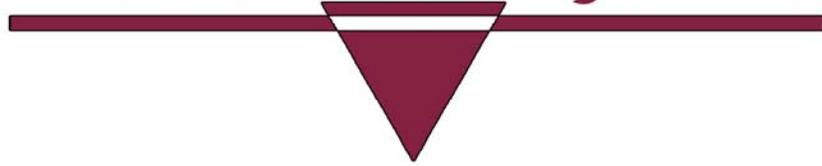


Friends Community Center



A Division of Friends Research Institute, Inc.

THE G.U.Y.S. PROGRAM **(Guys Understanding Your Situation)**



SKILLS BUILDING GROUPS

- **EMOTIONS, DEPRESSION AND SUBSTANCE USE**
- **ENTERING THE WORKFORCE OR CONTINUING YOUR EDUCATION**
- **FINDING SOLUTIONS**
- **HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS: VIRAL VS. BACTERIAL**
- **SELF-ESTEEM AND HOMOPHOBIA**
- **SEX AND DRUGS**
- **SEXUAL RISKS**

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Funded by the County of Los Angeles, Department of Public Health

**Friends Community Center
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The G.U.Y.S. Program

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The G.U.Y.S. Program

EMOTIONS, DEPRESSION AND SUBSTANCE USE

GROUP SUPPLIES
Participant Sign-in Sheet
Tripod
Flipchart Paper
Markers
Tape

**Friends Community Center
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THE G.U.Y.S. PROGRAM**

EMOTIONS, DEPRESSION AND SUBSTANCE USE

Objectives:

By the end of this sixty-minute group, participants will be able to:

- (1) Begin to understand and identify the difference between the normal or common feelings and emotions that come up in everyday life, clinical depression, and the psychological side effects of substance use;
- (2) Recognize the situations that lead to specific feelings or emotions
- (3) Learn different coping mechanisms to deal with feelings and emotions that do not involve using drugs and/or alcohol; and
- (4) Learn different strategies for coping with depression including treatment options.

Group Structure and Activities

Objective 1:

Facilitator will explain how living on the streets and surviving in Hollywood is hard work, and can be emotionally draining. Facilitator will explain the difference between normal or common feelings and emotions, including feeling depressed, anxious, sad, or angry, and other more serious types of depression that must be diagnosed by a doctor or mental health professional, including clinical depression. Facilitator will explain that there are various types of depression (such as Clinical Depression, Seasonal Depression/SAD, Psychotic Depression) and define each type:

Emotion: A spontaneous mental response to a situation rather than through conscious effort and is often accompanied by physical changes; feelings.

Depression: Feelings of sadness, helplessness and hopelessness. Feelings of depression are often caused in response to the environment (e.g. unfortunate life circumstances like death or bad news). Depression is a fairly common emotion but in its more serious or prolonged forms may require treatment.

Clinical Depression: Feelings of sadness, helplessness and hopelessness so severe as to be considered abnormal, either because of no obvious environmental causes, or because the reaction to unfortunate life circumstances is more intense or prolonged than would generally be expected.

Seasonal Depression: A mood disorder in which individuals who have normal mental health throughout the year experience depression during the fall and winter seasons, often associated with changes in the amount of natural light.

Psychotic Depression: A state of depression so severe that the person loses contact with reality and suffers from a variety of symptoms that may include hallucinations, delusions or other perceptual disturbances or break from reality. In order for Psychotic Depression to be accurately diagnosed the psychosis can NOT be the result of substance use; therefore, it is very difficult to diagnose Psychotic Depression in a substance user. Psychotic Depression is diagnosed by a doctor or mental health professional.

Illness

Clinical Depression →

Symptom

Depressed mood, loss of interest or pleasure. Symptoms accompanying depression include: changes in appetite, feelings of guilt, failure, worthlessness, thoughts of death, fatigue and difficulty concentrating, withdrawal, inactivity, slow speech, walking slow, irritability, confusion, crying easily, inability to enjoy things, insecurity, anxiety, sore shoulders and neck, hair can become wiry, lower back pain, no interest in sex, binge eating, inability to show affection, void of other emotions, disorganized, having trouble making decisions, feelings of regret for past decisions, inability to function, feeling like no one understands, boredom, fear, desire to be taken care of, , irrational fears, easily frustrated. Clinical depression must be diagnosed by a doctor or mental health professional.

Seasonal Depression →

Known as Seasonal Affective Disorder a.k.a. SAD or “Winter Blues” is a type of depression that occurs at the same time every year. Symptoms start in the fall and may continue into the winter months, and may include symptoms listed above under Clinical Depression; Seasonal Affective Disorder saps energy and make you feel moody. Less often, Seasonal Affective Disorder causes depression in the spring or early summer. S.A.D. must be diagnosed by a doctor or mental health professional.

Psychotic Depression →

Occurs when a severe depression has a co-existing form of psychosis. The psychosis could be hallucinations, delusions, or some other break with

reality. Psychotic depression affects roughly one out of every four people who is admitted to the hospital for depression. Psychotic depression must be diagnosed by a doctor or mental health professional.

Facilitator will explain the differences between feelings and emotions, depression and the psychological side effects of substance use. Some of the feelings or physical symptoms just touched on can be caused - or triggered - by either depression or substance use, but can also be the result of depression or substance abuse. Sometimes it's hard to tell what caused what. Facilitator will explain that sometime we can feel an emotion and identify it ("I feel sad"); other times, we can tell we're having a particular feeling or emotion based on what our body is telling us ("I'm crying"). Physical symptoms and feelings don't always match up (crying because I'm relieved or happy) but both emotions and physical symptoms give us clues about how we're feeling and how our body is doing.

Facilitator will place a series of "Emotion Cards" and "Physical Symptoms Cards" on the floor. Facilitator will ask each participants to pick up one "Emotion Card" OR one "Physical Symptom Card" that *bests describes a feeling or physical symptom they experienced in the past week.*

"Feeling/Emotion Cards" will say (but not be limited to):

- angry
- lonely
- sad
- afraid
- hurt
- grief
- joyous
- proud
- happy
- hopeless
- abandoned
- bored
- blissful
- carefree
- depressed
- exhausted
- grateful
- hopeful
- mad
- peaceful

"Physical Symptoms Cards" will say (but not limited to):

- tired
- back pain
- exhaustion
- headaches
- problems sleeping
- change in appetite
- no appetite
- change in weight
- digestive problems
- stomach ache
- sore shoulders
- sore neck

Facilitator will ask the participants if the card they have picked up represents a feeling/emotion, a symptom of depression, or a side effect of substance use. [Note: It is important for the facilitator to know the difference between emotions, symptoms of depression and side effects of substance use, including withdrawal from drugs and alcohol]. The discussion should emphasize that it can be difficult to tell the difference among emotions, symptoms of depression, and side-effect of substance use and the same feeling or physical symptom may be associated with any or all of these. The facilitator will explain how using certain substances can create withdrawal symptoms that can be misinterpreted as depression. The main difference between drug use side effects and depressive symptoms is that drug use side effects are short term while symptoms of depression can last for weeks or months.

Objective 2:

Facilitator will explain that feelings and emotions often start with or are triggered by a specific situation. Facilitator will read a few examples of situations and the feelings/emotions that can come from a situation (choose a few from the following list):

- The police harassed me and I felt terrified.
- My boyfriend cheated on me and I feel hurt and betrayed.
- I did some sex work because I was feeling lonely.
- I felt completely hopeless all week.
- I felt that everything was bothering me all week.
- I had to use drugs because I couldn't get going.
- My family doesn't know that I am HIV+ and I feel ashamed.
- I have lost contact with friends and family and I feel abandoned.

