

Mpowerment M-group Facilitator's Guide

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Table of Contents

A.	<i>Before the Meeting</i>	4
B.	<i>Tips for Facilitators</i>	5
0.	Participants Arrive	6
1.	Welcome/Introductory Remarks	7
	1a. Ground Rules	8
	2b. Confidentiality Agreement (handout)	10
2.	Poem: Brothers Loving Brothers	11
	2a. BROTHERS LOVING BROTHERS (HANDOUT)	12
3.	Introduction of Participants	13
	a. Icebreaker Exercise	13
	b. ICEBREAKER (FORM)	15
4.	Interpersonal Issues	16
5.	Sex Advice, PrEP, Knowing Your Status	19
	5a. SEX ADVICE FOR TOPS & BOTTOMS (HANDOUT)	20
	5b. PrEP: Pre-Exposure Prophylaxis	22
	5c. PREP (HANDOUT)	23
	5d. Knowing Your HIV Status	24
6.	How to Have Fun, Hot Safer Sex	28
C.	<i>Break</i>	29
7.	Fun with Condoms	30
8.	Negotiating Safer Sex Interactions	33
	8a. PEP: Post Exposure Prophylaxis	37
	8b. PEP (handout)	38
9.	Being our Brother's Keeper	43
	9a. How to Influence Your Friends	44

9b. Myths and Realities	46
9c. Supporting our Brothers Living with HIV	48
10. Giving Out Invitations and Buttons	53
11. Invitation to the Mpowerment Project	55
11a. Interest Sheet	57
12. Informal Socializing	58
D. After the Group	59
D1. M-group Planning and Recruitment Form	60

BEFORE THE MEETING

Gather together all props and materials for the group so they are easily accessible.

- refreshments
- music
- ground rules sign
- ice-breaker handouts/bag to pick from
- spare pens for people to write with
- name tags
- copies of confidentiality agreement
- copies of Vega's poem on attractive paper
- "Sex Advice for Tops and Bottoms" (handout)
- flip chart paper with ASS, DICK, MOUTH, HANDS written on it
- Myths and Realities laminated cards (myth on one side/reality on the other)
- tape
- marker pens
- "Mystery Bag" (bag with a variety of dildos--different shapes, sizes and colors)
- unlubricated condoms for use in condom demonstration
- gift packages (bags containing a large assortment of condoms, water-based lubricants, condom pamphlet, "Sex Advice for Tops and Bottoms" handout, HIV Testing pamphlet, PREP handout, PEP handout, "Myths and Realities" handout).
- pairs of condoms for boyfriend role-play (a grab bag with pairs of identical condoms; there should be the same number of condoms as group participants)
- gifts for participants' friends (baggies with a few condoms, lubricants, group invitations, information about the project)
- badges (buttons with project logo)
- interest sheets (example attached)
- evaluation forms (example attached)

TIPS FOR FACILITATORS

We suggest taking a break prior to the meeting. Many facilitators have said that having a chance to unwind from the day, rest and psych yourself up is a good way to prepare for a group. It is also helpful to be sure that you are completely familiar with the outline.

In order for groups to be most successful, the co-facilitators must work together as a team--assisting each other, supporting each other, playing off each other's comments, etc. The co-facilitators might agree on a system of nonverbal communication for use during the meeting to signal to the other one's needs and preferences. Two important messages are:

“Help! Say something to get the discussion going.”

“We need to move to the next section.”

The facilitators should exude enthusiasm and confidence in the group's activities. Even if you personally dislike role-plays, fake it! Doing so will put the participants at ease--reassure them by your demeanor that everything that happens in the group will be fun and/or meaningful for them. Also, be aware of your body language (e.g., how you are sitting, the position of your legs and arms, your facial expressions). Try to communicate that you are relaxed, interested, friendly and sensitive.

It's very important to keep the group moving and not spend more time than is allotted for each section. There's a lot to cover in each group; the facilitators should pace themselves and help each other keep within the allotted time periods. It is very important not to spend too much time in earlier sections because the latter sections are the most important.

The transitions between sections are very important to keep the group flowing smoothly. Memorizing the transition statements is a good way to accomplish this goal.

You have been provided text in this guide that you can use. **Anything that is marked with a Δ indicates something to say.** It is not necessary to memorize the words or to say them exactly as written, but they can help as a guide and can show how to cover the material quickly.

Areas that are shaded are instructions to the facilitator and should not be read out loud.

0

PARTICIPANTS ARRIVE

Objectives:

To help participants feel comfortable

To create a pleasant, supportive atmosphere

(30 minutes; 5:30-6:00)

Turn on music before participants arrive.

Participants arrive, get settled, and have snacks.

Give out ICEBREAKER FORM (see page 15) for participants to get started on.

The pre-meeting period can be very awkward and tense for some participants who don't know anyone in the room or are nervous about what they've gotten themselves into by coming. Music and refreshments will help set a comfortable atmosphere.

In addition, when the co-facilitators personally greet each participant and thank them for coming, participants will feel at ease and welcome. Give them the ICEBREAKER FORM, make small talk, introduce the participants to each other, invite them to have some refreshments, let them know where the bathroom is, etc.

This is the participants' first impression of you and the group: let them see that you are nice, friendly people; that you are organized (this is not the time for you to be doing lots of last-minute things to prepare for the group-- everything should already be ready by this time); and that you are interpersonally and culturally sensitive.

Groups attract a wide range of participants who reflect the diversity of your community. Be sure that the setting is welcoming and inclusive of your community's diversity.

If anyone in the small group asks a question that the facilitators do not know the answer, tell him that you will investigate and contact him with the answer, and then please do so.

1

WELCOME / INTRODUCTORY REMARKS

Objectives:

To provide a general idea for the participants of what to expect at the meeting

To present the ground-rules for the group

(5 minutes: 6:00-6:05)

Key: Anything marked with a Δ indicates something to say.

Facilitators introduce themselves.

Δ Your name

Δ Name of your *Mpowerment Project* and the goals of the project are:

Δ Meeting new guys in your community

Δ Building a strong young gay/bi men's community

Δ Protecting/supporting each other

Δ Including all young gay/bi men from the community you are trying to reach, whether living with HIV or HIV-negative, from diverse backgrounds, ages 18-29

Δ Having fun

Δ These groups focus on sex and relationships among young gay and same gender loving men today and how we can get what we want and help each other through these challenging times.

Δ This group will also talk about issues regarding reducing HIV risk, living with HIV, and how to support your friends living with HIV.

GROUND RULES

(10 minutes: 6:05-6:15)

△ We want to create a safe space tonight for us to talk about things we may not often get to talk about, especially with a group of people we don't know very well. Following the following ground rules will help make this a safe space.

△ Confidentiality

△ While we encourage you to talk with your friends about what happens at this group, we ask you not to attach someone's name to anything being said tonight. Identities of who is in the meeting should not be revealed outside the group, including who is and who is not living with HIV. Keeping other people's business confidential is so important that I'm passing out a confidentiality agreement that I'd like for each of you to sign. If you could look it over, sign it, and then pass it back to me, that would be great.

△ Use "I" Statements

△ Try to speak from your own experience. Be as personal as possible and feel free to say whatever is on your mind. That's how we can learn from each other.

△ Mutual Respect

△ We're here to support and learn from each other. Please don't judge anything you hear someone else say, even if you disagree with him. There are no 'right' or 'wrong' answers; everyone is entitled to his own opinions.

△ Have a Good Time!

△ Be creative, playful. Try to participate as fully as you can with each other.

△ Never Assume Anyone's HIV Status:

△ Most of the time, we don't know who around us is living with HIV. Sometimes people talk about guys who are living with HIV in negative ways without knowing that the person they're talking to is living with HIV themselves. Our brothers living with HIV hear negative talk every day. We have heard that some people use HIV status to divide our community, and we don't want that to happen here. We want this to be a place where this kind of talk doesn't happen. We all have a role to play in making our community stronger no matter our status.

Δ Please turn off your cell phones. If you need to need to take a call, please step outside, or wait for the break.

This section is very important in setting the tone for the group. Groups run most smoothly when facilitators are enthusiastic in describing the project and the group.

Since you are likely to be somewhat nervous at the start of the group, it is a good idea to have your opening comments very well prepared and basically memorized so you aren't stumbling for words.

Ground rules should be presented as guidelines for creating a comfortable, safe space for all participants -- not as authoritarian, strict "rules of behavior."

If one of the coordinators is living with HIV and would like to disclose his status to the group, the beginning of the group might be a good place to do so, especially in light of the ground rule, to "never assume anyone's HIV status."

