi-group intervention, *Get Your Life* will provide a safe space for Black & Latino YMSM to learn about the intersections among the factors that shape their health behaviors and strategies to overcome negative feelings and ideas that may otherwise contribute to negative health outcomes.

As a result of participating in *Get Your Life*, participants will:

- Increase their understanding of the multiple factors influencing the identities of Black & Latino YMSM;
- Increase their understanding of the factors that may influence HIV/STI risk behaviors;
- Increase their knowledge about HIV/STI risk transmission and protective behaviors;
- Increase their understanding of behavior change;
- Increase intentions to engage in HIV/STI risk reduction strategies;
- Develop a behavior change plan to reduce the risk for HIV/STI infection;
- Enhance their skills to reduce HIV/STI risk behaviors and implement protective behaviors;
- Enhance their partner communication skills for HIV/STI risk reduction;
- Deconstruct their perceptions of stereotypes and power dynamics based on sexual roles; and
- Increase their awareness of the social supports and community resources available to lower HIV/STI risk.

Get Your Life Sessions

Lesson 1	Young Black & Latino Men Who Have Sex with Men (MSM) & Our Identities
Lesson 2	HIV & STI 101: Prevention, Transmission & Reducing Your Risk
Lesson 3	Prevention Options
Lesson 4	Intentions & Capacity to Act
Lesson 5	Communication & Negotiation
Lesson 6	Social Support & Problem Solving Skills
Lesson 7	Building Bridges & Community

LESSON ONE

Young Black & Latino Men Who Have Sex with Men (MSM) & Our Identities

NOTE TO FACILITATORS

Session one is designed to set the tone for the entire Get Your Life curriculum by laying the foundation that Black & Latinx Young Gay and Bisexual men move through the world with multiple identities. This session can be implemented in either a 45-minute or 60-minute session. Be sure to read the complete session and select the activities that work best for the size of your group, the space, and the amount of time you have available while keeping the integrity of the Get Your Life curriculum.

Facilitating Lessons on Sexual Health - Sexual health can be a sensitive and sometimes triggering topic for many people. How people enter this conversation can vary based on their own spectrum of emotions, knowledge, personal beliefs and experiences, and possible past trauma. Below are some considerations as you implement this lesson:

- **Avoid disclosure of personal practices and beliefs** - Your role as facilitator is to support participants as they navigate their own process and to aid in their development. Any inquiries from participants directed to the facilitator should be reframed, generalized and factual.
- **Center community agreements** - Emphasize that community agreements and commitments are designed to ensure and promote a safer space.
- **Be sure to include trauma-informed checks-ins** - Ask participants to use metaphors such as winter, spring, summer, fall to describe how they are feeling. Check-in with participants as you move between discussions and activities.) Facilitators are encouraged to check in with each other to prepare for whatever emotions may come up for themselves and create a plan on working together to navigate and support each other.
- **Stay Sex Positive** - Sexual health education is a lifelong process that continues to develop as our bodies and minds change over time. Consensual healthy sexuality is a natural part of life that can be affirming and pleasurable.
- **Correct Myths** - Myths are sure to come up in conversations that may side-track or cloud facts. Catch these as they come up by naming the myth and providing factual information (or come back to it when you have the information needed). Affirm students' openness and participation and debrief with students to assess for further clarity or discussion.
- **Practice Cultural Humility** - Young people are the pioneers of evolving language about our understanding of gender and sexuality. If at any point a student says or mentions something you don't understand, always inquire to seek clarity or ask students to help define new vocabulary/terms/practices.

The purpose of this and ensuing sexual health lessons is to give students the information they need to make informed decisions about their bodies and sexual activity, help them access resources, and further develop their communication skills and boundaries.

Learning Objectives/Purpose

The overall goal of Session 1 is to increase participants' understanding of how a unique combination of internal and external factors can affect sexual health and contribute to rates of HIV and other STIs.

Learning Outcomes

- Increase understanding of how sexual health decisions relate to HIV/STI risk
- Increase understanding of how personal beliefs and awareness impact sexual health decisions
- Increase awareness of perceived risk of HIV/STI acquisition

Preparations

- Review Session One and Note to Facilitators
- Print wall cards and other materials (Included at the end of Session One)

Overview Of Agenda

1. Lesson Preview: Welcome & Introductions 10 Minutes
2. Existing in Multiple Identities 10 Minutes
3. Things On the Inside/Outside 20 Minutes
4. Our Multiple Identities 10 Minutes
5. Who Am I? 30 Minutes
6. Lesson Summary: Wrapping Up 10 Minutes
7. Closing Affirmation 5 Minutes

TIME: 60-75 Minutes

Materials Checklist

Prepared Newspaper:

- Community Agreements
- Parking Lot
- Examples of Behavior Change
- Young Black & Latino Men
- Young Gay Men
- Young Black & Latino Gay Men
- What Have You Tried to Change?

Other Materials:

- Wall Cards for Things on the Inside/Outside
- Wall Cards for Multiple Identities
- Sign-In Sheet (optional)
- Name Tags (optional)
- Pencils or Pens
- Markers
- Sticky Notes for Parking Lot
- Tape

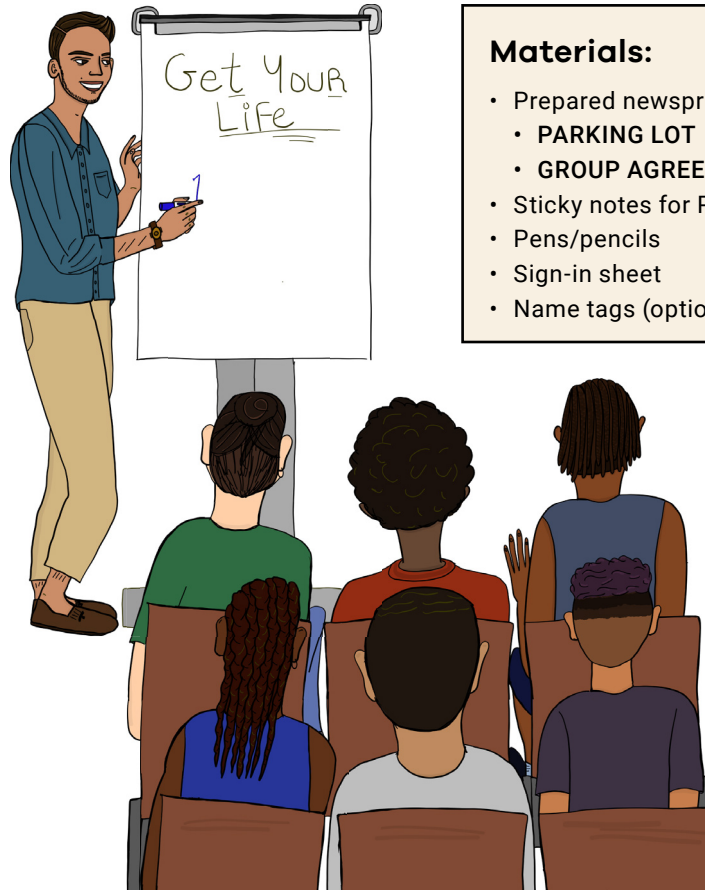
NOTE TO FACILITATORS

During this session, it is important that you create a warm, friendly, and relaxed environment for participants. Smile and greet participants as they arrive, play calming or comforting music in the background, and introduce yourself. Your pleasant and upbeat attitude will help to make the participants feel comfortable. Before the session begins, introduce the participants to each other as they arrive. Knowing the names of other participants will help to break the ice and get participants acquainted with one another.

Facilitator should be prepared to answer questions about Get Your Life (GYL). Participants may have questions about the intervention topics and session length. It is important to take the time to answer participants' questions and set an interactive and open environment. Purpose and goals of Get Your Life are included in the procedure below.

Time: 10 Minutes

Lesson Preview: Welcome & Introductions



Materials:

- Prepared newsprints:
 - PARKING LOT
 - GROUP AGREEMENTS/RULES
- Sticky notes for PARKING LOT
- Pens/pencils
- Sign-in sheet
- Name tags (optional)

Procedure

1. **Welcome participants to the space.** Introduce yourself, your pronouns, and your role.
2. **Invite participants to introduce themselves, share their pronouns and answer the question: *If there was a movie made about your life, what would the title be?*** Be prepared to model and provide an example by answering the prompt first.
3. **Introduce Get Your Life to the participants using the talking points below.**

Facilitator's Optional Script:

- Get Your Life was developed by and for young Black & Latino gay men ages 14-19 but the conversation we will be having over the next several sessions can be had by all.
- Get Your Life is not the usual "educational" program; you will not hear lectures about what you should and shouldn't do. Instead, we talk about our knowledge, beliefs, and experiences as young Black & Latino gay men living in a world with high rates of HIV and other STIs.
- We will listen to each other's ideas about how we can examine our decision making in our romantic or sexual relationships, and how we build community in supporting ourselves and each other in enhancing our sexual health.

Throughout the sessions we will:

- Learn how behavior does not occur in a vacuum, but rather is influenced by a combination of personal factors, the norms of our family and social networks, and the influence of social attitudes and norms.
- Discuss the unique combination of factors (racism and homophobia) that influences their behavior; explore norms in our communities and the benefit of support from our peers.
- Explore how the reactions of family, religious communities and society can lead to lack of disclosure of sexual identity, isolation, fear, and internalized racism and homophobia.
- Gain awareness of how internalized racism and homophobia influence our emotions, self-standards, and values.
- Understand how all of these factors influence our decisions around sexual and substance-using behaviors.
- Explore ways to create safer spaces for ourselves and other young Black & Latino gay men.
- In Session One, we will talk about multiple identities. This session will last about an hour to an hour and a half. During that time, we will have interesting discussions and some fun.

NOTE TO FACILITATORS

In Get Your Life when the term "young gay men" is used, it includes the following:

- **Gay-identified young Black & Latino men**
- **Non-gay-identified young Black & Latino men who have sex with men**
- **Queer-identified young Black & Latino men**
- **Bisexual young Black & Latino men**
- **Young Black & Latino men that may use terms that are not associated with a gay identity**

After participants introduce themselves, ask the group how they would like to be referred to during the session. You can state the following, "So identity will be the focus and foundation of the group. What identity do you feel most comfortable using to refer to yourself throughout our time together?"

Some responses may include:

I am ok with the word "gay"

I am ok with the term "queer"

If so, then always use the term decided by the group throughout the intervention.

Another possible response could very be:

Can we use all of them?

If this is the response and the entire group is in agreement, then write all of the terms mentioned on newsprint to use as a reference. Then ask participants if they are comfortable with you writing acronyms of the terms during written activities. Example: Bisexual (Bi), Men who have sex with men (MSM).

If participants agree, use acronyms during written activities but NOT when addressing the group.

Because this session focuses on multiple identities and its impact on behavior and decision making, it is essential that you honor and affirm all identities. By modeling the affirmation of identities, participants will do the same and support the conversation and activities of the session.

4. Provide information about logistics

- Review any organization paperwork they are expected to complete including sign-in sheets, in-take forms and/or pre-tests/surveys.
- Remind participants to sign in before the session is over.
- Inform participants the locations of the restrooms, kitchen and telephones, as well as any other information they need to know about your space.
- If providing any food or refreshments (and it is highly recommended that you do), discuss when and how they will be provided.

5. Set the COMMUNITY AGREEMENTS & COMMITMENTS

Facilitator's Optional Script:

- To create a space that is safer, relaxed, and a comfortable environment for everyone, we are going to set some Community Agreements/Commitments.
- Community Agreements/Commitments are what we, as a group, decide is okay and not okay to do while we are in the Get Your Life sessions.
- What Community Agreements/Commitments would you like in place during our time together?

NOTE TO FACILITATORS

Add the following to the GROUP AGREEMENTS/HOUSE RULES if they are not mentioned:

- **Confidentiality**
- **Respect**
- **Have fun**

Remind participants that one of the roles of the facilitators is to ensure that the space is welcoming and affirming and that the COMMUNITY AGREEMENTS help to guide this process.

Record GROUP AGREEMENTS/HOUSE RULES on the prepared newsprint: GROUP AGREEMENTS.

6. Review the Parking Lot

Introduce the Parking Lot. Share with participants that The Parking Lot is a tool to help keep the discussions focused and the sessions on time.

Facilitator's Optional Script:

The Parking Lot is a place to park issues or questions that cannot be fully addressed during the sessions. We will use the Parking Lot when you have a question or concern and we do not have the time to talk about it. Your concern or question will be answered during another session. You can also use the Parking Lot to park a question you do not want to ask in front of the group. All questions on the Parking Lot will be answered at the end of the session or at the beginning of the next session. You can write your questions or concerns on the sticky notes around the room and then post them in the Parking Lot.

Time: 10 Minutes

Existing in Multiple Identities

Objective: By the end of this activity, group members will be able to think about what part of their identity they are most comfortable and uncomfortable with.

Materials:

- Multiple Identities wall cards
- Tape

Procedure

1. Tape Wall Cards with identities on the wall around room.

Identity Wall Cards	
<ul style="list-style-type: none"> • Sexual orientation • Education Level • Political Affiliation • Religious Affiliation • Gender Expression • Socio-Economic Status (Class) • Immigration Status 	<ul style="list-style-type: none"> • Health Status • Appearance • Sexual Position (Top, Bottom, Verse) • Race • Age • Ethnicity • Physical Ability/Disability

2. Tell participants to stand and read off the following parts of “identities”.

- | | |
|---|--|
| <ul style="list-style-type: none"> • Sexual orientation • Education • Political Affiliation • Religious Affiliation • Gender Expression • Socio-Economic Status (Class) • Immigration Status | <ul style="list-style-type: none"> • Health Status • Appearance • Sexual Position (Top, Bottom, Verse) • Race • Age • Ethnicity • Physical Ability/Disability |
|---|--|

3. After reading each identity, participants will be provided a prompt and then asked to stand under the identity they feel best represents their answer.

Tell participants: There are no “right” or “wrong” answers. Just because you choose one part of your identity DOES NOT mean that you are ashamed of the other parts of your identity. You are just choosing the identity you feel aligns with the prompt I am about to give you.

Prompt Number One
<p>Stand under the identity that makes you feel the “safest.” Safest can mean comfortable, safe, no worrying, familiar – however you define “safest.”</p>

Once all participants have stood under their “identities”, going from left to right, ask participants if they are comfortable sharing why they stood where they stood. Remind participants of the group agreements.

Prompt Number Two

Stand under the identity that makes you feel the least “safe.” Least-safe can mean uncomfortable, unsafe, annoying, unfamiliar – however you define “least-safe.” Again, choosing an identity DOES NOT mean that you are ashamed of it, it just means that this part of your identity does not provide you the same kind of safety that other parts of your identity may provide you.

Once all participants have stood under their “identities”, going from right to left, ask participants if they are comfortable sharing why they stood where they stood. Remind participants of group agreements.

Prompt Number Three

Stand under the identity that makes you feel the strongest. Strongest can mean safe, confident, unashamed, sexy, smart – however you define “strongest.” Again, choosing an identity DOES NOT mean that you don’t feel strong in other identities. You are just choosing the identity that you, in this moment, feel the

4. After participants have answered, direct them to have a seat.

Help the group process the activity by asking the following questions:

- What was it like to participate in that activity?
- What was it like to make choices around identity?
- Were there any realizations or anything you learned about yourself or your identity?

Facilitator’s Script:

Identity is complex. This means we are not just one thing. Our personalities and entire being is impacted and influenced by the world and how we show up in the world. Some of us may act one way with family and act a different way with friends. This is ok. We did this activity as a way to explain how one part of our identity informs/influences other parts of our identity.

5. Check in with participants.

Facilitator’s Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 20 Minutes

Things On the Inside/Outside



Materials:

- Prepared newsprint:
 - **WHAT HAVE YOU TRIED TO CHANGE?**
- Prepared wall cards:
 - **THINGS ON THE OUTSIDE**
 - **THINGS ON THE INSIDE**
- Post-it sticky notes

Purpose: Participants learn about the external (the outside) and internal (the inside) factors that influence behavior and behavior change for all people and recognize that behavior change is challenging for everyone.

Objective: To support participants identifying, recognizing, and understanding that all people experience challenges when trying to change behavior. By the end of this activity, participants will have an increased understanding of the personal, social, and cultural factors that influence behavior change for everyone.

Procedure

1. Introduce the activity.

Facilitator's Optional Script:

In this activity, we are going to discuss behaviors and the things (factors) that influence behavior change for everyone. Some people think that behavior change is simple; if you know that doing something is "bad" for you or working against you, then you will automatically stop doing it. However, behavior change is not that simple. There are many factors that influence whether or not a person can change their behavior. Behavior change can be difficult and usually happens in stages with many stops and starts. That is a pretty common experience and is okay.

NOTE TO FACILITATORS

This exercise is designed to get participants thinking about behaviors and the process of behavior change. This is the first opportunity for participants to share personal information and it is important that you review and reinforce the GROUP AGREEMENTS/HOUSE RULES. Remind participants that one of the roles of the facilitators is to help everyone honor the Community Agreements/Commitments.

