

Focus on the Future



TRAINING OF FACILITATORS (TOF) CURRICULUM

Packaged by:

Cicatelli Associates Inc.



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The original research was done by Dr. Richard Crosby at the University of Kentucky and Dr. Ralph DiClemente at Emory University.

- Crosby, R., DiClemente, R., et. al. (2009) A Brief, Clinic-Based, Safer Sex Intervention for Heterosexual African American Men Newly Diagnosed With an STD: A Randomized Controlled Trial, American Journal of Public Health, 99(1), S96-S103.Sex

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This package has been developed by Cicatelli Associates Inc. (CAI) based on the recognized methodology "Focus on the Future", an individual-level, clinic-based, single-session intervention designed by Dr. Richard Crosby and Dr. Ralph DiClemente to address the common errors made and the multiple problems experienced by young African American heterosexual men when using condoms.

CAI grants permission to the CDC to maintain the intervention's geographic relevance and accuracy over time. All portions of the publication and materials related may be amended from the 2012 version packaged by CAI as determined by the CDC.

Important Information for Users

This HIV/STD risk-reduction intervention is intended for use with persons who are at high risk for acquiring or transmitting HIV/STD and who are voluntarily participating in the intervention. The materials in this intervention package are not intended for general audiences.

The intervention package includes the Starter Kit, the Implementation Manual with Facilitator's Guide and Staff Presentation, the Technical Assistance Guide, the Training of Facilitators Curriculum with accompanying Participant Handbook and Training Presentation, the Fact Sheet, marketing brochures, promotional posters, information cards, branded ditty bags, and training DVD.

Before conducting this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators when implementing the intervention.

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Goal of the Training of Facilitators (TOF) Curriculum

The goal of this training program is to prepare facilitators (Peer Health Advisors) who share similar life experiences with male sexually transmitted diseases (STD) clinic patients to successfully implement Focus on the Future in your community. Day 1, Day 2, and the morning of Day 3 of the Training of Facilitators curriculum is for Peer Health Advisors (PHAs) as it gives participants the knowledge and skills to implement the intervention with the client. The afternoon of Day 3 is a training program for supervisory staff and managers as it covers administrative and management topics needed to implement the intervention. This managers' and supervisors' program can be provided face-to-face on the afternoon of the 3rd day, or at a later time, or it can be provided through interactive learning technologies such as Webinar or Skype. However, it is recommended that supervisory staff or managers attend all three days of training, if possible, so as to have the best understanding of the program and the needs of the PHAs. Clinic managers, supervisors, and clinicians could also benefit from attending the complete training.

Training Objectives for Facilitators of Focus on the Future

At the end of this three-day training, participants will be able to

1. Describe the logical flow of Focus on the Future and its 5 principles.
2. Describe the 8 Core elements of Focus on the Future.
3. Identify at least 3 techniques used to successfully facilitate the intervention session.
4. Identify the 6 components in delivering the 45-60 minute Focus on the Future session.
5. Describe each component's goal and objectives.
6. Identify and perform the tasks needed to prepare to implement the intervention with clients.

7. Describe when STD clinic male patients are recruited for Focus on the Future and when they receive the intervention.

Intended Audience

This training is for Peer Health Advisors (PHA) and other clinic staff who will be involved in the implementation of the Focus on the Future intervention. Staff involvement in the intervention may include individuals responsible for recruiting and screening clients for eligibility, supervising the PHA, and managing the Focus on the Future intervention in your clinic. Other clinic staff involved in the intervention may choose to participate in the Facilitator Training to gain a thorough understanding of the PHA's role and how to integrate the PHA into the clinic team, and to learn how to provide support to the PHA as he delivers the intervention to clients on a daily basis.

The PHA is 18-35 years of age, a member of the community that the agency STD clinic serves, and satisfies the requirements of a peer (shares the same characteristics of the Focus on the Future clients). Key to the intervention is the ability of the PHA to establish rapport, a trusting relationship, and an environment that focuses on the client's future. This is most effective when a member of the target population (i.e., a peer) is chosen as the PHA to implement the intervention. Establishing a respectful and non-judgmental environment that focuses on the **client's** future will motivate **men** to fully engage in the intervention. It is also crucial that the tone of the intervention is sex-positive (e.g. a healthy, non-judgmental attitude towards the man's sexuality and lifestyle).

Number and Roles of Trainers

The Training of Facilitator (TOF) curriculum requires 2 skilled trainers to train the intervention's Peer Health Advisors. There should be 1 trainer per 6 participants to properly train and practice the 6 components of the Focus on the Future intervention. If there are more than 12 participants, more trainers are needed to run practice sessions simultaneously. Otherwise, participants may not receive the time needed to understand and practice the intervention's components or the training will extend longer than the required 23.75 hours (approximately 3 days).

The role of the TOF trainers is to prepare each Peer Health Advisor to deliver Focus on the Future with fidelity by providing a brief overview of the original study including the Information-Motivation-Behavioral Skills Model, the 5 principles of the intervention, and the 6 components of the FOF intervention. Through the provision of observed practice and structured feedback to each participant, trainers will help

Peer Health Advisors develop skills that will make them effective at delivering Focus on the Future's 6 components.

Important Information for Trainers

It is important to “set the stage” for why the 5 Principles are important and how they are intended to be demonstrated in the training to help the Peer Health Advisor deliver the intervention effectively and with fidelity.

5 Principles of Focus on the Future

The following 5 Principles were identified by the original developer of the intervention.

- **Unconditional respect for men** – This principle is one of the most recognized principles of sexual education. It comes from the Sexuality Information and Education Council of the United States (SIECUS) *Guidelines for Comprehensive Sexuality Education* (<http://www.siecus.org>).
- **Options and know how** – This principle comes from the study and article: *If the condom fits, wear it: a qualitative study of young African American men* by Dr. Crosby published in 2004 in the Journal of Sexual Transmitted Infections.
- **Practice is good** – This principle also comes from *If the Condom Fits, Wear It: A Qualitative Study of Young African American Men*.
- **Condoms can feel better** – This principle also comes from *If the Condom Fits, Wear It: A Qualitative Study of Young African American Men*. In this study, Dr. Crosby found that the more men use condoms, the less likely they are to report condoms interfering with sexual pleasure.
- **Protect our future** – This principle was developed by the original researchers. He believes that men do not want to talk about condoms and disease; however, they *are* interested in talking about themselves and how to protect their futures and their communities' futures.

Participants Pre-course Information

Participants Pre-course Reading

Prior to funding and the agency selection process, all agencies directly funded by CDC to implement Focus on the Future (FOF) should have received the intervention's Starter Kit, which includes the intervention marketing materials. At registration for the FOF Training of Facilitators, each participant will be encouraged to review the marketing materials and the Starter Kit before attending the training. If an agency has not received the Starter Kit, contact the CDC Capacity Building Branch training coordinators.

The purpose of the Starter Kit is to provide an introduction to FOF. The Starter Kit provides an overview and science behind the intervention. It provides tools agencies will need to decide if the intervention is right for their agency, and if they are funded, to get started with preparations for implementation. Often agencies are waiting for an upcoming Training of Facilitators but would like to get started preparing for the intervention. The Starter Kit will provide the worksheets, timeline, and information needed to do so.

Peer Health Advisor's Pre-requisites

The following are desirable qualities for Peer Health Advisors

- Satisfies the qualities of a peer for this intervention (18 to 35 years old, African American, male, has sex with women, etc.);
- Comes from and currently resides in the surrounding area;
- Relates to men quickly (e.g., easily builds rapport, has a good sense of humor, etc.);
- Has an Outgoing, friendly, and caring personality;
- Is Non-judgmental of others' lifestyles and choices;
- Able to look at sexual behaviors non-judgmentally (sex-positive attitude);
- Comfortable talking about condoms, sex, and HIV/STDs;
- Exhibits a positive attitude toward condom use;
- Is motivated to improve his community;
- Is open and receptive to training/learning;
- Has training and/or experience using facilitation skills (not mandatory);
- Has training and/or experience in correct condom instructions, demonstration, and practice (not mandatory).

How to Use the Training Curriculum

This curriculum has been created to follow the format of the materials that participants will be using in their intervention package. It is important that the trainers prepare ahead and allow enough time for set-up of this training.

Instructions to trainers are often in terms of “describe,” “define,” “review,” “present,” etc. The key contents of such elements of the curriculum will follow and can be presented in the trainer’s own words or through quick exercises or questions for the participants. When the curriculum shows “**SAY**” or “**ASK**” the words following the instruction in *italics* are to be said or explained.

The training serves as a demonstration of the 6 components of the actual Focus on the Future intervention via a video followed by practice activities conducted by the participants. It is important to establish from the beginning, that participants will be asked to participate as Peer Health Advisors and to practice each step of the intervention session, as well as participating as a session client.

Throughout the curriculum there are icons to indicate when the trainers are to refer to an item or use a certain material or curriculum aid. The icons are defined below



a trainer note – information related to trainer knowledge or facilitation hints,



a PowerPoint slide or slides,



a handout,



a document in the Implementation Manual,



a prepared newsprint,



a statement of purpose for the curriculum section,



a statement of time for a curriculum section,



a list of materials for a curriculum section,



an overview of each curriculum section,



something the trainer is to say to participants.

Trainers' Daily Agenda

DAY 1

Time	Activity	Total Time
9:00 am – 9:25 am	Module 1: Introductions and Housekeeping 1.1 – Introductions <ul style="list-style-type: none"> • Introduce trainers • General housekeeping • Icebreaker : Participant introductions and learning expectations • Introduce Barber Shop 	25 minutes
9:25 am – 9:35 am	1.2 - Rules of Respect <ul style="list-style-type: none"> • Develop Rules of Respect as a group 	10 minutes
9:35 am – 9:45 am	1.3 - Overview of the Training <ul style="list-style-type: none"> • Training course objectives and review of agenda • Introduction of the Implementation Manual and training materials 	10 minutes
9:45 am – 10:35 am	Module 2: Introduction to FOF 2.1 - Overview of FOF <ul style="list-style-type: none"> • Review FOF basic information • Discussion of FOF's 6 components in pairs and large group 	50 minutes
10:35 am – 10:50 am	BREAK	15 minutes
10:50 am – 11:35 am	2.2 – A Look at HIV/STDs Among Young African American Men who have sex with Women <ul style="list-style-type: none"> • Discussion of perception of HIV, National rates, and race as a factor • Discussion of the importance of reducing HIV rates among African Americans • Small group brainstorm of prior STD knowledge • Review of correct STD information 	45 minutes

Time	Activity	Total Time
11:35 am – 11:50 am	2.3 - Underlying Theories Behind FOF <ul style="list-style-type: none"> • PowerPoint presentation and discussion of the theoretical models behind FOF • Video clip viewing, “The Blind Side,” and discussion of the IMB model 	15 minutes
11:50 am – 12:05 pm	2.4 - Core Elements and Key Characteristics <ul style="list-style-type: none"> • Discussion and PowerPoint presentation of the 8 core elements organized into 3 types of core elements (Content, Implementation and Pedagogy) • Paired exercise relating the core elements to the theoretical IMB model • Review of the 5 key characteristics 	15 minutes
12:05 pm – 12:15 pm	2.5 - Behavior Change Logic Model <ul style="list-style-type: none"> • Review of the FOF Logic Model and how it relates to the core elements 	10 minutes
12:15 pm – 1:15 pm	LUNCH	60 minutes
1:15 pm – 1:45 pm	Module 3: Peer Health Advisor: Communication Skills 3.1 - Values Clarification: Forced Choices <ul style="list-style-type: none"> • Discussion of what values are and where they come from • Forced choices activity and discussion asking participants to describe why someone would agree or disagree with a series of values statements, why, and how that value impacts their work 	30 minutes
1:45 pm – 2:10 pm	3.2 - Using Non-Verbal Communication to Build Rapport <ul style="list-style-type: none"> • Demonstration and discussion open and closed body language • Brainstorm of ways to use body language to build rapport with clients • Review of Non-Verbal Rapport Skills 	25 minutes

Time	Activity	Total Time
2:10 pm – 2:25 pm	3.3 - Tone <ul style="list-style-type: none"> • ‘It’s how you say it’ activity placing emphasis on different words in a sentence and discussing the subsequent change in meaning 	15 minutes
2:25 pm – 3:00 pm	3.4 – Using Verbal Communication to Build Rapport <ul style="list-style-type: none"> • Observation of or participation in introducing oneself to as many people as possible • Discussion of how to greet and make connections with persons upon intro • Complete Open Ended Questions worksheet • Completion of Paraphrasing activity • Review of Verbal Rapport Skills 	35 minutes
3:00 pm – 3:15 pm	BREAK	15 minutes
3:15 pm – 3:30 pm	3.5 – Affirmations <ul style="list-style-type: none"> • Discussion and review of Affirmations • Paired activity developing affirmations for different client situations 	15 minutes
3:30 pm – 4:45 pm	Module 4: Implementation 4.1 - Component 1: Rapport building <ul style="list-style-type: none"> • Review of Component 1 • Video of Original Researcher introducing FOF • Role play and feedback 	75 minutes
4:45 pm – 5:00 pm	Peer Health Advisor Debriefing and Closing	15 minutes

DAY 2

Time	Activity	Total Time
9:00 am – 9:15 am	Welcome Back and Review Highlights from Day 1	15 minutes
9:15 am – 10:45 am	4.2 - Component 2: Short Condom Use Survey (SCUS) and common issues with condom use <ul style="list-style-type: none">• Paired brainstorm of condom errors• Review of SCUS• Review of Component 2• Introduction of SCUS survey interaction• Demonstration Video• Role play and feedback	90 minutes
10:45 am – 11:00 am	BREAK	15 minutes
11:00 am – 12:15 pm	4.3 - Component 3: Problematic experiences with condoms & poster to motivate clients (HIV rates for African American men) <ul style="list-style-type: none">• Paired brainstorm of problematic experiences with condoms• Brainstorm of condom negotiation suggestions• Review of Component 3• Demonstration Video• Role play and feedback	75 minutes
12:15 pm – 1:15 pm	LUNCH	60 minutes
1:15 pm – 3:15 pm	4.4 - Component 4: Baby oil experiment and condom and water-based lubricant use skill building <ul style="list-style-type: none">• Demonstration of baby oil experiment• Practice 8 steps to correct condom use until a sense of mastery is achieved• Review of Component 4• Demonstration Video• Role play and feedback	120 minutes

Time	Activity	Total Time
3:15 pm – 3:30 pm	BREAK	15 minutes
3:30 pm – 4:30 pm	4.5 - Component 5: Access and erection loss <ul style="list-style-type: none"> • Discussion of access issues and erection loss • Review of Component 5 • Demonstration Video • Role play and feedback 	60 minutes
4:30 pm – 4:45 pm	Peer Health Advisor Debriefing and Closing	15 minutes

DAY 3

Time	Activity	Total Time
9:00 am – 9:15 am	Welcome Back and Review Highlights from Day 2	15 minutes
9:15 am – 10:45 am	4.6 - Component 6: Fit and feel, features of different condom and water-based lubricant brands <ul style="list-style-type: none"> • Round robin to learn about condom and lubricant features • Review of Component 6 • Demonstration Video • Role play and feedback 	90 minutes
10:45 am – 11:00 am	BREAK	15 minutes
11:00 am – 12:00 pm	4.7 - Putting it all together (straightforward and challenging scenarios) <ul style="list-style-type: none"> • Review of the entire intervention • Role play and feedback 	60 minutes
12:00 pm – 1:00 pm	LUNCH	60 minutes
1:00 pm – 2:00 pm	4.7 - Putting it all together (straightforward and challenging scenarios) <i>continued</i> <ul style="list-style-type: none"> • Role play and feedback 	60 minutes
2:00 pm – 2:20 pm	Module 5: Pre-Implementation 5.1 – Pre-Implementation <ul style="list-style-type: none"> • Review the IM pre-implementation section in full using PowerPoint slides 	20 minutes
2:20 pm – 2:45 pm	5.2 – Integrating Focus on the Future into Clinic Flow <ul style="list-style-type: none"> • Trainer walks participants through the steps of how to do so • Each clinic presents how they will integrate FOF in their clinic 	25 minutes

Time	Activity	Total Time
2:45 pm – 3:10 pm	Module 6: Maintenance and Management 6.1 – Intervention Maintenance <ul style="list-style-type: none"> • Review Maintenance Section in the Implementation Manual • Discuss fidelity; define, importance, challenges, etc. • Discuss modifications to FOF 	25 minutes
3:10 pm – 3:30 pm	6.2 – Monitoring and Evaluation <ul style="list-style-type: none"> • Discuss 4 different types of evaluation <ul style="list-style-type: none"> ○ formative evaluation, process monitoring, process evaluation, and outcome monitoring • Discuss sample evaluation forms • Discuss sustainability 	20 minutes
3:30 pm – 3:45 pm	BREAK	15 minutes
3:45 pm – 4:30 pm	Module 7: Programmatic Implementation Activities 7.1 – Programmatic Implementation Activities <ul style="list-style-type: none"> • Review of Implementation Manual • Review Implementation Activities at a Glance • Review FOF at-a-Glance • Activity: <ul style="list-style-type: none"> ○ Identifying primary implementation issues ○ Addressing implementation issues • Review how to access technical assistance 	45 minutes
4:30 pm – 5:00 pm	Module 8: Wrap-up and Closing 8.1 – Wrap-up and Closing <ul style="list-style-type: none"> • Review expectations from Day 1 • Answer final questions • Evaluations • Hand-out certificates 	30 minutes

Participant Training Agenda

Day 1

Time	Activity
9:00 am	Introductions and Housekeeping Introductions Rules of Respect Overview of the Training Introduction to FOF Overview of FOF
10:35 am	Break
10:50 am	A Look at HIV/STDs Among Young African American Men who have sex with Women Underlying Theories Behind FOF Core Elements and Key Characteristics Behavior Change Logic Model
12:15 pm	Lunch
1:15 pm	Peer Health Advisor: Communication Skills Values Clarification: Forced Choices Using Non-Verbal Communication to Build Rapport Tone Using Verbal Communication to Build Rapport
3:00 pm	Break
3:15 pm	Affirmations Implementation Component 1: Rapport building
5:00 pm	Group Debriefing and Closing

Day 2

Time	Activity
9:00 am	Welcome and Day 1 Review Component 2: SCUS and common issues with condom use
10:45 am	Break
11:00 am	Component 3: Problematic experiences with condoms & poster to motivate clients (HIV rates for AA men)
12:15 pm	Lunch
1:15 pm	Component 4: Baby oil experiment and condom and lubricant use skill building
3:15 pm	Break
3:30 pm	Component 5: Access and erection loss
5:00 pm	Group Debriefing and Closing

Day 3

Time	Activity
9:00 am	Welcome and Day 2 Review
	Implementation
	Component 6: Fit and feel, features of condoms & lubes
10:45 am	Break
11:00 am	Putting it all together
12:00 pm	Lunch
1:00 pm	Putting it all together (continued)
	Pre-Implementation
	Pre-Implementation Considerations
	Integrating FOF into Clinic Flow
	Maintenance and Management
	Intervention Maintenance
	Monitoring and Evaluation
3:30 pm	Break
3:45 pm	Programmatic Implementation Activities
	Programmatic Implementation Activities
5:00 pm	Group Wrap-up and Closing

Training Materials and Equipment Checklist

Materials Needed to Prepare for the Training

(Note: The training is designed for 8 – 12 participants. Ensure that there are enough materials to accommodate this number of participants.)

- Implementation Manual (one for each participant)
- Participant Handbooks, which include Training Agenda for Participants and other handouts (one for each participant)
- PowerPoint Slides #1 to #71
- Copies of the PowerPoint slides as handouts – One copy slipped into the front of each Implementation Manual
- Training Agenda for 2 trainers (including times) – one copy for each trainer
- Name tents and name tags (one per participant per training session; additional name tags will be needed for each training session)
- Sign-in Sheets – one per training session
- Markers
- Masking tape
- Sticky (Post-it) pads
- Pens or pencils
- 5” x 7” notepads – one per participant
- 1 Bag/bowl/hat (to put slips of paper into)

DVDs

- “The Blind Side” DVD
- FOF** Introduction DVD with Dr. Richard Crosby
- Focus on the Future Session Demonstration DVD

Role Play Supplies

- 400 male condoms from a variety of high-end and popular brands (this is sufficient for 12 participants)
- 400 packets of water-based lubricant from a variety of high-end and popular brands
- 8-12 male anatomically correct penile models (one per participant)
- 8-12 male wooden models (one per participant)
- 5 bottles of Baby Oil
- 6 rolls of Paper towels
- 5 bottles of Hand Sanitizer

- 12-20 small bags (e.g., ditty bag)

Prepared Newsprints

- Trainers' names and the organizations they are from
- Expectations
- Barber Shop
- Rules of Respect
- The 5 Principles of FOF
 1. Unconditional respect for men
 2. Options and know how
 3. Practice is good
 4. Condoms can feel better
 5. Protect our future
- The 6 Components of FOF
 1. Build Rapport (5 mins)
 2. Condom Use Survey (10 mins)
 3. Discuss Problematic Experiences and Show Poster (10 mins)
 4. Baby Oil Experiment and Condom/Lubricant Practice Time (10 mins)
 5. Address Erection Loss and Access to Condoms (5 mins)
 6. Help Client Choose Condoms and Lubricant to Find the Right Fit and Feel (10 mins)
- Impressions of FOF
- "Why was FOF Effective at Reducing STD Rates?"
- Gonorrhea
- Herpes
- Syphilis
- Chlamydia
- Human papillomavirus
- Trichomoniasis
- HIV
- STD Questions
 - How you get it?
 - How you know you have it (symptoms)?
 - How it can be prevented?

- How it can be treated?
- Core Elements
 - Teach correct condom use
 - Discuss condom negotiation
 - Provide 25+ condoms and 25+ packets of lube
 - Communicates the importance of client protecting his future by using condoms correctly and consistently
- Core Elements
 - Establish rapport and a trusting relationship in the beginning
 - Show unconditional respect and a non-judgmental environment
 - Deliver intervention at a point when the client feeling vulnerable
 - Deliver customized one-to-one counseling session for 45-60 minutes
- Key Characteristics
 - A survey is completed by the client
 - Posters that display HIV prevalence among African American males are shown
 - PHAs are men who come from the local target population
 - The PHA has similar everyday experiences and communication styles as clients
 - Intervention takes place in a private, comfortable environment
- Values
- Strategies to Build Rapport with Clients
- Pluses/Wishes (Write “Pluses” at the top of one side of the newsprint and “Wishes” at the top of the other side. Draw a line down the middle to create two columns.)
- Problems with Using Condoms
- How to Introduce Condom Use
- Oil-Based Lubricants
- Why Erection Loss Happens
- Erection Loss Messages
- Access to Condoms Messages
- Pluses/Wishes (Write “Pluses” at the top of one side of the newsprint and “Wishes” at the top of the other side. Draw a line down the middle to create two columns)

- Condom Fit and Feel
- Primary Implementation Issues

Handouts

See Module 2: Trainer Materials and Handouts

- Core Elements: Information, Motivation or Behavior? Answer Key
 - 1 per participant

See Module 3: Trainer Materials and Handouts:

- Agree and Disagree Signs
 - 1 copy
- “Non-Verbal Activity: Feelings”
 - 1 copy cut up into strips and placed in a bag/bowl/hat

See Module 4: Trainer Materials and Handouts:

- Component 1: Role Play Scenarios
 - 2 copies, cut into slips
- Component 1: Role Play Scenarios for Peer Health Advisor
 - 2 copies, cut into slips
- Component 1: Observer Feedback Form
 - 1 per participant
- Component 2: Role Play Scenarios
 - 2 copies, cut into slips
- Component 2: Observer Feedback Form
 - 1 per participant
- Short Condom Use Survey (SCUS)
 - 2 per participant
- Component 3: Role Play Scenarios
 - 2 copies of each, cut into slips
- Component 3: Observer Feedback Form
 - 1 per participant
- HIV Rates, color poster
 - 2 per participant
- Component 4: Role Play Scenarios
 - 2 copies of each, cut into slips

- Component 4: Observer Feedback Form
 - 1 per participant
- Samples of wallet-sized cards (8 steps to correct condom use/contact info)
 - 2 per participant
- Component 5: Role Play Scenarios
 - 2 copies of each, cut into slips
- Component 5: Observer Feedback Form
 - 1 per participant
- Example list of stores in the area that carry a high-end condoms and lubricants
 - 2 per participant
- Component 6: Role Play Scenarios
 - 2 copies of each, cut into slips
- Component 6: Observer Feedback Form
 - 1 per participant
- Condom and Lubricant Features
 - 1 per participant
- Focus on the Future Cheat Sheet
 - 1 per participant
- Focus on the Future Role Play Scenarios
 - 6 copies, cut into slips
- Intervention Observer Feedback Forms
 - 2 per participant

Equipment Needed to Conduct the Training

- Computer
- LCD projector for PowerPoint presentation
- TV and DVD Player (or ability to play DVD via computer, projector, and speakers)
- Screen
- Extension cord
- Extra bulbs for projector
- Tables for participants to sit around
- Chairs
- 5 small tables for role plays and condom/lube round robin
- Small table for laptop computer

- 2 Easels
- Pads of Blank Newsprint Paper (for easel)

Required Participant Materials

Each participant should receive the following materials

- Implementation Manual, which includes the **FOF** Facilitator's Guide
- Participant Handbook, which includes the following worksheets
 - Interview Form
 - Goal and Objectives
 - Participant Training Agenda
 - Overview Discussion Questions
 - The Focus on the Future Team: Working Together
 - STD Information
 - Core Elements: Information, Motivation or Behavior?
 - Non-Verbal Rapport Building Skills
 - It's Not What You Say, It's How You Say It
 - Open-Ended Questions Stems
 - Open-Ended Questions
 - Open-Ended Questions in Focus on the Future
 - Paraphrasing Statements and Practice
 - Affirmations
 - How to Build Rapport
 - Facilitation Do's and Don'ts
 - Condom and Lubricant Features Worksheet
- PowerPoint slides handout, slipped into the front of each Implementation Manual
- Pens or pencils
- Sticky pads
- 5"x7" note pads
- Training Evaluation

Training Logistics

Securing Training Location

To conduct the Focus on the Future Training of Facilitators, secure a large room with wall space to post newsprint. It is important to know the following about the training space

- Agency's name, contact person, telephone number, fax number email address
- Audio/visual (A/V) contact on site.
- Site policies including smoking, visitors, security, badges, etc.
- Locations of available parking
- List of restaurants in the area
- Nearby transportation

Participant Confirmation Packet

Send a confirmation packet to participants 2 weeks in advance of the training date that includes

- Cover letter
- Training agenda
- Adopting agency location, address, contact person, telephone number
- Training location, address, contact person, telephone number
- Nearby transportation (if needed)
- Parking information
- Other information

Sign-in sheets

Create a sign-in sheet for each day of training. List participant's name, agency, email address, and contact number.

Name plates and badges

It is important that training participants and trainers have name plates at their tables and nametags to wear. The name tags and name plates should include the person's (participant or trainer's) name and agency. Participants and trainers will need nameplates and name tags each day. Have extras on hand in case you need to make more during the program.

Refreshment (optional)

It is ideal to offer participants refreshments during the training. If there are no funds to offer refreshments during the training, try to identify resources for possible donations. After the training is conducted, send thank you letters to all donors. If refreshments will be provided during the training, provide a table for refreshments.

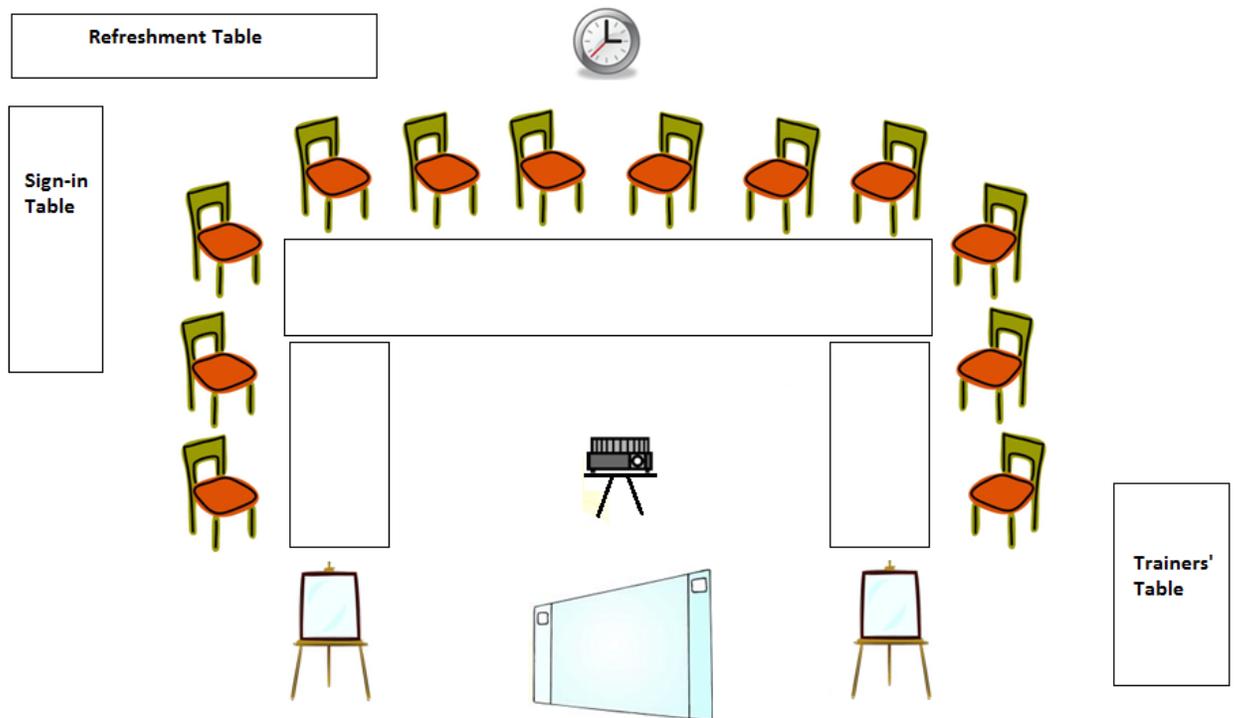
Ice breakers and Energizers (if any)

Although there are no ice breaker or energizer activities written into the curriculum, the trainers should have ice breakers and energizers available and can use that at any time if participants need to be energized or need to build rapport and encourage interaction.

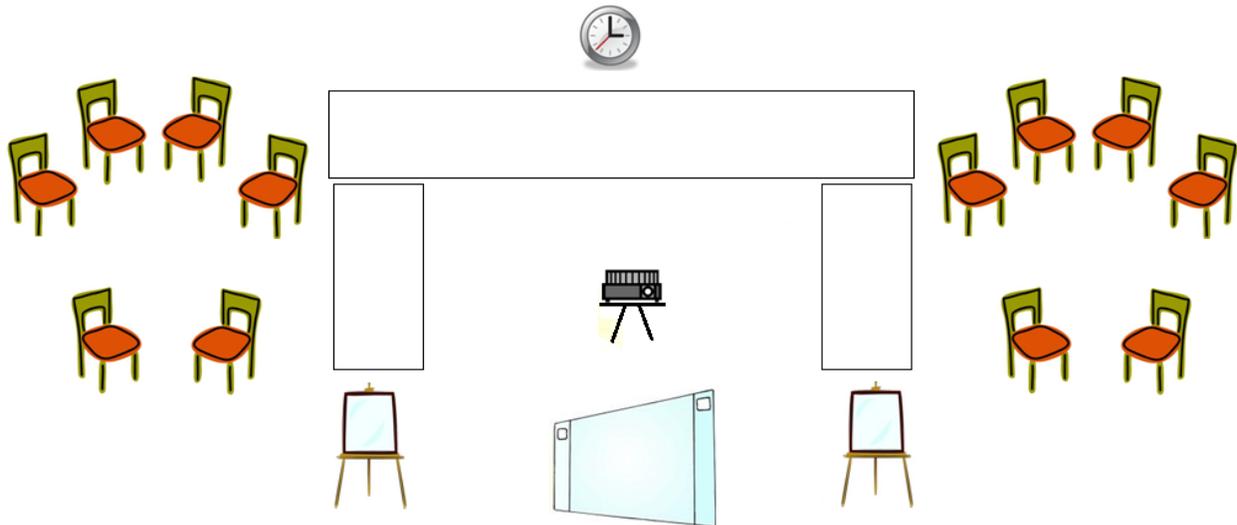
Room Set-up

The training room can be set up in the following configurations

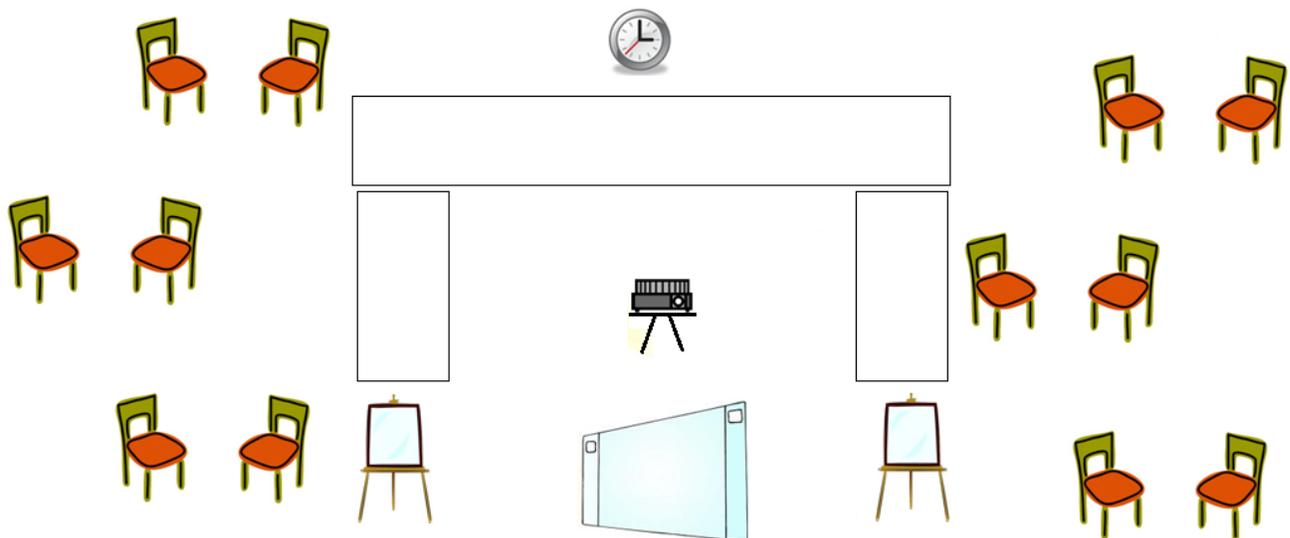
- **Training Sessions:** Tables arranged in “U-shape” with open end opposite the wall clock, if one exists; participant chairs around the outside of the “U”; easels with pads in front on both sides visible to all participants; computer and projector in center of “U” on small table or on the front corner of the table; projector screen front center; small table for the trainers and training materials to the side or in back of participants.
- Have a sign-in table at the entrance of the room with sign-in sheets for each day for participants to write their names, agencies and email addresses.
- Set-up the refreshment table in the back of the room behind participants to prevent distractions.



- **Role play Practice Session #1:** Arrange chairs in two groups on opposite areas in the room or in separate break-out rooms; Two chairs facing each other (PHA and client) and chairs on the side for other participants and trainer to observe the session.



- **Role play Practice Sessions #2-7:** Arrange chairs in two groups on opposite areas in the room or in separate break-out rooms; Set up sets of two chairs facing each other (PHA and client); the trainers will circulate between their designated pairs to observe different pairs practicing simultaneously.



Training Logistics and Planning Timeline

This timeline outlines some of the major tasks that need to be completed by the trainers before the Focus on the Future Training of Facilitators program is conducted. A timeline is provided for guidance.

Activity	Time Before TOF
• Secure training location	8 weeks
• Identify potential TOF participants and begin selection process	8 weeks
• Secure funding for refreshments (<i>if applicable</i>)	8 weeks
• Make Trainers' Assignments, dividing the curriculum between each trainer	4 weeks
• Identify final participants for training	3 - 4 weeks
• Practice Training Assignments, to become familiar with materials, with training styles and training flow	3 weeks
• Prepare for Training <ul style="list-style-type: none"> ○ Print manuals, workbooks, handouts, and posters ○ Prepare newsprints, slides, and videos 	2 - 3 weeks
• Send participant Confirmation Package	2 - 3 weeks
• Count out condoms, water-base lubricants, 'ditty' bags and condom cards	2 weeks
• Pack up penile models, baby oil, hand sanitizers, paper towels, and other training materials	2 weeks
• Obtain a copy of the "Blind Side" DVD	2 weeks
• Check all DVDs to ensure they work properly	2 weeks
• Order refreshments (<i>if applicable</i>)	2 - 3 weeks
• Print out name plates and badges	1 week
• Develop sign-in sheets with training title and dates	1 week
• Set up training room	1 day

Training Room Set Up & Logistics Checklist

Training: _____

Number of people attending: _____

Location: _____

Parking: _____

Food provided by:

Contact's name and number: _____

Food place's name and number: _____

Time food is supposed to arrive: _____

	Item:	They have:	We need to bring
Need	Indicate whether the training site will have the following materials, or if the trainers will need to bring them.		
	LCD projector		
	Projector screen		
	Laptop		
	Portable TV		
	DVD Player		
	DVD Rental of Blind Side Movie (cued at exact time stamp)		
	Connection cords and cables		
	Table to comfortably seat 12 participants on outside of table with training materials		

	Item:	They have:	We need to bring
	Table for trainers and training materials		
	15 chairs		
	2 easels		
	2 newsprint pads		
	Tables for food and coffee		
	Table for sign-in sheets		
Find			
	Where are electrical outlets?		
	Where are bathrooms?		
	Where are telephones?		
	Nearest exits?		
	Temperature controls? Who do we contact to adjust the temperature?		
	Light controls?		
	Safe to leave items in room during breaks and overnight?		
	Wall space for prepared newsprint		
	A/V contact? Who to call if needed		
	List of restaurants in the area		

	Item:	They have:	We need to bring
	Local transportation (bus line, train, taxi)		

Overview of the Focus on the Future (FOF) Intervention

What is FOF?

