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Draft - proposed curriculum for the Columbia Gay Health Project

Class #1
opening meeting - introductions and proposal for program -
pass out written material - requirements

Classes #2 and 3

AIDS and ARC

A.) general description of AIDS and ARC, history and scope of problem (Laura)

B.) detailed discussion of AIDS and ARC including the immune system, AIDS v. ARC, sx's, diagnostic work-up, viral theory v. other theories (eg. immune overload), co-factors, epidemiological issues, Kaposi sarcoma, pneumocystis and other opportunistic cancers and infections, HTLV-III antibody test, tx. of AIDS, issues of transmission of AIDS (Eric)

This material will take at least 2 classes - do you think that it will take more?

I want to start with a brief overview as a model for how they will be passing on information to other students and then have you teach the material in some ~~xxx~~ detail. Even though they won't be using everything you teach them, they need it for general background and students here are obviously capable of understanding everything no matter how complex it is.

Assignment: We need to assign some good basic reading on this. One possibility might be a book I have which comes in paperback called Understanding AIDS ed. Victor Gong (Rutgers Univ. Press, \$8.75). Richard Carlson has said that he will give us some budget for the program and we may be able to buy copies of the book for the GHA's. However, I do not know if this is the best reading. I thought that I could ask Dan William and wondered if you could call Michael Lange and ask him for suggestions.

A second part of the assignment, perhaps after the second class, would be to get the GHA's to explain the basic facts about AIDS to at least 2 acquaintances/friends. (This, in combination with role playing in class, is a model which we used with the WHA's and which worked very well; it's one thing to think that you understand something and another to explain it to someone in a clear, cogent, organized fashion.)

Class #4) AIDS anxiety - perhaps a discussion with the GHA's regarding their estimate of the scope of AIDS anxiety in kids they know and an effort to delineate some line between "normal" expectable AIDS anxiety and that which is unduly interfering with normal functioning and development and taking on some hypochondriacal form (Laura)
 Role playing practice in explaining the basic facts about AIDS - practice in explaining this to both gay and straight audience
 Questions re AIDS

The way we have done the role playing with the WHA's is to divide into twos or small groups, while the leaders move around the room and listen. This helps with several things - first, as I noted above, it's crucial to practice in order to ~~master~~ master technical material, second we want to create an atmosphere in which the kids can give each other honest feedback and third, it's the beginning of practice in assuming the teacher or counselor role.

Class #5) Meeting and discussion with a PWA. (1 or more people.)

I met two people at GMHC who might possibly do this - Ed Prieto and Ken Meeks, Ed Prieto seemed particularly nice, is a graduate of Columbia and a clinical psychologist who was very interested in our program.. However, he was dxed, fairly recently with KS and I don't know how he would feel about discussing it in a group setting at this point. Ken Meeks also seemed OK and was very helpful to me in answering a lot of questions. He is an older man who has KS with quite a lot of noticeable lesions.

Class #6) A discussion of political issues surrounding AIDS. This should include a discussion of AIDS and homophobia and anti-sexuality, and the various controversies surrounding research and tx. (eg. what gets funded and what doesn't, the HPA 23 controversy.) Also, crucially, it should include a discussion of the questions of the HTLV 111 antibody test and its dangerous potential for use against gays, as in the recent Pentagon and Colorado decision.

I would really like to get someone good to lead this discussion ; perhaps Carol Vance will know someone. Do you have any suggestions?

Class 6 and 7
Safer sex guidelines.

What is safer sex - what are the controversial issues regarding guidelines - what factors influence the compliance of non-compliance with guidelines, especially among our population - how does safesex affect ~~people~~ people, socially, sexually, emotionally, what are the issues of resistance to adoption of safer sex practices - condoms and issues of their use - how should we formulate our guidelines (obviously lots of controversy around this. For example, strict guidelines may theoretically be the safest, but do strict guidelines in fact discourage people from following any guidelines. Or, what about the issue of "possibly" safe practices. One solution may be to write guidelines including all the ambiguities, but does that end up confusing people) - how to teach the guidelines to our population. - what about language for writing the guidelines (street v. medical)

I think that this is going to be a crucial part of our training program and should be structured as a big discussion out of which we as a group will develop policies for the CGHP and our own set of written guidelines.

