

THE FUTURE IS OURS

Training of Facilitators (TOF) Day 1

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Goal of TOF

- To prepare facilitators from community-based agencies, HIV service agencies and health departments to successfully implement the intervention, the Future Is Ours (FIO)
- To prepare managers from these agencies to recruit participants, implement, and sustain FIO

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Objectives of TOF

- Describe why we need an HIV/STD prevention intervention for women
- Explain how gender scripts make women vulnerable to HIV/STDs
- Describe the five goals of FIO based on the Modified AIDS Risk Reduction Model

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Objectives of TOF

- Be able to identify at least three learning tools FIO utilizes to teach information and skills or to encourage women to protect themselves
- Explain the difference between a Core Element and a Key Characteristic of FIO
- Identify at least five skills needed to successfully facilitate FIO
- Demonstrate skills in facilitating FIO

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Program Manager Guide

- Comprehensive guide that is designed to be used by community-based organizations (CBOs) that are funded to implement FIO
- Helps agencies understand:
 - Underlying goals and principals of the curriculum,
 - How to appropriately adapt and facilitate the intervention, and
 - How to ensure funding and efficacy in the longer-term.

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Facilitator Guide

- Provides step-by-step instructions on facilitating FIO's 8 sessions
- Contains a detailed description of each session including:
 - objectives and rationale,
 - exercises and scripts,
 - time allocation and room set-up,
 - equipment and supplies, and
 - facilitation hints

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Participant Workbook

- Each FIO participant will receive her own copy of this workbook during the first session
- This contains all the key information, exercises and role-plays used in FIO
- Participants will use workbook in every FIO session

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Why We Need an HIV/STD Prevention Intervention for Women

- Sexual transmission is now the most common way that women become HIV-infected
- AIDS is the 3rd leading cause of death among all reproductive-aged women; the 3rd highest cause of death among Black women in this age group
- Women are twice as likely to become infected from sex with an HIV+ man than a man is from sex with an HIV+ woman

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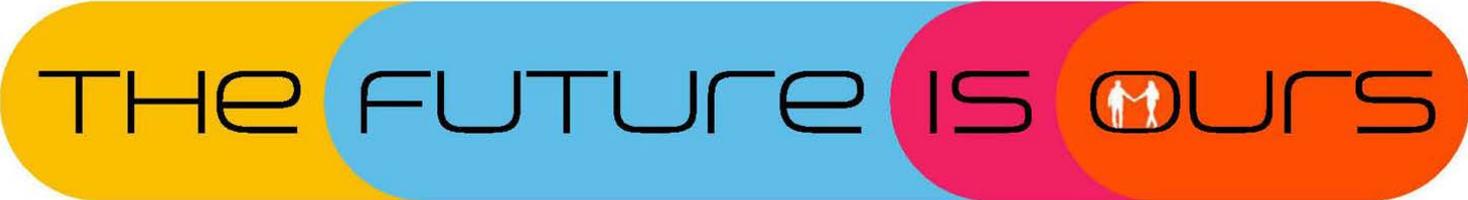
Why We Need an HIV/STD Prevention Intervention for Women

- HIV+ women can transmit the virus to their babies
- STDs can make women infertile (unable to get pregnant) and can harm the infant
- Interventions developed for men don't address the challenges faced by women to protect themselves

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What are Women's Challenges in Protecting themselves from HIV and Other STDs?

- Monogamy does not protect women, because their single male partner may be placing them at risk through his high risk behaviors
- Many women have little control over the circumstances of sex – many experience coerced sex and are economically dependent on men
- Women don't "use" male condoms
- Few methods that women can use – Female condom approved in 1993; microbicides under development



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Goal of FIO

The goal of FIO is to empower women to practice safer sex behaviors (and thereby reduce their risk) in their relationships with men.