FOF is a 45 to 60 minute, individual-level, single-session, behavioral intervention for African American men who have sex with women (MSW) ages 18-29, who report STD symptoms and/or are newly diagnosed with an STD, who reported their HIV status as negative or unknown, and who inconsistently and/or incorrectly use male condoms during vaginal sex with female partners in the last 3 months. The intervention is provided in an STD clinic to clients newly diagnosed with an STD and/or who report symptoms of an STD. The intervention focuses on building the clients' knowledge, skills and attitudes to reduce subsequent STD diagnoses, increase condom and lubricant use, decrease the frequency of unprotected sex, reduce the number of female sexual partners, and increase condom use and condom negotiation self-efficacy (the belief of confidence that one can do a particular behavior; for full definition see p.83).

During this single-session intervention, the trained Peer Health Advisor (PHA) provides information, motivation and skills directly relevant to addressing the multiple barriers to condom use that men may face. Emphasis is placed on the correct and consistent use of condoms and lubricant as a way to increase sexual pleasure and taking responsibility and an active role in reducing HIV and STDs. At the end of the intervention, men are given a small nylon bag (“ditty bag”) to fill with packets of lubricant and condoms to use and to find products that have the right fit and feel. The large selection of condoms and packets of lubricant that men choose from include high-end and popular brands that are appealing to young African American men (e.g., Trojan Magnum).

Clients observe the PHA demonstrate the correct application of a condom on a model and the client practices those skills until he expresses a sense of mastery. Throughout the session, men are encouraged to feel good about using condoms and lubricant, to experience condoms as being compatible with sexual pleasure, and to actively protect themselves from future STD infection. From the conversation with the PHA, the clients learn that the high-risk behaviors that lead to the acquisition of STDs are similar to those that would put them at risk for HIV. Clients are motivated to personally respond to the HIV epidemic through the use of a large poster illustrating the disproportionate HIV/AIDS burden experienced by African Americans in the U.S.

Key to the intervention is the ability of the PHA to establish rapport, a trusting relationship, and an environment that focuses on the client's future and his community's future. This is most effective when a member of the target population is chosen as the PHA to implement the intervention. Establishing a respectful and non-judgmental environment that focuses on the client's future will motivate men to fully engage in the intervention. It is also crucial that the tone of the intervention is “sex-positive” (e.g. a healthy, non-judgmental attitude towards the man's sexuality and lifestyle).

FOF is a one-time intervention, which means that clients are only eligible to participate once, even if they screen eligible to participate multiple times. It is most effective if it is integrated as a standard of care at clinics. This is because clients are more likely to participate if they view **FOF** as a part of the services that have been arranged for them during their clinic visit.

FOF is based on 5 principles. The 5 principles were chosen by the original researchers

- **Unconditional respect for men**
 - This principle permeates the entire intervention. PHAs must show clients unconditional respect regardless of whether the past decisions they have made are compatible with the PHAs' values. This also means that the PHA needs to be respected by clients and clinic staff.
 - This principle is one of the most recognized principles of sexual education. It comes from the Sexuality Information and Education Council of the United States (SIECUS) *Guidelines for Comprehensive Sexuality Education* (<http://www.siecus.org>).
- **Options and know how**
 - Key to the intervention is teaching men how to correctly use a condom and giving them a wide option of high-end and popular condoms to try at home in order to find one with the right fit and feel. They will also be given water-based lubricant to take home and try.
 - This principle comes from *If the Condom Fits, Wear It: A Qualitative Study of Young African American Men* by Dr. Richard Crosby published in 2004 in the Journal of Sexual Transmitted Infections (**Appendix B of the Implementation Manual**).
- **Practice is good**
 - It is important that clients get to practice putting a condom on a penile model until they have done it properly three or four times and that they get to practice this skill at their own pace.
 - Clients are encouraged to practice with the 25+ condoms and 25+ packets of water-based lubricant after the session ends.
 - This principle also comes from *If the Condom Fits, Wear It: A Qualitative Study of Young African American Men*.
- **Condoms can feel better**
 - The PHA needs to sexualize condoms, conveying that they are compatible with sexual pleasure and can make sex feel better. This is done by adding moisture, studding, and ribbing, as well as giving people the peace of mind that they are protecting themselves from STDs and HIV.
 - This principle also comes from *If the condom fits, wear it: a qualitative study of young African American men*. In this study, Dr. Crosby found that the more men use condoms, the less likely they are to report condoms interfering with sexual pleasure.
- **Protect our future**
 - This principle relates to clients protecting their own futures and the future of their communities. Some clients may feel defeated and that they do not have valuable futures. It is important that the PHA conveys that the clients have futures ahead of them and they can ensure they are healthy by making positive and knowledgeable decisions. PHAs can do this by not challenging the wisdom of the clients' past choices—the focus should be on the future and never on the past. **FOF** also places an emphasis on the high rates of HIV among the African American community and the importance of the client protecting his community's future.

- This principle was developed by the original developer and researcher, Dr. Crosby. He believes that men do not want to talk about condoms and disease, however they *are* interested in talking about themselves and how to protect their futures.

The **FOF** intervention is not a lecture, but a sex-positive, structured conversation that uses positive reinforcement, culturally appropriate terms, and a focus on the client's future. This intervention creates a context in which participants can

- Rectify misconceptions about correct condom use,
- Recall problematic events when using condoms,
- Identify and rectify common problems with condom use,
- Illustrate scenarios that involve condom negotiation,
- Consider outcomes of consistent and correct condom use in attainment of future goals,
- Ask questions about various types of condoms and lubricant,
- Practice correctly applying different types of condoms and lubricant on a penile model,
- Find a condom with the right fit and feel.

Target Population

Who is it for?

The target population for **FOF** is African American men ages 18-29, who have sex with women (MSW), who report STD symptoms and/or are newly diagnosed with an STD, who reported their HIV status as negative or unknown, and who inconsistently and/or incorrectly use condoms during vaginal sex with female partners in the last 3 months. This population is in a demographic group highly impacted by HIV whose risk is due to the lack of consistent and correct use of condoms and lubricant as a means of protection.

FOF is most effective in geographic areas with high STD rates and a high proportion of clients who are young African American males who have sex with women.

Who else can FOF be adapted for?

A man who has sex with men (MSM) in addition to having sex with women should not be excluded from **FOF**. The client is eligible as long as he self-identifies as someone who has sex with women and has used a condom during vaginal sex within the last 3 months. The focus of the intervention is to address issues with consistent and correct use of condoms and lubricants, and therefore men who have sex with men in addition to women can participate. The PHA establishes a non-judgmental rapport with clients. However, the main focus of their conversation is on condom use while having sex with women. MSM who exclusively have sex with men are not eligible to participate.

Venues and Setting for the Delivery of FOF

In the original research, **FOF** was delivered in a private room in an STD clinic. It is important that **FOF** is delivered in a private room to ensure client confidentiality. The room should have at least two comfortable seats and a table, and have a positive climate that encourages openness and trust.

This could include the use of music, identifiable pictures and posters, and brochures. The room must be available to the PHA for at least 60 minutes for an uninterrupted session with each client.

Appropriate Settings to Implement FOF

FOF is intended to be implemented in STD clinic settings that can provide testing, diagnosis, and treatment for most commonly occurring STDs. During the original research, **FOF** was conducted in a public STD clinic in Louisville, Kentucky. **FOF** materials were pilot tested in four STD clinics, two in the North East and two in the South East U.S. All of these clinics had experience serving a high proportion of young African American men who have sex with women.

FOF can also be adapted for Community-Based Organizations (CBOs) that serve men who meet the eligibility criteria and that are able to diagnose and treat STDs.

Benefits to Clinic and Care Services

FOF has many benefits to the implementing clinic, including

- Complementing, expanding and enhancing the quality of existing prevention services by providing a brief, evidence-based program;
- Supporting the clinic's mission;
- Closing gaps in needed services for young African American men;
- Integrating a new prevention service that does not require a great amount of resources or effort;
- Impacting the norms and culture of the community regarding the way members think about sex (i.e., move towards a "sex-positive" model whereby condom use and lubricants are eroticized);
- Enhancing the image of the STD clinics/CBOs as
 - Attractive sites for funders to invest in
 - Creative, innovative, and proactive sites in addressing HIV/STDs in African American males;
- Reducing the transmission of HIV/STDs in the community.

Benefits to Clients in Care

FOF is beneficial to clients receiving the intervention in the following ways

- Enhancing their quality of life by providing them with the skills to prevent infecting or re-infecting themselves with an STD or HIV and infecting their partners;
- Providing them with a wide variety of high end lubricants and condoms to identify those that have the right fit and feel;
- Providing them with an opportunity to connect with a caring and knowledgeable peer who is interested and believes in their futures;
- Providing them with a safe environment to practice properly applying condoms and lubricant and talk through any potential barriers to consistent use;
- Reducing worry and concern when having sex, making it a more enjoyable experience;
- Allowing them to maintain their current lifestyle with regards to sex;
- Empowering them to be a part of the collective action to reverse the high HIV/STD prevalence in their demographic group;
- Alleviating the burden of HIV/STDs in the community amongst African American males;

- Providing positive ripple effects in cases where clients represent a “hub” of transmission through extensive social networks¹;
- Impacting the norms and culture of the community regarding the way they think about sex (i.e., move towards a “sex-positive” model whereby condom use and lubricants are eroticized).

¹ Guttmacher Policy Review, Spring 2009, Volume 12, Number 2. For Some Sexually Transmitted Infections, Secondary Prevention May Be Primary By Adam Sonfield.

The Science Behind the FOF Intervention

Original Research Findings

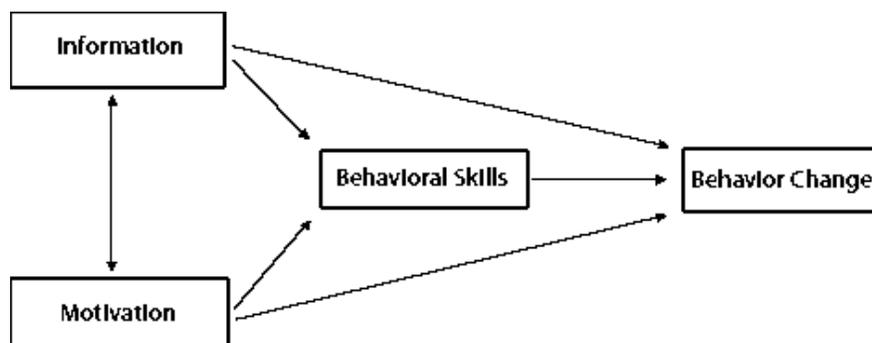
To design and test the efficacy of the intervention, Crosby et al. originated a two-year randomized control study in a public STD clinic in Louisville, KY. Results from this study showed various positive effects on the behaviors of the intervention clients.² When clients completed a three-month follow-up assessment, individuals who received the **FOF** intervention were significantly less likely to have acquired a subsequent STD. A significant number reported having fewer sexual partners, significantly fewer acts of unprotected sex, and were significantly more likely to report using condoms during their last episode of sexual intercourse with a woman. They also had significantly improved proficiency scores for condom application skills. The results also suggest a substantial protective benefit for men’s female sexual partners against HIV or other STD acquisition. **FOF** was shown to be effective when clients received it one time, and there is no evidence that suggests it would continue to be effective when given to the same client multiple times.

How it is Different from Other HIV Prevention Interventions

FOF fills a critical gap in evidence-based HIV prevention interventions currently available for young African American men who have sex with women (MSW) and because it is designed to meet their needs and address their concerns regarding consistent condom use. **FOF** is one of only a few evidence-based interventions recognized by the CDC for use in STD clinic settings.

Theories and Models Used

The **FOF** intervention is based on the Information, Motivation, and Behavioral Skills Model (IMB).³ This theory asserts that HIV-related information, motivation, and behavioral skills are the fundamental determinants of HIV/STD prevention. If an individual is well-informed, motivated to act, and possesses the skills and confidence to take effective action, he or she is more likely to initiate and maintain patterns of HIV/STD preventive behavior.



The “**information**” aspect of the model addresses the cognitive domain and refers to the provision of knowledge to support the change in behavior. The “**motivation**” component targets the affective

² Crosby R, DiClemente R, et al. A brief, clinic-based, safer sex intervention for heterosexual African American men newly diagnosed with an STD: A randomized controlled trial. *Research and Practice*. 2009; 99: 1-8.

³ Fisher J, Fisher W. The information-motivation-behavioral skills model. In: DiClemente RJ, Crosby RA, Kegler M, eds. *Emerging Theories in Health Promotion Practice and Research*. San Francisco, CA: Jossey-Bass; 2002: 40-70.

domain and encourages the development of a favorable attitude towards the positive health behavior and capitalizes on existing social support systems to enhance motivation. Identifying barriers and strategies to overcome them is another way to enhance motivation. The “**behavior**” aspect of the model focuses on the psychomotor domain. Through instruction, repeated demonstrations and practice, individuals acquire the practical skills necessary to maintain the behavior change.

According to IMB, health interventions should be focused on

1. Communicating effective health information that is appropriate for the target health behavior and specific to a population,
2. Increasing personal motivation and social support, and
3. Skill-training to increase self-efficacy for performing a health behavior.

During the **FOF** intervention, information directly relevant to the quality of condom use is provided. Men also learn, by demonstration, that oil-based lubricants can quickly erode latex condoms.

Increasing motivation to use condoms is a central component of **FOF**. Throughout the session, men are encouraged to feel good about using condoms, to consider condoms as being compatible with sexual pleasure, and to actively protect themselves from future STD infection. Clients are also motivated to personally respond to the AIDS epidemic through the use of large posters illustrating the disproportionate HIV/AIDS burden experienced by African American men in the United States.

Skill acquisition is another essential component of **FOF**. Correct condom and lubrication use are demonstrated and practiced by the men until they exhibit a sense of mastery.⁴

FOF also draws from Albert Bandura’s Social Learning Theory⁵. This theory states that people learn new behavior through observational learning, imitation, and modeling. If people observe positive, desired outcomes in the observed behavior, then they are more likely to model, imitate, and adopt the behavior themselves. **FOF** utilizes a Peer Health Advisor (PHA) to model correct condom and lubricant use skills. With the PHA’s guidance, the clients then imitate those skills to build their self-efficacy for correct and consistent condom use.

Although it is not a formal theory, an important feature of **FOF** is that it can be customized to the needs of each client. Customizing is a process that matches messages and approaches with the needs and values of the client.⁶ The one-on-one interaction of **FOF** (in the context of a trusting relationship) allows the PHA to “listen and respond” to the needs of the client. The content of the program is used much like a checklist of competencies, whereby, once competency is established for a component, the PHA is able to move on to the next component. This form of customizing allows for the vast differences in learning that inevitably exist, even in highly homogenous populations. This on-the-spot customizing provides men with the skills they lack rather than leading them through a program that is customized for a group of people. Evidence clearly suggests that customized HIV prevention interventions are likely to be superior to “canned programs.”^{7,8}

⁴ Crosby R, DiClemente R, et al. A brief, clinic-based, safer sex intervention for heterosexual African American men newly diagnosed with an STD: A randomized controlled trial. *Research and Practice*. 2009; 99: 1-8.

⁵ Bandura A. Self-efficacy: Toward a unifying theory of behavior change. *Psych Rev* 1977; 84:191-215.

⁶ Petty RE, Barden J, Wheeler SC. The elaboration likelihood model of persuasion: Health promotions that yield sustained behavior change. In DiClemente, R. J., Crosby, R. A., & Kegler, M. (eds.) (pp. 71 – 99) *Emerging Theories in Health Promotion Practice and Research*. San Francisco, CA: Jossey-Bass Wiley. 2002.

⁷ Coates TJ, Aggleton P, Gutwiller F, et al. HIV prevention in developed countries. *Lancet* 1996; 348:1143-1148.

Core Elements and Key Characteristics

Core Elements are defined as “elements that embody the theory and internal logic of the intervention and most likely produce its main effects.”⁹

*Core elements are critical features of an intervention’s intent and design and are thought to be responsible for its effectiveness. Consequently, core elements should be maintained without alteration to ensure program effectiveness.*¹⁰

FOF Core Elements

Content

1. A trained PHA teaches correct condom use skills for clients. (IMB Components: Information, Behavior.)
 - The PHA will foster positive attitudes and norms towards correct and consistent condom use by providing adequate opportunity for clients to practice proper application of condoms during the session. This will improve the clients’ condom use behaviors and self-efficacy.
2. The PHA and clients discuss condom negotiation skills. (IMB Components: Behavior.)
 - The PHA addresses issues with using condoms in the clients’ lives and discusses condom negotiation strategies that they can use with partners. Being able to negotiate condom use with his partners impacts the clients’ condom use behaviors.
3. The PHA provides clients with 25+ packets of water-based lubricants and 25+ condoms of their choice from a broad selection of high-end and popular brands. (IMB Components: Motivation, Behavior.)
 - After determining which condoms might have the right fit and feel for the clients, the clients select 25+ condoms and 25+ packets of lubricant from a large variety of high-end and popular brands. Clients are also provided with a bag to carry their condoms and packets of lubricant. Having condoms with the right fit and feel, packets of lubricant, and a trendy bag with which to carry them motivates men to use condoms, thereby increasing their condom use behaviors.
4. The PHA clearly communicates the importance of the client protecting his and his community’s futures by using condoms correctly and consistently with his partner(s). (IMB Components: Behavior.)
 - The PHA equates condom use with an investment in the clients’ futures, lowering their chances of contracting or transmitting future STDs and slowing the spread of HIV/AIDS in their communities.

⁸ DiClemente RJ. Development of programmes for enhancing sexual health. *Lancet* 2001; 358:1828-1829.

⁹ Glossary. *AIDS Education and Prevention*, 12, Supplement A, 145-146, 2000.

¹⁰ Glossary. *AIDS Education and Prevention*, 12, Supplement A, 145-146, 2000.

Pedagogy

1. The PHA establishes rapport and a trusting relationship with the client at the beginning of the session. (IMB Components: Motivation.)
 - The relationship with the PHA motivates clients to fully engage in the forthcoming teaching/learning session and establishes an effective means of relating prevention messages to them.
2. The PHA shows unconditional respect for men and maintains a non-judgmental environment for the client concerning any risk behaviors disclosed. (IMB Components: Information, Motivation.)
 - The PHA maintains a “sex-positive” attitude, which is a healthy, non-judgmental attitude towards the client’s sexuality and lifestyle choices. By remaining non-judgmental, the client is motivated to fully engage in the session and feel comfortable disclosing information about his risk behaviors. In turn, the PHA can provide information about condom use issues that is customized to the client with positive reinforcement.

Implementation

1. The intervention is delivered at a point when the client is feeling vulnerable and is highly concerned about his STD infection status. This may be while he is in the clinic waiting, after a presumptive diagnosis, or after a confirmed lab result. (IMB Components: Motivation.)
 - The time when a client believes that he may be infected with an STD or after he receives a positive diagnosis is a critical period in which to address prevention with clients. It is a moment of great motivation for clients to improve their safe sex practices. Thus, the intervention should be delivered at a location that can test and diagnosis clients with STDs.
2. The PHA conducts a customized one-to-one counseling session with the client for 45-60 minutes. (IMB Components: Information.)
 - The interactive nature of the program allows the PHA to proceed at a pace and level that is developmentally appropriate for each client. Depending on the needs of the client, the duration of the intervention is a minimum of 45 minutes. Depending on the client, up to 60 minutes may be required to ensure that the appropriate information is covered during the session.

Key Characteristics are crucial activities and delivery methods for conducting an intervention, which may be tailored for different agencies and at-risk populations.¹¹

*Key Characteristics are less essential to effectiveness, but essential to adaptations an agency may consider making. Key Characteristics can be altered so that an intervention can be customized to the specific needs of the at-risk community receiving the intervention and the capabilities of the organization implementing the intervention.*¹²

¹¹ Glossary. AIDS Education and Prevention, 12, Supplement A, 145-146, 2000.

¹² Glossary. AIDS Education and Prevention, 12, Supplement A, 145-146, 2000.

FOF Key Characteristics

1. A survey is completed by the client to inform the PHA of his problems with using condoms.
 - This short survey allows the PHA to customize the intervention so that it addresses the client's specific needs and concerns.
 - Tailoring Options: The client may be asked to verbally answer the questions on the survey or communicate his issues with condom use so that the PHA can address his specific concerns.
2. A visual aid (i.e., poster) hanging in the room that displays HIV prevalence among African American males in the US is used to increase men's motivation to change behaviors associated with condom use.
 - This poster helps to create a personal motivation for the client to improve his safe sex practices.
 - Tailoring Options: If hanging the poster on the wall is not an option, the poster can be shown to the clients at the appropriate time during the intervention.
3. The PHA needs to have similar everyday experiences and communication styles.
 - Identifying with the PHA is important because it increases the value of the intervention's messages.
 - Tailoring Options: A PHA who can communicate clearly and effectively should be prioritized over one who might communicate in a common way with the client, though these are related concepts.
4. The PHAs are men who come from the community for which the intervention is intended.
 - This goes beyond the concept of "matching" by race, age, and gender.
 - Tailoring Options: The PHA can be recruited from another nearby community with a similar socio-economic-cultural environment.
5. Both the PHA and the client should be seated in a private and comfortable environment.
 - The space should feel comfortable and safe so that the client feels able to communicate freely and openly about his experiences and concerns.
 - Tailoring Options: As space is often limited, a multi-purpose space may be used as long as it is private during the intervention.

While every attempt should be made to maintain fidelity to the original intervention, Key Characteristics may be adapted to accommodate the capabilities of the implementing organization. This is different from the Core Elements, which cannot be modified.

Focus on the Future (FOF) Behavior Change Logic Model

Statement of the Problem

FOF is designed for African American men who have sex with women (MSW) ages 18-29, who are newly diagnosed with an STD and/or report symptoms of an STD, who report their HIV status as negative or unknown, and have used a male condom during vaginal sex at least once in the past 3 months.

Major risk factors for HIV include: membership in a demographic group highly impacted by HIV and STDs, lack of consistent condom use as a means of protection, incorrect use of condoms, and incorrect/lack of use of water-based lubricant.

Specific Behavior Change Logic

Determinants <i>To address risk behavior/factors</i>	Activities <i>To address behavioral determinants</i>	Outcomes <i>Expected changes as a result of activities targeting behavioral risk determinants</i>	
<ul style="list-style-type: none"> • Incorrect or lack of condom use skills • Low self-efficacy related to condom use • Lack of skills using lubricant • Low self-efficacy related to the use of lubricant • Negative attitudes toward condom use • Lack of self-efficacy toward negotiating condom use • Inability to identify triggers of unsafe sex • Lack of knowledge of HIV/AIDS prevalence • Low or no risk perception regarding self • Lack of perceptions regarding risk reduction options (e.g., planning for sex, finding a condom with the right fit and feel, using lubricant, etc.) 	<p>45-60 minute individual-level, single-session behavioral intervention, delivered by a trained Peer Health Advisor.</p> <ul style="list-style-type: none"> • Recall any problematic events when using condoms • Rectify misconceptions about correct condom use • Illustrate proper condom use • Consider outcomes of consistent and correct condom use in attainment of future goals • Ask questions about various types of condoms • Practice correctly applying different types of condoms on a penile model • Illustrate scenarios that involve condom negotiation • Discuss how to overcome barriers • Understand the importance of being prepared by having 2 to 3 condoms on hand when having sex • Experiment with different types of condoms and lubricant until they find a brand and size that best serves their needs • Know where to locate condoms in the community (including types and price) 	<p>Immediate Outcomes</p> <ul style="list-style-type: none"> • Increase knowledge regarding correct condom use • Increase risk perception as it relates to unprotected sex • Increase motivation to use condoms consistently and correctly • Increase decision-making • Decrease negative attitudes towards condoms and increase positive attitudes • Improve condom use skills • Improve lubricant use skills • Increase self-efficacy related to safer sex skills (e.g. use of lubricant, planning ahead, etc.) 	<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Reduction in subsequent diagnosis of an STD • Reduction in the number of sexual partners • Increased condom use and decreased unprotected vaginal and anal intercourse • Increased communication with partners about HIV/STI risks and condom use • Increased communication with peers about HIV/STI risks and condom use • Improved management of risky sexual situations, e.g., <ul style="list-style-type: none"> ○ Planned ahead to practice safer sex ○ Increased condom carrying • Correct and consistent condom use (less slippage, breakage, etc.) • Increased/improved condom negotiation skills • Improved planning for accessibility of condoms when needed

Focus on the Future Training Modules

DAY 1

Day 1 Preparation At-A-Glance

Module and Name	Activity Number and Name	Prepared Newsprint	Materials	Participant Handbook (PH), Handout (H), Trainers Materials (TM) or Implementation Manual (IM)
Module 1: Introduction and Housekeeping	1.1 Introductions	<ul style="list-style-type: none"> • Trainers' names, their organization • "Expectations" • "Barber Shop" 	Newsprint, easels, markers, pens or pencils, sticky pads, masking tape	<ul style="list-style-type: none"> • Interview Form (PH)
	1.2 Rules of Respect	<ul style="list-style-type: none"> • "Rules of Respect" 	Newsprint, easel, markers, masking tape	None
	1.3 Overview of the Training	None	Newsprint, easel, markers, masking tape	<ul style="list-style-type: none"> • Goal and Objectives (PH) • Agenda (PH) • Facilitator's Guide (IM)
Module 2: Introduction to Focus on the Future	2.1 Overview of Focus on the Future	<ul style="list-style-type: none"> • 5 Principles of FOF • 6 Components of FOF • "Impressions of FOF" • "Why was FOF Effective at Reducing STD Rates?" 	Newsprint, easels, markers, masking tape, FOF Intro Video with Dr. Crosby, DVD Player, TV	<ul style="list-style-type: none"> • 5 Principles (IM) • FOF at a Glance (IM) • Overview Discussion Questions (PH) • Working Together (PH)
	2.2 A Look at HIV/STDs Among Young African American Men who have sex with Women	<ul style="list-style-type: none"> • "Gonorrhea" • "Herpes" • "Syphilis" • "Chlamydia" • "Human Papillomavirus" • "Trichonomiasis" • STD Questions 	Newsprint, easels, markers, masking tape	<ul style="list-style-type: none"> • STD Information (PH)

Module and Name	Activity Number and Name	Prepared Newsprint	Materials	Participant Handbook (PH), Handout (H), Trainers Materials (TM) or Implementation Manual (IM)
Module 2: Introduction to Focus on the Future (Continued)	2.3 Underlying Theories Behind Focus on the Future	None	Newsprint, easels, markers, masking tape, The Blind Side DVD, DVD Player, TV	<ul style="list-style-type: none"> Theories (IM)
	2.4 Core Elements and Key Characteristics	<ul style="list-style-type: none"> All the Core Elements All the Key Characteristics 	Newsprint, easels, markers, masking tape	<ul style="list-style-type: none"> Core Elements and Key Characteristics (IM) Core Elements: IMB? (PH) Core Elements: IMB? Answer Key (H)
	2.5 Behavior Change Logic Model	None	Newsprint, easels, markers, masking tape	<ul style="list-style-type: none"> Behavior Change Logic Model (IM)
Module 3: Peer Health Advisors: Communication Skills	3.1 Values Clarification: Forced Choices	<ul style="list-style-type: none"> “Values” 	Masking tape	<ul style="list-style-type: none"> Agree and Disagree Signs (TM)
	3.2 Using Non-Verbal Communication to Build Rapport	<ul style="list-style-type: none"> “Strategies to Build Rapport with Clients” 	Newsprint, easels, markers, bag/bowl/hat	<ul style="list-style-type: none"> Non-Verbal Activity: Feelings (TM) Non-Verbal Rapport Building Skills (PH)
	3.3 Tone	None	None	<ul style="list-style-type: none"> It’s Not What You Say, It’s How You Say It (PH)
	3.4 Using Verbal Communication to Build Rapport	None	Newsprint, easels, markers	<ul style="list-style-type: none"> Facilitator’s Guide (IM) Open-Ended Questions Stems (PH) Open-Ended Questions (PH) Open-Ended Questions Answer Key (TM) Open-Ended Questions in FOF (PH) Paraphrasing Statements (PH)

Module and Name	Activity Number and Name	Prepared Newsprint	Materials	Participant Handbook (PH), Handout (H), Trainers Materials (TM) or Implementation Manual (IM)
Module 3: Peer Health Advisors: Communication Skills (Continued)	3.5 Affirmations	None	None	<ul style="list-style-type: none"> • Affirmations (PH) • How to Build Rapport (PH)
Module 4: Implementation	4.1 Component 1: Building Rapport	<ul style="list-style-type: none"> • 5 Principles of FOF (from Activity 2.1) • 6 Components of FOF (from Activity 2.1) 	Demonstration Video, DVD Player, TV	<ul style="list-style-type: none"> • 5 Principles (IM) • FOF at a Glance (IM) • Facilitator's Guide (IM) • Non-Verbal Rapport Building Skills (PH) • Open-Ended Questions in FOF (PH) • How to Build Rapport (PH) • Affirmations (PH) • Facilitation DOs and DON'Ts (PH) • Comp 1: Scenarios (H) • Comp 1: Scenarios for PHA (H) • Comp 1: Observer Feedback Form (H)
Peer Health Advisor Debrief and Closing	None	<ul style="list-style-type: none"> • "Pluses and Wishes" 	Newsprint, easels, markers	<ul style="list-style-type: none"> • Facilitator's Guide (IM)

Module 1: Introduction and Housekeeping (45 minutes)

Activity 1.1 – Introductions



Time 25 minutes



Purpose To introduce trainers, participants, and the training program, review housekeeping items, and welcome the group to the training.



Overview Trainers introduce themselves and welcome the group to the training. Then, participants each find a partner and introduce themselves to each other, and to the full group.



Materials

- Newsprint, easel and markers
- Pens or pencils
- Sticky pads
- Masking tape
- PowerPoint Slides, #1-6



Prepared Newsprint

- Trainers' names and the organization they are from
- "Expectations"
- "Barber Shop"

Participant Handbook

- Interview Form, page 5



Trainer Notes

- Before participants arrive on the first day, place Implementation Manuals, Participant Handbooks, writing pads, pencils, and sticky pads at each participant's place. Handouts of the PowerPoint slides should be placed inside the Implementation Manual.
- Greet participants as they arrive, make sure they are signing-in and have their name badges and name tents.
- Have the PowerPoint **Slide 1** up on the screen while participants are coming in

and waiting for the training to start.

- Write the trainer's names and organizations that they are from on newsprint and post on wall.
- It is important that the trainers review the Participant Handbook with the participants so they can differentiate it from the Implementation Manual. The Participant Handbook contains worksheets and resources that will be used throughout the Training of Facilitators. The Implementation Manual outlines everything that Peer Health Advisors need to know about Focus on the Future. It has information about pre-implementation activities, implementation activities, and monitoring and evaluation of the intervention.
- After participants share their expectations for the training, post the newsprint(s) on the wall so it can be referred to on the last day of the training.
- The barber shop is a place where African American men exchange stories and talk about concerns and issues in life. In an effort to identify with that culture, this activity uses something called the "Barber Shop." The "Barber Shop" is a place where participants can put questions they have on sticky notes, when those questions cannot be addressed during the training. You will need a sheet of newsprint with "Barber Shop" written on the top displayed in the training room. If participants ask a question that is not covered in the training materials, that will be covered later, or that cannot be addressed at that particular time, tell them that is a good question for the "Barber Shop" and write it on a sticky note and place it on the prepared newsprint titled "Barber Shop." Review the "Barber Shop" during breaks and lunch for questions to address in the content of upcoming sessions and to be prepared to answer the questions. Return to the "Barber Shop" during any question and answer periods. After a question has been answered, check it off or remove it from the newsprint. You may want to save the questions, review the curriculum, and make adjustments to clarify those points.
- If you have clinic managers or supervisors in the group and good questions come up that aren't related to the topic at hand or are too advanced for the goal of an activity, place that question on the "Barber Shop" and address it at a more appropriate time.
- Post the "Barber Shop" near the back or side of the room so participants can access it without interrupting the training.

Description



1. Trainer introductions.

- **Using** the prepared newsprint, trainers briefly introduce themselves and their training organization.
- **Acknowledge** the agency hosting the training and thank agencies for their participation and commitment to this intervention.



2. **Review** housekeeping items on **Slide 2**, such as

- Time training starts and ends
- Duration of training
- Lunch time
- Breaks
- Location of bathrooms
- Smoking policy, etc.



3. Briefly introduce the training program by using **Slides 3-4** and **saying**



- *This training will give you an opportunity to learn about the Focus on the Future intervention, share experiences with others, and develop the knowledge and skills to successfully implement the intervention with clients.*
- *This training is for Peer Health Advisors and other clinic staff who will be involved in the implementation of the Focus on the Future intervention. Staff involvement in the intervention may include individuals responsible for recruiting and screening male clients who meet the criteria, supervising the Peer Health Advisors, and managing the Focus on the Future intervention in your clinic. Other clinic staff involved in the intervention may choose to participate in the full training to gain a thorough understanding of the Peer Health Advisor's role, understand how to appropriately integrate the Peer Health Advisor into the clinic team, and provide support to the Peer Health Advisor as he delivers the intervention to clients on a daily basis*
- *The first 2½ days of the training is devoted to learning how to facilitate the intervention. The last half day of Day 3 of this training covers content on implementing Focus on the Future.*

- *Throughout the 3 days of training, you will be put in small groups to practice facilitating the actual intervention. During these role plays, you will take a turns playing the Peer Health Advisor, client and observer.*
- *During this training, Peer Health Advisors will*
 - *Learn how and why Focus on the Future was developed, the intervention's 6 components and principles, difficulties clients have with using condoms, different kinds of condoms, and what makes each unique;*
 - *Gain communication and rapport-building skills, condom use and negotiation skills, and skills to successfully deliver the intervention's 6 components while adhering to the 5 principles;*
 - *Practice implementing the intervention in small groups and pairs.*



4. **Review** Trainer Expectations on **Slide 5**.

- In order to successfully complete this training program, participants must
 - a. Attend the entire training
 - b. Participate in all practice sessions
 - c. Complete Participant Evaluations

5. **Ask** participants to open their **Participant Handbooks** and briefly **review** by

- Explaining that participants will be using the handbook throughout the training.
- Highlight that they will be inserting additional handouts into the handbook as the training proceeds.
- Tell participants that a handout of the PowerPoint slides has also been provided so they can make notes.



6. **Participant Introductions** using **Slide 6**.

- **Tell** participants that they will find someone that they have never met before to be their partner.
- Using the **Interview Form** in their Participant Handbook on **Page 5**, they will interview their partners by asking the following open-ended questions
 - What is your name?
 - What agency do you work for?
 - What role will you have in Focus on the Future?
 - What are your expectations for the training?
 - What is something you like to do in your spare time?
- Once they have interviewed their partners, they will introduce their partners to the large group.

7. Begin the activity (i.e., ask participants to find and interview a partner).

- After 5 minutes, call time.

8. Large group report out.

- Go around the room and ask each person to introduce their partner (name, where they are from, their role in Focus on the Future, why they want to be a part of Focus on the Future, expectations for the training, and one thing they like to do in their spare time).

- **Write** the expectations on the prepared “Expectations” newsprint.

9. In full group, discuss the participants’ expectations for the training by reviewing responses on newsprint.

- **Highlight** which of the participants’ expectations will and will not be covered in the training.

10. **Say**

- *In Focus on the Future, Peer Health Advisors will not conduct an icebreaker activity like the one you just did. Instead Peer Health Advisors will use a number of techniques to casually build rapport with clients. Rapport means having a connection or a positive relationship with the client.*

- *It is very important that Peer Health Advisors build a positive rapport with the clients so the clients feel comfortable and are more open to sharing and learning.*

- *Strategies to build rapport with clients will be discussed later on in the training.*

11. **Refer** to the “Barber Shop” on newsprint and introduce it in the following way

- **Ask**

- *What happens in the barber shop?*

- Responses may include: Men exchange stories, talk about their lives and concerns, get a haircut, etc.