2. Discuss behavior and behavior change.

- **Define a behavior as things, patterns, activities, or actions that people do.** Provide examples: dancing, driving, going to the movies or running.
- **Define an attitude as the way we feel and/or think about something.** Provide examples: I don't like dancing. I love driving. Going to the movies is a waste of money.
- **Remind participants that behavior change is a difficult process** for most people because behaviors are linked to how we feel.
- **Ensure participants understand the difference between behaviors (the things we do) and attitudes (the way we feel).** Provide this additional example:
 - The behavior a person may want to change is arriving to work or school late.
 - The behavior change goal is to arrive at work or school on time.
 - One thing that can help a person reach this goal is waking up earlier and leaving the house earlier.
 - One thing that can make it hard to reach this goal is wanting to sleep in.

Ask the participants, "What behaviors have you tried to change?" Record answers on the "What Have You Tried to Change" newsprint.

Choose one of the answers given by participants and use it as an example to brainstorm behavior change. Ask the following questions using the example provided by one of the participants:

- What is a benefit of changing this behavior?
- What is a challenge a person could face when trying to change this behavior?
- What are some ways that friends, family and others can support the change of this behavior?

3. Review the Influencing Wall Cards..

Knowledge – What we know about the behavior and the health problem.

Attitudes and Beliefs – What we think and believe about the behavior and the health problem and how that may affect use of risk reduction.

Perceptions of Risk:

Perceived risk/susceptibility – Belief that we are personally at risk and vulnerable to the health problem.

Perceived severity – Belief that getting an STI or HIV is a serious threat to our health.

Other Perceptions:

Perceived barriers – Obstacles that get in the way of the behavior change (for a given person).

Perceived benefits – Positive results of making the behavior change (for a given person).

Intentions – Willingness to try to change the behavior.

Self-Efficacy – Feeling confident that we have the capacity to change the behavior, that we can do the new behavior.

Emotions – How we feel, such as happy, sad, scared, anxious, guilty, or ashamed (negative emotions can trigger risk behaviors).

Values and Self-Standards/Identity – These are interrelated concepts of self. Values define how we see ourselves as individuals—what we believe in, what we think is okay and not okay for us to do. Identity refers to the concept of how a person defines who he is and where he fits in society. Self-standards refer to how the behavior fits in with how we see ourselves.

Skills – The actual ability we need to do the new behavior.

Sexual Relationship Dynamics – Issues of power, control, and decision making within one's sexual relationship(s).

Social Norms: Family, Cultural, Religious and Peer – What we have learned from our families, culture, religion, or our social network about the behavior, whether it is right or wrong or whether it is okay or not okay to do.

Social Support – Positive reinforcement of the behavior change efforts from partners, family, and peers. Encouragement to make the change from people in one’s social network.

Policies and Procedures of Agencies/Providers – The rules in places that we need to help us with the change, whether the rules help or create barriers.

Laws and Regulations – The laws or regulations that govern whether the behavior is legal or illegal and whether they support the positive behavior change or create barriers.

Environmental Factors/Barriers – Things in your neighborhood or community that make the change easier or harder, whether we have access to the necessary prevention materials to support the behavior change and whether we have access to health care preventive services.

Social Influence: Racism – Perceived and experienced negative societal attitudes, beliefs, and actions based on race that affect a person’s behaviors, attitudes, and beliefs.

Social Influence: Homophobia – Perceived and experienced negative societal attitudes, beliefs, and actions based on sexual orientation that affect a person’s behaviors, attitudes, and beliefs.

4. Provide participants with wall cards.

Ask them, as a group, to discuss each card and decide if it falls under “Things on the outside” or “Things on the inside.”

- Ask participants to share which cards are Things on the inside”
- Ask participants to share which cards are Things on the outside”
- Affirm all answers and then provide clarity using the answer key.

5. Ask participants to discuss the following:

- How do THINGS ON THE OUTSIDE (racism, homophobia, etc.) impact our behaviors and efforts to change behavior?
- How to THINGS ON THE INSIDE impact our behaviors and efforts to change behavior?
- How do THINGS ON THE OUTSIDE impact how we feel about ourselves and each other?
- How to THINGS ON THE INSIDE impact how we feel about ourselves and each other?
- Why is it helpful to be aware of the THINGS ON THE INSIDE and THINGS ON THE OUTSIDE?

ANSWER KEY	
Inside Influences	Outside Influences
<ul style="list-style-type: none"> • Other Perceptions • Perceived Barriers • Perceived benefits • Intentions • Self-Efficacy • Emotions • Values and Self-Standards/Identity • Skills 	<ul style="list-style-type: none"> • Sexual Relationship Dynamics • Social Norms: Family, Culture, Religious and Peer • Social Support • Policies and Procedures of Agencies/Providers • Laws and Regulations • Environmental Factors/Barriers • Social Influence: Racism • Social Influence: Homophobia

6. Summarize the discussion, using the following talking points:

- We just discussed some of the things that make behavior change easy and difficult for everyone.
- You can see that there are many factors that influence behavior and changing a behavior is complicated and challenging for everyone.
- Some of those factors are THINGS ON THE INSIDE such as what we know, think, believe, and know how to do (skills).
- Some of the factors are THINGS ON THE OUTSIDE such as the influence of our partners, family, church, and attitudes of our communities and society.
- It is helpful to think about the types of influencing factors that can affect behavior change decisions when we want to make a change in our behavior.
- In order for anyone to change their behaviors, they have to be aware of the factors that help or prevent them from changing.
- If we understand the influencing factors that affect our behavior and decision making then we can make informed behavior choices.
- We need to address these factors to successfully change our behaviors.
- We will spend more time later discussing all the things (factors) that are known to influence behavior change.

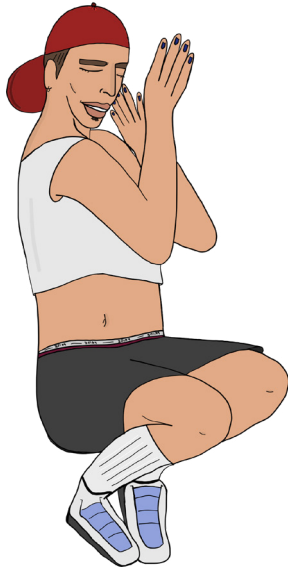
7. Check in with participants.***Facilitator's Script:***

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 10 Minutes

Our Multiple Identities



Purpose: Participants recognize the set of unique factors that influences young Black & Latino gay men, including the concept of multiple identities and the social influences of racism and homophobia. Also, participants list the behaviors of young Black & Latino gay men that can lead to HIV/STI risk.

Objective: To help participants recognize how being young Black & Latino, gay, and male can influence their behaviors and risk behaviors.

Materials:

- Prepared newsprints:
 - YOUNG BLACK & LATINO MEN
 - YOUNG BLACK & LATINO GAY MEN
 - YOUNG GAY MEN
 - BEHAVIORS THAT INCREASE RISKS OF YOUNG BLACK & LATINO GAY MEN

NOTE TO FACILITATORS

This exercise is designed for participants to say whatever comes to mind when prompted by the following phrases: YOUNG BLACK & LATINO MEN, GAY MEN, and YOUNG BLACK & LATINO GAY MEN. What they say may be what they think or what they have heard others say. Participants should be encouraged to be honest and not politically correct. Do not censor the participants; record what they say, as they say it. It is important to reinforce the GROUP AGREEMENTS/HOUSE RULES here to maintain positive group dynamics.

It is essential for the group to really get into this exercise and develop a list of the top 10 to 12 things stated. Some participants may be shy, and you may need to get the list started using a few prompts and examples.

Read the supplemental materials on dual identity behind the Session Materials tab before conducting this exercise.

You will also need five prepared newsprints for this exercise.

Procedure

1. Introduce the activity.

We are going to do an exercise where we ask you to say the first thing that comes into your mind when you hear the terms YOUNG BLACK & LATINO MEN, GAY MEN, and YOUNG BLACK & LATINO GAY MEN.

- Don't worry about being politically correct or censoring yourself. We want you to speak your mind.
- You can say what you think or what you think other people may think about each group of men.
- Once we get about 10 to 12 words on the list, we will move to the next newsprint.

Facilitator's Script:

Young Black & Latino gay and bisexual men hold multiple identities. These influence decisions and behavior in many different ways. Young Black & Latino gay men sometimes have to or are expected to negotiate all of the aspects of their identities while navigating the world; fitting into our community; our families, and fitting into the gay community. Being a young person can be a very dynamic and joyful time in life. If provided honest and affirming sex-ed, young Black & Latino gay men can strengthen the skills needed to make informed decisions about sexual health and treatment.

During this next activity we will discuss internalized anti-Blackness and homophobia and the potential impacts on how we view and feel about ourselves and those who look and sound like us. Internalized racism and homophobia also can impact the decisions we make about our sexual health. Together, while honoring the Community Agreements/Commitments, we will explore these aspects of our identities.

2. Prompt One: Think about young Black & Latino men—not specifically young Black & Latino gay men because that comes next—but young Black & Latino men in general.

News Print		
<ul style="list-style-type: none"> • YOUNG BLACK MEN • YOUNG LATINO MEN 	<ul style="list-style-type: none"> • YOUNG GAY/BISEXUAL MEN 	<ul style="list-style-type: none"> • YOUNG BLACK GAY/BISEXUAL MEN • YOUNG LATINO GAY/BISEXUAL MEN

Ask, "What have you heard others say?"

Record responses on prepared newsprint: YOUNG BLACK & LATINO MEN. Some potential responses may include:

<ul style="list-style-type: none"> • Passionate • Strong • Funny • Proud • Hyper-sexualized • Loving • Angry 	<ul style="list-style-type: none"> • Violent • Homophobic • Catholic • Spiritual • Loner • Underappreciated • Athletes
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NOTE TO FACILITATORS

Participants may respond with answers we may experience as negative. Be prepared to redirect and connect the conversation to the THINGS ON THE INSIDE/OUTSIDE activity. While the negative answers may be true of the experience of the participant, the goal is to support them in understanding that behavior and perception can be influenced by internalized racism and homophobia. The goal is NOT to "correct" them but rather to support them in understanding that how we think about ourselves can be influenced by outside factors.

3. Prompt Two: Think about gay men—not specifically young Black & Latino gay men because that comes next—but gay men in general.

Record responses on the prepared newsprint: YOUNG GAY MEN. Some potential responses may include:

<ul style="list-style-type: none"> • Sexually free • Cliquish • Educated • High maintenance • Liberated • Mostly white • Leaders 	<ul style="list-style-type: none"> • Stylish • Loud • Sissy • Drag queen • Trend setter • Effeminate • HIV positive
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4. Prompt Three: Ask participants what comes into their minds when they think of young Black & Latino gay men.

Record responses on the prepared newsprint: YOUNG GAY MEN. Some potential responses may include:

<ul style="list-style-type: none"> • In the closet • Don't speak English • Uneducated • Family oriented • Tattoos • Undocumented • Resilient 	<ul style="list-style-type: none"> • Stylish • Loud • Rejected by family • Drag queen • Hopeful • Effeminate • HIV Positive
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5. Discuss the brainstorm with participants.

- Let's look at our lists. What are your reactions?
- What differences and similarities do you see?
- Which list do you see as more positive? Why?
- Which list do you see as more negative? Why?
- Are there things listed that you have experienced?
- Name a few things that are listed that could be listed as THINGS ON THE INSIDE.
- Name a few things that are listed that could be listed as THINGS ON THE OUTSIDE.

Facilitator's Script:

Many behaviors are connected to how we feel, what we think and what we know. They are also connected to things that exist outside of us like racism, homophobia and family acceptance. The more we understand what is fueling some of our behaviors, the more we can intentionally create a plan to change our behaviors. We will continue this conversation in our next sessions. Thank you for sharing your answers.

6. Check in with participants.

Facilitator's Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 30 Minutes



Who Am I?

Materials:

- Prepared newsprints:
 - **YOUNG BLACK & LATINO MEN**
- Multiple color markers
- Tape

Purpose: Black & Latino young gay men are socialized to minimize themselves. This activity provides an opportunity for participants to share all the things that bring them joy as young Black & Latino gay men.

Objective: To support participants in building confidence in discussing the things that bring them joy.

Procedure

1. Introduce the “Who Am I” activity.

Tell participants that they are now going to participate in an activity that will help them think more about their personal identity as young Black & Latino gay men.

Briefly refer to the multiple identities news print on the wall.

Give each participant a piece of flip chart paper and markers.

2. Instruct each participant to take 15 minutes to draw signs and symbols to describe how they identify.

Encourage participants to think about all of the primary factors of who they are.

3. Discuss participant drawings.

Ask for willing participants to share with the larger group their “Who I am” drawing.

After participants share their “Who I Am” drawing, ask, “How much time did you spend thinking about your identity?”

Share with participants one thing about our identity/identities that at times provide us benefits/privileges as well as serve as barriers for us. Sometimes we are not always aware how our personal identities impact how we see ourselves and/or how others see us.

4. Discuss questions with the entire group.

- Did anything surprise you about this exercise?
- What benefits did you see that you enjoy just because of your identity?
- What problems or barriers did you see that you face just because of your identity?
- What were some common themes that you noticed from listening to others share about their identity?

5. Check in with participants.

Facilitator’s Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 10 Minutes

Lesson Summary: Wrapping Up

Procedure

1. Check in with participants.

- Do you have any questions about this section?
- Does anyone want to share any feelings or thoughts about anything covered so far?

2. Review the Parking Lot.

Answer any questions in the Parking Lot.

Tell participants that any questions not answered will be answered in the next session.

NOTE TO FACILITATORS

Each GYL session will close with the Ties That Bind (review of the session). They are used to wrap up what was discussed and to preview the next session.

Closing affirmations should be done as the closing of the day. If session one is the first session of many in a single day, closing affirmations should be moved to the closing of the final session of the day.

3. Closing Affirmation.

Have the entire group stand in a circle. If the group suggests that they should hold hands, go with it. DO NOT SUGGEST IT. Have the facilitator start the affirmation by looking at the person on his left and saying "You are beautiful and this space is full because of you." Then, instruct that each participant should repeat this affirmation to the person on their left.

Remind participants when the next session will take place.

Thank them for coming.

LESSON ONE MATERIALS

**EDUCATION
LEVEL**

**POLITICAL
AFFILIATION**

**SEXUAL
ORIENTATION**

**RELIGIOUS
AFFILIATION**

**GENDER IDENTITY/
EXPRESSION**

**SEXUAL POSITION
(TOP, BOTTOM, VERSE, FLUID)**

**HEALTH
STATUS**

APPEARANCE

**IMMIGRATION
STATUS**

RACE

ETHNICITY

**SOCIO-ECONOMIC
STATUS**

AGE

**PHYSICAL ABILITY/
DISABILITY**

KNOWLEDGE

**ATTITUDES &
BELIEFS**

PERCEPTIONS OF RISK
**(perceived risks and
perceived severity)**

OTHER PERCEPTIONS
**(perceived risks and
perceived benefits)**

INTENTIONS

SELF-EFFICACY

EMOTIONS

VALUES

**SELF-
STANDARDS**

SKILLS

IDENTITY

SEXUAL RELATIONSHIP DYNAMICS

SOCIAL NORMS: FAMILY

SOCIAL NORMS: CULTURAL

SOCIAL NORMS: RELIGIOUS

**SOCIAL NORMS:
PEER SOCIAL SUPPORT**

**SOCIAL INFLUENCE:
RACISM**

**SOCIAL INFLUENCE:
HOMOPHOBIA**

**POLICIES, PROCEDURES
OF AGENCIES &
PROVIDERS**

LAWS & REGULATIONS

LESSON TWO

HIV & STI 101:

Prevention, Transmission & Reducing Your Risk

NOTE TO FACILITATORS

Session one is designed to examine sexual relationship dynamics. The conversation resumes in Session Five.

Learning Objectives/Purpose

This session of the Get Your Life Curriculum is designed to guide participants to examine their perception of risk for HIV/STI exposure while increasing their knowledge of STI prevention and harm reduction options.

Learning Outcomes

- Increase understanding of how sexual health decisions relate to HIV/STI risk
- Increase understanding of how personal beliefs and awareness impact sexual health decisions
- Increase knowledge of perceived risk of HIV/STI acquisition

Preparations

- Review Session One and facilitator's notes
- Print Wall Cards and other materials (Included at the end of Session One)

Overview Of Agenda

1. Lesson Preview: Welcome & Introductions 10 Minutes
2. Review Community Agreements and Commitments 3 Minutes
3. Review of Session One 3 Minutes
4. Top to Bottom: Roles and Risks 15 Minutes
5. STIs and HIV 15 Minutes
6. The Highs and The Lows 15 Minutes
7. Condom Demonstration 10 Minutes
8. PrEP and PeP 15 Minutes
9. Lesson Summary: Wrapping Up 10 Minutes
10. Closing Affirmation 5 Minutes

TIME: 60 Minutes

Materials Checklist

Prepared Newsprint:

- Community Agreements
- Parking Lot
- Tops: Roles and Behaviors
- Bottoms: Roles and Behaviors
- Versatiles (Verse): Roles and Behaviors
- Handout: My Personal Inventory Chart—What Would You Do With Whom? Handout

Other Materials

- Tape
- Pencils or Pens
- Optional Materials: Radio and Speakers

Time: 10 Minutes

Lesson Preview: Welcome & Introductions

NOTE TO FACILITATORS

During this session, it is important that you create a warm, friendly, and relaxed environment for participants. Smile and greet participants as they arrive, play calming or comforting music playing in the background, and introduce yourself. Your pleasant and upbeat attitude will help to make the participants feel comfortable. Before the session begins, introduce the participants to each other as they arrive. Knowing the names of other participants will help to break the ice and get participants acquainted with one another.