Having participants sign a confidentiality agreement helps emphasize the importance of confidentiality and helps create a safe space where everyone can share. The confidentiality statements don't have to be kept, however it's important to treat them carefully when collecting them from participants. Perhaps put them in a folder for the night and securely dispose of them later.

Confidentiality Agreement

Thank you for attending tonight's group. Our goal is to create a safe and authentic space where everyone's viewpoint can be shared in an open and honest way.

I agree not to talk about who is at this group tonight. I also agree not to talk about anybody's confidential business, including who is and who is not living with HIV should that information be shared in the group.

This CONFIDENTIALITY AGREEMENT is made by and between (Participant)

Participant

And

(Project Coordinator)

Date

2

FOR AFRICAN AMERICAN M-GROUPS

READ POEM:

Brothers Loving Brothers

By: Vega

Objectives:

To start with a focus on Black gay pride that will be positive and affirming, setting the stage for a positive experience in the group

(5 minutes: 6:15-6:20)

If you are running M-groups that are not specifically targeting African American young MSM, then either skip this section or find a different poem (or this one if you want!).

Pass out copies of “Brothers Loving Brothers” to all participants so they can read along if they want. The copies should be made on an attractive-looking paper that uses colors that will appeal to your population (e.g., Afrocentric colors).

Be sure to read the poem slowly so that the words can sink in. Often when people speak or read out loud, they want to go fast. Going fast will not have the same impact.

If your M-group is for young African American men, please use this poem rather than selecting a different one. This one was chosen because it emphasizes the beauty and brotherhood of black men.

△ OK...I'd like to start off by reading a poem by Vega, called “Brothers Loving Brothers.” Vega is a well known Black gay author.

Brothers Loving Brothers

By: Vega

Respect yourself, my brother,
for we are so many wondrous things.

Like a black rose,
you are a rarity to be found.
Our leaves intertwine as I reach out to you
after the release of a gentle rain.

You precious gem,
black pearl that warms the heart,
symbol of ageless wisdom;
I derive strength
from the touch of your hand.

Our lives blend together
like rays of light;
adorned in shades of tan, red,
beige, black and brown.

Brothers born from the same earth womb.
Brothers reaching for the same star.

Love me as your equal.
Love me, brother to brother.

3

INTRODUCTION OF PARTICIPANTS

Objectives:

To introduce participants to each other

To help participants feel comfortable talking in the group

(10 minutes: 6:20-6:30)

Key: Anything marked with a Δ indicates something to say.

ICEBREAKER EXERCISE

Δ Okay, we have a little game now to find out a little more about each other.

Pass out ICEBREAKER FORMS to all participants. Ask them to complete the forms, if they have not done so already. Remind the participants that one of the 3 statements should be false.

Participants put papers into hat. Shake the hat so papers are mixed up. One at a time, ask participants to pick out one paper and read the name. That person then identifies himself. (Make sure to point out each person as they are introduced). The three things are then read and the group decides which item is false. Pass the hat to the person whose name was drawn and repeat.

This section is designed to be fun and informative and to “break the ice.” Most participants will not know each other so they will be curious about other's diverse experiences and interests. Make sure to identify each person as their sheet is read so that everyone can match the person's name with his face and the facts about him.

One goal of this section is to warm up the group and give them practice in having group discussions. Try to encourage real group discussion as the exercise happens. If someone reveals an interesting thing about himself during the exercise, feel free to ask him questions about it. For example, if someone says Atlanta is his favorite place, you might ask “Why do you like it so much?” If someone says they're involved in theater, you might ask “how did you get involved in that?”, etc.).

Try to get the whole group involved in deciding which of the person's statements is false. As you know, more sensitive and personal discussions will come later in which you really need the participants to contribute.

This exercise provides a non-threatening opportunity for all of the guys to feel comfortable participating in a discussion. Humor is very helpful in breaking the ice. If you see an opportunity to inject humor into the exercise or people's comments, please do it (but be careful not to say something that could be embarrassing to an individual).

Give people positive feedback during the exercise. If someone reveals something interesting about himself show interest in it and ask him something about it.

ICEBREAKER FORM

TO GET STARTED TONIGHT, WE'RE GOING TO PLAY A LITTLE GAME.

△ We'd like you to write on these sheets of paper 3 things about yourself. Besides your name, which should be true, two of the other items should be true and one item should be false, that is, a lie. It's up to you which of the 3 questions you tell the lie about. The group will later guess which item you are lying about.

- Your first name:
- Your relationship status:
- Something you're involved in now (an interest, hobby, job, etc.):
- A favorite place of yours:

4 INTERPERSONAL ISSUES

Objectives:

To provide an opportunity for participants to share their thoughts about meeting other guys

To bring the focus of the group to a more personal and self-disclosing level

(15 minutes: 6:30-6:45)

Key: Anything marked with a Δ indicates something to say.

GROUP DISCUSSION

Δ I've heard from friends that meeting other guys is really important to them and that they wonder what's the best way to do this. They say that it is hard to meet guys and develop relationships.

Δ One of the goals of this meeting is for us to help each other come up with ideas and options for us.

Δ What are good ways to meet other guys?

Δ What issues come up for you in trying to meet other guys and get involved with them?

GROUP DISCUSSION AND ROLE PLAY

This scenario is first discussed as a group. After a brief group discussion, the same scenario becomes a role-play between two participants.

Δ It might be helpful for us to take some specific situations and hear from each other about how we might handle them. Since clubs are a major meeting place for young gay/bisexual/or same gender loving men, this first situation is about meeting someone in a club.

Δ You've been at a Pride event for about 30 minutes and you've had your eye on this fine guy since you got there. You notice that he also has been looking at you. It's obvious that there is a mutual attraction. What would you do?"

Δ How would you handle this situation?

△ How would you like someone to approach you?

△ Now we'd like you to act out the scenario that we just discussed.

Ask for volunteers to role-play the situation in front of the group. (If the group seems reluctant to volunteer, facilitators may do the first role-play.)

After each role-play, including this one, thank the participants and ask the group these questions:

△ How do you feel about how they handled the situation?

△ What seemed to work well?

△ How would you have responded?

△ What might you have done differently?

△ What are some issues you've encountered in meeting guys?

△ What other ways have you found to meet guys?

ROLE-PLAY

△ Okay, let's try another situation. Can we get two more volunteers for this next role-play?

Read scenario about meeting someone online to the group. Assign roles (TJ & Robert) to each new volunteer.

△ TJ and Robert have started chatting together on an on-line hook up site. Nearly every time TJ logs on, he sees Robert online. TJ always says "hey" to Robert. TJ is very attracted to Robert and would like to get to know him better. Robert has just signed on, and TJ wants to meet him. What does TJ do?

After the scene has been played out, thank the guys who enacted the scene, then have the following discussion.

△ How do you feel about how they handled the situation?

△ What seemed to work well?

△ How would you have responded?

△ What might you have done differently?

Meeting other guys and the problems associated with that are topics of interest for most young gay/bi men. Participants have a lot to say about this and will be very interested in hearing other guys' comments--but the group may need some coaxing to get the

discussion going. The facilitators may need to talk about their own experiences to get the ball rolling.

When people talk, give them lots of reinforcement--nod your head, express interest with your facial expression, make comments like “yeah, I know what you mean,” “that’s really true,” “I think a lot of people feel that way,” etc. Sometimes, this discussion can get too narrowly focused on issues like “where to go to meet guys” or “how to pick someone up.”

In this section, we gradually ease the group into doing role-plays. Notice that we start off discussing the general issue of meeting guys, then discuss specific scenarios and then role-play the scenarios. Role-play with facilitators if necessary. Wait about a minute after asking for role-play volunteers. If no one volunteers, the co-facilitator should volunteer.

Use your judgment in terms of how ready the group is to move on to the next role-play, but don’t rush them. Since these are the first role-plays, we want to make sure they go successfully. Since the club role-play is pretty short, it’s a good idea to have two different sets of people role-play it. After discussing the first people’s role-play, you can say something like “Can we get another pair of people to try a different approach?”

Note also that the two scenarios in this section are about meeting and getting to know someone. For some guys, picking someone up for sex is relatively easy; it’s forming a meaningful relationship that many of us have trouble with. Try to guide the discussion so that it addresses these more basic interpersonal issues, e.g., fear of rejection, lack of social settings for gay men, cultural differences. “What other ways have you found to meet guys?”

Remember to give lots of praise and encouragement to people after they’ve done a role-play. Good questions to ask after a role-play are: “What did you like about XX’s approach?”, “What seemed to work well?”, “How would you have felt in XX’s position?”, etc.