- **Say**

- *The “Barber Shop” is a place where men gather while having their hair cut, and exchange various stories, questions or concerns they may have.*

- *If someone has a question that is not covered in the training at the time or that will be covered later, it will be a good question for the “Barber Shop.” You can also write down questions that you don’t want to ask out loud in front of everyone.*
- *There are sticky pads on your tables. You can write the questions on sticky note and stick it on the “Barber Shop.”*
- *The “Barber Shop” will be reviewed periodically by trainers to address questions.*

- 
 - **Say**
 - *Now that we’ve gotten to know one another, let’s set some Rules of Respect for the group.*

Lead into the next activity: Rules of Respect

Activity 1.2 – Rules of Respect

- 

Time 10 minutes
- 

Purpose To set Rules of Respect for the group to establish expectations for behavior and an atmosphere of safety and trust.
- 

Overview Participants brainstorm and discuss Rules of Respect for the group.
- 

Materials

 - Newsprint, Easel and Markers
 - Masking Tape
- 

Prepared Newsprint

 - “Rules of Respect”

Description

1. Refer to the “Rules of Respect” newsprint and **say**
 - *Rules of Respect are guidelines that state what we expect from ourselves and what we expect from each other in the group.*



- *Rules of Respect help create a sense of safety and trust in the group.*
2. **Ask** participants to suggest Rules of Respect for this training group.
 - **Write** the Rules of Respect on newsprint using participants' own language when possible and clarify terms as needed.
 - As participants suggest Rules of Respect, **ask** them for examples.
 - For instance, if someone suggests "respect others" **ask** "*What would someone do or say to show respect?*"
 - In this manner, Rules of Respect will be clear and concrete.
 3. **Suggest** the following Rules of Respect if participants do not
 - Confidentiality ("What's Said Here Stays Here")
 - Stress the importance of this Rule of Respect.
 - In order for everyone to feel free to participate, it's important for everyone to keep information confidential
 - Participants are encouraged to participate
 - Participants have the "right to pass" on responding to some questions; however, they should not pass on participating in any of the practice role play sessions.
 - Respect for self and others
 - There are different ways of showing respect. **Encourage** participants to talk about how they can show respect. Include the following in the discussion if participants do not mention them
 - Not talking when other people are talking;
 - Share the air (give everyone a chance to speak);
 - Use appropriate language (not swearing or using offensive language);
 - No put-downs;
 - Value the diversity of ideas and viewpoints;
 - Listen completely (giving people the chance to say what they want to say).
 - Speak for yourself; Use "I" statements.
 - Ask when unsure. There are NO "stupid" questions.
 - It is important for participants to ask questions. We learn by asking questions.
 - Be on time for training (including after lunch and breaks).
 - Silence the technology
 - Put cell phones on vibrate, silent or off .

- If you absolutely have to take a call, step out of the group room quietly.
 - Put “Sidekicks” and other Instant Message and Texting devices away.
 - No texting during the training.
 - You may respond to messages after the session has ended.
- 4. **Discuss** the Rules of Respect you have listed by
 - **Asking** the group if they accept the Rules of Respect.
 - Discussing** any disagreement, and help the group come to a consensus.
- 5. **Display** the Rules of Respect to the wall and leave them up on the wall at all the training sessions.
 - Acknowledge that the Rules of Respect will be posted each day as a reminder of the rules the group has agreed upon.
 - Highlight that this is not a “closed list” and participants and trainers are free to suggest additions to this list as we go through the training.
 - During the training program, participants and trainers can refer to the Rules of Respect as needed (for instance, when a participant is distracting the group, cell phones are going off, discussing a sensitive topic, disclosing personal information, etc.).
- 6. **Process** the activity by **asking** some of the following questions
 - *How did you feel about developing these Rules of Respect?*
 - *What are the benefits of establishing Rules of Respect?*
 - Responses may include: Sets up the environment so everyone can maximize their learning experience, participants know what to expect from one another, they can be referred to throughout the training when conversations or activities are getting off track, etc.
- 7. **Explain** that
 - *Peer Health Advisors will not be creating a set of rules with each client, but it is important that you uphold the Rules of Respect you just brainstormed when you are working with clients.*
 - *This means that Peer Health Advisors need to ensure that clients feel respected, comfortable asking questions, and confident that anything they share is confidential.*



- *Ways to build a respectful and comfortable environment with clients will be discussed later in the training.*
- *Now that we've set ground rules, let's review the objectives of the training, the agenda, and some of the materials we'll be using throughout.*

Lead into the next activity: Overview of the Training

Activity 1.3 – Overview of the Training



Time 10 minutes



Purpose To review the objectives of the training, the training agenda, and the Implementation Manual.



Overview Participants review the goal, objectives, agenda, and Implementation Manual.



Materials

- Newsprint, Easel and Markers
- Masking Tape
- Implementation Manual, all pages
- Implementation Manual (Facilitator's Guide), pages 75-109
- Slides, #7 - 8

Participant Handbook

- Goal and Objectives, page 6
- Agenda, pages 7-9



Trainer Notes

- It is very important for trainers to introduce the Implementation Manual at this point in the training. One of the overarching goals of the Training of Facilitators is to train the Peer Health Advisors in how to use the Implementation Manual and supporting them in becoming comfortable with using it.

Description



1. **Refer** participants to the *Goal and Objectives* in their Participant Handbook on **Page 6** and on **Slides 7-8**.

- **Review** the goal and each objective of this training.

2. **Review** *Participant Training Agenda* in their Participant Handbook on **Pages 7-9**.

- **Say**



- *You will get a chance to learn about what the Focus on the Future intervention is and how it is implemented in your clinics.*
- *You will also get a chance to build upon your communication skills, practice implementing each component of the intervention, and discuss how to maintain the quality of the intervention at your clinic.*
- *On the last day in the afternoon, the focus of the training will be on pre-implementation and implementation issues. Both Peer Health Advisors and other clinic staff who are here (e.g., managers, supervisors, etc.) will participate in this part of the training. This is so Peer Health Advisors can also be aware of the logistical and management details of the intervention.*



3. **Ask** participants to open their *Implementation Manual* and **review** the manual.

- **Tell** participants that this manual outlines everything that they need to know about Focus on the Future. It has information about pre-implementation activities (pages 22-61), implementation activities (pages 62-74), and monitoring and evaluation (pages 114-125) of the intervention.
- Briefly **show** participants the **“Facilitator’s Guide”** on **Pages 75 to 109** within the Implementation Manual.
- **Explain** that this is the guide that outlines exactly how Focus on the Future should be facilitated with clients and can be used during the session, if necessary, until the Peer Health Advisor becomes comfortable with delivering the intervention.
- **Clarify** how the Participant Handbook will be used and how it’s different from the Implementation Manual by stating that Participant Handbook contains worksheets and reference materials that will be used in this training; the Implementation

Manual has all of the information that you need to know to implement Focus on the Future within each clinic setting and with each client.

4. **Summarize** Module I and transition to Module II.

• **Say**



- *So far we've introduced ourselves, reviewed our expectations for the training, developed group rules, reviewed the objectives and agenda, and explored the Implementation Manual including the contents within it.*
- *What questions do you have about this part of the training?*
- *In the next part of the training, we are going to look more closely at the Focus on the Future intervention. This includes basic information about STDs, the steps involved in delivering Focus on the Future, the theories that underlie it, and its core elements and key characteristics.*

Module 2: Introduction to Focus on the Future (2 hours 25 minutes)

Activity 2.1 – Overview of Focus on the Future



Time 50 minutes



Purpose To give participants an initial understanding of FOF's 6 components and 5 principles.



Overview Trainers give participants an overview of Focus on the Future. Participants review the FOF at a Glance in their Implementation Manuals and with a partner they discuss what stands out for them and what they think will be easy and challenging to implement. Finally, participants review the Facilitator's Guide.



Materials

- Newsprint, Easel and Markers
- Masking Tape
- Implementation Manual (5 Principles), page 12
- Implementation Manual (FOF at a Glance), page 68
- Slides, #9-12
- Focus on the Future Introduction Video with Dr. Richard Crosby, original researcher
- DVD Player
- TV



Prepared Newsprint

- The 5 Principles of FOF
 - Unconditional respect for men
 - Options and know how
 - Practice is good
 - Condoms can feel better
 - Protect our future
- The 6 Components of FOF
 1. Build Rapport (5 mins)
 2. Condom Use Survey (10 mins)
 3. Discuss Problematic Experiences and Show Poster (10 mins)
 4. Baby Oil Experiment and Condom/Lubricant Practice Time (10

- mins)
- 5. Address Erection Loss and Access to Condoms (5 mins)
- 6. Help Client Choose Condoms and Lubricant to Find the Right Fit and Feel (10 mins)
 - “Impressions of FOF”
 - “Why was FOF Effective at Reducing STD Rates?”

Participant Handbook

- Overview Discussion Questions, page 10
- The Focus on the Future Team: Working Together, page 11



Trainer Notes

- In this activity participants learn about the 5 principles that Focus on the Future is based on. The 5 principles were identified by the original researchers.
1. **Unconditional respect for men** This principle is one of the most recognized principles of sexual education. It comes from the Sexuality Information and Education Council of the United States (SIECUS) *Guidelines for Comprehensive Sexuality Education* (<http://www.siecus.org>).
 2. **Options and know how** This principle comes from *If the Condom Fits, Wear It: A Qualitative Study of Young African American Men* by Dr. Richard Crosby published in 2004 in the *Journal of Sexual Transmitted Infections*. **(Appendix B in the Implementation Manual)**
 3. **Practice is good** This principle also comes from *If the Condom Fits, Wear It: A Qualitative Study of Young African American Men*. **(Appendix B in the Implementation Manual)**
 4. **Condoms can feel better** This principle also comes from *If the condom fits, wear it: a qualitative study of young African American men*. In this study, Dr. Crosby found that the more men use condoms, the less likely they are to report condoms interfering with sexual pleasure. **(Appendix B in the Implementation Manual)**
 5. **Protect our future** This principle was developed by the original researcher. He believes that men do not want to talk about condoms and disease, however they *are* interested in talking about themselves and how to protect their futures and their communities’ futures.

- Leave the newsprint with the 5 principles hanging on the wall throughout the duration of the three-day training.

Description

1. **Ask** participants and **record** responses on newsprint
 - *What do you already know about Focus on the Future?*
 - Responses may include: A discussion between two men about condoms, an intervention for young African American men, an intervention on condom use, etc.
2. **Give** participants an overview of the Focus on the Future intervention by using **Slides 9-12** and **say**



Slide 9

- *Focus on the Future is an evidence-based intervention about condom use that was developed by Dr. Richard Crosby, the original researcher. An intervention is a single or multi-session class, group, or one-on-one discussion to promote positive health behavior to protect health. An evidence-based intervention is an intervention that has been researched and shown to be effective at achieving the desired goal(s) or outcome(s).*
- *Dr. Crosby developed the Focus on the Future intervention because he was aware of the high rates of STDs among African American men in his community and believed that an intervention was needed to address this. He conducted a study in 2004 to see if this intervention would be effective at reducing STD rates and increasing condom use among 18-29 year-old African American men who have sex with women.*



*266 men participated in the study at an STD clinic in Kentucky. Those men who received Focus on the Future were less likely to get another STD, more likely to use condoms, and had less unprotected sex and fewer female partners. The article that contains more information is in your **Implementation Manual in Appendix B. VII.***

Slide 10

- *The goal of Focus on the Future is to increase effective condom use among young African American men, which will in turn, decrease STD and HIV rates.*

Slide 11

- *The eligible audience for Focus on the Future is 18-29 year old African American men who have sex with women, who are newly diagnosed with an STD and/or reports symptoms of an STD, and are not knowingly HIV-positive.*
- *Clients are recruited from STD clinics in two ways.*
 1. *A client who reports symptoms of an STD can be recruited prior to being diagnosed by a doctor.*
 2. *After a client has been diagnosed with an STD, the nurse or doctor who diagnosed and treated him refers him to a private room to speak with the Peer Health Advisor.*

Slide 12

- *In 45 to 60 minutes in a private room, the Peer Health Advisor will have a one-on-one discussion about condom use that is tailored to the needs of the client. The discussion focuses on*
 - *Past issues and problematic experiences with condom use*
 - *The importance of protecting his and his community's future*
 - *Finding a condom with the right fit and feel*
 - *Practicing correct condom use skills*
 - *At the end, men receive 25+ high-end or popular condoms and packets of water-based lubricant.*
 - *Focus on the Future takes sexual education out of the group setting and into an individualized, tailored experience to meet the needs of the client.*
 - *It is a one-time intervention. This means that clients cannot participate in the intervention more than once. From Dr. Crosby's study, there is no evidence to suggest that it is effective if done a second time. A client who is eligible for Focus on the Future more than once should be offered another intervention or should be referred to someone else at the clinic to get the support and education he needs.*
3. **Introduce** the video of Dr. Crosby discussing the intervention by **describing** the following

- *In this video, the original developer and researcher of Focus on the Future, Dr. Richard Crosby, speaks for about 5 minutes about how and why Focus on the Future was developed and why it is important.*

4. **Show** participants the video of Dr. Crosby introducing the intervention.

5. **Review** the 5 principles of Focus on the Future.



- **Ask** participants to refer to the “5 Principles of Focus on the Future” in their Implementation Manuals on **Page 12**.



- **Explain that** Focus on the Future is based on 5 principles. The original researcher came up with these principles and they permeate the entire intervention.

- **Refer** to the prepared newsprint and **describe** each principle.

1. Unconditional respect for men

- This principle permeates the entire intervention. Peer Health Advisors must show clients unconditional respect regardless of whether the past decisions they’ve made are compatible with the Peer Health Advisors’ values. This also means that the Peer Health Advisor needs to be respected by clients and clinic staff.

2. Options and “know how”

- Key to the intervention is teaching men how to correctly use a condom and giving them a wide option of high-end and popular condoms to try at home in order to find one with the right fit and feel. They will also be given water-based lubricant to take home and try. Additionally, clients will not be given advice or be told what to do. The Peer Health Advisor will present options to the client about different topics (e.g., condom negotiation strategies) and the client can decide which is best for him.

3. Practice is good

- It is important that clients get to practice putting a condom on a penile model until they have done it properly three or four times and that they get to practice this skill at their own pace.

4. Condoms can feel better

- The Peer Health Advisor needs to sexualize condoms, conveying that they are compatible with sexual pleasure and can make sex feel better.

5. Protect our future

- This principle relates to clients protecting their own futures and the futures of their communities. Some clients may feel defeated and that they do not have valuable futures. It is important that the Peer Health Advisor conveys that the clients can have healthy futures if they make positive decisions. Peer Health Advisors can do this by not challenging the wisdom of the clients' past choices—the focus should be on the future and never on the past. There is also an emphasis on the high rates of HIV amongst the African American community and the importance of the client protecting his community's future.

6. **Highlight** the following about the 5 principles by **saying**

- *For some agencies, some of the 5 principles may require them to shift the way that they have been thinking and doing business.*
- *Instead of focusing on all the negative things that can happen because clients don't use condoms, Focus on the Future highlights that good things happen when you do use condoms.*
- *It doesn't use scare tactics or shame to encourage condom use, but it sexualizes condoms and makes condoms compatible with sexual pleasure.*

7. **Introduce** the FOF overview activity in the following way

- **Ask** participants to refer to the “Focus on the Future at a Glance” on **Page 68** in their Implementation Manuals.

- **Say**

- *This is a short overview of the entire intervention from start to finish. The intervention is broken down into 6 components. A description of what happens in each component is outlined here as well.*
- *In each component the Peer Health Advisor is to accomplish a different goal, whether it be developing a respectful relationship or showing the client how to properly use condoms using a model. The Peer Health Advisor does not need to do these objectives in this exact order with each client—sometimes objective 5 will come right after objective 2. This is a tailored intervention for each client so the Peer Health Advisor should go where the client wants to go as long as the Peer*



Health Advisor delivers the necessary information to accomplish the session with fidelity. This means providing information, demonstration and practice included under the 6 components, and adhering to the 5 principles.

- *The only components that must stay in the correct order are Components 1 and 6. In Component 1, the Peer Health Advisor builds a rapport with the client and gets to know him. This step of developing a relationship and an atmosphere of trust needs to be completed before moving on to the next 5 components. In Component 6 the client is able to pick out and take home a wide variety of high-end condoms and water-based lubricant. This step needs to happen at the end of the discussion in order to ensure that the client stays for the entire intervention.*



8. **Refer** to the prepared newsprint and describe each component and **say**

- *In Component 1, the Peer Health Advisor meets the client, starts an informal conversation to make the client feel comfortable, gets to know the client, and introduces the goal of the session.*
- *In Component 2, the Peer Health Advisor asks the client to complete a survey that will give him insight into the errors the client makes when using condoms. The errors are addressed and misconceptions are rectified.*
- *In Component 3, the Peer Health Advisor asks the client about any negative experiences that he has had when using condoms; they discuss what they can say to introduce condoms into relationships, and the Peer Health Advisor shows the client a poster with HIV rates to motivate him to use condoms.*
- *In Component 4, the Peer Health Advisor shows the client how to properly apply a condom using a penile model and then the client practices applying the condom 3 or 4 times. The goal is to get the client to become a PCU (“professional condom user”), which means he can always put a condom on correctly without even thinking about it, even if he is in the dark and has had a few drinks. The clients love the term PCU, so you can explain it to them during the intervention.*
- *In Component 5, the Peer Health Advisor talks about erection loss and the importance of planning ahead for sex by always having condoms on hand.*

- *In the final component, Component 6, the Peer Health Advisor and the client go through each condom and lube, discussing the features of each. The client takes 25 or more condoms and packets of lube, and the Peer Health Advisor closes the session by asking the client to pass on information to a friend.*

9. **Describe** the overview activity.

- **Explain** that in groups of three, using the *Overview Discussion Questions Worksheet* in their Participant Handbooks on **Page 10**, they will discuss
 - What is one thing that stands out to them about Focus on the Future?
 - What will be easy to do as a Peer Health Advisor?
 - What will be challenging to do as a Peer Health Advisor?
 - What will be important to know as a Peer Health Advisor?
 - What will they need as a Peer Health Advisor?
- **Note:** Participants do not need to come to a group consensus on the answers.

10. **Divide** Peer Health Advisors into groups of three.

- **Remind** participants that they are to review the “Focus on the Future at a Glance” in their Implementation Manuals and use the Overview Discussion Questions Worksheet in their Participant Handbooks to discuss it.

11. **Begin** the activity.

- After 5 minutes, call time.

12. Large group discussion and report out.

- 
- Going through each questions, **ask** the participants to briefly share their responses from the worksheet.
 - **Record their responses** on the prepared newsprint “**Impressions of FOF**”. Responses may include
 - It focuses on one person at a time;
 - It is peer-to-peer;
 - Meets the clients where they are at;
 - Supportive of males;
 - Gives men someone to talk to;
 - It is for African American men who have sex with women—a group that is often overlooked;

- Peer Health Advisors Needs: Supplies, the knowledge and skills to facilitate the intervention, support from a supervisor and staff at the clinic, and information about STDs so they can answer questions;
- Challenges: Feeling and appearing confident, referring clients to people when you don't know the answer, keeping the client focused, need to know what the client knows.
- **Validate** participants' concerns and highlight that by the end of the training they will have all the skills and knowledge they need to successfully implement Focus on the Future.

13. **Ask** participants



- *Now that you know more about Focus on the Future, why do you think the intervention was successful at decreasing STDs?*
- **Write** responses on prepared newsprint "Why was FOF Effective at Reducing STD Rates?"
 - Answers may include
 - It is based on a personal relationship with a peer so it makes more clients open to sharing and learning;
 - A respectful learning environment makes people more open to learning;
 - It gives clients the motivation, skills and information to make changes;
 - It is very detailed and focused on achieving goals around increasing condom use.

14. **Describe** the roles of the peer and supervisor in Focus on the Future and **say**



- *Key to the intervention is having a peer from the community deliver the intervention to clients. This person is the Peer Health Advisor. The Peer Health Advisor's supervisor is also very important to the intervention's success by supporting him through ongoing consultation and coaching.*

15. **Highlight** the importance of involving peers and supervisors in Focus on the Future. and **say**



- *Peer Health Advisors, who are peers, have a great impact on the way people behave. Peer education, like the Focus on the Future intervention, makes use of peer influence in a positive way.*

- *Information is transmitted more easily because of the educator’s and the client’s shared background and interests in areas such as taste in music and popular celebrities, use of the language, etc.*
- *Peer educators are less likely to be seen as authority figures “preaching” about how others should behave from a judgmental position. Rather, the process of peer education is perceived more like receiving advice from a friend “in the know,” who has similar concerns and an understanding of what it’s like to be the client.*
- *It is also important that Peer Health Advisors have supervisors. Supervisors are there to provide support and coaching to the Peer Health Advisor. When the Peer Health Advisor encounters challenges or issues, the supervisor is there to give the Peer Health Advisor support.*

16. **Tell** participants that the nurses and doctors who diagnose clients, as well as the front desk staff who may be flagging eligible clients or recruiting eligible clients, will play an important role in Focus on the Future as well.

17. **Ask** participants to turn to *The Focus on the Future Team: Working Together* in their Participant Handbooks on **Page 11**.

- **Review** the different roles and responsibilities of the staff involved in Focus on the Future.
- **Highlight** the cross-cutting areas and how each supports and reinforces one another.

18. **Process** the activity by **asking** some of the following questions

- *Why is it important to talk about all of the players in Focus on the Future?*
 - Responses may include: It is a team effort; it takes more than the Peer Health Advisor to implement the intervention, etc.



19. **Transition** to the next activity and **say**

- *Now that we have a better understanding of what Focus on the Future is, let’s look more closely at why the intervention was developed and why preventing STDs among African American males is a particularly important issue.*

Lead into the morning break

BREAK (15 minutes)

Activity 2.2 – A Look at HIV/STDs among Young African American Men Who Have Sex with Women



Time 45 minutes



Purpose To provide participants with a rationale regarding why Focus on the Future was developed, why it is an important intervention to offer to young African American male clients at STD clinics, and to give participants a basic level of understanding of STDs (e.g., how they are transmitted, symptoms, treatment, etc.).



Overview Participants discuss what is going on regarding HIV in their communities and review National HIV rates broken down by race. A discussion regarding the importance of reducing HIV rates among African Americans follows. Next, participants record information that they already know about gonorrhea, herpes, syphilis, chlamydia, trichomoniasis, and human papilloma virus on newsprint that is hung around the room. After the recorded information is discussed, participants review a handout that contains more information about each of the STDs.



Materials

- Newsprint, Easel and Markers
- Masking Tape
- Slides, #13 - 16



Prepared Newsprint

- 7 newsprints with one of the following STDs written at the top
 - Gonorrhea
 - Herpes
 - Syphilis
 - Chlamydia
 - Human Papilloma Virus
 - Trichomoniasis
 - HIV
- STD Questions
 - How you get it?
 - How you know you have it (symptoms)?

- How it can be prevented?
- How it can be treated?

Participant Handbook

- STD Information, pages 12-14



Trainer Notes

- Hang the newsprint with the STDs written on top in different places around the room.
- Trainers should review *STD Information* on pages 12-14 of the Participant Handbook in order to understand the details of each STD discussed in this activity.
- Trainers will need to periodically review the STD information included to make sure it is up to date and revise it if necessary.
- If a participant records information during the STD carousel activity that the trainer is not clear on whether it is a myth or fact, add it to the “Barber Shop” and come back to it after the trainer has had an opportunity to research the correct answer.
- The Peer Health Advisor’s role when facilitating the intervention is to provide information about condom use and have a basic knowledge of STDs. This activity is to give Peer Health Advisors a basic understanding of STDs in order to address any rudimentary questions or issues that may come up.
- It is not the role of the Peer Health Advisor to be an STD expert. If the client asks a question that is outside of the Peer Health Advisor’s scope of knowledge the client should be referred to somebody in the clinic who has the information to answer the question.

Description

1. **Explain** the following



- *Before we begin looking at the specifics of Focus on the Future, it is important to look at why Focus on the Future is important. First, let’s look at what is going on in your communities regarding HIV.*



2. **Refer** to **Slide 13** with the questions

- What are young African American men saying about HIV? STDs?
- What is happening in your community regarding HIV? STDs?
- What do young African American men think or know about HIV? STDs?

3. **Divide** participants to get into **groups** of 3.

- Once participants are in groups of 3, **ask** them to **discuss** the 3 questions on the PowerPoint slide.

4. After 5 minutes, **call** time and **ask** participants to share what they discussed in their small groups with the large group.

- Use the following questions and sample responses to encourage further **discussion**

○ *What are young African American men saying about HIV? STDs?*

- Responses may include: HIV, they don't talk about it, it won't happen to me, think because they aren't gay or drug users that they're not going to get it, make jokes about it because it's so serious, men aren't making the connection between how the same behaviors that put them at risk of STDs also puts them at risk of HIV; STDs, if I get one it's curable, they are so frequent that it doesn't seem so bad

○ *What is happening in your community regarding HIV? STDs?*

- Responses may include: I don't know anyone who has HIV, I know people who have HIV, but people don't seem to be aware of it, everyone has had an STD, people go into schools to talk to people about HIV/STDs, mobile units go out to do testing

○ *What do young African American men think or know about HIV? STDs? On a scale from 1 to 10?*

- Responses may include: HIV, people think they get it from being gay, a drug user or sleeping with dirty girls, they don't consider other risk behaviors like tattoos, ear piercing, blood brothers, etc. STDs, don't know that you can have one without having any symptoms, think that if you put a condom on right before you cum you won't get one

5. **Show** the **Slides 14-16** with the National statistics of HIV by race and **say**



- *This chart shows the breakdown by race of the people who were newly infected with HIV in 2009 in the US. 2009 is the most recent statistic we were able to obtain.*



- *As you can see, of all females newly infected with HIV, 66% are African American females. Of all men newly infected with HIV, 46% are African American men.*
 - *This chart clearly shows that African Americans are disproportionately affected by HIV. This situation is critical because African Americans comprised only 12% of the population of the United States in 2009 yet represented 52% of all new HIV infections (2009 American Community Survey 1-Year Estimates, US Census Bureau).*
 - *Every year, the percent of African Americans diagnosed with HIV has increased. In 1988, 25.3% of all diagnosed with HIV were African American. In 2002, it was 49.6%. From 2005-2008, percentages ran between 48-49% of HIV diagnoses, which were consistently much higher than whites at about 28% or Hispanics at about 19%.*
 - *Heterosexual contact is the most likely way females contract HIV.*
 - *More men are infected with HIV than women (75% of all HIV cases are among men and 25% are among women).*
 - *In 2009, almost 1 in 5 African American men who contracted HIV did so through heterosexual contact (HIV Surveillance Report: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009). Clearly, just because you may not be having sex with men doesn't mean you're safe.*
 - *African Americans need to do more to reduce their uneven share of the HIV burden. Condoms are a small step, but have a big impact on protecting yourself and others.*
6. **Ask** participants to share their reactions to the chart, using the following questions to encourage **discussion**.
- *What is your reaction to hearing about these statistics?*
 - Responses may include: Surprise, shock, upset, makes me want to do something, sense of urgency, there is a lot of work that needs to be done
 - *What do you think about the different rates for men and women on the pie chart?*

- Responses may include: I was unaware of this, clearly if people are contracting HIV they are doing it within their own communities, if we can decrease HIV rates among men it will impact the HIV rates among females
- *Were you aware of this?*
- *How do you feel about this?*
- *Do you think African Americans are aware of these statistics?*
- *Why do you think Focus on the Future is important?*
 - Responses may include: This intervention is targeting the right population,

7. **Explain** the following



- *These statistics make it clear that it's important to find a way to reduce HIV rates among African Americans. Focus on the Future is an important program to offer young African American men. Focus on the Future teaches men how to use condoms consistently and correctly to protect themselves from future STD acquisition, however, it's those same condom use behaviors that will also protect them from becoming infected with HIV.*
- *This information will also be shared during the Focus on the Future intervention as a way to motivate participants to personally respond to the AIDS epidemic.*

8. **Introduce** the next exercise and **say**



- *The Focus on the Future intervention focuses on condom use. Peer Health Advisors will see clients who have just been diagnosed with an STD or who believe they may have an STD, therefore, it is important to have a basic understanding of some of the most common STDs.*

9. **Explain** the exercise



- *In small groups you will have 1 minute at each newsprint to record anything you know or have heard about the STD written at the top of the sheet.*



- *For example, you can write about (**refer** to prepared newsprint)*
 - *How you get it,*
 - *How you know you have it (symptoms),*

- *How it can be prevented,*
- *How it can be treated.*

- *After 1 minute I will yell “switch” and you will rotate to the right to the next newsprint and repeat.*
- *Don’t repeat information already included on the newsprint.*

10. **Divide** the participants into 3 small groups and give each group a different color marker.

- **Assign** each group one of the prepared newsprints to start with. Each group should have a different color marker to distinguish their contributions from each other.

11. **Begin** the activity.

- **Yell out** “switch” after each group has had 1 minute at each newsprint and **ask** them to move to the right.
- Continue until all groups have had a chance to brainstorm at each newsprint.

12. **Ask** participants to return to their seats.

13. **Review** each newsprint briefly and give more background information as needed.

- **Clarify** misinformation.
- Be sure to **ask** the following for each STD if the information is not on the newsprint
 - How do you get it?
 - What does it do (how do you know if you have it)?
 - How can you prevent it?
 - Can it be cured? Where can you get tested and treated?
 - What can happen if you don’t get treated?

14. **Draw** participants’ attention to the **STD Information** chart in their Participant Handbooks on **Pages 12-14**.

- **Explain** that this chart summarizes the information just discussed about STDs, and possibly contains more information than what was discussed. This chart should be studied by Peer Health Advisors so they have a solid understanding of different STDs. If clients have a question about a particular STD during a session,

Peer Health Advisors can take out their charts and refer to them to ensure the client is receiving correct information. The more information the Peer Health Advisor knows about STDs, the more easily and confidently he will be able to answer clients' questions which will help build the rapport that is so important to the intervention. Also, for the clients who have just been diagnosed with an STD, their mind is on that diagnosis and they may not be able to mentally move on until they have what's on their mind addressed.

15. **Say** the following

- *Clients are often unclear about STD transmission and oral sex. It is important to note that all of these STDs can be passed through oral sex and that using condoms can reduce the risk of transmission, just as they do with vaginal and anal sex.*

16. **Process** the activity by **asking** some of the following questions

- *How was it to learn this information?*
- *What did some of the STDs have in common?*
 - Responses may include
 - Someone may not show any symptoms (asymptomatic),
 - Condoms can be used to effectively protect against gonorrhea, chlamydia, and trichomoniasis ,
 - Condoms are often effective at protecting against herpes, HPV and syphilis, though they are not 100% effective,
 - You can get them all from having oral sex,
 - They increase the risk of getting HIV.
- *What was surprising?*
- *How will this information be useful to you as a Peer Health Advisor?*
 - Responses may include: If the client asks a simple question I will be able to answer it, knowing this information will make what I'm saying more credible
- *How can you find more information about STDs?*
 - Responses may include: talk to knowledgeable clinic staff, look up information on credible websites (CDC), find a credible fact sheet or pamphlet, etc.

17. **Say** the following.

- *As Peer Health Advisors, your responsibility is to talk to the clients about condom use—not STDs. However, it is important for you to have basic STD knowledge in*



case something comes up during the conversation that you are able to address. For example, if a client says that you can contract Chlamydia even if you're wearing a condom you can clarify that misconception as it is untrue. Condoms, when used consistently and correctly, are an effective way to prevent the transmission of Chlamydia.

- *Generally, if you are asked a basic question, you may be able to answer it. If it is a question that is not within the scope of your knowledge, the client should be referred to a nurse, doctor or someone else who can answer his question.*
- *It is always okay to make a referral rather than attempt to answer a question you aren't sure of. It is okay to say, "I don't know, but I can help you find out. . ." or "Susan is a great person for you to talk to about this. Let's see if she's available after we're done talking."*
- *Now that we know about why the intervention was developed and about STDs, let's look at the underlying theories behind the intervention.*

Lead into the next activity: Underlying Theories Behind Focus on the Future

Activity 2.3 – Underlying Theories Behind Focus on the Future



Time 15 minutes



Purpose To give participants an understanding of the Information-Motivation-Behavioral Skills (IMB) Model and how it drives Focus on the Future and to review the other underlying theories.



Overview Trainer introduces the IMB model. Participants watch a video clip from the movie "The Blind Side" and discuss how the main character receives the information, skills, and motivation to maintain patterns of behavior that make him an excellent football player. Participants discuss how information, behavioral skills, and motivation are used in FOF. Other theories that underlie FOF, namely, Social Learning Theory, are discussed.



Materials

- Newsprint, Easel and Markers

- Masking Tape
- TV
- DVD Player
- “The Blind Side” – cue video to 1:09:19 to 1:12:39 and 1:19:10 to 1:20:20
- Implementation Manual (Theories), pages 16-17



Trainer Notes

- Trainer should have the DVD cued up to the video clip and ready to show before training this activity
- In the movie “The Blind Side,” Michael Oher is a young man who is homeless, doesn’t know how to play football, and becomes an All American football player with the help of a caring family. In real life, Michael knew how to play football before meeting the family. For the purposes of this activity, participants need to focus only on the clip being shown and not the overall story of the young man.

Description

1. **Explain** that Focus on the Future is based on two theories of behavior change.



2. **Explain** the **Information-Motivation-Behavior Skills Model** by **referring** participants to the visual representation of the model on **Pages 16** of their Implementation Manuals and **say**



- *The Information-Motivation-Behavioral Skills Model is one theory used to explain how people make a behavior change.*
- *The Information-Motivation-Behavior or IMB Model states that if an individual is well-informed, motivated to act, and possesses the skills and confidence to take effective action, he or she is more likely to initiate and maintain behavior change.*



3. **Explain** that you will now **show** a clip from the movie “The Blind Side.” **Say**

- *I will now show a clip from the film The Blind Side.*
- *The Blind Side is a movie about Michael Oher, a homeless young man who became an All American football player and first round NFL draft pick with the help of a*

caring family. In the movie version of his story, he didn't know how to play football before meeting the family that later adopted him.

Observe the video clip and note what information was provided, how the character was motivated, and what behavior was changed based on the IMB theory.

4. Participants view the clip.

- **Show** the clip from **1:09:19 to 1:12:39** and **1:19:10 to 1:20:20**

5. **Ask** participants

- *What happened in the clip?*
 - Michael learned a football play/skill.
- *How did his adopted mother help improve his performance?*
 - She customized information in a way that he would receive it and understand it. She also gave him information about how to do the play.
 - She gave him the environment to be motivated to do the skill by using experiences that he has had and was successful at. By saying “I’ve seen you do this, I know you can do it” gave him additional motivation because it caused him to believe in himself.
 - She also gave the coach advice about the importance of getting to know his players so he can provide information and motivation in a tailored and meaningful way.
- *What else happened to improve his performance?*
 - He got time to practice the new skill.

6. **Summarize** the clip by **saying** the following



- *In the movie clip, we saw Michael gain the skills to change his behavior when his coach taught him the skill, his adopted mother gave him the motivation, and he was able to practice the new behavior.*
- *Similar to the clip, clients who participate in Focus on the Future gain the information, motivation and behavioral skills to initiate and maintain HIV/STD prevention behaviors.*

7. **Highlight** the information, motivation, and behavioral skills that are a part of Focus on the Future and how they relate to the IMB model by **saying**



- During *Focus on the Future*, information directly relevant to overcoming condom use barriers is provided. Men also learn information about condom negotiation and, by demonstration, that oil-based lubricants can quickly erode latex condoms.
- Throughout the session, men gain motivation as they have the opportunity to feel good about using condoms, to explore how condoms can be compatible with sexual pleasure, and how to actively protect themselves from future STD infection. Clients are also motivated to personally respond to the AIDS epidemic through the use of large posters illustrating the disproportionate HIV/AIDS burden experienced by African American men in the United States. Men also come into the session with a certain amount of motivation as they either suspect that they have an STD or have just been diagnosed with an STD.
- In terms of behavioral skills, correct condom and lubrication use are demonstrated and practiced by the men until they exhibit a sense of mastery. This information, motivation and behavioral skills that are gained by clients during the intervention lead to behavior change, which is the consistent and correct use of condoms.

8. **Refer** participants to **Page 17** in their **Implementation Manuals** and **highlight** that there is one other theory that underlies *Focus on the Future*.