Procedure

1. Welcome participants to the space.

Introduce yourself, your pronouns, and your role.

2. Invite participants to introduce themselves, share their pronouns and answer the question:

What is one thing you remember from session one?

Be prepared to model and provide an example by answering the prompt first.

3. Provide information about logistics.

- Review any organization paperwork they are expected to complete, including the sign-in sheets.
- Remind participants to sign in before the session is over.
- Tell participants the locations of the restrooms, kitchen, and telephones, as well as any other information they need to know about your space.
- If providing any food or refreshments, discuss when and how they will be provided.
- Review community agreements/commitments.
- Remind participants of the Parking Lot.

Materials:

- Prepared newsprints:
 - PARKING LOT
 - GROUP AGREEMENTS/RULES
- Sticky notes for PARKING LOT
- Pens/pencils
- Sign-in sheet
- Name tags (optional)

The Parking Lot:

It is a place to park issues or questions that cannot be fully addressed during the sessions. We would use the Parking Lot if you had a question and we did not have the time to answer the question, or if the question will be answered during another session. You could also use the Parking Lot to park a question you did not want to ask in front of the group. All questions on the Parking Lot will be answered at the end of the session or at the beginning of the next session. You can write your questions or concerns on the sticky notes around the room and then post.

Time: 15 Minutes

From Top to Bottom: Roles & Risks



Purpose: Participants begin a discussion of the sexual relationship dynamics of Tops and Bottoms (which is more fully explored in Session 5) and how these sexual relationship roles relate to specific sexual behaviors and STI/HIV risks for young Black & Latino gay and bisexual men.

Objective: Participants will identify and discuss the actions, relationship roles, and STI/HIV risk.

Materials:

- Prepared newsprints:
 - **TOPS: ROLES AND BEHAVIORS**
 - **BOTTOMS: ROLES AND BEHAVIORS**
 - **VERSATILES (VERSE): ROLES AND BEHAVIORS**

NOTE TO FACILITATORS

Introduce the conversation by reminding participants of the multiple identities activity in Session 1. This will be important as these terms may trigger emotions about power dynamics and shame around sexual behavior. Normalize the conversation by stating the following:

“Identity is important and plays a significant role in how we move through relationships and decision making. But identity doesn’t always equal or is limited to behavior. As behavior does not always equal or is limited to identity. This is why we focused on multiple identities in our last session.”

Also be aware that Tops, Bottoms and Versatiles, are terms that describe behavior and identity. Some young Black & Latino gay men may identify as a Top (the insertive partner) but sexually his behavior may be the role of the Bottom (the receptive partner). Frame these terms around behavior but allow and make space for participants to provide information about whether or not they identify as a Bottom, Top or Versatile. Be aware that some participants may not identify or relate to any of the three choices.

Procedure

1. Ask participants about the roles and behaviors of Tops.

Use the following questions as probes and record answers on “TOPS” newsprint:

- What are Tops (insertive partner)?
- What does it mean to be a Top (i.e., what is his expected role)?
- Besides being the partner who inserts what do Tops do during sex?
- How do Tops behave in a relationship?
- How do these stereotypes, beliefs and perceptions about Tops impact sexual behavior?

Be sure that the following points are covered:

- Often Tops are expected to assume the more masculine, more male role in the relationship.
- Tops may predominantly be the insertive partner who insert their penis in their partner’s anus.
- Tops are seen as the ones who are in charge or in control of what happens.

2. Ask participants about the roles and behaviors of Bottoms.

Using the following questions as probes and record answers on “BOTTOMS” newsprint:

- What are Bottoms (receptive partner)?
- What does it mean to be a Bottom (i.e., what is his expected role)?
- Besides being the receptive partners, what do Bottoms do during sex?
- How do Bottoms behave in a relationship?
- How do these stereotypes, beliefs and perceptions about Bottoms impact sexual behavior?

Be sure that the following points are covered:

- Sometimes Bottoms are expected to assume the effeminate, more female role in the relationship.
- Bottoms may predominantly be the receptive partners who receive their partner’s penis in their anus.
- Bottoms are often perceived to be more submissive in a relationship.

3. Ask participants about the roles and behaviors of people that identify as Verse.

Using the following questions as probes and record answers on “VERSE” newsprint.

- Who are people that identify as Verse?
- What does it mean to identify as Verse? (i.e., what is his expected role)?
- How do people that identify as Verse behave in a relationship?
- How do these stereotypes, beliefs and perceptions about people that identify as Verse impact sexual behavior?

Be sure that the following points are covered:

- People that identify as Verse are partners who enjoy either the insertive or receptive role.
- People that identify as Verse do not necessarily have a defined relationship role.

4. Describe how sexual positions can affect the risk for getting HIV and STIs.

- Being a Top (insertive) or a Bottom (receptive) is one factor that can determine your risk for getting HIV or an STI during sex.
- During one episode of sex without a condom, you are more likely to get HIV if you are a receptive partner because you can come in contact with the partner’s semen (cum). However, there are other factors that place “TOPS” at risk for HIV and we’ll discuss those later.
- This not the same for STIs, where Tops also have a good chance of getting an STI during sex without a condom.
- We will learn more later in the session about what factors increase our risk for getting HIV/STIs.

5. Check in with participants.

Facilitator’s Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 15 Minutes

STIs & HIV

Purpose: Participants learn more about the STI/HIV disparities for young Black & Latino gay men, common STIs, and health-promotion options for young Black & Latino gay men related to STI prevention. These become some of the options for prevention in Exercise 3.2.

Objective: Participants will learn about common STIs, including modes of transmission; the differences between viral and bacterial STIs; treatment (for viral) and cure (for bacterial); and vaccines to prevent getting STIs. They will also learn that HIV is an STI.

Procedure

1. Introduce the exercise using the following

Materials:

- Markers
- Prepared newsprints:
 - **What are some STIs?**
 - **Two sheets of newsprint with a line drawn the middle from top to bottom create two columns. One side should read "BACTERIA" and the second column should read "VIRUS"**
- Handout:
 - **STI 101 brochure (with updated information on local screening and treatment facilities)**

NOTE TO FACILITATORS

This exercise covers a lot of information on STIs. It is important that you review and understand the supplemental reading material: STI 101.

You will also discuss national and possibly local STI/HIV rates for young Black & Latino gay men. Ensure that you have the latest information on these rates. You should at least have the following information:

- **Percentage of young Black & Latino gay men who have HIV (national).**
- **Percentage of young Black & Latino gay men (or just young Black & Latino men) who have HIV (local). If your State does not have data on young Black & Latino gay men, just present rates for young Black & Latino males.**
- **Percentage of young Black & Latino men (or just young Black & Latino men) who have certain STIs that are present at high rates in your community. You may have more than one STI that occurs at high rates in your area.**

Information on national rates can be found at: <http://www.cdc.gov/hiv/group/msm/index.html>

Contact your local health department to get information on HIV and STI rates.

It is recommended that you update your STI 101 brochure with information on local screening and treatment facilities.

points.

- These days, people know more about HIV than about other STIs, even though the other STIs are more common.
- In this exercise, we are going to learn more about STIs, including HIV. Specifically, we will learn the differences between viral and bacterial STIs, how STIs are spread and treated and what kinds of STI testing you need to ensure you don't have an STI.

2. Ask participants what the main difference is between viral and bacterial STIs.

If not mentioned, point out that the main difference is that bacterial STIs can be cured with antibiotics, which don't work on viruses.

- Some viral STIs can be managed with medications but not cured. Some viral STIs are lifelong infections and never go away.
- There are vaccines to prevent some viral STIs.

Facilitator's Script: The good news is that both bacterial and viral STIs are totally preventable! We are going to learn more about STIs and STI testing and use the information to develop our menu of prevention options.

3. Quickly ask the participants "What are some STIs?"

Record their answers on STI Newsprint. This newsprint will provide support for the next part of activity.

Participants may share several infections or other health conditions that are not STIs. That is ok. Clarity will be provided later in the activity.

As participants to shout out answers. Make sure the following are listed before moving on:

- Gonorrhea
- Chlamydia
- Syphilis
- HIV
- Herpes
- Human Papillomavirus (better known as HPV)
- Hepatitis

4. Have participants create a list of bacterial STIs and viral STDs.

Ask the group to break out into two teams.

- **Give each team one piece of flip chart paper.** Ask them to divide their page into two columns. **They should write "Viral" on one side and "Bacterial" on the other.**
- Ask the group to, together, **list the most common STIs and specify whether they are viral (cannot be cured) or bacterial (can be cured).** Tell them not to worry about spelling. A lot of STIs are hard to spell.

5. Have teams share their list with the group.

Ask each team to share their list with the group. After each team shares their lists, reinforce that it is ok to not have all of the answers. Congratulate both teams for trying. State that, as a large group, we go over STI facts together.

6. Share the correct answers:

Answer Key	
Bacterial STIs: • Gonorrhea • Chlamydia • Syphilis	Viral STIs: • HIV • Hepatitis • Herpes • Human Papillomavirus (better known as HPV)

7. Discuss the list of STIs using the following talking points:

- Some STIs are spread through direct contact of mucous membranes (e.g., herpes). Mucous membranes are the tissue inside your mouth, penis, and rectum. We will find out more about mucus membrane in the next exercise.
- Some STIs are transmitted through discharge from the penis (semen), rectum, or vagina (e.g., gonorrhea).
- Some STIs are transmitted by sharing needles and through semen (cum) or vaginal fluids (e.g., HIV; Hepatitis B and C).

8. Discuss what kinds of behaviors put people at risk for getting STIs.

- Sexual behaviors—having sex without a condom (anal, vaginal, or oral); kissing or licking body parts that are currently infected with warts, sores, or lesions; rubbing together infected mucus membrane (penis, anus, or lips) may put you at risk for some STIs. Having sex without a condom with multiple partners.
- Using drugs and drinking can also lead to poor judgment and may make you less likely to use condoms, to ask your partner to use condoms, or to clean your needles and/or works.

9. Describe the different types of STI tests.

- Swabs from mouth, rectum, and penis—gonorrhea and chlamydia and HIV rapid tests.
- Urine tests—gonorrhea and chlamydia.
- Blood drawn into tubes—syphilis; Hepatitis A, B, and C; herpes; and HIV.
- Examination of mouth, skin, penis, or rectum—genital warts, lice, scabies, and other STIs.

10. Distribute STI Handouts and discuss following talking points:

NOTE TO FACILITATORS

There are talking points to cover as you guide the participants in reviewing the STI handout. You do not have to read them word for word. It is best if you use your own words when delivering these points. It is important that you spend time reviewing these before giving the presentation. It is also important to emphasize the value of requesting a mouth, rectum or penis swab for STI testing.

- In the United States, there are approximately 50,000 new cases of HIV every year compared with 20 million new cases of STIs.
- Young Black & Latino gay men are more likely to be impacted by STIs—which is one of the reasons that rates of HIV are so high for young Black & Latino gay men. This reality exists because young Black & Latino gay men do not have access adequate support and healthcare, and this often results in young Black & Latino gay men going undiagnosed and untreated.
- The good news is that many STIs are preventable and treatable.
- The purpose of this discussion is to provide you with knowledge about STIs and to continue to build your confidence in advocating for your sexual health.
- When it comes to STIs—the mantra is: GET TESTED. GET TREATED.
- Remember that all bacterial STIs are curable with one-time antibiotic treatments.
- Herpes cannot be cured but remains inactive in the body most of the time.
- HIV cannot be cured but can be treated. Treatment reducing the amount of HIV in the body can make HIV manageable health condition.

11. State the following facts about STIs

GONORRHEA IS A BACTERIA

- Gonorrhea is one of the most common STIs.
- Young men can get Gonorrhea in their throat, urethra (penis), and rectum depending on the kind of sex we have.
- There are usually no symptoms of Gonorrhea in the throat or rectum—you can have it and not know it.
- There are two tests for Gonorrhea; one is based on collecting a urine specimen and the other is done by collecting swabs.
- All gay men should have a separate test at each place where there might be Gonorrhea—penis, throat, and rectum.
- The urine test only detects Gonorrhea in the penis.
- Advocate for your sexual health—tell your doctor you need your throat and rectum tested for Gonorrhea.

CHLAMYDIA IS A BACTERIA

- Chlamydia is a bacterial STI that is now more common than Gonorrhea.
- Chlamydia is caused by a bacteria and is curable!
- Just like Gonorrhea, Chlamydia is passed by contact of mucus membrane with semen, vaginal fluids, and rectal fluids, and a mother can pass it to a newborn during delivery.
- Just like Gonorrhea, Chlamydia is easily cured with one antibiotic pill.
- Young men can get Chlamydia in their throat, in their urethra (penis), and in the rectum depending on the kind of sex they have.
- There are usually no symptoms of Chlamydia in the throat or rectum. Symptoms may occur within 2-3 weeks. If Chlamydia is in the penis, there can be burning and a little discharge but often there are no symptoms of Chlamydia in the penis either—you can have it and not know it.
- About 40% of men with Chlamydia of the penis have no symptoms.
- If men don't get treated early, there can be complications; just like Gonorrhea, Chlamydia can travel from the urethra to the testicles. In women, Chlamydia can travel up to the uterus and tubes and cause pelvic inflammatory disease.
- Advocate for your sexual health—tell your doctor you need your throat and rectum tested for Chlamydia.

SYPHILIS IS A BACTERIA

- Syphilis has now become common among gay men.
- Syphilis disproportionately impacts young Black & Latino men in the United States.
- The good news is that Syphilis is easily cured with one or more antibiotic shots.
- Also, many don't know that unlike HIV, Syphilis is easily passed through oral sex only.
- In the primary stage, a sore can appear on the penis, rectum, or in the mouth.
- This sore is painless and heals by itself in about 7 to 10 days with no treatment, so many times it goes unnoticed or is thought to be due to something else.
- After the sore goes away, a rash appears on the body and may spread to the hands and feet. There can also be white patches in the mouth and warts like bumps on the penis or anus.
- If left untreated, Syphilis can cause serious damage to the bones, joints, and nervous system and can even cause death. Before antibiotics were discovered in the 1940s, Syphilis was often a fatal infection, just like HIV used to be.
- The good news is that these complications can be totally prevented by being screened and getting early treatment.
- Syphilis is easily diagnosed with a simple blood test.
- Be an advocate for your sexual health—tell your doctor you want a Syphilis screening test.
- Remember the mantra: GET TESTED. GET TREATED.

HUMAN PAPILLOMAVIRUS (HPV) is a viral STI

- Human Papillomavirus (HPV) is better known as genital warts. This is currently one of the most common STIs. HPV is a virus and is not curable with medicines.
- HPV can cause genital warts. The warts can look like small bumps with a rough surface (like the surface of a cauliflower). They usually do not hurt and can be present for years.
- Many people who contract HPV never get any warts.
- The warts can be removed with a variety of different methods.
- Removing the warts doesn't get rid of the virus because it is in the skin around the warts.
- Eventually though, a person's own immune system will make the virus inactive — usually in about 6 months.
- The good news is that there is now a very effective vaccine to prevent HPV and it is now recommended for males.
- Be an advocate for your sexual health—ask your doctor about getting the HPV vaccine!

HERPES is a viral STI

- Herpes is passed by direct contact between mucus membrane during sex.
- Herpes cannot be cured but can be managed with medications.
- There are two common types of Herpes.
- Oral Herpes causes cold sores and fever blisters. Chancre sores that can appear inside the mouth are not Herpes. This is Herpes Simplex One and is usually passed from person to person by kissing. It can also spread from mouth to genitals during oral sex.
- Genital Herpes causes sores to appear on the penis or around the anus. This is Herpes Simplex Two. It is usually passed through anal sex in young men. However, either type can be passed to either site during sex.
- Usually about 7 to 10 days after infection occurs sores can develop on the penis, anus, or mouth. These are small blisters that are filled with clear fluid-like water blisters. The first time a person gets the sores they also may have fever, body aches, and headache. Then, the sores will heal completely in about 2 weeks with no treatment. However, the virus doesn't go away but becomes inactive in the nerves under the skin.
- Herpes can be spread to a sexual partner even when there are no visible sores—which is called asymptomatic shedding.
- Herpes can be detected by a swab test if there are sores, and by a blood test if there are no sores.
- The good news is that there are three different antiviral medicines that can make the sores go away faster when there are outbreaks.
- The medicines can also cut down on the amount of asymptomatic shedding, if taken every day.
- There is still a chance of passing Herpes to a sexual partner if you are taking the medicines every day, but it is a very small chance.