After reading some of the examples above, facilitator will ask participants to, if possible, identify and name the specific situations that led them to choose their "Emotion Card." or "Physical Symptom Card" Facilitator will write the participants responses on the board.

Facilitator will explain that certain situations can trigger feelings of depression. Here are some examples:

- Not getting along with peers
- Feeling overwhelmed or having too much to do
- Being judged or criticized
- Ending a relationship
- Physical illness

Objective 3:

Facilitator will ask participants to brainstorm coping mechanism for dealing with difficult situations that do not include using drugs or alcohol. It is important for the facilitator to address how our moods and emotions change when we use drugs and alcohol. This can make it difficult to know if what we are feeling is a side effect of substance use, an everyday feeling or emotion, or clinical depression.

Facilitator will explain that because drugs and alcohol use can influence our emotions, substance use can hinder our ability to cope with everyday life. Facilitator will ask participants to explore how feelings change when they are high on drugs and/or alcohol.

Facilitator will take the same situations generated in Objective 2 and make a chart. Facilitator will ask participants to explore how drug and/or alcohol use changes their emotional responses to situations. Facilitator will fill in the chart on the flipchart. A sample chart might be:

SITUATION	FEELING ON DRUGS	FEELING NOT ON DRUGS
The police harassed me.	Angry/Rage	Scared/Terrified
My boyfriend cheated on me.	Pissed-off/Jealous	Hurt/Betrayed
I did sex work	Uncaring	Lonely/Detached/Withdrawn
I've lost contact with family	Angry	Sad/Abandoned/Rejected

Facilitator will discuss how drugs and/or alcohol use often help us escape and numb feelings. This group helped us to identify the feelings that come up in our daily life, explore the situations that lead to emotions, or the onset of a depressive episode and examine the different way we respond to situations when we are high on drug and/alcohol and when we are not high on drugs and/or alcohol.

Objective 4:

Facilitator will explain different strategies that participants can put into practice to help them cope with depression. Below are some examples of coping strategies. Facilitators can ask participants to brainstorm others.

1. Keep active. Physical activity has been shown to improve mood. Long-term regular exercise can help prevent depression.
2. Eat as well as you can. If you get a Ralphs gift card from us buy fruit, vegetables or whole grain bread. Well-balanced eating will help you feel better now and later as you battle depression.
 - Avoid alcohol and caffeine, which can contribute to depression and anxiety.
3. Get as much sleep as you can. Try to plan ahead for finding a safe place to sleep. Try to find places with people you trust and maybe switch off resting and being awake if need be.
4. Life on the streets can be very stressful. Unfortunately stress can make a depression worse. Find ways to have fun that don't include drugs as a way to relieve stress as much as possible. Use incentives for getting little gifts to yourself. Look for free events and other ways to give yourself a break.

5. Take care of your body as best you can. Seek medical help from free clinics and other providers so you can stay as healthy out there as possible:

- If you shoot drugs, access needle exchanges
- If you take meds, try to take them as regularly as you can

Facilitator will explain that while these coping strategies can be helpful, it is also important to know what treatments are available if a participant suspects he might be suffering from clinical depression or Seasonal Affective Disorder. A participant may also want to seek help from a doctor or mental health professional if they are experiencing psychotic symptoms like hallucinations or delusions. While these may be the result of substance use, they could also be symptoms of Psychotic Depression. Only a doctor or mental health worker can help you know for sure.

Agency	Services	Hours	Walk-Ins	Appts	Phone #
LA Gay Lesbian Center 1625 N. Schrader Blvd. Los Angeles 90028	individual, couples, and group counseling, crisis intervention, short-term psychotherapy, and other mental health services	By appointment OR Walk-in: Monday and Thursday 1:00 PM – 4:00 PM (arrive between noon and 1 p.m.)	YES	YES	323-993-7500
Hollywood Mental Health Center 1224 N. Vine St. Los Angeles 90038	Provides mental health services to individuals who are chronically mentally ill and those who are HIV+.	Monday - Friday 8:00 AM - 5:00 PM.	YES	YES	323-769-6100
Homeless Health Care 2330 Beverly Blvd. Los Angeles 90057	Mental health and substance abuse counseling. Must attend groups three times to qualify	Varies	NO	YES	213-342-3114

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The G.U.Y.S. Program

ENTERING THE WORK FORCE OR CONTINUING YOUR EDUCATION

GROUP SUPPLIES
Participant Sign-in Sheet
Tripod
Flipchart Paper
Markers
Tape
Participant Hand-out

**Friends Community Center
A Division of Friends Research Institute, Inc.
The G.U.Y.S. Program**

**ENTERING THE WORKFORCE
OR CONTINUING YOUR EDUCATION**

Objectives

By the end of this sixty-minute workshop, participants will be able to:

1. Identify how job development or continuing one’s education can increase self esteem and financial stability;
2. Identify the required documentation when applying for a job or returning to school;
3. Develop tools for a job search and interview process; and
4. Identify agencies that can provide assistance with this process.

Group Structure and Activities

Objective 1:

Facilitator will draw a line down the middle of a piece of flipchart paper. On one side facilitator will write, “No Job/No Education,” and on the other side facilitator will write, “Having a Job/Having an Education.” Facilitator will ask participants to brainstorm and express their thoughts regarding the topic. Some responses might be:

<u>No Job / No Education</u>	<u>Having a Job / Having an Education</u>
No Money	Money
Low Self Esteem	Increased Self-esteem
Embarrassed	Sense of Pride
Homeless or Marginal Housing	Rent an Apartment
Inadequate	Self-worth
Unable to meet needs/pay bills	Can Buy Things for Yourself
/ Can Pay Bills	
Dependent on Others	Independent

Facilitator will then review the flipchart and facilitate a discussion on the pros and cons of having a job and/or an education. Facilitator will stress the connection between a job and/or education and increased self-esteem and financial stability.

Objective 2, Part I:

Required Documentation for Applying for a Job or Returning to School – Establishing Your Identity

Facilitator will write on a piece of flipchart paper the documentation that is needed when applying for a job. Facilitator will explain the where to obtain the required documents and how much each costs.

- | | |
|---|---|
| ✓ What do you need to have before you apply for a job? | Drivers License or ID Card
Social Security Card
Work Resume
(Cover Letter) |
| ✓ What do you need to have before you return to school? | Drivers License or ID Card
Transcripts from previous schools |

Facilitator will briefly summarize the information below based on the needs of the group. This information should be given as a handout to participants. See handout at the end of this curriculum.

How to apply for or renew an identification (ID) Card:

The DMV issues a regular ID card valid for six years. Facilitator will recommend that before one visits a DMV office to make an appointment online for faster service at:

www.dmv.ca.gov

- Complete application form DL 44. An original DL 44 form must be submitted. Copies will not be accepted. To have a form mailed to you call the 1-800-777-0133. 24 hours a day, 7 days per week or visit a local DMV office;
- Give a thumb print;
- Have your picture taken;
- Provide your social security number. It will be verified with the Social Security Administration while you are in the office;
- Verify your birth date and legal presence; and
- Pay the application fee.

Before leaving the DMV it is important to check that the address on the ID form is correct and, if it is not, tell the DMV representative. A new ID card will be mailed within 60 days. Facilitator will tell participants that if they do not receive their new ID card within 60 days to call 1-800-777-0133 to check the status.

An original or replacement ID card costs \$26.00, a reduced fee ID card (original or replacement) is \$7.00. Those eligible for a reduced fee must meet income requirements from public assistance

program. If eligible, the governmental or non-profit program will provide a completed verification for Reduced Fee Identification Card form (DL 937) to take to DMV.

