

"One Chance to Motivate Change: How to Make HIV/STD-Prevention Presentations Motivational"

ISSUE: One-shot lectures are still the norm. Multi-session skill building sessions are scientifically proven, but not always feasible. Health educators are not often given access to at-risk populations for extended periods; budgets may not allow; or complacency may limit voluntary participation to no more than one session.

GOAL: How to best capture group members' attention, even while delivering important content.

OBJECTIVES of all HIV- and STD-prevention presentations:

- **Risk sensitization** (i.e. "HIV and some STDs are still deadly. They could strike you if you're not safe").
- **Self-efficacy** (i.e. "HIV/STD infection is not inevitable. You can protect yourself.")

Early models of effective educators tended to be monolithic. Adopted one component of a convincing persona. Yet one-dimensional persona cannot move humans to change. Instead, motivate participants to move through behavioral **STAGES OF CHANGE:**

- ✓ Pre-contemplation
- ✓ Contemplation
- ✓ Preparation
- ✓ Action
- ✓ Maintenance

Evolution of the human brain structure

1. **Reptilian** (pure survival instinct)
2. **Limbic** (the feeling and caring centers)
3. **Neocortical** (logic)

...and how presenters use it.

- Fear-based presentations aim here.
- Buddy presentations aim here.
- Scientific presentations aim here.

Which one do you appeal to? All three at once. No one is enough because humans use all three areas of their brain to process information and make decisions.

Interviewing for participant's trust. Each time you make a presentation, you must win over your audience to induce them to "give you the job" of delivering vital health messages. As with any "interview," try to practice:

- ✓ **EYE CONTACT** (groups are made up of individuals)
- ✓ **VOCAL MODULATION** (people respond to emphasis that's well placed)
- ✓ **ROOM MANAGEMENT** (lighting and noise matter)
- ✓ **PEER PROFESSIONAL STYLE** (different enough to draw attention, but not resentment)
- ✓ **GOODWILL** (it shows through)

- Some other lessons from the field on effective presentation strategies:

1. **Know what you want to say** (general goal "to keep my community safe" isn't enough. Try, "I want X persons to be able to/know how to do X to stay safe from X").
2. **Know what your audience relates to** (both culturally specific & shared human traits).
3. **Humor can be a useful "emotional can opener"** (remember: laugh *with*, not *at*).
4. **Sympathy isn't empathy.** (Affective isn't always effective.)
5. **Use rhetorical skills** (vocal modulation, eye contact, analogies/ metaphor, visualization, repetition, close the sale...or induce the audience to close it for you).
6. **Appeal to all seven types of intelligence:** verbal, mathematical, spatial, bodily, musical, introspective, interpersonal.

"State your business here." Maybe not. You may wish to withhold the conclusion of your presentation until the end, to prevent participants from "tuning out" if they don't want to hear any advice that requires them to change their behaviors.

INDUCTIVE vs. **DEDUCTIVE** method of presentation.

» **Deductive** is standard law school model for trials. "Tell them what you're going to tell them, then tell it to them, then tell them what you just told them." Very effective if you're seeking a purely logical (neocortical) response.

» **Inductive** is more effective if your audience might "tune out" your theme. Rather than announce it up front, you lead them incrementally to your intended conclusion.

The inductive model takes more planning on your part (have to know your audience well enough to know that they'll follow where you want them to go), and is more time consuming (so you may be unable to make as many key "points" as you could have stated outright.) *Yet it's the most powerful form of rhetorical persuasion.*

The following sample activity scripts can help you to convey prevention themes inductively: [Gross Out Chef](#), [Paper Chase](#), [Burning Love](#) and [Heard it in a Love Song](#) activities. Other activities are available through Skills4 technical assistance.

Gross Out Chef

Objective: to lead participants to fully appreciate the greater risks involved in any sexual activity that leads to contact *within* rather than merely *on* one's body.

Method: this activity makes a strong visual and olfactory point. It can be performed in 5 minutes, with just two more to explain the significance of what has been seen.