12. Review HIV/AIDS Handout**13. Check in with participants.*****Facilitator's Script:***

Do you have any questions about this section?
Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 15 Minutes

The Highs and The Lows

Procedure

1. Facilitate a discussion on what kinds of sex put people at risk for getting HIV.

Ask participants to brainstorm and call out the different kinds of sex young Black & Latino gay men have. Encourage them to use their own terms for describing the sexual behavior and/or ask them to clarify what that term means.

Record responses on newsprint. Be sure that the following are listed in their own language:

- Mutual masturbation
- Getting oral sex with a condom
- Giving oral sex with a condom
- Penetrating someone with a condom
- Getting penetrated with a condom
- Getting oral sex without a condom
- Giving oral sex without a condom
- Penetrating someone without a condom
- Getting penetrated without a condom

2. Ask participants to rank the

behaviors from lowest to highest risk for getting HIV.

NOTE TO FACILITATORS

Other behaviors participants might mention include fingering, fisting, or rimming (oral to anal contact). These are relatively low-risk behaviors when it comes to HIV transmission. Rimming may have the same HIV/STI risk as sucking without a condom.

1. Hand out the sexual behavior wall cards, giving one to each participant.

- Point out that these cards list behaviors that can put one at risk for getting HIV.
- Tell participants that everything on their list can be summarized into these wall cards.

Facilitator's Script:

We will use the cards so that everyone is clear about what specific kind of sex we are discussing.

2. Tell participants to tape their card on the wall, in order of risk for getting HIV.

- Lower-risk cards should be taped toward the top while higher-risk cards should be taped toward the bottom.
- Give them **5 minutes** to complete the exercise. Encourage them to talk and work with each other to make sure the behaviors are in the correct order.

3. Once all the cards are up, review the cards, going from the low risk (top) to the high risk (bottom) behaviors.

- If a card is out of order, say something like *"I think there is something that is less risky than this. Who can tell me what behavior should go before this one?"*
- When reviewing the cards, ask why that behavior is a low or high risk for getting HIV.
- Continue the process until all the cards are reviewed.

3. Review the ranked list with participants.

The correct order of risk is:

Answer Key

- Mutual masturbation
- Getting oral sex with a condom
- Giving oral sex with a condom
- Penetrating someone with a condom
- Getting penetrated with a condom
- Getting oral sex without a condom
- Penetrating someone without a condom
- Getting penetrated without a condom
- Giving oral sex without a condom

Point out that different types of sex have different levels of risk for getting an STI or HIV. Having types of sex that are lower risk means we can still enjoy sex and lower our chances of getting an STI or HIV.

4. Ask for and clarify any questions they have about the list.

Condom Demonstration

NOTE TO FACILITATORS

This exercise is designed so participants can learn how to properly put on a condom. You may also want to explore different types of condoms and safer sex items such as dental dams and rubber gloves. Place several condoms in the middle of the room. Let participants play with them.

Procedure

- 1. Explain that we will learn the correct way to use condoms, to be more comfortable when they are needed.**
Remind them that only condoms can prevent STI/HIV infection.
- 2. Ask participants what their peers' opinions are about obtaining and using condoms.**
Allow for discussion, but be sure to debunk myths that arise, sharing the following information:
 - No penis is too big for a condom. Condoms can be stretched to fit over a forearm.
 - Condoms do not reduce sensation, although they do change it.
 - Asking a partner to use a condom does not mean you do not trust the partner. You are making a responsible statement about both of your futures by using condoms.
 - HIV cannot leak through latex condoms.
 - Condoms are tested thoroughly and probably will not break with proper use.
- 3. Emphasize that even when condoms are used, they can be used incorrectly, allowing a pregnancy or a disease to occur.** Explain that this activity outlines correct and effective use.
- 4. Break participants into Two groups.**
Give each group their own set of CONDOM CARDS cards. Tell them to tape the index cards on the wall in the correct order so their posters describe step by step use of a condom.
- 5. Review the final order to see if it is correct.** The correct order is listed above in the list of materials.
If they are not in the right order, ask them to attempt to identify the mistake.
- 6. Demonstrate proper condom use with a latex condom and either your fingers or (if you have one) a penile model.** Follow the steps above, explaining what you are doing as you go along.
- 7. Conclude the activity using the Discussion Points.**
 - How easy or difficult was it to demonstrate condom use?
 - How do men feel when they buy condoms? What about women? Do people feel differently about seeing men and women buying condoms?
 - Is one kind of condom better than another? (Answer: Latex condoms do not allow the HIV virus to pass through, so they can protect against HIV infection. Lambskin condoms do not protect against HIV. Some fancy condoms are just novelties and are not effective as either pregnancy or disease prevention. Read the package carefully.)
- 8. Check in with participants.**
Facilitator's Script:
Do you have any questions about this section?
Does anyone want to share any feelings or thoughts about anything covered so far?

Materials:

- **CONDOM CARDS:**
 - HAVE ERECTION
 - CHECK EXPIRATION DATE
 - CHECK FOR TEARS
 - TAKE CONDOM FROM WRAPPER
 - MAKE SURE IT'S NOT INSIDE OUT
 - SQUEEZE TIP
 - ROLL CONDOM ON ERECT PENIS
 - INTERCOURSE
 - EJACULATION
 - HOLD BASE OF CONDOM
 - WITHDRAW PENIS FROM PARTNER
 - REMOVE CONDOM FROM PENIS
 - THROW CONDOM AWAY IN TRASH

Time: 15 Minutes

Prevention, PrEP & PEP

Procedure

1. Introduce the exercise using the following points.

- Condoms are an effective way of reducing and preventing STI and HIV infection? What are some other ways?
- Getting Tested and treated for STIs regularly helps to prevent HIV.
- Having an untreated STI puts us more at risk for contracting HIV.
- What are some other prevention methods?
- Has anyone heard of PrEP?

Materials:

- PrEP/PEP handout

2. Hand participants the PrEP/PEP handout.

What is PrEP?

- PrEP is short for pre-exposure prophylaxis. It is an HIV prevention strategy that currently involves taking a once-daily pill to reduce the risk of acquiring (getting) HIV. At this moment, the pills that are FDA approved for PrEP are prescription medications called Truvada and Descovy. People who use PrEP must commit to taking the medication every day and seeing their health care provider for follow-ups. Getting tested every three months is also recommended. In December 2021, the FDA approved Apretude, the first injectable treatment for reducing the risk of acquiring HIV. Rather than the daily PrEP pill, it is first given as two initiation injections administered one month apart, and then every two months after that.
- PrEP is safe and has been proven to work by reducing the risk of HIV infection by 90%.
- Anytime you start PrEP, remember that it takes at least seven days of daily use to reach full effectiveness.
- You cannot buy it from friends or at the store. You have to be prescribed PrEP from a medical provider.
- PrEP is another preventative measure. While it prevents HIV infection, it does not prevent STI infection so condom use is still very important.

What is PEP?

- PEP is short for post-exposure prophylaxis. It is an HIV prevention strategy that involves taking HIV medications immediately after a single high-risk event, such as condomless sex without the use of PrEP. These medications stop HIV from making copies of itself and spreading throughout the body. PEP must be started as soon as possible to be effective, but no more than 72 hours after you think you may have been exposed to HIV.
- PEP is safe. However, it doesn't make you immune to HIV. It does not guarantee that someone exposed to HIV will not become HIV-positive. Instead, it reduces the chance of that happening.
- PrEP and PEP can be great additions to our prevention strategies but do not prevent STI infections. Using condoms and latex barriers every time you with every partner for anal and vaginal intercourse and oral sex.
- PEP and PrEP are covered by many private health insurance plans and state Medicaid programs.

Where can you get PrEP and PEP?

- In some areas, there are programs that can help you access PEP and PrEP even if you are uninsured or are undocumented.

NOTE TO FACILITATORS

Have at least two service providers that prescribe PrEP and are a safe place for young Black & Latino gay men to access services.

Time: 10 Minutes

Lesson Summary: Wrapping up

Procedure

1. Check in with participants.

Do you have any questions about this section? Does anyone want to share any feelings or thoughts about anything covered so far?

2. Review the Parking Lot.

Answer any questions on the Parking Lot. Tell participants that any questions not answered now will be answered in the next session.

3. Review learning points.

- We started to discuss the roles, behaviors and power of Tops and Bottoms and how they relate to the STI/HIV risks for young Black gay men.
- We have learned about some STIs we may have never heard of before and how some can be cured (bacterial) and some can't (viral).
- We learned how you can have an STI and not even know it and how having an STI makes us more vulnerable to getting HIV or giving it to a partner.
- We also learned about PrEP and PEP.

NOTE TO FACILITATORS

Each GYL session will close with a review of the session. This provides participants an opportunity to get clarity and answers to any remaining questions about the session, as well as preview the next session.

4. Closing Affirmation.

- Have the entire group stand in a circle. If the group suggests that they should hold hands, go with it. DO NOT SUGGEST IT. Have the facilitator start the affirmation by looking at the person on his left and saying, "Thank you for showing up today to share time and space with us." Then instruct that each participant repeat this affirmation to the person on their left.
- Remind participants when the next session will take place.
- Thank participants for attending and participating.

LESSON TWO

MATERIALS

**MUTUAL
MASTURBATION**

**GETTING ORAL SEX
WITHOUT A CONDOM**

**GIVING ORAL SEX
WITHOUT A CONDOM**

**PENETRATING SOMEONE
WITHOUT A CONDOM**

**GETTING PENETRATED
WITHOUT A CONDOM**

**GETTING ORAL SEX
WITH A CONDOM**

**GIVING ORAL SEX
WITH A CONDOM**

**GETTING PENETRATED
WITH A CONDOM**

PENETRATING SOMEONE WITH A CONDOM

RACE

ETHNICITY

SOCIO-ECONOMIC STATUS

AGE

**PHYSICAL ABILITY/
DISABILITY**

HAVE ERECTION

**CHECK EXPIRATION
DATE**

CHECK FOR TEARS

**TAKE CONDOM
OUT OF WRAPPER**

**MAKE SURE CONDOM
IS NOT INSIDE OUT**

SQUEEZE TIP

**ROLL CONDOM
ON ERECT PENIS**

INTERCOURSE

EJACULATION

**HOLD BASE OF
CONDOM**

**WITHDRAW PENIS
FROM PARTNER**

**REMOVE CONDOM
FROM PENIS**

**THROW CONDOM
AWAY IN TRASH**

PrEP Basics

PrEP stands for **Pre-Exposure Prophylaxis**. The word "prophylaxis" means to prevent or control the spread of an infection or disease.

PrEP can help prevent you from getting HIV if you are exposed to the virus.

PrEP is an HIV prevention option that works by taking **one pill every day**.

How Does It Work?

Some of the same medicines prescribed for the treatment of HIV can also be prescribed for its prevention.

In several studies of PrEP, the risk of getting HIV from sex was much lower — about 99% lower — for those who took the medicines consistently than for those who didn't take the pill.

When taken every day, PrEP can provide a high level of protection against HIV, but, only condoms protect against other STDs like syphilis and gonorrhea.

People who use PrEP should take the medicine every day and return to their health care provider every 3 months for follow-up and prescription refills.

SIDE EFFECTS

Some people in clinical studies of PrEP had early side effects such as an upset stomach or loss of appetite, but these were mild and usually went away in the first month. No people had serious side effects, and no people had any other problems. You should tell your health care provider if these or other symptoms become severe or do not go away.

How Can I Start PrEP?

Talk with your doctor or health care provider to determine if PrEP is right for you.

If you and your health care provider agree that PrEP might reduce your risk of getting HIV, he or she will test you for HIV and other sexually transmitted diseases.

Your health care provider will also test to see if your kidneys are working well.

If PrEP is a good option for you, your health care provider will give you a **prescription**.

How Do I Pay for PrEP?

PrEP is covered by most insurance programs.

If you do not have insurance, your health care provider can direct you to medication assistance programs that may help pay for PrEP.

You can also contact your local health department and HIV/AIDS service organizations for more information.

Start Talking. Stop HIV.

 /StartTalkingHIV  /StartTalkingHIV

I am thinking about PrEP to prevent HIV. What now?

Do your research. Seek out information to help you decide. cdc.gov/hiv/basics/prep.html

Make a list of why you think PrEP would be right for you.

Talk to your health care provider if you have more questions.

Frequently Asked Questions

Would PrEP be a good option for me?

How much would PrEP lower my risk of getting HIV?

What else can I do to lower my risk of getting HIV?

Will the daily pill work for my routine?

Can I get help paying for PrEP?

Are there any side effects to PrEP?

Will you prescribe and manage PrEP for me?

How often will I be tested for HIV and other sexually transmitted diseases?

If you decide PrEP is right for you

Take your pill every day

Follow your health care provider's advice about how to take your pill. This will give it the best chance to prevent HIV.

Tell your health care provider if you have trouble remembering to take your pill or want to stop PrEP.

PEP 101

PEP Basics

PEP stands for Post-Exposure Prophylaxis

PEP means taking medication after you may have been exposed to HIV to prevent transmission.



The word "prophylaxis" means to control or prevent the spread of an infection or disease.



People are exposed to HIV by coming into contact with certain body fluids of a person with HIV, including blood, semen, and vaginal fluids. This usually happens through anal or vaginal sex or by sharing needles.

PEP IS FOR EMERGENCY USE

If you may have been exposed to HIV in the last 72 hours, talk to your healthcare provider, an emergency room doctor, or your local health department about PEP right away.

How Does PEP Work?



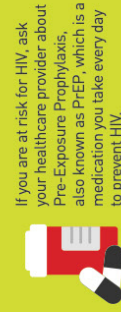
PEP must be started within 72 hours (3 days) after you may have been exposed to HIV. But the sooner you start PEP, the better. Every hour counts.

PEP is effective in preventing HIV after possible exposure, but not 100%. Use condoms with sex partners and use safe injection practices.

PEP may help the body's immune system stop the virus from being copied in the infected cells of the body. The infected cells would then die naturally within a short period of time without producing more copies of HIV.



Can I take PEP every time I have sex without a condom?



If you are at risk for HIV, ask your healthcare provider about Pre-Exposure Prophylaxis, also known as PrEP, which is a medication you take every day to prevent HIV.

No, PEP should be used only in emergency situations.

For more information about PrEP, visit cdc.gov/StopHIVtogether/Prevention.

Is PEP Right For Me?

How Do I Know If I Need PEP?

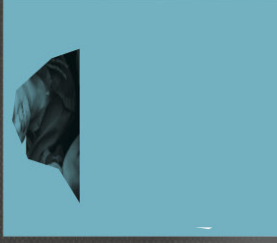
If you are HIV-negative or don't know your HIV status, and in the last 72 hours you...

may have been exposed to HIV during sex, for example, if the condom broke

or shared needles or works to prepare drugs

or were sexually assaulted

...talk to your healthcare provider, an emergency room doctor, or local health department about starting PEP right away.



What Should I Expect While I'm Taking PEP?



Your healthcare provider will test you for HIV before prescribing PEP. They may test you again six months after you begin taking PEP to make sure you stay HIV-negative. It takes time for an HIV test to show that a person has HIV.

If your healthcare provider prescribes PEP, you'll need to take it daily for 28 days.



Tell your healthcare provider if you have trouble remembering to take your pills or want to stop PEP treatment.

It's important you follow your healthcare provider's advice about how to take your pills. This will give you the best chance to prevent HIV.



SIDE EFFECTS

PEP is safe, but it may cause side effects like upset stomach and fatigue in some people. These side effects can be treated and are not life-threatening.



You should immediately tell your healthcare provider if these or other symptoms become severe or do not go away.

PEP Access

How Do I Get PEP?



You can talk to your healthcare provider (in person or through telehealth), or visit an emergency room, urgent care, or health department to be prescribed PEP. **Act right away if you think you've recently been exposed to HIV.**

How Do I Pay for PEP?



If you are prescribed PEP and you cannot get insurance coverage (Medicaid, Medicare, private, or employer-based), your healthcare provider can apply for free PEP medicine through the medication assistance programs run by the manufacturers.

If you are prescribed PEP after a sexual assault, you may qualify for partial or total reimbursement for medicines and clinical care costs through the Office for Victims of Crime, funded by the U.S. Department of Justice. More information is available at ovc.ojp.gov.



What Happens if PEP Doesn't Work and I Contract HIV?

PEP is highly effective in preventing HIV, but if it doesn't work and you get HIV, the most important step is to get into care and start HIV treatment.



LEARN MORE

For more information about HIV treatment, visit cdc.gov/StopHIVtogether/Treatment. For more information about PEP, visit cdc.gov/HIV/Basics/PeP.html.

Getting and staying on treatment will help you manage your HIV better and can keep you healthy for many years.



LESSON THREE

Prevention Options

NOTE TO FACILITATORS

This session of the Get Your Life Curriculum is designed to guide participants to examine their perception of risk for HIV/STI exposure while increasing their knowledge of STI prevention and harm reduction options.