The fees for the ID card can be paid at the local DMV office with cash, check, money order or debit card.

How to apply for a Social Security Card:

Facilitator will explain to participants that they can apply for an original Social Security Card or a replacement Social Security Card. To apply for an original card, participants must provide a properly completed application (Form SS-5) and the required evidence before the application can be processed. Only original documents certified by the custodian of the original record will be accepted. Facilitator should explain that the custodian of records is the person responsible keeping legal records at a particular business or agency. A common example is that there is a custodian of records at hospitals who certifies that birth certificates are authentic and legal. The custodian of records can issue duplicate copies of these records but they must be certified by them in order to be considered authentic and legal. In other words, a photocopy of a birth certificate is not acceptable. One must obtain a copy, produced and certified by the custodian of records.

- To apply for an **original** card, you must provide at least two documents to prove **age, identity, and U.S. citizenship or current work-authorized immigration status**. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See handout for more information.
- To apply for a **replacement** Social Security Card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See handout for more information.

Social Security local office:

1122 North Vine St.
Hollywood, CA 90038
1-800-772-1213
www.socialsecurity.gov

Objective 2, Part II:

Returning to Work - How to develop a work resume:

Facilitator will explain to participants that when applying for a job it is helpful to have a resume ready to give to a potential employer. Additionally, facilitator will explain how it may also be necessary to adjust a resume to fit the current job search. Facilitator will write on a flipchart paper the appropriate components of a work resume.

The components might include, but are not limited to:

- Name and Contact information (address and phone)
- Objective
- Education
- Work Experience
- Languages Spoken
- List of Personal or Professional References
- Certifications
- Acquired Skills
- Interest and Hobbies

Facilitator will write on a flipchart paper an outline of a basic work resume. Facilitator will also give examples of how to keep a resume current; working with participants by answering any questions they might have regarding a resume. Facilitator will pass out a sample resume. Facilitator will acknowledge that, if one is homeless or marginally housed, it may be difficult to get access to a computer. Facilitator will inform participants know that they can set an appointment for computer time at a local public library. Facilitator will ask the group participants to brainstorm other alternatives for accessing a computer. If homeless remind participants that they can use the Friends Community Center address. Also remind participants that they may set up a free voicemail number through CHIRP-LA (323-461-2477). Participants may also set up a voicemail number through the Weingart Center downtown; however they must be enrolled in Weingart programs to access this service.

Objective 2, Part III:

Continuing Your Education

Facilitator will introduce the topic of continuing your education. Facilitator will explain that for those who have not graduated high school, the GED (General Education Development) may be an option. The GED is also the first step that is completed before considering any further education, including community college or trade schools. Facilitator will explain that the GED is a way to complete the requirements for high school without actually going back to school. Facilitator may ask participants to briefly discuss why they might consider getting a GED. Facilitator should remind participants that although it is possible to find a job without a GED,

having it can improve their chances of finding a job and may help them to find a better or more desirable job.

Completing the GED requires taking and passing a series of tests. In the Los Angeles County Unified School District, the GED program is managed by the GED Test Center. You can access information online at: <http://ged.adultinstruction.org/overview/index.htm>. This information is printed on the handout.

General Information about the GED:

- Eligibility: You must be at least 18 years of age or within 60 days of your 18th birthday
- ID: You will need a valid photo ID in order to take the test
- Cost: Taking the GED test through LA County will cost \$125 (cash or money order only)
- Language: The GED can be taken in English, Spanish or French
- Test preparation: There are various ways to prepare for the GED. Classes and individual instruction are available.
- Call (213) 625-3276 for more information.

Objective 3:

Facilitator will ask participants to brainstorm useful tools to have when looking for a job or going on a job interview. Some responses might be:

- Wardrobe/dress appropriately
- Learn a little about where you will be interviewing (Internet search)
- Take copies of your resume with you
- Arrive with plenty of time
 - If taking public transportation to the interview, map it out or even practice the route so you know how long it will take to get there
- During the interview, be professional but honest about your skills and abilities
 - Try to get the name and contact information of who you interviewed with, ask for a business card
 - If you are able, follow up with a “thank you” e-mail, thanking the people with whom you interviewed

Facilitator will add to the list generated by the group participants with suggested useful tools for a job search and interview.

How to look for a job:

Facilitator will write on a piece of flipchart paper: “Finding a Job.” Facilitator will explain that the following list will help identify how to look for a job.

- On-site job postings (supermarkets, restaurants, factories and offices)

- Bulletin boards (supermarkets, community centers, community agencies, public places)
 - Friends and family (ask everyone you know to watch for job openings at their work place)
 - Internet search through the Department of Labor (<http://www.dol.gov>), facilitator should review the above section on accessing a computer
- Craigslist (<http://www.craigslist.org>) and other Internet sites
- Classified ads (local newspaper)
- Facilitator should ask the group to brainstorm other possible places to find job listings.

Facilitator will pass out a piece of paper and a pen to each group participant. Facilitator will ask each group participant to write on the paper three places from the above list that are an appropriate place to start looking for a job. Facilitator will suggest that each group participant respond to at least one job announcement.

Facilitator will introduce the “All About Me” exercise. In this exercise, participants will write down information about themselves that will help them create a resume. Facilitator will ask participants to write the following information on a piece a paper:

- First, middle, and last name;
 - Complete address, phone number (or phone number where someone will take a message for you);
- Date of birth, Social Security number;
 - Name and city of high school attended, years attended or year graduated. If they have not graduated high school, remind participants of options for getting a GED;
 - Name and city of any other school attended (college, vocational training, etc.), years attended or graduated;
- Past work history, include the company’s name, address, dates worked, and job titles;
- Any special skills such as any special machinery, commercial drivers’ license; and
 - Three people who can give a reference; list name, address, phone number, and relationship with that person, i.e., supervisor, personal friend.

Suggestions for your interview:

- Dress as well as you can. (Wear nice slacks and appropriate shirt. Dress conservatively).
- Show up 10 to 15 minutes before for the interview.
- Find out what the company does before you go in for your interview, go to the company website.
- When you meet the interviewer, introduce yourself and firmly shake his or her hand.
- Think of some questions you can ask about the company to show that you are interested and know about what they do.
- Be prepared to answer questions about your experience outside of the workplace.
- Be prepared to answer questions about where you have worked before.
- Ask what your job responsibilities will be.
- Ask about company pay and benefits packages.
- After the interview, thank the interviewer.

Objective 4:

Facilitator will discuss agencies or programs within agencies that provide assistance with the process of returning to work. Facilitator will remind participants that one's first job usually is not their ideal or even preferred job, especially if they are newly sober, but it is a job, and a good place to start. Although it is important to find a job that one can feel good about, it is equally important to start the process by looking for a job and getting a job, even if it is not an ideal job. Practicing working and having a job is the first building block for seeking and getting better jobs in the future.

Facilitator will provide the following resources to assist participants in the process of looking for a job.