Helpful Hint: Do not spend more than 15 minutes on this section. Make sure that participants don’t get too involved in the role-play. This section is introducing the idea of role-plays and getting guys comfortable with each other. Many interesting topics are bound to come up, and you can always design future discussion groups or other activities around those issues.

5

SEX ADVICE, PREP, AND KNOWING YOUR HIV STATUS

Objectives:

To clear up any misconceptions participants may have about what is safe and what isn't in terms of HIV transmission

To emphasize the importance of knowing your current HIV status by getting tested frequently, at least every 6 months

To learn about what happens if you obtain an HIV test and find out that you are living with HIV.

To learn about PrEP as another option to reduce the risk of acquiring HIV

(30 minutes: 6:45- 7:15)

Key: Anything marked with a Δ indicates something to say.

SEX ADVICE FOR TOPS & BOTTOMS

Δ So far, we've talked about meeting and getting to know other guys. And this leads us pretty naturally to our next topic -- sex.

Δ Let's spend a little time now seeing if you have any questions or concerns about these sex tips.

Δ We have some sex advice for tops and bottoms that we'd like to share with you now and see what you think.

Distribute SEX ADVICE FOR TOPS & BOTTOMS handout. Read each suggestion, one at a time, and ask:

Δ What questions or thoughts do you have about this?

Allow time for people to think about the advice and voice their questions. If no one speaks up, the co-facilitator should ask questions. Encourage questions!

SEX ADVICE FOR TOPS AND BOTTOMS (HANDOUT)

1. *Using latex condoms consistently for anal or vaginal sex prevents the spread of HIV, as well as STIs, sexually transmitted infections (what used to be called STDs, sexually transmitted diseases).*
2. *Use water-based lube (like Astroglide or Wet). Using oil-based lube (like Vaseline, sunscreen, or massage oil) can break down the latex used in making condoms. This can lead to the condom breaking.*
3. *HIV can be spread during condomless sex from an insertive partner (a top) to a receptive partner (a bottom) and likewise, from a bottom to a top.*
4. There is little to no risk of getting or transmitting HIV from oral sex.
5. *If someone is living with HIV and has what is called an “undetectable” viral load,” there is so little HIV in their blood that tests can’t detect it.*

Having an undetectable viral load — which is also called *being virally suppressed* — that is, the HIV virus is completely suppressed — is *absolutely* the best thing for the health of someone living with HIV. It means that the HIV in their body is *under control*.

Being virally suppressed does NOT mean that the person is HIV-negative. The only people who have viral loads that are “undetectable” are people who are living with HIV and are taking HIV medications regularly, consistently, every day as they are prescribed. They are also seeing their healthcare provider at least *twice a year* to make sure that everything is going fine.

Being “undetectable” or having a low viral load is good for people living with HIV, and also *greatly* reduces the risk of passing HIV on to others.

In contrast, some people have a *detectable* viral load. This mostly happens because a person isn’t taking medications or isn’t consistent in taking his medications *every day*. Once in a while, it also happens because the medications aren’t quite perfect at helping everyone. As we know, our bodies are all different, and sometimes our healthcare providers have to look to other HIV medications to use.

If someone *has* a detectable viral load, he has enough HIV circulating in his body that he can pass HIV on to others.

6. Condomless sex puts you at risk for other sexually transmitted infections, and some STIs will increase an individual’s HIV viral load.

- 7. Remember that alcohol and drug use can make it more difficult to use condoms or to take medications regularly if you are living with HIV.**
- 8. If you are living with HIV and having condomless sex with someone else who is also living with HIV, you are at risk for other sexually transmitted infections. So anyone who is having condomless sex should get tested for STIs at least every 3 months.**
- 9. More young gay men contract HIV through condomless sex with their boyfriend/husband than with casual partners! Non-monogamy occurs in many relationships but is often not sufficiently negotiated in terms of HIV prevention. That is, couples may not explicitly talk about what they do inside their relationship, and how that is impacted by what they do sexually outside their relationship.**

PREP: PRE-EXPOSURE PROPHYLAXIS

△ Now we are going to talk about PrEP, which stands for Pre-Exposure Prophylaxis (prophylaxis means “prevention”). Let’s look at this handout on PrEP.

△ You will be getting a gift bag at the end of this event and in it, you will find a copy of this handout.

Review the handout together. Review the entire sheet straight through. Don’t split it into specific points that you discuss as you did for “Sex Advice for Tops and Bottoms”.

△ What questions or thoughts do you have about this?

Allow time for people to think about the advice and voice their questions. If no one speaks up, the co-facilitator should ask questions.

Encourage questions!

PREP: PRE-EXPOSURE PROPHYLAXIS

(HANDOUT)

PrEP is a pill for HIV-negative people that greatly reduces their risk of HIV infection. But PrEP is not for everyone. If you always use condoms for anal or vaginal sex and you don't have problems using condoms, you do not need to be on PrEP.

Even if you are on PrEP it's still recommended that you use condoms for anal or vaginal sex. People who don't use condoms with PrEP can contract STIs like syphilis, gonorrhea, and chlamydia.

- 1. So – If you find you have trouble using condoms consistently, PrEP is a great option for staying HIV-negative.**
- 2. If you have a partner who is living with HIV, PrEP is an option for staying HIV-negative.**
- 3. You need to be HIV-negative to be on PrEP.**
- 4. You need to work with a medical provider to get a prescription for PrEP, and to be seen regularly over time. We can provide referrals to a medical provider who is knowledgeable about PrEP and nonjudgmental.**
- 5. There are often ways to pay for PrEP even if you don't have insurance. We can provide referrals if you are interested.**
- 6. Taking PrEP every day gives you the most protection. For PrEP to work, you need to have enough medicine in your body. When you miss doses, you make it harder for the medicine to protect you.**
- 7. Not all physicians know very much about PrEP. If you want to ask your physician to prescribe it for you, you might want to talk about it with a Coordinator, who can give you a pamphlet about how to encourage your physician to prescribe PrEP for you.**

This is the first time in the group that we talk explicitly about sex, PrEP and knowing your HIV status by getting tested at least every 6 months. It is extremely important that the facilitators come across as being completely comfortable discussing all of these issues. We have found that it is best for the facilitators to treat this very nonchalantly, as if it's no big deal. Demonstrate by your example how to talk about these topics naturally, positively and in a non-judgmental way. The facilitators must exude confidence that the tips presented are the most up-to-date recommendations available, based on the latest scientific knowledge.

One facilitator will read each tip (including the information in the parentheses) out loud and then ask, "Does anyone have any questions or thoughts about that tip?" Wait long enough for people to absorb the guideline and think about it.

If no one says anything after a while, the other facilitator can break the ice by asking some of the questions we know young men have (e.g., "What if you withdraw before you come?", "What if you're on top?", "Is it safe to give someone a blow job?", "What if his viral load is low?", "What about medical interventions [e.g., antiretroviral medications] after possible exposures?"). Hopefully, once the ice is broken, the rest of the group will join in the discussion.

The facilitators will need to be well informed about the latest sexual safety information. There are resources listed in the Mpowerment Program Training Manual.

KNOWING YOUR HIV STATUS

△ In addition to knowing the sex advice we just talked about, it's also very important to know your current HIV status. What does that mean, "to know your current HIV status"?

Discussion point (make sure to cover):

- Knowing your current HIV status means you get tested for HIV frequently and avoid having long delays in between testing

△ How frequently is it recommended that guys get tested for HIV?

Discussion points:

△ If you are HIV-negative or unsure of your HIV status and you are sexually active, then it is recommended that you get tested for HIV at least every 6 months, or more often if you have concerns about your HIV status

△ There's been a revolution in HIV treatment and prevention in the past few years! Now it's clear that depending on your HIV status, there are many options for your sexual health and your overall health – that is, to reduce the transmission of HIV from one person to another.

△ What are doctors saying now about when someone should get into care and start taking medications when they test positive for HIV?

Discussion points (make sure to cover):

- What's been learned in the last few years is that as soon as someone finds out that they are living with HIV, they should get onto treatment.

- This is because you don't want your body to have HIV circulating around for very long because it damages your body, your internal organs. So you want to take medications that will "suppress" HIV.

△ So - no waiting for your health to get worse before you start HIV treatment, like it used to be. In fact, the medications are so good now that someone who is living with HIV can live a healthy life and live as long as someone who is HIV-negative.

△ What about side effects from medications these days? Are there bad side effects from medications these days?

Discussion points:

△ The medications today are really, really effective!

