The SHIELD
Community Outreach
Worker Training

Facilitator’s Manual

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SHIELD (Self-help in Eliminating Life-threatening Diseases) Study

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The SHIELD study-training manual was developed in the summer of 1997 through a collective process of quantitative and ethnographic researchers, facilitators, and the project director. Two pilot groups comprised of 16 individuals whose insights were vital informed the training. The SHIELD study is funded by the National Institute of Drug Abuse, Grant # R01 DA0446.

Portions of this manual were based on:


SHIELD Intervention Sessions

Session I: Introduction

Session II: Communication

Session III: Sexual Decision Making, Risk, and Prevention

Session IV: Sexual Prevention and Outreach

Session V: Injection Drug Use- Risk & Prevention

Session VI: Tools for Effective Outreach 2

Session VII: Resistance to Outreach

Session VIII: Leadership and Life Skills

Session IX: Outreach in the Streets

Session X: Graduation/Booster Group
Introduction

Project SHIELD (Self Help in Eliminating Life-Threatening Diseases) is an intervention research study designed to help reduce the spread of HIV and other sexually transmitted diseases (STDs) in the community. The project focuses on HIV information and risk reduction education as well the training of community outreach workers. The overall goal of the intervention is to train individuals to provide support and information to their social networks and broader communities about how to reduce the spread of HIV.

For some participants, joining the study may involve taking part in ten educational training sessions. The sessions attempt to build knowledge about HIV and to build communication, decision-making, prevention, and leadership skills. This manual includes each of the ten sessions, as well as the handouts, evaluations, and certificates used in those sessions. Generally, the italicized portions of the manual indicate what the facilitator is to say to participants during sessions. Notes to the facilitator will be in standard print either in parentheses or indicated by “Facilitator Prompt” or “Facilitator Instructions”.
Session 1
Facilitator Check List

Do I have…

<table>
<thead>
<tr>
<th>Materials</th>
<th>Check</th>
</tr>
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<tbody>
<tr>
<td>Attendance sheet at front desk</td>
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<td>Markers, tape</td>
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<tr>
<td>Newsprint</td>
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<tr>
<td>Tool kit/folders</td>
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<tr>
<td>Lamination</td>
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<tr>
<td>1. House Guidelines</td>
<td></td>
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<tr>
<td>2. SHIELD Terms</td>
<td></td>
</tr>
<tr>
<td>Newsprint Pre-Printed in the Following Order</td>
<td></td>
</tr>
<tr>
<td>1. Blank Page with “Guidelines” on top</td>
<td></td>
</tr>
<tr>
<td>2. Four cells (health, social, political, economic) for Community Concern Exercise with the heading: “What are concerns to your community?”</td>
<td></td>
</tr>
<tr>
<td>3. Page with APBs, SHIELD, SPEAR, and BOW written on it with meaning (not define)</td>
<td></td>
</tr>
<tr>
<td>Handouts</td>
<td></td>
</tr>
<tr>
<td>1. Community Concerns Handout</td>
<td></td>
</tr>
<tr>
<td>2. HIV AIDS Myths and Facts Handout for homework</td>
<td></td>
</tr>
<tr>
<td>Title and objectives of each session on an individual sheet posted on the wall.</td>
<td></td>
</tr>
<tr>
<td>Folders</td>
<td></td>
</tr>
<tr>
<td>1. Paper</td>
<td></td>
</tr>
<tr>
<td>2. House guidelines</td>
<td></td>
</tr>
<tr>
<td>Food Order Form</td>
<td></td>
</tr>
</tbody>
</table>
Session I: Introduction

This session sets the tone for the intervention. Participants will learn about the project and what they will be expected to do. Participants will begin to establish the norms for the training sessions through establishing ground rules. Participants will discuss challenges to their community and explore how HIV and drug use fits into that. Participants will begin to identify what is a leader and relate this to what SHIELD is about.

Time: 90 – 120 minutes

Objectives:
1. Participants will identify guidelines for training sessions.
2. Participants will begin to establish group norms and expectations of the training sessions.
3. Participants will identify concerns facing their community.
4. Participants will begin to understand the role of leadership in their lives and the community.
5. Participants will learn the meaning of SHIELD, BOW, SPEAR, and APBs.
6. Participants will identify barriers and solutions to coming back to the intervention.

Segments:
1. Introductions
   a. Icebreaker
   b. Guidelines – group’s and house
2. Community Concerns
3. Leadership Discussion
4. Tools to Fight the Spread of Disease
5. Attending Sessions
   a. Buy –In
   b. Barriers and Solutions
6. HIV AIDS Homework and Wrap-up
I. Introduction (5 minutes)
This orientation will set the tone for the following sessions. It is important to stress that
the participants are the experts and that their knowledge, input, and experience is valued.
Participation and leadership should be stressed.

A. Facilitator introduces him/herself and gives a brief description of the project
- Some of you may have already participated in research studies before and may be
familiar with how they are structured. But here, we will be doing things a little
differently.
- As you already know, the name of this study is SHIELD which means Self-help in
Eliminating Life-Threatening Disease.
- This intervention is for you, to learn about preventing HIV for yourself first and to
learn about living a healthy lifestyle. In addition, this intervention is about
preventing HIV for others. It is not always easy to talk about HIV and AIDS related
issues, especially when we see those we love being affected by the disease. Often
times, we do want to talk about these issues, but we either don’t know how to or we
don’t have the correct information that people need.
- Sometimes the fact that we are talking about or doing something different from others
can make it very difficult for us. It can be hard to bring up issues that are hard to
talk about. The skills that we develop here are going to play an important role in
helping us to make changes in our own lives and to better communicate with others –
developing communication skills. Do you feel that you can make a difference in your
community? I commend you for your courage.

B. Icebreaker (10 minutes)
- We will be spending ten sessions together and we will be talking about some sensitive
and personal issues.
- It is important for us to get to know each other and to feel comfortable together. I
would like to start with an exercise to help us learn a little bit about each other. I will
start by saying my name and something about myself. This exercise is about
communicating and listening.
• The person next to me will then say my name, what I said about myself and then their name and something about themselves. We will go all the way around the room adding as we go.

C. Guidelines (5 minutes)

• In addition to getting to know each other, it is important to create a safe environment where people feel that they can be open and honest. We also want people to feel comfortable giving each other feedback and criticism in a positive and constructive way. We are here to learn from each other, and a part of that is respecting the feelings and opinions of everyone in the group.
• Can we agree on some guidelines for ourselves to follow in the next ten sessions? (Write down Guidelines that people suggest on a flip chart.)

• One ground rule I would suggest is that we respect the feelings and opinions of everyone in the group.
• Do other people have some ground rules that they would like to include?
• We will put these ground rules up each session. We can add to them if we think of any others in later sessions.

D. House Guidelines (10 minutes)

• We also have some house guidelines that I want to read to you. They will be posted on the wall during every session. I am also handing out these guidelines to keep in your folders.

E. Folders

• We would like you to bring your folders to every session so that you can keep all the information we give you together and you might want to look back over what we have talked about during a previous session.
II. Community Concerns (20 minutes)

A. Activity: Community Concerns

- We know that there are many issues facing communities today. We want to talk a little bit about concerns you have about your community. I would like you to name the different issues facing your community and I am going to write them on the paper.
- There are four categories on the paper, “Health, Social, Economic, and Political.” When you name an issue, you and the group will decide which cell it goes into. Sometimes issues might go into more than one cell. I am going to hand you out a sheet so you can write them down as well if you want.

Facilitator Instruction

Hand out sheet. If people do not understand, offer a few issues and ask them where they fit in. For example, what about vacant housing (social)? What about violence (health, social, and even political)? Can other people think of issues?

B. Follow-Up

Thank you for your contributions. These issues will continue to come up throughout the rest of the sessions. They are related to what we are going to be training you to do as leaders and outreach workers in your community.

III. Leadership

A. Leadership Discussion (10 minutes)

- The goal of this project is to help reduce the spread of HIV and other lethal diseases in the community.
- One of the main objectives will be to work on improving our leadership skills. We will use these skills to encourage friends, associates, contacts, and even strangers to work to stop the spread of HIV.
• Many of the approaches that we will be discussing are tools for living. They apply not just to HIV prevention but to improving relationships with family and friends, e.g. understanding and preventing doing things that we end up regretting.
• The skills that you learn here should help you communicate with the people in your life and help you to discuss difficult problems.
• Leadership skills can be applied to accessing services or applying for a job. One of the main purposes of this study is to create leaders so that we can go out into the community and educate others about prevention of disease.
• You as future leaders in the community are the key to the success or failure of our endeavors.
• You have been out there and you know what people need. You, as future leaders in the community, will make the difference.
• Many leaders are experts in something. People respect them because of this expertise. You all have expertise.
• What we would like to do is add another area of expertise. That is, make you experts on HIV/AIDS prevention. Now being an expert doesn’t mean that you know everything about the subject.
• There are lots of things about AIDS that I don’t know. But what experts know is where to get information. In this project, not only will we teach you about HIV but also provide you with resource guides, and reference materials. You already possess much of the knowledge and experience needed.
• You will also be taking this knowledge and experience and fine-tuning it into a shield that will help protect you and others from disease.
• These eight sessions will be a time for us to learn new information and to practice our leadership skills. It is important for everyone to participate in the activities and discussions. As part of our preparation for doing outreach and applying our leadership skills, I would like each of you to lead a discussion with this group. These discussions will take place in the beginning of each session starting with session four. We will talk more about what you will need to do in session three.

IV. Tools to Fight the Spread of Disease (10 minutes)
• We are going to be spending a lot of time together talking about different concepts related to HIV, prevention, outreach, and leadership. In order to have the tools to talk about these issues, I want to teach you a few words that are important.
• As leaders and future leaders in the community, many of you have expressed you concern about the transmission of disease, such as HIV, AIDS, and other STDs.
• Also as future leaders, you will be sharing with others in the community, the information and knowledge that you have gathered here at the SHIELD project.
• In communicating this knowledge and information to others, it will greatly benefit you as future leaders to understand the logic of the SHIELD logo.
• Some of you may already be familiar with our logo, but for those of you who have not seen it…here it is, the SHIELD, the SPEAR, and the BOW.
• We at SHIELD are fighting a war against the “transmission of disease.” And as you know, in war, there is an offense and a defense. It’s been said that “the best offense” is a “good defense,” and that’s where our SHIELD logo comes in.

SHIELD - Self Help In Eliminating Life Threatening Disease
A shield is a defensive weapon which allows us to protect ourselves against disease by taking personal responsibility for our individual behavior.

SPEAR – Safe Practice Eliminates AIDS Risk
The spear is an offensive weapon; it means safe practices eliminate AIDS risk. The SPEAR allows us to fight against the enemy of disease by gathering life saving knowledge and information and then practicing them in our own lives.

BOW - Baltimore Outreach Works
The BOW is also an offensive weapon, which allows us to demonstrate our SHIELD and SPEAR by conducting peer-education in our communities.

As leaders you will have an opportunity to use your SHIELD, SPEAR, and BOW in your community to fight against diseases, such as HIV and AIDS, by creating, planning, and also demonstrating what we call APBs or “AIDS Preventive Behaviors”. Once again,

APBs
AIDS Preventive Behaviors – these are the behaviors that we can do to minimize the risk of HIV in our lives.
Discussion Questions:
1. Can anyone give me a good “AIDS Preventive Behavior?”
2. We will talk more about these words in upcoming sessions. But I want you to hear them now and start to think about how these slogans might help you in talking about HIV to folks in the community.

IV. Attending the Sessions

A. Buy In (5 minutes)
Now that you have heard a little bit about the SHIELD training, can you each tell me what you hope to get out of the being a part of this project?
(Write their answers on newsprint.)

B. Barriers (5 minutes)
• I want each and every one of us about thinking about coming back next week. Can people call out things that might get in the way of coming back next week?
• Now could you tell me way to overcome these “barriers.” How can we help each other come back next week?
(Write their answers on newsprint.)

Facilitator Instruction
1. If people don’t offer things, mention examples such as job, children, hard stuff to talk about, not sure about this, etc.
2. Go through each barrier and write the answers in a column labeled “what we can do.”
3. If people name things that relate to upcoming sessions, point them to the session – titles and objectives -- that are hanging on the wall.

C. Future Sessions (2 minutes)
The “road map” of the sessions will be on the wall during the entire intervention. This lets us see where we have been and where we are going – what issues we will be focusing on specifically during particular sessions.
IV. A Little Work at Home (2 minutes)

Next time we meet we are going to talk a bit about myths and facts about HIV and AIDS. Before we meet again, I would like you to take this sheet home and either fill it out by yourself or ask your friends and family to help. I am giving you a list of statements that are myths or facts. I’d like you to guess what each one is, and then we’ll talk about this next week.

VI. Wrap Up (10 minutes)

• We are now close to the end of the session.
• This session is not typical of future sessions; I did a lot more talking than I will do.
• The rest of the sessions will be more interactive – you will have a chance to talk a lot more. They will be a combination of learning, interactive activities, and bringing back your experiences. It is really important to us that you come back next week and continue what we all have begun.
• I hope that you will feel comfortable, think about some of the things we talked about today, and be able to push yourself a little more as the sessions progress.
• What are some of the things that you have learned here today?
• Can you see any of these things affecting you during the coming week?
• Please remember to bring your packets to each and every session. Thank you.

Facilitator Instructions

If people have a hard time remembering, go through the list of activities and refer to the session outline hanging on the wall.
Session I- Handout
What are the issues facing my community?

<table>
<thead>
<tr>
<th>Social</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
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<tr>
<td>2.</td>
<td>2.</td>
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<tr>
<td>3.</td>
<td>3.</td>
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<tr>
<td>4.</td>
<td>4.</td>
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<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
<td>6.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Economic</th>
<th>Political</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
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<tr>
<td>3.</td>
<td>3.</td>
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<tr>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
<td>6.</td>
</tr>
</tbody>
</table>
We are going to be discussing some myths and facts about HIV and AIDS. Before the next session, we would like you to think about if the statements below are Myths or Facts. You are welcome to talk to your friends and family about if these statements are myths or facts. Bring this sheet to the next session so that we can talk about it.