These are printed on the handout as well:

Agency	Services	Hours	Walk-Ins	Appts	Phone #
Fairfax High School 7850 Melrose Ave. Los Angeles, CA 90046	Career Center				323-370-1040
Department of Labor www.dol.gov					
People Assisting the Homeless (PATH) – Westside (Cotner Ave.)	Resume development, assistance with job search	Mondays at 8:30 a.m.	Yes, but must arrive on time	no	310-996-0034
Friends Community Center, A Division of Friends Research Center, Inc. – A.S.K. Program 1419 N La Brea Ave. Los Angeles, CA 90028	Resume development, assistance with job search	9:00 - 5:30	NO	YES	323-463-1601

Facilitator will provide the following resources to assist participants in the process of returning to school:

Agency	Services	Hours	Walk-Ins	Appts	Phone #
Fairfax High School 7850 Melrose Ave. Los Angeles, CA 90046	Education for High School Diploma				323-370-1040
Los Angeles Unified School District 1605 S. Olive Room 503 Los Angeles, CA 90015	GED Testing Center				213-765-2573
LACOE Educational Programs 1605 Eastlake Avenue Los Angeles, CA 90033	GED Testing Center				323-225-4363

Entering the Workplace and Returning to School Handout for Participants

Establishing Your Identity

How to apply or renew and identification (ID) Card:

The DMV issues a regular ID car valid for six years. Facilitator will recommend that before one visits a DMV office to make an appointment online for faster service at: www.dmv.ca.gov

- Complete application form DL 44. An original DL 44 form must be submitted. Copies will not be accepted. To have a form mailed to you call the 1-800-777-0133. 24 hours a day, 7 days per week or visit a local DMV office;
- Give a thumb print;
- Have your picture taken;
- Provide your social security number. It will be verified with the Social Security Administration while you are in the office;
- Verify your birth date and legal presence; and
- Pay the application fee.

Before leaving the DMV it is important to check that the address on the ID form is correct and, if it is not, tell the DMV representative. A new ID card will be mailed within 60 days. Facilitator will tell participants that if they do not receive their new ID card within 60 days to call 1-800-777-0133 to check the status.

An original or replacement ID card cost \$26.00, a reduced fee ID card (original or replacement) is \$7.00. Those eligible for a reduced fee must meet income requirements from public assistance program. If eligible, the governmental or non-profit program will provide a completed verification for Reduce Fee Identification Card form (DL 937) to take to DMV.

The fees for the ID card can be paid at the local DMV office with cash, check, money order or debit card.

DMV local offices:

936 North Formosa Avenue
West Hollywood, CA 90046
Open M-F 9am-4pm

803 Cole Avenue
Hollywood CA 90038
Open M-F 9am-4pm

How to apply for a Social Security Card:

Facilitator will explain to participants that they can apply for an original Social Security Card or a replacement Social Security Card. To apply for an original card, participants must provide a properly completed application (Form SS-5) and the required evidence before the application can be processed. Only original documents certified by the custodian of the original record will be accepted. Facilitator should explain that the custodian of records is the person responsible for keeping legal records at a particular business or agency. A common example is that there is a custodian of records at hospitals who certifies that birth certificates are authentic and legal. The custodian of records can issue duplicate copies of these records but they must be certified by them in order to be considered authentic and legal. In other

words, a photocopy of a birth certificate is not acceptable. One must obtain a copy, produced and certified by the custodian of records.

- To apply for an **original** card, you must provide at least two documents to prove **age, identity,** and **U.S. citizenship or current work-authorized immigration status**. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card.
 - Evidence of Age: In general, you must provide your birth certificate. In some situations, other documentation that shows your age may be acceptable that shows your age:
 - U.S. Hospital record of your birth (created at the time of birth)
 - Religious record established before age five showing your age or date of birth
 - Passport
 - Final Adoption Decree (the adoption decree must show that the birth information was taken from the original
 - Birth certificate)
 - Evidence of Identity: You must provide current, unexpired evidence of identity in your legal name. Your legal name will be printed on the Social Security card. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) and/or physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names).
 - Evidence of identity may include:
 - U.S. driver's license; or
 - U.S. State-issued non-driver identity card; or
 - U.S. passport
 - If you do not have one of the documents above other documents that show your legal name and biographical information may be accepted, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record.
 - Evidence of U.S. Citizenship and or Immigration Status:
 - Citizenship: You must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.
 - Immigration Status: You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1).
 - If you are not authorized to work in the U.S., you can apply for a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work.

- To apply for a **replacement** Social Security Card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status.

Social Security local office:

1122 North Vine St.
 Hollywood, CA 90038
 1-800-772-1213
 www.socialsecurity.gov

Resources for Completing Your Education

Completing the GED requires taking and passing a series of tests. In the Los Angeles County Unified School District, the GED program is managed by the GED Test Center. You can access information online at: <http://ged.adultinstruction.org/overview/index.htm>

General Information about the GED:

- Eligibility: You must be at least 18 years of age or within 60 days of your 18th birthday
- ID: You will need a valid photo ID in order to take the test
- Cost: Taking the GED test through LA County will cost \$125 (cash or money order only)
- Language: The GED can be taken in English, Spanish or French
- Test preparation: There are various ways to prepare for the GED. Classes and individual instruction are available.
- Call (213) 625-3276 for more information.

Resources for Returning to School:

Agency	Services	Hours	Walk-Ins	Appts	Phone #
Fairfax High School 7850 Melrose Ave. Los Angeles, CA 90046	Education for High School Diploma				323-370-1040
Los Angeles Unified School District 1605 S. Olive Room 503 Los Angeles, CA 90015	GED Testing Center				213-765-2573
LACOE Educational Programs 1605 Eastlake Avenue Los Angeles, CA 90033	GED Testing Center				323-225-4363

Resources for Looking for a Job

Agency	Services	Hours	Walk-Ins	Appts	Phone #
Fairfax High School 7850 Melrose Ave. Los Angeles, CA 90046	Career Center				323-370-1040
Department of Labor www.dol.gov					
People Assisting the Homeless (PATH) – Westside (Cotner Ave.)	Resume development, assistance with job search	Mondays at 8:30 a.m.	Yes, but must arrive on time	no	310-996-0034
Friends Community Center, A Division of Friends Research Center, Inc. – A.S.K. Program 1419 N La Brea Ave. Los Angeles, CA 90028	Resume development, assistance with job search	9:00 - 5:30	NO	YES	323-463-1601

**Friends Community Center
A Division of Friends Research Institute, Inc.**

The G.U.Y.S. Program

FINDING SOLUTIONS

GROUP SUPPLIES
Participant Sign-in Sheet
Tripod
Flipchart Paper
Markers
Tape
Flipchart paper with pre-written 4 steps to problem solving
Index cards
Flipchart paper with pre-written examples of identified problems

FRIENDS COMMUNITY CENTER
A Division of Friends Research Institute, Inc.
THE G.U.Y.S. PROGRAM

FINDING SOLUTIONS

Objectives

By the end of this sixty-minute group, participants will be able to:

- (1) Identify different high risk situations;
- (2) Learn problems solving skills and how to apply these skills to their specific situation;
and
- (3) Develop one action step toward achieving their selected solution or goal.

Group Structure and Activities

Objective 1 and 2:

Facilitator will have the four steps to problem solving pre-written on a flipchart paper, and will post this paper on the wall and provide a brief description of each step.

Step 1: Define the Problem and Figure Out the Goal

What has to be solved or fixed? How do you want this situation to come out?

Step 2: Brainstorm Possible Solutions

There are many ways to fix a problem. Think of as many ideas as you can but don't judge the solutions yet, just think of as many as you can.

Step 3: Pick a Solution and Develop an Action Plan

Evaluate the alternatives from the solutions. Select the best action to take and plan how you are going to do it.

Step 4: Do It and Review It

Try out the action plan you selected. Did it work? Do you need to revise the action plan?

1. Facilitator will explain that many life situations (e.g., living on the streets, doing sex work, using or abusing drugs) can lead to unsafe behaviors and practices and that the goal of the session will be to help participants find solutions to some of their situations by using the four

problem solving steps. Facilitator will explain that problems can arise due to different life situations, and these situations can lead to unsafe behaviors. Some of these situations might be:

- Using or abusing drugs and/or alcohol
- During sex work, being offered more money to have sex without a condom
- Sharing needles
- Difficulties in finding housing

Facilitator will explain that, although all of these situations are extremely difficult, it is still possible to be safe.