This session can be implemented in both a 75-minute or 60-minute session. Be sure to read the complete session and select the activities that work best for the size of your group, the space, and availability of time while keeping the integrity of the *Get Your Life* curriculum.

Purpose

This session of the Get Your Life Curriculum is designed to guide participants to examine their perception of risk for HIV/STI exposure while increasing their knowledge of STI prevention and harm reduction options.

Learning Objectives

- Increase understanding of how sexual health decisions relate to HIV/STI risk
- Increase understanding of how personal beliefs and awareness impact sexual health decisions
- Increase knowledge of perceived risk of HIV/STI acquisition.

Overview Of Agenda

1. Lesson Preview: Welcome & Introductions 10 Minutes
2. Review Community Agreements and Commitments 3 Minutes
3. Review of Session Two 3 Minutes
4. Taking Our Inventory Activity 20 Minutes
5. My Personal Inventory Chart—What Would You Do With Whom? Handout and Discussion 15 Minutes
6. Behavior Change Sheet 10 Minutes
7. Lesson Summary: Wrapping Up 10 Minutes
8. Closing Affirmation 5 Minutes

TIME: 60-75 Minutes

Materials Checklist

Prepared Newspaper:

- Sexual Practices Wall Cards
- Handout: My Personal Inventory Chart – What Would You Do With Whom?
- Sexual Practice Wall Signs

Other Materials

- Tape
- Pencils or Pens
- Optional Materials: Radio and Speakers

Lesson Preview: Welcome & Introductions

NOTE TO FACILITATORS

Facilitating Lessons on Sexual Health - Sexual health can be a sensitive and sometimes triggering topic for many people, and how people enter this conversation is influenced by emotions, knowledge, personal beliefs and experiences, including possible past trauma. Here are some considerations as you implement this lesson:

- **Avoid disclosure of personal practices and beliefs** - Your role as facilitator is to support participants navigate their own process and aid in their individual development. Any inquiries from participants directed to the facilitator should be reframed, generalized and factual.
- **Center community agreements** - Emphasize that community agreements and commitments are designed to ensure and promote a safer space.
- **Be sure to include trauma-informed checks ins** (ex. numerical or metaphorical check-ins with participants as you move between discussions and activities. Facilitators are encouraged to check in with each other to forecast what emotions may come up for themselves and create a plan on working together to navigate and support each other.
- **Stay Sex Positive** - Sexual health education is a lifelong process that continues to develop as our bodies and minds change over time. Consensual healthy sexuality is a natural part of life that can be affirming and pleasurable.
- **Correct Myths** - Myths are sure to come up in conversations that may side-track or cloud facts. Catch these as they come up by naming the myth, providing factual information (or come back to it when you have the information needed), affirm students' openness and participation, and debrief with students to assess for further clarity or discussion.
- **Practice Cultural Humility** - Young people are the pioneers of evolving language about our understanding of gender and sexuality. If at any point a student says or mentions something you don't understand, always inquire to seek clarity or ask students to help define new vocabulary/terms/practices.

The purpose of this and ensuing sexual health lessons is to give students the information they need to make informed decisions about their bodies, sexual activity, access to resources and to help students further develop communication skills and boundaries.

Procedure

1. Welcome the participants to the session three of *Get Your Life*.

Introduce yourself and your co-facilitator (include name, pronouns and how role) to the group.

2. Provide an overview of today's lesson:

Facilitator's Script:

Today's session will build on the conversation we had in session one. We will focus on sexual health, decision making and HIV/STI prevention. Talking about sexual health can be a sensitive topic for many people, and how people enter this conversation is influenced by emotions, knowledge, personal beliefs and experiences, including trauma. Before we start this session, we re-commit to honoring the community agreements to ensure we feel supported during these conversations. We will also check-in as we move from activity to activity to see how we doing.

It is normal to feel some discomfort. We all have different levels of experience, knowledge and sensitivities around sexuality. The focus of these activities is to provide support in examining personal perceived risks, and decision making related to our sexual health as it relates to HIV and STIs.

Ok, let's get started with introductions. Starting from left-to-right, state your first name, gender pro-noun and a song that describes that our current mood.

3. Ask participants to introduce themselves.

Facilitator's Script:

Ok, let's get started with introductions. Starting from left-to-right, state your first name, gender pronoun, a song that describes your current mood, and one thing you remember from Session Two.

Time: 20 Minutes

Taking Our Inventory



Purpose:

Participants increase their perception of risk by how potential sexual partners influence what we are willing to do sexually and what harm reduction practices they will take.

Objective:

Increase participants' knowledge of behavior risks and managing risks.

Materials:

- Sexual Practice wall signs
- Tape

NOTE TO FACILITATORS

This is the first exercise to address the role and influence of partners (sexual and substance use) on risk behaviors and makes the connection between risk behavior and partner type.

For participants with low literacy levels, facilitators should be prepared to read and review Sexual Behavior wall cards.

Procedure

1. Introduce “Taking Our Own Inventory”.

Facilitator’s Script:

This first activity will focus on examining various levels of risk and how to talk about risk without judgement. We’ll be talking about what can make sexual activity more or less risky and how to make choices to keep ourselves safer. When you hear “taking a risk”, what comes to mind?

Read Definition:

Taking a **risk** implies taking a potential chance, or embracing a degree of **vulnerability**, in a situation that has a potential for exposure to mental, emotional and physical harm. The larger the risk, the increased potential of exposure to harm.

We will now work as a group. You will be given a set of wall cards listing different sexual behaviors. Together, you will talk about the risks of each behavior. As a group, you will rank the risk of each behavior from lowest to highest. Once you have made your final decisions you tape the behaviors on the wall from lowest to highest.

2. Provide participants the Behavior wall cards and tape.

State that they will have about 10 minutes to complete the tasks.

NOTE TO FACILITATORS

The sexual practices are listed below from lowest to highest risk for getting HIV:

- Mutual masturbation
- Insertive sex with a condom
- Giving oral sex without a condom
- Getting oral sex with a condom
- Receptive sex with a condom
- Insertive sex without a condom
- Giving oral sex with a condom
- Getting oral sex without a condom
- Receptive without a condom

Other behaviors that participants might mention include fingering, fisting or rimming (oral to anal contact). These are relatively low-risk behaviors when it comes to HIV transmission. Rimming may have the same HIV/STI risk as giving oral sex without a condom.

Please note that some participants may not be sexually active. Normalize this by stating, “Some of us may not be sexually active yet and that is ok. This activity can be beneficial as it will provide you an opportunity to discuss behaviors that could potentially put us at risk for HIV/STIs.”

3. Play Music as participants work in a group.

4. Ask participants to share how they decided the order of their lists.

If the order does not reflect the correct order, support participants by reviewing the list and providing space and time to discuss levels of risk until the order is correct.

5. Review the order of the ranking from lowest to highest.

Ensure participants have a clear understanding of what sexual behaviors are the least risky (lowest risk), and most risky (highest risk) and why.

6. Check in with participants.

Facilitator’s Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 15 Minutes

My Personal Inventory Chart



Materials:

- Handout: My Personal Inventory Chart — What Would You Do With Whom?
- Pens

Purpose:

Support participants in examining how their sexual behavior, decision-making, and risk-management strategies are influenced by the type of potential sexual partners.

Objective:

Increase participants' knowledge of how their risk behaviors and decision-making are influenced by the type of sexual partners they select and the kind of relationships they have with those partners.

NOTE TO FACILITATORS

For participants with low literacy levels, facilitators should be prepared to read, review, and help participants complete the My Personal Inventory Chart — What Would You Do With Whom? handout.

Procedure

1. Introduce My Personal Inventory Chart—What Would You Do With Whom?

We are going to discuss how our risks and decisions about prevention are influenced by potential sexual partners.

2. Distribute copies of My Personal Inventory—What Would You Do With Whom? handout.

Tell participants the handout is an inventory of what you would do with whom, where you indicate the level of risk you are willing to assume with various kinds of partners and in different kinds of relationships.

Facilitator's Script:

You will complete this sheet individually. You do not have to put your name on the sheet. For each person listed, you are going to write in an "X" in the box of each behavior across the top of the sheet you are willing to do with the person. There are no right or wrong answers. Your answers will be just for you. If you decide to share with the group during the discussion portion of this activity, you are welcome to. We will remember our community agreements and commitments during the discussion. Take a few minutes to complete the form.

3. Ask participants the following questions:

- a. So what was it like to complete the form?
- b. What are some thoughts?
- c. Were you reminded or supposed by any of your answers?
- d. What influenced your decisions?
 - The way a person looks?
 - What we think we about the person?
 - How we feel about the person in the moment?
 - How we feel about ourselves in the moment?
- e. What realizations came up for you, if any?

4. Ask participants, in thinking about their own decisions, what things influence our decision making?

5. Making the connection.

Facilitator's Script:

The decisions we make to have sex (including the kind of sex we have) with different types of partners are often influenced by the kind of relationships we have with those partners. We all make decisions based upon the information that we know at the time. This can work for us and against us. Completing this sheet reminds us that we are making decisions that help to protect us by reducing our risk. Now how can we do this more intentionally and consistently. How can we begin to make decisions about our sexual health that are not situational?

NOTE TO FACILITATORS

Participants should clearly understand the factors that influence their sexual decision-making:

1. What they know or don't know about a sexual partner
2. What they know about their partners' risk behavior
3. The kind of relationships they have with those partners

In more intimate and established relationships, people generally engage in sexual practices that are very risky. In more casual relationships, people usually engage in sexual practices that are not as risky.

6. Check in with participants.

Facilitator's Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 10 Minutes

Behavior Change Worksheet

Procedure

1. Handout the "Behavior Change Worksheet."

Facilitator's Script:

Changing behavior is not always easy. This is normal. Think about a time you tried to change a behavior. Think about what helped you. Also, think about what made it hard.

Materials:

- Behavior Change worksheet
- Pens

2. Give participants 5 minutes to complete the sheet.

Tell them to list at least 3 things.

3. After participants have filled out the sheet, ask if anyone wants to share.

Facilitator's Script:

Behavior change is not easy but knowing who can support us, especially when it gets hard, helps with behavior change.

4. Check in with participants.

Facilitator's Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?



Time: 5 Minutes

Lesson Summary: Wrapping Up

Procedure

1. Check in with participants.

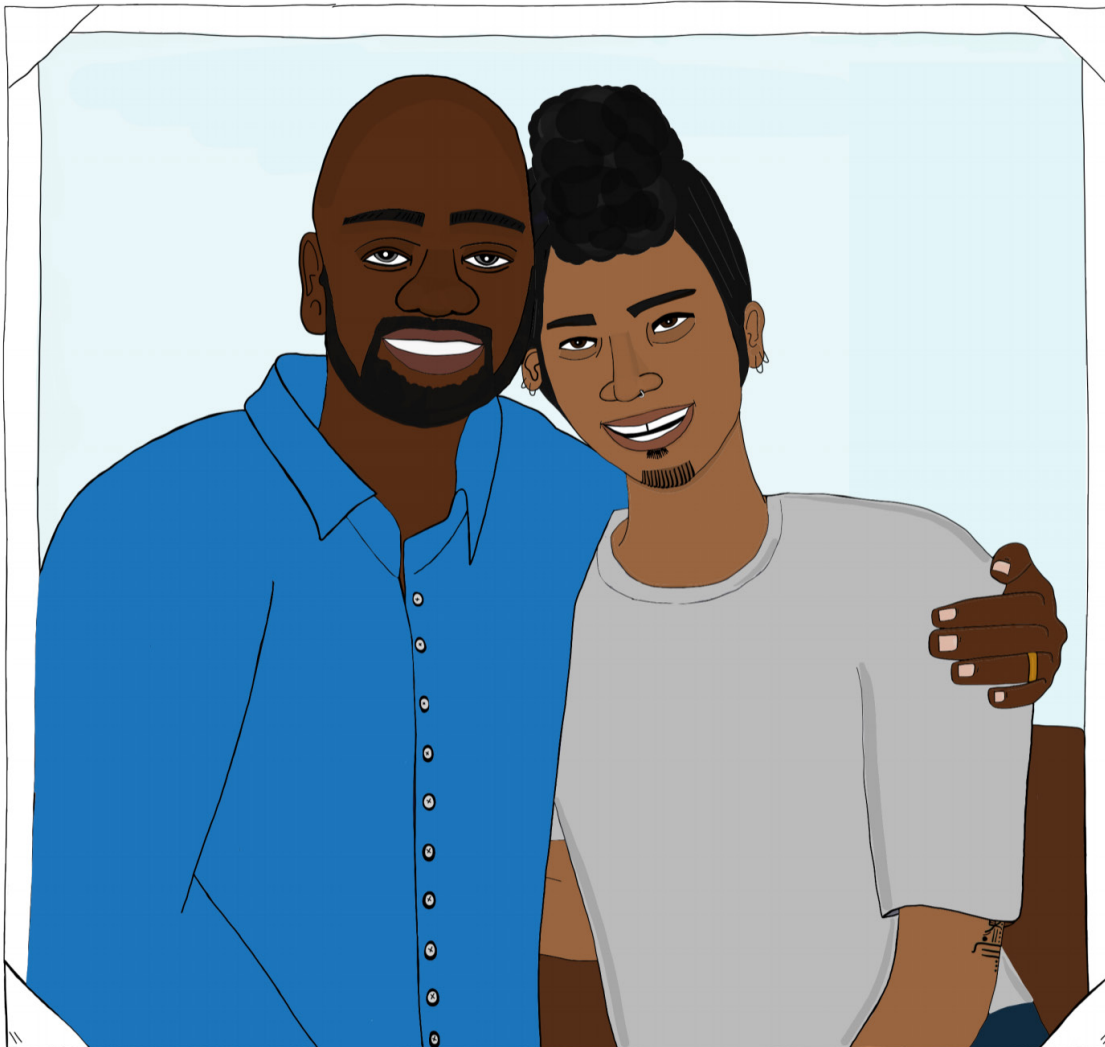
- Do you have any questions about this section?
- Does anyone want to share any feelings or thoughts about anything covered so far?

2. Review the Parking Lot.

Answer any questions on the Parking Lot. Tell participants that any questions not answered now will be answered in the next session.

3. Closing Affirmation.

Have the entire group stand in a circle. If the group suggests that they should hold hands, go with it. DO NOT SUGGEST IT. Have the facilitator start the affirmation by looking at the person on his left and saying, "I AM POWERFUL AND MY LIFE HAS PURPOSE." Then instruct each participant to repeat this affirmation to the person on their left.



LESSON THREE

MATERIALS

WHAT WOULD YOU DO WITH WHOM HANDOUT

[illegible]

LESSON FOUR

Intentions & Capacity To Act

Learning Objectives:

The purpose of Session 4 is to help participants understand that behavior change often occurs in stages and that addressing ambivalence and barriers to change is a first step toward less-risky behavior. Participants will identify a behavior they want to change and will develop a plan for changing that behavior.

- Increase understanding of how sexual health decisions relate to HIV/STI risk.
- Increase understanding how personal beliefs and awareness impact sexual health decisions.
- Increase knowledge of perceived risk of HIV/STI acquisition.

Learning Outcomes:

- Learn more about how behavior change occurs, including the stages of change and spiral pattern involving relapse and slips.
- Recognize that ambivalence is normal and recognize their own personal ambivalence and barriers for change.
- Form intentions and agree to act on one prevention option of their choice.
- Identify a first step and develop and practice new skills related to their chosen options.

Preparations:

- Review Session Four and facilitator's notes.
- Print wall cards and other materials (Included at the end of Session Four).

Purpose:

This session of the Get Your Life Curriculum is designed to guide participants to examine their perception of risk for HIV/STI exposure while increasing their knowledge of STI prevention and harm reduction options.

Overview Of Agenda

1. Welcome & Introductions 10 Minutes
2. Stages of Change 20 Minutes
3. Getting Ready for Action 20 Minutes
4. Barriers & Facilitators of Change 20 Minutes
5. Getting Ready for Action 20 Minutes
6. Lesson Summary: Wrapping Up 10 Minutes
7. Closing Affirmation 5 Minutes

TIME: 60 Minutes

Materials Checklist

Prepared Newsprint:

- Stages of Change Wall Cards
- Handout: Getting Ready for Action

Other Materials

- Tape
- Markers
- Sticky Notes for Parking Lot
- Pencils or Pens

NOTE TO FACILITATORS

It is important for participants to feel comfortable sharing with the group their feelings about changing a behavior. Before the activity begins, be sure to explain to participants that it is okay if any of them are in the precontemplative ("NO WAY") or contemplative ("YES, BUT...") stages because people often are in these stages regarding many different behaviors. It is also important to remind participants that it is okay and not considered a failure if anyone in the group has relapsed ("DID IT AND STOPPED") because it is a natural part of the behavior change process.

Remind participants that their honesty about their feelings and experiences regarding getting tested for HIV and STIs will help them to accurately determine where they are in the change process. It will also help their peers who might be feeling the same way.