I've been collecting various sets of guidelines - why don't you keep your eyes open for some too.

I've found very little good literature regarding sociological and psychological issues of compliance with the guidelines and I suspect, after talking with Carol Vance that there may be nothing useful written. However, let's both try to look more. James D'Eramo may know of some reading or may just be able to give us ideas to pass on. He also probably will be willing to come and talk to the GHA's; I think that he has a kind of safer sex can be fun sex line, including ~~safe sex erotica.~~ safe sex erotica.

How big an issue is getting used to condoms? I have a rather elaborate article about gay men using condoms, advocating such things as masturbating with condoms on in order to get used to them. What do you think?

Assignment: 1) Group project of actually writing a set (or sets) of guidelines for us to use.
2) Teaching 2 acquaintances/friends about the guidelines.

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Class # 8

Report on results of the assignment. Role playing teaching the guidelines. Possibly, if time in this class, discussion of teaching straight people about AIDS especially in order to reduce anti-gay AIDS hysteria feeling that might exist on campus.

This is a place that we start to do more work on counseling skills and socializing the kids in this role. A way we have done it with the WHA's is to have the person playing counselor leave the room while the rest of the group makes up a scenario for the advocate who is playing pt. to use. (eg. "You are a 19 y.o. sophomore in the College who just became sexually active in the last few months. You have read about the guidelines but haven't adopted them because you have one steady boyfriend and figure they aren't necessary.")

As we begin to practice role playing, we will begin to talk about things like open ended questioning and good listening. One question that I'm unsure of and think that you and I need to discuss, is how much to encourage the GHA's to elicit info. from pts. regarding specific sexual practices and numbers of partners. On the one hand, counseling always works much better if it's directed toward the specific situation of the pt. (eg. why concentrate on explaining a lot re condoms if someone isn't having anal intercourse). On the other hand, we don't want to have the ~~xxxx~~ GHA's ask questions that are going to be perceived by ~~the~~ them of the pts. as overly intrusive. The WHA's usually err on the side of not being able to ask enough.

Class #9)

Hepatitis

What is hepatitis - A,B, non-A/non-B, testing for, ~~x~~ sx. of, tx. of, chronic hepatitis, chronic carriers the VACCINE, resistance to getting the vaccine, including fear of getting AIDS from the vaccine (Eric)

Again, we need a good basic article(s). For this and STDs we may be able to use Gay Men's Health by Jeanne Kassler. (ed. Harper and Row, \$7.95) and buy each of the kids a copy. It was published in 1983 and consequently the section on AIDS is out of date, but the rest seemed pretty clear and readable to me. It may be cheaper to have a large part of the book xeroxed. If you haven't read this why don't you take a look at my copy. I have some clippings, either from the Times or the Native re the vaccine/AIDS issue.

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Assignment: Again, we can get the GHAs to explain hepatitis to 2 friends/acquaintances. However, it might be fun to go a bit beyond that and see if the GHAs can not only explain hepatitis and the vaccine to a couple of people, but have them try to reach some people who are not vaccinated and see if they can have a discussion which will lead to them coming into the clinic for testing and vaccination. We might also be able to run a very informal little research project (perhaps among a sample like CGEA) to survey how many students have/ have not been vaccinated.

Class # 10)
Other ~~STDs~~ STDs
Syphilis, gonorrhoea, condylomata, herpes, etc. - sxs,
dx, tx. (Eric)

What STDs are the most common among our target population? What should the guidelines be for frequency of testing? Are such guidelines advocated by medical staff in our clinic? (I don't think so; we need to discuss this with Richard Carlson). What is useful and appropriate for the GHAs to understand and be able to explain to fellow students?

Class # 11)
"gay bowel syndrome" - parasites
prevalence, dx., tx. (Dr. Kottler or Eric)

I need to check with Richard or one of the other practitioner re what our practice is in the clinic for parasite testing - I think it's done at St. Lukes and we need to be able to explain exactly what the testing consists of. I will ask Dr. Kottler, when I meet with him, for a good up-to-date article comprehensible to lay-people on parasites. Do we need a whole class for this? If not, we should spend the balance of the class role playing the explaining of hepatitis, STDs, parasites.