△ The medications have very few side effects. Sometimes guys complain about vivid dreams. Each person's body reacts differently to all medication, even to aspirin, so if the side effects aren't tolerable, you can always talk to your doctor about changing medication. Most side effects pass pretty quickly after the first few weeks of taking the medication.

△ They don't change how you look, even though at one time they did. Now they don't. Nobody can tell by looking that someone is taking medications for HIV anymore.

△ So the medications are *really* good these days!

△ But they have to be taken every single day. You really have to stick with it, and take them no matter what. There's no problem at all about taking medications even if you're drinking or smoking. You take them anyway.

△ (If someone says something about nausea: Sometimes medications cause some nausea at the start, but that goes away pretty quickly.)

△ So back to HIV testing - What are some ways to get tested so that you feel more comfortable about it?

Discussion points (make sure these points are covered):

- go to places that are accepting of gay/bisexual/same gender-loving men from our community
- go with a friend or a few friends
- go to a place that's in your community – or go to a place that is NOT in your community if you prefer
- use a home test kit

△ Depending on what HIV test you take, it can take from a few days to six months for the test to show that someone has HIV. During that time, you could test HIV-negative, but in fact, have HIV. This is called the HIV window period.

△ In fact, people who have just gotten infected very recently - before they even know they're living with HIV or before it can show up on a test - are most likely to pass HIV to others during condomless sex. So if you just had condomless anal sex, then you might have to get retested to learn your true HIV status.

BRAINSTORM

△ You can get tested in a lot of different places, and the places will keep your name confidential. Some guys don't want to go to places in their own neighborhood, because someone might see them. Other guys would rather go to someplace in their own neighborhood because they feel more comfortable there than going elsewhere. It's entirely up to you.

△ If you've never had an HIV test before, this is what will happen:

△ You will get your test in a private place, and the person who gives you the test will ask you some questions about yourself and what you've done sexually.

△ Sometimes you get the test results back quickly –within 20 minutes

or so and that's called a "rapid test."

△ Other times, you have to come back to get the results. You can call ahead to the place to find out which way they do it – a rapid test or a regular test

△ You can also buy a home test kit at a local pharmacy or online if you don't want to go to a testing site. Does anyone know where you can purchase them around here? Does anyone know about how much they cost?

(Home tests cost around \$40 each.)

△ Does anyone know of good places to get tested for HIV?
(Write these on a flip chart)

(Make sure that most of the places in town that are known for being culturally sensitive are listed.)

△ Most of the time, HIV testing is free, (*if applicable*: and we offer free HIV testing here). Talk to one of the coordinators about getting tested. In your gift bag, we will be giving you a pamphlet about other places where you can get tested if you would rather go someplace else.

The facilitators will need to be well informed about where to get culturally appropriate HIV testing, and a pamphlet listing these places should be provided in the space. The pamphlet should also list what pharmacies carry home HIV tests.

If men start discussing if you can have condomless sex once you know your HIV-status, it is important to point out that people can live with HIV and not know it for quite a while, since an HIV test won't necessarily show that someone has HIV until they've had it for a while. In addition, people are at their most infectious before they even can find out that they are living with HIV.

Make sure to mention the testing days and times at the space, as well as other places around town. Point out that a list of HIV testing places can be found on the referral list in the space, and is posted on the referral board.

Any misconceptions about testing need to be cleared up by the facilitators! If anyone asks a question a facilitator doesn't know, he should say that he will find out and tell him.

6 HOW TO HAVE FUN, HOT SAFER SEX

Objectives:

To help participants think more creatively about safer sex

To give participants specific ideas on low risk sex acts they can do

Key: Anything marked with a Δ indicates something to say.

(25 minutes: 7:15-7:40)

Δ We really want to encourage people to be creative in how they approach safer sex. Sometimes people aren't aware of all the fun, safe things they can do. We'd like to do an exercise now to help expand your ideas about ways you can have hot, safe sex.

GROUP BRAINSTORMING – EROTICIZING SAFER SEX

Divide participants into groups of 3 - 4. Give each group a marking pen.

Each group picks a large sheet of paper with one of the following body parts listed on it: ASS, DICK, MOUTH or HANDS. (If there are only enough people for two groups, give them ASS and DICK and do HANDS and MOUTH as a large group).

Ask each group to brainstorm as many safe, erotic things you can do involving the body part. Be creative, erotic, fun. Make it a hot action statement like "licking someone's armpit." Be specific!

Groups go to separate corners of room and brainstorm.

Each group selects a reporter who reports to the entire group what their group came up with. The large group may add any new ideas not mentioned on small group's list.

If there are any body parts left over, the whole group can brainstorm about them.

Δ Do you see anything new you want to try out? How do you feel about seeing so many fun, hot ways of having safer sex?

Δ All of these activities are safe to do whether you are living with HIV or not.

This section of the group is usually a lot of fun for the participants. Participants get the most out of this section when facilitators are culturally sensitive, very enthusiastic, and create a fun, supportive, and sex-positive atmosphere.

It works best if facilitators have all materials organized in advance (flip-chart paper with body parts written on it, marker pens, tape) and are directive in leading the exercise (divide people into groups, give them their body part, tell them how much time they have, tell them where to tape their brainstorming sheet, etc.).

It is easy to waste time during this section with people waiting around not knowing what they're supposed to do – the facilitators must provide structured guidance. During the small-group brainstorming, the facilitators should circulate to check out how the groups are doing and offer encouragement and guidance as needed. Encourage the participants to be specific in describing sexual behaviors (e.g., “licking his armpit” versus “licking”). The more specific the descriptions are, the more the participants can learn to incorporate them into their own behavior, and the more erotic they'll be.

This exercise is all about eroticizing alternatives to anal sex. If someone writes PrEP on a poster, restate that there are many different and pleasurable things to do *besides* anal sex.

When the whole group is brainstorming, be sure to give lots of praise and encouragement. There should never be dead silence after a participant suggests something. Say things like “that’s sound fun,” “great idea,” etc. when people suggest something. Keep in mind that it takes courage to suggest a sex act that is unusual with a whole group of people listening; make sure that people feel rewarded and supported for their contribution.

At the end of this section, say some closing comment like “Wow that was great, you guys sure have a lot of good ideas. I can’t wait to find a partner to try out some of these!”

BREAK

(15 minutes: 7:40- 7:55) Turn on music

We have found that turning on the music right away really helps relax people and definitely changes the atmosphere of the room. Mingle around with the participants. If someone seems left out or uncomfortable, give them extra attention: offer them refreshments, make small talk with them, make an effort to draw them into

conversations, etc. *Resist the temptation* to let the break go for more than 15 minutes-- we have lots more to accomplish before the night is over!

7 FUN WITH CONDOMS

Objectives:

To make sure participants know how to use condoms correctly

To encourage participants to experiment with different types of condoms and lubes and find what they like best

Key: Anything marked with a Δ indicates something to say.

(15 minutes: 7:55- 8:10)

Δ As we've just seen, condoms are important toys for making just about any sexual activity safe, so now let's spend some time focusing on all things we can do with condoms-- and make sure you know how to use them correctly.

Ask participants to divide into pairs. Bring out the "Mystery Bag" (filled with a variety of dildos--it's a good idea to find dildos of different shapes, sizes, colors, with the dildos either brown or black. Also be sure to find at least one or two dildos that have foreskins.

Ask each pair to reach into the bag and pull out an object.

Pass out a bowl of condoms and ask the pairs to pick a condom to put on their object as you describe the proper way of putting it on.

Encourage people to ask questions while you're explaining:

1) Check expiration date

2) Open package carefully, moving the condom to one side and tearing it open on the other – without using your teeth

**3) Check to see what side of the condom to place on the head of the dick.
Make sure the condom can roll down**

4) (Mimic) - Put at least one drop of lubricant in the tip; this will increase sensation, use water-based lubricant; don't use oil-based materials, such as sun screen or massage oil

5) Squeeze and remove air from tip

6) Unroll the condom slightly to see which side goes onto the dick – and when it looks like a “sombrero”, put that onto the dick.

7) If there is a foreskin, pull it back before rolling on the condom

8) Roll the condom all the way down so that it covers the whole dick

9) Apply water-based lubricant on the outside of the condom

10) Have crazy hot sex

11) After orgasm, hold the base of the condom and pull out before the dick goes soft

12) Never reuse condoms

△ Does anyone have any questions?

Pass out condom/lube gift packages to participants. Have them open them and look at the contents. Describe about the different types of condoms and lubes in the packages. Encourage them to experiment with the different shapes/types and see what they like best. Encourage them to try them out while masturbating.