Stages of Change



Procedure

1. Print "Stages of Change" wall card and place on the wall throughout the space.
2. Provide a brief overview of the behavior change process.

Facilitator's Script:

In previous lessons, we discussed behavior change, what we thought was difficult about changing a behavior, and what we thought would help us change that behavior.

- There has been a great deal of research done on behavior change in the past 20 years. We know what we should do to stay healthy, but at any given time we are not ready to do all of those things.
- It is known that people go through various stages when it comes to changing a behavior.

3. Review the five stages and relapse and use the related examples:

- **Stage 1: Precontemplative ("NO WAY")**

This is the stage in which a person **sees no need to make the change**.

This may be because a person is unaware of a need to change or is resistant about giving up a particular behavior.

- **Stage 2: Contemplative ("YES, BUT...")**

This is the stage in which a person **sees the need for change but has significant challenges and barriers to making that change**.

A person in contemplation feels two ways about the same change. They want to change because ... and they don't want to because ...

- **Stage 3: Ready for Action (“READY TO TRY IT”)**

This is the stage in which **someone has not only made a commitment to change a particular behavior but has also taken necessary steps to start the change.**

For example, a person is now willing to go limit their social media time. They take a first step by deleting the social media app from their mobile device.

- **Stage 4: Maintenance (“BEEN LIVING IT”)**

This is the stage in which **a person has made the change and is doing it so long it feels more like a new habit. The person also works to minimize potential opportunities for relapse.**

For example, the person has started limiting their social media activity and only logs on to apps during designated times from a desk or laptop computer.

- **Stage 5: Relapse (Did it and Stopped)**

This occurs when **a person stops trying to maintain their behavior change and goes back to an earlier behavior. A person can relapse at any point in the five stages and go back to an earlier stage.**

For example, the person who wanted to limit their social media activity downloads the apps again on their mobile device and check apps multiple times an hour.

4. After rereviewing each stage, tell participants that you will provide them with a prompt for a behavior and ask them to stand under the stage of change they feel best represents their answer.

Remind participants: There are no “right” or “wrong” answers. Just because you choose one part of your stage over another DOES NOT mean that you make “bad” choices. You are just choosing the identity you feel aligns with the prompt I am about to give you.

After each participant has stood under their stage that represents their answer, going from left to right, ask participants if they are comfortable sharing why they stood where they stood. Remind participants of group agreements.

Prompts:

- Waking up earlier for school or work.
- Not checking social media during while working or in school.
- Talk openly with a provider about your sexual behavior.
- Get tested for all STIs.
- Have an examination of your mouth, skin, genitals and rectum.
- Have conversations about sexual health your partners.

After participants have answered, direct them to have a seat.

5. The group will process the activity by answering the following questions:

- What was it like to participate in that activity?
- What was it like to make to think about what stage you are in?
- Were there any realizations or anything you learned about yourself or your answers?

Facilitator’s Script:

Changing behaviors is not always easy. There can be internal and external challenges. Our attempts at behavior change are impacted and influenced by internal and external beliefs. This is ok. We did this activity as a way to explain how behavior change is a process and doesn’t always happen immediately, and that sometimes we have to start over and that is ok.

6. Check in with participants.

Facilitator’s Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Materials:

- Wall Cards
- Tape

Time: 20 Minutes

Getting Ready for Action

Objective: By the end of this activity, group members will be able to think about what part of their identity they are most comfortable and uncomfortable with.

Procedure

1. Introduce the exercise:

Facilitator's Script:

During the last session, we talked about what we can do to protect ourselves and we created a menu of prevention options for individuals (Menu 1), including harm reduction options. We have learned that the prevention options are the most effective ways to eliminate risk, but the harm reduction options can often be a first step in reducing your risk. Some of the options involve changing a sexual behavior or using drugs and alcohol differently. Some involve going for a checkup or having tests for STIs and HIV. All of them involve some kind of change. And we know change can be challenging for all people. In this session, each of you will begin the process of behavior change.

2. Give participants "Getting Ready For Action" handout.

Instruct participants to take 5 minutes to think about Building a Menu of Options (Menu 1) before they choose their option.

- Ask participants to pick a Harm Reduction option they are not currently doing. Participants will need to pick an option that they are ready to try over the next 2 weeks.
- Ask participants to choose an option from Menu 1.
- Congratulate the participants for taking an important step in caring for themselves and their communities.

3. Discuss with participants the options they selected.

Emphasize that they don't ever have to share what they chose with the group if they don't want to.

Facilitator's Script:

Does anyone feel comfortable enough to share which option they chose?

What are your feelings about trying your option? **List these selections one by one on the newsprint.**

How likely do you think you will try the option you chose in the next two weeks?

Congrats because choosing an option is the first step to behavior change.

4. On separate newsprint create 3 columns:

- Harm Reduction Option
- Things that help
- Things that make it difficult.

Using the list of Harm Reduction Options created by participants, have participants choose one of the options to discuss. **Write that option in the "Harm Reduction Option" column.**

Facilitator: "What are some potential barriers to the prevention options listed?"

Write answers in the "Things that make it difficult" column.

Facilitator: "Where would someone find support to address the potential barriers?"

"How could you provide peer support to a group member to help him change his behavior?"

Write answers in the "Things That Help Option"

Facilitator: "What are some feelings that people might experience when considering behavior change?"

"What are some other solutions to the barriers?"

Facilitator: "Having support is essential to behavior change. Knowing what the barriers are helps us in identifying the support we may need."

5. Check in with participants.

Facilitator's Script: Do you have any questions about this section? Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 20 Minutes

Barriers & Facilitators of Change

Purpose: Participants will explore their own perceived barriers and facilitators to HIV and STI prevention or harm reduction options. This activity creates an environment where participants receive support from each other for behavior change.

Objective: Describe at least one barrier and one facilitator to implementing behavior change.

Materials:

- Flip chart paper
- Markers
- Tape

Planning Notes:

Create flip chart paper with three columns:

- Risk Reduction Option
- Things to help
- Things that make it difficult to change.

On another piece of flip chart paper write:

- Solutions to Barriers
- Support Needed

Review the Menu of Prevention and Harm Reduction options.

Procedure

1. Introduce the activity and explain the concept of ambivalence and indecisiveness.

Tell participants that the group is about to explore how to work through ambivalence and choose healthy responsible options for HIV and STI prevention and risk reduction.

- Tell participants you will discuss barriers to their prevention options and also talk about facilitators for making change.
- Ask participants to take a moment to think about at least one prevention or harm reduction option that they might consider addressing.
- Ask for volunteers to share their selection.
- List these selections one-by-one on the newsprint.
- Use the discussion questions below to process the group through ideas regarding behavior change.
- Encourage participants to support each other with ideas for solutions to barriers. **You will write down all answers on the flip chart pages.**

2. Have a discussion about the participants' responses.

- What are some potential barriers to the prevention options listed?
- Where would someone find support to address the potential barriers?
- How could you provide peer support to a group member to help him change his behavior?
- What are some feelings that people might experience when considering behavior change?

3. Have a discussion about the participants' responses.

- What are some potential barriers to the prevention options listed?
- Where would someone find support to address the potential barriers?
- How could you provide peer support to a group member to help him change his behavior?
- What are some feelings that people might experience when considering behavior change?

4. Check in with participants.

Facilitator's Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 10 Minutes

Lesson Summary: Wrapping Up

Procedure

1. Check in with participants.

Facilitator's Script:

Do you have any questions about Session 4?

Does anyone want to share any feelings or thoughts about anything covered in Session 4?

2. Review the Parking Lot.

Answer any questions on the Parking Lot.

Tell participants that any questions not answered will be answered in the next session.

3. Closing Affirmation.

Have the entire group stand in a circle. If the group suggests that they should hold hands, go with it. DO NOT SUGGEST IT. Have the facilitator start the affirmation by looking at the person on his left and saying, "Our love for ourselves and each other is a revolutionary act." Then instruct that each participant repeat this affirmation to the person on their left. Remind participants when the next session will take place.

Thank participants for attending and participating.



LESSON FOUR

MATERIALS

**NO WAY
(PRECONTEMPLATIVE)**

**YES, BUT
(CONTEMPLATIVE)**

**READY TO TRY IT
(READY FOR ACTION)**

**BEEN LIVIN' IT
(MAINTENANCE)**

**RELAPSE
(DID IT & STOPPED)**

Getting Ready for Action

List **one thing** you will do to **reduce your risk** of HIV and/or STIs.

Then list **three possible barriers/challenges** that will make this decision difficult.

Next, list **three things** that will **support you** in your decision.

Finally, what will be your **first step** towards making the change?

The option I choose to try for STI/HIV risk reduction is:

1.

What will be hard for me in making this change? What are the barriers to change?

1.

2.

3.

What will help me to make the change? What can I do to overcome the barriers?

1.

2.

3.

First step to making the change:

LESSON FIVE

Communication & Negotiation

Learning Objectives:

The purpose of Session 5 is to discuss communication and negotiation with partners. Another purpose of Session 5 is to discuss power dynamics in relationships and different kinds of power used in relationships. .

Learning Outcomes:

- Identify what kinds of relationships we want to cultivate.
- Explore how we are often assigned relationship roles that can create power and control issues within their relationships.
- Explore attitudes toward gender roles and power in our communities.
- Recognize the origins of the typical relationship roles assigned to Tops and Bottoms and that these roles reflect stereotyping and sexism, may not fit their personal needs, and may not result in a relationship that is preferred .
- Explore how these relationship dynamics affect decisions related to sexual behaviors.
- Recognize how communication skills and role negotiation skills influence one's ability to practice risk reduction options.
- Continue to develop skills partner selection, communication, and negotiation of role.

Preparations:

- Review Session Five and facilitator's notes.

Overview Of Agenda

1. Lesson Preview: Welcome & Introductions 10 Minutes
2. Person of My Dreams 20 Minutes
3. Who's Got the Power 20 Minutes
4. Lesson Summary: Wrapping Up 10 Minutes
5. Closing Affirmation 5 Minutes

TIME: 60 Minutes

Materials Checklist

Prepared Newsprint:

- What is sexism?
- What is homophobia?

Other Materials

- Sign-In Sheet (Optional)
- Name Tags (Optional)
- Pencils or Pens
- Markers
- Sticky Notes for Parking Lot
- Tape

NOTE TO FACILITATORS

During this session, it is important that you create a warm, friendly, and relaxed environment for participants. Smile and greet participants as they arrive, play calming or comforting music playing in the background, and introduce yourself. Your pleasant and upbeat attitude will help to make the participants feel comfortable. Before the session begins, introduce the participants to each other as they arrive. Knowing the names of other participants will help to break the ice and get participants acquainted with one another.

Time: 10 Minutes

Lesson Preview: Welcome & Introductions

Procedure

1. Welcome participants to the space.

Introduce yourself, your pronouns and your role.

2. Invite participants to introduce themselves, share their pronouns and answer the question:

What is one thing you remember from our last session?

Be prepared to model and provide an example by answering prompt first.

3. Provide information about logistics.

- Review any organization paperwork they are expected to complete, including the sign in sheets.
- Remind participants to sign in before the session is over.
- Tell participants the locations of the restrooms, kitchen, and telephones, as well as any other information they need to know about your space.
- If providing any food or refreshments, discuss when and how they will be provided.
- Review community agreements/commitments
- Remind participants of Parking Lot.

Materials:

- Prepared newsprint: **PARKING LOT**
- Prepared newsprint: **GROUP AGREEMENTS/COMMITMENTS**
- Sticky notes for PARKING LOT
- Pens/pencils
- Sign-in sheet
- Name tags (optional)



Materials:

- Prepared newsprint:
- HOMOPHOBIA
- SEXISM
- STEREOTYPING

Person of My Dreams

Purpose: Participants recognize what they want sexually and emotionally in romantic and sexual relationships. They define sexism and stereotyping, concepts that are applied in Exercise 5.4.

Objective: Participants will describe and discuss what they want in their ideal partner and ideal relationship and compare that with their previous relationship experiences.

Procedure

NOTE TO FACILITATORS

This exercise can elicit strong emotional (e.g., crying) responses from participants as they describe their past relationships, hopes for future relationships, and their ideal man. Facilitators need to have a separate private space available for any participant who needs to have some time away from the group.

1. Facilitate a discussion on the "Person of My Dreams."

Facilitator's Script:

- Describe the Person of Your Dreams—what is that person like?
- What is the relationship like with the Person of Your Dreams? How do they make you feel?
- Who's the strong person in your ideal relationship?
- Who decides things in your ideal relationship?
- Is your relationship with him romantic or sexual or both?

2. Facilitate a discussion on participants' previous experiences in their relationships.

Facilitator's Script:

- What kinds of relationships have you had in the past?
- What did you like about your previous relationships?
- What did you not like about your previous relationships?
- Did you always feel safe in your previous relationships?
- In what ways did your previous relationships affect whether or not you could practice the HIV/STI prevention and harm reduction options?
- There are power dynamics in some of our relationships that often determine how we show up, how we don't show up, what we do and what we don't do. This is normal. We are going to talk about power now.

3. Define sexism and stereotyping.

Facilitator's Script:

We are going to define a few terms that will be used later for a different exercise. I want you to define two terms:

- **Sexism** — What does it mean? Do you think it is a good or bad thing?
- **Stereotyping** — What does it mean? Do you think it is a good or bad thing?

Record participants' responses on prepared newsprints: SEXISM and STEREOTYPING.

Definitions of Sexism and Stereotyping

Sexism — An attitude and belief (or way of thinking) that a certain gender is less than (less strong, less capable, less deserving, less powerful) another gender. Example: Women are not as capable as men of being in a leadership position because they are not as emotionally strong.

Stereotyping — An attitude and belief (or way of thinking) held in common by members of a group that a person should feel, think, or behave in a certain way based on their role or other characteristics (such as race/ethnicity, gender, age, etc.). Example: White men can't dance.

4. Check in with participants.

Facilitator's Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 20 Minutes

Who's Got the Power

Purpose: To discuss the power dynamics in the relationships participants have seen in their families and communities and how that relates to what they have experienced in their own relationships.

Objective: Participants will discuss their attitudes and beliefs about power in relationships and recognize that there are different kinds of power used in relationships.

Procedure

1. Introduce the exercise:

Facilitator's Script:

In this session, we are going to discuss the power dynamics in the relationships we have seen in our families and communities and how that relates to what we have experienced in our own relationships.

When you think of power, what comes to mind?

2. Define power.

Power is the ability to do or act; the capability of doing or accomplishing something. It can also be a person or thing that possesses or exercises authority or influence.

Facilitator's Script:

Power dynamics are how power is used in relationships, or how decisions are made. All sexual and personal relationships for all people have power dynamics.

3. Facilitate a discussion on the power dynamics participants saw in the Black & Latino community, their families, and religion using the following questions:

In the Black & Latino community:

- Who had the power?
- What kind of power did the men have?
- How were the men supposed to behave?
- What kind of power did the women have?
- How were the women supposed to behave?
- Why did they have these kinds of power and roles?

Explore issues of stereotyping and sexism here without using the terms.

In the household in which they grew up:

- Who held the power in the household?
- Men/father/stepfather/mother's boyfriend.
- Women/mother/stepmother/father's girlfriend.
- What kind of power did the man/men have?
- How was the man/men supposed to act?
- How was the man/men expected to act?
- What kind of power did the woman/women have?
- How was the woman/women expected to act?
- How was power used in relation to you?

In the households familiar to you:

- Who held power?
- Was it similar to the power in the household in which you grew up?
- What kind of power did women have?
- What kind of power did men have?
- How was power used?

In faith/religious institutions:

- Who held power?
- What kind of power did women have?
- What kind of power did men have?
- How was power used?
- How can you move beyond the assigned roles of Tops and Bottoms in order to get the relationship you want with the man of your dreams? Without communication, Black & Latino young gay men are often stuck playing the role of either Top or Bottom.

4. Distribute and discuss PREVENTION OPTIONS FOR PARTNERS (MENU TWO) handout.***Facilitator's Script:***

This handout can be used to help us start a conversation with our partners. The options on this handout would help participants to encourage partner communication and negotiation.

Select an option that you think you could do with your partner or future partners.

Briefly, ask two or three participants to share which option they chose.

5. Summarize the discussion.***Facilitator's Script:***

Understanding how these power dynamics have influenced you will help you to understand the roles you take on and the ones you are assigned in a relationship.

There are different kinds of power in every relationship, and that power can influence our behaviors.

6. Discuss authoritarian power.***Facilitator's Script:***

Authoritarian power is power that is controlling and dominant. Often in a relationship, the partner does what the person with authoritarian power wants because he fears the authoritarian partner's reaction.

Can anyone provide examples of authoritarian power?

One example is using something to control your partner's behavior, such as money, sex, or physical strength.

Discuss participants' previous experience with authoritarian power.

How has authoritarian power been used in your romantic and sexual relationships?