**Session I- Handout**  
**HIV Myths and Facts**

| Is this a… | Myth or Fact???
|-----------|----------------
| HIV attacks and destroys the immune system. |   |
| Only gay people get AIDS. |   |
| We can get HIV by giving blood. |   |
| You can tell by looking at someone if they carry the virus. |   |
| Bleach should always sit 30 seconds in the syringe when cleaning. |   |
| You can get HIV by sitting on the toilet. |   |
| Sharing works is a major means of transmitting HIV. |   |
| If both partners in a couple have HIV, it is okay for them to have sex without condoms. |   |
| HIV and AIDS are acquired through risky behavior. |   |
| HIV is spread through body fluids, such as blood, semen, vaginal fluids, and breast milk. |   |
| If you get the virus you will die immediately. |   |
| If someone who is HIV positive coughs on you, they will give it to you. |   |
| HIV is the virus that causes AIDS. |   |
| The immune system is the body’s defense against disease causing agents. |   |
| Someone who has HIV but looks and feels healthy can still infect people. |   |
| Rubbing and massaging is a good way to transmit the virus. |   |
| Only people who shoot up are at risk for HIV. |   |
| Unsafe sex is a major means of transmitting HIV. |   |
| As of the present time (1998), there is still no known cure for AIDS. |   |
| Hot water works just as well as bleach for cleaning works (drug paraphernalia). |   |
| Using a latex condom during sex can reduce the risk of getting HIV. |   |
**Session II**  
**Facilitator Check List**

*Do I have…*

<table>
<thead>
<tr>
<th>Materials</th>
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<tr>
<td>Tape</td>
<td></td>
</tr>
<tr>
<td>Newsprint</td>
<td></td>
</tr>
<tr>
<td>Game prizes</td>
<td></td>
</tr>
<tr>
<td>Ground rules to hang on wall from Session 1</td>
<td></td>
</tr>
</tbody>
</table>

| Newsprint (or laminated) Pre-Printed in the Following Order              |       |
| - Family Feud Question                                                  |       |
| - Myths and Facts Newsprint                                             |       |
| - Myths and Facts Strips                                                |       |
| - Steps/Styles of Effective Communication                               |       |
| - Types of Communication                                                |       |

| Handouts                                                                 |       |
| - Evaluation Session 1                                                  |       |
| - Myths and Facts                                                        |       |
| - SHIELD Terms                                                           |       |
| - Goal Setting                                                           |       |
| Facilitator Form for Goal Setting                                        |       |
| Food Ordering Form                                                       |       |
Session II: Communication

This session will cover the mechanics and presentation of doing outreach. Specifically, participants will be asked to consider where they will go, who they will talk to and what they will say. Safety issues will also be discussed. Session IV and V will build communication skills and participants will begin to think about the most effective ways of sharing the information from the previous sessions.

Time: 100 - 120 minutes

Objectives:
1. Participants will think more actively about how to talk to others about sex.
2. Participants will examine the attitudes about sex that are reflected in slang terms used for sexual body parts and behaviors.
3. Participants will identify the reasons people do not talk with partners about safer sex.
4. Participants will role-play talking to partners about sex in different situations.

Segments:
1. Evaluation and Review
   a. Evaluation
   b. Review Ground rules
   c. Review Family Feud
   d. Activity: Myths and Facts
2. Communication
   a. Steps to Effective Communication
   b. Ways we Communicate, Communication Styles, Types of Communication
   c. Communication Exercise
3. Leadership Discussion
4. Goal Setting
5. Summary
I. Evaluation and Review

A. Evaluation (15 minutes)

- After they fill out the evaluation, review evaluation answers quickly after everyone has finished.
- Pass out evaluation forms and explain the importance of their feedback in terms of improving the intervention

Discussion Questions:
1. What was your favorite activity? Why?
2. What was your least favorite part? Why?

We would like to continue to get feedback on what you think about these sessions. Your input is very important to us and can be used to improve future training groups. We have set up a suggestion box in which you can put your anonymous comments (either positive or negative).

B. Review Ground Rules (3 minutes)

I would like to point out the ground rules that we established last session. These will be posted during every group and I would like for us to follow the guidelines we set up for ourselves.

(Read through each rule from previous session.)

Does anyone have any other ground rules they would like to add?

C. Review Family Feud (10 minutes)

To help us remember what we talked about last time, we are going to play a game of family feud. Could you all split up in teams of three and sit opposite the other team? I am going to read a question and the first team to get the answer right gets the number of points next to the answer. If you get an answer wrong, the other team has a chance to answer the question. There are three categories you can choose from: HIV/AIDS Transmission, Leadership, and Community.
Family Feud Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers Written on Newsprint</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS Transmission</td>
<td></td>
</tr>
<tr>
<td>What are the body fluids that have the highest (to lowest) concentrations of HIV?</td>
<td>blood – 15 points</td>
</tr>
<tr>
<td></td>
<td>semen – 10 points</td>
</tr>
<tr>
<td></td>
<td>breast milk – 5 points</td>
</tr>
<tr>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>What were the most important issues facing our community?</td>
<td>Use four (4) topic grid from last week’s discussion (social, economic, political and health) and pick the top answers from each category.</td>
</tr>
</tbody>
</table>

When the game is over, hand out SHIELD promotional materials (key chains, beauty kits, etc.) to all team members.

D. Activity: HIV Myths and Facts (15 minutes)

A. The goal of this discussion is to find out what people know and to give correct information. The importance of education and dispelling myths for personal risk reduction is presented.

B. As I stated last session, we will begin by reviewing basic facts about HIV. But before we can give out any information, we must be clear about what is true and what is not true about HIV and AIDS. Hopefully you all had a chance to look over the “Myths and Facts” I handed out last session. We are going to talk about that now.

C. I am giving each of you a few statements that are either myths or facts about HIV and AIDS. I would like for each of you to read your statement to the group and then come up to the board and place it in the correct column. If you are unsure about which column, we will discuss it as a group and decide where it goes.

Facilitator Instructions

Have “Myth and Fact” columns written on newsprint and hand out statements to participants.
HIV Myths and Facts

<table>
<thead>
<tr>
<th>FACTS</th>
<th>MYTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV attacks and destroys the immune system.</td>
<td>We can get HIV by giving blood.</td>
</tr>
<tr>
<td>Sharing works is a major means of transmitting HIV.</td>
<td>HIV only lives in a needle for 2 hours and after that, a needle can’t pass HIV.</td>
</tr>
<tr>
<td>Bleach should always sit 30 seconds in the syringe when cleaning.</td>
<td>You can tell by looking at someone if they carry the virus.</td>
</tr>
<tr>
<td>Over 50% of Baltimore AIDS cases are from injection drug use.</td>
<td>You can get HIV by sitting on the toilet.</td>
</tr>
<tr>
<td>HIV is spread through body fluids, such as blood, semen, vaginal fluids, and breast milk.</td>
<td>If both partners in a couple have HIV, it is okay for them to have sex without condoms.</td>
</tr>
<tr>
<td>HIV is the virus that causes AIDS.</td>
<td>Insects can give you HIV.</td>
</tr>
<tr>
<td>The immune system is the body’s defense against disease causing agents.</td>
<td>There is only one kind of treatment for AIDS and it is called AZT.</td>
</tr>
<tr>
<td>Someone who has HIV but looks and feels healthy can still infect people.</td>
<td>If someone who is HIV positive coughs on you, they will give it to you.</td>
</tr>
<tr>
<td>There are 35,000 injection drug users in Baltimore and 25% have AIDS.</td>
<td>Rubbing and massaging is a good way to transmit the virus.</td>
</tr>
<tr>
<td>As of the present time, there is still no known cure for AIDS.</td>
<td>You can get HIV from digesting any body fluid.</td>
</tr>
<tr>
<td>Using a latex condom during sex can reduce the risk of getting HIV.</td>
<td>Hot water works just as well as bleach for cleaning works (drug paraphernalia).</td>
</tr>
</tbody>
</table>

When exercise is over, hand out a copy of sheet to participants for their “tool kit.”
Discussion Questions:
After the exercise is over, use the following questions to generate discussion:

1. What “myth” surprised you the most? Where did you learn this information?
2. What “fact” surprised you the most? Where did you learn this information?
3. What did you learn from this exercise that you didn’t know?
4. Do you think that everything is either a myth or fact about AIDS? Do some things change over time (i.e. is there a gray area about HIV)? What are some of the things that are in this gray area?
5. How will this new knowledge affect you?

II. Communication

For the next hour, we are going to talk about ways in which we communicate things to people in many different kinds of situations. There are many components to communication. We are going to just focus on a few. It is important for us to think about effective ways to communicate any message. We will then build on these skills and focus on prevention of disease and how we can communicate with others about safer sex.

A. Steps to Effective Communication (5 minutes)
Can anyone think of steps that are important in effective communication?
Thanks for your thoughts. We have also thought about this and created a list of some of the steps to effective communication. I would like you to keep these things in mind throughout the discussion (have on newsprint).

1. What do I want?
2. Don’t confuse the listener.
3. Be precise and concise - to the point.
4. Know who you want to talk to.
5. Meet the listener’s needs - address the things that they are asking you.
6. Be prepared to answer questions.
7. Be creative.
Discussion Questions:

1. Has anybody used these methods when trying to communicate a message? What steps have you found to be effective?

B. Ways We Communicate (10 minutes)^1

How we communicate things is the way that our thoughts and feelings are expressed to another person, which in turn affects our behavior. We communicate with people in many different ways besides just verbally. Can you think of some ways that we communicate without or in addition to speaking?

Facilitator Instruction

Let the group offer suggestions and write them on newsprint. Offer the following ideas if they do not come up in the discussion.

Possible Ways to Communicate:
1. writing it down
2. drawing
3. acting it out
4. singing
5. dancing

C. Communication Styles (10 minutes)

In addition to different methods for expressing ourselves, the way in which we express ourselves has a strong impact on how people hear and respond to our messages. We are going to discuss a few different communication styles that have a great impact on how people hear us.

Facilitator Instruction

1. Before giving a definition, ask people if they have a definition for each term. Give examples of each style, incorporating all of the ways just discussed (i.e. aggressive body language, etc.)
2. After you give a definition, ask people how they think this style of communication would affect their message (i.e. if a person is aggressive the person they are talking to may not really hear what they are saying).

(You will be giving them these terms on a handout with the SHIELD terms later on during this session.)

^1 Turner, K. Sexual Risk Reduction in Recovery.
Communication Styles:

Assertive
Standing firm in what you say without violating someone else.

Aggressive
Violating someone else in the communication process

Passive
Violating your own rights in the communication process

Effective
Successfully getting your message across in a way that the other person can hear what you are saying.

Ineffective
Unsuccessfully getting your message across in a way that the other person can hear what you are saying

(Handout ‘Steps and Styles’ sheet)

D. Types of Communication (5 minutes)²

There are certain strategies we can use to improve our listening and communicating that will help to make our interactions with people more productive and effective. Can we come up with some examples of each of these methods? What do you think helps to improve communication? (List categories on the board and ask for examples of each; you can have them practice doing some of these methods in pairs, if there is time)

Non-verbal
some ideas: eye contact, body language, facial expressions

Open questions
some ideas: begin with how or what, avoid yes/no questions

Paraphrasing (saying what they said in a different way)
some ideas: empathy, get main ideas across

² Turner, K. Sexual Risk Reduction in Recovery
Giving a summary
Some ideas: put in clear order, questioning to clarify

C. Communication Exercise (15 minutes)

**If time permits, do both of the scenarios. Otherwise, pick one to do.**

1) Borrowing Money:
*Now you are going to have a chance to practice some of these communication types and styles. Could I have two volunteers? The scenario is that one of you (they can decide) is trying to borrow money from you (mom/sister or brother/father – you choose). The other person is that family member. Act out how you think you would go about asking that person for money?*

*Now you are having the same conversation but with your good friend. Can someone else volunteer to be the friend?*

Discussion Questions:
1. How did the person communicate to the family member?
2. How did the person communicate with their friend?
   What were similarities/differences?
   How important do you think the person we are talking to affects how we communicate?

2) Staying A Few Nights:
*Could I have two different volunteers. The scenario is that you are asking your mom/sister or dad/brother if you could stay with them for a few nights. The scenario is that one of you (they can decide) needs a place to stay for a few nights. One person will be asking a family member (mom/sister or brother/father – you choose) if you can stay with them. The other person is that family member. Act out how you think you would go about asking that person if you can spend a few nights at their house.*

*Now you are having the same conversation but with your good friend. Can someone else volunteer to be the friend?*
Discussion Questions:
1. How did the person communicate to the family member?
2. How did the person communicate with their friend?
3. What were similarities/differences?
How important do you think the person we are talking to affects how we communicate?

Remember the things we talked about earlier that should be considered we are trying to communicate (briefly point to Laminated “Steps to Effective Communication,” Section II, #1.)

III. Leadership Discussion (10 minutes)
Now I want to tie together what we’ve talked about today and the broader goal of the project. As you know, the goal of this project is to help reduce the spread of HIV and other lethal diseases in the community.

• As we talked about in the first session, many of the approaches that we will be discussing, like community skills we talked about today, are tools for living. They apply not just to HIV prevention but to improving relationships with family and friends – understanding and preventing things that we end up regretting.
• As we talked about, many leaders are experts in something. People respect leaders because of this expertise. You all have expertise. But now I want to introduce a few terms that are a part of our logo and important slogans to use when you go out there and do outreach. They are good ways to open up communication.
APBs - AIDS Preventive Behaviors
These are the behaviors that we can do to minimize the risk of HIV in our lives.

Keeping in mind that we are in a war against the transmission of disease…..

SHIELD – Self Help in Eliminating Life Threatening Diseases
The first defense in protecting yourself and your community is that of a SHIELD.
A SHIELD is a defensive weapon – and in many ways that is the best defense. You will be taking the knowledge and skills that you possess and fine-tune them in an arsenal for a disease-fighting weapon.

SPEAR – Safe Practices Eliminates AIDS Risks – an offensive weapon
You will be able to protect yourself and others through the use of your SPEAR, which will allow you to engage in safe practices, eliminate AIDS risk.

BOW – Baltimore Outreach Works – an offensive weapon
Last but not least, you will begin to employ your BOW by demonstrating that Baltimore Outreach works!!

IV. Goal Setting (10 minutes)
I would like for us to really think about, in a more concrete way, how we can incorporate some of what we will learn into our lives. I am going to give you some goal cards. We will use these cards to generate short-term and long-term goals. I find that often long-term goals can seem overwhelming. In order to meet a larger goal, it helps to break it down into small goals of one per week that buildup to the larger goal.

1) Example
If my long-term goal is “I will use condoms when I have sex”, then my short-term goals can be:
   1. I will carry at least three condoms with me at all times.
   2. I will ask my partner how s/he feels about condoms.
   3. I will practice putting a condom on and taking it off.
I would like each of us to fill out at least one card right now.
(Assist participants with filling out their own goal cards, if necessary.)