Step 1: Define the Problem and Figure Out the Goal.

2. Facilitator will explain the importance of identifying one specific problem to address, although there may be many problems that each participant is dealing with. Facilitator will distribute index cards to each participant and ask each participant to write one issue or problem that they would like to address on the index card. Facilitator will provide the following examples that will be pre-written on a flipchart:

- I have nowhere to sleep
- I'm living on the streets
- I got beat up and/or raped me
- When I use drugs I don't care about HIV
- I have sex in order to get drugs or money
- I share needles with people I get high with
- I can only have sex when I'm high
- I get paid more if I don't use a condom
- I don't know my HIV status

When all of the participants have finished writing a problem on their index card, the facilitator will ask participants if they would like to add other life situations or problems to the flipchart list. Participants may share what they wrote on their card or make up another situation or problem. Facilitator will write responses on the flipchart. Facilitator will then open the group for a discussion about the links between these situations/problems, behaviors, HIV, other STIs and other health concerns.

Facilitator will ask the participants to identify at least one goal or outcome that they would like to achieve from addressing their problem (e.g., to get social support, to protect against HIV and other STIs, to reduce drug use).

Step 2: Brainstorm Possible Solutions.

3. Facilitator will ask the group to brainstorm different possible solutions to the situations/problems that have been identified. Facilitator will write responses on a flipchart. Some responses might be:

- Cheeking

- Going to a Needle Exchange Program
- Cleaning needles with bleach
- If you share, inject before, not after
- Try to get a bed at a shelter
- Have our staff take you for an HIV test

Objective 3:

Step 3: Pick a Solution and Develop an Action Plan.

Facilitator will ask each participant to write a solution on the back of their index card (facilitator will need to tell participants to leave room on their index card to write their action plan). Facilitator will then ask participants if they would like to share their solution with the other group participants? [If none of the participants would like to share their solutions, then facilitator will brainstorm possible solutions.] Facilitator will assist participants in weighing the pros and cons of each solution and help them to make a decision based on their goals and values.

Facilitator will ask the group what are possible action steps that they can take to achieve their solution? Facilitator will ask the participants to write their personal action plan on the back of their index card, on the other side of the problem. Facilitator will provide the necessary resources or information to help participants in executing their action plan. Facilitator will acknowledge that it is often very difficult to find solutions to problems and to create an action plan.

Step 4: Do It and Review It

Facilitator will explain that the final step is to actually do the action plan. This is often difficult and may require more direct, one-on-one assistance. Facilitator will remind participants that he is available to discuss problem solving and action plans during individual sessions and that our agency has a Prevention Case Manager available to work with them on their action plan.

**Friends Community Center
A Division of Friends Research Institute, Inc.**

The G.U.Y.S. Program

**HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS: VIRAL VS.
BACTERIAL**

GROUP SUPPLIES
Participant Sign-in Sheet
13 STI Cards
STI Symptom Cards
STI Treatment Cards
STI pictures from Los Angeles County DHS STD Programs
Condoms and latex barriers

**Friends Community Center
A Division of Friends Research Institute, Inc.
THE G.U.Y.S. PROGRAM**

**HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS:
VIRAL VS. BACTERIAL**

Objectives

By the end of his sixty-minute group, participants will be able to:

- (1) Identify the most common STIs among gay, bisexual and non-gay identified MSM and which STIs are viral or bacterial;
- (2) Identify modes of transmission, symptoms, prevention and treatment options for each STI;
- (3) Identify how, if exposed to HIV, having an STI makes it easier to transmit HIV;
- (4) Properly clean needle works and use of condoms and other latex barriers.

Group Structure and Activities

Objective 1:

Facilitator will pass out 13 **STI cards**, each with an STI written on it (using formal *and* street names): HIV, Herpes, Genital (Anal) Warts, hepatitis A, hepatitis B, hepatitis C, Gonorrhea, Syphilis, Chlamydia, Yeast Infection, MRSA (Staph), LGV (lymphogranuloma venerum), HPV (human papillomavirus).

Facilitator will ask the participants what is the difference between a viral and bacterial STI? Facilitator will explain that bacterial STIs can be cured while viral STIs can only be treated but not cured. Facilitator will inform participants that there are current vaccines that can prevent infections of hepatitis A, hepatitis B, and HPV.

Viral STIs: Genital Warts, Herpes, HIV, hepatitis A, B, & C and HPV.

Bacterial STIs: Chlamydia, Gonorrhea, Syphilis, Yeast Infection (fungus), MRSA (Methicillin-resistant Staphylococcus aureus), LGV (Lymphogranuloma venerum).

Facilitator will then identify the three most common STIs among MSM in LA County: Syphilis, Gonorrhea, and Chlamydia and will explain why these STIs are the most common among MSM communities.

Objective 2:

Facilitator will explain that STIs are transmitted through unprotected vaginal, anal, and oral sex, skin-to-skin contact, mucous to mucous contact, sharing needles and, for women, during childbirth. Not all STIs are as easily transmitted as others and are transmitted through skin while others are only transmitted through sexual contact or blood-to-blood contact.

Facilitator will discuss modes of transmission, symptoms, prevention and treatment options for each of the STI. In discussing each STI, the facilitator will show and distribute STI pictures to the participants (pictures obtained from the LAC, DPH STD Programs and/or the CDC website).

Facilitator will provide a brief overview of each STI including the transmission route of each STI. The following provide guidelines for the facilitator.

STI: Viral

Transmission

Genital Warts →

Skin to skin during outbreak, mucous surface to mucous surface, vaginal, anal, and oral sex

Herpes →

Skin to skin contact, mucous surface to mucous surface, vaginal, anal, and oral sex, being born to infected mother

HIV →

Sharing contaminated needles, vaginal, anal, and oral sex, being born to infected mother

Hepatitis A →

Oral-anal sexual contact (i.e., rimming or scattling), ingestion of contaminated food or drinks

Hepatitis B →

Blood to blood contact, sharing contaminated needles, semen, and vaginal secretions, being born to infected mother

Hepatitis C →

Blood to blood contact, sexual contact (anal-rare, vaginal- very rare), being born to infected mother (rare)

HPV (human papillomavirus) →

Vaginal, anal and oral sex, being born to infected mother (rare).

STI: Bacterial

Chlamydia →

Gonorrhea →

Syphilis →

MRSA (Staph) →

LGV →
(Lymphogranuloma venereum)

Yeast Infections (fungal) →

Transmission

Vaginal, anal, and oral sex, being born to infected mother

Vaginal, anal, and oral sex, being born to infected mother

Skin-to-skin during 1st and 2nd stages of infection, vaginal, anal, and oral sex

Skin-to-skin, through towels, seats, gym equipment

Vaginal, anal, and oral sex

Vaginal, anal, oral sex, and excessive use of douches

After the facilitator provides the above overview, the facilitator will pass out cards with the transmission route written on it and ask participants to match the correct STI card with the correct transmission route card.

Facilitator will provide a brief overview of each of the STI including the symptoms and treatments. The following provides guidelines for the facilitator.