7. Discuss Nurturing Power.***Facilitator's Script:***

- Nurturing power is power that is caring and supportive of the emotional needs of another.
- Often in a relationship the partner does what the person with nurturing power wants because they want to continue being nurtured and cared for.
- Can anyone provide examples of nurturing power?
- One example is caretaking, such as cooking meals, doing laundry, and cleaning the house.
- Another example is providing emotional support for your partner; being there for him in tough times.

Discuss participants' previous experience with nurturing power.

- How has nurturing power been used in your romantic and sexual relationships?

8. Check in with participants.***Facilitator's Script:***

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 5 Minutes

Lesson Summary: Wrapping Up

Procedure

1. Check in with participants:

Facilitator's Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

2. Review the Parking Lot.

Answer any questions on the Parking Lot. Tell participants that any questions not answered now will be answered in the next session.

3. Closing Affirmation.

Have entire group stand in a circle. If the group suggests that they should hold hands, go with it. DO NOT SUGGEST IT. Have the facilitator start the affirmation by looking to person on his left and saying, "I AM POWERFUL AND MY LIFE HAS PURPOSE." Then instruct that each participant to repeat this affirmation to the person on their left.



LESSON SIX

Social Support & Problem Solving Skills

NOTE TO FACILITATORS

Session 6 is designed to give participants an opportunity to practice and apply the skills discussed (e.g., partner communication; negotiation) and learned in the previous sessions.

Learning Objectives:

Participants practice partner negotiation and communication skills, practice problem solving, and receive social support for behavior change from their peers. Participants see a demonstration of proper condom use skills.

Learning Outcomes:

- Provide positive reinforcement of behavior change efforts of others.
- Discuss their experience with their chosen behavior change option.
- Build their skills in correct condom use
- Build their skills in how to communicate and negotiate with partners.
- Build their skills in problem solving by sharing ideas from other participants.
- Continue to establish an ongoing support system to maintain change.

Materials Checklist

Prepared Newsprint:

- Community Agreements
- Parking Lot

Other Materials

- Pens/pencils
- Tape
- Sticky Notes

Overview Of Agenda

1. Lesson Preview: Welcome & Introductions 10 Minutes
2. Play Your Own Scene 30 Minutes
3. Falling Off The Wagon 20 Minutes
4. Lesson Summary: Wrapping Up 10 Minutes
5. Closing Affirmation 5 Minutes

TIME: 60-75 Minutes

Time: 10 Minutes

Lesson Preview: Welcome & Introductions

NOTE TO FACILITATORS

During this session, it is important that you create a warm, friendly, and relaxed environment for participants. Smile and greet participants as they arrive, play calming or comforting music playing in the background, and introduce yourself. Your pleasant and upbeat attitude will help to make the participants feel comfortable. Before the session begins, introduce the participants to each other as they arrive. Knowing the names of other participants will help to break the ice and get participants acquainted with one another.

Procedure

1. Welcome participants to the space.

Introduce yourself, your pronouns and your role.

2. Invite participants to introduce themselves, share their pronouns and answer the question:

What is one thing you remember from our last session? Be prepared to model and provide an example by answering prompt first.

3. Provide information about logistics.

- Review any organization paperwork they are expected to complete, including the sign-in sheets.
- Remind participants to sign in before the session is over.
- Tell participants the locations of the restrooms, kitchen, and telephones, as well as any other information they need to know about your space.
- If providing any food or refreshments, discuss when and how they will be provided.
- Review community agreements/commitments.
- Remind participants of Parking Lot.

Materials:

- Prepared newsprint: **PARKING LOT**
- Prepared newsprint: **GROUP AGREEMENTS/COMMITMENTS**
- Sticky notes for PARKING LOT
- Pens/pencils
- Sign-in sheet
- Name tags (optional)

Time: 30 Minutes

Play Your Scene

Purpose: Participants practice partner negotiation and communication skills, practice problem solving, and receive social support for behavior change from their peers. Participants see a demonstration of proper condom use skills.

Materials:

- Role play vignettes

Objective: Participants will practice negotiation and communications skills.

Procedure

1. Introduce this exercise.

Facilitator's Script:

In this exercise, we will have the opportunity to practice all the skills we learned in the previous sessions. We will role-play a series of vignettes. You will have the opportunity to practice skills and discuss the role-play. We will have a discussion after each role-play. The role plays will be about different situations that many young Black & Latino gay men and their friends may face. Some of the stories involve risky situations, questions about sexuality, dating and supporting friends. The role plays are designed to get you to think about what you would do if you were in that situation.

2. Explain the process.

Facilitator's Script:

Tell participants that you will ask for volunteers to get into action and role-play how they would handle different situations. After the role-play, we will discuss the scenario.

Provide participants with these instructions regarding the role play.

We will introduce each scenario.

We will ask for volunteers to role-play the scenario.

We will ask the volunteers to limit the role-play to 3 minutes.

If the scenario is about a sexual situation, you can describe it but within personal boundaries.

After we watch the scenario we will discuss what we just saw.

Facilitators will demonstrate the first role-play to model how role-plays should happen.

NOTE TO FACILITATORS

For each vignette, ask for two participant volunteers to act out the scene. You will describe the scene, the characters, and their motivation to all participants, including those just observing. Stress the importance that the actors' characters have specific motivations and the actors should not stray too far from the original topic or motivation.

3. Action! Participants act out the vignettes.

Vignette 1 - Disclosure of STI Status

You've been flirting with a new guy at your school for about a month. He sometime hangs out with you and some other friends from school on Saturday nights at the club. For the past week, you have been treated for gonorrhea. That Saturday, you two are all over each other at the club and flirting a lot. His roommate is gone for the weekend and at the end of the night you are back at his place. You find yourself on his couch kissing and he starts to unzip your pants. You want to disclose that you just tested positive for an STI and are currently on treatment. You really like this guy and don't want to ruin a chance at a relationship. **What will you say...?**

Characters' motivation:

Role-play actor with STI is trying to disclose having an STI and attempting to negotiate a low-risk sexual behavior such as mutual masturbation or dry humping. You like the guy a lot and don't want him to be turned off and no longer be interested in you.

Role-play actor (guy from school) is trying to have with sex with the other role-play actor. This actor should be aggressive and turned on. This actor should also listen when the disclosure is made and think about the option presented. This actor is also potentially interested in having a relationship that is more than a one-night stand.

Skills to practice:

- Disclosure.
- Partner communication.
- Negotiation of safer sex.

Discussion points:

Ask role-play participants:

- How did it feel to role-play the scene?
- What did you like about your version of the scene?
- Why did you play the scene the way you did?

Ask participants who watched the role-play:

- How did it feel to watch the role-play?
- What would you have done differently?

Vignette 2 - Meeting a Sexy Guy Online

You've had a scare a while back when you last got tested for HIV. The test was non-reactive, but you have vowed to yourself to use a condom during anal sex. You've been seeing this older guy online on different sites that you use. He seems really cool and you two become friends. You share photos and chat via direct message. You really like this guy so you decide to exchange numbers and meet up. You meet up and he looks better in person than online – he's hella fine. After talking for a while, he asks you to go over to his place to watch *Netflix and Chill*. You get to his place and while making out, he says, "You gonna let me hit raw, right?" **What do you say and do?**

Characters' motivation:

Role-play actor attempting to initiate sex should be aggressive, flirtatious, and clear that he wants to have sex with the younger actor. He wants to have sex without a condom, but could be open to other options.

Role-play actors on the receiving end of aggressive sexual behavior should flirt with the other older actor. He is really attracted to the older actor and he does want to have sex with him. He is open to having sex with a condom, as well as to other options that don't involve anal sex.

Skills to practice:

- Partner communication
- Negotiation of safer sex

Discussion points:

Ask role-play participants:

- How did it feel to role-play the scene?
- What did you like about your version of the scene?
- Why did you play the scene the way you did?

Ask participants who watched the role-play:

- How did it feel to watch the role-play?
- What would you have done differently?

Vignette 3 - Meeting Trade (Sexy ass DL guy).

You used to mess with DL dudes regularly. You now want to date guys who are “out” and want something more serious. One night, you are waiting on the bus in a spot known for where guys go “cruising.” You see a lot of guys and one guy catches your eye. He’s fine as hell. He’s masculine, tough, and hella “straight-acting”. He approaches you. As he walks over, you remember your promise to yourself, but you really, really want him. ***What do you do? What do you say to yourself?***

Characters’ motivation:

Role-play actor approaching DL guy should be nervous but interested in talking to the DL guy.

Role-play actor portraying DL guy should be aggressive in his attempts to holler the other actor. This actor should be flirtatious enticing. This actor should make it difficult for the other actor to refuse the invitation for sexual activity.

Skills to practice:

- Relapse Prevention
- Partner communication

Discussion points:

Ask role-play participants:

- How did it feel to role-play the scene?
- What did you like about your version of the scene?
- Why did you play the scene the way you did?

Ask participants who watched the role-play:

- How did it feel to watch the role-play?
- What would you have done differently?

Vignette 4 - I’m Gay... Do You Still Love Me?

You go to your uncle’s house to help him set up for a family reunion. You haven’t seen him for several months. Your uncle suspects that you are gay, but he has never said anything to you. You are fearful of his rejection, especially because he is your favorite uncle. You are helping him set up the grill before people arrive.

You ask him if he will love you no matter what...?

Characters’ motivation:

Role-play actor playing the uncle should be cool, calm, and collected. This actor should listen to the actor disclosing their sexual orientation and refrain from yelling or aggressive or intimidating behavior.

Role-play actor disclosing his sexual orientation should clearly communicate this to the other actor. He should try to avoid being too excited or having an extreme emotional response.

Skills to practice:

- Disclosure of sexual orientation.
- Communication

Discussion points:

Ask role-play participants:

- How did it feel to role-play this scene?
- What did you like about your role-play (your version of the scene)?
- Why did you play the scene the way you did?
- How did it feel to share this information about yourself? How did it feel for your son to come out?

Ask participants who watched the role-play:

- How did it feel to watch the role-play?
- What would you have done differently?

Vignette 5 - I Think We Should Get Tested.

You want to go get tested with your new boo. You just started dating and you really like him. He is different than anyone you've ever met before. One night you tell him that you think it is a good idea to get tested together. Your boyfriend does not agree because he thinks that people only need to get tested when they become single not when they are starting a new relationship. ***What do you do? What do you say?***

Characters' motivation:

Role-play actor playing the boyfriend that wants to get tested together excited and motivated to get tested with his new partner.

Role-play actors playing the new boo should be adamant about not getting tested with his boyfriend. He should be hard to convince and disregard many of his boyfriend's reasons for getting tested together.

Skills to practice:

- Partner communication.

Discussion points:

Ask role-play participants:

- How did it feel to role-play this scene?
- What did you like about your role-play (your version of the scene)?
- Why did you play the scene the way you did?
- How did it feel to share this information about yourself?
- How did it feel for your son to come out?
- How would you react?

Ask participants who watched the role-play:

- How did it feel to watch the role-play?
- How do you think you would react?
- What would you have done differently?
- What do you think is the connection between not wanting to get tested for HIV and the high rates of HIV among young Black & Latino gay men? Do you think not getting tested for HIV can put you and your partner(s) at risk? If so, how?

Vignette 6 - The Next Level

You have been talking to this guy for a few weeks and things are going well. He understands you. You like spending a lot of time together and he is very sweet. You think it's time to move things to the next level and you want to be prepared when the moment comes so you get some safer sex kits from the local youth center. You and your new boo go on a nice date and you think that tonight would be the perfect night to take it there. You bring him back to your apartment and set the mood by lighting some candles and turning on a sexy playlist you created. Things get started and you reach for your condoms but he says he wants to "feel all of you." ***What do you do? What do you say?***

Characters' motivation:

Role-play actor playing the boyfriend that wants to use a condom is flattered that his boo wants all of him but he also wants to protect himself.

Role-play actor playing the new boo should be sexy and convincing. He should be calm and loving in his argument of not using protection.

Skills to practice:

- Partner communication

Discussion points:

Ask role-play participants:

- How did it feel to role-play this scene?
- What did you like about your role-play (your version of the scene)?
- Why did you play the scene the way you did?

Ask participants who watched the role-play:

- How did it feel to watch the role-play?
- What would you have done differently?

Vignette 7 - Talking about PrEP.

You and your boo have been in a committed relationship for almost a year. In the beginning, condom use was consistent. As time has passed by, condom use has been less of a priority. You tell your best friend that you trust and love your boo so you are not interested in using condoms. You have heard about PrEP, but aren't sure what the benefits are. *You ask your best friend who you know is on PrEP.*

Characters' motivation:

Role-play actor main character doesn't want to start using condoms again but wants to protect yourself from HIV.

Role-play actor playing best friend you have been taking PrEP for the past year and you get it from a local clinic. You want your support your best friend in protecting himself from HIV.

Skills to practice:

- Menu options
- Partner communication

Discussion points:

Ask role-play participants:

- How did it feel to role-play the scene?
- What did you like about your version of the scene?
- Why did you play the scene the way you did?

Ask participants who watched the role-play:

- How did it feel to watch the role-play?
- What would you have done differently?

4. Check in with participants.

Facilitator's Script:

These role-plays were designed to build their skills to deal with risky situations. For example, practicing how to negotiate safer sex or how to communicate with your sexual partner increases your intention and ability to do these things in risky, highly charged situations.

Ask participants if they have any feelings or thoughts they would like to share about the role-play.

Time: 20 Minutes

Falling Off The Wagon

Purpose: Participants will discuss relapse and develop skills to deal with relapse and problem solve.

Objective: Participants will learn how to prevent relapse.

Procedure

1. Introduce the exercise:

Facilitator's Script:

In this exercise, we will discuss relapse and how to deal with relapse, if it occurs.

We will also discuss problem solving and how it can be applied to prevent relapse.

You will practice applying problem-solving techniques to risky scenarios and to responding to relapse.

2. Define the term relapse.

Facilitator's Script:

When talking about health behavior, **relapse** means falling back into doing the old behavior that you were trying to change. For example, you had been using condoms consistently for 8 months and then you stopped using condoms and began having condomless sex.

Relapse is a normal part of the behavior change process. Everyone relapses at some point.

How many of you have tried to go exercise regularly and found that you were back to your old ways of coming up with every reason of why you don't have time to exercise?

3. Discuss ways to prevent relapse.

Facilitator's Script: There are a few things that can be done to help prevent relapse.

- **First, it is important to identify and avoid triggers that can lead to relapse.** A trigger can be a place, person, or thing. For example, alcohol or other substances can be a trigger for many people's risky behaviors. When some people get drunk or high, or even when they feel lonely, it becomes a trigger for unprotected sex.
- **The second thing you can do is call a friend for support to avoid relapse.** If you think you are in a situation that could cause you to relapse, call a friend or trusted person to help you during a time of weakness.
 - For example, if you are home late one evening cruising the Internet for sex and you feel like there is a chance you could relapse and have unprotected sex, you could call a trusted friend to help you avoid relapse.

What other ways can you think of to avoid relapse?

Record participants' responses on the prepared newsprint: PREVENT RELAPSE. Ask for and answer any questions.

4. Discuss problem solving as a way to prevent relapse.

Tell participants that another way to maintain your behavior change and prevent relapse is called problem solving.

Problem solving is a process that can be used to make good decisions and prevent relapse.

Distribute the R.I.B.E.Y.E. handout. Tell participants that the handout lists the steps you take to resolve a problem.

1. The first step is to **RELAX**. Calm down and try not to become too excited.
2. The second step is to **IDENTIFY** the problem. When you are relaxed, your ability to identify the problem is enhanced.
3. The third step is to **BRAINSTORM** possible solutions to the problem identified in the second step. In addition, if you are relaxed your ability to brainstorm solutions is greatly enhanced.

Materials:

- Prepared newsprint:
 - **PREVENT RELAPSE**
 - **RELAPSE SITUATIONS**
- Handout: **R.I.B.E.Y.E.**
- Pens/pencils

4. The fourth step is to **EVALUATE** potential solutions. In this step, you will evaluate all the solutions you brainstormed in the third step.
5. The fifth step is to **say YES** to one of the solutions. In this step, you will select or say yes to one of the solutions you evaluated.
6. The last step is to **ENACT** or do the solution you selected.

Think of **RIBEYE: RELAX, IDENTIFY** the problem, **BRAINSTORM** solutions, **EVALUATE** solutions, say **YES** to one of solutions, and **ENACT** the solution you selected—as a way to prevent relapse.

5. Applying RIBEYE to real-life situations.

Ask participants to apply RIBEYE to the following scenario and identify some ways to avoid relapse.

Facilitator's Script:

You have been practicing safer sex (using condoms consistently) for the past 7 months. One Friday, after a long week at work, you and your friends are at a party dancing and hanging out. While on the dance floor, you run into Angel, a guy from your school. You and Angel always flirt with each other and the attraction between the two of you is very intense. After dancing to a few songs, you both go somewhere to be alone. Angel takes off his shirt and says, "I really like you." Things then start to heat up. Angel then asks you, "You gonna let me hit it raw?"

In this situation, how do you prevent relapse?

Discuss participants' suggestions.

6. Ask participants to come up with real-life scenarios where there is a possibility to relapse.

Participants' examples should have behavior (e.g., condom use, negotiating safer sex).