△ Do any of you have any special tips or ideas on how to get the most pleasure with condoms?

△ Although condoms slightly decrease sensation, that means sex can last longer, and a drop of lube in the tip and lots on the outside will increase sensitivity.

Point out the condom/lube pamphlet in the gift package and encourage them to read it.

This section should be fun and theatrical.

When you pass around the Mystery Bag, make sure the rest of the group can see what's happening. Let the participants joke around a bit with the various dildos.

Be sure to pass around non-lubricated condoms for the demonstration. If participants picked out the large dildos, ask them if they'd like to use one of the smaller dildos because it can be easier to put a condom on. Because participants will be very distracted during this section, make sure you have everyone's attention when you demonstrate how to put on the condoms correctly. The other facilitator should be watching the participants to make sure everyone understands the demonstration and is putting their condoms on the right way.

When you give out the gift packages, describe the variety of things in them and encourage people to comment or ask questions. Some may not know that condoms come in different shapes, sizes and colors. Be sure to encourage people to try out the different condoms while masturbating to see which they like the best.

8

NEGOTIATING SAFER SEX INTERACTIONS

Objectives:

- To discuss problems participants might face in trying to have safer sex with partners*
- To provide strategies participants can use in negotiating safer sex*
- To give participants practice in negotiating safer sex with Partners*

(30 minutes: 8:10-8:40)

SETTING THE STAGE FOR ROLE PLAYS

△ Now that we've talked about all these hot ways to have safe sex, let's talk about how we can get someone to do them with us.

△ OK, here's the scene:

You're really excited because tonight is your first date with Jason. You're at home getting ready. You're going to a movie. After the movie you'd like to invite him back to your place. You'd like to really get to know him better, and you're also very open to the possibility of having sex with him if the chemistry is right. But you want to make sure that if you have sex it's safe. What can you do before going out to make it likely that you will have safer sex?

Discussion points (make sure these points are covered):

- Have condoms readily available near bed
- Carry condoms with you
- Avoid getting too drunk or high
- Put some condoms in your car's glove compartment when you go out but don't leave them there to bake during the day!
- Have condoms in fun places: under your pillow, in the kitchen, in the bathroom, under the cushions of a sofa

- If you are on PrEP, make sure you have been taking your pills
- If you are taking HIV meds, make sure you are taking your medications regularly

△ What would be the benefit of having condoms out so that the guy sees them on the coffee table?

- Get the point across that you want to use condoms, without having to discuss it.

ROLE PLAY

△ Here's another situation. This is a scene about having safer sex. I need two volunteers?

Assign roles (Jason & Chris) to each new volunteer.

Use a different set of volunteers for each situation if possible.

△ Jason and Chris are hanging out. After having a couple of cocktails, the two of them start getting physical. Chris starts unbuttoning Jason's shirt, and they're both getting really turned on. Chris whispers, "fuck me." Jason would like to do it and wants to wear a condom. What does Jason do?

After the scene has been played out, thank the guys who enacted the scene, then have the following discussion:

- △ How do you feel about how they handled the situation?
- △ What seemed to work well?
- △ How would you have responded?
- △ What might you have done differently?

ROLE PLAY AND GROUP DISCUSSION

△ OK...New situation. Can I have a different set of guys for this scene?

Assign roles (Brian & Curtis) to each new volunteer.

△ Brian meets Curtis online and his pics look really hot. Brian wants to invite him over. Curtis' profile says that he is HIV-negative, and Brian states that he is living with HIV and undetectable. Brian writes that he

would like to come over and says he would like to get fucked. What does Curtis do?

After the scenario, thank the guys who enacted the scene, then have the following discussion:

△ What do you think about Brian's stating that he is living with HIV and undetectable on his profile? (Make sure these points are covered in the discussion)

- Unprotected sex by someone living with HIV without telling others of HIV status is illegal in some states. So even if a person is undetectable, it is still possible to run into problems without telling others.

△ What do you think Curtis should do with this information when it comes to having anal sex?

△ What are your assumptions about what people say about their HIV status on their profiles? How can you trust that?

△ To be absolutely safe, use a condom for anal sex even when someone states that they are "undetectable."

△ We want to acknowledge that Brian is being courageous by being open about his status. He states that he is "undetectable", which means that he is living with HIV and seeing a doctor and is taking medications as prescribed. He's taking care of himself and his community.

ROLE PLAY

△ OK...If I could have the same volunteers continue this role-play, that'd be great. Same guys, same scenario, only a little bit later:

△ *When Brian shows up at Curtis' house, Brian is really hot. They start messing around, and getting really aroused, and before Curtis knows it, he is inside Brian without a condom. It feels really good, but Curtis starts to feel uncomfortable about not using a condom. What should Curtis do?*

After the scene has been played out, thank the guys who enacted the scene, then have the following discussion:

- △ How do you feel about how they handled the situation?
- △ What seemed to work well?
- △ How would you have responded?
- △ What might you have done differently?

△ *Additional Discussion points to make:*

- △ You can take control of the situation.
- △ You can stop what you're doing, and start having safer sex at any time.
- △ You can stop and ask to use a condom.
- △ You can stop fucking and start to jack off and cum on each other.

△ What could Curtis have done to avoid this situation in the first place? (Make sure these points are covered in the discussion)

- Made his profile clear about limits
- Chat about limits beforehand
- Consider going on PrEP
- Had condoms and lube out and handy
- Committed himself to using condoms consistently

△ What should Curtis do now after fucking an someone living with HIV?

△ Get an HIV test.

△ Use PEP as an option.

△ Talk to Brian more about how he knows he's undetectable (i.e. When was his last viral load test? Does he always take his HIV meds?)

PEP: POST-EXPOSURE PROPHYLAXIS

△ What is PEP? This stands for *Post-Exposure Prophylaxis*. PEP is a medicine that you can take if you are HIV-negative and you believe you have just been exposed to HIV.

△ If you take PEP as directed, it can stop HIV from infecting your body.

△ Now this shouldn't get confused with PrEP, which is *Pre-Exposure Prophylaxis*. We discussed PrEP a while ago – you take it regularly, and therefore, it is before you get exposed to HIV. PEP, on the other hand is post-exposure – that is, you take it after having sex, if you think you were exposed to HIV.

△ If you take PEP as directed, for about a month, it works very well at stopping someone from getting infected.

△ But you have to start the medications very quickly. You need to get to a physician and start taking the medication within 72 hours (that's 3 days) of having sex for PEP to be effective. And really, it works best if you see a doctor and start taking the medication within 36 hours of having sex – this is one and a half days. So this means *really* quickly!

△ PEP involves taking HIV medications. To get these medications you need to go to an emergency room at a hospital, or call your own physician if you have one.

PEP: POST-EXPOSURE PROPHYLAXIS (HANDOUT)

PEP is a medication for HIV-negative people who have just been exposed to HIV.

PEP can greatly reduce the chance that a person will get infected with HIV.

If PEP is taken as directed, it greatly reduces the chances of getting infected from an exposure to HIV.

To be effective, the medications have to be started as soon as possible.

A person needs to get to a physician and start taking the medication within 72 hours (3 days) of having sex for PEP to be effective. It is most effective if a person can start taking the medication within 36 hours of having sex (1 ½ days).

PEP involves taking HIV medications for about a month.

To get PEP you need to go to an emergency room at a hospital, or call your own physician if you have one.

ROLE PLAY

△ OK...now we're going to move on to a different topic. Can I have a different set of volunteers?

Assign roles (Joseph & Rashad) to each new volunteer.

△ Joseph has been seeing this guy Rashad and likes him a lot because he's really masculine and he dates women most of the time. Tonight they had dinner at Joseph's house and then watched a movie. Things are starting to heat up. Rashad starts unbuttoning Joseph's shirt, and they're both getting really turned on. Rashad whispers that he wants to fuck him. Joseph would like him to and wants to use a condom. Rashad resists and says, "I'm not gay; I'm clean and I don't use condoms." What does Joseph do?

After the scene has been played out, thank the guys who enacted the scene, then have the following discussion:

△ What are some ways Joseph could get Rashad to use a condom?

Make sure the following points are covered:

- Joseph can put the condom on Rashad with his hands, doing it in a sexy way
- he could put the condom on Rashad with his mouth (this takes practice)
- Joseph could say, "no condom, no sex"

△ What else could you do that's hot and fun instead of fucking?