- **Describe** Albert Bandura's **Social Learning Theory** by **saying**
 - *There are a lot of theories about how people change behavior.*



- *The Social Learning Theory states that people learn indirectly, by observing and modeling on others with whom the person identifies, for example, a peer like the Peer Health Advisor.*
- *Through training, people can learn skills that lead to confidence in being able to carry out behavior. This specific condition is called self-efficacy which is the belief or confidence that one can do a particular behavior and includes the ability to overcome any barriers to performing the behavior. For example, practicing correct condom-use in *Focus on the Future* is an important activity leading to self-confidence in using condoms and when talking about safer sex methods with a partner.*

9. **Process** the activity by **asking** some of the following questions

- *How was it to learn this information about the IMB and Social Learning Theory?*
- *What was surprising?*
- *How will this information be useful to you as a Peer Health Advisor?*
 - Responses may include: Helps in understanding why all the pieces are there and how they help to change behavior.
- *What questions do you have about these models?*

10. **Point out** the following

- *Notice that we use the word “partner” or “partners” when referring to the people that a client has had sex with. We use “partner” because we don’t want to make any assumptions about the relationship between the client and the person or people he is having sex with by using words like “girlfriend.” We also don’t want to assume that the client’s sexual partners are all going to be female – some might have male partners as well. The word “partner” is neutral so we will use it throughout this training and you will use it with your clients when you are implementing the intervention.*

11. **Transition** to the next activity by **saying**

- *Now that we know about the theories that underlie the intervention, let’s look at the core elements and key characteristics of the intervention.*

Lead into the next activity: Core Elements and Key Characteristics

Activity 2.4 – Core Elements and Key Characteristics

	Time 15 minutes
	Purpose To explain how FOF core elements are expressed through the activities and why it is important not to omit or change certain activities.
	Overview Participants review the core elements of the intervention via PowerPoint presentation.
	Materials

- Newspaper, Easel and Markers
- Implementation Manual (Core Elements & Key Characteristics), pages 18-20
- Masking Tape
- Slides, #17-24



Prepared Newspaper

- Write all of the Core Elements on two sheets of newspaper
 - **Core Elements**
 - Teach correct condom use
 - Discuss condom negotiation
 - Provide 25+ condoms and 25+ packets of lube
 - Communicates the importance of client protecting his future by using condoms correctly and consistently
 - **Core Elements**
 - Establish rapport and a trusting relationship in the beginning
 - Show unconditional respect and a non-judgmental environment
 - Deliver intervention at a point when the client is feeling vulnerable
 - Deliver customized one-to-one counseling session for 45-60 minutes
- Write all of the Key Characteristics on one sheet of newspaper
 - **Key Characteristics**
 - A survey is completed by the client
 - Posters that display HIV prevalence among African American males are shown
 - PHAs are men who come from the local target population
 - The PHA has similar everyday experiences and communication styles as clients
 - Intervention takes place in a private, comfortable environment



Prepare Materials

- Core Elements: Information, Motivation or Behavior Answer Key – 1 per participant – see Module 2: Trainer Materials and Handouts

Participant Handbook

- Core Elements: Information, Motivation or Behavior, page 15



Trainer Notes

- Core Elements are those elements of the intervention that are thought to be responsible for the effectiveness of the intervention and must be maintained without alteration in order for the intervention to remain effective or to reach outcomes similar to those of the original research. Each of the Core Elements is designed to emphasize specific components of the IMB Model used to build the intervention.
- The purpose of implementing an evidence-based intervention is to ensure that agencies get the same results with populations that are similar to those with whom the intervention was tested.
- When implementing an evidence-based intervention, an agency does not have to conduct outcome evaluation. If the intervention is implemented with fidelity to its Core Elements, an agency can expect similar results.
- Post the prepared newsprint of Core Elements and Key Characteristics on the wall throughout the training for reference.

Description

1. **Introduce** core elements and key characteristics. **Say**



- *All of CDC's evidence-based interventions include core elements and most include key characteristics. The core elements and key characteristics are different for each intervention.*
- *Focus on the Future has 8 core elements and 5 key characteristics. We will look at these more closely now.*



2. **Refer** participants to **Pages 18 to 20** of the **Implementation Manual** (Core Elements and Key Characteristics)
3. **Define** core elements using **Slides 17-18** and **say**



- *Core elements are those components that are critical features of an intervention’s intent and design and that are thought to be responsible for its effectiveness and that consequently must be maintained without alteration to ensure program effectiveness.*
- *Core elements reflect what the original researcher believes to be responsible for changing behaviors observed in the intervention —if the core elements are changed, it would not be the same intervention.*
- *Core elements are important so you can know what you can and cannot change about the intervention as you are delivering Focus on the Future.*
- *The core elements for Focus on the Future are organized into 3 categories*
 - *Content – WHAT is being taught;*
 - *Pedagogy – HOW the intervention content is taught;*
 - *Implementation – LOGISTICS that set up a conducive learning environment.*



4. **Using** the **Slides 19-21**, **review** Focus on the Future’s 8 core elements.

- **Content**
 - A trained Peer Health Advisor (PHA) will teach correct condom use skills for clients.
 - The PHA will foster positive attitudes and norms towards correct and consistent condom use by providing adequate opportunity for clients to practice proper application of condoms during the session. This will increase the clients’ condom use behaviors and self-efficacy.
 - The PHA and client will discuss condom negotiation skills.
 - The PHA addresses issues with using condoms in the clients’ lives and discusses condom negotiation strategies that they can use with partners. Being able to negotiate condom use with partners, impacts the clients’ condom use behaviors.
 - Provide clients with 25+ packets of water-based lubricants and 25+ condoms of their choice from a broad selection of high-end and popular brands.
 - After determining which condoms have the right fit and feel for the clients, the clients select 25+ condoms and 25+ packets of lubricant from a large variety of high-end and popular brands. Clients are also provided with a bag to carry their condoms and packets of lubricant. Having condoms with the right fit and feel, packets of lubricant, and a trendy bag with which to carry them motivates men to use condoms, thereby, increasing their condom use behaviors.

- The PHA clearly communicates the importance of the client protecting his future by using condoms correctly and consistently with his partner(s).
 - The PHA equates condom use with an investment in the clients' futures, lowering their chances of contracting or transmitting future STDs and slowing the spread of HIV/AIDS in their communities.
 - **Pedagogy**
 - The PHA establishes rapport and a trusting relationship with the client at the beginning of the session.
 - The relationship with the PHA motivates clients to fully engage in the forthcoming teaching/learning session and establishes an effective means of relating prevention messages to them.
 - The PHA shows unconditional respect for men and maintains a non-judgmental environment for the client concerning any risk behaviors disclosed.
 - The PHA maintains a "sex-positive" attitude, which is a healthy, non-judgmental attitude towards the client's sexuality and lifestyle choices. By remaining non-judgmental, the client is motivated to fully engage in the session and feel comfortable disclosing information about his risk behaviors. In turn, the PHA can provide information about condom use issues that is customized to the client with positive reinforcement.
 - **Implementation**
 - The intervention is delivered at a point when the client feeling vulnerable and is highly concerned about his STD infection status. This may be while he is in the clinic waiting, after a presumptive diagnosis, or after a confirmed lab result.
 - The time when a client believes that he may be infected with an STD or after he receives a positive diagnosis is a critical period in which to address prevention with clients. It is a moment of great motivation for clients to improve their safe sex practices.
 - The PHA conducts a customized one-to-one counseling session with the client for 45-60 minutes.
 - The interactive nature of the program allows the PHA to proceed at a pace and level that is developmentally appropriate for each client. Depending on the needs of the client, the duration of the intervention is a minimum of 45 minutes. Depending on the client, up to 60 minutes may be required to ensure that the appropriate information is covered during the session.
5. **Using** one of the core elements as an example, **explain** how when one of the core elements is dropped, the intervention loses its effectiveness.

- For example, if condom negotiation strategies are not discussed, the client will not know how to use condoms, and although he will have condoms on him, he will not know how to introduce them into his current relationships. This may prevent him from using condoms and therefore, the intervention will not be effective.



6. **Hang** the core elements newsprint on the wall.

- **Explain** that the core elements will stay on the wall for reference for the duration of the training.

7. **Relate** the core elements to the IMB model.

- Instruct participants to turn to their **Participant Handbook** on **Page 15** to *Core Elements: Information, Motivation or Behavior?*

- **Explain** that they will work in pairs to complete the worksheet. The goal is to determine how the core elements are related to the IMB model.

- **Explain** that they are to check which component of the IMB model is found in each of the Core Elements.

- **Explain** that some Core Elements may be related to more than one component of the IMB model.

8. **Ask** participants to work with the person sitting next to them.



9. After 5 minutes, **hand** each participant a copy of the *Core Elements: Information, Motivation or Behavior? Answer Key* located in the handouts section at the end of this module.

- **Tell** participants they have a couple minutes to look it over and compare their answers with the answer key.

10. After 2 minutes, **ask** the group if they have any questions.



11. **Say**

- *Now that we've talked about Core Elements we will talk about Key Characteristics.*

12. **Define** key characteristics using **Slide 22. Say**

- *Key characteristics are crucial activities and delivery methods for conducting an intervention, which may be customized for different agencies and populations.*



- *Key characteristics can be modified or adapted without diminishing the effectiveness of the intervention.*

13. Use the following analogy to **describe** the difference between core elements and key characteristics. **Say**



- *The way we think about core elements and key characteristics is similar to the way we think about baking Grandma's chocolate chip cookies. The main ingredients (e.g. water, flour, or chocolate chips) of Grandma's cookies are the core elements. If any of the main ingredients are left out, substituted, or altered (e.g. measured inaccurately) you would not end up with Grandma's chocolate chip cookies. Key characteristics can be the way you prepare the cookies or some other component that does not change the end product being a chocolate chip cookie. Key Characteristics can be an adaptation to the kitchen and baker. You can use a handheld mixer or a wooden spoon, a gas or electric oven, and make small or extra-large cookies—no matter how they are prepared you will have Grandma's chocolate chip cookies. As you can see, the core elements cannot be tailored but the key characteristic can.*



14. **Review** Focus on the Future's 5 key characteristics on the **Slides 23-24**, giving an example of how each key characteristic can be tailored without diminishing the effectiveness of the intervention.

- A survey is completed by the client to inform the PHA of his problems with using condoms.
 - This short survey allows the PHA to customize the intervention so that it addresses the client specific needs and concerns.
 - **Sample Tailoring Option:** The client may be asked to orally answer the questions on the survey. In this way he would orally be communicating his issues with condom use so that the PHA can address his specific concerns.
- A visual aid (i.e., poster) hanging in the room that displays HIV prevalence among African American males in the US is used to increase men's motivation to change behaviors associated with condom use.
 - This poster helps to create a personal motivation for the client to improve his safe sex practices.
 - **Sample Tailoring Option:** If hanging the poster on the wall is not an option; the poster can be handed to the client at the appropriate time during the intervention.

- PHAs are men who come from the local target population for which the intervention is intended.
 - This goes beyond the concept of “matching” by race, age, and gender
 - Sample Tailoring Option: The PHA can be recruited from another nearby community with a similar socio-economic-cultural environment.
- The PHA needs to have similar everyday experiences and communication styles.
 - Identifying with the PHA is important because it increases the value of the intervention’s messages.
 - Sample Tailoring Option: A PHA who can communicate clearly and effectively could be prioritized over one who might communicate in a common way with the client, though these are related concepts.
- Both the PHA and the client should be seated in a private and comfortable environment
 - The space should feel comfortable and safe so that the client feels able to communicate freely and openly about his experiences and concerns.
 - Sample Tailoring Option: As space is often limited, a multi-purpose space may be used as long as it is private during the intervention.



15. **Hang** the Key Characteristics newsprint on the wall.

- **Explain** that the Key Characteristics will stay on the wall for reference for the duration of the training.



16. **Refer** to the prepared newsprints.

- Briefly **review** and **summarize** the Core Elements and Key Characteristics.

17. Conclude the activity by **asking** participants

- *Why was it important to review the Core Elements and Key Characteristics?*
 - Responses may include: So we are aware of the most important elements that make the intervention effective at decreasing subsequent STD diagnoses, and that we can’t change them
- *What questions do you have about the Core Elements and Key Characteristics?*



18. **Transition** to the next activity by **saying**

- *Now that we’ve learned about the Core Elements and Key Characteristics of Focus on the Future, let’s look more closely at the different risk behaviors that are being*

addressed, the activities that address them, as well as the impacts of those activities on the risk behaviors.

Lead into the next activity: Behavior Change Logic Model

Activity 2.5 – Behavior Change Logic Model

	Time 10 minutes
	Purpose To introduce the participants to the behavior change logic model for Focus on the Future and the influencing factors and activities.
	Overview Participants review the behavior change logic model and discuss how it relates to the core elements and other items discussed in previous activities.
	Materials <ul style="list-style-type: none">• Newsprint, Easel and Markers• Masking Tape• Implementation Manual (Behavior Change Logic Model), page 21

Description

1. Say

-  • *We have covered the science behind, and the core elements of, Focus on the Future. Now we will review an illustration of the risk behaviors, called behavioral determinants, and how the delivering of intervention activities as originally delivered will achieve the same immediate and intermediate outcomes as the original intervention.*

2. Ask participants to turn to the “**Focus on the Future Behavior Change Logic Model**” on **Page 21** of the **Implementation Manual** and **describe** how the Behavior Change Logic Model is structured

- 
 • *The logic model begins with the **Statement of the Problem** for the intervention.*
 - *This statement describes problem risk behavior(s) and major risk factors that the intervention intends to address.*

- *These are the social and behavioral attributes or characteristics defining the target population for the intervention. They are supported by the original research for the intervention and also describe with whom the intervention was tested*
 - *It is then organized into 3 components.*
 - *The first are **Behavioral Determinants** which describe the problem. They are the missing knowledge and skills, internal beliefs or thought processes that influence behavior. They are the risk behaviors that are being addressed and modified in the intervention.*
 - *Next are various **Activities** which describe the solution. These are the activities provided during the intervention that are used to modify the behavior determinants or risk factors.*
 - *The last heading is **Outcomes** which are expected changes as a result of delivering activities targeting behavioral risk determinants*
 - ***Outcomes** are broken into **immediate outcomes**, which are the changes that can be measured immediately after the intervention, and **intermediate outcomes**, which are the longer-term changes that can be measured over time.*
3. **Review** the Focus on the Future Behavior Change Logic Model very briefly emphasizing the relationship between each determinant, activity, and outcome reported in the study.
- **Ask** a participant to read the problem statement.
 - Note that clients who are HIV-positive are not eligible to participate in this intervention. This is because the Peer Health Advisors will not be trained on the additional knowledge and skills necessary to answer questions that may come up with an HIV-positive client.
 - First **explain** that “behavioral determinants” are the client’s behaviors that the intervention is addressing. Then **review** a few of the determinants or risk behaviors.
- Review** a few of the activities, relating them to the core elements of the intervention and the IMB model. **Explain** how the activity may influence the behavioral determinant.
- **Highlight** that the activities are the same ones that they learned about in the Focus on the Future Overview activity.
 - **Review** some of the immediate and intermediate outcomes.

4. **Explain** to participants that the rest of the logic model will be discussed during the section on conducting evaluation activities.
5. **Process** the activity by **asking**
 - *How do you think this logic model will be useful as you implement Focus on the Future in your agency settings?*
 - Responses may include: It can be a quick reference to review the risk behaviors the Peer Health Advisors are addressing, the important activities they are doing, and the impact that Focus on the Future will make when implemented with fidelity. By fidelity we mean in the same manner as it was intended.
6. **Summarize** Module II and transition to Module III.



- **Say**
 - *We just did a “big picture” review of Focus on the Future including why it was developed, basic STD information, the major steps required when delivering Focus on the Future, the theories it is based on, its core elements and key characteristics, and the behavior change logic model.*
 - *What questions do you have about this part of the training?*
 - *In the next part of the training, we are going to review the skills that Peer Health Advisors need when implementing Focus on the Future with clients.*

Lead into lunch

LUNCH (60 minutes)

MODULE 2

Trainer's Materials and Handouts

Core Elements: Information, Motivation or Behavior Answer Key

For each Core Element, mark which components of the Information-Motivation-Behavior (IMB) model the Core Element addresses.

Core Element	Check (✓)		
	Information	Motivation	Behavior
The trained Peer Health Advisor (PHA) teaches correct condom use skills for clients.	X	X	X
The PHA and client discuss condom negotiation skills.			X
The PHA provides clients with 25+ foils of water-based lubricants and 25+ condoms of their choice from a broad selection of high-end and popular brands.		X	X
The PHA clearly communicates the importance of the client protecting his future by using condoms correctly and consistently with his partner(s).		X	X
The PHA establishes rapport and a trusting relationship with the client at the beginning of the session.		X	
The PHA shows unconditional respect for men and maintains a non-judgmental environment for the client concerning any risk behaviors disclosed.	X	X	
The intervention is delivered at a point when the client is feeling vulnerable and is highly concerned about his STD infection status. This may be while he is in the clinic waiting, after a presumptive diagnosis, or after a confirmed lab result.		X	
The PHA conducts a tailored one-to-one counseling session with the client for 45-60 minutes.	X	X	X

Module 3: Peer Health Advisors: Communication Skills (2 hours 15 minutes)

Activity 3.1 – Values Clarification: Forced Choices



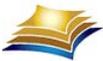
Time 30 minutes



Purpose For participants to clarify their values, recognize all values are important, and use this understanding to show clients unconditional respect and create a non-judgmental environment when discussing consistent condom use.



Overview Participants will discuss what values are, and then participate in an activity where they state why they agree or disagree with a statement that is read out by the trainer. Then, participants will discuss how the values they shared can impact on them as Peer Health Advisors.



Materials

- Masking Tape



Prepared Newsprint

- “Values”



Prepare Materials

- Agree and Disagree Signs – see Module 3: Trainer Materials and Handouts



Trainer Notes

- The purpose of this activity is to help participants clarify their values. It is also to emphasize that being non-judgmental implies being able to accept that not all people will share your values.
- The trainers facilitate this process, but do not disclose or impose their own values. The trainers need to take great care to be nonjudgmental of the values of participants.
- In order to facilitate this process, trainers should not be participants in the values clarification exercise, but a facilitator.

- The discussion is not a debate and participants should not be allowed to argue about the “right” values. Participants are encouraged to share and discuss values, and to look at the impact of those values on others, but not to debate with each other.
- When one person has a value that differs from most of their peers, the trainer must take care to support this person by recognizing that it is difficult to share with others when it makes us different. The influence of peers and the fear of rejection can make it difficult to share.
- When conducting this activity, refer participants to the “Rules of Respect” and emphasize confidentiality.

Description

1. **Explain** that in this part of the training participants will be looking closely at values and communication.
2. **Ask** participants
 - *What are your opinions around using condoms?*
 - Responses may include: I don’t mind using them; I think they are important, I think they can ruin the mood when having sex, etc.
 - *Why is your opinion around condom use important as a Peer Health Advisor?*
 - Responses may include: The intervention is about making clients use condoms consistently and correctly, therefore Peer Health Advisors need to see the value in using condoms and be excited when talking about them; it is easier to sell a product you believe in, etc.
3. **Say**
 - *Now we’re going to look at how we can keep communication open and build a positive relationship and a respectful learning environment in order to motivate the clients to fully engage in the Focus on the Future session.*
 - *First it is important to step back and take a look at how our values may impact our interactions with Focus on the Future clients. By doing so, we can ensure that we create an environment of unconditional respect with each client.*



- *This is one of the core elements of the Focus on the Future intervention: The PHA shows unconditional respect for men and maintains a non-judgmental environment for the client concerning any risk behaviors disclosed.*

4. **Ask** group to give definitions for the word “**values.**”



- Responses may include: personal beliefs that impact thoughts, feelings and actions, the way you think the world should function, helps to determine our sense of right and wrong
- **Write** responses on prepared newsprint.



- **Clarify** by **saying**
 - *Values are standards by which individuals or groups judge things, behaviors, and events. They are measures used to distinguish between good and bad, right and wrong, moral and immoral.*

5. **Lead a discussion** on values by **asking** participants some of the following questions

- *Why are values important?*
 - Responses may include: Values can be a powerful ingredient in decision-making and behavior, frame how we see the world and the decisions we make;
- *Where do they come from?*
 - Responses may include: People learn values from a wide array of often conflicting sources, for example, personal experiences, parents, siblings, peers, school, church/synagogue/mosque, media and music, culture, family, society;
- *Do they change? Why or why not?*
 - Responses may include: People’s values can change as they learn new things, meet new people, travel, etc., people are not lectured into changing values but often they change as the result of an experience;
- *Why do different people have different values?*
 - Responses may include: People come from different families and cultures, they have different life experiences and through those come to value different things;
- *How do we know what our values are?*

- Responses may include: Often we know our values the most when they are challenged or put to the test, sometimes we're not aware of our values until they are challenged or we have to question them.



6. **Say**

- *We all have values. Values are important and helpful to us. Different people have different values and that's okay—no person's values are more right or wrong or better or worse than someone else's.*
- *By understanding what our own values are we are better able to be objective and nonjudgmental in working with others. This will help us to create a respectful learning environment and a positive relationship with the client.*
- *It is important to separate values from behavior. The same behaviors may indicate very different values.*
- *We are not here to judge each other, or each other's values, but to share our values, and to understand how values impact the work we do.*
- *It is important for people in the helping professions, like Peer Health Advisors, to recognize their personal biases, prejudices, and stereotypes and identify and analyze how these may impact their roles. Being self-aware lets you know what's important to you and allows you to not judge anyone for what might be important to him.*

7. **Explain** to participants that they are going to do an activity that will allow them to explore their values and how they impact their work with clients.

- **Explain** that you will read a statement and participants will have to stand near the “agree” sign if they agree with the statement or next to “disagree” if they disagree with the statement.
- **Emphasize** that there are no right and wrong responses. You are only asking participants to share why they agree or disagree and to discuss those beliefs.

8. **Ask** participants to stand up.

9. **Read** the first statement

- “It is important for a person to be monogamous with his or her partner.”

10. **Instruct** participants to go stand near the agree sign if they agree with the statement or disagree sign if they disagree with this statement.
- **Give** participants 1 minute to talk about why they agreed or disagreed with the statement.
11. **Ask** groups to share.
- **Choose** one side to start with (either agree or disagree), and **ask** for one volunteer to share why their group agreed/disagreed with the statement in less than 30 seconds.
 - Next, **ask** a participant on the other side why their group agreed/disagreed with the statement in less than 30 seconds.
 - **No debate** should arise from this activity—the group is simply exploring different values and beliefs.
 - If no one stood under the other sign, have somebody in the group describe why someone might agree with the statement.
 - Continue to make the point that there are no right or wrong answers to these statements, that they are our values.
12. Once the participant is finished describing why someone would agree or disagree with the statement, **summarize** briefly and **ask**
- *How might someone's response to this statement affect their work as a Peer Health Advisor?*
 - Responses may include: By showing judgment it can cause the client to shut down
 - Encourage participants to be concrete in their responses, and try to discourage them from simply saying: “It wouldn't bother me if clients have different values.”
 - Emphasize that it is okay to have different values, but what is important is that we recognize what issues might bother us if they come up during a Focus on the Future session.
13. **Proceed** with next statements in the same manner as the first (choose 2 or 3 statements, depending on time).
- Having sex with 20 different partners in 3 months is a risky behavior.
 - It's normal for someone to have sex with both men and women.

- If someone has an STD, he should tell his or her partner.
- Condoms and lubricant are fun to use.
- Everyone should use condoms.
- Condoms and lubricant can make sex better.
- When it comes to sex, anything goes between consenting adults.
- Sex is natural, condoms aren't.

14. **Process** the activity by **asking** some of the following questions

- *How did it feel to share and discuss your values with others?*
- *What were some of the things you learned by doing this activity?*
- *What might happen if you show a client that you have different values through your reactions and body language?*
 - Responses may include: Clients may shut down if they think the Peer Health Advisor is being judgmental, they may become defensive, and it can ruin the rapport that you've worked so hard to build
- *What can you do when it is difficult for you to work with a client around a certain issue?*
 - Responses may include: Relate to what you can relate to, for example, what is underneath the value and respect that (e.g., if a client doesn't want to tell his partners about his STD, instead of judging the value, understand the fear and shame that underlies the value); practice how to remain non-judgmental and not show that you are uncomfortable through your body language, talk with your supervisor, learn to recognize when it's becoming an issue (feeling uncomfortable, get heated, tone may change, shut down) and gain control; clarify your values and know yourself so when issues come up you know where you stand and you won't judge
- *What can you do if you don't agree with choices the clients make?*
 - Responses may include: Don't argue, accept choice, present options, present risks.

15. **Say**



- *Focus on the Future is a “sex-positive” program. This means that Peer Health Advisors should maintain a non-judgmental attitude towards clients' sexuality and*

lifestyle choices. By remaining non-judgmental, the client will be more motivated to fully engage in the session and feel comfortable disclosing information about his risk behaviors. In turn, you can provide information about condom use issues that is tailored to the client with positive reinforcement.

- *For example, some clients who you meet may also be having sex with men. He might not share this with you until you've developed a strong rapport and he feels more comfortable. It is important to not appear to be caught off guard when he shares this information—he could shut down, become embarrassed or upset, and stop listening to your important messages if you show judgment.*
- *Now we're going to look more at how we can effectively communicate with clients to build a positive relationship and an environment of unconditional respect.*

16. **Transition** to the next activity by **saying**



- *Now that we've looked at how our values may impact our relationship and ability to share information with clients, let's look at another essential component of building rapport with clients. This is communication.*
 - *What is communication?*
 - *What is active listening?*
 - *What is the role of active listening?*

Lead into the next activity: Using Non-Verbal Communication to Build Rapport

Activity 3.2 – Using Non-Verbal Communication to Build Rapport

	Time 25 minutes
	Purpose To teach participants strategies to build rapport and a respectful learning environment using body language.
	Overview Two volunteers walk into the room: one with open body language and the other with closed. Participants discuss the impact of body language on building rapport and strategies to build rapport by simply using body language.



Materials

- Newsprint, Easel and Markers
- Slide #25
- Bag/bowl/hat



Prepared Newsprint

- “Strategies to Build Rapport with Clients”



Prepare Materials

- “Non-Verbal Activity: Feelings” – cut up into strips and placed in the bag/bowl/hat – see Module 3: Trainer Materials and Handouts

Participant Handbook

- Non-Verbal Rapport Building Skills, page 16

Description

1. Say



- *Now that we are more aware of our values and how they may impact how we deliver Focus on the Future, we are going to look more closely at strategies to build a respectful learning environment and a positive relationship with the client. Creating a respectful environment and positive relationship with the client starts the minute he meets you or even if he sees you while waiting in the waiting area.*

2. Explain the activity.

- 5 people will be given a slip of paper.
- Each slip of paper will have a feeling word written on it.
- Each person will act out the feeling word by simply expressing it. They cannot speak or make noises. Note: This is not charades.
- The rest of the participants have to guess what feeling the person is expressing.



3. Ask for 5 volunteers and ask each volunteer to draw a feeling word from the bag/bowl/hat.

4. **Ask** the first volunteer to stand up and non-verbally act out the feeling that is written on his/her slip of paper.
 - Once the group guesses the feeling correctly, **ask** the next volunteer to proceed in the same way.
 - Continue until all volunteers have acted out their feelings non-verbally and the group has guessed what the feeling was.

5. **Discuss** the activity by **asking** participants
 - *What are 1 or 2 words you would use to describe each person's behavior?*
 - *If you were a client participating in Focus on the Future, which person would you want to be the Peer Health Advisor that you are about to meet with? Why?*
 - *What does someone's body language tell us about him or her?*
 - Responses may include: Whether or not they care about the other people in the room or what people are talking about, or if they are judging what the other person is saying, etc.
 - *Why is it important to have good body language as a Peer Health Advisor?*
 - *Why is it important to be able to read other people's body language as a Peer Health Advisor?*
 - Responses may include: It is important to pick up on how clients feel before they even say anything so you can ensure that you're creating a comfortable and safe environment from the start

6. **Show Slide 25** and **ask** participants
 - *How much of what someone is telling you is communicated through their body language? Tone? Actual words?*
 - Refer to the slide that outlines

▪ Body Language	55%
▪ Tone	38%
▪ Verbal	7%
 - *What does this say about how people communicate in general?*
 - Responses may include: It is likely that people trust the predominant form of communication which is non-verbal; when you speak only 7% of what people



hear are the words you say therefore it's not what you say but how you say it, etc.



7. **Introduce** the idea of rapport building by **asking** the following questions and **recording** answers on prepared newsprint.

- *Who has heard the term “rapport” before?*
- *What does “rapport” mean?*
 - A connection, ability to communicate effectively with someone, a positive relationship, etc.

8. **Say**



- *In the first few seconds of meeting someone, what you communicate through your body language starts the process of rapport building. Although you may not realize it, judgments are made about you by the way you look, your clothes, facial expressions, and your posture. The way you present yourself will impact the rapport you have with the clients and their willingness to share and learn.*
- *Most of our body language is very subtle and told through our eyes. This is very important to be aware of as you conduct Focus on the Future with clients.*



9. **Ask** participants the following questions and **record** strategies on prepared newsprint

- *What can you do to build rapport with the clients who participate in Focus on the Future just using your body language?*
 - Make appropriate eye contact
 - Note: In some African American communities, eye contact between two men could mean a “challenge” (i.e., proposition to fight) or a flirtation/come-on. In other communities, if you don't make eye contact it's considered a lack of respect. Therefore, eye contact should be used appropriately.
 - Mirror the client's posture.
 - Relax.
 - Smile.
 - Use gestures or facial expressions to add emphasis, enthusiasm and emotion.
 - Laugh.
 - Be yourself.
 - Act confidently.
 - Be prepared for each client.
 - Avoid distracting behaviors, such as

- Playing with change in your pocket,
 - Repeating distracting gestures or movements,
 - Looking at your watch or the clock in the room,
 - Looking at your phone.
- *Why is it important that you are conscious of your body language when building rapport with the clients who will participate in Focus on the Future?*
 - Sets the tone for the conversation.
 - Makes participants feel comfortable, so that they will fully engage in the session.
 - Closed body language may make clients resistant to learning and sharing.
 - By looking down, glancing at your watch, or using facial expressions that might express judgment, disapproval or shock, all communication can be shut down.

10. **Ask** participants to turn to *Non-Verbal Rapport Building Skills* in their **Participant Handbooks** on **Page 16**.

- Give participants a few minutes to review the handout on their own.
- **Ask** participants if they can think of anything they would like to add to the list.
- *What questions do you have?*

11. **Say**



- *It is important as a Peer Health Advisor that you do not show any judgment or disapproval about what the client is telling you. If your body language shows that you are shocked or do not approve with what he is telling you, he may stop being honest and shut down; ultimately you will not be able to address his real issues and help him learn.*
- *Again, so much of our body language is very subtle and told with our eyes. At some points in the intervention you may want to be making eye contact, like when giving them key messages. At other times it might be more appropriate to look away or focus on something in the room. A time like this might be when the client is completing the survey or choosing his 25+ condoms and lube. It might make the client feel uncomfortable if he is being watched while doing these things.*

- *Later in the training we will spend time practicing how to build rapport using body language. Rapport building is the first of 6 components of the Focus on the Future program. It is also one of the core elements of the intervention, meaning it is one of the pieces responsible for the intervention's success.*

12. **Process** this activity by **asking** some of the following questions

- *What did you learn about body language and rapport?*
- *How can rapport help you as a Peer Health Advisor?*
 - Responses may include: If you can begin by having open and positive body language, people are more likely to listen to what you have to say
- *What will be challenging about building rapport? Easy?*
- *How can you get more support in building rapport?*
 - Responses may include: Be more conscious when listening to your own voice, tape record yourself and listen to it, ask someone you trust for honest feedback, etc.

13. **Say**



- *Now we'll move on from non-verbal ways to build rapport to looking at things we can say to build a positive relationship with clients and a respectful learning environment.*

Lead into the next activity: Tone

Activity 3.3 – Tone



Time 15 minutes



Purpose To increase participants understanding of the role tone plays in building a positive relationship with clients and a respectful learning environment in which to conduct Focus on the Future.



Overview Participants will read a sentence from their Participant Handbooks, putting emphasis on a different word in the sentence each time, and then discuss how tone can impact their relationship with clients and the learning environment.

Participant Handbook

- It's Not What You Say, It's How You Say It , page 17

Description

1. Say



- *When trying to establish a respectful, non-judgmental environment with clients, it is important to consider not just what we say, but how it is said and what the client hears.*

2. Ask

- *Has anyone heard the saying “It’s not what you say, but how you say it that counts”?*
- *What does that mean?*
- *Does anyone have any examples of how the way in which something was said made a difference in the way the listener responded?*

3. Refer to the last activity on non-verbal communication and say



- *In the last activity, we saw that when we communicate with others, 38% of the message we’re sending is communicated through our tone.*

4. Explain that we will get an opportunity to hear different ways of delivering the same message.

- **Refer** participants to **It’s Not What You Say, It’s How You Say It** in their Participant Handbooks on **Page 17**.
- **Ask** participants to read each statement out loud in unison placing emphasis upon the word that is bold and underlined.

5. Process this activity by **asking** some of the following questions

- *What was your reaction to the different ways the sentence was delivered?*
- *What changed the meaning of each sentence?*

- *How can using a poorly chosen tone impact the environment that you create with a client?*
 - Responses may include: Where you put the emphasis on a word changes the way a client hears it.
- *What can you do to make sure you consistently use a positive tone that will only encourage the client to share and learn?*
- *Why is it important for Peer Health Advisors to also be able to read the tone of clients who participate in Focus on the Future?*

6. **Say**



- *When someone says something with a judgmental, condescending, sarcastic, or accusatory tone, the listener will often stop listening, become frustrated, or be resistant to what is being communicated to them. It is important to use a non-judgmental tone that keeps the lines of communication open and ensures a respectful environment. Now we'll look at another way to build rapport with clients, using positive feedback or affirmations.*

Lead into the next activity: Using Verbal Communication to Build Rapport: Open-Ended Questions and Paraphrasing

Activity 3.4 – Using Verbal Communication to Build Rapport: Open-Ended Questions and Paraphrasing



Time 35 minutes



Purpose To provide participants with strategies to build rapport and a respectful learning environment beyond using body language.



Overview Half the participants imagine that they are at a party and have to introduce themselves to as many people as possible in 5 minutes. The other half of the group observes. In a full group discussion, statements and questions that can be used to build rapport with clients are discussed. Open-ended questions and paraphrasing are explored via worksheets and practice in pairs.



Materials

- Newsprint, Easel and Markers
- Implementation Manual (Facilitator’s Guide), pages 78-82
- Open-Ended Questions Answer Key – see Module 3: Trainer Materials and Handouts

Participant Handbook

- Open-Ended Questions Stems, page 18
- Open-Ended Questions, page 19
- Open-Ended Questions in Focus on the Future, page 20
- Paraphrasing Statements – Practice, page 21

Description



1. **Say**

- *Now we’re going to look a little more closely at verbal communication, like prompting and using open-ended questions, and how that impacts the rapport we have with the clients.*
- *You will be divided into two groups. One group will imagine that they are at a party. They will walk around the room, introducing themselves to one another. The goal is to see how many people they can meet in 2 minutes. The other group will observe the interaction.*

2. **Divide** participants into two groups.

- Assign one group to be the “party” group and the other to be the observers.
- Instruct the “party” group to stand and come to the front of the room (or inside the group of desks).

3. **Begin** the activity.

- After 2 minutes call time.

4. **Discuss** the activity by **asking**

- The observers
 - *What did you see people doing?*
 - Responses may include: Smiling, shaking hands, introductions, offering to get people drinks, making eye contact, pats on arms, etc.

- *What sorts of connections did you see people making?*
- The group that was interacting at the party
 - *What was it like to do this?*
 - *What did people say to make you feel a connection to them?*
 - Responses may include: Hi, where are you from?, do you like the party?, I like your shirt; people using the environment or giving people compliments to establish a connection; talked about sports to find a common ground, etc.

5. **Process** the activity by **asking** the entire group

- *How do you make connections with people you don't know? (focus on verbal)*
 - Responses may include: Introduce yourself, how are you, ask them questions about themselves, find something that you have in common, etc.
- *How does it make a difference if it is a peer you are trying to make a connection to?*
 - Responses may include: When introducing oneself to a peer, people often make the assumption that they have similar experiences, know the same people, and like the same things, so it is often easier to make a connection.

6. **Explain** the following

- How one introduces themselves to a peer may be more informal than if they are introducing themselves to a boss, teacher, elder, etc.
- When we meet a peer we may feel an instant connection to them because they are the same age as us, look like us, and have the same mannerisms.
- It is important that Peer Health Advisors take advantage of the fact that the clients who participate in Focus on the Future will be peers and they will be able to build rapport quickly and in a unique way.

7. **Direct** the participants' attention to **Pages 78-82** of their "**Facilitator's Guide**" in their **Implementation Manuals**.

- **Explain** that throughout the entire intervention they will be working on connecting with the client, but especially in Component 1, which outline strategies to establish an immediate connection with the clients who participate in Focus on the Future.



- Give participants 2 or 3 minutes to read through these.
- **Ask** if there is anything else they would like to add or if they have any questions.



8. **Say**

- *Another way to continue building rapport and encourage the client to open up is by using open-ended questions.*

9. **Ask** participants

- *What are open-ended questions?*
 - Answer: A question that cannot be answered “yes” or “no.” A question that is designed to elicit more than “yes” or “no.”
 - Questions usually begin with “Who, What Where, How, and Tell me more.
- *How can open-ended questions be used to build rapport?*
 - Responses may include: They help people to open up, allow you to get to know someone, you can get a lot of information from someone, closed ended questions make people feel like they are in an interview, etc.

10. **Explain** that most open-ended questions begin with certain words.