2) Goal Setting #1: Home Assignment

- As you know one of the main purposes of this intervention is to train you with leadership skills to do outreach. What I would like you to before the next session is similar to what we saw in the role-plays today.
  (Hand out Homework Goal Cards for Session II)
- We have set a long-term goal for you to be able to perform effective outreach about HIV Prevention (APBs) in your community. Based on what we learned today about communication and keeping in mind our long term goal, we are asking you, as your short term goals, to have a small conversation with family/friends/strangers about HIV – either what they think about it, how it effects the community, or whatever you would like to talk about it. We will share some of these experiences next time we get together.

V. Summary

Summarize the topics covered in the session and ask what they will bring to the next session (anecdotes about their interactions with folks about SHIELD).
Session 1 Evaluation

Please circle if you think the following statements are “true” or “false”. It might be hard to choose but it is really important you choose one or the other.

1. Working together in a group is a way that we can improve things in our community.
   True  False

2. You can be open (express your feelings) in what you say here in this group.
   True  False

3. People in your community are concerned about HIV/AIDS issues?
   True  False

4. You feel that people can change their high-risk behavior for HIV and other STDs?
   True  False

5. You feel that you can become an effective leader.
   True  False

6. Accepting change is hard for people to do.
   True  False
## HIV Myths and Facts

<table>
<thead>
<tr>
<th>FACTS</th>
<th>MYTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV attacks and destroys the immune system.</td>
<td>We can get HIV by giving blood.</td>
</tr>
<tr>
<td>Sharing works is a major means of transmitting HIV.</td>
<td>Only gay people get AIDS.</td>
</tr>
<tr>
<td>Bleach should always sit 30 seconds in the syringe when cleaning.</td>
<td>You can tell by looking at someone if they carry the virus.</td>
</tr>
<tr>
<td>HIV and AIDS are acquired through risky behavior.</td>
<td>You can get HIV by sitting on the toilet.</td>
</tr>
<tr>
<td>HIV is spread through body fluids, such as blood, semen, vaginal fluids, and breast milk.</td>
<td>If both partners in a couple have HIV, it is okay for them to have sex without condoms.</td>
</tr>
<tr>
<td>HIV is the virus that causes AIDS.</td>
<td>Insects can give you HIV.</td>
</tr>
<tr>
<td>The immune system is the body’s defense against disease causing agents.</td>
<td>If you get the virus you will die immediately.</td>
</tr>
<tr>
<td>Someone who has HIV but looks and feels healthy can still infect people.</td>
<td>If someone who is HIV positive coughs on you, they will give it to you.</td>
</tr>
<tr>
<td>Unsafe sex is a major means of transmitting HIV.</td>
<td>Rubbing and massaging is a good way to transmit the virus.</td>
</tr>
<tr>
<td>As of the present time (1998), there is still no known cure for AIDS.</td>
<td>Only people who shoot up are at risk for HIV.</td>
</tr>
<tr>
<td>Using a latex condom during sex can reduce the risk of getting HIV.</td>
<td>Hot water works just as well as bleach for cleaning works (drug paraphernalia).</td>
</tr>
</tbody>
</table>
Session II- Handout
Steps to Effective Communication

1. What do I want?
2. Don’t confuse the listener.
3. Listen to where the listener is – what are their needs.
4. Be precise and concise - to the point.
5. Know who you want to talk to.
6. Meet the listener’s needs - address the things that they are asking you.
7. Be prepared to answer questions.
8. Be creative.

Communication Styles

Assertive: Standing firm in what you say without violating someone else.

Aggressive: Violating someone else in the communication process

Passive: Violating your own rights in the communication process

Effective: Successfully getting your message across in a way that the other person can hear what you are saying.

Ineffective: Unsuccessfully getting your message across in a way that the other person can hear what you are saying.
Discussion Questions:
1. What are the attitudes that might inform this decision?
2. Who influenced these attitudes? (i.e. parents, siblings, friends, etc.)
3. What are the beliefs or feelings that might inform this decision?
4. Who influenced these beliefs?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Attitude</th>
<th>Values/Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>the decision to move out of your mother’s house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the decision to get a new job or change jobs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the decision to get in or out of a relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>your child comes home with a note that s/he cussed out his teacher, what do you do?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Making Sexual and Drug Use Decisions

<table>
<thead>
<tr>
<th>Sexual Decisions Include:</th>
<th>Drug Use Decisions Include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deciding to be abstinent for a while.</td>
<td>Deciding to start using.</td>
</tr>
<tr>
<td>Deciding to start having sex with someone.</td>
<td>Deciding when and how often to use.</td>
</tr>
<tr>
<td>Deciding to have sex with someone at that</td>
<td>Deciding to slow up or use more.</td>
</tr>
<tr>
<td>moment.</td>
<td></td>
</tr>
<tr>
<td>Deciding to stop having sex with someone.</td>
<td>Deciding who to use with.</td>
</tr>
<tr>
<td>Deciding to try a new way to have sex.</td>
<td>Deciding to share.</td>
</tr>
<tr>
<td>Deciding to start using protection.</td>
<td>Deciding to clean works.</td>
</tr>
<tr>
<td>Deciding to have a child.</td>
<td>Deciding not to use.</td>
</tr>
</tbody>
</table>
Session III
Facilitator Check List

Do I have…

<table>
<thead>
<tr>
<th>Materials</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance sheet at front desk</td>
<td>______</td>
</tr>
<tr>
<td>Markers</td>
<td>______</td>
</tr>
<tr>
<td>Tape</td>
<td>______</td>
</tr>
<tr>
<td>Newsprint</td>
<td>______</td>
</tr>
<tr>
<td>Ground rules to hang on wall from Session 1</td>
<td>______</td>
</tr>
</tbody>
</table>

Newspint Pre-Printed in the Following Order

1. IIIA – Name the Parts
   - a sheet with the heading “making love/penis”                          | ______|
   - a sheet with the heading “masturbation/vagina”                        | ______|
2. IIIB – High, Low, No Risk
   - strips with behaviors on them                                         | ______|
   - three categories of risk (High, Low, No)                              | ______|
3. IV – Sexual Decision Making Influences                                  | ______|

Laminated Sheets

- IIB- Steps to Effective Communication                                    | ______|

Handouts

- Evaluation Session 2                                                     | ______|
- Sexual Decision Making Influence                                         | ______|
- High, Low, No Risk                                                       | ______|
- Extra Goal Cards                                                         | ______|

Facilitator Form for Goal Setting                                          | ______|

Food Ordering Form                                                         | ______|
Session III. Sexual Decision Making and HIV Risk

This session provides a more in depth examination of how HIV is transmitted through sexual activity. Sexual subject matter can often be more difficult for people to talk about than injection drug use. Session III will attempt to encourage people to explore their own sexual risk behavior and to generate strategies for talking to people about HIV in sexual situations.

**Time:** 100 minutes

**Goals:**
1. Participants will begin to identify HIV narratives.
2. Participants will discuss and role play effective communication about HIV risk reduction.
3. Participants will begin to think about who has influenced their sexual decision-making.
4. Participants will articulate names for sexual behaviors.
5. Participants will begin to think about risky sexual behaviors.

**Segments:**
1. Evaluation and Review
   a. Review of Narratives from Previous Sessions
   b. Review Goals – Homework
2. Review of Goal Setting Homework
   a. Discussion
   b. Role plays
3. Leadership
4. Influences on Sexual Decision Making
5. Sexual Activities
   a. Activity: Name the Parts
   b. Activity: What is Risky
6. Goals
7. Home Assignment
8. Summary
I. Evaluation and Review

A. Evaluation (15 minutes)

• Pass out evaluation forms and explain the importance of their feedback in terms of improving the intervention.
• After they fill out the evaluation, review evaluation answers quickly after everyone has finished.

Discussion Questions:

1. What was your favorite activity? Why?
2. What was your least favorite part? Why?

We would like to continue to get feedback on what you think about these sessions. Your input is very important to us and can be used to improve future training groups. We have set up a suggestion box in which you can put your anonymous comments (either positive or negative).

B. Review (10 minutes)

(Ask People What They Remember from the Previous Session)

• We have talked about HIV and ways to keep the virus out of our lives (APBs).
• We are learning strategies to communicate effectively, protect ourselves, and how to share our knowledge.
• With all of this information, we can begin to develop narratives that will help us remember the important information and help us to pass it on. We can only share the information that we have; share what we know.
• Narratives help us get information across to people in a way that they will remember. It is a form of story telling.
• What are some of the things we have learned about that we can teach others – narratives?
  1. What is HIV? What would you tell someone? (virus that causes AIDS)
  2. What is AIDS? (the result of HIV)
  3. Prevention? (APBs: BOW, SHIELD, SPEAR)
II. Review of Goal Setting Homework

A. Discussion (10 minutes)
   Ask each person to share their story.
   1. Did anyone get a chance to talk to someone (friend, family, or stranger) about HIV?
   2. If so, would you like to talk about what happened -- who did you talk to, what did you talk about?
   3. What were some barriers to communicating effectively? Did they seem to understand what you wanted them to?

B. Role Plays (15 minutes)
   I would like to do some role-plays about the barriers to effective communication we just discussed. Would one of you (who mentioned barriers) be comfortable to role-play the conversation. Will you set up the scenario? Who were you talking to, what were you talking about. I would like you to be yourself, and will someone else volunteer to be the person s/he is talking to? Now the situation may not go exactly as it went with you the first time – you are welcome to change your response as you think about how to overcome the barrier.

Facilitator Prompt
1. Pull two (2) chairs up to the middle to make people facing each other for role-play.
2. If they do NOT mention a barrier to communication, go to participant who did NOT talk to someone and ask why? Use that as a barrier to communication.

Discussion Questions:
   1. What did you all see going on?
   2. What are some other things that you would have said?
   3. How did it feel? (specifically for the role players)
   4. Can we look at the “Steps to Effective Communication” we discussed last time – what did you see from this list?
Steps to Effective Communication
(Hang-up laminated sheet /overhead and give out handout)

1. What do I want?
2. Don’t confuse the listener.
3. Be precise and concise - to the point.
4. Know who you want to talk to.
5. Meet the listener’s needs - address the things that they are asking you.
6. Be prepared to answer questions.
7. Be creative.

III. Leadership (2 minutes)

We’ll be setting goals again before the next session. We are going to utilize this goal setting exercise to talk a little bit more about leadership. People are not born leaders; it is a skill that must be learned and practiced. Part of this leadership training includes taking an active role in these sessions. I would like to ask for a volunteer to lead next week’s goal setting review. You will basically do what we just did. You will be responsible for leading the discussion and I will have the questions for you to lead the discussion. If you have questions, you can talk to me after this session.

IV. Influences on Sexual Decision-Making (30 minutes)

A. As we discussed earlier, other people and outside things affect all of our decisions, including our sexual decisions. Now we’re going to talk about the people and things that affect our sexual decisions.

1. Who are some of the people that affect our sexual decision-making?

   (Offer the categories below if people have not volunteered them.)

   • parents and family, friends
   • sexual partners
   • church and religion
   • media (TV, magazines)
   • culture/society

---

3 Turner, K. Sexual Risk Reduction in Recovery
These are some of the people who influence your sexual decisions. Now I would like you to rank the effect these people had on you at different points of your life. Rate each situation from one to five ranging from “very strong influence” to “no influence.” Put the number (1-5) next to each person or category.

**Facilitator Prompt**

- Hand out influence sheet and ask people to record their answers.
- Facilitator shows the scale on a flipchart so participants can keep it in mind. Read each scenario and allow participants time to make decisions and have them write their answers on their answer sheet.
- Ask for a few volunteers to come up to the board and write their responses.

**Discussion Questions:**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Influence</td>
<td>Very Strong Influence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. During your **teenage years**, did these people or things have a very strong influence over your sexual decision, no influence at all, or somewhere in between?
2. During your **adult years**, did these people or things have a very strong influence over your sexual decision, no influence at all, or somewhere in between?
3. In the **last year**, did these people or things have a very strong influence over your sexual decision, no influence at all, or somewhere in between?

(Have each person share one time period with the group.)

**B. Conclusion**

- Notice how people’s influence over your sexual decision making process has changed over time
- Think about some of the ways that these influences give us conflicting messages. It is important to think about how much influence you want people to have over this part of your life.
- It is important to keep in mind all of the different factors that influence our decisions so that we can weigh what we want as opposed to what other people want from us, and so that we can be aware of how our decision affect other people.
V. Sexual Activities (12 minutes)  

A. Activity: Name the Parts

• A part of being able to talk about sex and HIV prevention is thinking about what we call sexual related terms.

• We’d like to divide you into two groups and give each of you a piece of newsprint. Each piece will have two words on it. We want you to write as many words as you know that mean the same as that word.

• For example, if the word “orgasm” were written at the top of the page, “coming” might be something you write down.

• Please don’t be afraid to write any word— slang and all – we’ll talk about it afterwards.

Facilitator Prompt

1. Hand out two pieces of newsprint. One has “making love/penis” on top and the other “masturbation/vagina.” to list all the slang terms they know for the word.

2. After 5 minutes, ask each group to post its list on the wall. Someone from the group may read, the entire group can read together or each person can read their own terms.

Discussion Questions:

1. How did it feel to write and talk about these words?

2. What does this help us to understand?

3. Why do we use slang for sex talk?

4. Important that different people in different places use different terms.

5. Important to feel comfortable with and understand what people say.

6. Are the words for masturbation and lovemaking the same for both men and women? Why or why not?

---

4 Turner, K. Sexual Risk Reduction in Recovery
B. Activity - What is Risky?

(Have categories listed on newsprint.)

- So now let’s shift to sexual activities. We are going to discuss the sexual behaviors that put us at risk for disease and some of the ways we can protect ourselves and our partners.
- I have three categories here (high risk, low risk, no risk). I am going to pass out sheets of paper that has a behavior printed on it.

**Facilitator Prompt**

Read the behavior out loud and then place it in the correct column. The group will then discuss whether they agree or whether they think it belongs in another category.
Session III - Handout
Risk Activity: High, Low, No

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Lower Risk</th>
<th>No Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anal intercourse - no condom</td>
<td>1. Anal intercourse - with condom</td>
<td>1. Dry kissing</td>
</tr>
<tr>
<td>4. Fisting; Reaming - no latex</td>
<td>4. Tongue kissing</td>
<td>4. Touching</td>
</tr>
<tr>
<td>5. Fellatio - with ejaculation - no protection</td>
<td></td>
<td>5. Hugging</td>
</tr>
<tr>
<td>6. Fellatio - no ejaculation - no protection</td>
<td></td>
<td>6. Massaging</td>
</tr>
<tr>
<td>7. Cunnilingus - no protection</td>
<td></td>
<td>7. Rubbing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussion Questions:
(Leave them with these questions if time is an issue)

1. Which behaviors were you not sure about? What surprised you about which behaviors ended up in which category?

2. If you have more than one partner, do you do different behaviors with different types of people? How do you decide what you will do with who? Are some people safer than others?