Record two to four scenarios provided by participants on the prepared newsprint: RELAPSE SITUATIONS.

Review one or two scenarios using the following questions:

- In this situation, how do you prevent relapse?
- Do you have support systems to avoid relapse?

Discuss participants' suggestions.

7. Lead a discussion on what participants can do if relapse occurs:

- How many of you have tried to change a behavior but have relapsed into old behavior?
- How have you handled and responded to relapse in the past?
- What are some things you can do to respond to relapse?

Record their responses on newsprint.

Cover the following points if they are not mentioned by participants:

- Remind yourself that it is okay to relapse. It is a normal part of behavior change.
- Think about what didn't work and why you weren't able to maintain your behavior change.
- Identify what specifically caused you to relapse.
- Identify what you can do differently in the future so you won't relapse for the same reasons.
- Continue to seek support so that you won't give up and so that you try again to change your behavior.
- Remember not to be so hard on yourself; you always have the power to make a different decision.

8. Referring to the previous scenarios, lead a discussion on how participants would respond in those situations if they did relapse:

- How could you respond to relapse in this situation?
- What support systems could you use to respond to relapse?

9. Review the exercise.

Facilitator's Script:

Relapse is a normal part of behavior change. There are ways to prevent relapse. In this exercise, we discussed how you could use problem solving to avoid relapse. However, it is normal for anyone to relapse. The important thing to remember is to not blame yourself, learn from your mistakes, and try again.

10. Check in with participants.

Facilitator's Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

Time: 5 Minutes

Lesson Summary: Wrapping Up

Procedure

1. Check in with participants:

Facilitator's Script:

Do you have any questions about this section?

Does anyone want to share any feelings or thoughts about anything covered so far?

2. Review the Parking Lot.

Answer any questions on the Parking Lot. Tell participants that any questions not answered now will be answered in the next session.

3. Closing Affirmation.

Have entire group stand in a circle. If the group suggests that they should hold hands, go with it. DO NOT SUGGEST IT. Have the facilitator start the affirmation by looking to person on his left and saying, "I AM POWERFUL AND MY LIFE HAS PURPOSE." Then instruct that each participant it to repeat this affirmation to the person on their left.



LESSON SIX MATERIALS

R.I.B.E.Y.E Handout

A Guide to Problem Solving to support us in preventing Relapse

Step One: **RELAX**

Calm down and try not to become excited.

Step Two: **IDENTIFY THE PROBLEM**

After or during calming down, ask yourself, "What is going on? What is the problem I am trying to address?"

Step Three: **BRAINSTORM**

Brainstorm possible solutions to the problem you identified.

Step Four: **EVALUATE**

Evaluate the possible solutions. Come up with a few solutions that you think can help with solving the problem. Think of what could help make them work."

Step Five: **SAY YES**

Choose one solution you feel most comfortable and confinement in doing. Say yes to that solution.

Step Six: **ENACT**

Enact or do the solution you selected.

LESSON SEVEN

Building Bridges & Community

NOTE TO FACILITATORS

The purpose of this lesson is to get the participants acquainted with services and programs that they can access to support the work and progress they have made throughout their participation in Get Your Life. Be prepared to prepare and distribute a resource guide or events calendar that lists local services participants can easily access.

Learning Objectives:

The purpose of Session 7 is to provide participants with an opportunity to discuss their Get Your Life (GYL) experience and identify what resources they need to continue their behavior change.

Learning Outcomes:

- Describe their self-development and self-growth resulting from their GYL experience.
- Identify two ongoing prevention needs.
- List two resources and other services they can access to help with their ongoing prevention needs.
- Use a resource guide designed for young Black & Latino gay and bisexual men.
- Describe the need for ongoing community development to create an environment in which they can feel safe and accepted.

Preparations:

You will need to identify or prepare and distribute a survival handbook that lists local services your participants may need to access.

It is a good idea to hold a graduation celebration and provide some food, non-alcoholic drinks, and music.

Overview Of Agenda

1. Lesson Preview: Welcome & Introductions 10 Minutes
2. What Else Do You Need? 30 Minutes
3. How Can I Continue to Build? 30 Minutes
4. How Can I Build A Community? 20 Minutes
5. Resiliency & Personal Power 20 Minutes
6. Graduation 20 Minutes
7. Closing Affirmation 5 Minutes

TIME: 2 Hours 15 Minutes

Materials Checklist

Prepared Newsprint:

- Community Agreements/Commitments
- GYL EXPERIENCE
- TOPICS—INTERESTING
- TOPICS—CHALLENGING
- LEARNED
- PERSONAL GROWTH
- SURVIVAL GUILDE (LIST OF RESOURCES)
- US HELPING US
- PARKING LOT

Handout:

- BEHAVIOR CHANGE
- GRADUATION POEMS

Other:

- Paper

Time: 10 Minutes

Lesson Preview: Welcome & Introductions

NOTE TO FACILITATORS

During this session, it is important that you create a warm, friendly, and relaxed environment for participants. Smile and greet participants as they arrive, play calming or comforting music playing in the background, and introduce yourself. Your pleasant and upbeat attitude will help to make the participants feel comfortable. Before the session begins, introduce the participants to each other as they arrive. Knowing the names of other participants will help to break the ice and get participants acquainted with one another.

Procedure

1. Welcome participants to the space.

Introduce yourself, your pronouns and your role.

2. Invite participants to introduce themselves, share their pronouns and answer the question: *If you had to name a song that describes your GYL experience or how being part of GYL has made you feel, what would it be?*
Be prepared to model and provide an example by answering the prompt first.

3. Provide information about logistics.

- Review any organization paperwork they are expected to complete, including the sign-in sheets.
- Remind participants to sign in before the session is over.
- Tell participants the locations of the restrooms, kitchen, and telephones, as well as any other information they need to know about your space.
- If providing any food or refreshments, discuss when and how they will be provided.
- Review community agreements/commitments.
- Remind participants of the Parking Lot.

Materials:

- Prepared newsprint: **PARKING LOT**
- Prepared newsprint: **GROUP AGREEMENTS/COMMITMENTS**
- Sticky notes for PARKING LOT
- Pens/pencils
- Sign-in sheet
- Name tags (optional)

What Else Do You Need?

Purpose: Participants recognize and learn how to access services for ongoing prevention and related needs.

Objective: Participants will identify the support they need to maintain behavior change.

Materials:

- Prepared newsprint: **WHAT ELSE?**
- Prepared newsprint: **US HELPING US**
- Handout: **Behavior Change Plan**

NOTE TO FACILITATORS

This exercise returns to some of the things discussed in Session 1—identity and community. It is designed to help participants think about how to create a supportive and caring community for and by young Black & Latino gay and bisexual men.

Procedure

1. Facilitate a discussion on how participants can build a community that supports young Black & Latino gay men using the following questions:

Record responses on the prepared newsprint: US HELPING US.

- How do we survive and thrive as individuals?
- How do we survive and thrive as a community?
- How supported do you feel by your community?
- Ask participants how supported they feel by the larger LGBTQ community.
- How can we build a visible community that is supportive of young Black & Latino gay men?
- What kind of tools and resources are needed to build a community?
- How can we (everyone in this room) be a community and support each other?
- Record responses on the prepared newsprint: US HELPING US

2. Briefly summarize the discussion using the following talking points:

Facilitator's Script:

Community plays an important role in supporting our efforts to be healthy and safe. If the community isn't supportive of us as young Black & Latino gay men, then that disapproval can result in risky behaviors which can lead to increased STI and HIV rates in our community.

We deserve to live, work, and play in communities that support and affirm us all regardless of our identity, sexuality, HIV status, sexual position, body type and gender expression.

3. Provide participants an overview of the host agency's services and/or other local services for young Black & Latino gay and bisexual men. Resources should include:

- Community clinics, including HIV and STI testing and treatment programs
- Drug treatment services and support groups
- Mental health services
- Services and support groups for young Black & Latino gay men
- Social services, including housing, food, and financial support services

4. Discuss Behavior Change.

Define behavior as things, patterns, activities, or actions that people do.

- Provide examples: dancing, driving, going to the movies or running

Define an attitude as the way we feel and/or think about something

- Provide examples: I don't like dancing. I love driving. Going to the movies is a waste of money.

Remind participants that behavior change is a difficult process for most people because behaviors are linked to how we feel.

5. Check in with participants.

Time: 30 Minutes

How Can I Continue to Build

Purpose: Participants recognize the need for, and the value of, ongoing self-development and self-growth.

Objective: Participants will identify their personal growth, self-development, and emotional development needs.

Procedure

1. Introduce the exercise:

Facilitator's Script:

Facilitator script: We have spent the past six sessions together and the conversation has been fruitful, informative, at times, hilarious and sometimes very difficult. But we made it through – together. So right now, we are going to debrief by discussing what this journey has been like for you. There are no right or wrong answers – just what you have experienced.

2. Process participants' experience with GYL using the following questions.

Record answers on newsprint.

- What are your feelings about your Get Your Life experience?
- How has Get Your Life affected you emotionally?
- What topics did you find interesting?
- What topics did you find challenging?
- What did you learn during Get Your Life?

3. Facilitate a discussion on the personal growth participants experienced as a result of participating in GYL.

Facilitator's Script: Some of you may have experienced personal growth from participating in *Get Your Life*.

Provide the following definition of personal growth: Personal growth can be defined as changes in your beliefs, thoughts, perceptions, and attitudes that foster healthy behaviors.

Have any of you experienced any personal growth during *Get Your Life* and if so, what were the areas of growth?

Discuss participants' responses using the following questions. Record answers on newsprint.

- How has this growth affected your life?
- Do you feel you can make or continue positive behavior changes in your life?
- Are you motivated to make changes in your life? If you are not motivated, what do you need to increase your motivation?
- Was there anything that I didn't ask about your experience that you wished I asked?

4. Check in with participants.

Materials:

- Prepared newsprint:
 - GYL EXPERIENCE
 - TOPICS - INTERESTING
 - TOPICS - CHALLENGING
 - LEARNED
 - PERSONAL GROWTH

Time: 20 Minutes

How Can We Build Community?

Purpose: Participants identify ways to build a community in which young Black & Latino gay men can feel safe, accepted, and socially supported as opposed to the rejection, isolation, and dual identity discussed in Session 1.

Materials:

- Prepared newsprint: **BEHAVIOR CHANGE**
- Handout: **Resource Guide**

Objective: Participants will learn the importance of community and how to build a caring and supportive community.

Procedure

1. Introduce the activity.

Facilitator's Script:

In our final group together, we are going to discuss your GYL experience and how it has affected you.

We will discuss what resources and support you will need to maintain behavior change.

We will talk about ways in which we can build a supportive community for Black & Latino gay men.

Finally, we are going to develop a survival handbook and tell you about the other services we offer.

Since this is our last session, we will have a graduation ceremony to celebrate and honor your completion of GYL.

Ask participants to briefly recap what was discussed in Session 6.

If not mentioned, be sure to note the following:

- Learned and practiced problem solving using the R.I.B.E.Y.E approach (RELAX, IDENTIFY the problem, BRAINSTORM solutions, EVALUATE the solutions, say YES to one of solutions, and ENACT the solution you selected).
- Discussed relapse and ways to prevent and cope with it.

2. Distribute Behavior Change Plan, using the following talking points:

Facilitator's Script:

To maintain behavior change, it is important to develop a plan. The Behavior Change Plan handout helps us plan how to maintain behavior change. The plan you develop should be realistic and include support from people you trust. The plan you develop should address how you can try or continue doing the prevention or harm reduction option you selected.

Before developing the plan, prioritize the changes you want to make. Once you have identified the changes, pick the change (1) you most want to work on and (2) is the most realistic for you to do.

Give participants 10 minutes to complete the handout.

3. Ask participants the following questions:

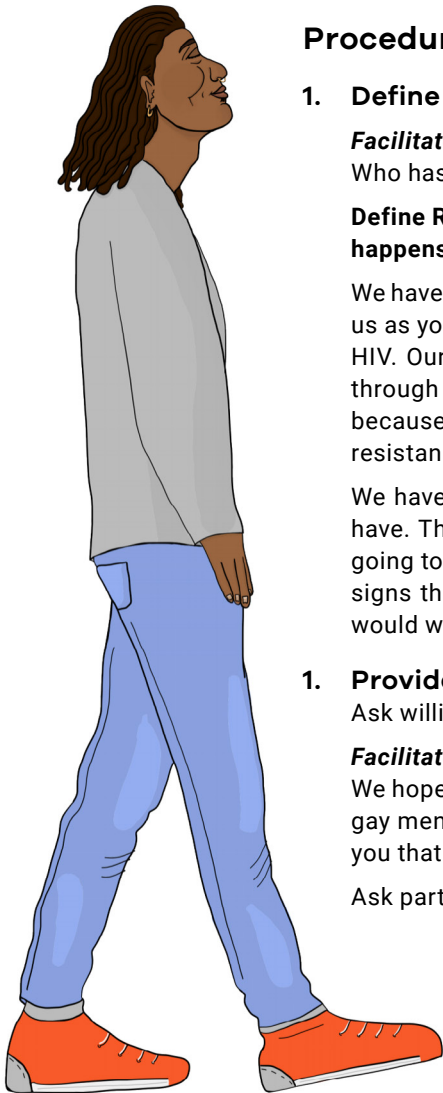
Record answers on newsprint.

- Have you developed a similar plan before?
- What are some barriers you think you might encounter?
- How can we support and help you with your plan?
- How difficult was it to begin developing this plan?
- Do you feel you can carry out your plan?
- The plan you developed is a road map of how to maintain the positive changes you've started.

4. Check in with participants.

Time: 20 Minutes

Resiliency & Personal Power



Procedure

1. Define "Resilient."

Facilitator's Script:

Who has ever heard of the word "Resilient"?

Define Resilient: Able to become strong, healthy, or successful again after something bad happens.

We have had tough conversation about who we are, who we love and the world that surrounds us as young Black & Latino gay men. The narrative of our health is often framed just around HIV. Our mental and physical health are just as important. No matter what we have gone through in our lives, we have made it to this moment. We have made it to this moment because we are resilient. We are brilliant. We are magic and every breath we take is an act of resistance. We help each other to be resilient.

We have the power to recreate our world in moments where our imagination is all that we have. This helps us to create possibility for the things that do not yet exists for us. We are going to draw all of the things that help us be resilient. You can draw symbols, pictures and signs that represent things and people that are currently in our lives as well as things we would want to exist in our lives.

1. Provide participants with paper and markers and ask them to draw signs.

Ask willing participants to share their drawings.

Facilitator's Script:

We hope that this weekend encourages you to embrace your beauty as young Black & Latino gay men, untie your tongue, and let your presence be known. Use this experience to remind you that your life and the lives of your brothers are beautiful, valuable, and worth saving.

Ask participants if they would like to share any final thoughts on their experiences.

Materials:

- Paper
- Markers

Time: 20 Minutes

Graduation: Closing Affirmation

NOTE TO FACILITATORS

The graduation ceremony is designed to honor and celebrate the participants. The quotes used in this ceremony were selected because they inspire Black & Latino gay men to love themselves and their communities. If you would like to select different quotes, the quotes should inspire, motivate, and challenge the men. We also recommend playing some contemporary, lively music at the end of the ceremony and having refreshments available during the ceremony. Your graduation ceremony should be a fun and positive event. Involve your participants in planning the ceremony. Encourage them to bring food, drinks, and music to share.

Procedure

1. Conduct graduation ceremony.

Ask participants to stand and form a circle.

- The facilitators should stand in the middle of the circle.

Tell participants we are going to honor and celebrate your accomplishment of completing GYL.

Facilitator's Script:

In Get Your Life, we learned how to challenge ourselves, protect ourselves, motivate ourselves, support ourselves, and love ourselves.

This ceremony is designed to motivate you to continue the growth and positive changes you began.

Materials:

- Handout: **GRADUATION CERTIFICATE**

2. Read the following quotes:

- Joseph Beam, a Black gay rights activist and writer, said, **"Black men loving Black men is a revolutionary act."**
- Marlon Riggs, a film-maker, poet, educator, and gay rights activist, said: **"Silence kills the soul, it diminishes its possibility to rise and fly and explore. Silence withers what makes you human. The soul shrinks, until it's nothing."**
- Bayard Rustin, a community organizer and planner, human rights activist, singer, and thinker, said, **"When an individual is protesting society's refusal to acknowledge his dignity as a human being, his very act of protest confers dignity on him."**

Facilitator's Script:

These words should encourage you to embrace your beauty as a young Black & Latino gay man, untie your tongue, and let your presence be known. Use these words to remind you that your life and the lives of your brothers are beautiful, valuable, and worth saving.

Use these words to change your life, your community, and your love for each other.

3. Ask participants if they would like to share any final thoughts on their experiences.

4. After participants have shared, turn on some lively/upbeat contemporary music and distribute the graduation certificates.

- Thank everyone for their participation.
- Give them contact information for any questions or concerns after they leave.
- Encourage them to invite their friends to a future GYL session.