Objectives: To get class aware of testing options and to encourage everyone to get tested

Opening: “A-Z game” go around room and give each person a letter A though M (or however many people are in the class), have everyone shake hands with 3 people and then sit down and remember whose hands (which letter) they shook. Have person A stand up. Then ask those who shook A’s hand to stand up, and then ask those who shook the hands of those who are standing (those who shook A’s hand) to stand up. Then tell Person C he/she can sit down because he/she used a condom.

Activities: “Results” (what it is like to get tested) and “Barriers to Testing”

Materials: Two different colors of paper pieces, pencils

“Results” Instructions: Have each person pick a piece of paper of either color as they walk in and have them save it for later on in the class. Have each student take out a regular piece of paper and a pencil. Introduce the activity as a serious one to get the class in the appropriate mood.

Tell your students about the kinds of tests available:
Anonymous HIV antibody test—no real names or any identifying information given at test site.
Confidential HIV antibody test—have person’s medical chart present (usually at a doctor’s office or clinic).

You can tell your students to close their eyes if they feel comfortable. Then have one facilitator read off the following scenario:

You have gotten tested for HIV. It is now two weeks later and you are on your way to get your results. What are you feeling right now? Does anyone know that you are getting back your results? Take a moment to notice how your body feels right now and what is going through your mind.

You enter the clinic or your doctor’s office and give the receptionist your number. A few minutes later, the counselor who saw you the first time calls your number. Notice how you feel as you walk toward one of the counseling rooms toward the back of the office. The counselor begins by asking how the past two weeks have been. How do you answer? Then the counselor asks you if you have any questions. Do you? Or are you eager to hear the results? Imagine asking the counselor any questions you might have or saying, “no, I’d just like to hear my results.”

The counselor flips through your chart and finds the results in a plain white envelope and opens it. The counselor reads your results:
- If you chose a piece of yellow paper when you walked in, your test result is positive.
- If you chose a piece of blue paper when you walked in, your test result is negative.
- If anyone took both kinds, your result is indeterminate.

Notice how you are feeling. What are you thinking right now? What do you need to do? What do you want the counselor to do? What will you do when you leave here?
Open your eyes and take a breath.

Have each student write on a sheet of paper in pencil (no names on paper and only pencil to keep anonymity) what their result was and their reflections on this activity, including their own answers to some of the questions asked during the scenario. You may want to repeat some of the questions you asked during the exercise. Collect the papers and then randomly hand them back to different people to read. (Journals won’t be collected today so you can encourage them to spend some time doing this instead.)

“Results” Discussion: Pick a few students to read from the re-distributed papers. Explain that sometimes it’s easier to share how others feel, than how you feel yourself, when you are in a group setting. Ask if there were any indeterminate results. Explain that this means that the results were inconclusive, and the person will have to go through the entire testing process again. Because HIV tests are done to keep confidentiality, results are usually given in-person like the scenario describes. If your result comes out positive, then you need to learn about treatment and how to keep yourself, and your partner, healthy. If your result is negative, then you should be glad,
but also take the time to consider how some choices you have made may have put you at risk and some choices may have reduced your risk. Ask students to share how this experience was similar/different to their own testing experiences and whether or not this activity was a good way to simulate such a process. If no one is speaking up, have each facilitator talk about his/her own experiences.

“Barriers” Instructions: Now talk about the importance of testing and its barriers…
Ask: Why wouldn’t people get tested? And then provide a response to each suggestion. Your goal here is for people who haven’t been tested to reconsider. There will probably be three major reasons suggested by the students:

(1) Because they are convinced that the people they sleep with are not the “kinds of people” who would be HIV+
…The fallacy of this first reason has been demonstrated through the activity, but some people might not accept it. In that case, recognize that their denial is probably due to a basic fear and don’t push it too far. The group will probably say most of the right things in terms of why this reason isn’t a good one – support those, but don’t force a confrontation.
(2) Because, although on some level they may acknowledge that they are at risk, getting tested is too scary.
…The second reason will probably apply to most everyone, even if they also fall into category #1. Acknowledge that their anxiety is valid, then focus on the benefits of getting tested. Remind the students that they wouldn’t need to go through the anxiety of testing if they practiced abstinence!
(3) Because they don’t use injection drugs, have never had a blood transfusion and are a virgin. …You don’t have to argue against this scenario.

“Barriers” discussion: There are two options for how to lead this discussion:

Method 1
Ask: What is one reason some people refuse to be tested for HIV?
Get a response, write it on the board under the heading “Barriers”, then ask the group: "What would you say to someone who told you this?” (If your group is outspoken, they might already be responding, which is great!). While one facilitator facilitates the discussion, the other should record their ideas on the board under a heading "Overcoming the Barriers", visually connected to the “barrier” the ideas correspond to.

Then, ask for another reason people refuse to be tested for HIV, write it down, and ask for responses to it, recording them in the same fashion.

Method 2
If your group is really quiet, put them in pairs, and first give them 5 minutes to talk with their partner about their reactions to the experience. Then ask them to, with their partners, write down some reasons for not being tested. Give them 3 minutes. Then, ask them to take 5 minutes to brainstorm all the benefits of being tested, and write them down as well.

Then, with one facilitator at the board to record responses, the other facilitator should find out from each group what they came up with. First, ask for reasons not to be tested. They should fall into one of the three categories listed previously; if they don’t, try to draw connections to one of the three, so that you end up with a maximum of three general reasons not to get tested on the board. Then, ask for benefits of being tested. Your goal here is to come up with a long list, so that, visually, the benefits really outweigh the reasons not to be tested.

Your goal with both methods is to end up with two lists on the board -- a very short list of reasons not to be tested, and a long list of the benefits of testing. At the end of the discussion, the facilitators should look at the board, and comment that it looks like there are an awful lot of benefits to being tested. If the group is silent again, you’ve succeeded in getting their attention. Let them think about things for a moment, then let them know that UCI offers confidential and anonymous HIV testing through the Health Education Center (824-5806). You may also let them know that you are available to answer any questions or talk to them about the pros/cons of being tested.