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Overview of FIO

- 8-session, weekly, group-based, scripted intervention
- Facilitated by two women
- Target population
 - Sexually active with a man in past 3 months
 - Of diverse ethnicities (African-American/Black, Caribbean, Latina, White)
 - Between the ages of 18 to 30
 - Living in communities with high rates of HIV and/or other STDs

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Overview of FIO

- Exclusions
 - Pregnant or trying to get pregnant
 - Injection drug use in the past year
 - HIV-positive
 - Not comfortable with spoken English

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FIO Overall Objectives

- Designed to have participants:
 - Recognize their susceptibility to HIV and STDs
 - Make safer sex a priority
 - Make a commitment to change risky behavior
 - Seek and implement solutions to reduce their HIV and STD risk
 - Maintain safe behaviors over the long term

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FIO Research Outcomes

- Originally tested among 360 women recruited from a family planning clinic in a high HIV/STD prevalence area
- Found to be effective in reducing unprotected vaginal and anal intercourse in both the short-term (one month after the intervention) and long-term (12 months after the intervention)
- Women in the intervention also increased their use of alternative protection strategies – mutual testing with a partner, abstinence, outercourse, refusal of unsafe sex

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FIO Theoretical Models

An intervention's theoretical models guide what should be included in the intervention by explaining

- What causes people to engage in risk behaviors
- What beliefs or skills need to be addressed for people to make behavioral changes
- What techniques help people to change

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FIO Theoretical Models

- Modified AIDS Risk Reduction Model (M-ARRM) - Explains what causes women to engage in risk behaviors and what beliefs and skills need to be addressed to reduce women's sexual risk
- Gender Script Theory – Shows how gender roles and expectations for relationships (or “gender scripts”) influence women's and men's interactions, and how these can make women vulnerable to HIV/STDs
- Social Learning Theory – Describes what tools and techniques in an intervention help people change their behaviors

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AIDS Risk Reduction Model (ARRM)

In order to change their behavior, people need to:

- Label themselves as “at risk” – perceive they are **Susceptible**
- Form an **Intention** to change – make a commitment to change risky behaviors
- **Enact** change - seek and implement solutions

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Modifying the ARRM to Make it Relevant to Women

- Gender scripts are cultural expectations or messages that we all learn growing up
- Even when we disagree with them, gender scripts often influence our behaviors
- Example:

“Women should play ‘hard to get’ with a man”

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Examples of Gender Scripts

“A woman is nothing without a man”

A woman's self-esteem is determined in part by whether or not she is in a relationship with a man. Therefore, women find it difficult to:

- Insist that their partners use a condom
- Talk to their partners about past or current sexual or drug-use risk behaviors
- Refuse unsafe sex

FIO challenges this idea by affirming women's sexual and relationship rights

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Examples of Gender Scripts

“If my partner loves me, he’s not going to place me at risk”

Women believe that loving, intimate relationships are safe relationships

- Women may mistakenly believe that by being monogamous themselves they are safe
- Women may be unaware of how their partners’ behaviors place them at risk
- Women may believe that condoms don’t belong in loving, intimate relationships

FIO challenges this idea by demonstrating how the partners we love can also be risky and by showing how safer sex can be incorporated into these relationships

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Other Woman-Specific Barriers to Safer Sex

- Women may have many other life **priorities**
 - caregivers for others
 - critical life challenges – shelter, employment
 - feel they do not have the time to take care of themselves
- Women often see having children as a major life goal
- Women may lack **knowledge** about ways to protect themselves or the **skills** to do so, including how to:
 - Use male and female condoms
 - Talk to their partners and negotiate safe sex
 - Use alternative protection strategies such as abstinence, refusing unsafe sex, outercourse, mutual testing with a partner

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The M-ARRM

- **Susceptibility** – Labeling oneself as “at risk”
 - Understand how their risk for HIV and other STDs is related to their intimate, loving relationships with men
- **Prioritization** -- Make safer sex a priority
 - by linking safer sex to long-term life goals and connecting “helping themselves” to helping others – women in the group, family, and the wider community
- **Intention** -- Make a commitment to change risky behaviors
 - by emphasizing women’s sexual and relationship rights and the importance of sexual pleasure for women
- **Enactment** -- Seek and implement solutions to reduce risk
 - by gaining the knowledge and skills to use a range of alternative risk reduction strategies (male and female condoms, refusal, abstinence, mutual testing, and outercourse)
- **Maintenance** -- Continue safe behaviors over the long term