- **Ask** participants to turn to *Open-Ended Questions Stems* in their Participant Handbooks on **Page 18**.
- **Review** what open-ended questions do and do not begin with.

11. **Ask** participants to refer to *Open-Ended Questions* in their Participant Handbooks on **Page 19**.

- **Ask** participants to complete the worksheet in pairs with the person next to them.
- When partners have completed the worksheet, **ask** them to write one or two open-ended questions at the bottom of the worksheet that have to do with condom use. They can write these questions individually or with their partners.

12. After 5 minutes, **review** the worksheet with the group using the *Open-Ended Questions Answer Key*.

13. **Tell** participants that they will now get a chance to read the open-ended question that they wrote down to the large group.

- If it is an open-ended question, the group will pound their desks.
- If it isn't an open-ended question, the participant will have to come up with one (the group can help out).
- Go around the room and **ask** participants to read out their questions.
- This pattern continues until everyone has said their open-ended question.

14. **Direct** participants' attention to *Open-Ended Questions in Focus on the Future* in their Participant Handbooks on **Page 20**.

- **Tell** participants that this is a list of open-ended questions that they can use in the different components of the intervention.
- **Review** very briefly.
- **Explain** that participants will get to review this more in depth once they begin practicing each component.

15. **Introduce** paraphrasing by **saying**



- *Often when we listen to other people, we think we know what they mean but really they mean something else. For example, Jim says, "I'm sick of school. I feel like giving up." Does this mean he is going to give up school or is he just frustrated with his classes, teachers or friends he hangs out with?*
- *The best way to find out what Jim meant is to reflect back to him in your own words what you heard him say and ask him directly if that was what he meant. For example, "Jim, you say you are tired of school and feel like giving up. Are you going to drop out of school?"*
- *Now Jim can clarify what he meant. Jim may say, "No, I'm going to graduate, but I sure do feel a lot of pressure with all this homework." Or he may say, "Yes, I've thought about it a lot and I can't do all this school work and hold down a full time job, too."*

16. **Explain**

- Paraphrasing is when you restate in your own words what you heard someone say.

- It is very important to be aware of your tone when you paraphrase—you never want to show any judgment or disapproval as it may make the client become embarrassed or shut down.
- It can help you ensure that you heard the client correctly.
- It can also help the client know that you heard him correctly.
- It shows that you're listening and focused on the client.
- It helps you summarize the conversation by paraphrasing the important points of the conversation.
- When you aren't sure of what to say, it can help you and the client see the next step.

17. **Read** the following statement out loud and **ask** someone in the group to paraphrase what you said

- *"I wish my baby momma would drop dead. She's always on my case about giving her money for the baby."*

18. **Tell** participants that with a partner, they will be asked to complete the series of statements on *Paraphrasing Statements – Practice* on **Page 21** of their Participant Handbooks.

- The statements are to be completed orally (no one should write anything down).
- Once they complete the statement, their partner will have to paraphrase what they just said.
- Each pair cannot move on to the next statement until the person who said the original statement is satisfied with the paraphrasing.
- The first two statements should be completed by the participants; the rest of the statements have been completed for them as examples of what a client might say.
- The partners take turns reading statements and paraphrasing which means that not every participant will have a chance to paraphrase every statement (they will paraphrase every other one).

- They will have 5 minutes to complete all of the statements.

19. **Ask** participants to find a partner and begin the activity.

20. After about 5 minutes, call time and **process** the activity by **asking** the following questions

- *What did it feel like to paraphrase what was said?*
- *What was easy/ hard about paraphrasing what was said?*
- *Why is it important to clarify what you mean and ask the other person to clarify what he/she means when communicating every day?*
- *When can you use paraphrasing in the Focus on the Future?*
 - Responses may include: When clients are describing a thought or feeling that you are unsure about, when someone is being combative or upset (it can help to diffuse the situation), etc.

21. **Say**



- *As I mentioned before, you will have a lot of time to practice building immediate rapport and maintaining rapport with the client later in the training. In the next activity we will be looking more closely at using positive statements in order to create a positive relationship and respectful learning environment with the client.*

Lead into the afternoon break

BREAK (15 minutes)

Activity 3.5 – Affirmations



Time 15 minutes



Purpose To give participants an understanding of how to use affirmations to build rapport, put the client at ease, build the client's confidence and self-respect, and make the client more open to learning.



Overview Participants review a handout about affirmations and then with a partner, come up with affirmations based on statements on the handout. They will discuss the importance of using affirmations and when it might be

challenging to affirm what the clients are telling them.

Participant Handbook

- Affirmations, page 22
- How to Build Rapport, page 23

Description

1. **Say**



- *Another way to create a positive and respectful learning environment whereby the client is motivated to share and learn is by using affirmations.*

2. **Ask** participants

- *What is an affirmation?*
 - Answer: An affirmation identifies something positive about the client and gives credit or acknowledgement. It may be a trait, behavior, feeling or past or present accomplishment.
- *What are some examples of affirmations?*
 - “I can see that you care about your health and your partner a lot.”
 - “It took a lot of guts to come here and get treated for this.”
- *Why should we use affirmations?*
 - Responses may include: Builds rapport, encourages greater participation, increases participant’s confidence in their abilities to learn and grow, builds people’s self-esteem, encourages people, validates their experiences.

3. **Ask** participants to turn to ***Affirmations*** in their Participant Handbook on **Page 22**.

- **Review** the top half of this handout by asking participants to read it to themselves.
- **Discuss, expand** and **provide** examples as necessary.

4. **Say**



- *Affirmations are an essential part of the Focus on the Future program. Affirmations put the clients at ease and let them know they are safe in telling you personal information. Affirmations build the clients’ confidence and self-respect. After someone is affirmed they are more able to hear the message you want to share. Your belief in*

the client's ability to learn and grow can influence how much the program impacts them.

- *An affirmation must always be genuine and never condescending.*
 - *Be careful about not giving too many affirmations. Affirming too often makes the affirmations less meaningful.*
 - *It can also be used to reframe what may at first seem like a negative. For example, "I can see that you are very angry about being here, but I'd like to tell you that I am impressed that you waited to meet with me."*
5. **Ask** participants to turn to the person next to them and to complete the affirmation statements at the bottom of the *Affirmations* page.
6. After 5 minutes, **call time** and **review** the answers as a group.
- Answers may include
 - "You're right—it sure isn't fair. But it's great that you're using condoms. That really shows that you care about your health."
 - "Thank you for waiting to see me. I really appreciate it. I hope we can work on being better at time management."
 - "It sounds like you really care about your relationship with your main girl. Today we can work on some ways to make sure that you take care of her in the most effective way."
7. **Process** the activity by asking some of the following questions
- *How did it feel to come up with some affirmations?*
 - Responses may include: Makes you feel good knowing you make someone else feel good
 - *What were some challenges that you had coming up with affirmations?*
 - Responses may include: Values get in the way; they need to be specific or they sound empty and people discredit them, etc.
 - *What made it easy to give affirmations?*
 - *What can you do in challenging situations to give the client affirmations?*

- Responses may include: Look for what the client is doing well and not just focus on the problems; practice affirmations in everyday life and with supervisor, etc.

8. **Direct** the participants' attention to *How to Build Rapport* on **Page 23** of their Participant Handbooks and **explain** that these are strategies to continue building rapport with the clients and make sure the environment is one of unconditional respect throughout the intervention.

- **Ask** volunteers to read the strategies out loud.
- **Highlight** that they will be learning about affirmations in the next activity.

9. **Say**



- *These handouts provide you with a “bag of tricks” you can use when trying to establish an immediate positive connection and then uphold that rapport and unconditional respect for the duration of the program.*
- *When we begin practicing implementing the intervention we will have a lot more time to practice giving affirmations and doing rapport building. Rapport building will be used in every component of the intervention, from when the client is sharing past issues with condom use to when he is practicing applying condoms to the penile model.*
- *By using our body language, an appropriate tone, affirmations and by being aware of our values, we can make sure that a positive and respectful learning environment is created for every client who participates in Focus on the Future.*

10. **Summarize** Module III and **transition** to Module IV.



- **Say**
 - *So far we've learned about the Focus on the Future intervention and the theories and science behind it. We just looked at all of the skills that will be used throughout the intervention, that really focus on using communication skills to create a comfortable and respectful learning environment for clients.*
 - *Does anyone have any questions about this part of the training?*

- *We are going to move to looking at each of the 6 components and spending time practicing each one, beginning with Component 1: Rapport Building.*

Lead into the next activity: Activity 4.1 – Component 1: Rapport Building

MODULE 3

Trainer's Materials and Handouts

Agree

Disagree

Non-Verbal Activity: Feelings



Shy



Happy



Angry



Nervous



Sad



Open-Ended Questions Answer Key

Check the appropriate box on the left as it relates to the question on the right.

OPEN	CLOSED	<i>Is it an "open" or "closed" question?</i>
X		1. What are some issues that you have had with using condoms in the past?
X		2. What do you like about using condoms?
	X	3. Are you willing to try using a condom the next time you have sex?
X		4. What can I do for you today?
	X	5. Have you ever thought about using water-based lubricant before?
	X	6. Isn't it important for you to be responsible for your own health?
X		7. In the past, how have you introduced condoms into relationships?
	X	8. Are you willing to think about using condoms now that we've had this conversation?
X		9. In what ways is using condoms a problem for you?
	X	10. Do you care about your health?

Now make up one or two of your own examples of an OPEN-ended question that has to do with **condom and/or water-based lubricant use**.

Examples

What types of lubricant have you tried using?

How do you think your experience could be different if you used water-based lube?

If you could create your own condom, what features would it have?

How do you feel about using condoms?

What gets in the way of you using a condom every time?

Module 4: Implementation (10 hours 30 minutes)

Activity 4.1 – Component 1: Building Rapport



Time 1 hour 15 minutes



Purpose To give participants the opportunity to practice and gain proficiency in building a rapport with clients.



Overview Trainers show a video of rapport building (Component 1) for participants. Participants review Component 1 in their Facilitator's Guide and in two groups take turns role playing Component 1 as the Peer Health Advisor and client. After each role play, the Peer Health Advisor receives feedback.



Materials

- Implementation Manual (5 Principles), page 12
- Implementation Manual (FOF at a Glance), page 68
- Implementation Manual (Facilitator's Guide), pages 75-109
- Demonstration video on FOF 60 minutes session cued to Component 1
- TV
- DVD Player
- 5 Principles of Focus on the Future on newsprint from Activity 2.1
- Slide, #26-27



Prepared Newsprint

- 5 Principles of FOF (from Activity 2.1)
- The 6 Components of FOF (from Activity 2.1)

Participant Handbook

- Non-Verbal Rapport Building Skills, page 16
- Open-Ended Questions in Focus on the Future, Page 20
- Affirmations, page 22
- How to Build Rapport, page 23
- Facilitation Do's and Don'ts, page 24



Prepare Materials

- Component 1: Role Play Scenarios – 2 copies – cut into slips – see Module 4: Trainer Materials and Handouts

- Component 1: Role Play Scenarios for Peer Health Advisor – 2 copies – cut into slips – see Module 4: Trainer Materials and Handouts
- Component 1: Observer Feedback Form – one for each participant – see Module 4: Trainer Materials and Handouts



Trainer Notes

- In Module 4, participants will get a chance to practice the different components of the intervention and then they will put it all together. It is important to think about how to divide participants into groups for this part of the training. It is advised that you **do not put a Peer Health Advisor and his supervisor in the same group.**
- It is important that any supervisors or clinic managers in the group do not wear the hat of an STD expert during the role plays. They should imagine that they are a Peer Health Advisor and possibly working in a healthcare setting for the first time.
- The Demonstration Videos are used in this module to show participants what each component of Focus on the Future looks like when implemented with a client. Only the component being discussed should be shown where indicated in this activity.
- If there are more than 12 participants, another trainer will be required to assist in managing group logistics and dynamics. Also, additional copies of the scenarios and feedback forms will be necessary for each activity in Module 4.
- It is important that participants use their Facilitator’s Guide for guidance while role playing the Peer Health Advisor. They need to become very familiar with this document as it describes exactly how the intervention should be implemented.
- As trainers observe the role play for their groups
 - Do not try to guide the role play.
 - Let participants find their own techniques for each role.

Description

1. Say

- *We’re now going to spend some time practicing how to effectively meet each of the 6 components of Focus on the Future while adhering to the 5 principles.*





2. **Refer** to the prepared newsprint from today and **ask** participants to refer to the “5 Principles of Focus on the Future” in their Implementation Manuals on **Page 12**.



- **Review** the principles with the participants.

- **Unconditional respect for men**

- This principle permeates the entire intervention. Peer Health Advisors must show clients unconditional respect regardless of whether the past decisions they’ve made are compatible with the Peer Health Advisors’ values. This also means that the Peer Health Advisor needs to be respected by clients and clinic staff.

- **Options and know how**

- Key to the intervention is teaching men how to correctly use a condom and giving them a wide option of high-end and popular condoms to try at home in order to find one with the right fit and feel. They will also be given water-based lubricant to take home and try.

- **Practice is good**

- It is important that clients get to practice putting a condom on a penile model until they have done it properly three or four times and that they get to practice this skill at their own pace.

- **Condoms can feel better**

- The Peer Health Advisor needs to sexualize condoms, conveying that they are compatible with sexual pleasure and can be used with little or no discomfort; if the right one is used it may make sex feel better.

- **Protect our future**

- Some clients may feel defeated and that they do not have valuable futures. It is important that the Peer Health Advisor conveys that the clients can have healthy futures if they make positive decisions. Peer Health Advisors can do this by not challenging the wisdom of the clients’ past choices—the focus should be on the future and never on the past.

- **Highlight** that these principles don’t fall under a specific component, but they are to permeate the entire intervention.

3. **Ask** participants to refer to the “Focus on the Future at a Glance” in their Implementation Manuals on **Page 68**.





- **Review** each of the six components by referring to the prepared newsprint of the 6 components and briefly **describing** each
 - In component 1, the Peer Health Advisor meets the client, starts an informal conversation to make the client feel comfortable, gets to know the client, and introduces the goal of the session.
 - In component 2, the Peer Health Advisor asks the client to complete a survey that will give him insight into the errors the client makes when using condoms. The errors are addressed and misconceptions are rectified.
 - In component 3, the Peer Health Advisor asks the client about any negative experiences that he has had when using condoms, they discuss what they can say to introduce condoms into relationships, and the Peer Health Advisor shows the client a poster with HIV rates to motivate him to use condoms.
 - In component 4, the Peer Health Advisor shows the client how to properly apply a condom using a penile model and then the client practices applying the condom 3 or 4 times. The goal is to get the client to become a PCU (“professional condom user”), which means he can always put a condom on correctly, even if he is in the dark and has had a few drinks. The clients love the term PCU, so you can explain it to them during the intervention.
 - In component 5, the Peer Health Advisor talks about erection loss and the importance of planning ahead for sex by always having condoms on hand.
 - In the final component, component 6, the Peer Health Advisor and the client go through each condom and lube, discussing the features of each. The client takes 25 or more condoms and packets of lube and the Peer Health Advisor closes the session by asking the client to pass on information to a friend.



4. **Ask** participants to turn to the **“Facilitator’s Guide”** in the Implementation Manual, **Pages 75-109** and pull it out of the binder.
 - **Explain** that this guide describes exactly how to implement Focus on the Future with clients in a clinical setting.
 - **Tell** participants that they will be using the Facilitator’s Guide for this portion of the training so they can become familiar with it and know where to find different information pertaining to the program.

5. **Ask** participants to refer to the *Facilitation Do's and Don'ts* in their Participant Handbooks **Page 24**.
 - Review the handout as a group asking for volunteers to read information.
 - Highlight that it can be challenging for Peer Health Advisors to maintain boundaries with clients as clients may identify with them. It can be confusing and easy to assume that the client is a friend and you may be tempted to share too much information about yourself. It is very important that Peer Health Advisors do not share too much information about themselves and allow the client to do most of the talking and sharing.
 - **Ask** if there are any other do's and don'ts that the group would like to add to the list.
 - **Ask** participants to pull out the following handouts from their Participant's Handbook for reference
 - Non-Verbal Rapport Building Skills, **Page 16**;
 - Open-Ended Questions in Focus on the Future, **Page 20**;
 - Affirmations, **Page 22**;
 - How to Build Rapport, **Page 23**.



6. **Say**
 - *The first component in Focus on the Future is to build rapport with the client. We discussed some different ways to do this in the last few activities.*
 - *One of the keys to building rapport is to understand that every client is different. It is important to meet the client where he is. This means if he is in an upbeat mood, be upbeat with him. If he is in a down mood, don't act upbeat but be more sympathetic and understanding.*



7. **Ask** participants to refer to Component 1 in their "Facilitator's Guides" in their Implementation Manuals on **Pages 78-82**.
 - **Ask** participants to read the goals, core elements, time allowed, list of materials, important considerations, and steps for Component 1.
 - **Referring** to **Slide 26, Component 1: Rapport Building**, **highlight** in Component 1 that the objectives for the Peer Health Advisor are
 - Introductions;

- Establish an initial rapport and get the client in a trusting mood by using “small talk” and get to know the client;
- Casually inquire about the client’s frequency of condom use and give affirmations;
- Describe the goal of the session, reinforcing that this is a non-judgmental environment.



8. **Say**

- *We’re now going to show you a short segment from a video that demonstrates a Peer Health Advisor accomplishing Component 1 with a client.*

9. **Show** the video segment of Component 1.

10. After the segment is shown, **ask** participants for feedback on what they observed

- *What did you see the Peer Health Advisor do? The client?*
- *What do you think is important about Component 1?*
- *What will be challenging about this? Easy?*

11. **Say**



- *Now we’re going to divide you into two groups. A trainer will go with each group.*
- *In the group that you are assigned to, you will take turns practicing Component 1 as the client and the Peer Health Advisor. One participant will observe the practice role play using an observation form that I will hand out in a minute. Everyone else will be a silent observer.*
- *The person playing the client will be given a scenario which includes a client’s name and experience at the clinic thus far and a corresponding scenario is provided to the Peer Health Advisor. Each person will be playing the same client in each practice session of the 6 components of the intervention. For example, if you are playing Tom in Component 1, you will be playing him for all 6 components.*

- *When playing the client, it is important to remember that everyone is still learning how to be a Peer Health Advisor. Therefore, try to be a realistic client and not too difficult (e.g. the client from hell).*
- *You will set up two chairs facing each other and one to the side for the observer. All other members of the group will observe silently while the role play practice is taking place.*
- *You will have about 5 minutes for each role play after which the trainer for your group will call time. Remember, all you want to do in this component is build rapport and introduce the goal of the session.*
- *A 3-minute discussion and feedback period will follow each role play. The designated observer and the group trainer will provide feedback using the observation form. Once you've completed giving feedback to the Peer Health Advisor, your group will rotate roles. Another scenario is given to the next client, and the Peer Health Advisor, client and observer will have the opportunity to role play from a different scenario. This will continue until everyone has played the Peer Health Advisor.*



12. Briefly **review** how to give and receive feedback by referring to **Slide 27**.



13. **Distribute** copies of **Component 1: Observer Feedback Form** to each participant.

- **Review** the feedback form with the group.
- **Explain** that the designated observer will use this form to provide feedback to the Peer Health Advisors.
- Participants who are observing an interaction can use it to review the steps involved in achieving the component.
- **Ask** if they have any questions.

14. **Divide** the group into two smaller groups.

- Make sure there are an equal number of participants in each group. If there is an uneven number in a group, someone can play the role of the client or assume the role of the observer more than once as long as everyone has practice being the Peer Health Advisor.

- Be mindful when creating groups; it might be wise to put a Peer Health Advisor and his supervisor in different groups to avoid any uncomfortable dynamics.
- If the training has a large number of participants, consider dividing into three or four equal groups. Having groups running at the same time will help manage time.
- Each trainer will facilitate one group. If there are more than two groups, other Focus on the Future trained trainers should be present to facilitate extra groups.



15. Each trainer should distribute a different ***Component 1: Client Profile***, ***Component 1: Role Play Scenarios for Peer Health Advisor*** and **Component 1: Observation Feedback Form** to each participant in their group.

- **Ensure** that each participant receives a different **Client Profile** and **Peer Health Advisor** profile (e.g., Client Profile 1 and Peer Health Advisor 3).
- **Tell** them the participant with ***Client Profile 1*** will play the client first.
- The participant with ***Peer Health Advisor 1 Info*** will be the first Peer Health Advisor.
- One participant will be the designated observer that will complete the ***Component 1: Observer Feedback Form*** and provide feedback on the practice session.
- Other Peer Health Advisor in the group will be silent observers.

16. **Begin** the first role play.

- Once the Peer Health Advisor has built rapport and described the goal of the session or after 5 minutes **call time**.

17. **Ask** the following questions to the Peer Health Advisor, the Client, and the observer



NOTE: Only spend about **3-4 minutes** per role play discussing feedback.

- Peer Health Advisor
 - *What did you do well?*
 - *What was challenging?*

- Client
 - *What did the PHA do well?*
 - *What were the PHA's strengths?*

- Observer
 - *Please share one to two points from the **Component 1: Observer Feedback Form**.*
 - Once the feedback is complete, **ask** the observer to give the person playing the Peer Health Advisor the feedback form.

- Trainers should give the person playing the Peer Health Advisor feedback on what they saw him do well, and what he could improve upon.

18. **Ask** the participants to rotate roles and begin the next role play.

- After 5 minutes **call time**.

19. **Ask** the group to give each other feedback using the same guidance described above.

20. **Repeat** this process until all group participants have been the Peer Health Advisor once and the client once.

21. As two smaller groups (or as a large group if both small groups finish at the same time), **process** the activity by **asking** some of the following questions

- *How did it feel to practice Component 1?*
- *What strategies to achieve Component 1 do you think will work best for you?*
- *What do you think will be challenging?*

Lead into the next activity: Peer Health Advisor Debrief and Closing

Day 1: Peer Health Advisors Debriefing and Closing



Time 15 minutes



Purpose To allow participants to discuss the day's activities with one another.



Overview A trainer will lead a discussion with each group about what they are looking forward to, what they think will be challenging, etc.



Materials

- Newsprint, Easel and Markers
- Implementation Manual (Facilitator’s Guide), Pages 75-109

Prepared Newsprint

- Write “Pluses” at the top of one side of the newsprint and “Wishes” at the top of the other side. Draw a line down the middle to create two columns.



Trainer Notes

- Trainers should address questions and comments on the “Barber Shop.” If there are questions that will be addressed in Days 2 or 3 or if there are questions that are not related to this training, tell participants that this question will be researched or answered outside of the training.

Description

1. **Tell** participants that they will end the day with a discussion of their thoughts and feelings about today’s training and their role in the Focus on the Future intervention.
2. The trainers will lead a **discussion** with their group using the questions below. **Write** responses on newsprint.
 - *What are you looking forward to about being a Peer Health Advisor?*
 - *What do you think will be challenging about being a Peer Health Advisor?*
 - *What does it mean to be a peer to the clients who will receive Focus on the Future?*
 - *What do you think you’ll need from your supervisor?*
 - *What other questions do you have?*
3. **Review** the Barber Shop with participants.
4. **Introduce** the “Pluses and Wishes” newsprint by **saying**



- *This activity is an opportunity to provide feedback to us on the day's activities. Focus on what you feel were the pluses of the day and wishes you may have.*

5. Have the group **brainstorm** pluses and minuses for the day.

- Record responses on the newsprint.
- Once finished, thank the group for their feedback.



6. **Assign** participants homework

- Read **Pages 75 to 109** of the Implementation Manual (the Facilitator's Guide).

7. **Thank** the participants for a great first day of training and remind them of Day 2's starting time.

DAY 2

Day 2 Preparation At-A-Glance

Module and Name	Activity Number and Name	Prepared Newsprint	Materials	Participant Handbook (PH), Handout (H), Trainers Materials (TM) or Implementation Manual (IM)
Welcome and Review of Day 1	None	<ul style="list-style-type: none"> • Barber Shop Newsprint from Day 1 • Participants Expectations on newsprint from Day 1 • Rules of Respect on newsprint from Day 1 	Newsprint, easel, markers	<ul style="list-style-type: none"> • Day 2 Agenda (PH)
Module 4: Implementation (Continued from Day 1)	4.2 Component 2: SCUS and Common Issues with Condom Use	None	Newsprint, easel, markers, Demonstration Video, DVD Player, TV	<ul style="list-style-type: none"> • Facilitator's Guide (IM) • Comp 2: Scenarios (H) • Comp 2: Observer Feedback Form (H) • SCUS (H)
	4.3 Component 3: Problematic Experiences with Condoms and Poster to Motivate Clients	<ul style="list-style-type: none"> • "Problems with Using Condoms" • "How to Introduce Condom Use" 	Newsprint, easel, markers, Demonstration Video, DVD Player, TV	<ul style="list-style-type: none"> • Facilitator's Guide (IM) • Comp 3: Scenarios (H) • Comp 3: Observer Feedback Form (H) • HIV Rates Color Poster (H)

Module and Name	Activity Number and Name	Prepared Newsprint	Materials	Participant Handbook (PH), Handout (H), Trainers Materials (TM) or Implementation Manual (IM)
Module 4: Implementation (Continued from Day 1)	4.4 Component 4: Baby Oil Experiment and Condom and Lubricant Use Skill-Building	<ul style="list-style-type: none"> • “Oil-Based Lubricants” 	Newsprint, easels, markers, Demonstration Video, DVD Player, TV, 5 bottles of baby oil, 400 condoms, 400 packets of water-based lube, 8-12 penile models, paper towels, hand sanitizer	<ul style="list-style-type: none"> • Facilitator’s Guide (IM) • Comp 4: Scenarios (H) • Comp 4: Observer Feedback Form (H) • Wallet-Sized Card with Contact Info and Condom Use Steps (H)
	4.5 Component 5: Access and Erection Loss	<ul style="list-style-type: none"> • “Why Erection Loss Happens” • “Erection Loss Messages” • “Why Have Access to Condoms?” 	Newsprint, easels, markers, Demonstration Video, DVD Player, TV	<ul style="list-style-type: none"> • Facilitator’s Guide (IM) • Comp 5: Scenarios (H) • Comp 5: Observer Feedback Form (H) • Example List of Stores in the Area that Carry Condoms (H)
Peer Health Advisor Debriefing and Closing	None	<ul style="list-style-type: none"> • “Pluses and Wishes” 	Newsprint, easels, markers	None

Welcome and Review of Day 1



Time 15 minutes



Purpose To welcome participants to Day 2's training session.



Overview The trainers welcome participants and review Day 1 and the homework.



Materials

- Newsprint, Easel and Markers
- Barber Shop Newsprint from Day 1
- Participants Expectations on newsprint from Day 1
- Rules of Respect on newsprint from Day 1
- Slide #28

Participant Handbook

- Day 2 Agenda, page 8



Trainer Notes

- Greet participants as they arrive, make sure they sign-in for the day and have their name badges and name tents,
- Show the training title slide (Slide 28) on screen before training starts.

Description

1. Trainers **welcome** participants to day 2.
2. **Review** Day 2 agenda in the Participants Handbook on **Page 8**.
3. **Review** the assigned homework with participants by **asking**
 - *What did you think about the Facilitator's Guide?*
 - *What are you looking forward to about implementing Focus on the Future now that you've had a chance to look at it more in depth?*

- *What do you think will be challenging?*
 - *What questions do you have?*
4. **Highlight** that it is very important that the Peer Health Advisors know the Facilitator's Guide inside out.
 5. **Review** Day 1 activities by **asking** the following questions
 - *From what we discussed yesterday, what stood out to you the most?*
 - *What are you looking forward to learning today? (refer to and add to expectations if necessary)*
 6. **Tell** participants that they will continue to explore each component of Focus on the Future by showing segments from the demonstration video and they will have time to practice delivering each component.
 7. **Remind** participants of the purpose of the Barber Shop and to use it at the back of the room by **saying**
 - *If someone has a question that is not covered in the training at the time or that will be covered later, it will be a good question for the "Barber Shop." You can also write down questions that you don't want to ask out loud in front of everyone.*

Module 4: Implementation Continued (10 hours 30 minutes)

Activity 4.2 – Component 2: SCUS and Common Issues with Condom Use



Time 1 hour 30 minutes



Purpose To give participants the opportunity to practice and gain proficiency in achieving Component 2 with clients.



Overview Participants watch a demonstration video of Component 2. Participants review Component 2 in their Facilitator's Guide. Participants take turns practicing Component 2 as the Peer Health Advisor in pairs. After each role play, the Peer Health Advisor receives feedback.



Materials

- Newsprint, Easel and Markers
- Implementation Manual (Facilitator's Guide), pages 82-87
- Focus on the Future Demonstration Video cued to Component 2
- TV
- DVD Player
- Slide #29



Prepare Materials

- Component 2: Role Play Scenarios – 2 copies – cut into slips – see Module 4: Trainer Materials and Handouts
- Component 2: Observer Feedback Form – one for each participant – see Module 4: Trainer Materials and Handouts
- Short Condom Use Survey (SCUS) – one for each participant – see Module 4: Trainer Materials and Handouts



Trainer Notes

- For the remainder of Module 4, participants will get a chance to practice the different components of the intervention in pairs. It is important to think about how to pair participants up for this part of the training. You may choose to put an outgoing participant with a quieter participant. It is important to ensure that the participants in each pair have a different client profile than each other (so they are not role playing with the same client profile each time). It is advised that you **do not put a Peer Health Advisor and his supervisor in the same**

groups.

- Participants can use their Facilitator's Guide for guidance while role playing the Peer Health Advisor.
- As trainers observe the role play for their groups
 - Do not try to guide the role play;
 - Let participants find their own techniques for each role.

Description

1. Say



- *Once you have established positive rapport with the client and have created an environment of respect and trust, you can move on to Component 2. For this component, the Peer Health Advisor uses a survey to learn about and address errors that the client has made when using condoms in the past.*
- *Clients who participate in Focus on the Future have just acquired an STD, which means that they are not using condoms correctly or they are not using them consistently. This is the part of the intervention where you learn about the errors the clients are making when using condoms via the Short Condom Use Survey or SCUS.*

2. Distribute a copy of the **Short Condom Use Survey (SCUS)** to the participants.



- **Review** the survey and tell them that these are some of the most common errors people make when using condoms. These include
 - Condom comes into contact with something sharp (jewelry, teeth, etc.);
 - Condom is put on the penis before it is erect;
 - Condom is put on the wrong side up and then flipped over;
 - Condom is unrolled before putting it on;
 - No room is left at the tip of the condom;
 - Lubricant isn't used so condoms dry out;
 - Condom is taken off due to erection loss;
 - Not wearing the condom for the entire duration of sex (e.g., dipping to become aroused, putting the condom on in the middle of sex or right before the man comes);
 - Condoms break or slip off during sex;
 - Condom doesn't fit right;
 - Oil-based lubricants are used (petroleum jelly, lotion, baby oil, etc.);
 - Switching between different orifices during sex without changing the condom.

- **Highlight** that the Peer Health Advisor will shred the survey after the intervention session.
- **Ask** if there are any questions or if anything is unclear.



3. **Ask** participants to **refer** to Component 2 in their **“Facilitator’s Guides”** in their Implementation Manuals on **Pages 82-87**.

- **Ask** participants to read the goals, core elements, time allowed, list of materials, important considerations, and steps for Component 2.
- **Highlight**
 - There is a table on **Pages 84-86** that gives examples of how the Peer Health Advisor can address each of the condom use errors that were just discussed.
 - Any question that a client answers “yes” to should be addressed.
 - Clients should be given affirmations about the questions that they answer “no” to. However, if they answer “no” to the majority of the questions, choose only a few to give them affirmations about. Giving clients too many affirmations makes the affirmations less meaningful.
 - If a client answers “no” to all of the questions, indicating that he has not made any of the errors listed when using condoms over the past 3 months, ask him what brought him into the clinic that day or whether he uses condoms every time he has sex, and if not, what gets in the way of using one every time. This will help to gather more information about the client’s barriers to correct condom use and will help to ensure that the Peer Health Advisor is giving him useful information. This is also a good way to handle a client who acts very knowledgeable about condoms and sexual health and/or acts like the intervention is a waste of his time.
 - If a client answers “yes” to all of the questions, the Peer Health Advisor may want to do a condom demonstration with the model when reviewing how to overcome all of the condom use errors. It is likely the full 60 minutes will be taken with these clients.



- **Referring** to **Slide 29**, **highlight** in Component 2 that the Peer Health Advisor will
 - **Introduce** the Short Condom Use Survey (SCUS) to the client;
 - **Ask** client to complete the SCUS;

- **Review** SCUS;
- Based on SCUS, **give** the client positive feedback about things he is doing well regarding condom use;
- Based on SCUS, **discuss** client errors and problems with condom use;
- Firmly **establish** that condom use is something that takes practice.



4. **Say**

- *We're now going to show you a short segment from the demonstration video that shows a Peer Health Advisor accomplishing Component 2 with a client.*
- *This segment is less than 10 minutes, which is the time guideline for this component. In a real-world setting it will most likely take the client much longer to complete the survey.*

5. **Show** the video segment of Component 2.

6. After segment, **ask** participants for feedback on what they observed

- *What did you see the Peer Health Advisor do? The client?*
 - Responses may include, the Peer Health Advisor gave affirmations, addressed all errors, gave the client space to complete the survey or didn't hover over him; he restocked the table while the client was filling the survey in, offered to complete the survey with him, etc.
- *What do you think is important about Component 2?*
- *What will be challenging about this? Easy?*

7. **Describe** the activity by **saying**



- *This time in pairs, you will take turns role playing Component 2 as the client and Peer Health Advisor. The trainers will be observing your role plays as you do them.*
- *The person playing the client will be given a continuation scenario for the same client they had when practicing Component 1. Remember to be realistic and not too difficult on a client as everyone is still learning.*
- *Once again, set up two chairs facing each other.*

- *You will have about 10 minutes for each role play and I will call switch when time is up. If you have achieved all the steps of Component 2, you can stop before then.*
- *After each role play the trainer for your group will lead a feedback discussion.*

8. **Distribute** a copy of *Component 2: Observer Feedback Form*.



- **Review** the feedback form with the group.
- The trainer will complete the form while observing the role plays.
- **Ask** if they have any questions about it.

9. **Place** participants into pairs.

- Be mindful when creating pairs, for example, do not put a Peer Health Advisor and his supervisor together.
- You may choose to put a more outgoing participant with a quieter participant.
- Ensure that each participant in the pair has a different client profile than his/her partner so that both participants are not role playing the same client.

10. **Distribute** the appropriate *Component 2: Client Profile* to each participant. Profile should match the client role participants played previously.



- **Tell** the pairs to decide who will go first.

11. **Begin** the first role play.

- After each Peer Health Advisor has addressed the errors on the survey or after 10 minutes **call time**.

12. **Ask** the participants to switch roles and begin the next role play.

- After each Peer Health Advisor has addressed the errors on the survey or after 10 minutes call time.

13. **Provide feedback** on the Peer Health Advisors' performances by asking the following questions to the participants who played the Peer Health Advisors and the Clients



NOTE: Only spend about **8-10 minutes** providing feedback.

- Peer Health Advisor
 - *What did you do well?*
 - *What was challenging?*
- Client
 - *What did the PHA do well?*
 - *What were the PHA's strengths?*
- Trainers should give the person playing Peer Health Advisor **feedback** on what they saw him do well, and what he could improve upon. They should also give the person playing the Peer Health Advisor the completed feedback form.

14. As two smaller groups (or as a large group if both small groups finish at the same time), **process** the activity by **asking** some of the following questions

- *How did it feel to practice Component 2?*
- *What strategies to achieve Component 2 do you think will work best for you?*
- *What do you think will be challenging?*

15. **Transition** to the next activity by **saying**

- *Let's take a break and then we'll look more closely at Component 3: Addressing the client's past issues with using condoms and using a poster to motivate clients.*

Lead into the morning break

BREAK (15 minutes)

Activity 4.3 – Component 3: Problematic Experiences with Condoms and Poster to Motivate Clients



Time 1 hour 15 minutes



Purpose To give participants the opportunity to practice and gain proficiency in achieving Component 3 with clients.



Overview Participants watch a demonstration video of Component 3. Participants review Component 3 in their Facilitator’s Guide and in pairs take turns practicing Component 3 as the Peer Health Advisor and the client. After each role play, the Peer Health Advisor receives feedback.



Materials

- Newsprint, Easel and Markers
- Implementation Manual (Facilitator’s Guide), pages 88-93
- Focus on the Future Demonstration cued to Component 3
- TV
- DVD Player
- Slide #30



Prepared Newspaper

- “Problems with Using Condoms”
- “How to Introduce Condom Use”



Prepare Materials

- Component 3: Role Play Scenarios – 2 copies of each – cut into slips – see Module 4: Trainer Materials and Handouts
- Component 3: Observer Feedback Form – one for each participant – see Module 4: Trainer Materials and Handouts
- HIV Rates, color poster – one for each participant – see Module 4: Trainer Materials and Handouts



Trainer Notes

- Participants can use their Facilitator’s Guide for guidance while role playing the Peer Health Advisor.
- As trainers observing the role play for their groups
 - Do not try to guide the role play.
 - Let participants find their own techniques for each role.