STI: Viral

Herpes →

Genital Warts →

HIV →

Hepatitis A →

Symptoms

Open sores, painful blisters, flu-like feelings

Small bumps (can be on genitals, in anus, in mouth, on tongue or throat)

No symptoms; or:
Fever, swollen glands, sore throat, fatigue, diarrhea, nausea, vomiting, muscle and joint pain, red or dark spotty rash (like measles)

Flu-like symptoms, jaundice (yellowing of the skin and eyes), fatigue, nausea, fever, vomiting, dark urine (pee), light stool (shit), abdominal pain, muscle and joint pain, loss of appetite; 70%-80% of persons will develop acute symptoms, particularly jaundice

- Hepatitis B → Flu-like symptoms, jaundice (yellowing of the skin and eyes), fatigue, nausea, fever, vomiting, dark urine (pee), light stool (shit), abdominal pain, muscle and joint pain, loss of appetite and can become chronic and lead to liver damage, cirrhosis, liver cancer in 15%-25% of adults; 30%-50% of persons will develop acute symptoms
- Hepatitis C → Usually no symptoms until damage has occurred (can go up to 10, 20 or 30 years with no symptoms), leads to chronic liver disease, cirrhosis, or liver cancer in 60%-70% of persons: 20%-30% of persons will develop acute symptoms.
- HPV (human papillomavirus) → No symptoms; or:
Genital warts, warts in throat, can cause cancers of the penis (men), cervical (women), anus and head and neck (all persons); annual Pap smears are recommended for MSM

STI: Bacterial

Symptoms

- Chlamydia → No Symptoms; or:
Men-possible drip from penis, possible pain when peeing
Women-possible bleeding between periods, possible discharge, possible pain when peeing
- Gonorrhea → Men- drip from penis, pain when peeing
Women- no symptoms; or: possible discharge, possible pain when peeing
- Syphilis → Three stages:
1st stage: painless sores (goes away in 2 weeks)
2nd stage: pink rash on hands and feet or complete body rash on torso area, flu-like feelings; which can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue.
3rd stage: 1st & 2nd stages disappear & infected person may show no visible signs of infection for up to 10 to 20 years (in about 15% of untreated persons who are infected) the disease may subsequently damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Signs and symptoms of the late

stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. This damage may be serious enough to cause death.

MRSA →

Blisters, abscess, cellulites; may occur on shin and/or nose

LGV →

Primary lesion is small non-tender genital papule lasting days to weeks; rectal pain, bleeding, constipation, anal spasms, discharge and/or enlarged tender lymph nodes with or without ulcer

Yeast Infection →

Men-possible red dry skin on tip of penis
Women-itching vulva, possible discharge

STI: Viral

Treatment

Herpes →

Anti-viral medication (acyclovir, zovirax) may help reduce severity of outbreak, but not a cure. Keep genitals clean & dry. Do not have sex during an outbreak

Genital Warts →

Freeze off, laser surgery or acid

HIV →

No cure; anti-viral, combination therapies, protease inhibitors, alternative therapies

Hepatitis A →

No treatment, most people recover on their own after 6 to 12 months

Hepatitis B →

No treatment, 75%-85% of persons recover on their own after 6 months; some patients are treated with antiviral medications

Hepatitis C →

Pegylated interferon and ribavirin combination, a usual treatment involves injecting interferon once a week and taking ribavirin pills twice daily; combination therapy can get rid of the virus in up to 50% of persons for genotype 1 and in up to 80% of persons for genotype 2 & 3 [note: explain that there are at least 6 genotypes of hepatitis C and it is important to know your genotype before starting treatment]

HPV →	No treatment for HPV but there is treatment for genital warts and cancers that HPV causes
<u>STI: Bacterial</u>	<u>Treatment</u>
Gonorrhea →	antibiotics, pills or shot
Syphilis →	antibiotics (penicillin or tetracycline)
Chlamydia →	antibiotics
MRSA →	antibiotics (clindamycin, cotrimoxazole)
LGV →	antibiotics (doxycycline or erythromycin for 21 days)
Yeast Infection →	anti-fungal (over-the-counter), see doctor if persistent

After the Facilitator provides the above overview of the STI symptoms and treatments, the facilitator will pass out **Symptoms Cards** and **Treatment Cards**; each Symptom Card will have a symptom written on it such as yellowish drip, itch, burning or pain when peeing, no symptoms, small bumps, dark urine, light stool, painful sores, pink rash, swelling, jaundice, fatigue, fever, vomiting, abdominal pain, loss of appetite, muscle and joint pain, liver damage, cirrhosis, liver cancer, discharge, flu-like feelings, etc. and each Treatment Card will have a treatment written on it such as antibiotics, anti-fungal, freeze, laser, antiviral drugs, combination therapy, protease inhibitors, no treatment. Facilitator will ask participants to add the correct Symptoms and Treatment Cards will the correct STI Cards.

Facilitator will, if necessary, properly match the transmission, symptoms, and treatment cards with the STI cards and answer any additional questions the participants may have.

Objective 3:

Facilitator will ask participants to brainstorm how the co-infection of HIV and STI can affect their immune system. Facilitator will also explain how, if exposed to HIV, having an STI makes it easier to become HIV infected or re-infected. Some response might be:

- Lower immune system
- Increased progression from HIV to AIDS

- Increase progression of liver disease to liver failure, liver cancer or cirrhosis (Hepatitis B & C)
- HIV, hepatitis B & C medication can be toxic to the liver
- Having open sores caused by STIs can provide points of entry for HIV

Objective 4:

Facilitator will demonstrate proper condom use and/or latex barriers.

**Friends Community Center
A Division of Friends Research Institute, Inc.**

The G.U.Y.S. Program

SELF-ESTEEM AND HOMOPHOBIA

GROUP SUPPLIES
Participant Sign-in Sheet
Tripod
Flipchart Paper
Markers
Tape
Index Cards

**Friends Community Center
A Division of Friends Research Institute, Inc.
THE G.U.Y.S. PROGRAM**

SELF-ESTEEM AND HOMOPHOBIA

Objectives

By the end of this sixty-minute group, participants will be able to:

- (1) Identify and distinguish the difference between high self-esteem and low self-esteem;
- (2) Define and distinguish between homophobia and internalized homophobia;
- (3) Identify how homophobia and/or internalized homophobia can affect self-esteem, which can contribute to HIV infection or reinfection; and
- (4) Name 2 behavioral changes that can lead to increased self-esteem.

Group Structure and Activities

Objective 1:

Facilitator will post two poster papers, one will be labeled “High Self-esteem” and the other will be labeled “Low Self-esteem.” Facilitator will begin by defining the word “self-esteem” as the belief in oneself and will explain that the feelings a person has about himself can influence his behaviors. Facilitator will ask participants to brainstorm words and/or phrases that are associated with high and low self-esteem. Participants will write at least one response for high and low self-esteem. Some responses might be:

- being loved
- “I have to get high to work the streets.”
- “I look good when I work the streets.”
- “I took a shower today.”
- “I hate what I see when I look in the mirror.”
- “I make lots of money, I get lots of dates.”
- “I’m already HIV infected so I don’t need to use a condom.”

Facilitator will explain how low self-esteem can lead to not taking care of ourselves, which can lead to HIV exposure, infection or reinfection. Conversely, high self-esteem can lead to taking care of ourselves, others, and our community.

Objective 2:

Facilitator will ask participants to define homophobia and internalized homophobia. Facilitator will write the responses on a flipchart. Facilitator will then define homophobia and internalized homophobia as follows:

- Homophobia: The irrational fear or hatred of homosexuality.
- Internalized Homophobia: A fear, hatred or contempt for one's own gay or lesbian identity.