*It is important to realize that we have changed in how we view things. The same is true for the people with whom we will be doing outreach. Sometimes we know something, but don’t practice it. People in our lives influence these decisions, just as we learned in the Influential Scale exercise earlier.*

**Facilitator Prompt**

1. If time is short, move quickly through low risk behaviors.
2. Hand out high/low risk sheets for tool kits.

**VI. Goals**

Discussion Questions:

1. What did we see happening in this session?
2. Can you see yourself in this situation?
3. What would you have done differently?

**VII. Homework**

**Facilitator Prompt**

1. Pass out Goal cards with Homework Assignment and explain that as part of the long term goal of doing effective outreach, they are expected to (1) talk with a sexual partner about high/low sexually risky behaviors, (2) talk to a same sex friend about these behaviors, and (3) talk with a stranger about the same topic.
2. Pass out blank goal cards for their own personal long and short-term goals for next week.
3. Reiterate who will be leading goal setting homework next week.
VIII. Summary (if time permits)

- Summarize the topics covered in the session.
- Use Segments pg. 1 as a reference.
Please circle if you think the following statements are “true” or “false.” It might be hard to choose but it is really important you choose one or the other.

1. HIV is spread through body fluids such as blood, semen, and breast milk.
   True               False

2. It is as important to listen as it is to talk in being an effective communicator.
   True               False

3. Being an aggressive communicator is standing firm in what you say without violating someone else’s rights.
   True               False

4. This is an example of an open-ended question, “Did you go talk to someone about HIV risk lately?”
   True               False

5. Paraphrasing is saying what someone says in a different way.
   True               False

6. APBs means AIDS Preventive Behaviors.
   True               False

7. BOW stands for Baltimore Outreach Worker.
   True               False
**Session III - Handout**

**Influences on Sexual Decision-Making**

<table>
<thead>
<tr>
<th>Person or Category</th>
<th>Teenage years (1-5)</th>
<th>Adult years (1-5)</th>
<th>Present (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Influence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Strong Influence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Session III - Handout**

**Risk Activity - High, Low, No**

<table>
<thead>
<tr>
<th><strong>High Risk</strong></th>
<th><strong>Lower Risk</strong></th>
<th><strong>No Risk</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Anal intercourse - no condom</td>
<td>• Anal intercourse - with condom</td>
<td>• Dry kissing</td>
</tr>
<tr>
<td>• Vaginal intercourse - no condom</td>
<td>• Vaginal intercourse - with condom</td>
<td>• Self-masturbation</td>
</tr>
<tr>
<td>• Sharing sex toys - no latex</td>
<td>• Mutual masturbation</td>
<td>• Toe sucking</td>
</tr>
<tr>
<td>• Fisting; Reaming - no latex</td>
<td>• Tongue kissing</td>
<td>• Touching</td>
</tr>
<tr>
<td>• Fellatio - with ejaculate - no protection</td>
<td></td>
<td>• Hugging</td>
</tr>
<tr>
<td>• Fellatio - no ejaculate - no protection</td>
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<td>• Massaging</td>
</tr>
<tr>
<td>• Cunnilingus - no protection</td>
<td></td>
<td>• Rubbing</td>
</tr>
</tbody>
</table>

- Anal intercourse - no condom
- Vaginal intercourse - no condom
- Sharing sex toys - no latex
- Fisting; Reaming - no latex
- Fellatio - with ejaculate - no protection
- Fellatio - no ejaculate - no protection
- Cunnilingus - no protection

- Anal intercourse - with condom
- Vaginal intercourse - with condom
- Mutual masturbation
- Tongue kissing

- Dry kissing
- Self-masturbation
- Toe sucking
- Touching
- Hugging
- Massaging
- Rubbing
### Session IV
**Facilitator Check List**

*Do I have…*

<table>
<thead>
<tr>
<th>Materials</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance sheet at front desk</td>
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<tr>
<td>Markers</td>
<td></td>
</tr>
<tr>
<td>Tape</td>
<td></td>
</tr>
<tr>
<td>Newsprint</td>
<td></td>
</tr>
<tr>
<td>Ground rules to hang on wall from Session 1</td>
<td></td>
</tr>
<tr>
<td>Female condoms (1 for each participant)</td>
<td></td>
</tr>
<tr>
<td>Game prizes</td>
<td></td>
</tr>
<tr>
<td>Kits (1 per participant) and contact sheet</td>
<td></td>
</tr>
</tbody>
</table>

**Newsprint Pre-Printed in the Following Order**

- Jeopardy Game – squares are entirely covered with paper: top row written “100” and bottom row “50” – answers covered underneath that.
- Sheet with heading “Condoms and Alternatives to Intercourse”
- Ways to Protect Ourselves

**Handouts**

- Evaluation of Session 3
- Jeopardy Answers
- Review of Goal Setting Homework
- Ways to Protect Ourselves
- Extra Goal Cards
- Bells

Condoms

Facilitator Form for Goal Setting

Food Ordering Form
SHIELD Session IV:
Sexual Prevention and Outreach 1

This session will cover sexual prevention strategies as well as a broad introduction of outreach. Participants will learn ways to protect themselves through condom use and have the opportunity to practice with both male and female condoms. This will lead into the second half of the session, a discussion about the overall project goal and the ways participants will begin to practice and develop outreach skills. This session builds on the communication skills discussed in Session 2 and HIV risk behaviors discussed in Session 3.

**Time:** 90 – 120 minutes

**Goals:**
1. Participants will learn how to use condoms effectively in the prevention of HIV.
2. Participants will think more actively about how to talk to others about HIV/AIDS.
3. Participants will practice discussing condom use with partners.
4. Participants will begin to think and practice doing outreach to strangers.

**Segments:**
1. Evaluation and Review
   a. Evaluation
   b. Review: Jeopardy
2. Review Goals – Homework
3. Condom Use
   a. Condoms and Alternatives to Intercourse
   b. Participant Condom Demonstration of Male and Female Condom
   c. Facilitator Condom Demonstration
   d. Role Plays
4. Outreach
5. Homework
6. Role Plays
7. Summary
Members of the ethnographic team will be there as we move into the outreach phase of the intervention. Please introduce them to participants and let them say a bit about what they do and that they will be attending the rest of the session.

I. Evaluation and Review

A. Evaluation (15 minutes)

- Pass out evaluation forms and explain the importance of their feedback in terms of improving the intervention.
- After they fill out the evaluation, review evaluation answers quickly after everyone has finished.

Discussion Questions:
1. What was your favorite activity? Why?
2. What was your least favorite part? Why?

We would like to continue to get feedback on what you think about these sessions. Your input is very important to us and can be used to improve future training groups. We have set up a suggestion box in which you can put your anonymous comments (either positive or negative).

B. Review: Jeopardy (15 minutes)

- To review some of the information that we have covered in the previous sessions, we are going to play a game of jeopardy. Can we divide into two teams?
- I have three categories on the board, which are the topics from the previous sessions. There are two statements in each category, one worth 50 points and the other worth 100 points.
- The first person on each team will pick a category and then the statement (based on level of difficulty). That team member must give their answer in the form of a question. If that person does not know the answer, it goes to the other team. Each team member will get a turn. Any questions before we begin the game?
Facilitator Instructions

- Give an example if there is any confusion:
  
  *If the statement is: “The virus that causes AIDS,” you would say, “What is HIV?”*

- Pick one of the categories to begin with. After you read a question, the team rings a bell. The first team to ring a bell gets to ask the question.

- If there is a tie, flip a coin.

- Facilitator keeps track of points.

- Give out prizes to the team members that have the most points.

Jeopardy Questions

<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>SHIELD Terms</th>
<th>Sexual Risk Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The body fluids that spread the virus. What are blood, semen, vaginal fluids, and breast milk?</td>
<td>1. Self Help in Eliminating Life Threatening Diseases. What is SHIELD?</td>
<td>1. Anal, vaginal and oral intercourse without a latex barrier. What is high-risk behavior?</td>
</tr>
<tr>
<td>2. The window period (three months). What is the length of time between infection and when HIV can be detected in the blood?</td>
<td>2. APBs. What is AIDS Preventive Behaviors?</td>
<td>2. Using condoms, communication with partners, getting tested regularly. What are some ways we can protect ourselves from HIV and other STDs?</td>
</tr>
</tbody>
</table>
II. Review of Goal Setting Homework  *(15 minutes)*

This is lead by a participant who volunteered last week. You should meet with the participant a few minutes before the session to talk to them. The sheet they have says the following:

**Discussion Questions:**

(Ask each person to share their story)

1. Did anyone get a chance to talk to someone about HIV risky sexual behaviors *(friend, family, or stranger)*?
2. If so, would you like to talk about what happened -- who did you talk to, what did you talk about?

(Open up to the group)

3. What were some barriers to communicating effectively? Did they seem to understand what you wanted them to?
4. Could someone volunteer to lead this part of the discussion for next session?

III. Condom Use

A. Condoms and Alternatives to Intercourse *(10 minutes)*

- I’d like you to come up with a list of the ways we can protect ourselves from HIV.
- I’m going to write these on the board as you suggest them.

(After they have suggested an extensive list, handout our list and if time permits, select a few items to read.)

- The list I am giving you is a few more “alternatives” we have thought of and is a reference list for you.

---

5 Turner, K. Sexual Risk Reduction in Recovery
What are Some Ways to Protect Ourselves from HIV/STDs?

1. Abstinence
2. Learn how to use latex barriers correctly and carry them with you
3. Recognize we are at risk for STDs/HIV
4. Be selective about partners
5. Know partners well and communicate with them
6. Be honest with partner about sex
7. Be honest with partner about sexual and drug history
8. Be educated about STD symptoms and look for them in self and partner
9. Get STD and HIV testing regularly
10. If infected with an STD, follow treatment and care instructions carefully
11. Be assertive and straightforward about sexual communication
12. Use good sexual decision-making before engaging in sexual activity
13. Don’t share needles
14. Don’t mix sex and drugs

B. Participant Condom Demonstration of Male and Female Condom (15 minutes)
Ask people if they have used male and then female condoms. Have two volunteers demonstrate each condom type and describe what they do.

Discussion Questions (for both types of condoms):
(To follow the 2 male and then 2 female demonstration)

1. What did you all see?
2. Was there anything you would have done differently?

- Individuals with a medical assistance card can receive up to 12 female condoms from Rite Aid and CVS per month.
- It is important to remember to use water-based lubricants and not oil based lubricant because oil can dissolve the condom.
- Also, latex condoms are the only kind of condoms that protect against HIV, not animal skin that is porous and allows for the virus to enter.

(Hand out a female condom to each participant.)
C. Facilitator Condom Demonstration
1. Discuss and demonstrate the correct method of putting on a male condom, taking it off, and disposing of it.
2. Discuss and demonstrate correct method of inserting female condom.
3. Pass out condom use handouts. Ask participants to discuss their feelings about using condoms themselves:

Discussion Questions:
1. *Is it always easy to use condoms?*
2. *What do you think about using condoms?*
3. *Do you use them? Why/why not?*

D. Role Plays *(15 minutes)*
*I want us to do some role-plays about how we talk about condoms with our partners or our friends. Could two people volunteer for the role-play? (If there is a woman on the group ask her to volunteer.) The scenarios are:*

*If There Is A Woman In The Group and She is Willing*
Two people have been dating for at least a few months. They have not used condoms, and the woman wants to suggest to her partner using condoms. He of course thinks this means she isn’t being faithful -- how does she resolve this?

*If There Are Only Men in the Group (or a woman doesn’t volunteer)*
A man is talking to his buddy about his girlfriend (of 3-6 months) who talked to him last night about using condoms. He reacted in a way he wasn’t happy with – he accused her of being unfaithful, even though he actually had begun to see another woman on the side and wants advice from his friend how to deal with the issue with his girlfriend.
Follow-up Discussion:

1. What did you all see going on?
2. How did it feel (specifically for the role players)?
3. Can we look at the “Steps to Effective Communication” we discussed last time—what did you see from this list? (get them to talk specifically about this list)—THIS IS THE MAJORITY OF THE CONVERSATION.

Steps to Effective Communication (hang-up laminated sheet.)

1. What do I want?
2. Don’t confuse the listener.
3. Be precise and concise - to the point.
4. Know who you want to talk to.
5. Meet the listener’s needs - address the things that they are asking you.
6. Be prepared to answer questions.
7. Be creative.

IV. Outreach (15 minutes)

- Until now, the majority of our efforts have been centered around a few key issues related to communication. First -- developing and fine-tuning communication skills. Secondly, understanding the importance of communication and the role it plays in effective and positive interactions between people.
- As present and future leaders in your community, you will be applying the knowledge, skills, and resources that you have amassed here at the SHIELD project in real life encounters with family, friends, and others in your community.
- These real-life encounters will allow you to affect positive interactions not only in your outreach efforts, but in your everyday lives.
- Let’s take a look at how we can further embrace these skills which we have acquired — which as leaders help us to better serve our communities in the fight against the transmission of disease.
- We are now moving to a discussion about talking to people we don’t know about condoms.
(Generate a discussion about doing outreach)

Discussion Questions:

1. Can we talk to people we know about using condoms?
2. How would you approach someone you don’t know – not a potential sex partner – about using condoms?
3. You know, it is important to bring up this issue in an effective way so that people can listen because we don’t want to insult them – condoms can mean a whole lot of things to folks – including trust, honesty, and things like that.
4. How can we talk to people about their (and their partners’) sexual behavior in a nonjudgmental way, moving away from a focus on individuals?

Some suggestions:

- “If everyone uses condoms then HIV could not be passed to family members and friends.”
- “HIV is destroying our community and using condoms is one thing that everyone can do to help the community.”

V. Homework (5 minutes)

- I would like you to give you your long-term and short-term goals for next session.
- I am also giving you extra sheets for you to write any goals you would like to. The long-term goal we came up with is: To do effective outreach about HIV Prevention in my community.
- We want you to really stretch yourself – if you haven’t talked to a stranger yet, please do before the next session. If you haven’t talked to your partner (if you have one), please talk to them. This is really an opportunity for you to try things out and get feedback from the group.
- Because it is the first time you might be talking to a stranger about what you are learning in SHIELD– be aware of how it feels different from someone you know.
- One way to approach them by telling them that you are a part of an community HIV prevention effort and want to talk to them a few minutes about HIV.
Kit and Contact Sheet Introduction

- I am going to give you a “SHIELD kit” to distribute when you do your outreach. We will be talking about the contents and importance of these kits in the next session. I would like you to hand out the kit and write down the information on this contact sheet and be prepared to come back and talk about this at the next session.
- Both of these things are vital components of doing outreach. The kits are really popular and a little tool for people to listen to us and get something in return.
- The contact sheets allow us to know who we are doing outreach to and VITAL for us to know how well we are doing at reaching those in need.