Description

1. Say



- *Now that you've developed a positive rapport with the client, created an environment of respect and trust, and identified and addressed client errors with using condoms, you can move on to Component 3. In this component, the Peer Health Advisor asks the client details about problems he experiences when using condoms. Then the Peer Health Advisor uses a poster displaying the disproportionate HIV rates among African American males as a way to motivate clients to take action by using condoms correctly and consistently.*

2. **Ask** participants



- *What are some problematic experiences or issues that men may have with using condoms?*
 - Responses may include
 - Condoms fit tight or are uncomfortable
 - Good condoms are hard to find
 - Use condoms but still get STDs
 - Girlfriends don't like condoms (causes friction)
 - Don't know how to introduce condoms into relationships
 - Afraid of introducing condoms because it may expose cheating behaviors
 - Interferes with the natural flow of sex
 - Can't feel anything
- **Record** their responses on prepared newsprint.

3. **Say**



- *It is important for the Peer Health Advisor to not agree with the barriers, implying that condoms are problematic for everyone. It is important that the Peer Health Advisor conveys through his body language and tone that the barriers to using condoms are easy to overcome.*
- *A common issue for the clients who participate in Focus on the Future is introducing condoms into steady relationships in which condoms have never been used. Clients have a lot of anxiety about doing this because they don't want their main partner to be suspicious of them having sexual relationships with other people. Introducing condoms into sexual relationships is what we call "condom negotiation."*

- *Peer Health Advisors want to avoid giving advice about how to do this. The best way to support the clients in this task is to present a number of options that the client can use to introduce condoms into their current relationships and they can choose the one that works the best for themselves.*



4. **Ask** participants the following question and **record** their responses on prepared newsprint.

- *What are some options that you can present to the client about how to introduce condoms into current relationships?*
 - Some common responses might be to tell one's partner.
 - You have an STD so you have to use a condom to protect her from acquiring it (if applicable). Ask the client "How bad could it be if you told your main girl that you have an STD?"
 - You want to start using condoms because you love your partner and you learned it's a way to protect her from STDs and unwanted pregnancies.
 - You joined a program and that you've been asked to use condoms as a part of it.
 - You saw a program, advertisement or commercial about how condoms can make sex feel better.
 - You got a bunch of expensive condoms when you went to the doctor and you want to try them. You heard that they can help enhance the sexual experience for your female partner by adding texture and lubrication. They can also help make you last longer.
 - You saw an advertisement in a magazine that said men and women can have herpes with no symptoms. By using a condom they can protect one another.
 - You went the drug store to buy something and there was a guy handing out free condoms.
 - You have a friend who was selling condoms and you bought some to be nice.
 - If participants do not come up with these ideas on their own you can offer them to the group after they have exhausted their own ideas.

5. **Say**

- *Some clients will say that they simply tell their partners that they are using condoms and that's that---no negotiation takes place. For these clients, you can still present some of the options we just discussed or ask him what he would say if his partner refused to use a condom with him. It is important to have a thorough conversation on*

this topic with the client.

6. **Tell** participants that these condom negotiation strategies are outlined in their “**Facilitator’s Guides**” under Step 3 of Component 3 (**Page 91**).

7. **Ask** participants to refer to Component 3 in their “**Facilitator’s Guides**” on **Pages 88-93**.



- **Ask** participants to read the goals, core elements, time allowed, list of materials, important considerations, and steps for Component 3.
- **Referring** to the **Slide 30, highlight** in Component 3 that the Peer Health Advisor will
 - Ask about how frequently the client uses condoms and give him an affirmation.
 - Ask clients to briefly discuss some of their problematic experiences with using condoms.
 - At this point, it is important to discuss how they can introduce condoms into relationships (i.e., condom negotiation).
 - Show the client the HIV Rates poster with National HIV rates broken down by race (show the *HIV Rates Color Poster* at this point).
 - Ask the client what he thinks about these statistics and address his reaction.

8. **Say**



- *We’re now going to show you a short clip from a video that shows a Peer Health Advisor accomplishing Component 3 with a client.*

9. **Show** the video segment of Component 3.

10. After the segment, **ask** participants for feedback on what they observed

- *What did you see the Peer Health Advisor do? The client?*
 - Responses may include: The Peer Health Advisor gave the client many different ideas he can try to overcome his issues, gave affirmations, discussed condom negotiation in a way that he didn’t tell the client what to do
- *How did the Peer Health Advisor react when the client said he didn’t want to tell his partner about his STD?*
- **Tell** participants the following about policies

- *The client disclosing his STD to partners may come up during the session. It is important that Peer Health Advisors talk to their supervisors about state laws and policies and procedures of the agency. It is not the Peer Health Advisor's responsibility to inform the client of the laws or policies about disclosure, however, it is important that they know them so they can refer clients to the right people (e.g., Social Worker) if they need to.*
- *How were condom negotiation strategies (i.e., introducing condoms into relationships) discussed? Did the Peer Health Advisor tell the client what to say to his partners?*
 - Responses may include: The client came up with some, the Peer Health Advisor presented some options, etc.
- *How did the Peer Health Advisor explain the posters to the client?*
 - Responses may include: He stated that they were HIV rates broken down by race for the entire country; he let the client know that 52% of people infected with HIV in the country are African American, etc.
- *What else could the Peer Health Advisor have said to the client about the posters?*
 - Responses may include: (Also listed in the Facilitator's Guide) The risk behaviors that lead to someone getting an STD are similar to the risk behaviors that put someone at risk of getting HIV; although it doesn't appear this way on the charts, more men are infected with HIV than women (75% of all HIV cases are among men and 25% are among women); there is no documented case of a woman transmitting HIV to another woman while having sex. This means that if a woman gets HIV from having sex, she got HIV from a man.
- *How did the Peer Health Advisor address the client's reaction to the poster?*
- **Tell** participants the following
 - *The Peer Health Advisor used the poster as another way to build rapport and bond with the client ("that's why I'm here...").*
 - *The poster was used to create awareness of the collective impact of HIV on the African American community and the need for individual response from the client against HIV—it is not about the numbers specifically.*

- *What do you think is important about Component 3?*
- *What will be challenging about this? Easy?*

11. **Describe** the activity by **saying**



- *This time in pairs, you will take turns role playing Component 3 as the client and Peer Health Advisor. We, the trainers, will be walking around and listening to your role plays as you do them.*
- *The person playing the client will be given a continuation scenario for the same client they had when practicing Components 1 and 2. Remember to be realistic and not too difficult on a client as everyone is still learning.*
- *Once again, set up two chairs facing each other.*
- *You will have about 10 minutes for each role play and I will call switch when time is up. If you have achieved all the steps of Component 3 before then, you can stop.*
- *After each role play the trainer for your group will lead a feedback discussion.*



12. **Distribute** a copy of ***Component 3: Observer Feedback Form***.

- **Review** the feedback form with the group.
- The trainer will **complete** the form while observing the role plays.
- **Ask** if they have any questions about it.

13. **Place** participants into the same pairs as the previous activity.



14. **Distribute** a ***Component 3: Client Profile*** to each participant. Profile should match the client role participants played previously.

- Tell the pairs to decide who will go first.

15. **Begin** the first role play.

- After each Peer Health Advisor has discussed condom experiences, condom negotiation, and showed the posters or after 10 minutes call time.

16. **Ask** the participants to switch roles and begin the next role play.

- After each Peer Health Advisor has addressed the errors on the survey or after 10 minutes **call time**.

17. **Provide feedback** on the Peer Health Advisors' performances by asking the following questions to the participants who played the Peer Health Advisors and the Clients



NOTE: Only spend about **8-10 minutes** providing feedback.

- Peer Health Advisor
 - *What did you do well?*
 - *What was challenging?*
- Client
 - *What did the PHA do well?*
 - *What were the PHA's strengths?*
- Trainers should give the Peer Health Advisor **feedback** on what s/he saw him do well, and what he could improve upon. They should also give the Peer Health Advisor the completed feedback form.

18. As two smaller groups (or as a large group if both small groups finish at the same time), **process** the activity by **asking** some of the following questions

- *How did it feel to practice Component 3?*
- *What strategies to achieve Component 3 do you think will work best for you?*
- *What do you think will be challenging?*

19. **Transition** to the next activity by **saying**

- *After lunch we will look more closely at the fourth component which will show clients why they should never use oil-based lubricants, teach them correct condom use skills, and review condom negotiation strategies.*



Lead into lunch

LUNCH (60 minutes)

Activity 4.4 – Component 4: Baby Oil Experiment and Condom and Lubricant Use Skill-Building



Time 2 hours



Purpose To give participants the opportunity to practice and gain proficiency in correct and consistent condom use and achieving Component 4 with clients.



Overview The trainer does the Baby Oil Experiment and then models correct condom use for the participants. Trainers show a demonstration video of Component 4 for participants. Participants review Component 4 in their Facilitator’s Guide and in pairs take turns role playing Component 4 as the Peer Health Advisor and client. After each role play, the Peer Health Advisor receives feedback.



Materials

- Newsprint, easel, markers
- Focus on the Future Demonstration Video cued to Component 4
- TV
- DVD Player
- Implementation Manual (Facilitator’s Guide), pages 94-101
- 5 Bottles of Baby Oil
- 5-10 Desirable and/or high-end condoms per participant
- 5-10 Desirable and/or high-end 3 to 8 mL water-based lubricant packets per participant
- 1 Anatomically Correct Penile Models for every pair of participants
- 1 Wooden Penile Model
- 6 Rolls of Paper Towels
- 5 Bottles of Hand Sanitizer
- 2 Small tables (if available)
- Slides #31-33



Prepared Newsprint

- “Oil-Based Lubricants”



Prepare Materials

- Component 4: Role Play Scenarios – 2 copies – cut into slips – see Module 4: Trainer Materials and Handouts
- Component 4: Observer Feedback Form – one for each participant – see Module 4: Trainer Materials and Handouts
- Samples of wallet-sized cards (outlining the 8 steps to correct condom use on one side and contact information of the Peer Health Advisor and clinic on the other) – one for each participant – see Module 4: Trainer Materials and Handouts



Trainer's Notes

- Set-up tables so participants can practice applying condoms to penile models.
- Have a small table for each role play so the Peer Health Advisor and client have space to practice applying condoms to models.
- It is essential that the Peer Health Advisor is proficient in applying condoms correctly and consistently as he will be modeling how to do this for the clients. Extra practice time may be required for the Peer Health Advisors.
- Questions may come up during this part of the training include
 1. *How can lubrication make sex better?* Sample answer: By adding a water-based lubricant the odds of the condom drying out on you are next to impossible. If the female is getting dry it can replenish the moistness of her vagina. This will make sex more enjoyable for both you and her.
 2. *Isn't lubrication just for anal sex?* Sample answer: The vagina is loaded with nerves, making it a very sensitive sexual organ. Unfortunately, the vagina can become dry during sex and most women really do not like the feeling of sex when this happens. Thus, water-based lube should be used if the vagina starts to become dry.
 3. *How do I use it?* Sample answer: You can apply some on yourself before putting the condom on or put a few drops in the tip of the condom. Then rub it on the outside of the condom right before intercourse. The first step is optional but the second is a must if you have a water-based lubricant on hand and you plan on having sex for more than just a few quick minutes.
- Participants can use their Facilitator's Guide for guidance while role playing the Peer Health Advisor.

- As trainers observe the role play for their groups
 - Do not try to guide the role play;
 - Let participants find their own techniques for each role.

Description

1. **Say**



- *So now we've developed a connection with the client, learned about what errors he has made with respect to condom use, and about some of the problems that he has had using condoms. Let's take a break from delivering the components so I can show you something cool.*

2. **Perform** the “Baby Oil Experiment.”

- Unroll a condom, blow it up to inflate completely and tie the end.
- Rub some baby oil on the outside of the inflated condom.
- Rub until condom breaks.
- Show participants the shattered pieces of the condom.

3. **Ask** participants

- *Why do you think that happened?*

4. If participants do not come up with the answer on their own, **tell** them



- *Oils cause latex to lose its elasticity and break down. This is why oil-based lubricants should never be used with a latex condom during sexual intercourse. This demonstration is part of Focus on the Future, which means that you will be doing it for every client.*



5. Using the “Oil-Based Lubricants” newsprint, **ask** participants

- *What are some oil-based lubricants that clients may use?*

Some common answers might be

- Baby oil
- Chocolate sauce
- Petroleum jelly (Vaseline ®)
- Hand lotion
- Hair oil

- If participants do not come up with these ideas on their own you can **offer** them to the group after they have exhausted their own ideas.

6. **Explain** that using water-based lubricants is one of the 8 steps to correct condom use.



7. **Hand** participants a *Sample of a Wallet-Sized Card on 8 Steps of Correct Condom Use*.

8. **Say**



- *Each Peer Health Advisor will be given a set of wallet-sized cards with their contact information on one side and the 8 Steps to Correct Condom Use on the back. Now I'm going to model the 8 steps to correct condom use. You can follow along with the steps on the card.*

9. **Demonstrate** the sequence of steps that comprise correct condom use for the client (also on **Slides 31-32**).



- Put the condom on the penile model **describing** and using the following 8 steps to condom use, highlighting the key messages below each step.

1. Put the condom on before sex begins.

- It is important to cover this point because a lot of clients will begin having sex without a condom to get aroused.
- The condom doesn't do you or her any good unless it is always on during intercourse. Some couples are tempted to start having sex then put the condom on sometime later—you should avoid this.

2. Check the expiration date.

- If the condom has expired, it is likely to break so throw it out and get a new one.

3. Open the package without damaging the condom (find the perforated edge).

- It helps to push the condom to one side of the wrapper and rip the wrapper on the opposite side.
- Don't use your teeth.

4. Use a thumb and forefinger to find the top of the condom.

- This is to make sure the condom will roll down on the penis correctly.
- Be careful not to dig your nails in or tear the condom.

- At this point you can add a few drops of lubricant to the inside of the condom to increase warmth and sensitivity. It will also decrease friction between the tip of the penis and the condom. Be careful—adding more than a drop or two can cause the condom to slip off.

5. Pinching the receptacle tip, place the condom on the penis and begin unrolling.

- If you don't pinch and leave space at the tip, the condom could burst because there is no space for the semen to go.
- For those who are uncircumcised, it is best practice to pull the foreskin back before putting on the condom.

6. Unroll the condom to the base of the penis.

- You want to make sure your entire penis is covered. This can be achieved by finding a condom that will give you the right fit and feel.

7. Add water-based lubricant to the outside of the condom during sex on an "as needed" basis (before dryness is experienced).

- Lubrication is not a bad thing. In fact it can help improve the sexual experience for you and your partner. Lubrication practices are an essential aspect of enjoying sex while also using condoms. Lubrication is also essential to reducing friction and thereby averting breakage. Most condoms come with lubrication added but it's rarely enough. Even the best condoms can dry out during sex. It is very important to generously add water-based lubricant to the condom during sex for erotic reasons (from the perspective of both partners, but especially the female partner)—especially when sex lasts for more than 5 or 10 minutes.

8. After sex is over, hold the rim of the condom and withdraw the penis while the penis is still erect.

- Always take precautions to avoid semen spilling onto the genitals, mouth, or rectal opening of the sex partner
- If a condom breaks, sex should stop and a new condom should be used.

10. Say



- *Now in pairs we'd like you to practice correctly applying the condom on the penile model, until you've done it correctly 4 or 5 times.*
- *It is important that you are comfortable touching the water-based lubricant. Water-based lubricant has a natural feeling almost like the moisture and lubrication your*

own body produces. You want to make sure your body language shows that lubricant is natural and not unpleasant. You can do this by acting like having lubricant on your hands is normal and rub it into your skin like lotion.

11. **Hand** each participant a penile model and a variety of condoms and water-based lubricants.

- **Circulate** to each participant to ensure that they are applying the condoms correctly.

12. After 5 minutes, **call time**.

- **Ask** participants
 - *What was it like to do this?*
 - *What was challenging? Easy?*
 - *Was there anything about correct condom use that you found surprising?*

13. **Say**

- 
- *Condoms and lubrication will be put on the models 4 or 5 times during a session. If you see 6 clients per day, that is up to 30 times. The buildup of lubrication makes the models dirty; therefore they should be cleaned with soap and warm water by the Peer Health Advisors at least once a day. If you have time or a sink in the room, try to clean them in between each client.*

14. **Ask** participants to refer to Component 4 in their “**Facilitator’s Guides**” in their Implementation Manuals on **Pages 94-101**.



- **Ask** participants to read the goals, core elements, time allowed, list of materials, important considerations, and steps for Component 4.



- **Referring** to the **Slide 33, highlight** in Component 4 that the Peer Health Advisor will
 - Explain that you are going to demonstrate why oil-based lubricants do not work.
 - Use the blown-up condom as an example of why oil-based lubricants should never be added to condoms.
 - Discuss water-based lubricant.
 - Hand the client a color card that contains the 8 steps to correct condom use.

- Demonstrate the sequence of steps that comprise correct condom use for the client.
- Have the client practice applying the condom to the model and discuss condom negotiation strategies.
- Once the client has achieved a "perfect performance," ask him to repeat the process for at least 2 or 3 repetitions.
- Highlight the importance of using a condom from the beginning to end of sexual intercourse.

15. **Ask** participants

- *What are some strategies you can use if your client is uncomfortable touching the model?*
 - Responses may include: Act comfortable around the model, do not show hesitation or embarrassment when touching it, use a less life-like model (a woody or banana), do a few more demonstrations to normalize it, make sure the model is on the desk when the client walks in so it becomes a normal element of the session, etc.
- *What can you do to prevent having the client refuse to practice putting a condom on the penile model?*
 - Responses may include: Don't give clients the option to practice, just insist that they practice. For example, say "Now you try" or "It's your turn, go ahead."
- *What can you do if the client doesn't want to practice more than once?*
 - Responses may include: Ask the client to apply the condom to the model correctly at least once using the "8 steps to correct condom use" listed on the back of the contact card and then at least twice without referring to the "8 steps to correct condom use" or ask the client to practice using at least 3 of the different brands of condoms you have on the table.
- *How can you make the client feel comfortable touching the lubricant?*
 - Responses may include: Be comfortable touching the lubricant yourself; when opening the lubricant to show clients, empty a liberal amount into your hands; when done using the lubricant, rub it into your hands afterwards, showing clients that lubricant is a good moisturizer as well; have ample napkins or paper towels and hand sanitizer sitting on the table so the client is able to see that he can clean his hands after touching the lubricant.

16. **Say**

- *It is important to not call the model a “dildo.” The model used for the intervention is a medical model that is used only for condom demonstrations and other teaching activities. By calling it a dildo, it may make clients think that it is a sexual toy and they will be uncomfortable touching it.*
- *It is also important to not tell the client what is going to happen to the condom in the baby oil experiment. The demonstration should be done exactly like it is done on the videotape.*
- *Some condoms will burst more quickly than others during the baby oil experiment. You don’t want the condom to take 15 or 20 seconds to burst—it takes away from the surprise of the demonstration. It is important to find one condom that you know will burst relatively quickly during the baby oil experiment and stick to using that one for all demonstrations.*

17. **Say**



- *We’re now going to show you a short clip from a video that shows a Peer Health Advisor accomplishing Component 4 with a client.*

18. **Show** the video segment of Component 4.

19. After segment, **ask** participants for feedback on what they observed.

- *What did you see the Peer Health Advisor do? The client?*
 - Responses may include: The Peer Health Advisor didn’t pressure the client to use the real model.
- *What do you think is important about Component 4?*
- *What will be challenging about this? Easy?*

20. **Describe** the activity by **saying**



- *This time in pairs, you will take turns role playing Component 4 as the client and Peer Health Advisor. We, the trainers, will be walking around and listening to your role plays as you do them.*

- *The person playing the client will be given a continuation scenario for the same client they had when practicing the other components. Remember to be realistic and not too difficult on a client as everyone is still learning.*
- *Once again, set up two chairs facing each other.*
- *You will have about 10 minutes for each role play and I will call switch when time is up. If you have achieved all the steps of Component 4 before then, you can stop.*
- *After each role play the trainer for your group will lead a feedback discussion.*

21. **Distribute** a copy of **Component 4: Observer Feedback Form**.



- **Review** the feedback form with the group.
- The trainer will **complete the form** while observing the role plays.
- **Ask** if they have any questions about it.

22. **Place** participants into the same pairs as earlier.

23. **Distribute** a **Component 4: Client Profile** to each participant. Profile should match the client role participants played previously.



- Tell the pairs to decide who will go first.

24. **Begin** the first role play.

- After each Peer Health Advisor has demonstrated correct condom use and asked the client to do it 3-4 times or after 10 minutes call time.

25. **Ask** the participants to switch roles and begin the next role play.

- After each Peer Health Advisor has demonstrated correct condom use and asked the client to do it 3-4 times or after 10 minutes **call time**.

26. **Provide feedback** on the Peer Health Advisors' performances by asking the following questions to the participants who played the Peer Health Advisors and the Clients



NOTE: Only spend about **8-10 minutes** providing feedback.

- Peer Health Advisor
 - *What did you do well?*
 - *What was challenging?*
- Client
 - *What did the PHA do well?*
 - *What were the PHA's strengths?*
- Trainers should give the Peer Health Advisor **feedback** on what they saw him do well, and what he could improve upon. They should also give the Peer Health Advisor the completed feedback form.

27. As two smaller groups (or as a large group if both small groups finish at the same time), **process** the activity by asking some of the following questions

- *How did it feel to practice Component 4?*
- *What strategies to achieve Component 4 do you think will work best for you?*
- *What do you think will be challenging?*

28. **Transition** to the next activity by **saying**

- *Now let's take a break and then look more closely at the fifth component in which you will bring up the issue of having an adequate supply of good fitting condoms and issues of erection loss.*

Lead into the afternoon break

BREAK (15 minutes)

Activity 4.5 – Component 5: Access and Erection Loss



Time 1 hour



Purpose To give participants the opportunity to practice and gain proficiency in achieving Component 5 with clients.



Overview Trainers lead a brainstorm and then show a demonstration video of Component 5. Participants review Component 5 in their Facilitator’s Guide and in groups take turns role playing Component 5 as the Peer Health Advisor and client. After each role play, the Peer Health Advisor receives feedback.



Materials

- Newsprint, Easel and Markers
- Implementation Manual (Facilitator’s Guide), pages 102-105
- Focus on the Future Demonstration Video cued to Component 5
- Slide #34

Prepared Newsprint

- “Why Erection Loss Happens”
- “Erection Loss Messages”
- “Access to Condoms Messages”

Prepare Materials

- Component 5: Role Play Scenarios – 2 copies of each – cut into slips – each trainer gets one complete set. See Module 4: Trainer Materials and Handouts
- Component 5: Observer Feedback Form – one for each participant – see Module 4: Trainer Materials and Handouts
- Example list of stores in the surrounding area that carry a variety of high-end condoms and lubricants with the address and hours listed – one for each participant – see Module 4: Trainer Materials and Handouts



Trainer Notes

- Participants can use their Facilitator’s Guide for guidance while role playing the Peer Health Advisor.
- As trainers observe the role play for their groups
 - Do not try to guide the role play.
 - Let participants find their own techniques for each role.

Description

1. Say



- *So far you’ve developed a positive rapport with the client, identified and addressed client errors and problematic experiences with using condoms, motivated men to use*

condoms by showing them HIV rates, and built their skills and confidence in correctly using condoms by allowing them to practice. Now is the time to discuss a couple more important issues with the clients: erection loss and having access to good fitting condoms.

2. As a large group, **ask** participants the following question and **record** their responses on prepared newsprint “**Why Erection Loss Happens**”.



- *Why do you think men lose their erections?*
 - Responses may be
 - Illness (diabetes, hypertension, etc.),
 - Stress, anxiety or depression,
 - Alcohol, drug and tobacco use,
 - Some prescription medications, such as antidepressants, pain medicine and medicine for high blood pressure,
 - Fatigue,
 - Distraction (cannot let go and relax),

3. **Explain** the following.

- Condoms do not cause erection loss.
- It is important that Peer Health Advisors tell clients that condoms can actually help stop erection loss from happening as condoms take away the fear and stress of unintended pregnancies or STDs. Sex is a process that includes relaxing and “letting go” in your mind and using condoms can allow couples to do this.
- Peer Health Advisors should also emphasize that “dippin” (when a man’s unprotected penis penetrates a woman vagina a few times during foreplay) is not a safe way to deal with erection loss. STDs can be passed from skin to skin contact; therefore, a condom should always be used.

4. As a large group, **ask** participants the following question and **record** their responses on prepared newsprint “**Erection Loss Messages**”.



- *When it comes to discussing loss of erection with condom use with the clients, what are some important messages that you might want to communicate?*
 - Responses may be
 - Normalize loss of erection, it’s a common issue for many men, not a big deal, happens to everyone;
 - Use the condom as a way to sexualize the experience (not view it as a hassle and the cause of erection loss);

- Don't dwell on it---forget about the erection loss and engage in foreplay and touching, then it will come back;
- Anxiety and worry about unintended pregnancies and STDs/HIV can cause erection loss—using a condom can take this anxiety and worry away;
- Sometimes when having sex, people can become so relaxed that they lose their erections;
- The more comfortable you get with using condoms, the less likely this will happen.

5. As a large group, **ask** participants the following question and **record** their responses on prepared newsprint: **Access to Condoms Messages.**



- *When talking with clients about the importance of having access to condoms, what are some important messages that you might want to communicate?*
 - Responses may be
 - Have a supply of good fitting condoms on hand;
 - Stash them in different places—under the bed, in your socks, etc.;
 - Having a supply increases your chances of using them and protecting your future;
 - Having condoms on you sends a message to your partner that you really care;
 - Find the right shape and size for your needs;
 - Have 2 or 3 condoms on hand during sex in case one breaks;
 - Don't wait until the last minute to buy condoms;
 - Some stores (like gas stations) may not carry condoms that suit your needs.

6. **Ask** participants to refer to Component 5 in their “**Facilitator’s Guides**” in their Implementation Manuals on **Pages 102-105.**



- **Ask** participants to read the goals, core elements, time allowed, list of materials, important considerations, and steps for Component 5.
- **Referring** to the **Slide 34, highlight** in Component 5 that the Peer Health Advisor will
 - Discuss and normalize erection loss.
 - Discuss the importance of planning for sex.
 - Give the client a list of stores that carry a variety of high-end condoms and lubricants with the address and hours listed.

7. **Ask** participants

- *Why is it important to bring up the topic of erection loss at this point in the intervention, even if it hasn't come up as a problem with the clients?*
 - Some common responses may include
 - The issue of erection loss often doesn't come up at the beginning of the session (client may not feel comfortable) so it is best to discuss it at the end when they are more comfortable;
 - If asked about it, they may not admit to having it happen to them so the Peer Health Advisor should discuss it with every client.



8. **Distribute** a copy of the *Example List of Stores* to participants.

- **Explain** that this is a list of stores in the area that carry condoms. Clients will receive this list so they will know where they can get their brand of condom and lubricant when they are running low. The list contains store names, addresses, hours, brands, and prices.
- **Tell** participants that as Peer Health Advisors they need to create a similar list that has the stores in their areas. The Implementation Manual includes a template.



9. **Say**

- *We're now going to show you a short clip from the video that shows a Peer Health Advisor accomplishing Component 5 with a client.*

10. **Show** the video segment of Component 5.

11. After the segment, **ask** participants for feedback on what they observed.

- *What did you see the Peer Health Advisor do? The client?*
- *What do you think is important about Component 5?*
- *What will be challenging about this? Easy?*

12. **Describe** the activity by **saying**



- *This time in pairs, you will take turns role playing Component 5 as the client and Peer Health Advisor. We, the trainers, will be walking around and listening to your role plays as you do them.*

- *The person playing the client will be given a continuation scenario for the same client they had when practicing the other components. Remember to be realistic and not too difficult on a client as everyone is still learning.*
- *Once again, set up two chairs facing each other.*
- *You will have about 5 minutes for each role play and I will call switch when time is up. If you have achieved all the steps of Component 5 before then, you can stop.*
- *After each role play the trainer for your group will lead a feedback discussion.*



13. **Distribute** a copy of *Component 5: Observer Feedback Form*.

- **Review** the feedback form with the group.
- The trainer will **complete the form** while observing the role plays.
- **Ask** if they have any questions about it.

14. **Place** participants into the same pairs as earlier.



15. **Distribute** a *Component 5: Client Profile* to each participant. Profile should match the client role participants played previously.

- Tell the pairs to decide who will go first.

16. **Begin** the first role play.

- After each Peer Health Advisor has discussed erection loss/access issues or after 5 minutes, **call time**.

17. **Ask** the participants to switch roles and begin the next role play.

- After each Peer Health Advisor has demonstrated correct condom use and asked the client to do it 3-4 times or after 5 minutes **call time**.

18. **Provide feedback** on the Peer Health Advisors' performances by asking the following questions to the participants who played the Peer Health Advisors and the Clients



NOTE: Only spend about **8-10 minutes** providing feedback.

- Peer Health Advisor
 - *What did you like?*
 - *What was challenging?*
- Client
 - *How did you feel about the session?*
- Trainers should give the Peer Health Advisor **feedback** on what they saw him do well, and what he could improve upon. They should also give the Peer Health Advisor the **completed feedback form**.

19. As two smaller groups (or as a large group if both small groups finish at the same time), **process** the activity by **asking** some of the following questions

- *How did it feel to practice Component 5?*
- *What strategies to achieve Component 5 do you think will work best for you?*
- *What do you think will be challenging?*

Lead into the next activity: Peer Health Advisor Debrief and Closing

Day 2: Peer Health Advisor Debrief and Closing

 **Time** 15 minutes

 **Purpose** To allow participants to process the day’s activities with one another.

 **Overview** A trainer will lead a discussion about what they are looking forward to, what they think will be challenging, etc.

 **Materials**

- Newsprint, Easel and Markers

 **Prepared Newsprint**

- Write “Pluses” at the top of one side of the newsprint and “Wishes” at the top of the other side. Draw a line down the middle to create two columns.



Trainer Notes

- Trainers should address questions and comments on the “Barber Shop” If there are questions that will be addressed in Day 3 or if there are questions that are not related to this training, let participant know that this question will be researched or answered outside of the training.

Description

1. **Tell** participants that they will end the day with a discussion of their thoughts and feelings about today’s training and their role in the Focus on the Future intervention.
2. The trainers will lead a **discussion** with their group using the questions below. Write responses on newsprint.

- *What do you think about Focus on the Future?*
- *Now that you’ve had time to practice the intervention, what does it mean to be a peer to the clients?*
- *What are you looking forward to?*
- *What do you think will be challenging?*
- *What do you need from your supervisor?*

3. **Review** the Barber Shop with participants.



4. **Introduce** the “Pluses and Wishes” newsprint by **saying**
 - *This activity is an opportunity to provide feedback to us on the day's activities. Focus on what you feel were the pluses of the day and wishes you may have.*
5. Have the group **brainstorm** pluses and minuses for the day.
 - Record responses on the newsprint.
 - Once finished, thank the group for their feedback.

6. **Thank** the participants for a great second day of training and **remind** them of Day 3's starting time.

DAY 3

Day 3 Preparation At-A-Glance

Module and Name	Activity Number and Name	Prepared Newsprint	Materials	Participant Handbook (PH), Handout (H), Trainers Materials (TM) or Implementation Manual (IM)
Welcome and Review of Day 2	None	<ul style="list-style-type: none"> • Barber Shop Newsprint from Day 1 • Participants Expectations on newsprint from Day 1 • Rules of Respect on newsprint from Day 1 	Newsprint, easel, markers	<ul style="list-style-type: none"> • Day 3 Agenda (PH) • Facilitation Do's and Don'ts (PH) • FOF at a Glance (IM)
Module 4: Implementation (Continued from Days 1 and 2)	4.6 Component 6: Fit and Feel	<ul style="list-style-type: none"> • "Condom Fit and Feel" 	Newsprint, easels, markers, Demonstration Video, DVD Player, TV, 400 condoms, 400 packets of water-based lube, 8-12 ditty bags, paper towels, hand sanitizer	<ul style="list-style-type: none"> • Facilitator's Guide (IM) • Comp 6: Scenarios (H) • Comp 6: Observer Feedback Form (H) • Condom Lubricant and Features Worksheet (PH) • Condom and Lubricant Features (H)

Module and Name	Activity Number and Name	Prepared Newsprint	Materials	Participant Handbook (PH), Handout (H), Trainers Materials (TM) or Implementation Manual (IM)
Module 4: Implementation (Continued)	4.7 Putting it All Together	<ul style="list-style-type: none"> • 5 Principles from Day 1 	Newsprint, easels, markers, 400 condoms, 400 packets of water-based lube, 8-12 ditty bags, 8-12 penile models, 4-6 bottles of baby oil, paper towels, hand sanitizer	<ul style="list-style-type: none"> • Facilitator's Guide (IM) • 5 Principles (IM) • FOF at a Glance (IM) • Session Materials Checklist (IM) • Facilitation Do's and Don'ts (PH) • Wallet-Sized Card with Contact Info and Condom Use Steps (H) • HIV Rates Color Poster (H) • Example List of Stores in the Area that Carry Condoms (H) • SCUS (H) • Facilitator's Guide (IM) • FOF Cheat Sheet (H) • FOF Role Play Scenarios (H) • Intervention Observer Feedback Form (H)
Module 5: Pre-Implementation	5.1 Pre-Implementation	None	None	<ul style="list-style-type: none"> • Pre-Implementation (IM)
	5.2 Integrating Focus on the Future into Clinic Flow	None	None	<ul style="list-style-type: none"> • Integrating FOF into Existing Services (IM)
Module 6: Intervention Maintenance	6.1 Intervention Maintenance	None	None	<ul style="list-style-type: none"> • Maintenance (IM)

Module and Name	Activity Number and Name	Prepared Newsprint	Materials	Participant Handbook (PH), Handout (H), Trainers Materials (TM) or Implementation Manual (IM)
Module 6: Intervention Maintenance (Continued)	6.2 Monitoring and Evaluation of FOF	None	None	<ul style="list-style-type: none"> • M&E Guide (IM)
Module 7: Programmatic Implementation Activities	7.1 Programmatic Implementation Activities	<ul style="list-style-type: none"> • “Primary Implementation Issues” 	Newsprint, easels, markers	<ul style="list-style-type: none"> • Implementation (IM)
Module 8: Wrap-up and Closing	8.1 Wrap-up and Closing	<ul style="list-style-type: none"> • Expectations from Day 1 	None	None

Welcome and Review of Day 2



Time 15 minutes



Purpose To welcome participants to Day 3's training session and to review the feedback from Day 2's debriefing session with Peer Health Advisors.



Overview The trainers welcome participants and review the comments from Day 2's feedback session.



Materials

- Newsprint, Easel and Markers
- Implementation Manual (FOF at a Glance), page 68
- Barber Shop Newsprint from Days 1 and 2
- Participants Expectations on newsprint from Day 1
- Rules of Respect on newsprint from Day 1
- Slide #35



Prepared Newsprint

- The 6 Components of FOF (from Activity 2.1)

Participant Handbook

- Day 3 Agenda, page 9
- Facilitation Do's and Don'ts, page 24



Trainer Notes

- Show the training title slide (Slide 35) on screen before training starts.

Description

1. Trainers **welcome** participants to Day 3.
2. **Review** Day 3 agenda in the **Participants Handbook** on **Page 9**.
3. **Review** Day 2 activities by **asking** the following questions
 - *From what we discussed yesterday, what stood out to you the most?*

- *What are you looking forward to learning today?* (refer to and add to expectations if necessary)

4. **Tell** participants that we will be picking up from where we left off yesterday (at Component 6 of the intervention).



- It may be useful to **review** the following at this point to refresh participants
 - The “**Focus on the Future at a Glance**” on **Page 68** of the Implementation Manual.
 - *Facilitation Do’s and Don’ts* on **Page 24** in the Participant Handbook.
 - “**6 Components of FOF**” newsprint



5. **Remind** participants of the purpose of and to use the Barber Shop at the back of the room by **saying**

- *If someone has a question that is not covered in the training at the time or that will be covered later, it will be a good question for the “Barber Shop.” You can also write down questions that you don’t want to ask out loud in front of everyone.*

Module 4: Implementation Continued (10 hours 30 minutes)

Activity 4.6 – Component 6: Fit and Feel



Time 1 hour 30 minutes



Purpose To provide information on the different features of the condoms and lubricants that could be used in Focus on the Future. Provide an opportunity to practice and gain proficiency in achieving Component 6 with clients.



Overview Participants learn about different condom features and lubricants that will be used in Focus on the Future by doing a round robin. Trainers show a demonstration video of Component 6. They will review Component 6 in their Facilitator's Guide and participants take turns practicing Component 6. After each role play, the Peer Health Advisor receives feedback.