Facilitator will draw a line down the middle of the flipchart and make two columns and mark one column "Homophobia" and the other column "Internalized Homophobia." Facilitator will ask participants to give examples of how homophobia or internalized homophobia have affected their lives. Facilitator will write responses in the appropriate column. Some responses might be:

- gay bashing
- police harassment
- parents kicked me out of the house
- self-hate
- suicide
- isolation
- sex equals love

Objective 3:

Facilitator will draw a "number line" on flipchart paper, with "0" to "10." Under the number "0" the facilitator will write "very low self-esteem" and under the number "10" the facilitator will write "very high self esteem." Facilitator will then distribute **8 blank** cards to each participant.

Facilitator will explain that we all live in a homophobic society and it is impossible to be raised in a homophobic society without internalizing some degree of homophobia. Facilitator will continue to explain that internalized homophobia inevitably affects our self-esteem. Therefore, all of us have some degree of internalized homophobia which then affects our self-esteem. [Facilitator may share a personal story at this point.]

Facilitator will read the following eight statements out loud and ask participants write a number from "0" to "10" on their blank cards. The number they write should represent whether they feel the statement read is an example of low or high self-esteem. After each statement is read, the facilitator will give each participant a minute or two to write their number, and then ask participants to share why they chose the number that is written on their card.

"I always assume my sex partners are HIV positive."

"I really want to use condoms, but he's too hot to ask."

"I will talk to my boyfriend about using a condom."

"Being gay is cool, as long as you act straight."

"I don't care. I don't need to be tested."

"I don't share needles. I go to the needle exchange."

“He’s a big boy and I’m a big boy, and we’re all responsible for ourselves.”
“I’d rather be safe than sorry.”

Facilitator will explain how homophobia and internalized homophobia can lead to lower self-esteem, which can lead to not taking care of ourselves, which can lead to HIV exposure, infection or reinfection. Taking pride in who we are and accepting ourselves can lead to increased self-esteem and esteem for our friends and our community.

Objective 4:

Facilitator will give each participant another blank card. Facilitator will ask the participants to write two actions that they can take to increase their self-esteem. Facilitator will remind participants that they should think about small attainable steps to increase their self-esteem; action steps that can be reached such as take a shower today, eat a good meal today. Facilitator may assist or provide examples if participants have a difficult time coming up with their own.

**Friends Community Center
A Division of Friends Research Institute, Inc.**

The G.U.Y.S. Program

SEX AND DRUGS

GROUP SUPPLIES
Participant Sign-in Sheet
Tripod
Flipchart Paper
Markers
Tape
Needle Cleaning Kit -- 1 kit for every 2 participants: 1 paper cup 1 bottle of water with red food coloring in it 2 bottles of water 1 bottle of liquid bleach 1 syringe with needle cut off

**Friends Community Center
A Division of Friends Research Institute, Inc.
THE G.U.Y.S. PROGRAM**

SEX AND DRUGS

Objectives

By the end of this sixty-minute group, participants will be able to:

- (1) Identify the most common street drugs in the Hollywood gay male community;
- (2) Identify the relationship between drug use and risks for HIV, STIs and hepatitis;
- (3) Identify a barrier to staying safe while using drugs;
- (4) Identify at least one HIV risk reduction strategy; and
- (5) Properly clean needles for injection and properly clean injection site on body.

Group Structure and Activities

Objective 1:

Facilitator will ask participants to brainstorm the most common drugs used on the streets of Hollywood (using formal *and* street names). Facilitator will write responses on a flipchart. Some responses might be:

- crystal meth
- pot (marijuana)
- beer/wine (alcohol)
- poppers
- heroin
- crack
- speed
- primo (rock crack cocaine & pot)
- PCP
- GHB
- ecstasy

Objective 2:

Facilitator will ask participants to brainstorm the effects that different drugs have on their body. Facilitator will write responses on a flipchart. Some responses might be:

- tweaky and sketchy (meth, crack)
- lots of energy (ecstasy, meth)
- low inhibition (alcohol, meth)
- buzz, dizzy (alcohol, beer)
- loss of appetite (crack, meth)
- munchies (marijuana)
- irritability, anxiety (crack, meth)
- paranoia (crack, meth, marijuana)
- horny (meth, poppers)
- nodding (heroin, K, ecstasy, alcohol)
- can't get hard (meth, marijuana)
- heightened sensations (ecstasy, meth, marijuana)

Facilitator will discuss how using drugs can increase a person's risk for HIV. Facilitator will explain that drinking alcohol or getting high can lower a person's inhibition and effect one's decision making process thereby causing them to do things that they wouldn't normally do, like engaging in unsafe sex. Facilitator will ask the participants, "What are other ways that using alcohol and drugs can put someone at risk for HIV?" Some responses might be:

- having sex for longer periods of time/marathon sex
- having sex with multiple partners
- too high to use a condom or to negotiate safer sex
- eating crystal meth can create open sores in the mouth
- sharing or using unclean needles can transmit HIV, hepatitis, and other infections.
- sharing other drug equipments (e.g. pipes, straws, cookers, cotton, syringes) can transmit the HIV and hepatitis

Facilitator will summarize the responses and reiterate the message that using drugs can increase a person's risk for HIV, STIs, and hepatitis.

Objective 3:

Facilitator will have a group discussion with the participants about the barriers that keep them from practicing safer sex while using alcohol and/or drugs. Facilitator will write responses on a flipchart. Some responses might be (refer to the left column below):

Barriers to Practicing Safer Sex while High	Facilitator's Talking Points
Too high to use a condom or did not have a condom	<ul style="list-style-type: none"> ▪ <i>Have condoms available before getting high</i> ▪ <i>Discuss barriers to using condoms while being high and brainstorm strategies</i> ▪ <i>Free condoms are available at most bars/agencies/VNPD</i>
Too "into" the sex	<ul style="list-style-type: none"> ▪ <i>Acknowledge participant's comment</i> ▪ <i>Discuss risks of HIV, STIs and hepatitis</i> ▪ <i>Discuss how condoms and lubricants can be used as part of foreplay</i> ▪ <i>Provide necessary educational information regarding risks</i>
Couldn't get erect (so engaged in receptive anal sex)	<ul style="list-style-type: none"> ▪ <i>Discuss other low risk sex acts</i>
Enjoy having sex without a condom (i.e., like it raw)	<ul style="list-style-type: none"> ▪ <i>Acknowledge participant's comment</i> ▪ <i>Discuss risks of HIV, STIs and hepatitis</i> ▪ <i>Discuss different types of condoms and lubricants that can enhance sexual pleasure</i>
Don't believe in HIV or don't believe they can get it	<ul style="list-style-type: none"> ▪ <i>Discuss statistics and other STI risks</i> ▪ <i>Discuss mode of transmissions</i>
Passed out or too wasted	<ul style="list-style-type: none"> ▪ <i>Monitor amount and type of drugs used</i> ▪ <i>Use buddy system</i> ▪ <i>Drink lots of water to reduce chance of passing out</i>
Already HIV positive	<ul style="list-style-type: none"> ▪ <i>Discuss possibility of reinfection, drug resistant viruses, impact on overall health, risk of STIs, can increase HIV disease progression, disclosure, possibility of transmitting your strain of HIV to your partner.</i>

Objective 4:

Facilitator will validate participants' responses and ask for clarification as needed. Facilitator will then ask the group to come up with risk reduction strategies or ways to address these barriers (refer to Facilitator's talking points in the table above).

Objective 5:

Facilitator will demonstrate proper needle cleaning technique, "3x3x3 Method":

1. Draw water and completely fill the needle and syringe with fresh, clean water *at least 3 times*. While the syringe is full of water, shake and tap it. Empty the syringe and discard the water. Do not re-use water. Rinse *at least 3 times*. A little dish soap in the water can help break up blood clots.