Make sure the following point is covered:

- Joseph could jack off or have oral sex with Rashad

△ In this space, and we hope outside this space too, we don't label people as being "clean" for HIV-negative or "sick" when they are living with HIV. There are lots of guys who are living with HIV who are in care and on medications and they are perfectly healthy. Using the term "clean" or "sick" is judgmental, wrong and inaccurate.

△ When you hear someone using such terms, it would be very helpful if you could speak up and say that this language is hurtful to our brothers who are living with HIV.

ROLE PLAY

△ Okay, let's focus now on the situation that is actually the most common for young men to have condomless sex and to get HIV--with a boyfriend.

△ Over half of new infections among gay men come from boyfriends/ partners. Since this is such a common situation, we'd like everyone to practice dealing with it. This time, we'd like to pair you up and have each pair go off and role-play, then we'll come back as a group and talk about our experiences.

△ To pair you up, I'd like each person to reach in this box and grab a condom. It's kind of like a gay Noah's Ark -- there's two of each kind of condom. Whoever picks the same type of condom as you is your boyfriend for the role-play. One of each couple is Dante and the other person is Rico.

Pass around condom box.

Read scenario:

△ Dante and Rico have been boyfriends for five months. When they first started dating, they got tested for HIV together and found that they were both HIV-negative. They are totally in love and have a very active sex life. They have agreed that it's okay to occasionally have sex with others, but they don't do this very often. They have never used condoms with each other. Dante is beginning to worry about this. How could Dante suggest to Rico that they protect themselves better from HIV?

Ask pairs to go to separate parts of the room to role-play the scene.

When everyone has finished the scene, ask the group:

△ Does anyone want to tell us what their conversation was like?

△ Just because they have not used condoms with each other, all is not lost...you can start protecting yourself from HIV at anytime.

△ How could they protect themselves from HIV
Discussion Points (make sure the following points are covered):

- They could start using condoms with each other.
- They could go on PrEP.

△ What are some other reasons that boyfriends may have condomless sex? (e.g., fear of losing boyfriend's affection, denial that HIV is relevant to them, pressure from boyfriend, feeling invulnerable, feels better, more convenient, intimacy).

△ How can these be dealt with? (e.g., testing together, standing up for our own health, going onto PrEP, recognize that you are worth it to use condoms, developing specific plans around monogamy and what to do if one or the other partner breaks the agreement).

This section is very important and can be very interesting for participants. The first scenario (remember that this one is not a role-play!) is designed to get ideas about how people can set up a situation in advance that will make it more likely safe sex will happen.

Many interactions before sex are nonverbal. People often don't (and don't want to) talk about sex before, during or after having it. So this scenario focuses on what they can do to set the stage for safe sex before the date even happens.

Again, give lots of praise and encouragement to people when they give an idea and to role-players. If participants are reluctant to say something, the co-facilitator can get the ball rolling by contributing an idea. Encourage the group to really discuss the issues raised, and ideally give examples of how they would personally deal with them. Encourage them to think creatively so participants can hear lots of different ideas.

The role-plays about having sex are ordered in increasing levels of difficulty, to build comfort with doing them. In the first, Jason (the bottom) is willing to use a condom. The second and third role-play deals with online hook-ups and how to navigate when someone puts in their profile that they are living with HIV and "undetectable."

The fourth role-play is about how to deal with a situation where you start to have condomless sex and explores options for moving forward in a way that either negotiates condom use or considers other fun ways to get off. It is important to role-play each of these variations so the group can envision the variety of challenges and options they may face.

If necessary, remind the group that the characters in the role-play *like* each other and would like to continue a relationship. Participants often take the easy way out by saying, "if you don't want to use a condom, then I don't want to have sex with you anyway." In real life, people's motivations and desires are usually more complex.

Help the group address the complexities of balancing protecting yourself and maintaining the partners' affection.

The role-play about boyfriends is very important given that boyfriend relationships are the most common context for young men to have condomless sex and a very common way for guys to get infected.

While the participants are role-playing, circulate around and help out if people are having trouble with the scenario and get a sense of how much time the participants need.

Afterwards, when you discuss this role-play as a group, try to get each pair to say something about the approach they used and how it went. Again, it will be most helpful for people to hear a wide variety of ideas.

Note to facilitators: *By this point in the group, you may be feeling tired. Nevertheless, try to sound energetic and interested, even if you have to fake the energy!*

Remember that the group participants have not heard any of this before and will still be interested. Resist the temptation to start leaving out parts of the script to finish quickly.

9 BEING OUR BROTHER'S KEEPER

Objectives:

To motivate participants to talk with their friends about:

- having safer sex***
- getting tested for HIV at least every 6 months***
- supporting their friends who are living with HIV to take their medications regularly and see their healthcare provider at least twice a year***

To learn the most effective ways for participants to talk with friends

To give participants practice in supporting their friends about these issues

To give participants practice in talking with friends

Key: Anything marked with a Δ indicates something to say.

(40 minutes: 8:40-9:20)

DISCUSSION

Δ Up to this point, we've been talking about issues related to us. Now let's focus a bit on how we can help our friends and community.

Δ We probably all have friends we care about but we may not be sure that they are up to date with getting tested, or if they are living with HIV and are seeing their healthcare providers and taking their medications regularly. Now that we've attended this meeting, we have an opportunity and the power to help our friends live healthier lives.

Δ What we're talking about here is caring enough for our brothers to talk with them about the issues we've discussed here – about avoiding HIV by having safer sex or using PrEP, about the importance of HIV testing at least every 6 months, and talking with our friends living with HIV about being in care and taking their medications.

Δ Now some of you might be thinking, 'Oh, that's just getting into other people's business' - and you know, you would be right. But this isn't the messy kind of getting into someone's business. This is the good kind because it shows we care.

△ It is so uncomfortable for some people to talk about HIV that we avoid it and we can't keep doing that. We don't usually talk about these sorts of things -- but we need to start if we're going to help stop the spread of HIV and make sure our friends who are living with HIV are as strong and healthy as possible!

△ When we *encourage* our friends to get tested frequently, or if they are living with HIV to take their medications regularly, we're helping take care of each other and our community. We need to do this as a group. We need to do this for our community. We have a responsibility to be our Brother's Keeper, and it's important that we show we care for all of our brothers, our circle of friends, as well as other men.

△ Whenever you see another gay man from our community, he is your brother. And brothers can *really help brothers* in ways that no one else can. Our friends will listen to us. And no one cares like we do so it's up to us to protect our community.

HOW TO INFLUENCE YOUR FRIENDS

△ In order to be most influential with your friends about how to take care of themselves, there are *three* tips we want to give you:

△ First, emphasize the *positive benefits* of what you're encouraging them to do. So, if you are trying to encourage a friend to have safer sex, you can talk about the benefits of having safer sex such as peace of mind, and how putting lube in the tip increases sensitivity. Or you could talk about the benefits of being on PrEP, such as not having to do something about protecting yourself from HIV during the time of having sex.

△ Second, *use yourself as an example*, talk about how you've done this yourself and how you have done it. For example, in the scenario we've just done, you could tell him about how you've negotiated beforehand that you wanted to have safer sex or perhaps that you put it into your profile.

△ Third, *don't lecture or preach* at your friend or be judgmental. Most of the time, we respond better to words of caring and support rather than lecturing at us, or worse yet, telling us we're stupid for doing something. So think about how you're encouraging your friends to take care of themselves.

△ What do you think about these ideas?

△ Can you think of any problems or difficulties that might arise in talking with your friends about these issues? What might those be?

△ How can you deal with these problems?

ROLE PLAY AND GROUP DISCUSSION

△ It might be helpful for us to act this out. I need two volunteers?

Assign roles (Robert & Michael) to each new volunteer.

△ Robert and Michael are friends and are at a club. Robert sees a guy who he thinks is very attractive. Robert tells Michael he's going to go home with the hot guy. Michael wants to encourage Robert to use condoms if they are going to fuck.

After the scene has been played out, thank the guys who enacted the scene, then have the following discussion:

△ How do you feel about how they handled the situation?

△ What seemed to work well?

△ How would you have responded?

△ What might you have done differently?

GROUP DISCUSSION

△ So, how can we encourage our friends to get tested for HIV at least every 6 months?

Discussion Points (make sure these are covered):

- You can emphasize that: getting tested for HIV is important because there is power in knowing your serostatus, and the only way you'll really know is to get tested often.
- After guys learn that they are living with HIV they can start treatment that will stop them from getting sick and will save their lives. You can tell him that HIV medications are super effective nowadays.
- HIV medications no longer have bad side effects.
- HIV medications do not affect how someone looks.
- You can get tested in places that feel comfortable and are gay friendly

MYTHS AND REALITIES ACTIVITY

△ Now is a good time to go over some of the myths and realities about living with HIV – both so you know yourself, and so you can tell other guys about what you’ve learned. We’re going to pass around a (hat/box/bowl) with some cards in it.