Materials



- Newsprint, Easel and Markers
- Implementation Manual (Facilitator's Guide), pages 106-109
- Focus on the Future Demonstration Video cued to Component 6
- TV
- DVD Player
- Slide #36
- 25 condoms per participant, including a total of 15-20 of each type of desirable and/or high-end condom used in Focus on the Future
- 25 lubricant packets per participant, including 15-20 of each type of desirable and/or high-end 3 to 8 mL water-based lubricant packet used in Focus on the Future
- 8-12 small bags (e.g., ditty bag) for clients to put in 25+ condoms and 25+ water-based lubricants
- Paper towels
- Hand sanitizer
- 3 Small Tables



Prepared Newsprint

- "Condom Fit and Feel"

Participant Handbook

- Condom and Lubricant Features Worksheet, pages 25-28



Prepare Materials

- Component 6: Role Play Scenarios – 2 copies of each set – cut into slips – each trainer receives one complete set, See Module 4: Trainer Materials and Handouts
- Component 6: Observer Feedback Form – one for each participant – see Module 4: Trainer Materials and Handouts
- Condom and Lubricant Features – one for each participant – see Module 4: Trainer Materials and Handouts



Trainer Notes

- Before training begins, set up 3 tables/stations around the room with the different condoms and lubricant that will be used in the Focus on the Future program.
 - Place a similar number of different types of condoms and lubrication at each station (e.g., the condoms and lubricants at each station will be different. For example, Trojan ENZ, Beyond Seven and Durex Her Sensation at one station; Lifestyle, Kimono and Trojan Ecstasy at another station, etc.).
 - Have about 15-20 of each type of condom and lubricant at each station.
- Participants can use their Facilitator's Guide for guidance while role playing the Peer Health Advisor.
- As trainers observe the role play for their groups,
 - Do not try to guide the role play;
 - Let participants find their own techniques for each role.

Description

1. Say



- *In the first 5 components you identified and addressed client errors and problematic experiences with using condoms, motivated men to use condoms by showing them HIV rates, built their skills and confidence in correctly using condoms by allowing them to practice, normalized erection loss, and discussed the importance of planning for sex by having a supply of good fitting condoms and lubricant on hand. Now we're*

going to explore the final component, which is helping the clients find condoms and lubricants that meets their needs and to wrap up the session.



2. As a large group, **ask** participants the following question and **record** their responses on prepared newsprint “**Condoms Fit and Feel**”.
 - *When we talk about the clients finding a condom with the right fit and feel, what do you think we mean by “fit and feel” of the condom and why is it important?*
 - Responses may be
 - It feels good when having sex;
 - Not too big so that it falls off;
 - Not too small so that it is too tight and causes discomfort;
 - Appropriate condom shape, for example, has more room at the head or tapered at the bottom;
 - Some are thinner so the man feels more sensations/warmth;
 - Some are thicker which guys might prefer so they do not orgasm as quickly;
 - May be ribbed or textured for his partner’s pleasure;
 - It is important because if it feels good the client is more inclined to use them.

3. **Say**



- *Now we’re going to ask you to break up into small groups. You are going to spend a couple of minutes at each station where you will get to open, touch, feel and learn about each condom and lubricant that will be used in the Focus on the Future program.*

4. **Set up** the activity.

- **Ask** participants to refer to the *Condom and Lubricant Features Worksheet* in their Participant Handbooks on **Pages 25-28**.
- **Tell** participants that it is important that Peer Health Advisors are familiar with the special features of the condoms that will be used in the program.
- **Tell** participants that they will be recording the special features about the product on the worksheet.
- **Clarify** that special features refers to anything that stands out about the product that makes it unique or appealing to someone.

5. **Divide** participants into three groups.
 - **Assign** each small group to a different station and **begin** the activity.
 - Allow groups approximately 5 minutes to complete the activity at this station.
6. After 5 minutes, call time and ask groups to **rotate** to another station.
 - Allow groups another 4 minutes to complete the worksheet for this station.
7. After 5 minutes, call time and ask groups to **rotate** to the final station.
 - Allow the groups another 4 minutes to complete the worksheet for this station.
 - Once all groups have visited each station, **ask** participants to sit down.
8. **Process** the activity by **asking**
 - *What was different about the condoms? Lubes?*
 - Some responses may include
 - Shape,
 - Size,
 - Texture,
 - Appealing packaging.
 - *Why might a client choose a certain product?*
 - *Why is it so important to let clients open and touch different condoms?*
 - **Explain** that often men buy the condom that they know; they are expensive and can be risky (e.g., they might be expensive or they may not know if they will like them). This gives men a chance to experiment.
 - *What are some messages you might want to communicate about the different condoms so the client finds one with the right fit and feel?*
 - Some responses may include
 - If the condom is too big it won't feel good or protect you because it may slip off,
 - Different men have different shapes and sizes; condoms come in different shapes and sizes too,
 - Don't limit yourself to just one condom; there may be different types that fit and feel good,
 - There is a condom out there for everyone,
 - Flavored condoms are a great way to protect against getting an STD from having oral sex.



9. **Distribute** a copy of *Condom and Lubricant Features* and **say**

- *This is a resource for the Peer Health Advisors to refer to when describing the features of each condom and lubricant.*
- *The Peer Health Advisor can use it with clients until he is comfortable talking about the important features of each product that will help the clients find the ones with the right fit and feel for their needs.*
- *It is important that Peer Health Advisors do not show a preference for one condom over another. That preference can impact the condoms that the client decides to take home. The features of all the condoms should be described with equal enthusiasm and the client should make the decision which condoms that he wants to try on his own.*

10. **Tell** participants about polyurethane condoms and how they are used in Focus on the Future.

- *Some men have an allergy to latex. For these men, polyurethane condoms are a good alternative.*
- *Polyurethane condoms tend to be the same width and thickness as latex condoms.*
- *They are less elastic than latex condoms and may be more likely to slip or break than latex.*
- *Polyurethane condoms are also significantly more expensive than latex condoms.*
- *Many men think they have an allergy to latex, but in actuality, they haven't found a latex condom with the right fit and feel or they aren't using a water-based lubricant. Women may think they are allergic to latex but it may be because they aren't using a water-based lube. So it is the friction from not having enough lubrication, not the latex, that causes irritation.*
- *Polyurethane condoms should only be distributed in the Focus on the Future program if a client says that a doctor or nurse has told him that he has an allergy to latex. This is because there is a very limited supply due to the high cost of these condoms.*

Because the few men who fall into this category will not be receiving a variety of condoms, tell them to take 10-15 condoms (as opposed to 25+).

11. **Ask** participants to refer to Component 6 in their “Facilitator’s Guides” in their Implementation Manuals on **Pages 106-109**.



- **Ask** participants to read the goals, core elements, time allowed, list of materials, important considerations, and steps for Component 6.



- **Referring** to **Slide 36**, review Component 6 as a group, **highlighting** that the Peer Health Advisor will
 - Redirect the client’s attention to the table with the condoms and water-based lubricants.
 - Invite the client to open and touch any condoms he didn’t get to feel when he practiced correct condom use skills.
 - Provide instruction regarding selecting the condoms that will give the client the best fit and feel.
 - Invite the client to fill a small bag with any condoms he chooses.
 - Show the client a variety of lubricants that are water-based.
 - Invite the client to fill the small bag with lubricants he chooses.
 - Summarize key messages.
 - Ask the client one thing he will remember and to share information with a friend.
 - Highlight your contact information on the back of the 8 steps to correct condom use.
 - Thank the client for coming to talk with you and helping to reduce HIV rates in his community.

12. **Explain** why a client might call the Peer Health Advisor

- Clients will be given a card with the Peer Health Advisor’s contact information on it. Clients may call for the following reasons
 - To ask if the intervention can be presented to a group outside of the clinic (in this case the Peer Health Advisor should talk with his supervisor about agency policies);
 - To answer STD-related questions (depending on the questions being asked, the client may need to be referred to someone else at the clinic);
 - To ask questions related to condom use;
 - To ask where he can get more free condoms.



13. **Say**

- *We're now going to show you a short clip from a video that shows a Peer Health Advisor accomplishing Component 6 with a client.*

14. **Show** the video segment of Component 6.

15. After the segment, **ask** participants for feedback on what they observed

- *What did you see the Peer Health Advisor do? The client?*
 - Responses may include: The Peer Health Advisor was comfortable opening and touching the condoms and lube himself; he encouraged the client to open and touch all the condoms; The client was excited to learn about condoms and to choose some for himself.
- *What do you think is important about Component 6?*
- *What will be challenging about this? Easy?*

16. **Say**

- *It is important that only those clients who complete the entire intervention receive the bag with the free condoms and lubricants. This means that you must have discussed condom use errors and condom negotiation strategies, reviewed the HIV rates poster, practiced correct condom use 3 or more times, discussed erection loss and the importance of always having a good supply of condoms on hand, and reviewed the features of all of the condoms and lubricants.*
- *Rare cases when the client may not be eligible to receive the free condoms and lubricants include*
 - *Clients who absolutely refuse to practice correct condom use on the penile model. In this case, the Peer Health Advisor should thank the client for coming in and end the session.*
 - *Clients who leave in the middle of a session.*
 - *Clients who disclose that they are HIV-positive during the session. In this case, the Peer Health Advisor should thank the client for coming in and end the session.*

- *Clients who appear to be very hostile, drunk, high, suicidal or violent. In this case, the Peer Health Advisor should thank the client for coming in and end the session.*

17. **Describe** the activity **by saying**



- *This time in pairs, you will take turns role playing Component 6 as the client and Peer Health Advisor. We, the trainers, will be walking around and listening to your role plays as you do them.*
- *The person playing the client will be given a continuation scenario for the same client they had when practicing the other components. Remember to be realistic and not too difficult on a client as everyone is still learning.*
- *Once again, set up two chairs facing each other.*
- *You will have about 10 minutes for each role play and I will call switch when time is up. If you have achieved all the steps of Component 6 before then, you can stop.*
- *After each role play the trainer for your group will lead a feedback discussion.*

18. **Distribute** a copy of **Component 6: Observer Feedback Form**.



- **Review** the feedback form with the group.
- The trainer will **complete the form** while observing the role plays.
- **Ask** if they have any questions about it.

19. **Place** participants into the same groups.

20. **Distribute** a **Component 6: Client Profile** to each participant. Profile should match the client role participants played previously.



- Tell the pairs to decide who will go first.

21. **Begin** the first role play.

- After each Peer Health Advisor has gone through all of the condoms and closed the session or after 10 minutes **call time**.

22. **Ask** the participants to switch roles and begin the next role play.
- After each Peer Health Advisor has gone through all of the condoms and closed the session or after 10 minutes **call time**.
23. **Provide feedback** on the Peer Health Advisors' performances by asking the following questions to the participants who played the Peer Health Advisors and the Clients.



NOTE: Only spend about **8-10 minutes** providing feedback.

- Peer Health Advisor
 - *What did you do well?*
 - *What was challenging?*
 - Client
 - *What did the PHA do well?*
 - *What were the PHA's strengths?*
 - Trainers should give the Peer Health Advisor **feedback** on what they saw him do well, and what he could improve upon. They should also give the Peer Health Advisor the completed feedback form.
24. As two smaller groups (or as a large group if both small groups finish at the same time), process the activity by **asking** some of the following questions
- *How did it feel to practice Component 6?*
 - *What strategies to achieve Component 6 do you think will work best for you?*
 - *What do you think will be challenging?*
25. **Transition** to the next activity by **saying**
- *Now that we've reviewed and practiced each of the objectives individually, we're going to take a break and then put it all together and spend some time practicing the entire 45 to 60 minute intervention together.*



Lead into the morning break

BREAK (15 minutes)

Activity 4.7 – Putting it All Together



Time 2 hours



Purpose To give participants the opportunity to practice and gain proficiency in achieving all 6 components with clients.



Overview Participants review the entire intervention in their Facilitator's Guide and in groups take turns role playing the entire intervention in pairs as the Peer Health Advisor and client. After each role play, the Peer Health Advisor receives feedback.



Materials

- Newsprint, Easel and Markers
- Implementation Manual (Facilitator's Guide), pages 75-109
- Implementation Manual (5 Principles), page 12
- Implementation Manual (FOF at a Glance), page 68
- Implementation Manual (Session Materials Checklist), page 70
- 5 Principles of Focus on the Future on newsprint from Day 1
- 25 desirable and/or high-end condoms that are used in Focus on the Future per participant
- 25 desirable and/or high-end 3 to 8 mL water-based lubricant packets that are used in Focus on the Future per participant
- 8-12 small bags (e.g., ditty bag) for clients to put in 25+ condoms and 25+ water-based lubricants
- 8-12 penile models (equal mix of anatomically correct and wooden models)
- 4-6 Bottles of Baby Oil
- 6 Rolls of Paper Towels
- 4-5 Bottles of Hand Sanitizer
- 2 Small Tables

Participant Handbook

- Facilitation Do's and Don'ts, page 24



Prepare Materials

- HIV Rates, color poster – one per participant – see Module 4: Trainer Materials and Handouts

- 8 Steps to Correct Condom Use and contact information of the Peer Health Advisor and clinic- wallet-sized cards – see Module 4: Trainer Materials and Handouts
- Sample list of stores in the surrounding area that carry a variety of high-end condoms and lubricants with the address and hours listed, and prices – one per participant – see Module 4: Trainer Materials and Handouts
- Short condom use survey (SCUS) – one per participant – see Module 4: Trainer Materials and Handouts
- Focus on the Future Cheat Sheet – one per participant – see Module 4: Trainer Materials and Handouts
- Focus on the Future Role Play Scenarios – 6 copies – cut into slips – see Module 4: Trainer Materials and Handouts
- Intervention Observer Feedback Forms – two per participant (one for the trainer to complete and one for the participant) – see Module 4: Trainer Materials and Handouts



Trainer Notes

- Prepare the room so up to 4 to 6 role plays can be taking place at one time. Each role play area should include two chairs and a small table. Participants will be gathering the rest of the necessary materials needed for role play.
- In this activity, trainers will be observing multiple role plays at the same time. Make sure to rotate and listen to 1-2 minutes of each component for each pair in order to give them sufficient feedback.
- Time for this practice session is 120 minutes. Two practice sessions for Peer Health Advisors in pairs, 45 minutes each, is 90 minutes, with 30 minutes left for both Peer Health Advisors to gather materials for their practice session and for trainers' feedback.
- Participants can use their Facilitator's Guide for guidance while role playing the Peer Health Advisor.
- As trainers observe the role play for their groups
 - Do not try to guide the role play.
 - Let participants find their own techniques for each role.

Description

1. Say



- *Now that we've walked through each of the components of Focus on the Future we're going to practice putting it all together. All of the Peer Health Advisors will have the chance to deliver the entire Focus on the Future session and will continue to receive feedback from others.*
- *The Focus on the Future intervention session is 45 minutes to the least and 60 minutes to the most for each client.*
- *You will take turns role playing the entire intervention session as the Peer Health Advisor. The person playing the client will be given a short scenario that includes his name and experience at the clinic thus far.*
- *Participants will practice in pairs and will conduct their sessions simultaneously, in the interest of time.*
- *Each trainer will be assigned 2 or 3 pairs to observe at once.*
- *You will be working with a different partner than you were in the previous role plays.*
- *The trainer will use an Intervention Observer Feedback Form to provide coaching and support to the Peer Health Advisor regarding how well he does in achieving all of the components with the client.*

2. Referring to the Implementation Manual, briefly review



- Each of the 6 components of Focus on the Future by referring to the "Focus on the Future at-a-Glance" on **Page 68** by saying
 - *In Component 1, the Peer Health Advisor meets the client, starts an informal conversation to make the client feel comfortable, gets to know the client, and introduces the goal of the session.*
 - *In Component 2, the Peer Health Advisor asks the client to complete a survey that will give him insight into the errors the client makes when using condoms. The errors are addressed and misconceptions are rectified.*

- *In Component 3, the Peer Health Advisor asks the client about any negative experiences that he has had when using condoms, they discuss what they can say to introduce condoms into relationships, and the Peer Health Advisor show the client a poster with HIV rates to motivate him to use condoms.*
 - *In Component 4, the Peer Health Advisor shows the client how to properly apply a condom using a penile model and then the client practices applying the condom 3 or 4 times. The goal is to get the client to become a PCU (“professional condom user”), which means he can always put a condom on correctly, even if he is in the dark and has had a few drinks. The clients love the term PCU, so you can explain it to them during the intervention.*
 - *In Component 5, the Peer Health Advisor talks about erection loss and the importance of planning ahead for sex by always having condoms on hand.*
 - *In the final component, Component 6, the Peer Health Advisor and the client go through each condom and lube, discussing the features of each. The client takes 25 or more condoms and packets of lube and the Peer Health Advisor closes the session by asking the client to pass on information to a friend.*
- The “5 Principles of Focus on the Future” on **Page 12**.



3. **Distribute** a copy of the *Focus on the Future Cheat Sheet* to each participant.
 - **Explain** that participants can use the cheat sheet during their role play to remember the different components of the intervention. They can set it in front of them during the role play.
 - **Highlight** that it is a very brief summary of the intervention and should not be used on a consistent basis. The Facilitator’s Guide should be used consistently.
4. **Referring** to Participant Handbook, briefly **review**
 - The *Facilitation Do’s and Don’ts* on **Page 24**.
5. Trainers will have enough copies of the *Intervention Observer Feedback Forms* for each participant they will observe as Peer Health Advisors. **Write** each participant’s name on the top of one of the forms. That will be the form used to note how well they provided the 6 components and to **provide feedback**.



- **Distribute** a copy of the feedback form to each participant.
- **Review** the feedback form with the group.
- **Explain** that the trainers will be using this form to give feedback to the Peer Health Advisor (not the client).
- **Ask** if they have any questions about it.

6. **Divide** the group into new pairs (different from the previous role plays).

- Trainers **decide** which pairs they will be responsible for observing. Each trainer should be observing the same number of pairs (e.g., two pairs per trainer).
- Trainers should take their pairs to different sides of the room so it is easy to rotate from group to group to listen to their role play. Trainers should circulate from pair to pair so that they are able to observe each participant delivering part of each component.



7. **Tell** participants to use the “**Session Materials Checklist**” in their Implementation Manual on **Page 70** to gather all of the materials that they need to implement the intervention.

- **Explain** that they may want to create a checklist for themselves with a list of all of the supplies for the intervention and the condoms and lube that their agency is using so they can do a quick restocking of supplies between facilitating sessions with clients.
- **Highlight** that the way that they set up their room will make an impression on the client. Setting up the table with all of the supplies and making the room inviting will make the client feel more comfortable.



8. **Distribute** a different *Focus on the Future: Client Profile scenario* to each Peer Health Advisor.

- **Tell** them the participant with Client Profile #1 to play the client first.
- The participant with Client Profile #2 to be the Peer Health Advisor first.

9. **Begin** the first role play.

- After 30 minutes, give a 15 minute **warning**.
- After 45 minutes **call time**.

10. **Reconvene** as a large group to **debrief** the role plays. **Ask**



NOTE: Only spend about **10-15 minutes** processing and discussing feedback as a large group.

- *To the people who played the client, what is one thing your Peer Health Advisor did well?*
- *To the people who played the Peer Health Advisor, what is one thing you did well? What is one thing you would do differently?*
- Using your notes on the **Intervention Observer Feedback Forms**, each trainer **summarizes** for the group what they saw the Peer Health Advisors do effectively and what they could do to improve.

Break for lunch

LUNCH (60 minutes)

11. **Tell** pairs to switch and **repeat** this process (i.e., gathering materials, implementing the 6 components, and feedback) so all participants get a chance to be the Peer Health Advisor and client.

- **Set-up** for the second role play will take approximately 5 minutes and the role play will take approximately 45 minutes.

12. **Reconvene** the large group and **process** the activity by **asking** some of the following questions

- *How did it feel to do this practice exercise?*
- *What surprised you while doing the intervention session?*
- *What strategies to achieve the 5 principles do you think will work best for you?*
- *What do you think will be easy? Challenging?*
- *What can supervisors do to support the Peer Health Advisors in successfully implementing Focus on the Future with each client who is recruited?*

13. **Summarize** Module IV and **transition** to Module V.

- **Say**



- *So far we've learned how to facilitate the Focus on the Future intervention. However, there is more to implementing the intervention than just facilitating the session. So now we're going to talk about other aspects of implementing Focus on the Future in a clinic.*
- *Does anyone have any questions about this part of the training?*

MODULE 4

Trainer's Materials and Handouts

Component 1: Role Play Scenarios

Client Profile 1

It is a busy day at the clinic and most clients are waiting over an hour to see someone. James is 22 years old and has just been diagnosed with gonorrhea. He has agreed to participate in Focus on the Future, however, he is irritated that he has to stay longer at the clinic and very angry about his diagnosis. He tells the Peer Health Advisor that he has gonorrhea and asks him what that means.

Client Profile 2

It is a busy day at the clinic and most clients are waiting over 2 hours to see someone. The Peer Health Advisor is told by the front desk staff that there is someone eligible to participate in Focus on the Future in the waiting room. His name is Damien, he is 28 years old, is a regular at the clinic, and he suspects that he has an STD. The Peer Health Advisor has spoken with him and he has agreed to participate in Focus on the Future while he is waiting to see a doctor or nurse.

Client Profile 3

It is a busy day at the clinic and most clients are waiting over an hour to see someone. Romeo is 18 years old, has just been diagnosed with syphilis, and is waiting for his rapid HIV test results. The nurse asked him to speak with the Peer Health Advisor while he is waiting for his results. He is reluctant because he has already been at the clinic for nearly 2 hours but agrees to speak with him.

Client Profile 4

There is a long wait for clients to see a doctor or nurse at the clinic today and the front desk staff has been advised to ask eligible clients if they would like to participate in Focus on the Future. Tom, who is 24 years old, has agreed to participate in Focus on the Future and is happy to have something to do while waiting to see the doctor about his suspected STD.

Client Profile 5

Aston, who is 29 years old, was asked by clinic staff to come in to be tested for an STD because one of his partners tested positive for an STD at that clinic. She gave the clinic staff his name so they could contact him. He is very angry about being at the clinic and gets even more upset when he sees the full waiting room. He has agreed to participate in Focus on the Future after he was diagnosed and treated for an STD. He is upset and frustrated but believes this program will help him learn how to protect himself in the future.

Client Profile 6

Henry, who is 26 years old, entered the clinic and reported symptoms of an STD. The receptionist asked him if he would like to meet the Peer Health Advisor to get some free condoms and lube and he agreed. He is feeling very down about his situation. He has a girlfriend who he cares about a lot but had too much to drink over the weekend and hooked up with a female bartender at a club that he goes to regularly.

Component 1: Role Play Scenarios for Peer Health Advisor

Client Profile 1 – Peer Health Advisor Info

It is a busy day at the clinic and most clients are waiting over an hour to see someone. James spoke with the nurse after being diagnosed with an STD and agreed to participate in Focus on the Future.

Client Profile 2 – Peer Health Advisor Info

It is a busy day at the clinic and most clients are waiting over 2 hours to see someone. You (the Peer Health Advisor) have gone into the waiting room and recruited Damien to participate in FOF while he is waiting to see a doctor or nurse.

Client Profile 3 – Peer Health Advisor Info

It is a busy day at the clinic and most clients are waiting over an hour to see someone. The nurse asked Romeo to speak with you while he is waiting for his STD results.

Client Profile 4 – Peer Health Advisor Info

There is a long wait for clients to see a doctor or nurse at the clinic today and the front desk staff has been advised to ask eligible clients if they would like to participate in Focus on the Future. Tom has agreed to participate in Focus on the Future.

Client Profile 5 – Peer Health Advisor Info

The doctor spoke to Aston and he has agreed to participate in Focus on the Future after he was diagnosed and treated for an STD.

Client Profile 6 – Peer Health Advisor Info

Henry has just walked into the clinic and was asked by the front desk staff to go to your room to meet with you. He has reported symptoms of an STD.

Component 1: Observer Feedback Form

Peer Health Advisor's Name: _____

For each skill area, check the appropriate box:

V = Very Well Done

E = Effective

N = Needs Development

Steps of Component 1	V	E	N
Introduces self to client.			
Establishes an initial rapport and gets the client in a trusting mood by using "small talk."			
Casually inquires about the client's frequency of condom use and gives affirmations.			
Describes the goal of the session, reinforcing that this is a non-judgmental environment.			

Communications Skills	V	E	N
Uses a clear voice			
Makes appropriate eye contact			
Uses an open body language and relaxed posture			
Avoids distracting behaviors			
Smiles			
Is confident and prepared for the discussion			

Additional Comments:

Component 2: Role Play Scenarios

Client Profile 1

James is 22-years-old and has just been diagnosed with gonorrhea. The Peer Health Advisor was able to establish a good rapport with him in the first 5 minutes of the program, although he is still upset about his diagnosis and wait at the clinic. When he uses condoms, the errors that he most often makes are not unrolling the condom all the way, taking the condom off before sex is over, the condom breaks, and the condom does not fit right. Answer “Yes” to questions 4, 10, 11, and 13 of the SCUS.

Client Profile 2

Damien is 28-years-old and hasn't been in to see the doctor yet, however, he suspects that he has an STD. The Peer Health Advisor has been able to establish a good connection with him in the first 5 minutes of the program so Damien feels content and comfortable. When he uses condoms, the errors that he most often makes are using a dry condom, losing his erection once the condom was on and sex has begun, the condom breaks, and he uses the same condom for different acts of sex. Answer “Yes” to questions 6, 8, 11, and 15 of the SCUS.

Client Profile 3

Romeo is 18-years-old, has just been diagnosed with syphilis, and is participating in Focus on the Future while waiting for his rapid HIV test results. The Peer Health Advisor was able to establish a good rapport with him in the first 5 minutes of the program, although he still visibly anxious about his recent syphilis diagnosis and upcoming HIV test results. When he uses condoms, the errors that he most often makes are putting a condom on when his penis is not fully erect, losing his erection while putting on a condom, starting to have sex without a condom, and having condoms slip off during sex. Answer “Yes” to questions 2, 7, 9, and 12 of the SCUS.

Client Profile 4

Tom is participating in Focus on the Future before going to see the nurse or doctor and is happy to have something to do while waiting to see the doctor about his suspected STD. He has developed a great rapport with the Peer Health Advisor. When he uses condoms, the errors that he most often makes are that he lets condoms touch sharp objects, he flips condoms over when putting them on, he does not leave a space at the tip of the condom, and his condoms often break. Answer “Yes” to questions 1, 3, 5, and 11 of the SCUS.

Client Profile 5

Aston was just diagnosed and treated for an STD. He is upset and frustrated but believes this program will help him learn how to protect himself in the future. The Peer Health Advisor is having a hard time breaking through his shell in order to build a rapport. When he uses condoms, the errors that he most often makes are that he uses oil-based lubricants and the condom breaks. Answer “Yes” to questions 11 and 14 of the SCUS.

Client Profile 6

Henry believes he has an STD and is waiting to see the doctor to get a diagnosis. He feels very guilty about cheating on his girlfriend and feels very badly about the fact that he may have an STD. When he uses condoms, the errors that he most often makes are that he unrolls the condom all the way before putting it on and often does not wear the condom for the entire duration of sex. Answer “Yes” to questions 4, 9 and 10 of the SCUS.

Component 2: Observer Feedback Form

Peer Health Advisor's Name: _____

For each skill area, check the appropriate box:

V = Very Well Done

E = Effective

N = Needs Development

Steps of Component 2	V	E	N
Introduces the Short Condom Use Survey (SCUS) to the client.			
Asks the client to complete the SCUS.			
Reviews SCUS.			
Based on SCUS, gives the client positive feedback about things he is doing well regarding condom use.			
Based on SCUS, discusses client errors and problems with condom use.			
Firmly establishes that condom use is something that takes practice.			

Communication Skills	V	E	N
Uses a clear voice			
Does not show judgment towards the client			
Makes appropriate eye contact			
Uses an open body language and relaxed posture			
Avoids distracting behaviors			
Smiles			
Is confident and prepared for the discussion			

Additional Comments:

Condom Use Survey

Check (✓) “yes” or “no” to the following questions.

Question	Yes	No
1. In the past 3 months, did you ever let a condom you were using touch sharp jewelry, fingernails or teeth?		
2. In the past 3 months, did you ever try to put a condom on when your penis was not fully erect/stiff?		
3. In the past 3 months, did you ever put the condom on your penis with the wrong side up and then have to flip it over before you could use it?		
4. In the past 3 months, did you ever completely unroll the condom before putting it on your penis?		
5. In the past 3 months, did you ever forget to hold the tip of the condom to leave a space before rolling it down to the base of your penis?		
6. In the past 3 months, did you ever use a dry condom? (For example, the condom was non-lubricated and you did not add any lubricant like KY Jelly)		
7. In the past 3 months, have you ever had any problems with losing your erection while putting on a condom?		
8. In the past 3 months, did you ever have any problems with losing your erection once the condom was on and sex had begun?		
9. In the past 3 months, did you ever start having sex without a condom and then pull out and put one on?		
10. In the past 3 months, did you ever start having sex with a condom on and then take it off before sex was over?		
11. In the past 3 months, did the condom you were using ever break during sex?		
12. In the past 3 months, did the condom you were using ever slip off during sex?		
13. In the past 3 months, did you ever have a problem with the way a condom fit or felt on you? (For example, you felt it was too small or too large, the wrong shape, caused skin irritation, or you/your partner couldn't feel anything with it on)		
14. In the past 3 months, did you ever lubricate a condom with lotion, Vaseline, baby oil, massage oil or any other kind of non-water based lubricant?		
15. In the past 3 months, did you ever have one kind of sex with the condom on before switching to another kind of sex, while still using the same condom (e.g., switching between vaginal and anal, or oral and vaginal, etc.)?		

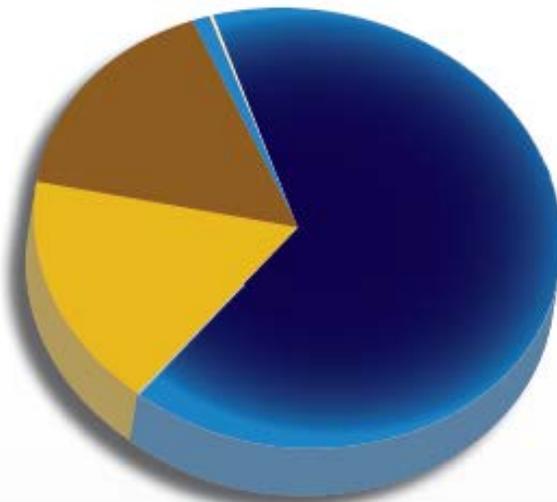
NATIONAL HIV RATES



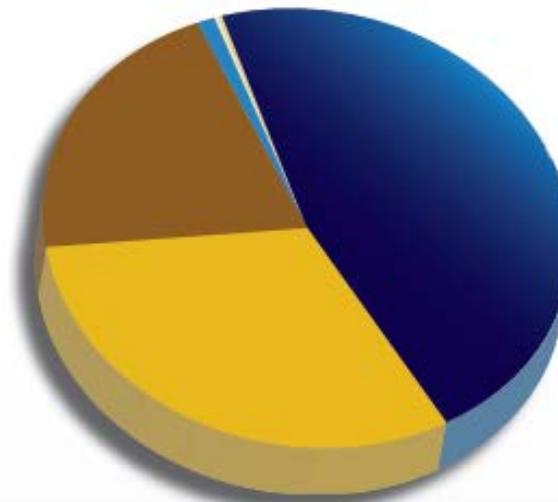
FOCUS
— ON THE —
FUTURE

FEMALES

MALES



African-American females made up
66% of all new HIV cases
amongst females in the USA in 2009.



African-American males made up
46% of all new HIV cases
amongst males in the USA in 2009.

LEGEND



Component 3: Role Play Scenarios

Client Profile 1

James is 22-years-old and has just been diagnosed with gonorrhea. The Peer Health Advisor was able to establish a good rapport and has addressed his condom use errors. His main problematic experience with using condoms is that the condoms ruin sex as they dry things out and cause him to lose his erection. Also, he is casually dating 3 women and one man right now and thinks it would be awkward to introduce condoms into these current relationships.

Client Profile 2

Damien is 28-years-old and hasn't been in to see the doctor yet, however, he suspects that he has an STD. The Peer Health Advisor has been able to establish a good connection with him and has addressed his condom use errors. His main problematic experience with using condoms is that his current girlfriend will suspect that he is cheating on her if he suddenly wants to start using condoms with her. He has hooked up with some of his ex-girlfriends over the last few months and suspects he got his STD from one of them.

Client Profile 3

Romeo is 18-years-old, has just been diagnosed with syphilis, and is participating in Focus on the Future while waiting for his rapid HIV test results. The Peer Health Advisor is finding it challenging to establish a good rapport with him as he is still very frustrated and agitated that he has an STD. His main problematic experience with using condoms is that he loses his erection once he puts a condom on and it's very embarrassing for him. His new girlfriend has also said that she prefers it if he doesn't use a condom.

Client Profile 4

Tom and the Peer Health Advisor have established a great rapport. He currently has 14 sex partners. When he uses condoms, the condom often breaks and this is very frustrating and embarrassing for him. Instead of talking about his issues with condoms he would rather talk with the Peer Health Advisor about anything else, such as how attractive the woman who works at the front desk of the clinic is, the latest news in sports, or where the closest deli is because he is hungry.

Client Profile 5

Aston is still quite angry about the fact that he was just diagnosed with an STD. He is seeing five women right now who all think he is not seeing anyone else. He is very hesitant to introduce condoms into any of these relationships because he cares about all of these women and doesn't want to ruin the good thing he has going.

Client Profile 6

Henry is still feeling bad about cheating on his girlfriend and possibly having an STD. He hasn't had sex with his girlfriend since last weekend (when he cheated and believes he contracted an STD). He knows he needs to begin using condoms with his girlfriend but has no idea how to introduce them into the relationship.

Component 3: Observer Feedback Form

Peer Health Advisor's Name: _____

For each skill area, check the appropriate box:

V = Very Well Done

E = Effective

N = Needs Development

Steps of Component 3	V	E	N
Asks clients about is frequency of condom use and gives him an affirmation.			
Asks clients to briefly discuss some of their problematic experiences with using condoms.			
Discusses how client can introduce condoms into relationships (i.e., condom negotiation).			
Shows the client the poster with National HIV rates broken down by race (show the <i>Laminated Color Poster</i> at this point).			
Asks the client what he thinks about these statistics and addresses his reaction.			

Communication Skills	V	E	N
Uses a clear voice			
Does not show judgment towards the client			
Makes appropriate eye contact			
Uses an open body language and relaxed posture			
Avoids distracting behaviors			
Smiles			
Is confident and prepared for the discussion			

Additional Comments:

Contact card



8 STEPS for CONDOM SUCCESS

- 1 Put the condom on BEFORE sex
- 2 Check the expiration date
- 3 Open the package without damaging the condom
- 4 Find the top of the condom
- 5 Pinch the tip and roll it down
- 6 Roll all the way to the base of the penis
- 7 Add water-based lubricant to the condom, before and during sex as needed
- 8 After you are finished, hold the rim of the condom and withdraw the penis



Become a CONDOM PRO

CORRECT & CONSISTENT CONDOM USE SAVES LIVES

QUESTIONS?

Ivy Wilson
HEALTH EDUCATOR
212.###.####

REMEMBER:

- ◆ Respect yourself and your partners
- ◆ Make condom use part of your routine
- ◆ Find 'your brand' and stick with it
- ◆ Use a new condom every time

Component 4: Role Play Scenarios

Client Profile 1

James and the Peer Health Advisor have a good rapport. He is fairly open to learning what the Peer Health Advisor is sharing with him. He is pretty comfortable with the idea of touching a penile model, condoms, and lube around another man.

Client Profile 2

Damien and the Peer Health Advisor have a good rapport. He is open to learning what the Peer Health Advisor is sharing with him, however, is a little uncomfortable with the idea of touching a penile model, condoms, and lube around another man.

Client Profile 3

Romeo is still very frustrated and angry that he has been diagnosed with an STD. He has been fairly open to what the Peer Health Advisor has been saying but wants to get out of the room in a hurry. He is not interested in practicing putting condoms and lube on a penile model. He knows how to do it and he sees practicing as a waste of time.

Client Profile 4

Tom and the Peer Health Advisor have a great rapport. Tom loves touching new things and is very excited to practice putting condoms and lube on a penile model. He gets distracted often and likes to try to change the subject.

Client Profile 5

Aston is still angry about his STD diagnosis. The Peer Health Advisor has been able to break through to him; however, he is disgusted by the thought of touching a penile model and condoms around another man. He refuses to participate in the practice activity.

Client Profile 6

Henry has built a good rapport with the Peer Health Advisor. He is comfortable touching the penile model, condoms and lubricant. He doesn't think it's a big deal to practice putting the condom on the model in front of another man.

Component 4: Observer Feedback Form

Peer Health Advisor's Name: _____

For each skill area, check the appropriate box:

V = Very Well Done

E = Effective

N = Needs Development

Steps of Component 4	V	E	N
Explains that they are going to demonstrate why oil-based lubricants do not work.			
Conducts Baby Oil-Based experiment			
Discusses water-based lubricant.			
Hands the client a color card that contains the 8 steps to correct condom use.			
Comfortably and accurately demonstrates the sequence of steps that comprise correct condom use for the client.			
Instructs client to practices applying the condom on the model and discuss condom negotiation strategies.			
Once the client has achieved a "perfect performance" asks him to repeat the process for at least 2 or 3 repetitions.			
Highlights the importance of using condom from the beginning to end of sexual intercourse.			