Activity Script: "We've been talking for awhile here. Is anybody's stomach grumbling? (*hands raise; call up one volunteer.*) "OK, you're going to help make a refreshing drink. Do you like soda? OK, please pour as much of this as you want into the jug on the table." (*Pull out a 2 liter bottle of cola, and hand to volunteer. On the table, have a clear 64 ounce jug, a long wooden or plastic spoon, some clear plastic cups, and plenty of paper towels.*)

"Now let's make this drink sweeter. Why don't you pour in some of this?" (*Hand the volunteer a box of some sweet cereal, such a Lucky Charms. Have all boxes and bottles open already to keep the activity moving along.*)

"But we want your drink to be healthy, too, so let's add some protein" (*Hand volunteer a can of clam chowder. One brand offers single serving cans with flip tops for easy opening in advance. Have volunteer scoop some chowder into the jug.*)

"Now let's give it some kick." (*Hand the volunteer a bottle of Tabasco or chili sauce, and have him or her pour it in.*)

"And finally some topping." (*Hand the volunteer a large container of grated Parmesan cheese, with a wide pour spout opened. This last ingredient is very important.*)

By now, the audience will be moaning. Turn to your now-nervous volunteer and say,

"I have a dare for you. Would you be willing to stick your hand into this mixture?" (*Most volunteers will have anticipated a suggestion to drink the mix. They'll be relieved to hear the request is only that they touch it. A little benign prodding can get reluctant volunteers to stick their hand in. Lots of groaning will follow. Let the volunteer say whatever comes to him or her, usually "This feels gross" or "This stuff stinks." Thank the volunteer, and add,*

"I have one more challenge for you, which is completely up to you." (*Begin pouring some of the mix into a clear plastic cup as you say this. Pour slowly to let the clumpy mixture fall in chunks.*) Would you be willing to drink this?"

At this point, the volunteer will almost certainly decline. It's important to pick the right volunteer at the outset. Some teenage boys will wish to demonstrate their "Fear Factor" machismo, and might wish to drink the mix. NOTE: it is not possible to restrain the gag reflex if anyone attempts to drink this mix, so you do not want to select these rowdy participants as your volunteer in the first place.

Thank and excuse your volunteer, and as some call out that they'd be willing to drink the mix, just smile and add

"Believe me, if you could smell this you wouldn't say that. This stuff would make you puke." *Now ask the volunteer, "Why were you willing to touch this gross stuff, but not*

drink it?" *(It's very important to have the volunteer reply in his or her own words. S/he will say something like, "Because that's just on my hand, not in me.")*

The Lessons: "As our volunteer NAME just said, we're willing to let some things touch us that we wouldn't want to have inside our bodies. But did you ever notice how it's easy to forget that distinction when you're getting romantic with someone? For some reason, our brain forgets this important point when things start getting passionate.

"But you all know the difference. What if you had your boyfriend or girlfriend over, and you've been making out for an hour. Then he or she says, "Hey, I want to brush my teeth. Let me borrow your toothbrush." *(Again, groans should follow)*. Hey, why are you groaning? Didn't you just want to have your tongue all up in that person's mouth for the past hour? *(Pause to let this sink in)*. The reason it seems so different is because you know a toothbrush is more likely to pick up that chunk of fried chicken wedged between their teeth, and you don't want to swallow that.

"Our sexual organs don't have noses, or eyeballs, or tongues, so it's easy to forget that you might be inviting something grosser than this *(hold up cup again)* into your body. Doctors call our sexual organs 'ports of entry,' because that's where diseases get in. Some sexually transmitted diseases can be spread just by touching one another when you're naked—syphilis, herpes, etc. But the most deadly ones occur when you get something inside of you, HIV or hepatitis B or C, or HPV."

(You might want to cite a study, such as Ethier's below, showing how most people assume they are safe from STDs, even if they are engaging in risky activities. Show the outcome, with 1/4 infected at follow up.)

The Effect: This activity is "risk sensitizes" audiences to remember that what can't be seen can still end up inside them, causing disease. If the audience is made up mostly of girls, or if it includes gay men/youth, you may also explain that the "receiving" partner has greatest risks. *(Again, you might close with a citation, such as Royce's benchmark research "Sexual Transmission of HIV" below. Note that receptive anal or vaginal sex presents much higher risks than insertive vaginal sex.)*

Burning Love

Objective: to lead participants to recognize that oil-based lubricants deteriorate condoms and make them far more likely to pop. Perform this activity with age-appropriate audiences. With teenagers, always emphasize that abstinence is the only guaranteed way to stay safe from STDs, but that this activity will depict condom use for those teenagers who are already sexually active.