VI. Short Role Play II (5 minutes)

Now that we have discussed talking about condoms and how we might talk to a stranger about condom use, I would like two more volunteers for a short role-play. One person approaches the other person on the street and wants to talk to them about SHIELD and wants to give them a condom.

Facilitator Instructions

- Whisper in the ear of the information receiver to act like they are in a hurry and have to be convinced they need to hear what the other person needs to say.
- Give the participants space in the middle so that they are standing and one physically approaches the other.

VII. Summary (if time permits)

- Summarize the topics covered in the session.
- Use Segments pg. 1 as a reference.
Please circle if you think the following statements are “true” or “false.” It might be hard to choose but it is really important you choose one or the other.

1. Confusing the listener is an important component of effective communication.  
   True  
   False

2. Mutual masturbation is a lower risk sexual activity.  
   True  
   False

3. Other people’s influence in our sexual decision-making process changes.  
   True  
   False

4. Fisting without a condom is not a risky sexual behavior.  
   True  
   False

5. Sharing sex toys without a condom is not a risky sexual behavior.  
   True  
   False

6. Paraphrasing is saying what someone says in a different way.  
   True  
   False

7. SHIELD stands for self-help in expressing love and preventing disease.  
   True  
   False
Review of Goal Setting Homework

Discussion Questions:

(Ask each person to share their story.)

1. Did anyone get a chance to talk to someone (friend, family, or stranger) about HIV?
2. If so, would you like to talk about what happened -- who did you talk to, what did you talk about?

(After everyone has shared their story, ask the group the following)

3. What were some barriers to communicating effectively? Did they seem to understand what you wanted them to?
### Session IV - Handout

**What are the Essential Facts about HIV/AIDS?**

<table>
<thead>
<tr>
<th>Fact</th>
<th>Essential information to tell/share during HIV Prevention Outreach?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIV (Human Immunodeficiency Virus) is the virus that causes AIDS.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>2. AIDS (Acquired Immunodeficiency Syndrome) is the disease that results from HIV.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>3. The virus was identified in the U.S. in 1983.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>4. The body fluids that spread the virus are blood, semen, vaginal fluids, and breast milk.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>5. As of June 1994, there was 401,749 reported cases of people diagnosed with AIDS in the U.S.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>6. About 1 million people are infected with HIV in the U.S.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>7. HIV attacks and destroys the immune system.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>8. The immune system is a collection of cells and substances that act as the body’s defense against disease agents that make people sick.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>9. Half of the people who were infected with HIV this year will develop AIDS in 10 years.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>10. The period of time after the HIV infection that a person may not show symptoms can least from six months to over ten years.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>11. The best way to determine if you have been infected with HIV is a blood test. However, there has recently been a saliva test that may also determine HIV infection.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>12. From the time of the infection to the time HIV can be detected in the blood is around three months.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>13. The HIV symptomatic period may last several years.</td>
<td>○ Essential ○ Unessential</td>
</tr>
<tr>
<td>14. The average survival rate after a diagnosis of AIDS is 1 to 2 two years. The maximum survival rate is not known.</td>
<td>○ Essential ○ Unessential</td>
</tr>
</tbody>
</table>
### Jeopardy Questions

<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>SHIELD Terms</th>
<th>Sexual Risk Behaviors</th>
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<td>1. Self Help in Eliminating Life Threatening Diseases.</td>
<td>1. Anal, vaginal and oral intercourse without a latex barrier.</td>
</tr>
<tr>
<td><strong>What are blood, semen, vaginal fluids, and breast milk?</strong></td>
<td><strong>What is SHIELD?</strong></td>
<td><strong>What is high-risk behavior?</strong></td>
</tr>
<tr>
<td>2. The window period (three months).</td>
<td>2. APBs.</td>
<td>2. Using condoms, communication with partners, getting tested regularly.</td>
</tr>
<tr>
<td><strong>What is the length of time between infection and when HIV can be detected in the blood?</strong></td>
<td><strong>What is AIDS Preventive Behaviors?</strong></td>
<td><strong>What are some ways we can protect ourselves from HIV and other STDs?</strong></td>
</tr>
</tbody>
</table>
Ways to Protect Ourselves from HIV/STDs

1. Abstinence
2. Learn how to use latex barriers correctly and carry them with you
3. Recognize we are at risk for STDs/HIV
4. Be selective about partners
5. Know Partners well and communicate with them
6. Be honest with partner about sex
7. Be honest with partner about sexual and drug history
8. Be educated about STD symptoms and look for them in self and partner
9. Get STD and HIV testing regularly
10. If infected with an STD, follow treatment and care instructions carefully
11. Be assertive and straightforward about sexual communication
12. Use good sexual decision-making before engaging in sexual activity
13. Don’t share needles
14. Don’t mix sex and drugs
Session V
Facilitator Check List

Do I have…

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<td></td>
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<tr>
<td>Game prizes</td>
<td></td>
</tr>
<tr>
<td>Newsprint Pre-Printed in the Following Order</td>
<td></td>
</tr>
<tr>
<td>• Go Fish strips</td>
<td></td>
</tr>
<tr>
<td>Handouts Evaluation of Session 4</td>
<td></td>
</tr>
<tr>
<td>• Go Fish Handouts</td>
<td></td>
</tr>
<tr>
<td>• Bleach discussion</td>
<td></td>
</tr>
<tr>
<td>• Review of Goal Setting Homework (2 copies)</td>
<td></td>
</tr>
<tr>
<td>• Essential Facts about HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Facilitator Form for Goal Setting</td>
<td></td>
</tr>
<tr>
<td>Food Ordering Form</td>
<td></td>
</tr>
</tbody>
</table>
Session V: Injection Drug Use Risk and Prevention Strategies

This session provides a more in-depth examination of how HIV is transmitted through injection drug use. Prevention strategies for cleaning works with bleach and avoiding sharing equipment are discussed. Each session will build on the principle that participants will learn prevention strategies on a personal level first, and then learn to teach them to others.

**Time:** 90 minutes

**Goals:**
1. Participants should understand why sharing works is risky.
2. Participants should know how to clean and disinfect all injection paraphernalia.
3. Participants should be exposed to the range of possible prevention strategies that they might adopt or teach to others in outreach.
4. Participants should reflect on how they wind up in risky situations and what they can do to avoid them.

**Segments:**
1. Evaluation and Review
   a. Evaluation
   b. Review-Go Fish
2. Review of Goal Setting Homework
   a. Discussion
   b. Role plays
3. Risk of Injection Drug Use
4. Cleaning Works
   a. Cleaning Discussion
   b. Blood Demonstration
5. Bleach Discussion
   a. Cleaning Demonstration
   b. Booster Video
6. Essential Facts about HIV
7. Goal Setting Homework
8. Summary
I. Evaluation and Review (10 minutes)

A. Evaluation

Facilitator Prompt

- Pass out evaluation forms and explain the importance of their feedback in terms of improving the intervention.
- After they fill out the evaluation, review evaluation answers quickly after everyone has finished.

Discussion Questions:

1. What was your favorite activity? Why?
2. What was your least favorite part? Why?

We would like to continue to get feedback on what you think about these sessions. Your input is very important to us and can be used to improve future training groups. We have set up a suggestion box in which you can put your anonymous comments (either positive or negative).

B. Review: Go Fish (10 minutes)

We are now going to review some of the things we have learned from the past two sessions. I am going to pass out a bowl that contains different review questions. Please pick one sheet and read and answer the question out loud. If you are not sure about the answer, ask the group to help you.

(When the game is over, give out prizes to all participants.)
**Go Fish**

<table>
<thead>
<tr>
<th>Myth or Fact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms are 100% protection against HIV and other STDs.</td>
<td>Myth</td>
</tr>
<tr>
<td>It takes two people to make a decision about having sex.</td>
<td>Myth</td>
</tr>
<tr>
<td>The immune system is the body’s defense against disease causing agents.</td>
<td>Myth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>It isn’t important to squeeze the tip of the condom to get out all of the air.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a cure for AIDS? (circle one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being high can influence your sexual behaviors.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
II. Review of Goal Setting Homework (15 minutes)

This is lead by a participant who volunteered last week. You should meet with the participant a few minutes before the session to talk to them. The sheet they have says the following:

1. Ask each person to share their story.
2. The following questions might help guide the discussion but feel free to ask anything else you would like.

A. Discussion

Discussion Questions:
1. Did anyone get a chance to talk to a stranger about HIV risk from injection drug use? If so, would you like to talk about what happened -- who did you talk to, what did you talk about?

(Open up to the group.)

2. What were some barriers to communicating effectively? Did they seem to understand what you wanted them to?

B. Role Plays

The participant should ideally lead this, but they will probably need a lot of active help from the facilitator.

- I would like to do some role-plays about the barriers to effective communication we just discussed.
- Would one of you (who mentioned barriers) be comfortable to role-play the conversation. Will you set up the scenario?
- Who were you talking to, what were you talking about? I would like you to be yourself, and will someone else volunteer to be the person she/he is talking to? Now the situation may not go exactly as it went with you the first time – you are welcome to change your response as you think about how to overcome the barrier.

(Put two chairs in the middle for people to role-play).

Discussion Questions:
1. What did you all see going on?
2. What are some other things that you would have said?
3. How did it feel? (specifically for the role players)
4. Can we look at the “Steps to Effective Communication” we discussed last time – what did you see from this list?
Facilitator Instructions

• The majority of the follow-up discussion should be spent on “Steps to Effective Communication.” Please guide them through each point and discuss as it pertains to the role-play.
• Hand out a copy of “Review of Goal Setting Homework” to the next participant facilitator.

III. Risks of Injection Drug Use

• Today we are going to talk a lot about the risk of getting HIV from injection drug use. It is important to clarify drug paraphernalia language and know what people are talking about. When we say works, what do we mean? (write down a list)
• All the components: needles, syringes, cookers, cotton and water are equally important.
• The first line of resistance against spreading HIV is “not sharing works.” But if people don’t know what this means, they might think you are just talking about needles.
• This information will help you in being an effective outreach worker.

IV. Cleaning Works

Note of Caution

We are now going to demonstrate how to clean works. I realize this might be a difficult issue for some of you – and I really want you to feel comfortable to leave the room while we do this part of the session. We do not want to bring up bad memories or tap into things you don’t need to see right now. If you want to leave, just go and we will come get you when we are finished.

A. Cleaning Discussion

• We want to talk a bit about how to clean works. Now, cleaning with bleach is not 100% affective for killing HIV in the needle – for reasons we will talk about.
• Since we are lucky enough in Baltimore to have a needle exchange where we can get brand new needles in exchange for a used needle, this is the best method of ensuring HIV is not spread in needles.

• But if there is a time when you can’t get to the exchange, cleaning with bleach, thoroughly cleaning, is a way to minimize the risk of catching AIDS this way.

Discussion:
1. Ask people if they clean their works.
2. Have each person demonstrate and describe what they do. Tell them to assume the needle has been used previously.
3. Ask the person who is demonstrating to talk through what they are doing.
4. Generate a discussion about what people saw in the demonstrations (similarities and differences). Dialog about why people use certain cleaning methods.
5. People can have different styles of cleaning as long as each step is completed.

Facilitator Instructions

• Facilitator should offer observations pointing out the positives and negatives. For example, in the pilot groups all of the participants said that you must clean each piece but in the demonstration no one cleaned or mentioned cleaning their cookers.

• Ask participants where you can get needles – whatever they answer, inform them that the only place to get clean needles is from the needle exchange van or pharmacies – even the neighborhood diabetic could resell used needles that have been resealed.

B. Blood Demonstration

A lot of people think that if you don’t see the blood in their works, then it isn’t there. I want to show you something about that. What I have here is some blood – as you see I am wearing gloves and have taken a class in order to deal with this blood. I am not going to be asking any of you to handle any blood products – this is only for demonstration.

Facilitator Instructions

• Narrate what you are doing as you demonstrate.
• Draw blood into the syringe and then squirts out.
• Clean the syringe 3 times with water.
• Squirt the last bit of water onto the sheet with antigens, explaining that the blood is still in the syringe. The moral of the story is, “what we can’t see, can hurt us.”
V. Bleach Discussion

A. Cleaning Demonstration
Facilitator can now demonstrate correct steps.
Stress that:
  ➢ bleach and both waters should be kept in the syringe for at least 30 seconds
  ➢ ask for suggestions about what to do while you wait
  ➢ the types of cotton to use (pharmaceutical cotton)
  ➢ and using two separate wash waters (before and after bleach).
  ➢ This is the method recommended by the Centers for Disease Control: 3 x 3

• Using bleach may not be 100% effective but if you can’t use a new set of tools every time, it is important to know the correct steps for cleaning. Other disinfectants can also be used if bleach is not available.

• These are the kits you’ll be giving out during outreach and we’ll talk more about these kits a little later.

(Hand out and discuss the information sheet on the effectiveness of bleach.)

B. Booster Video

I want to show you a video made by members of something called the “booster group.” These folks have completed the SHIELD training and have been doing outreach for some time. They meet weekly to share outreach stories and receive support in their work for the project, and have decided to make some videos to help us in the training.

Follow-up Discussion:
1. What did you see going on here?
2. Have you ever seen that situation?
3. What could they have done to reduce their risk?

Facilitator Instructions
Talk about how planning is key – having clean works if possible, knowing when and where the Needle Exchange is to get clean works – or trying to avoid certain situations that might put someone at risk.
VI. Essential Facts about HIV (15 minutes)

- I am going to hand out a sheet called “Essential Facts about HIV.” I would like you to listen as I read each question, and you circle whether it is an “essential” or “unessential” piece of information in doing outreach.
- In other words, there is a lot of information about HIV, but some is more important than others when we are educating folks about outreach. We’ll go over each answer and discuss it afterwards.
- Although some of this information might seem important, think about how we want to use these as narratives to catch people’s attention and engage them in thinking about their own HIV risk.

Facilitator Instructions

- Read each question and give participants time to answer and then discuss.
- This can generate a lot of discussion. Be mindful of time and if there are any issues to discuss further, write them down to revisit at the end of the session for those who want to stay.

VII. Goal Setting Homework

- I would like you to set up a goal for next week about talking to a stranger about HIV risk reduction behaviors regarding injection drug use (hand out card).
- The long-term is to do effective outreach about HIV prevention in the community.