Communication Skills	V	E	N
Uses a clear voice			
Does not show judgment towards the client			
Makes appropriate eye contact			
Uses an open body language and relaxed posture			
Avoids distracting behaviors			
Smiles			
Is confident and prepared for the discussion			

Additional Comments:

Example List of Stores in the Area with Condoms
Where to Find Supplies in the Midtown West Manhattan

<p><u>Kmart</u> Address: 250 West 34th Street 1 Penn Plaza J, NY Phone: (212) 760-1188 Hours: Mon-Sat: 7:00am-11:00pm Sun: 8:00am-10:00pm</p> <p>Condoms: Trojan Enz – \$6.99 for 12 or \$17.99 for 36 Trojan Magnum – \$6.99 for 12 or \$17.99 for 36 Trojan Her Pleasure – \$6.99 for 12 Trojan Fire & Ice – \$6.99 for 12 Trojan Twisted Pleasure – \$6.99 for 12 Trojan Ultra Thin – \$6.99 for 12 or \$17.99 for 36 Trojan Ultra Ribbed – \$6.99 for 12 Durex Sensithin – \$6.99 for 12 Durex Pleasure Pack – \$6.99 for 12 Durex Pleasure Max – \$6.99 for 12</p> <p>Lubricant: Durex Play – \$6.99 for 10 packets AstroGlide – \$7.99 for 2.5 oz AstroGlide – \$11.99 for 5 oz KY – \$5.49 for 4 oz</p>	<p><u>Walgreens</u> Address: 1471 Broadway, New York Phone: (212) 302-0552 Hours: Mon-Sun: 24 hours</p> <p>Condoms: Trojan Enz – \$16.99 for 12 or \$27.99 for 36 Trojan Magnum – \$16.99 for 12 or \$27.99 for 36 Trojan Her Pleasure – \$16.99 for 12 Trojan Fire & Ice – \$16.99 for 12 Trojan Ecstasy – \$16.99 for 12 Trojan Ultra Thin – \$16.99 for 12 Trojan Ultra Ribbed – \$7.99 for 3 Trojan Extended Pleasure – \$16.99 for 12 Trojan Pleasure Pack – \$16.99 for 12 Durex Extra Sensitive – \$7.29 for 3 Durex Pleasure Pack – \$16.99 for 12 Lifestyles Pleasure Collection – \$14.49 for 13 Lifestyles Ultra Sensitive - \$5.29 for 3</p> <p>Lubricant: AstroGlide – \$10.99 for 2.5 oz AstroGlide – \$14.99 for 5 oz KY – \$9.99 for 4 oz</p>
<p><u>Duane Reade</u> Address: 1 Penn East, New York, NY Phone: (212) 268-3999 Hours: Mon-Fri: 24 hours Sat/Sun: 8:00am-11:00pm</p> <p>Condoms: Trojan Enz – \$14.99 for 10 or \$24.99 for 36 Trojan Enz Ribbed – \$14.99 for 10 or \$24.99 for 36 Trojan Magnum – \$14.99 for 10 Trojan Fire & Ice – \$14.99 for 10 Trojan Ecstasy – \$14.99 for 10 Trojan Ultra Thin – \$14.99 for 10 Trojan Extended Pleasure – \$14.99 for 10 Durex Avanti Bare – \$14.99 for 12 Durex Extra Sensitive – \$14.99 for 12 Durex Extra Sensitive Ribbed– \$14.99 for 12 Lifestyles Extra Sensitive – \$21.99 for 40 Lifestyles SKYN - \$5.99 for 3 Kimono Extra Thin - \$17.99 for 12</p> <p>Lubricant: AstroGlide – \$8.99 for 2.5 oz AstroGlide – \$12.99 for 5 oz KY – \$6.99 for 4 oz Wet (flavored) - \$8.99 for 5 oz</p>	<p><u>Duane Reade</u> Address: 1430 Broadway, New York Phone: (212) 768-0201 Hours: Mon-Sun: 24 hours</p> <p>Condoms: Trojan Enz – \$14.99 for 10 or \$24.99 for 36 Trojan Enz Ribbed – \$14.99 for 10 or \$24.99 for 36 Trojan Magnum – \$14.99 for 10 Trojan Fire & Ice – \$14.99 for 10 Trojan Ecstasy – \$14.99 for 10 Trojan Ultra Thin – \$14.99 for 10 Trojan Extended Pleasure – \$14.99 for 10 Durex Avanti Bare – \$14.99 for 12 Durex Extra Sensitive – \$14.99 for 12 Durex Extra Sensitive Ribbed– \$14.99 for 12 Lifestyles Extra Sensitive – \$21.99 for 40 Lifestyles SKYN - \$5.99 for 3 Kimono Extra Thin - \$17.99 for 12</p> <p>Lubricant: AstroGlide – \$8.99 for 2.5 oz AstroGlide – \$12.99 for 5 oz KY – \$6.99 for 4 oz Wet (flavored) - \$8.99 for 5 oz</p>

Component 5: Role Play Scenarios

Client Profile 1

James has developed a good relationship with the Peer Health Advisor, but he is starting to become bored. He's been in the room for 45 minutes already and is ready to go. He struggles with erection loss and often doesn't use a condom because of it.

Client Profile 2

Damien has a good relationship with the Peer Health Advisor. He is seeing a few women, other than his girlfriend, and doesn't use a condom with any of them. This is also because he doesn't have a job right now and condoms are expensive. The ones that he gets at the clinic never fit him.

Client Profile 3

Romeo is angry and frustrated. He is warming up to the Peer Health Advisor but is still very upset about his STD diagnosis. He has had problems with losing his erections but is very uncomfortable talking to the Peer Health Advisor about this topic. He will not admit that he has ever had this problem.

Client Profile 4

Tom is happy to be with the Peer Health Advisor where he gets to learn about how to protect himself. He has learned a lot and is finding the information overwhelming at this point. He is becoming distracted and is not paying attention. He also doesn't understand everything the Peer Health Advisor is saying.

Client Profile 5

Aston is angry and frustrated. He is warming up to the Peer Health Advisor but is still very upset about his STD diagnosis. He has had problems with losing his erections and often doesn't use condoms because he doesn't know where to buy the ones that he likes.

Client Profile 6

Henry has built a good rapport with the Peer Health Advisor. He has never had any problems with losing his erection. He doesn't always have condoms on him but he likes to keep them in his car.

Component 5: Observer Feedback Form

Peer Health Advisor's Name: _____

For each skill area, check the appropriate box:

V = Very Well Done

E = Effective

N = Needs Development

Steps of Component 5	V	E	N
Discusses and normalizes erection loss			
Discusses the importance of planning for sex			
Provides the client with a list of stores in the area that carry high-end and popular condoms with address and hours listed			

Communication Skills	V	E	N
Uses a clear voice			
Does not show judgment towards the client			
Makes appropriate eye contact			
Uses an open body language and relaxed posture			
Avoids distracting behaviors			
Smiles			
Is confident and prepared for the discussion			

Additional Comments:

Condom and Lubricant Features

Condoms

Brand	Name	Packaging	Shape	Key Features
Trojan	ENZ			<ul style="list-style-type: none"> • Trojan's baseline model • Usually the condom that's easiest to get
Trojan	Magnum			<ul style="list-style-type: none"> • Extra Large • The most popular model • Be aware! Men should keep in mind that they might not fit an extra large condom, and that's ok!
Trojan	Ecstasy			<ul style="list-style-type: none"> • Fairly new model • Ribs at base and end to increase stimulation for your partner • Tapered at the base for a snug fit • Be aware! Couple needs to make sure to leave room at the tip for ejaculate
Life Styles	King Size XL			<ul style="list-style-type: none"> • Extra Large • Tapered at the base for a secure fit • Extra room at head for added comfort • Be aware! Men should keep in mind that they might not fit an extra large condom, and that's ok!

Brand	Name	Packaging	Shape	Key Features
Life Styles	Rough Rider			<ul style="list-style-type: none"> • Studded on the outside, adding stimulation for the partner
urex	Intense Sensation			<ul style="list-style-type: none"> • Studded on the outside, adding stimulation for the partner • Firm texture • Coral tint
Durex	Extra Sensitive			<ul style="list-style-type: none"> • Especially popular due to the thinness of the latex • Transparent color • Does very well on strength tests, especially for an extra thin condom.
Durex	Tropical Flavors			<ul style="list-style-type: none"> • Flavored and tinted, come in orange, banana, or strawberry • Be aware! Change condoms after oral sex, as teeth may have created a hole in the latex

Brand	Name	Packaging	Shape	Key Features
Durex	Her Sensation			<ul style="list-style-type: none"> • Ribbed, adding stimulation for the partner • Extra lubrication (additional lube can still be beneficial) • Coral tint
Durex	XXL			<ul style="list-style-type: none"> • Largest Durex condom available • Extra room at head for added comfort • Be aware! Men should keep in mind that they might not fit an extra large condom, and that's ok!
Durex	Pleasuremax			<ul style="list-style-type: none"> • Alternately ribbed and studded, adding stimulation for the partner • Silicone-based lubricant (ok to mix with additional water-based lubricant) • Extra room at the head for added comfort
Beyond Seven	Lubricated with Aloe			<ul style="list-style-type: none"> • Over 7" long • Especially popular due to the thinness of the latex • Be aware! Thinner condoms may not be the best choice for anal sex. • Aqua tint • Lubricated with Aloe

Brand	Name	Packaging	Shape	Key Features
Kimono	Microthin			<ul style="list-style-type: none"> Especially popular due to the thinness of the latex Be aware! Thinner condoms may not be the best choice for anal sex.
Kimono	Textured			<ul style="list-style-type: none"> Studded inside AND out, adding stimulation for BOTH partners
Life Styles	SKYN (POLY-URATHANE)			<ul style="list-style-type: none"> Non-latex condoms Only for men who express that they have been diagnosed with a latex allergy by a physician Only give 10-15 condoms per client due to high cost of condoms

Lubricant

Brand	Name	Packaging	Shape	Key Features
ID	Juicy Lube 10 mL Packets		n/a	<ul style="list-style-type: none"> Flavored, comes in strawberry kiwi, pina colada, fresh peach and wild cherry Thicker texture than some other lubrications Aspartame-based (vs. sugar) to reduce female irritation. Be aware! Not all flavored lubrications are safe to use for intercourse.
Astro Glide	4 mL Packets		n/a	<ul style="list-style-type: none"> Unflavored, clear Thinner, more viscous lubrication Designed to mimic natural lubrication

Focus on the Future Cheat Sheet

Component 1

- Build Rapport
- Introduce Goal of Session

5 Minutes



Component 2

- Complete and Review Survey with Client

10 Minutes



Component 3

- Discuss Problematic Experiences
- Condom Negotiation
- Show Poster

10 Minutes



Component 4

- Baby Oil Experiment
- Condom Demo/Practice (Give Card)

10 Minutes



Component 5

- Normalize Erection Loss
- Discuss Planning for Sex (Give List)

5 Minutes



Component 6

- Review Condoms & Lube
- Client Fills Bag
- Reinforce Messages

10 Minutes

Component 6: Role Play Scenarios

Client Profile 1

James and the Peer Health Advisor have a good rapport and are very comfortable with one another. James is open to hearing information from the Peer Health Advisor but still doesn't understand how to use lubricant. One thing that he'll remember about the session is that condoms and lubricant can make sex feel better for both partners.

Client Profile 2

Damien and the Peer Health Advisor have a good rapport and are very comfortable with one another. Damien is open to hearing information but is not open to using lubricant. He believes it is only used for anal sex, which he does not have. One thing that he'll remember about the session is that he should use a condom with all of his side girls but not his main girl.

Client Profile 3

Romeo has remained rather angry and frustrated throughout the discussion he has been having with the Peer Health Advisor. He says that he can never find a condom that fits him right—the condom is always too small or isn't tight enough at the bottom. One thing that he'll remember about the session is that erection loss is normal and forgetting about it and continuing to touch his partner will usually make it come back.

Client Profile 4

Tom and the Peer Health Advisor have a great rapport. He is easily distracted and is open to sharing what his needs are in terms of finding the right condom. He would like a ribbed one so it feels better for his female partners. He doesn't understand how lubricant and condoms can make sex feel better. One thing that he'll remember about the session is that he should always have a supply on condoms on hand because he never knows when he may have sex with someone.

Client Profile 5

Aston has remained rather angry and frustrated throughout the discussion he has been having with the Peer Health Advisor. He is ready for the session to end. One thing he'll remember about the session is to find a condom that fits right and to always have a good supply of them on hand.

Client Profile 6

Henry has built a good rapport with the Peer Health Advisor and feels like he gained a lot of knowledge. He feels better about going to see the doctor for his STD test because he now knows how to protect himself in the future. One thing he will remember from the session is to always carry good condoms on him and to never keep condoms in his car (because the hot and cold temperatures can cause condoms to break).

Component 6: Observer Feedback Form

Peer Health Advisor's Name: _____

For each skill area, check the appropriate box:

V = Very Well Done

E = Effective

N = Needs Development

Skill Area	V	E	N
Redirects the client's attention to the table with the condoms and water-based lubricants.			
Invites the client to open and touch any condoms he didn't get to feel when he practiced correct condom use skills.			
Provides instruction regarding selecting the condoms that will give the client the best fit and feel			
Invites the client to fill a small bag with any condoms he chooses.			
Shows the client a variety of lubricants that are water-based			
Invites the client to fill the small bag with lubricants he chooses.			
Summarizes key messages			
Asks the client one thing he will remember and to share information with a friend.			
Highlights his contact information on the back of the 8 steps to correct condom use			
Thanks the client for coming to talk with him and helping to reduce HIV rates in his community.			

Communication Skills	V	E	N
Uses a clear voice			
Does not show judgment towards the client			
Makes appropriate eye contact			
Uses an open body language and relaxed posture			
Avoids distracting behaviors			
Smiles			
Is confident and prepared for the discussion			

Additional Comments:

Focus on the Future Role Play Scenarios

Putting it all together

Client Profile 1

Craig has just been diagnosed with syphilis and the nurse takes him to the Peer Health Advisor's room to introduce them to one another. Craig is very upset about his STD diagnosis. Craig also

- Uses condoms all the time but has problems with condoms breaking;
- Believes that he has tried everything to protect himself and none of it has worked;
- Has a main girlfriend but sees other girls on the side;
- Does not want to tell his main girl about his STD;
- Does not know enough about syphilis and wants the Peer Health Advisor to tell him more about it.

Client Profile 2

Joshua is in the waiting room and has a long wait before he gets to see the doctor or nurse. He is nervous because he thinks he may have an STD. The front desk staff has identified him as someone who is eligible to participate in Focus on the Future. The Peer Health Advisor approaches him to participate in the program and he agrees as long as it means he doesn't have to stay at the clinic any longer. Joshua also

- Doesn't have a girlfriend but has sex with different women often;
- Uses condoms sometimes;
- Always put the condom on half-way through sex, right before he orgasms;
- Wants to side-track the conversation to discuss topics that aren't related to the goal of Focus on the Future;
- Thinks the Magnum Gold is all that he needs and nothing else.

Focus on the Future Observer Feedback Form

Putting it all together

Peer Health Advisor's Name: _____

As the Peer Health Advisor delivers the entire intervention, use the following form to provide feedback to the Peer Health Advisor about his performance.

For each skill area, check the appropriate box:

V = Very Well Done

E = Effective

N = Needs Development

Component 1: Rapport Building

Steps of Component 1	V	E	N
Introduces self to the client.			
Establishes an initial rapport and get the client in a trusting mood by using "small talk."			
Casually inquires about the client's frequency of condom use and give affirmations.			
Describes the goal of the session, reinforcing that this is a non-judgmental environment.			

Component 2: SCUS and Common Issues with Condom Use

Steps of Component 2	V	E	N
Introduces the Short Condom Use Survey (SCUS) to the client.			
Asks client to complete the SCUS.			
Reviews SCUS.			
Based on SCUS, gives the client positive feedback about things he is doing well regarding condom use.			
Based on SCUS, discusses client errors and problems with condom use.			
Firmly establishes that condom use is something that takes practice.			

Component 3: Problematic Experiences with Condoms & Posters to Motivate

Steps of Component 3	V	E	N
Asks about how frequently the client uses condoms and give him an affirmation.			
Asks clients to briefly discuss some of their problematic experiences with using condoms.			
Discusses how client can introduce condoms into relationships (i.e., condom negotiation).			
Shows the client the poster with National HIV rates broken down by race (show the <i>Laminated Color Poster</i> at this point).			
Asks the client what he thinks about these statistics and address his reaction.			

Component 4: Baby Oil Experiment and Condom and Lubricant Use Skill Building

Steps of Component 4	V	E	N
Explains that you are going to demonstrate why oil-based lubricants do not work.			
Conducts the Baby-Oil experiment			
Discusses water-based lubricant.			
Hands the client a color card that contains the 8 steps to correct condom use.			
Demonstrates the sequence of steps that comprise correct condom use for the client.			
Client practices applying the condom to the model and discuss condom negotiation strategies.			
Once the client has achieved a "perfect performance" asks him to repeat the process for at least 2 or 3 repetitions.			
Highlights the importance of using condom from the beginning to end of sexual intercourse.			

Component 5: Access and Erection Loss

Steps of Component 5	V	E	N
Discusses and normalizes erection loss			
Discusses the importance of planning for sex			
Provides the client with a list of stores in the area that carry high-end and popular condoms with address and hours listed			

Component 6: Fit and Feel and Features of Different Condom and Lubricant Brands

Skill Area	V	E	N
Redirects the client's attention to the table with the condoms and water-based lubricants.			
Invites the client to open and touch any condoms he didn't get to feel when he practiced correct condom use skills.			
Provides instruction regarding selecting the condoms that will give the client the best fit and feel			
Invites the client to fill a small bag with any condoms he chooses.			
Shows the client a variety of lubricants that are water-based			
Invites the client to fill the small bag with lubricants he chooses.			
Summarizes key messages			
Asks the client one thing he will remember and to share information with a friend.			
Highlights his contact information on the back of the 8 steps to correct condom use			
Thanks the client for coming to talk with him and helping to reduce HIV rates in his community.			

Overall Communication Skills

Skill Area	V	E	N
Uses a clear voice			
Does not show judgment towards the client			
Makes appropriate eye contact			
Uses an open body language and relaxed posture			
Avoids distracting behaviors			
Smiles			
Is confident and prepared for the discussion			

Additional Comments:

All Staff: Modules 5, 6, and 7



Trainer Notes

- The last ½ day of this training is for both Peer Health Advisors and other clinic staff (Clinic Manager, Supervisors, etc.). It is dedicated to orientating participants to the pre-implementation and implementation issues surrounding the intervention.
- This part of the training can be delivered to managers, supervisors and/or administrators in the following ways
 - On the last ½ of Day 3 with managers, supervisors and/or administrators joining the training (if they had not participated for the 2½ days prior);
 - Conducted separately for managers, supervisors and administrators;
 - Through interactive communication technologies such as a Webinar, Skype, etc.

Module 5: Pre-Implementation (45 minutes)

Activity 5.1 – Pre-Implementation



Time 20 minutes



Purpose To review the pre-implementation activities for Focus on the Future managers.



Overview Trainer review pre-implementation information using a PowerPoint presentation.



Materials

- Slides #37-54
- Implementation Manual (Pre-Implementation Section), pages 22-61



Trainer Notes

- In this activity, the trainers will walk the participants through the pre-implementation section of the Implementation Manual. PowerPoint slides have been included to highlight main points.

Description



1. **Define** pre-implementation for participants by **saying**
 - *Pre-implementation prepares agencies to implement Focus on the Future in their clinics. It makes sure that the groundwork is laid for the intervention to be carried out successfully. It is during this time that your agency can make any necessary organizational changes, conduct an assessment and develop program integration plans.*
 - *Pre-implementation is very important. In order to make sure that the implementation of the intervention will be successfully carried out it is important to go through the necessary pre-implementation steps.*



2. **Using** the **Slide 37 review** the following with participants
 - Definition and purpose of pre-implementation.



3. **Ask** participants to refer to the “Pre-Implementation” section on **Pages 22-61** in their Implementation Manuals.
 - **Highlight** that this section of the Implementation Manual outlines all the pre-implementation requirements that are necessary for agencies to consider.



4. **Direct** participants’ attention to **“Target Population Appropriate for FOF”** on **Page 22** of the Implementation Manual, **show Slide 38**, and **explain**



- The target population for Focus on the Future is 18-29-year-old African American men who are not knowingly HIV and have used a male condom with a woman in the past 3 months.
- It is important that agencies implementing Focus on the Future serve enough of the target population in order for the intervention to be useful to its client population.



5. **Direct** participants’ attention to the **“Agency Fit and Capacity”** section and checklist in the Implementation Manual on **Page 23**, **show Slide 39**, and **explain**



- *All agencies should have the capacity to successfully implement Focus on the Future. Capacity refers to an agency’s ability to implement evidence-based interventions, such as Focus on the Future.*

- *Capacity means, for example, getting “buy-in” from agency administrators, having enough clients from the target population, having policies and procedures in place, and organizational support and budget.*
- *It also includes making sure that the intervention fits with the agency’s mission.*
- *If you look at **Page 23** of the Implementation Manual, you will see an **Agency Fit and Capacity Checklist** that will help your agency determine whether or not you are ready to implement the Focus on the Future intervention.*



6. **Direct** participants’ attention to the **“Stakeholder Buy-in”** section in the Implementation Manual on **Pages 24-26**, **show Slide 40**, and **explain**.
 - *“Buy-in” is approval of and support for an intervention from those who have a stake in its successful implementation.*
 - **Describe** how “buy-in” is obtained.
 - *First, identify stakeholders from whom your agency needs “buy-in”.*
Stakeholders may include
 - *Your Board of Directors/ Executive Board,*
 - *Community members or community planning groups,*
 - *Your agency and staff,*
 - *Your funding source.*
 - *Second, identify an intervention champion.*
 - *The champion is someone within your agency who advocates to others the benefits of Focus on the Future and its impact on the agency's mission.*
 - *Third, the champion presents the intervention to board and community advisory members.*
 - *This is to receive their approval to spend the necessary funds to implement the intervention.*
 - **Review Stakeholder Checklist** on **Pages 24-26** of the Implementation Manual.



7. **Direct** participants’ attention to the **“Staff Buy-in”** section in the Implementation Manual on **Pages 26-27**.

- **Describe** the importance of obtaining staff “buy-in” prior to the implementation of the service.
- **Highlight** that a PowerPoint presentation has been included in this package for agencies to adapt for use during a Focus on the Future “buy-in” staff meeting.



8. **Direct** participants’ attention to the **“HIV Prevention Program Review Board”** section in the Implementation Manual on **Page 27, show Slide 41, and explain.**
- *For agencies funded to implement FOF using federal funds, it is very important that the agencies follow the procedures for review of all intervention materials by their local/ state Program Review Board.*



9. **Direct** participants’ attention to the **“Identifying Appropriate Staff”** section in the Implementation Manual on **Pages 28-31, show Slide 42-47, and explain.**
- *The intervention team is those staff members who are directly responsible for the activities related to implementing Focus on the Future.*
 - *The intervention team consists of, but is not limited to*
 - *Clinic Director,*
 - *Clinic Manager,*
 - *Nursing Staff,*
 - *Peer Health Advisor’s Supervisor,*
 - *Front Desk Staff,*
 - *Peer Health Advisor.*



10. **Review “Facility Requirements” and “Policies and Procedures”** on **Page 31** in the Implementation Manual and **show Slide 48.**
- **Remind** participants that having a private room to conduct the intervention in is one of the core elements of the intervention.
 - In terms of policies and procedures, **highlight** the importance of
 - The Peer Health Advisor and supervisor having a set time each week to get together to debrief about how the intervention is going. At this time the Peer Health Advisor can ask his supervisor questions and the supervisor can provide coaching and support.
 - The Peer Health Advisor should be clear on the agency’s policy regarding patient confidentiality. This includes what the Peer Health Advisor should



do when if he sees a client outside of the clinic (for example, at a bar, on the subway, in a store, etc.).

11. **Review Slide 49** and the “**Agency Readiness**” checklist on **Pages 33-34** of the Implementation Manual with the participants.



- **Highlight** that this is a checklist that will help agencies determine if they have the staff, training, resources, and policies and procedures in place to successfully implement the intervention.

12. **Say**



- *Each clinic director or manager has to determine how Focus on the Future will be integrated into the flow of the clinic services. This includes how each clinic will determine which clients are eligible to participate, how they will be recruited to participate, when the intervention will be offered to clients in the sequence of services provided, and how they will track who has received the intervention. This may be different for each clinic as most clinics operate a little differently.*



13. **Refer** participants to “**Integrating FOF into Existing Services**” on **Pages 34-46** of the Implementation Manual and show **Slide 50**, **review** when FOF can be integrated into clinic flow.

- This guide outlines 19 steps to help clinics integrate Focus on the Future into their clinic flow. It covers everything from screening for eligibility to recruitment.
- Highlight that more time will be spent on this aspect in the next activity.

14. **Refer** participants to “**Pre-Implementation Timeline**” on **Pages 47-50** in the Implementation Manual, **show Slide 51**, and **explain**.



- *This is a detailed timeline that outlines what pre-implementation activities need to be completed, who they need to be complete by, what materials are required, and the timeline for completion.*
- *As you see, clinics need to give themselves 3-4 months (14 weeks) to complete pre-implementation activities before they can begin implementing FOF.*



15. **Refer** participants to **Slide 52** and the “**Implementation Summary**” on **Pages 52-53** in the Implementation Manual, and **review** the inputs, activities and outputs.



Refer participants to “**Budget**” on **Page 54-59** in the Implementation Manual, **show Slide 53**, and **explain**.

- A sample budget and a blank budget have been provided so clients can plan for the appropriate amount of funds for each of the required supplies, personnel, etc.



16. **Show Slide 54** and **explain** that

- The last section in the Pre-Implementation Section is on Adaptation (**Pages 60-61**) in the Implementation Manual).
- Adaptation is the process of modifying the intervention to meet a particular population’s needs while maintaining fidelity to the intervention’s core elements and original intent.
- Consult with your funder for approval for the adapted intervention to be implemented with clients.

17. **Ask** participants

- *What do you think about the pre-implementation activities?*
- *What will be easy?*
- *What will be challenging?*



18. **Transition** to the next activity by **saying**

- *Now that we have talked about some of the pre-implementation activities, let’s look more closely at one pre-implementation activity that you may be a part of: recruiting clients to participate in the intervention.*

Lead into the next activity: Integrating Focus on the Future into Clinic Flow

Activity 5.2 – Integrating Focus on the Future into Clinic Flow



Time 25 minutes



Purpose To establish how clinics can plan to integrate Focus on the Future into their clinic flow.



Overview Participants walk through how to integrate FOF into their services. One person from each clinic shares how they envision FOF being integrated into their clinic flow.



Materials

- Implementation Manual (Integrating FOF into Existing Services), pages 34-46
- Slides #55-64



Trainer Notes

It is important that the trainer who is facilitating this section thoroughly reviews pages 34-46 of the Implementation Manual prior to facilitating this section.

Description



1. **Say**

- *Now we're going to talk about how to integrate Focus on the Future into the systems at your clinic.*



2. **Describe** the following

- *On **Pages 34-46** of your Implementation Manuals there is a guide that outlines 19 steps to integrating FOF into the systems at your clinic.*



3. **Use Slides 55-64** to walk participants through each of the 19 steps on **Pages 34-46** of the Implementation Manual.

4. **Ask** one person from each clinic represented at the training to describe to the large group how Focus on the Future is going to be implemented into flow at their clinic.

5. **Process** the activity by **asking** some of the following questions

- *How did it feel to talk about integrating FOF into clinic flow?*
- *What will be easy?*
- *When will it be more difficult?*
- *What can you do in challenging situations to recruit clients?*

6. **Summarize** Module V and transition to Module VI.

• **Say**



- *So far we've learned about the pre-implementation and implementation activities involved in successfully implementing Focus on the Future in your clinics.*

- *What questions do you have about this part of the training?*

- *In the next part of the training, we are going to look more closely at maintenance and monitoring and evaluation activities that managers should be aware of.*

Module 6: Maintenance and Management (45 minutes)

Activity 6.1 – Intervention Maintenance



Time 25 minutes



Purpose To review the maintenance activities for Focus on the Future.



Overview Participants review the Maintenance section of their Implementation Manuals and then discuss challenges related to fidelity of the intervention and strategies to ensure fidelity.



Materials

- Implementation Manual (Maintenance Section), page 110-113

Description

1. **Say**



- *Maintenance of the intervention begins after each time the intervention is delivered. It includes further adaptation and tailoring of the intervention, making any necessary changes in the agency's capacity and resources, quality assurance, and evaluation.*

2. **Ask** participants to turn to the **Intervention Maintenance** section on **Pages 110-113** in their Implementation Manuals.



- **Review** this section with participants **highlighting**
 - Materials
 - Condoms and water-based lube – based on the demands of the local population, the products offered will need to be updated
 - Posters with HIV Rates – update when new stats are released
 - List of Stores – update as stores, prices, offerings, etc. change
 - Contact Cards – update when new PHA or new phone number
 - Funding
 - Important to maintain funding and seek funding from different sources if possible

- Maintain the Intervention – Quality Assurance
 - Supervisor can assess PHA’s performance (see **Appendix W** of the Implementation Manual),
 - Consistent supervision and feedback for PHA,
 - Ensure Core Elements are being implemented with fidelity (see **Appendix X** of the Implementation Manual).
3. **Define** fidelity in relationship to the intervention.
- Fidelity to the intervention means that the core elements are not changed.
4. **Ask** participants and **record** responses on newsprint
- *Why is fidelity to the intervention important?*
 - Responses may include: The intervention has been proven to work the way it is written and, therefore, needs to be facilitated in the exact same way, otherwise we won’t know if it is effective.
 - *What are some challenges that the Peer Health Advisors might face in maintaining fidelity to the intervention?*
 - *What are some challenges that the supervisors might face in maintaining fidelity to the intervention?*
 - Point out that we recognize that supervisors will not be delivering the intervention.
 - *What are some strategies that you can use to overcome these challenges?*
 - If the following are not suggested by participants, be sure to suggest
 - Peer Health Advisors work with supervisors to ask questions, practice, etc.;
 - Audiotape, videotape, or observe sessions with the client’s consent;
 - Ask for technical assistance;
 - Talk to other Peer Health Advisors;
 - Review the Implementation Manual, Facilitator’s Guide, and handouts and notes from this training.
5. **Say**
- *The Peer Health Advisors are responsible for maintaining fidelity on a day-to-day basis. The supervisor’s role is to make sure that the core elements aren’t changed.*



If the Peer Health Advisor believes that adaptations are necessary he needs to talk to his supervisor first.

6. **Review** the following with participants.

- Modifying or adapting the intervention: When is it appropriate and when is it not?
 - It is appropriate if agencies funded by CDC receive approval from their Project Officer and there is fidelity to the core elements and the original intent of the intervention.

7. **Say**



- *We just looked at different issues regarding maintaining fidelity to the intervention. Now we will look at different ways we can evaluate the Focus on the Future within your agency settings.*

Lead into the next activity: Monitoring and Evaluating Focus on the Future

Activity 6.2 – Monitoring and Evaluating Focus on the Future



Time 20 minutes



Purpose To review the evaluation activities for Focus on the Future.



Overview Participants will review the 2 types of evaluation to consider for Focus on the Future and then discuss sustainability issues.



Materials

- Slides, #65-68
- Implementation Manual (M&E Guide), pages 114-125

Description

1. **Say**



- *In general, an agency implementing an intervention needs to consider how they will evaluate it while they are choosing to adapt the intervention. Program evaluations should be planned early on in delivering an intervention. The forms we will be*

discussing are examples only. Your agency may have other forms for your agency to use.

2. **Reassure** participants that funding agencies are not concerned with long-term follow-up evaluation, as with research projects. The evaluation expected to be conducted is easier and less costly and will help the agency improve their intervention delivery.



3. **Say**

- *There are two types of evaluation to consider for Focus on the Future.*



4. **Using Slides 65-68, review** the following with participants.

- **Process Monitoring** The process of collecting data that describes the characteristics of the population served, the services provided and the resources used to deliver those services. Include
 - Characteristics of the clients, length of time spent with each client, Peer Health Advisor hours, number of clients seen each day, number of clients contacted/recruited, etc.
- **Process Evaluation** The process of collecting more detailed data about how the intervention was delivered, differences between the intended population and the population served, and access to the intervention, as well as fidelity to the Core Elements. Include
 - Records of whether an agency dropped or changed a Core Element, level of adherence to Focus on the Future Core Elements; what kind of tailoring or adaptation was done to the intervention, etc.
 - Comparisons of the process monitoring data to the planned number of clients, etc.



5. **Say**

- *The Monitoring and Evaluation Guide on **Pages 114-125** in the Implementation Manual describes tools that can be used to capture process monitoring and evaluation data.*

6. **Discuss** sustainability with participants by **asking**

- *How can you ensure that Focus on the Future is successful in your clinic and is sustainable?*

7. **Summarize** Module VI and transition to Module VII.



- **Say**
 - *So far we've learned about the pre-implementation, implementation and maintenance activities involved in successfully implementing Focus on the Future in your clinics.*
 - *Does anyone have any questions about this part of the training?*
 - *In the next part of the training, we are going to look more closely at programmatic implementation activities.*

Lead into the afternoon break

BREAK

Module 7: Managers: Programmatic Implementation Activities (45 minutes)

Activity 7.1 – Programmatic Implementation Activities



Time 45 minutes



Purpose To review the programmatic implementation activities for Focus on the Future managers.



Overview Participants review information and then brainstorm some primary implementation issues that they may encounter. In small groups they come up with strategies to overcome these issues.



Materials

- Newsprint, Easel and Markers
- Slide #69
- Implementation Manual (Implementation Section), pages 62-74



Prepared Newsprint

- “Primary Implementation Issues”

Description



1. **Ask** participants to open their Implementation Manuals to **Pages 62-74** and **review**

- Implementation Activities at a Glance
 - Once all of the pre-implementation requirements have been taken care of, agencies can use the Implementation Timeline to ensure that they are ready to begin implementing the intervention in their settings.
 - Some of the items on this list include
 - Setting up the space/materials
 - Conducting FOF
 - Having the Peer Health Advisor and supervisor debrief
 - Maintenance activities
- Focus on the Future at a Glance
 - This table gives an overview of what happens in the 45-60 minute intervention.

- The Peer Health Advisor will know the intervention intimately after receiving training, however, the supervisor should become familiar with what happens in the intervention as well.



2. **Ask** participants the following question on **Slide 69** and **record** responses on prepared newsprint
 - *Based on the information we just reviewed, what are some primary implementation issues that you may encounter?*
3. **Ask** participants to vote on the top 3 implementation issues.
4. **Divide** participants into 3 groups.
 - **Give** each group a sheet of newsprint and markers.
5. **Tell** participants that each group will brainstorm strategies to overcome one of the top three primary implementation issues.
 - **Assign** a different issue to each group.
6. After 10 minutes **call time**.
7. **Ask** each group to present their strategies to the rest of the group.
 - After each group presents, **ask** the following questions
 - *How did it feel to come up with strategies?*
 - *What do you think you will try?*
 - *What else could you try to do to overcome these challenges?*
 - *How can you overcome the challenges that we didn't specifically look at in our small group problem-solving?*
8. **Review** how to access technical assistance.
 - **Highlight** that technical assistance is one way to get support when confronted with implementation challenges.
9. **Summarize** Module VII and **transition** to Module VIII.



- **Say**
 - *Now that we've look at the entire intervention, had time to practice, and reviewed all of the pre-implementation and implementation activities, you will be prepared to implement Focus on the Future in each of your agency settings.*

Module 8: Wrap-up and Closing (30 minutes)

Activity 8.1 – Wrap-up and Closing



Time 30 minutes



Purpose To close the training program.



Overview The participants' expectations from Day 1 are reviewed. Trainers respond to last questions, make closing comments, collect training evaluations, and distribute certificates.



Materials

- Expectations written on newsprint from Day 1: Activity 1.1 – Introductions
- Slide #70



Prepare Materials

- Focus on the Future Training Evaluations
- Training Certificates



Description

1. **Refer** to the closing **Slide 70**.



2. **Refer** to the expectations written on newsprint from Day 1 (Activity 1.1 – Introductions).

- **Review** expectations with the group to **explore** the ones that are covered.
- For the expectations that were not covered, **refer** participants to sources where they can get that information.

3. **Ask** participants

- *What questions do you have about Focus on the Future?*
- *What is one word you would use to describe Focus on the Future?*

4. The trainers will **lead a discussion** with the group using the questions below.
Write responses on newsprint.
 - *What does it mean to be a peer to the clients who will receive Focus on the Future?*
 - *What are you looking forward to?*
 - *What do you think will be challenging?*
 - *What do you need from your supervisor?*
5. **Express** appreciation for the participants' attention and participation over the past 3 days.
6. **Distribute** Focus on the Future training evaluations.
 - After 5 or 10 minutes, **collect** training evaluations.
7. **Distribute** training certificates.