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Social Learning Theory

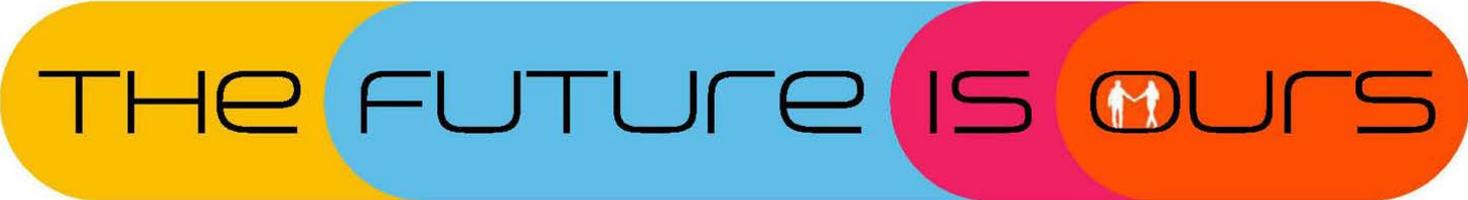
People are enabled to change a behavior by engaging in activities that

- Alter old beliefs about the new behavior (e.g., if I refuse unsafe sex, my partner will see that I am serious about my health)
- Enable them to gain skills through watching someone model the behavior, practicing it, getting feedback, and teaching it to others
- Promote confidence that they can perform the new behavior (self-efficacy)
- Provide incentives and social support for change (adopting new behaviors)

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Social Learning Theory in FIO

- Demonstrations and modeling of new behaviors
- Role plays
- Practicing new behaviors
- Teaching others
- Goal setting
- “Thanks” chips



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“Thanks” Chips

- Used by the facilitator and participants to provide positive reinforcement to group members
- Build self-esteem
- Build group cohesion and social support

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Cognitive Behavioral Intervention

The M-ARRM is a cognitive behavioral theory

- Based on the idea that our *thoughts* cause our feelings and behaviors rather than external things—like people, situations, and events
- We can change the way we think to feel and act better even if the situation does not change

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Feeling Thermometer

- A tool often used in cognitive behavioral interventions to link thoughts with feelings and behaviors
- Used in FIO to help women be aware of their emotional states and to recognize situations that may be particularly stressful to them

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Feeling Thermometer

The Feeling Thermometer ranges from 0 to 100.

- 100 represents the most extreme discomfort – Extreme anger, anxiety, nervousness, depression, etc.
- 0 represents a total lack of discomfort
- In situations with high readings, a woman is unlikely to have successful negotiation or discussion because emotion, not brain, is engaged

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Feeling Thermometer

- Tool to “check-in” on the emotional state of each participant
- People are often unaware of these emotional states
- Being able to recognize and express her comfort or distress level helps participant become more conscious of her emotions.
- This awareness can help women begin to recognize how emotional states may lead her to behave in ways that may not have the best outcome



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Overview of Intervention Sessions

- Session 1: Why Should I Care About Getting STDs and HIV?**
- Session 2: How Do I Avoid Partners Who Don't Care?**
- Session 3: What's the Best Way to Protect Myself?**
- Session 4: How Can I find Out If We Are Infected?**
- Session 5: How Do I Ask My Partner To Use Protection?**
- Session 6: How Do I Influence My Partner to Use Protection?**
- Session 7: How Do I Refuse Sex or Unprotected Sex?**
- Session 8: How Do I Continue Protecting Myself and Others?**

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Core Elements

Those components of an intervention that are

- Critical features of an intervention's intent and design
- Thought to be responsible for an intervention's effectiveness and that consequently must be maintained without alteration to ensure program effectiveness

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FIO Core Elements

Core Element #1:

Enable women to personalize their risk for HIV and other STDs and identify gender-related barriers to safer sex

FIO does this by:

- Sharing of personal stories about relationships
- Identifying traditional gender behaviors (or “gender scripts”) in role-plays
- Evaluating their own risk and the risk of their partners

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FIO Core Elements

Core Element #2:

Encourage women to prioritize safer sex

FIO does this by:

- Linking the need for protection to women's longer-term life goals
- Relating “helping themselves” to helping others protect themselves—women in the group, partners, friends, family, and the wider community

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FIO Core Elements

Core Element #3:

Reinforce women's sexual and relationship rights

FIO does this by:

- Teaching skills for selecting partners who care about safer sex through demonstration, practice, and role-plays
- Teaching skills for asking partners to get tested for HIV and other STDs
- Sharing of personal experiences about relationships
- Letter writing to partners
- Developing a Sexual Bill of Rights

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FIO Core Elements

Core Element #4:

Affirm a positive view of women's sexuality and safer sex

FIO does this by:

- Modeling frank and non-judgmental discussion of the range of sexual behaviors
- Eliciting participants' preferences for sexual terminology
- Developing a Sexual Bill of Rights
- Doing a body-mapping exercise
- Role-play discussing sexual pleasure
- Brainstorming ways to eroticize safer sex and make sex more playful

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FIO Core Elements

Core Element #5:

Emphasize that women have choices in how to protect themselves

FIO does this by:

- Presenting options for safer sex and help women consider which options will work for them and their partners. Options include:
 - Male and/or female condoms
 - Undertaking mutual HIV and STD testing with a mutually monogamous partner
 - Engaging in non-penetrative sex (outercourse)
 - Refusing unsafe sex
 - Remaining abstinent

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FIO Core Elements

Core Element #6:

Provide accurate information about HIV/STD risk and testing:

- STD effects if untreated
- Steps for Mutual Testing with a monogamous partner
- HIV/STD testing, emphasizing that testing only tells about the past, not about future risk
- Methods of contraception that also protect against disease and those that do not

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FIO Core Elements

Core Element #7: Build skills for safer sex

FIO does this by:

Demonstration, practice, role-plays, teaching others, and goal setting related to:

- Using male and female condoms
- Negotiating with partners for male and female condom use
- Negotiating with partners for mutual HIV/STD testing
- Refusing unsafe sex
- Maintaining safer sex over the long term

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FIO Core Elements

Core Element #8:

Teach women how to address negative reactions and resistance to safer sex, as well as to recognize and deal with relationship violence and other forms of abuse

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Key Characteristics

Key Characteristics are the crucial activities and delivery methods for FIO.

They are components of an intervention that can be modified or changed, but not eliminated.

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FIO Key Characteristics

Target Population:

1. Young women (18-30 years)
2. Ethnically diverse women
3. At-risk women who have sex with men
4. Women living in communities where rates of HIV and other STDs are high

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FIO Key Characteristics

Structure and Logistics:

5. Brings together groups of eight to twelve women to build group cohesion and support
6. Conducting sessions in an enclosed space that is conducive to confidentiality, but large enough to allow the participants to move around
7. Conduct sessions once a week to allow women time to practice the material

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FIO Key Characteristics

Techniques and Tools:

8. Use a variety of tools for skill-building including demonstration, practice, discussions, and goal setting
9. Use a variety of techniques to help women change their thoughts including sharing of personal experiences, letter writing, the Feeling Thermometer and relaxation
10. Build group cohesion through Thanks Chips which allow participants to get and give positive reinforcement
11. Use multi-cultural role-plays to stimulate discussion

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Skills for Facilitators

- Success of FIO is greatly influenced by the development and mastery of specific interpersonal and professional skills

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Skills for Facilitators

- Ability to encourage discussion
 - Open-ended questions
 - e.g., “How do you feel about that?” OR “What are some other strategies?”
 - Ability to make participant feel heard
 - Active or reflective listening
 - e.g., “I hear you saying you’re concerned about the amount of material. Is that right?”
- OR
- Participant: “I think the woman in the story acted like a stupid child.”
 - Facilitator: “So you’re saying you see her behavior as immature.”

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Skills for Facilitators

- Ability to listen for the total meaning
 - Respond to feelings
 - help participants label feelings
 - use a “Feeling Thermometer”
 - Notice participant’s body language
 - e.g., “You look puzzled, Julie. What are you wondering about?”

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Skills for Facilitators

- Ability to support everyone's contribution
 - Engage all participants
 - Display a non-judgmental attitude
 - Let participants know that different people hold different values that are important to them
 - Notice your body language
 - Make eye contact, lean in direction of group
 - Be congruent in words and body language
 - Provide positive reinforcement
 - Use “Thanks” Chips
 - e.g., “I liked the way you were assertive in the role play.”