2. Completely fill the needle and syringe with full-strength liquid bleach *at least 3 times*, holding bleach in the syringe for *a minimum of 30 seconds each time*. While the syringe is full of bleach, shake and tap it. Empty syringe. Do not dilute or re-use bleach.

3. Draw water and completely fill the needle and syringe with fresh, clean water *at least 3 times*. While the syringe is full of water, shake and tap it. Empty the syringe and discard the water. Do not re-use water. Rinse *at least 3 times*. A little dish soap in the water can help break up blood clots.

Facilitator will also explain the importance of cleaning the injection site with an antibiotic alcohol wipe. If injectors are in the group, facilitator will ask participants to demonstrate proper needle cleaning technique.

Facilitator will inform participants of local agencies that work with active users to improve their overall health care.

Agency	Services	Hours	Walk-Ins	Appts	Phone #
Harm Reduction Central Mobile van at the corner of Sycamore and Romaine	Needle Exchange Program	Sundays 2:00 PM – 6:00 PM Thursdays 6:30 PM – 10:00 PM	YES	NO	
Hollywood Recovery Center 6838 Sunset Blvd. Hollywood 90028	Substance abuse and drug treatment, Mental Health Services	Monday – Friday 8:00 AM – 5:00 PM	Only for Substance Use Issues	Only for Mental Health Issues	323-461-3161
Homeless Healthcare LA 2330 Beverly Blvd. Los Angeles 90057	Substance abuse and drug treatment, Mental Health Services	Monday – Friday 8:00 AM – 5:00 PM	YES	Appointments needed for Prop. 36 referrals only	213-744-0724 800-564-6600
Los Angeles Free Clinic 8405 W. Beverly Blvd. Los Angeles 90048	Medical, Dental, STI testing, HIV testing Showers daily at 8:30 AM	Monday – Friday 9:00 AM – 5:00 PM	YES	YES	323-653-1990
Friends Community Center 1419 N. La Brea Ave. Los Angeles 90028	Methamphetamine abuse outpatient treatment	Monday – Friday 9:00 AM – 6:00 PM	NO	YES	323-463-7001

**Friends Community Center
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The G.U.Y.S. Program

SEXUAL RISKS

GROUP SUPPLIES
Participant Sign-in Sheet
Tripod
Flipchart Paper
Markers
Tape
Response Cards Set written: "LOW RISK" "MEDIUM RISK" "HIGH RISK" – one set of cards per participant
Dildo, condoms and latex barriers

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THE G.U.Y.S. PROGRAM

SEXUAL RISKS

Objectives

By the end of this sixty-minute group, participants will be able to:

- (1) Identify reasons that make it difficult to use condoms and other latex barriers;
- (2) Identify reasons to protect against HIV and other STIs;
- (3) Identify which sexual activities are the highest risk for transmitting HIV and other STIs; and
- (4) Properly use condoms and latex barriers.

Group Structure and Activities

Objective 1:

Facilitator will state that the goal of the group is to help participants identify ways to reduce the risks of HIV and STI infection and transmission. When engaging in sexual activities, the most effective way to reduce HIV and STI infection and transmission is to use a condom or latex barrier. However, for various reasons, not everyone chooses to or is always able to use a condom or latex barrier during each sexual activity. Facilitator will ask participants, “What are some reasons that make it hard to use a condom?” Facilitator will write responses on a flipchart. Some responses might be:

- I like having sex without a condom. It feels better.
- When I’m high, I don’t care about protecting myself.
- I’m so horny, I just want to get off.
- I’m afraid of being rejected if I ask my sex partner to use a condom.
- I will get paid more if I have sex without a condom.
- Using a condom ruins the moment.
- I’m already HIV positive.
- I don’t care if I infect others, someone gave it to me.
- If he doesn’t ask to use a condom, then I assume he is already positive.
- My partner gets abusive when I bring up using condoms.
- I depend on my partner to support me and he doesn’t want to use them.

Objective 2:

Facilitator will then ask participants to identify reasons why it might be important to protect themselves and others from HIV/STI infection, re-infection or transmission. Facilitator will write responses on a flipchart. Some responses might be:

- I want to do the right thing
- I'm already infected, I don't want to get a super virus.
- I don't want to get sick or infected.
- I already have HIV and another STI could make it worse.
- I'm HIV positive, so I don't want to give it to anyone.
- I don't want to lose my partner.
- Sex is short-termed, but HIV is forever.
- If I really love someone, then I want to protect them.

Facilitator will provide some general information about HIV and STIs to help participants in making their sexual decision-making process.

- STIs can have serious health consequences, starting with painful sores and, if untreated, possibly progressing to brain damage and death.
- It is easier to become infected with a STI if you already have a weakened immune system.
- A STI will weaken a compromised immune system even more.
- Having a STI makes it easier to become infected or re-infected with HIV.
- All STIs can be treated, but some like HIV, herpes and genital warts can never be cured.

Facilitator will acknowledge that it is often very difficult to make the decision to use a condom or latex barrier. Facilitator will remind participants that he is available to discuss goal setting, safer sex negotiation, problem solving, and risk reduction strategies during individual sessions.

Objective 3:

Facilitator will explain that all sexual activities do not pose the same risk for transmission of HIV and other STIs. Facilitator will distribute LOW RISK, MEDIUM RISK, and HIGH RISK response cards to each participant.

Facilitator will read out loud different statements from each risk categories and ask participants hold up the card (i.e., either "low," "medium," or "high") to indicate the level of risk involved in the sexual activity. Facilitators will ask participants to explain their responses. Facilitator should also explain that some STIs are more easily transmitted than others and some are transmitted even in otherwise low-risk situations (for example, genital warts can be transmitted without penetration), also that risk changes depending on whether one is the

receptive or penetrative partner. Facilitator should be ready to clarify participants' understanding of risk and explain these factors that affect risk.

Low Risk (no exchange of semen, vaginal secretions or blood)

Masturbating alone
Hugging, massage, dry kissing
Mutual masturbation with only touching on the outside
Sex between the thighs, but not inside
Mutual masturbation with orgasm on, not in partner
Golden showers
Fisting with a glove

Medium Risk (maybe some exchange of semen, vaginal secretions or blood)

Deep wet kissing
Oral sex on a woman with a dental dam
Oral sex on a man without using a condom
Oral sex on a man using a condom until he cums
Vaginal sex with a condom and pulling out before cumming
Anal sex with a condom and pulling out before cumming
Vaginal sex with a condom and cumming inside
Oral sex on a man not using a condom, but pulling out before he cums
Vaginal sex with a condom and cumming inside
Anal sex with condom and cumming inside
Rimming
Fisting without a glove

High Risk (definitely exchange of semen, vaginal secretions or blood)

Using sex toys by more than one partner and/or not sterilized
Oral sex on a man and cumming in your mouth
Vaginal sex without condom and cumming inside
Anal sex without condom, but pulling out before cumming
Anal sex and cumming inside without a condom
Scatting (specifically for hepatitis A and schigatosis)
Felching

Objective 4:

Facilitator will demonstrate proper condom and/or dental dam use.

1. Check expiration data on condom and open the package carefully.
2. Put a drop of water-based lubricant inside the tip of the condom.
3. Put the condom against the head of the hard penis.
4. Squeeze any air out of the tip of the condom and roll it down to the base of the penis.
5. When taking off a condom, pull out gently while the penis is still hard.
6. Hold the condom at the base of the penis while pulling out so the condom does not leak or slip off.
7. With cum inside the condom, tie the condom in a knot.
8. Throw the condom away. Never use a condom twice.