△ Each card has a myth about HIV written on one side and the reality written on the other side. If you feel like it, take a card out and read the myth out loud. We’ll then talk as a group about the realities related to that myth.

△ We’d like to highlight how we are trying to address stigma and discrimination around HIV/AIDS and jumpstart conversations based on facts and not fear or prejudice.

Pass around the container (bowl/box/hat) with the myths written on one side and the realities on the other side of a piece of paper.

Ask for a volunteer to read his MYTH aloud to the group (ask him **not** to read the REALITY out loud yet).

After the MYTH is read aloud, ask the entire group if there are any comments or questions about that MYTH (keep this part short, have a quick question).

Ask the participant to flip the card over and read the REALITY aloud.

Ask if there are any comments or questions about that **REALITY**.

Then, move to the next MYTH and continue in the same fashion until all of the MYTHS are addressed.

MYTHS AND REALITIES

• Myth: Having HIV is a death sentence.

Reality: If you are living with HIV you can live as long as someone who is HIV-negative and remain healthy by being in care and taking medications.

• Myth: Having HIV is no big deal.

Reality: While it's true that you can have a long and healthy life when you are living with HIV, it can still be complicated. It's a "little big deal". It will alter your life.

• Myth: The HIV medications are toxic and harmful to use.

Reality: Medications these days are really saving lives. For most people, there are far fewer side effects to the meds. They are much less toxic and much easier to use than they used to be. Often it means just taking one pill a day. Plus, if you are on medications and you have a low viral load, you are much less infectious to others. So taking medications is good for you and good for your community. But you have to take them all the time. It's important not to skip doses in order for them to really work.

• Myth: HIV medications are unaffordable.

Reality: There are multiple options for getting medications paid for. Talk to one of the Coordinators to find out more.

• Myth: If you start taking HIV medications, they change the way you look.

Reality: For most people who start taking medications today, the medications do not affect how you look...you cannot tell by looking at someone that they are on medications.

• Myth: You have to give up sex if you are living with HIV.

Reality: You can have lots of good fun, hot sex.

• Myth: It's inevitable that I'll get HIV.

Reality: If you are HIV-negative, there is a lot you can do to stay HIV-negative. That's part of what this group is all about.

• Myth: Black MSM have riskier sex and more sex partners than other racial groups.

Reality: Not true. Black MSM do not have riskier sex than men of other racial groups, and they also don't have more sex partners than others. But Black guys tend to have sex with other Black guys. And since there is more undiagnosed HIV in the Black community, this increases the chances of having sex with someone who is living with HIV.

• Myth: Men who are living with HIV cannot take medications if they are drinking alcohol, are smoking weed, or are doing drugs.

Reality: Not true. There is no problem in staying on medications all the time, regardless of whether you are getting high from something.

△ To quote James Baldwin- an out Black gay author – "Not everything that is faced can be changed, but nothing can be changed until it is faced."

△ Now that we've faced some of the myths about HIV – we can work to educate our friends, family and our community about the realities. We encourage you to speak up and let people know what you have learned.

Supporting our Brothers Living With HIV

Role Play

△ Okay, this is the last role play. Can I get two new volunteers?

Assign roles (Kevin & Terry) to each new volunteer.

△ ***First, let's set the scene. Kevin and Terry met on a dating app and had been chatting online for a while, eagerly looking forward to their upcoming date. Kevin***

disclosed on his profile that he is living with HIV and is undetectable. Terry's profile didn't mention his HIV status.

Finally, the day arrived when Kevin and Terry met in person. Their connection was instant, and they shared an incredible evening together, filled with laughter, intimacy, and hot sex using condoms. Afterward, they lay in bed enjoying the deepening connection they had formed.

At brunch the next day, Terry told Kevin that he is also living with HIV. However, he shared that he had stopped taking his medications and visiting the doctor due to the challenges and inconveniences he faced. Kevin, intimately aware of the struggles that come with living with HIV, wants to urge Terry to get back into care, which includes keeping regular appointments with a healthcare provider and taking medication again so that he can stay healthy.

So now, here's the role play: Kevin and Terry are having brunch on Sunday. Kevin doesn't want to get into Terry's business, but he is concerned about Terry and he wants to make sure of three things: 1) That Terry returns to a doctor to get into care 2) That Terry stays in care and keeps regular appointments with his doc, and 3) That Terry starts taking HIV medications and takes them as directed. Play out the scenario.

After the scene has been played out, thank the guys who enacted the scene, then have the following discussion:

- △ How do you feel about how they handled the situation?
- △ How would you coach Kevin to talk to Terry about seeing a doctor and start taking medications again?
- △ Why is it so important for Terry to see a doctor regularly? (Make sure this point is covered in the discussion)
 - So the doctor can monitor his health and check to see that he stays undetectable
- △ What might you have done differently?

△ Another way to help Terry would be to urge him to attend a Positive Living group or a Social Networks Group that the program is implementing. These are groups to support our brothers living with HIV. This could include talking about living with HIV and dating, coping with discrimination, disclosing to others, seeing a doctor, starting onto and staying on medications or anything else that might be important to support your friend who is living with HIV. Talk to one of us Coordinators to find out more about when these groups happen and how you can join.

This section on Being our Brother's Keeper is extremely important for many reasons. First, we know that not all young men will come to these groups or other project activities. The only way we may be able to reach those men is through their friends.

Second, in order to truly mobilize the diverse young men's community and create norms supportive of: (1) using condoms for unprotected anal sex or being on PrEP, (2) knowing one's HIV-status, and (3) getting into medical care and on medications if living with HIV, it is critical that young men communicate with each other and encourage each other about these issues.

Third, It is important to learn how to support our brothers who are living with HIV and encourage them to keep all medical appointments and take medications as prescribed, that is, every single day.

Friends are the most powerful sources of influence on young men's behavior and attitudes. The more a young man hears encouragement from his friends, the more likely he is to get HIV testing every 6 months and, if living with HIV, access care and stay on medications in order to save his life.

When introducing this section, it's extremely helpful for the facilitators to emphasize why this is so important-- that the participants have the opportunity to make a positive impact on their friends' lives. It is really up to us to take control of our health and help our friends do the same. We really are our Brother's Keeper.

The crux of this section is to address the following issues: "What can we do to encourage friends to use condoms for anal or vaginal sex, get tested for HIV and support our friends who are living with HIV to access medical care regularly and get on meds and stay on meds?" During the discussion, encourage the participants to give lots of ideas of how they would approach friends. The most basic guidelines are: 1) Don't be judgmental, 2) Use yourself as an example, and 3) Stress the positive benefits of supporting your friends (versus trying to scare your friends). It is also very effective for friends to focus on how much they care about their friends and that's why they are talking to them about these issues.

There are several different scenarios to role-play in this section. To get the message across, it's important that the group goes through all of them since they deal with

different types of issues. When discussing the role-plays, a good question to ask the group is “What seemed to work well?”

For the Myths and Realities exercise, the myths should be pre-written on pieces of paper (cards) that can be laminated and reused. Ask the group to pass the hat around and to pull a card and read it aloud to the group only if they want to. That way people who don't feel comfortable reading in front of a group won't feel like they are on the spot. This is an opportunity to correct what people think they know about HIV. It's important to cover everything that is written about the reality associated with each myth.

It is important to address misconceptions people may have that stem from fear and stigma about HIV. It is important to be well informed. The first seven myths deal with what it means to be living with HIV. For the first and second myths, there is tension between the two extremes: That HIV is either a death sentence or it is no big deal. The reality is in the middle. While nobody need die from HIV infection anymore, it's also true that having HIV will alter one's life through more frequent interactions with medical providers, medication adherence and relationship considerations. It can make people feel anxious and uncertain about their life.

For the myth that is about not being able to afford the medications, it's important to know what options are available for guys who don't have insurance or money. This could involve Ryan White funding which is Federal, a state funded AIDS Drug Assistance Program (ADAP) or in some instances, programs offered through a non-profit medical provider in collaboration with a pharmacy such as Walgreens to help co-pays.