Method: this activity makes a strong visual and auditory point. It can be performed as a guessing game, or simply as a display. The activity takes 5 minutes to perform, and just two more to explain.

Activity Script: "If you and your partner have decided to have sex tonight, condoms usually protect both of you from accidentally passing sexually transmitted diseases to one another. But do you know how to use a condom properly to make sure it works.

"I need a volunteer to help prepare a condom for proper use. Don't worry; no clothes will be removed in this activity." *(Pull out two unlubricated condoms or balloons. Inflate them to a good size, at least 6" in diameter. Then place a bottle of water-based lubricant such as K-Y Jelly and a bottle of baby oil on the table.)*

"Let's pretend that you're planning to lubricate these condoms to make for a more comfortable sexual experience for yourself or your partner. What should you use as a lubricant? Health professionals recommend that you use a water-and-glycerin based lubricant such as this one. But in a romantic rush, some people grab for whatever liquid they have nearby, from baby oil to Vaseline to hand lotion. Does it really matter which one you use?" *(Ask the volunteer to squeeze a generous amount of water-based lubricant on one balloon, and an equal amount of baby oil on the other balloon.)*

"Now, if it's not too personal a question, can you tell us how long you would want to make love tonight to your romantic partner?" *(The volunteer will almost definitely state a lengthy time interval. The activity can then be continued in one of two ways. Either have the volunteer gently rub the fluids in small circles on the two inflated condoms, or simply place the condoms to the side and let them sit. If rubbed, the oil-lubed condom will pop in just one or two minutes. If sitting, this condom will pop by itself in three-to-10 minutes, depending on the room temperature. The water-based-lubricant will not pop the other condom.)*

The Lessons: "People often refer to sexy people or encounters as being 'hot.' That's very accurate, since sexual intercourse produces heat, through rising body temperatures, and friction. Lubricants can make sexual intercourse more comfortable, but can they protect the condom from wearing down with all of this heat and friction being applied to it?

"Petroleum products—that is, oil—dissolve latex condoms. Though you can't see this invisible chemical reaction, oils eat through condoms just like acid. The hotter or more frictional the sex, the faster this will happen. If it does, the condom will pop, and both partners can be exposed to sexual fluids, mucous, blood, etc—and all the diseases they contain. That's why water-and-glycerin lubricants are safer.

The Effect: This activity is designed to "risk sensitize" audiences to the very real risk of popped condoms during sex, and also to build "self efficacy" in teaching them one of the four steps to proper condom use.

The Paper Chase

Objective: to lead participants to realize that HIV is never “dormant.” Following infection, the virus is at war with the body, and the war takes its toll, even if the person looks healthy.

Method: use a simple activity to help participants visualize the extent of the battle, and the unfair advantage that HIV holds. The activity takes 5 minutes to perform, and 5 more to explain.

Activity Script: "We need two volunteers today. One of you will play HIV, and the other will play the immune system. HIV, your job is to take over T-cells, which are a type of white blood cell. Immune system, your job is to destroy any T-cells that are infected, before they can spread more virus. But your other job is to make new, uninfected T cells to bring to the battle.

"We're going to use these sheets of white paper to stand for white blood cells. HIV, when I say 'go' you'll take this marker, and start writing your 'name' onto the paper. Just write 'HIV' in big letters, then put that sheet aside, and mark the next one. Keep going as fast as you can." *(This represents HIV's reproductive process known as reverse transcriptase, in which it writes DNA from its RNA, and then integrates its DNA into the cell, forcing the cell to begin producing more HIVs.)*

"Now, immune system, you have two jobs. First, as a CD-8 killer lymphocyte, you want to destroy any infected T-cells, before they can spread more HIV. You'll do this by tearing up one sheet of paper that has HIV written on it. In addition, you want to replace that infected T-cell with a new, HIV-free T-cell. So, you'll run to that table (other side of the room), and bring one sheet of paper back to add to the pile." *(Obviously, this activity takes some poetic license with the complexities of immune system functioning. But it is essentially valid, and easy to act out.)*

"Now, when I say “go” you'll each act out in one minute what occurs in the body of an infected person in a whole day. Ready? Go!" *(Have audience cheer on either participant. Don't let the immune system go too slowly—urge him/her to run. After a while, invite everyone to join you aloud in a 10 second countdown. As soon as the countdown is complete, stop the role play and thank the volunteers).* "HIV, how are you feeling? And immune system?" *(The immune system should report being a little winded).* Now let's see what we've learned."

The Lessons: "First, how many virions—or “babies” of itself—can HIV make in a single person's body, in a single day?" *(Pick up the stack of sheets with HIV written on them.)* "The answer is between two and 10 billion. Fortunately, the body does a great job fighting back, as you can see here." *(Pick up the torn sheets.)* "Antibodies and killer

T-cells clear away literally billions of virions each and every day. And the body produces more T-cells to try to make up for those lost in the battle." (*Pick up unmarked white sheets*). "But ... the body still loses a net of 122 million T-cells per day."

"Now, look at the HIV on these two different white blood cells." (*Hold up one of the first marked sheets, and one of the ones from later in the frantic game*). "Notice the difference? As I said, HIV reproduces very quickly, but also sloppily. Many of the new HIVs are too messed up to survive and reproduce. But many do survive. Now, what happens if we develop a medicine targeting *this* HIV?" (*Point to cleanly written HIV sheet*), and it instead encounters *this* HIV?" (*point to sloppily scrawled HIV sheet*). If you guessed that the medicines will miss this second target, you now understand how 'selective drug resistance' develops, meaning that HIV changes shapes, and sidesteps our treatments. That's why HIV still causes many deaths each year.

The Effect: This activity is designed to "risk sensitize" audiences, reminding them that HIV presents a very real threat. Follow this activity with some "skill building" role play, in which participants practice saying "no" to sex, or unprotected sex. Such role plays help ensure that healthy fears of HIV translate into healthy choices in life.

"I Heard it in a Love Song"

OBJECTIVE: Lead students to recognize that strong feelings of love do not, unfortunately, conquer all, especially when it comes to HIV risk.

METHOD: The activity leads students to conclude, on their own, that strong feelings of love do not guarantee that it is "true love," that the relationship will last forever, or that a partner might not accidentally spread HIV to you.

DIRECTIONS:

1. Tell students that we are going to define "love" together, by drawing on a sampling of love songs that the students listen to. Collect sample lyrics from their favorite songs.
2. Have students come up with a single adjective that summarizes the point of each lyric (i.e. "love is ____.") Have students acknowledge that the list describes love.
3. Now ask if anyone has ever felt this way about someone, but then seen the relationship end. Have students answer this question: what ingredient is missing from our list, the one that separates relationships which only *feel like* love from the ones that really work out?" (answer: the test of time).
4. Introduce the science of PEA (phenyl ethyl amine). Validate students' *feelings* of excitement when a relationship is new. Acknowledge that even adults misjudge relationships, because of the emotions that these brain enzymes produce. Ask students how long infatuation usually lasts. Average: about two months.

5. Introduce concept of HIV's contagion curve, noting that during the first two months' of infection a person is less likely to know that they are infected and *twenty times* more contagious during this time than they ever will be again for the rest of their life.
6. Advise students: abstinence is best; condoms are next best guarantee against HIV. But at the very least, wait two months into a relationship before making any sexual choices. Get past the most dangerous point in the contagion curve!

The Lessons: Phenyl ethyl amine, also known as excitant amine, is a molecule known to cause feelings of euphoria, excitement, and elation. PEA is a natural amphetamine, or a stimulant in the brain. It lies at the end of certain nerve cells, helping neural impulses to jump across gaps (also called synapses) to the next nerve cell. PEA has a powerful role in stimulating our feelings of infatuation. Feelings of infatuation are not just *emotional* feelings, but biological ones. These feelings also seem to correlate with the uptake of dopamine, a neurochemical known to be addictive for its pleasure-causing influences. PEA makes all of us feel "high with love"!

Eventually, the brain seems to exhaust its ability to sustain high PEA levels. Lovers become less excited around one another. How long do these chemical roller coaster rides last? The vast majority of the students I have spoken with feel that the initial "rush" of love lasts for no more than a couple of months. After this elation passes, these teens may settle down into a more mellow, contented type of relationship, or no longer "blinded" by PEA, they may scrutinize their partner with a new perspective, and so recognize incompatibilities that they never acknowledged before.

So it seems that teens are most likely to make decisions that they later regret during the first two months of a relationship. They are most likely to have sex (or even more: impulsive, *unsafe sex*) during these first two months. And that is where HIV sneaks in!

Sources

- "HIV in Cervicovaginal Secretions." *AIDS Weekly Plus* 1996, August 19:26
- "Nearly 3 in 10 young teens 'sexually active.' NBC News, PEOPLE Magazine commission landmark national poll." *MSNBC.com*, January 27, 2005.
- Bagasra, O. et al. "Detection of HIV-1 Proviral DNA in Sperm from HIV-1 Infected Men." *AIDS* 1994, 8:1669-1674.
- Boswell S., et al. "The Effect of HIV Protease Inhibitors on Seminal Proviral DNA." *Fourth Conference on Retroviruses and Opportunistic Infections*. March 1997, abstract #202.
- Ebrahim SH, et al. "Sexual Behaviour: Related Adverse Health Burden in the United States," *Sexually Transmitted Infections* 2005;81:38-40.
- Ethier KA, et al. "Adolescent Women Underestimate Their Susceptibility to Sexually Transmitted Infections," *Sexually Transmitted Infections* 2003; 79:408-411.
- Fisher, H. *Anatomy of Love: The Natural History of Monogamy, Adultery, and Divorce*. 1992, New York: W.W. Norton & Company, Ltd.
- Jacquez, J.A. et al. "Role of Primary Infection in Epidemics of HIV Infection in Gay Cohorts." *Journal of Acquired Immune Deficiency Syndrome* 1994, 7:1169-1184.

- Krieger, J.H. et al. "Intermittent Shedding of Human Immunodeficiency Virus in Semen: Implications for Sexual Transmission." *Journal of Urology*. 1995, 154:1035-1040.
- Lewis, Thomas, et al. *A General Theory of Love*. New York: Random House, 2000, p. 57-58.
- Liebowitz, M.R. *The Chemistry of Love*. 1983, Boston: Little Brown.
- Markowitz M, et al. "Infection with multidrug resistant, dual-tropic HIV-1 and rapid progression to AIDS: a case report." *Lancet* 2005; 365: 1031-38. 19 March 2005.
- Money, J. *Love and Sickness: The Science of Sex, Gender Difference, and Pair-Bonding*. 1980, Baltimore: Johns Hopkins University Press.
- Paz-Bailey G, et al. "The Effect of Correct and Consistent Condom Use on Chlamydial and Gonococcal Infection Among Urban Adolescents," *Archives of Pediatric & Adolescent Medicine* 2005;159(6):536-542.
- Perper T. *Sex Signals: The Biology of Love*. Philadelphia: ISI Press, 1985.
- Pilcher C., et al. "Estimating transmission probabilities over time in acute HIV infection from biological data," *Ninth Conference on Retroviruses and Opportunistic Infections* Feb. 24-28, 2002; Poster 366-M.
- Royce R, et al. "Sexual Transmission of HIV." *New England Journal of Medicine* 1997, 15:1072-1078.
- Sabelli H.C., et al. "The Thermodynamics of Bipolarity: a Bifurcation Model of Bipolar Illness and Bipolar Character and its Psychotherapeutic Applications." *Psychiatry* 1990. 53:346-68.
- Tennov D. *Love and Limerence: The Experience of Being in Love*. New York: Stein and Day, 1979.
- Wawer M. *Journal of Infectious Diseases*, May 1, 2005;191:1391-1393,1403-1409.

Inductive presentation preparation worksheet

Target audience demographics: _____

Institutional meeting place: _____

Probable common audience stage of change level:

_____ Pre-Contemplation	Risk sensitization
_____ Contemplation	
_____ Preparation	Self-efficacy
_____ Action	
_____ Maintenance	

Primary theme desired today (state in a single, brief sentence the most important risk-sensitization or self-efficacy point you wish to make today. Examples: "HIV still kills" {risk sensitization}. Or "Condoms do work" {self-efficacy}.

Create an activity that *shows* this theme without stating it. How will you do that? Consider using personification, word stories, multi-media display, or role-play without pre-stated conclusions. Write the steps here:

1. Objective (prove your theme above) _____
2. Method (what sort of activity and audience) _____
3. Directions or Activity Script _____

4. Effect _____

• Post-workshop assessment:

Did you appeal to each of the seven types of intelligence?

Did you utilize the rhetorical strategies of all successful presentations?

Did your participants come to state the theme that you were hoping they would infer?

Completed goals for today?

Risk sensitization	yes	no
Self-efficacy	yes	no