Class #12)
Guidelines for monitoring health for gay men.
A discussion aimed at reaching some sort of guidelines for the GHAs to use in their counseling/outreach sessions about what people should be doing to monitor and maintain their own health in addition to the safer sex guidelines.

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For example, how often should a sexually active gay man be seeing a health practitioner? What should routinely be reported to a practitioner. Should we be teaching lymph-node self-examination (can you teach this to the GHAs and is it appropriate for them to be teaching it to other students? What about testicular self-examination? (Eric)

Let's get some input from Richard Carlson about these issues.

Class #13 and 14)
Counseling skills

Confidentiality, setting a contract, so-called value clarification and non-judgementalness, when to refer, including an introduction to suicide evaluation, open-ended questioning, possibly, if time allows, some issues in adolescent development, record keeping (Laura)

I predict that you will be amazed at how anxious the kids get about assuming a counselor/ "helper" role. I'm basing this on my experience with the WHA's and it may be even harder for the GHAs, as I think this role comes more easily to women in our culture. My experience with the WHA's is that you need to pay attention to some things that you might imagine you could take for granted; a small example is that they almost always forget to introduce themselves. The biggest problem is that they handle their anxiety by talking instead of listening and the more charged the topic and the atmosphere, the more they talk. They are afraid of asking questions that seem "nosy" and, since they are genuinely eager to help, they feel pressured to give a lot without understanding that listening is often the best thing to give. We have to work to get them to understand that they need to listen in order to know where people are coming from and to understand the therapeutic effect of listening. HOWEVER, the GHAs need to understand that no one expects them to be instant therapists, that they must NOT give medical advice, and that they need to ask for help as soon as they feel they are in over their heads. I've never really read anything useful re counseling, though I have to admit I've really read very little. Most of it seems like more or less bullshit.

Class 15)

Administrative planning for beginning clinical work.
Review and odds and ends

Some assorted questions -

One of the things that is unclear in my mind is the best setting(s) for the GHAs to work in. I would like to have them actually functioning in the Health Service itself, either downstairs or in the MHD. (Each seems to have some advantages).. We may get referrals from the medical practitioners; I am not yet convinced that they will give us a steady flow of referrals, but it's too early to tell, of course.. I think that we should also have a self-referral system, possibly with drop-in hours. Should this counseling service go on in another setting besides the Health Service (eg in Earl Hall where CGLA has an office or in the Gay Lounge in F.B.H.?)

What about the issue of individual counseling versus "outreach" - for example meetings in the dorms around these issues? We just can't take on more than we can handle, but I don't think that we know what our most productive forum is for this. I think that we should work with the GHAs to answer these questions. Carol Vance might also be useful in telling us how to go about figuring this out. She met with me x1, but would ideally like to get some consulting fee for working with us (\$50/hr.) We could ask for Richard to pay for at least one hour of her time, if she thinks she could be helpful in answering these questions.

One thing that I think may be a tricky question is the issue of charting. If we work in the medical clinic itself, we have to put something in the medical chart itself. If we work out of the Mental Health Division or in Earl Hall, we can have a more confidential form of record keeping, not in the medical charts.

Another medical/legal question that will have to be settled if we work in the Clinic is the question of supervision during the time GHAs are seeing pts. With the WHAs we have someone always potentially available in case of some kind of emergency. Do we need this? If so who. (I may be able to do some of it, but it's kind of tricky.) This needs to be discussed with Peggy Conaghan and Richard, but we have plenty of time to do so.

During the course of the semester, we should be developing some written materials to use as handouts. A good way to do this is to get Advocates to take responsibility for writing drafts and then use professional staff to review accuracy, etc. We need: safer sex guidelines, and handouts on AIDS, STDs, parasites, a revision of the hepatitis leaflet now in use. The clinic has some material but it's not good and was not written specifically for our students.

What about reaching the straight population on campus? What priority should this be given? Should we try to do something in combination with the WHAs? What is the right setting for this.

As I read this over, I realized that there is nothing regarding special issues for bi-sexual students. Is this important? Where should it be included.