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Skills for Facilitators

- Ability to clearly present material
 - Know the material
 - Keep discussion on track and on time
 - Speak in an audible, clear voice
 - Avoid jargon and sophisticated terminology
 - Model skills in the curriculum
 - Provide constructive feedback

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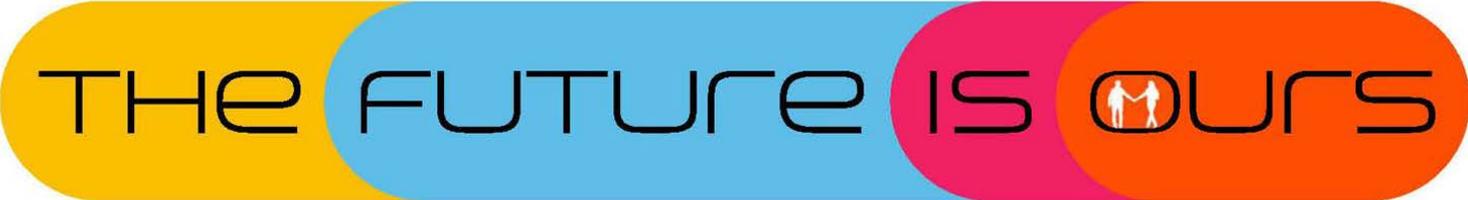
Skills for Facilitators

- Ability to build group cohesion
 - Reinforce everyone’s contributions
 - Use of “Thanks” Chips
 - Maintain respect among participants
 - Help group members relate their contributions to that of others
 - e.g., “I heard several of you say the same thing Jan just did”
OR “How many of you have wondered about the same thing?”
 - Cope with conflict when it arises
 - e.g., “I noticed that several of you seemed upset by something that happened earlier. Let’s clear this up. What can we do about this?”

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Exercise: Self-Assessment of Facilitation Skills

- Review Handout #3.1
- Put a star next to the skills you want to work on to improve
- Put a check next to the ones you already have or do well



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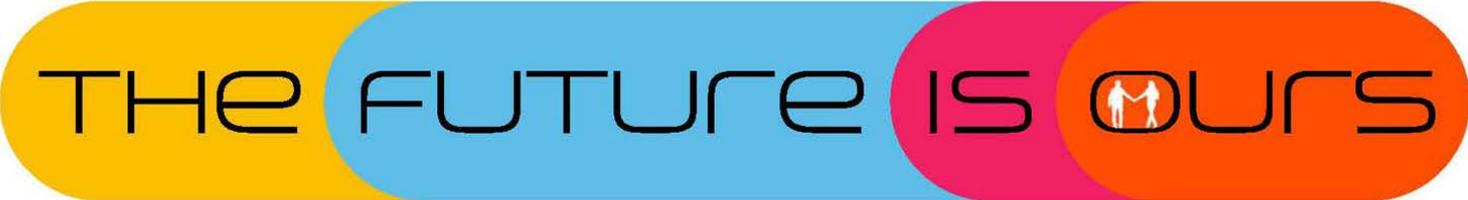
Exercise: Working with Challenging Participants

- Brainstorm ways of handling the challenging issues presented on your scenario cards
- Report back to the group on your solutions

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Exercise: Sexual Desensitization

- Go to each of the posted newsprints and write the common or vernacular terms you know beneath the common term (including terms specific to ethnic groups)
- Make sure you go to each of the posted newsprints



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Exercise: Values Clarification

- After each statement, move to the part of the room along the “Agree” – “Disagree” continuum that represents how you feel about the statement

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Session 1 Objectives

After completing this session, participants will be able to:

1. Explain that the purpose of the workshop is to learn how to protect themselves against infection, as well as how to protect their children, future children, and others in their communities
2. Recognize that protecting oneself against sexually transmitted diseases, including HIV, involves women making choices in their relationships with men
3. Increase their sense of personal vulnerability to becoming infected to HIV and other STDs

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Session 1 Objectives (cont.)

After completing this session, participants will be able to:

4. Explain why women deny the risk of STDs/HIV and do not take action to protect themselves
5. Identify their personal values and long-term goals and explain how they may help or hinder their ability to protect themselves in their relationships
6. Demonstrate how to assist another woman in assessing her risks