The short-term goals are:

Talk to a STRANGER about HIV
Talk to a STRANGER about using condoms.
Talk to a STRANGER who uses drugs about risky injection behavior.

- Don’t worry about giving out the “right” information. We will talk about this in the next session.
- I am also giving you out a kit and a contact sheet. As you can see, we are beginning to focus more on outreach with people that we don’t know.
- In terms of how to approach people, one way to approach them by telling them that you are a part of an community HIV prevention effort and want to talk to them a few minutes about HIV.
VIII. Summary

Facilitators Instructions

- Summarize the topics covered in the session.
- Use Segments pg. 1 as a reference.
Review of Goal Setting Homework
Ask each person to share his or her story.

The following questions might help guide the discussion but feel free to ask anything else you would like.

Discussion Questions:
1. Did anyone get a chance to talk to a stranger about HIV risk from injection drug use? If so, would you like to talk about what happened -- who did you talk to, what did you talk about?
(Open up to the group.)
2. What were some barriers to communicating effectively? Did they seem to understand what you wanted them to?

Role Plays
• I would like to do some role-plays about the barriers to effective communication we just discussed.
• Would one of you (who mentioned barriers) be comfortable to role-play the conversation. Will you set up the scenario?
• Who were you talking to, what were you talking about. I would like you to be yourself, and will someone else volunteer to be the person s/he is talking to? Now the situation may not go exactly as it went with you the first time – you are welcome to change your response as you think about how to overcome the barrier.

(Put two chairs in the middle for people to role-play).

Discussion Questions:
1. What did you all see going on?
2. What are some other things that you would have said?
3. How did it feel? (specifically for the role players)
4. Can we look at the “Steps to Effective Communication” we discussed last time – what did you see from this list?
**Session V - Handout**

*Go Fish*

<table>
<thead>
<tr>
<th>Myth or Fact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms are 100% protection against HIV and other STDs.</td>
<td>Myth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Myth or Fact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>It takes two people to make a decision about having sex.</td>
<td>Myth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Myth or Fact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The immune system is the body’s defense against disease causing agents.</td>
<td>Myth</td>
</tr>
</tbody>
</table>
Although we teach you the 3x3x3 method, there are a few things we would like you to know about bleach.

1. Cleaning your needles with bleach doesn’t guarantee that they will be free of the virus.

2. 30 seconds is a really long time, and often times people don’t clean their needles with the method for a long enough period of time.

3. Any other kind of detergent is not safe for needle cleaning and could be a risk to your health.

4. The worst health outcome from getting a little bleach in your system is that you would feel nauseated.

5. The Baltimore needle exchange is located in the following sites and is for you and your friends’ use!!
Session VI: Tools for Effective Outreach

This session will provide the tools for participants to understand the components of an outreach encounter as well as have the opportunity to practice outreach. The overall goals of the session is to provide them with the tools and enthusiasm to perform outreach to strangers and begin to see themselves in the role of a SHIELD outreach worker.

Time: 90 – 120 minutes

Goals:
1. Participants will practice and learn effective strategies for doing outreach.
2. Participants will learn the components of outreach including: audience, timing, lead-ins, setting, and time of day.
3. Participants will teach each other how effectively approach people in outreach.
4. Participants will discuss the interpersonal violence that may result from promoting safer sex.
5. Participants will discuss and brainstorm on the importance of safety in doing outreach.

Segments:
1. Evaluation and Review
2. Review of Goal Setting Homework
   a. role plays
3. Approaches to Outreach
4. Mechanics of Outreach
   a. Lead-ins
   b. Paired role-plays
5. Kits, Resource Manual, and Contact Sheets
6. Safety
   a. Interpersonal violence
   b. Street safety
7. Goal setting Homework
8. Summary
I. Evaluation and Review

A. Evaluation (15 minutes)

- Pass out evaluation forms and explain the importance of their feedback in terms of improving the intervention.
- After they fill out the evaluation, review evaluation answers quickly after everyone has finished.

We would like to continue to get feedback on what you think about these sessions. Your input is very important to us and can be used to improve future training groups. We have set up a suggestion box in which you can put your anonymous comments (either positive or negative).

II. Review of Goal Setting Homework (15 minutes)

This is lead by a participant who volunteered last week. You should meet with the participant a few minutes before the session to talk to them. The participant instruction sheet contains: the initial discussion questions, the role-play, and role-play discussion questions.

Discussion Questions:
(Ask each person to share their story)

1. Did anyone get a chance to talk to a stranger about HIV risk from injection drug use? If so, would you like to talk about what happened -- who did you talk to, what did you talk about?
(Open up to the group)

2. What were some barriers to communicating effectively? Did they seem to understand what you wanted them to?
A. Role Plays

- I would like to do some role-plays about the barriers to effective communication we just discussed.
- Would one of you (who mentioned barriers) be comfortable to role-play the conversation. Will you set up the scenario?
- Who were you talking to, what were you talking about. I would like you to be yourself, and will someone else volunteer to be the person s/he is talking to? Now the situation may not go exactly as it went with you the first time – you are welcome to change your response as you think about how to overcome the barrier.

(Put two chairs in the middle for people to role-play).

Discussion Questions:
1. What did you all see going on?
2. What are some other things that you would have said?
3. How did it feel (specifically for the role players)?
4. Can we look at the “Steps to Effective Communication” we discussed last time – what did you see from this list?

Facilitator Prompt

If it is helpful, write down a list of strategies to overcome barriers, keeping the “steps” in mind. Suggestions from the pilots include:

1. know what you want to say
2. prepare a “script”
3. barriers can come from within us that cause miscommunication – it isn’t only the person we are trying to talk to

Could someone volunteer to lead this part of the discussion for next session?

III. Approaches to Outreach

- As we have seen, we can use good listening and communication skills in our everyday life. We can also use them when we are out in the community doing outreach. We must think about the most effective ways to pass on the information that we have.
- Outreach workers are an incredibly important link between a lot of people who do not have access to health and other social services.
- You will be that link – getting people hooked into services that they need and want but
don’t know how to access. Sometimes outreach workers are the only way that people can be connected to important services.

- We gave you a sample of a kit and contact form in the last session. These are vital components of the outreach encounter and must be involved in every encounter – why do you think these are important?

Now I want to ask you a few more questions about different approaches to outreach:
1. Is listening an important part of doing outreach? Why/why not?
2. How do we want to approach people? Will everyone respond in the same way?
3. What does aggressive mean to you? (refer to the laminated piece on the wall)
4. What does assertive mean to you?
5. Can you describe some of the strategies that you used to reach people when you did your homework this week?
(If not mentioned) – what about looking at people, timing of the encounter, making what you tell them relevant to their lives, etc.

IV. Mechanics of Outreach

- We are now going to talk a little bid about the “mechanics of outreach.” (Hand out sheet).
- There are many components that can make or break an outreach encounter. I would like to talk a little bit about the list I just handed you.

A. Lead-Ins (hand out lead-in sheet)

Before we do this, I am going to give you a sheet with several “lead ins” that can be used to approach someone – friends, family, or strangers (depending on the situation) while doing HIV prevention outreach.

B. Paired Role Plays (scenarios provided on next page)

We are going to do role-plays a little differently. I want you all to divide in pairs (if there is an odd number of people the facilitator can pair with someone). I am going to give you scenarios and you are going to role-play outreach. One of you will play the outreach
worker and the other will be the person s/he is approaching. Afterwards, we will return to the larger group and talk about what happened.
Session 6
Outreach Scenarios

(#)1
Audience: a stranger
Message: sex risks and the importance of having protected sex
Setting: a busy corner in an unfamiliar neighborhood to the outreach worker
Time: in the morning, first of the month
Lead In: up to you (remember what you said)
Approach: casual
Dynamics: the receiver is in a hurry and not in the mood to talk about HIV

(#)2
Audience: a neighbor
Message: HIV risk reduction through using clean works
Setting: on their front porch
Time: in the evening
Lead In: up to you (remember what you said)
Approach: casual
Dynamics: the receiver is a user and doesn’t think the neighbor knows so s/he is a bit offended that their neighbor is talking to them about this

(3)
Audience: an acquaintance
Message: getting tested for HIV
Setting: at Lexington market
Time: in the afternoon
Lead In: up to you (remember what you said)
Approach: formal
Dynamics: the receiver is HIV infected and the outreach worker doesn’t know
Ask each group to report their scenario, one at a time. As each group the following questions.

Discussion Questions:
1. Was the outreach worker assertive, aggressive, passive, or (point to the laminated sheet on the wall).
2. Was the outreach encounter effective or ineffective, why?
3. Was the receiver resistant. If so, what did the outreach worker do to make the receiver “buy in”?
4. Can you see how a kit might have been useful in this situation? How?
5. Does the group have any suggestions about the encounter?

Outreach Comes in All Shapes and Sizes

- I just want to talk a little bit about “outreach.” There are a lot of different ways to do outreach. A lot of people think that outreach only happens when you talk to strangers in a specific place – this is one form of outreach but all of the talks you have been having with your friends, family, and partners – these are a way of doing outreach.

- But it is important to remember that when you are going to do “street outreach,” you need to pick a good time for you in your daily routine, a place that you feel comfortable in, and a way to get the kits and contact sheets before you go out. This planning piece is a really important aspect of feeling successful in your outreach encounters.

V. Kits, Resource Manual, and Contact Sheets

- As you know, we have gone past the halfway mark in our intervention, and up till now all of your training has centered around the creation of, or the fine-tuning of communication skills, which would allow us to be more effective as community leaders, as well as serve us in our everyday lives.

- Beginning with today, you will be embarking on a new experience in your life, and we are hoping that it will prove most rewarding for you. This new experience will be that of conducting “community-outreach.”

- But before you can begin your outreach, we would like to introduce you to some tools that will allow you to be more effective, when you go out into the community.
• You have already handed out a kit, but at this time I will pass a few of them around, I’d like for you to open them so that we can get a first hand look – together-- at this very valuable outreach tool. We will examine these kits and explain their contents, if you have any questions, please feel free to ask them after the examination.

• Another tool you will be using in your outreach experience, will be what is called a contact sheet. I am going to pass some contact sheets out to you, and we will examine their role in your outreach efforts. It is vital that you understand the importance of filling out and returning these sheets to us.

• I will go over what is expected of you, and if there are any questions, we will address them after the examination. You will also be introduced to yet-another very important tool that you will have at your disposal, and that is the SHIELD Resource Manual. This manual will allow you to research and provide vital information to people in the community concerning - emergency food, clothing and shelter, as well as HIV testing locations, drug-treatment clinics, needle exchange locations, health institutions, job clinics, and much, much more.

• Are there any questions about any of these materials?

Facilitators Prompt
Hand out kits at the end of the session so they are not distracted.

VI. Safety
I want to talk a little bit about safety. This is an issue that is important in our own homes as well as on the street.

A. Interpersonal Violence
We know that violence can be a part of interpersonal relationships. It is important to remember when we are talking to people about asking their partners to practice safe sex, violence is an issue that may come up. Sometimes women do not feel comfortable talking about safer sex with their partners because they fear he will react violently. It is important for us to know that and know what to do to her. She may not be ready to talk about it with you, but there are domestic violence shelters, such as the House of Ruth, listed on the Resource Manual.
B. Safety on the Street

• There is another kind of safety issue that comes up when doing outreach -- We have all been out there and we know that anything can happen on the street. It is important for us set some guidelines for our safety when we are doing outreach.
• (write these on the newsprint as you talk about them)
• It is always important to know where you are and what is going on.
• It is helpful to go in pairs.
• If you do not feel comfortable after you in a neighborhood, leave.
• Make sure people know what you are doing
• Go out during the day if you can.
• Can you all think of any other guidelines??

VII. Goal Setting Homework

• I would like you to set up a long-term goal related to doing outreach for the next session. The short-term goals should be talking to three strangers about HIV prevention – drug use and sexual risk. I am going to give you three kits to hand out when you do this outreach, as well as contact sheets for each encounter.
• Think about what we talked about today in terms of audience, timing, lead-ins, etc.

VIII. Summary

Facilitator Instructions

• Summarize the topics covered in the session.
• Use Segments pg. 1 as a reference.
1. Hi there, looks like you’re pretty busy, but I wonder if you could spare me a moment of your time?

2. Hello – got a minute? I got a message that could possibly save your or a love-one’s life!!

3. Hi honey, how was your day, want to talk about it?

4. Man – you’re not going to believe this, but guess what I heard on the News about HIV and AIDS today…. 

5. Mom, I know we don’t talk much about sex, but I’ve been thinking…

6. Hey man, we need to have a serious talk about AIDS…

7. What’s up? Did you know – you don’t’ have to get the virus!

8. Hey, you’re my baby sister, I’m concerned about you –

9. Yo! Check out these kits I’ve got… what do you think?

10. Hey – I’m an outreach worker for the SHIELD project, I’d like to talk a moment with you and talk about prevention of disease.

11. Hi, do you think AIDS is a problem in our community?

12. Hello – we need your input – what do you think can be done about the spread of AIDS?
Mechanics of Outreach

When we talk about the “mechanics” of outreach, what do we mean? The mechanics are just basic components of doing street outreach – it is a way to get things done and make sure all the bases are covered.

<table>
<thead>
<tr>
<th>Component</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience</td>
<td>friends, family, strangers, neighbors, drug/sex partners</td>
</tr>
<tr>
<td>Message</td>
<td>APBs, injection risks, general drug using risks, sex risks, referrals</td>
</tr>
<tr>
<td>Setting</td>
<td>Home, Street, neighbor/friend’s house, work, bus, market, community</td>
</tr>
<tr>
<td>Time</td>
<td>morning, evenings, weekends, weekdays</td>
</tr>
<tr>
<td>Lead-In</td>
<td>open question, personal introduction, HIV facts, community concern</td>
</tr>
<tr>
<td>Approach</td>
<td>casual, formal, matter-of-factly</td>
</tr>
<tr>
<td>Dynamics</td>
<td>people sick, money tight, first of the month</td>
</tr>
</tbody>
</table>
Session VI - Handout
Outreach Scenarios

(1)
Audience: a stranger
Message: sex risks and the importance of having protected sex
Setting: a busy corner in an unfamiliar neighborhood to the outreach worker
Time: in the morning, first of the month
Lead In: up to you (remember what you said)
Approach: casual
Dynamics: the receiver is in a hurry and not in the mood to talk about HIV

(2)
Audience: a neighbor
Message: HIV risk reduction through using clean works
Setting: on their front porch
Time: in the evening
Lead In: up to you (remember what you said)
Approach: casual
Dynamics: the receiver is a user and doesn’t think the neighbor knows so s/he is a bit offended that their neighbor is talking to them about this

(3)
Audience: an acquaintance
Message: getting tested for HIV
Setting: at Lexington market
Time: in the afternoon
Lead In: up to you (remember what you said)
Approach: formal
Dynamics: the receiver is HIV infected and the outreach worker doesn’t know
Session VII: Resistance to Outreach

This session will focus on the intrapersonal, interpersonal, and structural barriers to doing effective outreach. Specifically, participants will be focus on the intrapersonal barriers and how to overcome them in doing outreach. The session will also broaden participants understanding of outreach to include their daily interactions with their friends, families, and acquaintances as well as strangers.

**Time:** 90 – 120 minutes

**Goals:**
1. Participants will review the basic knowledge about HIV risk from injection drug use.
2. Participants will think more actively about what is outreach.
3. Participants will identify barriers to outreach on an intrapersonal, interpersonal, and community levels.
4. Participants will analyze intrapersonal barriers strategize ways to overcome them.
5. Participants will practice and learn effective strategies for doing outreach focusing on how to handle any resistance they may encounter.

**Segments:**
1. Evaluation and Review (Pin the Site on the Map)
2. Review of Goal Setting Homework
   a. Discussion
   b. Role plays
3. What is Outreach?
4. Barriers to Effective Outreach
5. Barriers from Within
6. Booster Group Outreach Videos
7. Goal Setting Homework
8. Review and Summary
I. Evaluation and Review (15 minutes)

A. Evaluation

• Pass out evaluation forms and explain the importance of their feedback in terms of improving the intervention.

• After they fill out the evaluation, review evaluation answers quickly after everyone has finished.

Discussion Questions:
1. What was your favorite activity? Why?
2. What was your least favorite part? Why?

We would like to continue to get feedback on what you think about these sessions. Please remember the suggestion box at the back of the room.

B. Review: Pin the Site on the Map

• We are now going to review where some of the needle exchange sites are in the city as well as issues related to safe injection drug using. I would like you all to break up into two teams. I will flip a coin to see which team goes first.

• One member of the team is going to pick a strip, which has a needle exchange site – van or pharmacy – listed on it. You and the team need to place it on the map.

• Please read the site out loud to the group. If anyone has been to that site, you are welcome to mention it.

• If you place it correctly, you and your team get to answer a question about safe drug use and possibly receive 10 points. I will keep score on the newsprint.

• If you do not know where the site is or know the answer to the question, the other team gets to answer it. Each team will take turns answering questions.

• So if team a doesn’t answer a question right and Team B gets it right, Team B goes next because it was originally Team A’s turn.
**Facilitator Instructions**

- Have the strips cut up in a bowl.
- When a person matches the correct site, ask them one of the following questions.
- Read the complete answer to the questions if they don’t get it right.
- Keep track of points on newsprint and when the game is over, give prizes to both teams.
- When the game is over, hand out the “Questions to Pin the Site on the Map” sheet.
Questions for Pin the Site on the Map

1. Please tell me if this statement is true or false: Cleaning needles with bleach guarantees the needle is free from HIV.
   • False: the 3x3x3 method is the way minimum amount of time bleach can be in the needle, as well as water, to effectively kill the virus.

2. Please tell me if this statement is true or false: Any household detergent can be used in the 3x3x3 method and is as effective as bleach.
   • False: bleach is the only material that is effective in killing the virus, no other household detergent works.

3. What is the safest place to get clean needles in Baltimore?
   • The Baltimore Needle Exchange. There are 7 needle exchange sites in Baltimore.

4. Please tell me if this statement is true or false: It is ok to buy needles off the street if they look like they haven’t been used.
   • False: people are very clever in their ability to glue back tops on needles and seal the packages. These needles are not necessarily free of HIV.

5. What negative outcome could result from a woman suggesting to her partner to use condoms?
   • There are several answers: he could think she is messing around, think she was tested with a disease, or react with violence. Whatever they answer, mention these other points.

6. Please tell me if this statement is true or false: talking to a friend or family member about what you learn in SHIELD is a form of outreach.
   • True: there are a lot of types of outreach and casual conversations about HIV risk reduction counts as outreach!!
II. Review of Goal Setting Homework (15 minutes)

This is lead by a participant who volunteered last week. Should meet with the participant a few minutes before the session to talk to them. The participant instruction sheet contains: the initial discussion questions, the role-play, and role-play discussion questions.

A. Discussion

Discussion Questions:
(Ask each person to share their story.)

1. Did anyone get a chance to talk to a stranger about HIV risk from injection drug use? If so, would you like to talk about what happened -- who did you talk to, what did you talk about?
(Open up to the group.)

2. What were some barriers to communicating effectively? Did they seem to understand what you wanted them to?

B. Role Plays

- I would like to do some role-plays about the barriers to doing outreach with a stranger.
- Would one of you (who mentioned barriers) be comfortable to role-play the conversation. Will you set up the scenario?
- Who were you talking to, what were you talking about. I would like you to be yourself, and will someone else volunteer to be the person s/he is talking to? Now the situation may not go exactly as it went with you the first time – you are welcome to change your response as you think about how to overcome the barrier.

(Put two chairs in the middle for people to role-play).

Follow-up Discussion Questions:

1. What did you all see going on?
2. What are some other things that you would have said?
3. (Specifically for the role players) How did it feel?
4. Can we look at the “Steps to Effective Communication” we discussed last time – what did you see from this list?

Could someone volunteer to lead this part of the discussion for next session?
III. What is Outreach?

We have talked about outreach many times and today we are going to talk about exactly what we mean when we say outreach. So I would like by asking you some questions. I’ll write down our responses on newsprint.

1. What is outreach?
2. Where does Outreach Occur?
3. Who do we do outreach to?

Facilitator Instructions

- The point of this is to get them to talk about a broad definition of outreach – more than standing on a corner and handing out kits. We want them to think about how even talking to their friends on their porch, to the person sitting next to them on the bus, or on the corner is outreach.
- They do not need a kit to do outreach.
- Outreach encounters can happen within their daily life and activities. It is not a job that has to be done at a specific time – we hope that you incorporate the narratives they have learned in the sessions into their lives and interactions with folks.
IV. Barriers to Effective Outreach

- We want to spend some time talking about barriers to doing effective outreach – we have talked about these all along. But I want us to specifically identify barriers and solutions. Please use your own experiences when we have this discussion – it only makes it more real and more useful to the group.

- We may not always feel great after every outreach encounter. We don’t want one experience to ruin it all. Outreach can be a truly vulnerable experience and it is really important not to take it personally. We have to remember that the other person may not be in the “space” to hear what we have to say. But that doesn’t mean someone else isn’t interested.

- Barriers can happen on a lot of levels (turn to newsprint). Specifically, barriers exist on three levels:
  1. Intrapersonal – or within yourself (if previously discussed, mention Interpersonal – between two people)
  2. The community at large – the larger environment around you.

Discussion Questions:

1. Can you think of examples of barriers on the intrapersonal level?
If they haven’t offered these examples, write down and discuss:
   a. feelings of comfort,
   b. knowledge level,
   c. relapse, and recovery.

2. Can you think of examples of barriers between people, or on an interpersonal level?
If they haven’t offered these examples, write down and discuss:
   a. people are mean to you,
   b. people are not in the mood to talk to you: high, in a hurry, not interested, have other problems to deal with
   c. you feel rejected,
   d. you feel made fun of,
e. people might think you “use” or have HIV.

3. Can you think of barriers that exist on the community level?
If they haven’t offered these examples, write down and discuss:

a. not feeling safe in certain neighborhoods

b. (add more from pilots)

V. Barriers from Within (20 minutes)

• We have spent a lot of training time talking about interpersonal communication – how we interact with others. We want to focus a bit more on the barriers that come from within – that may get in your way of feeling like you can do outreach.

• I am going to give you a situation or a trigger to not want to do outreach -- and I want you to name the feelings, negative, and positive beliefs that might result from that trigger. For example, (show newsprint), if I had a fight with my partner about using a condom, that might trigger me not to want to use a condom. My feelings about this would be: hurt, rejected; my beliefs might be: it’s not worth using a condom; condoms cause trouble in my relationship, or condoms bring up arguments.

Facilitator Instructions
Go through each trigger on a separate piece of newsprint. Write down their suggestions as to the feelings, negative beliefs, and positive beliefs. Add our suggestions (from the handout) if they haven’t mentioned them.

Facilitator’s and Observer’s Note
PLEASE WRITE-IN YOUR THOUGHTS AND WHAT PARTICIPANTS SUGGEST SO THAT THEY CAN BE INCORPORATED INTO THE HANDOUT “Intraperonsal Barriers To Outreach” AS WELL AS THE SCRIPT
### Session VII - Handout

**Intrapersonal Barriers to Outreach**

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Feelings</th>
<th>Negative Beliefs</th>
<th>Positive Beliefs</th>
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</table>
| 1. I am embarrassed to do outreach because someone may think I shoot drugs. | • shame  
• guilt  
• fear | -People think that I am a drug user if I care about HIV prevention.  
-People will think negatively of me if I am doing outreach | +I am doing something to help my community. |
| 2. Last time I did outreach a person told me to fuck off. | • outreach is a waste of time  
• no one cares to hear what I have to say  
• outreach is lonely  
• outreach makes me different from everyone else | -Outreach workers are not needed.  
-I do not get respect from doing outreach. | +I love outreach.  
+There are a lot of people who need the information I have to share.  
+I have something to contribute to the community. |
| 3. I was going to meet someone to do outreach but they didn’t show last time. | • that person doesn’t like me.  
• feelings were hurt | -No one cares about outreach. | +They might have had something important to do. |
| 4. I was going to do outreach but didn’t want to stand out on the corner and hand out kids. | • foolish  
• different than everyone else | -I feel stupid standing on the street.  
-No one will respect me. | +I can do outreach by talking to my neighbor on our porch.  
+I can do outreach on the bus. |
| 5. I don’t really know what I get out of outreach. | • taken advantage of  
• used | -Outreach doesn’t do anything for me. | +I have learned a lot about myself by doing outreach.  
+I gain new skills by doing outreach.  
+I respect myself doing outreach because it is something I didn’t think I could do. |
VI. Booster Group Outreach Videos
Script to be added when we know what the video is.

VII. Goal Setting Homework
• For your homework, I would like you to do outreach as to 2-3 strangers as you did last week and fill out a blank trigger sheet – we all have triggers about a I would like you to set up a goal for next week about talking to three strangers about HIV prevention – drug use and sexual risk.
• I want you to think and write about the intrapersonal barriers that get in your way for doing outreach. You can write as many as you like.
• We’ll talk about these at the next session.

Facilitator Instructions
Hand out kits and blank “trigger, feelings, beliefs” sheet

VIII. Summary
• Summarize the topics covered in the session.
• Use Segments pg. 1 as a reference.
### Session VII - Handout

#### Intrapersonal Barriers to Outreach

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Session VII - Handout
Intrapersonal Barriers to Outreach

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### Session VIII: Leadership
### Facilitator Check List

**Do I have…**

<table>
<thead>
<tr>
<th>Materials</th>
<th>Check</th>
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<tbody>
<tr>
<td>Attendance sheet at front desk</td>
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<tr>
<td>Markers</td>
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<tr>
<td>Tape</td>
<td></td>
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<tr>
<td>Newsprint</td>
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<tr>
<td>Ground rules to hang on wall from Session 1</td>
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**Handouts**

- Evaluation of Session 7
- Review of Goal Setting Homework (2 copies)

| Food Ordering Form                                  |       |
Session VIII: Leadership and Life Skills

This session will center on leadership skills and how participants perceptions of leadership have changed or expanded. The discussions will cover how to make positive changes in the community. Participants will be challenged to think about prevention in a more global sense, as opposed to focusing on individual behaviors. This session will also cover norms and taking the risk of doing activities that may be outside of their personal and their community norms.

**Time:** 90 - 120 minutes

**Goals:**
1. Participants will identify leadership skills.
2. Participants will think more actively about what it means to be a leader.
3. Participants will discuss some of the norms that dictate behaviors and how those norms will effect their outreach activities.
4. Participants will explore personal norms and how they are affected by behavior change.

**Segments:**
1. Evaluation and Review
2. Review of Goal Setting Homework
   a. Role Plays
3. Leadership Discussion
4. Social Norms
   a. Norms Activity
5. Personal Norms
6. Home Assignment: Alternatives to Risky Behavior
7. Introduction to Booster Group and Video
8. Summary
I. Evaluation and Review

A. Evaluation (15 minutes)

- Pass out evaluation forms and explain the importance of their feedback in terms of improving the intervention.
- After they fill out the evaluation, review evaluation answers quickly after everyone has finished.

II. Review of Goal Setting Homework (15 minutes)

This is lead by a participant who volunteered last week. Should meet with the participant a few minutes before the session to talk to them. The participant instruction sheet contains: the initial discussion questions, the role-play, and role-play discussion questions.

Discussion Questions:

(Ask each person to share their story.)

1. Did anyone get a chance to talk to a stranger about HIV risk from injection drug use? If so, would you like to talk about what happened -- who did you talk to, what did you talk about?

(Open up to the group.)

2. What were some barriers to communicating effectively? Did they seem to understand what you wanted them to?

A. Role Plays

- I would like to do some role-plays about the barriers to effective communication we just discussed. (Put two chairs in the middle for people to role-play).
- Would one of you (who mentioned barriers) be comfortable to role-play the conversation. Will you set up the scenario?
- Who were you talking to, what were you talking about. I would like you to be yourself, and will someone else volunteer to be the person s/he is talking to? Now the situation may not go exactly as it went with you the first time – you are welcome to change your response as you think about how to overcome the barrier.
Discussion Questions:
1. What did you all see going on?
2. What are some other things that you would have said?
3. (Specifically for the role players) How did it feel?
4. Can we look at the “Steps to Effective Communication” we discussed last time – what did you see from this list?

Could someone volunteer to lead this part of the discussion for next session?

III. Leadership Discussion
I now want to talk to you about leadership. There is a lot of different leadership skills—many of which we have talked about in the previous sessions.

Discussion Questions:
1. What skills does it take to be a leader?
   (Write down skills that they mention. If they don’t mention the following, add them to their list: communication, listening, being aware of relevant information, decision making, knowing your own strengths and weaknesses)
2. Is it a good or a bad thing to be a leader?
3. How are you a leader in your everyday life?
4. It is important to realize that there are many ways to demonstrate leadership skills, and we want you to be aware of these in your day to day life as well as you grow in your role as an outreach worker.

IV. Social Norms
All communities have norms, or codes of behaviors. They are often times silently demonstrated from one person to another – and sometimes the only time you find out they exist is when you break them.
Discussion Questions:
1. What are some norms or behaviors that we do consistently or repeatedly? (like shaking hands when we meet someone, saying goodbye to someone when we leave them, etc.)
2. Are these norms true for everyone, in all situations?
3. Why is it important for us to know about individual and community norms?

**Facilitator Instructions**
Write down a list of norms offered by the group, emphasizing that norms vary across groups and situations.

**A. Norms Activity**

**Facilitator Instructions**
- Ask participants what parts of Baltimore they identify with (east and west for example). Based on these neighborhood allegiances, divide participants into two groups.
- Give them each a sheet of newsprint, and ask them to write the area of town at the top of the page. Ask them to brainstorm social norms for that neighborhood. Norms can include: the way women are treated; children are treated; drugs are sold; leaders in the community; etc.
- When they are finished, ask them to compare lists.

Discussion Questions
1. What are some of the differences between the two neighborhoods?
2. Have you ever broken any of these norms, what happened?
3. How does this affect outreach? Why is it important to know neighborhood norms before doing outreach in a specific neighborhood?

If they don’t mention it, talk about the importance of respecting communities and their norms, and that a part of that is respecting how to act in certain neighborhoods. Street outreach could be totally ineffective and harmful if neighborhood norms are not respected.
V. Personal Norms

- **Risky behavior has been the norm for many of us for a long time.** Now we are asking people to change those norms and scripts that can be extremely difficult, as we all know.

- **Many outside influences determine what we do.** Let’s look at how change occurs and how it effects us and the people in our lives. When we decide to make a change in the way we behave and interact, other people are automatically affected by that change.

- **What we do has an impact on our friends, family, and community.** I would like to explore how we can make protective behavior changes for ourselves and for our communities. How do we decide to create new personal norms and act on them? To answer that question, we will explore how we decide to change our personal norms or behaviors.

- **The decision making process.** Sometimes the process happens so quickly, we don’t even think about it.

- **But if we examine how change occurs and how we reach a decision to act in a certain way, we will be better prepared to handle situations, especially risky ones, as they come up.**

- **Let’s work through a scenario to see how the process works.**
VI. Home Assignment – Alternatives to Risky Behavior

*This exercise takes some of the things we talked about today a step further. It is for you to take home and do over time. It deals with how you might go about making a decision to change something in your life, in terms of: identifying behaviors you want to change; who can help you change; who will be affected by this change; will the change be worth the pain, and who can prevent the change from happening. This exercise is for your benefit. If at some point in the training you want to talk about your “change” process, you are welcome to bring the exercise back for discussion.*

VII. Introduction of Booster Group

A. Booster Discussion

- Next session is going to be really special and different from the previous sessions.
- After a bit of the session format we have been doing, we are going out with some staff and volunteer outreach workers to do outreach.
- This is an opportunity for us to do our outreach with “the experts” who have been doing it for a while.
- I would like each of you to tell me one thing that you hope to learn or work on, during the next session – being on the street with outreach workers.

B. Booster Video

*We have seen a few videos from the members of the booster group. Today we are going to see our last booster group video, in which members will discuss their outreach experiences. If a booster group member is there, introduce them in place of the video.*

Discussion Questions:

(Depends on the video)

VIII. Summary

- Summarize the topics covered in the session.
- Use Segments pg. 1 as a reference.
Session VIII Handout
Alternatives to Risky Behaviors: What Can I Change?

What would you like to change in your life?

Why?

What are your alternatives? (Use Grid Sheet to find the best alternative by working each alternative through grid.)

Who could help you change?

Where could you go for help with the change?

How would the change make you feel?

Who besides yourself would be affected by the change?

What type of stress would the change bring about?

What could you do to cope with the stress that the change will bring about?

Will the change be worth the pain?

What could prevent the change?
"Exercising Your Options" - The Balance Sheet Grid

Alternative

<table>
<thead>
<tr>
<th>What good things are you doing to yourself?</th>
<th>What bad things are you doing to yourself?</th>
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<tbody>
<tr>
<td>1. Tangible (things)-gains and losses</td>
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<th>What good things might you do to others?</th>
<th>What bad things might you do to others?</th>
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<td>Tangible (things)-gains and losses</td>
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<tr>
<th>Why would you feel good about yourself?</th>
<th>Why would you feel bad about yourself?</th>
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<tr>
<td>2. Self-approval or self-disapproval</td>
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<th>Who would you approve of and why?</th>
<th>Who would you disapprove of and why?</th>
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Session IX: The Practical Outreach Exercise  
(The Walking Tour)

This session provides an opportunity for participants to undergo an experiential exercise in street outreach. As a group, participants will be asked to work with SHIELD staff and Booster Group members, go out into a Baltimore City Neighborhood/Community and conduct and observe street outreach. Until now, participants have been conducting outreach on their own as individuals and participating in outreach exercises pertaining directly to the intervention. Participants will observe and participate in the street outreach exercise by going out and engaging the targeted population, distributing prevention materials and messages. The group will proceed to a predetermined site in Baltimore City to facilitate this process.

**Time:** 120 minutes

**Goals:**
1. Participants will be provided with an opportunity to establish a practical frame of reference for conducting street outreach based on their observations and participation with peers.
2. New participants will be allowed to benefit from the street outreach experiences of Booster Group members.
3. Participants will learn to deal with and identify preconceived thoughts about conducting street outreach (i.e., what people will think, how I will be perceived) in a real and supportive situation.
4. Participants will begin to identify the central elements of the ‘SHIELD outreach interaction model’ (e.g., connection, rendezvous, and engagement) and will reflect on the dynamics that shape outreach encounters.
5. Participants will use this practical experience to build on their capacity that has been developed over the past eight sessions.
Material Needs:
1. Lighthouse Safety Guidelines
2. Two kits per participants
3. Contact Sheets
4. Session Eight Evaluation Form
5. Refreshments at the completion of walking tour

Segments:
1. Preparation and Instructions
   a. Introductions
   b. Safety Issues for Conducting Street Outreach
   c. Familiarization with the Geographical Location of the Outreach Site
   d. Outreach Material Distribution
2. Experiential Street Outreach Exercise
3. Follow-Up Discussion
I. Preparation and Instructions

A. Introductions (5 minutes)

Have the staff and booster group members and participant who will be participating in the street outreach exercise introduce themselves. Each should be instructed to make a brief, one or two statements about their goals for conducting outreach.

B. Safety Issues for Conducting Street Outreach (10 minutes)

Now that we have introduced ourselves and have identified “point-persons” and other pertinent roles for today’s walking tour, we need to briefly discuss some ground rules and safety issues for conducting the outreach exercise. We’d like to stress that these strategies are not only helpful for today’s activity, but may also be practiced whenever you are conducting outreach in your community or neighborhood.

- Distribute and review the SHIELD protocol for conducting community activities.
- Discuss any important issues or questions that may be mentioned by participants.

C. Familiarization with the Geographical Location of the Outreach Site (5 minutes)

Now that we’ve covered some basic safety guidelines, I’d like to identify the area that we will be conducting outreach in today.

- Point out tour area on the large Baltimore City map, giving particular note to its relative location to the Lighthouse starting point.
- Be sure that everyone knows the route that is being followed and ask the group if they are aware of major landmarks or familiar sites in the targeted area.

D. Outreach Material Distribution (5 minutes)

The last thing we need to do before we head off to our destination is to distribute the materials that will be used during our outreach encounters. As you are quite familiar with contact sheets and kits, we do not need to revisit instructions on how to use them or their particular roles unless there are questions.

Staff members should distribute (2) kits, condoms, and accompanying contact sheets to each participant.
II. Experiential Street Outreach Exercise (45 to 60 minutes)

Participants will travel to the designated area and will have a first-hand opportunity to both observe and conduct outreach in a community/neighborhood context. Point-persons (e.g., SHIELD staff, ethnographers, and Booster group members) should be sure to identify emergent components and dynamics of outreach worker-client encounters which will later be related to the ‘SHIELD Outreach Interaction Model’ during the follow-up discussion.

NOTE: Upon return back to the Lighthouse, facilitator should have arranged for refreshments to be available for participants.

III. Follow-up Discussion (15 minutes)

Over the past eight sessions, we have explored many ways of thinking about health promotion and have learned a number of safer behaviors in order to realize this very goal. Indeed, these approaches have taught us a number of ways to make smarter and safer decisions, ultimately protecting ourselves and our communities from life-threatening diseases. Outreach extends a unique opportunity to communicate our newfound knowledge to those in our communities.

Let’s have a few volunteers to briefly share who they talked to out there, what kinds of things were said, and how they felt about the interaction. If you had any concerns about going out today, please share how they have been impacted now that you have participated in formal street outreach.

Let’s continue our discussion by exploring the central components of what we call the ‘SHIELD outreach interaction model’. We will start by defining the central elements and will, then, talk about evidence that we saw for each during our outreach exercise.

Definitions - lead by the facilitator (terms to be written on the board)

- **Connection**: A rapid, spontaneous meeting between the outreach worker and client in which the outreach worker is able to distribute materials and/or impart lead-in message.

- **Rendezvous**: Characterized by a shift and lengthening of the outreach worker-client exchange, the client responds to the outreach worker’s message with input, questions, etc.

- **Engagement**: A continued, intense interchange where the client reveals his/her further needs and the outreach worker engages in needs assessment, service referral, etc.
Discussion Questions:
Ask the group to offer examples of connection, rendezvous, and engagement as revealed in the outreach exercise.

1. Did anyone notice that they had more connections/rendezvous/engagements with certain groups of individuals or in certain situations? If so, please describe them.

2. For those who had engagements, were there certain types of needs that were expressed out there? How did you respond to those needs? Did you feel well equipped to respond to them?

3. Connections, rendezvous, and engagements do not have set boundaries and do not occur in isolation. A rendezvous, for example, always begins with a connection and may sometimes lead to an engagement. Did you encounter certain barriers to initiating and sustaining certain interactions? For example, were there certain dynamics that made it difficult to get past making a connection -- or to even make a connection, for that matter?

We would like to thank you for taking part in today’s exercise and hope that you gained insight into the process of doing formal street outreach. Please remember that all of the tools and techniques we used today may be applied to your future outreach activities. We encourage you to continually renew your commitment to doing outreach and offer the SHIELD ethnographers, staff members, and Booster Group as a personal resource to you.
Session X: Introduction to Booster Group and Closing Exercises

This session will provide an opportunity for participants to reflect upon their experiences while participating with the intervention-training group over the last nine sessions. This session provides structure for closing exercises that will support participant’s sense of accomplishment while fostering a renewed sense of commitment to conducting outreach in both formal and informal settings. Participants will have the opportunity to become acquainted with the Booster Group and some of the members, which will be presented as an available resource and support system for those who will be available to continue outreach and learning activities.

**Time:** 90 to 105 minutes

**Goals:**
1. Participants will reflect upon the knowledge and skills acquired during their SHIELD intervention experience.
2. Participants will be given the opportunity to reflect upon their commitment to continuing the learning and teaching processes as initiated in the intervention training groups.
3. Participants will evaluate the utility of both the formal and practical knowledge gained from conducting outreach.
4. Participants will be introduced to the Booster Group philosophy and will have the opportunity to dialogue with group members.
Materials Needed:
1. Intervention Evaluation Form
2. Certificates
3. Hot Meals for Participants
4. SHIELD Outreach Agreements

Segments:
1. Booster Group Introductions
   a. Group Philosophy
   b. Booster Group Member Introductions
2. Likes-Dislikes-Ambivalence Group Exercise
3. Graduation Exercise

I. Booster Group Introductions
A. Group Philosophy (5 minutes)
   • Discussion leader will explain the origins of the Booster Group
   • The philosophy and goals of the Booster group will be reviewed.
   • The role of the Booster Group as relates to the larger intervention process will be explored

B. Booster Group Member Introductions (20 to 25 minutes)
Current Booster Group members will discuss their unique experiences in the Booster Group with an emphasis on the following:
1. Current outreach activities (e.g., targeted areas, times at which outreach is conducted, needs assessment of outreach population, etc.)
2. Comforts and benefits associated with Booster Group membership (particularly how membership supports continuation of outreach activities, experiences in conducting outreach with ethnographers/staff persons)
3. Favorite activities or projects undertaken by Booster Group (e.g., NASEN, mapping exercise, educational video projects, etc.)

4. Brief questions-answers period during which any important issues raised by participants are addressed

II. Group Exercise (30 to 45 minutes)

As the Booster Group members have revealed, outreach may take many shapes and forms. As a group, we have acquired a wealth of outreach experience and have, to a greater or lesser degree, become experts in our own rite. In an effort to share our diverse experiences, I am going to ask everyone to pair off into groups -- take advantage of the great mix we have here, feel free to pair off with one of the Booster Group members or someone you do not know too well and find a comfortable spot in the room. Then, we would like you to interview each other about your outreach experiences to report back to the group. I will go over the basic questions to be asked and will write them on the board. After ten or fifteen minutes, let’s come back together as a group and share what we’ve learned about each other.

Interview Questions

1. What community or neighborhood do you identify with and how long have you been there?
2. Where do you choose to do your outreach and what kinds of folks do you talk to?
3. What have been your goals for doing outreach and what have you learned from the experience?
4. Has doing outreach motivated you to change any other areas of your life?
5. Do you feel your outreach has been successful and how do you know that it has been working or not working?
6. Do you have any funny/shocking/interesting stories about your outreach experiences?
III. **Graduation and Closing Exercises** (30 minutes)

*Now we have arrived at the moment we have all been waiting for: our graduation exercise!* We will begin by distributing graduation certificates and will follow with some food and celebration.

- Facilitator distributes certificates, addressing the accomplishments of each group member.
- After everyone has received their certificates and food/refreshments are served, the facilitator initiates a group discussion of the following:
  1. Participants’ personal goals beginning the intervention, how goals changed over the course of the intervention, and whether goals were realized;
  2. Most important/useful skills, strategies lessons learned during SHIELD experience.
  3. Comforts and discomforts associated with experiences over the course of the intervention;
  4. Future personal and outreach-related goals and strategy development to maintain commitment.
Final Comments from the Facilitator -

Pitch to group members concerning Booster Group:

   And so in closing today’s session let’s pause and reflect on the realization that
closure has not yet come to the HIV/AIDS epidemic that has plagued our communities.
My challenge to you now, as you take your place in the community, as leaders is for you,
on a personal level, to make an ongoing commitment to continue the outreach services
that you have been providing in your communities, through your further participation in
the SHIELD Booster Group. Can I get that commitment from everyone in this group?
Pause ............... Wait for the response!
Those that respond in the affirmative should be directed to complete the SHIELD
Outreach Agreement.

At this point, thank the group for their continued commitment and remind them of the
next date that the Booster Group will be held. Collect the signed agreements