The seventh and eighth myths are about why more guys in the Black gay community are living with HIV. It is important to counter the belief that Black guys are having riskier sex than other racial groups because that's not true. What is true is that Black guys are more likely to have sex with other Black guys within relatively small sexual networks. And because there is already a high rate of HIV in the Black gay community, the chances of having sex with a guy who is living with HIV is greater. But there are other reasons to consider too. (1) Black gay men have higher rates of undiagnosed HIV infection; (2) Black gay men are more likely to have a history of sexually transmitted infection, making transmission of HIV more efficient; (3) Black gay men are less likely than white gay men to be on HIV medications which means that they are less likely to

have low viral loads; and (4) Black gay men may be less likely to be adherent to medications which means that they may not have low viral loads. Coming together as a group and talking is a way that we can collectively start to deal with these issues.

In the last role-play it is important to respect Terry's hesitation about getting into care and confronting living with HIV, but at the same time it's important to make sure he knows that getting into care and consistently taking medication can keep him healthy. It's important for guys to know that the medications really do work and that there are ways to get them paid for even if someone does not have insurance.

It is extremely important not to go through the section too quickly. This is a critical key element of the entire intervention: informal outreach - participants can reach men who will never come to M-groups. To have enough time for this section, it is essential to go through the earlier sections in the time allotted.

10

ENCOURAGING FRIENDS: GIVING OUT INVITATIONS AND BUTTONS

Objectives:

To share materials that may help guys talk with their friends

To elicit commitments to talk with friends

Key: Anything marked with a Δ indicates something to say.

(10 minutes: 9:20 - 9:30)

Facilitator asks participants to each make a commitment to talk with friends.

Δ One very helpful thing you can do for your friends is to invite them to come to an M-group. We have Invitation Packages here that we'd like you to give to several of your friends. You can take as many as you want. Each one has a couple of condoms and some lube in it.

Δ Please take a moment to think of 2 – 3 specific people you could invite to this group. Next think for a second about how you'll bring up these topics with them.

Pause for a bit while they think about this. The more they can consider specific people, the better. You are trying to get real commitments here to invite others.

Δ We are really counting on you to do this...you can reach guys who would really benefit from this message. It goes back to being your *Brother's Keeper*.

Δ Besides inviting guys to attend this group, it's also very important to talk with your friends and acquaintances about the issues we've discussed here - and the power they have to make thoughtful decisions about their own health and the health of others.

Δ This can include talking to your friends about getting an HIV test at least every 6 months, or encouraging friends living with HIV about getting into care, keeping their medical appointments and the importance of taking their medications every day. And of course, you can talk with your friends about reducing their risk of acquiring HIV by having safer sex or by using PrEP.

△ This can be the start of building an entire *community* of young men here, including all of us who have been here tonight, who are in the position of *being our Brother's Keepers*. It is incredibly important and urgent that each one of us commit ourselves to talking with and handing these invitation packets out to our friends!

△ Also, we have pins that you can wear to express your support our Project.

Give out pins.

△ If you feel good about what we're trying to do here with this program talk it up among your friends and family.

INVITATION TO BECOME INVOLVED WITH THE MPOWERMENT PROJECT

Objectives:

To let participants know about the variety of ways they can be involved with the program

To have participants fill out Interest Sheets

Key: Anything marked with a Δ indicates something to say.

(10 minutes: 9:30- 9:40)

Δ We're very excited about the (*name of your project*) and we'd love for each of you to continue being involved. We have lots of fun ways in which you can be active. You can come to the project and be involved – and meet other guys while you're doing it!

Describe possible ways of getting involved:

- Announce any upcoming social events: parties, forums, drop-in hours, etc.
- Describe things that people can do to get involved in the Project:
 - Join the Outreach Team (bar zaps, performance skits)
 - Do some work in the office
 - Join the Core Group--the group which plans and runs the project activities
 - Join the Publicity Team by hanging up posters around town or helping publicize events on social media
 - and many other ways!

Δ The project also has activities that are specific to guys living with HIV and their friends where they can:

- Attend a one-time Positive Living Group where they can talk about issues that are important to them.
- Attend a one-time Social Networks Group for guys living with HIV and one to three of their closest friends, where they can find support for their lives.

△ I have Interest Sheets here that list these various opportunities. Please check those that you'd be interested in being involved in. We'd also like to have a way to get in touch with you, so please also provide your name, cell phone number, and e-mail address.

Thank participants for attending the group.

Facilitators might express personal feelings about their own experience tonight and what they got out of it.

Invite participants to share their reactions.

Hopefully, by this point the participants will have had such a good time in the group that they are anxious to get more involved with the Mpowerment Project. The facilitators should express a great deal of enthusiasm about the activities of the project and communicate that we'd love for them to get involved in any way that they would like. Announce any upcoming events and briefly describe the variety of ways they can be involved with the project (attending social events, planning events, outreach team, office volunteer, etc.). Emphasize the *fun, social aspects* of the project. It would be helpful for the facilitators to say something about why they enjoy being involved.

To close the group, facilitators should thank everyone for attending and let them know you've enjoyed being in the group with them. Any other personal feelings or reflections about the group would be nice too.

Tell them you would really appreciate hearing their feedback about the group. Pass out Evaluation Forms. Show them the box to put their completed forms in.

Announce that everyone is welcome to stick around and have refreshments, talk, look over materials in the center, etc. Turn on the music to create a more casual, relaxed atmosphere.

INTEREST SHEET

Name:
Phone:
Email:

I'm interested in helping out. I'd like to:

- Help create outreach events
- Announce upcoming events and pass out calendar

Volunteer in other ways:

- Outreach Team (bar zaps, performance skits)
 - Project Space (mailings, computer stuff, cleaning)
 - Graphic design (materials development)
 - Events committee
 - M-group recruitment
 - Publicity Team
 - Work on Social Networking
- And...Join the Core Group, the group that decides what activities the project should do, plans, and runs the Project activities.

Other:

12 INFORMAL SOCIALIZING

Objectives

To help the participants form friendships with each other

To encourage men to become further involved in the Project

Turn on music!

Invite participants to stay and talk, have refreshments, look over materials, hang out and talk, etc.

Make sure no one is left out of socializing.

Give out materials, show guys around the house.

Remember that one of the biggest motivations to come to an M-group is to meet guys and have fun. So, turn on the music and have some fun after all that hard work!

AFTER THE GROUP

Complete the Group Record Sheet (example attached) immediately after the participants have left. After each group, it is helpful for the facilitators to talk over their feelings about how the group went-- what went well, what should be done differently next time, any special issues that came up, etc.

-

M-group Planning and Recruitment Form

What this measures: Recruitment, scheduling, attendance and special circumstances surrounding planning for and running M-groups

Evaluation type: Process; see also Module 9: M-groups; Module 13: M-group Facilitator's Guide; M-group Training Video

Objectives:

1. To review how the M-group went and reflect upon it.
2. To review how scheduling and recruiting is going (if a group was cancelled because of no-shows or insufficient men were scheduled, complete the second page only).
3. To consider who is showing up for M-groups and what groups of men are not attending.

Background:

The following tool can be used to help gauge the planning process for each M-group. This form is helpful for tracking how many men attended the M-group and providing information about the men who attended, as well as for collecting information about recruitment efforts. If the same person recruits for the M-groups and facilitates them, then that person can complete the forms. This part of the form should be shared with the co-facilitator to analyze how the group went.

If the facilitator is not responsible for recruitment, then the person who recruits should complete the second page and the facilitator should complete the first page. This information should be analyzed to consider how to improve recruitment efforts.

Date of session and day of week: _____

Time group started: _____

Time ended: _____

Total length of meeting: _____

Facilitators:

Who completed this form?

Facilitator: _____

M-Groups Coordinator: _____

Attendance:

_____ total # of men

_____ # new men

_____ # "repeaters"

_____ # men under 30

Ethnic background of new attendees:

_____ # African American/Black men

_____ # Latino/Hispanic men

_____ # Asian/Pacific Islander men

_____ # Native American men
_____ # white men
_____ # other

(other: _____)

Group Processes (facilitator to complete)

Anything unusual happen at this group session? If so, describe:

Comments/feelings/concerns about this group session?

Any ideas about how to do things differently in next session?

Scheduling (M-Groups Coordinator to complete)

How many men were scheduled for the group? _____

How were men scheduled to attend group:

- Who did scheduling? _____
- How was scheduling done? _____
- When was scheduling done? _____
- How many were previous “no shows”? _____
- Comments on effectiveness of scheduling approach:
(e.g., what methods seemed most/least effective)

How were men reminded of the group:

- Who reminded men?
- When were reminders done?
- How were reminders done?
- Comments on effectiveness of reminders approach:
(e.g., how many messages were left versus actual conversations)

How many men who were scheduled did not show up? _____

Reasons given (if any) for no-shows:

Plans to do recruitment differently:
