

Focus on the Future



TRAINING OF FACILITATOR (TOF) PARTICIPANT HANDBOOK

Packaged by:

Cicatelli Associates Inc.



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- 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 Cicitelli 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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Focus on the Future: Training of Facilitators

Goal and Objectives

Goal

The goal of this training course is to prepare facilitators (Peer Health Advisors) from community-based organizations, HIV/STD service agencies, and health departments to successfully implement Focus on the Future with fidelity in their communities.

Objectives

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 objective.
6. Identify and perform the tasks needed to prepare to implement the intervention with clients.
7. Describe when Sexual Transmitted Disease (STD) clinic male patients are recruited for Focus on the Future and when they receive the intervention.

Focus on the Future: Training of Facilitators

Participant Training Agenda

Day 1

Time	Activity
9:00 am	Introductions and Housekeeping Introductions Ground Rules 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 am	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 Review of Day 1 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 African American 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 Review of Day 2 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

The Focus on the Future Team: Working Together

There are many players involved in the Focus on the Future (FOF) intervention. It is important that the individuals involved understand their roles and responsibilities, as well as how their work is cross-cutting.

The following chart outlines the roles and responsibilities of each individual involved in Focus on the Future and how their work supports and reinforces the work of others at their agency.

	Clinic Manager or Supervisor	Clinician/Nurse/DIS/Social Worker/Triage	Peer Health Advisor	Front Desk Staff
Roles and Responsibilities	<ul style="list-style-type: none"> Oversees the FOF intervention 	<ul style="list-style-type: none"> Diagnoses and treats clients with STDs Introduces client to Peer Health Advisor in some cases 	<ul style="list-style-type: none"> Delivers the FOF intervention to clients 	<ul style="list-style-type: none"> Screens clients for eligibility to participate in FOF Welcomes clients Knows if clients are part of the target population
Cross-Cutting Areas and How Each Supports and Reinforces One Another	<ul style="list-style-type: none"> Ensures that the Peer Health Advisor is delivering FOF with fidelity 	<ul style="list-style-type: none"> Describes FOF to clients in some cases Recruits clients for FOF Initiates a discussion about how the client can protect himself from future STD diagnoses 	<ul style="list-style-type: none"> Describes FOF to clients in some cases Recruits clients for FOF Reinforces how the client can protect himself from future STD diagnoses Maintains fidelity to the intervention 	<ul style="list-style-type: none"> Describes FOF to clients in some cases Recruits clients for FOF

STD Information

Use the following chart to review important information that may come up during FOF with clients. You may refer to this chart when a client asks a question that you don't know the answer to.

STD	How it is transmitted	Signs and Symptoms	How it can be prevented	Treatment	Risks if not treated
GONORRHEA	<ul style="list-style-type: none"> Contact with the penis, vagina, mouth, anus, or fluids of infected partner Ejaculation does NOT have to occur Oral sex– easily transmitted from mouth to genitals or genitals to mouth 	<p>Men</p> <ul style="list-style-type: none"> Burning when urinating or a discharge from the penis Painful or swollen testicles Can occur anywhere between 2-5 days, or as far off as 30 days <p>Women</p> <ul style="list-style-type: none"> Pain or burning when urinating Vaginal discharge or vaginal bleeding between periods Symptoms are often mild <p>Both</p> <ul style="list-style-type: none"> Rectal discharge, anal itching, soreness, bleeding, or painful bowel movements May cause a sore throat 	<ul style="list-style-type: none"> Proper condom use can reduce the risk Be in a long-term monogamous relationship with a partner who has been tested and confirmed to be uninfected 	<ul style="list-style-type: none"> Curable using antibiotics Drug-resistant strains of gonorrhea are increasing 	<p>Men</p> <ul style="list-style-type: none"> Epididymitis (swelling of the epididymis) <p>Women</p> <ul style="list-style-type: none"> Pelvic inflammatory disease (PID) PID can lead to internal abscesses and chronic pelvic pain Damages the fallopian tubes and fertility Increased risk of ectopic pregnancy (pregnancy outside of the uterus) <p>Both</p> <ul style="list-style-type: none"> Spreading to the blood or joints, which can be life threatening More easily contract HIV
HERPES	<ul style="list-style-type: none"> Skin-to-skin contact with an infected partner's sores Oral sex – easily transmitted from mouth to genitals or genitals to mouth 	<ul style="list-style-type: none"> First outbreak occurs within two weeks after transmission, and heals within two to four weeks May include a second crop of sores and flu-like symptoms Expect several outbreaks within first year (over time these decrease in frequency) Most people are not aware of their infection 	<ul style="list-style-type: none"> Proper condom use can reduce risk but transmission can still occur Be in a long-term monogamous relationship with a partner who has been tested and confirmed to be uninfected 	<ul style="list-style-type: none"> Antiviral medication Daily therapy can reduce transmission There is no cure 	<ul style="list-style-type: none"> Recurrent painful genital sores Potentially fatal infections for babies More easily contract HIV
SYPHILLIS	<ul style="list-style-type: none"> Sexual contact with an infected partner's sores Pregnant women can pass it to their children Oral sex – easily transmitted from mouth to genitals or genitals to mouth 	<ul style="list-style-type: none"> An average of 21 days between infection and the start of the first symptom Primary stage: single sore (chancre), but there may be multiple sores Chancre lasts 3 to 6 weeks and heals without treatment. Secondary stage follows if not treated Secondary stage: skin rash and mucous membrane lesions Symptoms of secondary: fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches and fatigue 	<ul style="list-style-type: none"> Proper condom use can reduce the risk of transmission, but transmission can still occur Be in a long-term monogamous relationship with a partner who has been tested and is confirmed to be uninfected 	<ul style="list-style-type: none"> Curable with a penicillin injection for syphilis less than a year old Additional doses are needed to treat syphilis over a year old Must abstain from sexual contact until sores are healed 	<ul style="list-style-type: none"> Damage internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints Difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia Syphilis can appear 10–20 years after infection Damage may be serious enough to cause death

STD	How it is transmitted	Signs and Symptoms	How it can be prevented	Treatment	Risks if not treated
CHLAMYDIA	<ul style="list-style-type: none"> • Contact with infected membranes in the vagina, anus, or mouth • Can also be passed from mother to baby during childbirth • Teenage girls and young women are more susceptible to infection • Oral sex – transmitted from mouth to genitals or genitals to mouth 	<p>Men:</p> <ul style="list-style-type: none"> • Discharge from the penis or burning sensations when urinating • Burning and itching around the opening of the penis <p>Women:</p> <ul style="list-style-type: none"> • Vaginal discharge or a burning sensation when urinating • If infection spreads, one may have lower abdominal pain, low back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods • Infection of the cervix can spread to the rectum <p>Both:</p> <ul style="list-style-type: none"> • Recipients of anal intercourse may acquire infection in the rectum, which can cause rectal pain, discharge, or bleeding • Can be found in the throats of those having oral sex 	<ul style="list-style-type: none"> • Proper condom use can reduce the risk of transmission • Be in a long-term monogamous relationship with a partner who has been tested and is confirmed to be uninfected 	<ul style="list-style-type: none"> • Easily curable with antibiotics 	<p>Men:</p> <ul style="list-style-type: none"> • Spreads to the epididymis causing pain, fever and sterility <p>Women:</p> <ul style="list-style-type: none"> • Spreads to the uterus or fallopian tubes and cause pelvic inflammatory disease (PID) • Can cause fallopian tube infection without symptoms • Damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy <p>Both:</p> <ul style="list-style-type: none"> • More easily contract HIV
HUMAN PAPILLOMA VIRUS (HPV)	<ul style="list-style-type: none"> • Skin to skin contact • Contact with fluids during vaginal, anal or oral sex with an infected partner • Oral sex – transmitted from mouth to genitals or genitals to mouth 	<ul style="list-style-type: none"> • Genital warts in the area – called recurrent respiratory papillomatosis (RRP) • RRP causes warts to grow in the throat. It can sometimes block the airway, causing a hoarse voice or troubled breathing 	<ul style="list-style-type: none"> • Vaccines can protect against some HPV types • Proper condom use can reduce the risk of transmission, but transmission can still occur • Be in a long-term monogamous relationship with a partner who has been tested and is confirmed to be uninfected 	<ul style="list-style-type: none"> • There is no treatment for the virus • Genital warts can be removed with medication • RRP can be treated with surgery or medicines over a period of years 	<ul style="list-style-type: none"> • HPV related cancers can lead to death • Increased risk for cervical cancer, which does not have symptoms until it is advanced • Other HPV-related cancers may not have signs or symptoms until they are advanced and hard to treat. These include cancers of the vulva, vagina, penis, anus, and head and neck • Cervical cancer and other HPV-related cancers are treatable when diagnosed early
TRICHO-MONIASIS	<ul style="list-style-type: none"> • Penis-to-vagina or vagina-to-vagina contact with an infected partner • Oral sex – transmitted from mouth to genitals or genitals to mouth 	<p>Men:</p> <ul style="list-style-type: none"> • May cause temporary irritation inside the penis, mild discharge, or burning after urination or ejaculation <p>Women:</p> <ul style="list-style-type: none"> • Frothy yellow-green vaginal discharge with odor • May cause discomfort during intercourse or urination, or itching in the genital area 	<ul style="list-style-type: none"> • Proper condom use can reduce the risk of transmission • Be in a long-term monogamous relationship with a partner who has been tested and is confirmed to be uninfected 	<ul style="list-style-type: none"> • Easily treated with prescription drugs 	<ul style="list-style-type: none"> • Women can more easily contract HIV

STD	How it is transmitted	Signs and Symptoms	How it can be prevented	Treatment	Risks if not treated
HIV	<ul style="list-style-type: none"> • Vaginal or anal sex with an infected person • Any contact between the blood, semen, vaginal fluid, or breast milk of an infected person, and a mucous membrane 	<ul style="list-style-type: none"> • May cause flu-like symptoms within a few weeks of being infected with HIV • May be no symptoms for a number of years • Symptoms of advanced HIV may include <ul style="list-style-type: none"> ○ rapid weight loss ○ dry cough ○ recurring fever or profuse night sweats ○ profound and unexplained fatigue ○ swollen lymph glands in the armpits, groin, or neck ○ diarrhea that lasts for more than a week ○ white spots or unusual blemishes on the tongue, in the mouth, or in the throat ○ pneumonia ○ red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids ○ memory loss, depression, and other neurological disorders 	<ul style="list-style-type: none"> • Correct and consistent condom use can reduce the risk of transmission • Reduce number of sexual partners • Get tested and treated for STDs and insist that partners do too • Be in a long-term monogamous relationship with a partner who has been tested and is confirmed to be uninfected 	<ul style="list-style-type: none"> • Antiretroviral medication • Medical care and treatment can reduce transmission to others • There is no cure 	<ul style="list-style-type: none"> • Immune system becomes compromised causing difficulty fighting diseases and certain cancers, leading to death • Increased risk for contracting other STDs

<http://www.cdc.gov/std/general/default.htm>

Core Elements: Information, Motivation or Behavior?

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.			
The PHA and client discuss condom negotiation skills.			
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.			
The PHA clearly communicates the importance of the client protecting his future by using condoms correctly and consistently with his partner(s).			
The PHA establishes rapport and a trusting relationship with the client at the beginning of the session.			
The PHA shows unconditional respect for men and maintains a non-judgmental environment for the client concerning any risk behaviors disclosed.			
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 PHA conducts a tailored one-to-one counseling session with the client for 45-60 minutes.			

Non-Verbal Rapport Building Skills

93% of the way our communications are understood by others is through our body language and tone. It is very important that Peer Health Advisors are aware of their body language and use their non-verbal communication skills to build an atmosphere of comfort and trust with clients.

- Make appropriate eye contact.
- Use an open relaxed posture.
- Smile.
- Use gestures or facial expressions to add emphasis, enthusiasm, and emotion.
- Laugh.
- Be yourself.
- Act confidently.
- Be friendly.
- Use an appropriate tone.
- Be prepared for each client.
- Avoid distracting behaviors, such as
 - Playing with change in your pocket;
 - Repeating distracting gestures or movements;
 - Repeating distracting words like “um” or “like;”
 - Looking at your watch or the clock in the room;
 - Note: You may need to look at the clock at some point to know if the session is lasting between 45 to 60 minutes. If you must do so, do it at an appropriate time that will not impact rapport.
 - Looking at your phone.



It's Not What You Say, It's How You Say It

As you read each statement, emphasize the underlined word.

1. I never said he doesn't use condoms.
2. I never said he doesn't use condoms.
3. I never said he doesn't use condoms.
4. I never said he doesn't use condoms.
5. I never said he doesn't use condoms.
6. I never said he doesn't use condoms.
7. I never said he doesn't use condoms.



Open-Ended Question Stems

Open-ended questions begin with words that will elicit more than a one-word response from someone. Use the following words to begin open-ended questions when delivering Focus on the Future to clients.

Open-Ended Questions Stems:

- What...
- How...
- Tell me...
- Describe...
- Who...
- When...
- Where...
- Please explain...
- Why...*

* Be careful asking a client “why” questions. Often a “why” question implies that you are questioning his past choices or values. Avoid asking “why did you do that?” or “why do you think that?”

DO NOT begin questions with

- Do...
- Is...
- Are...
- Will...

Open-Ended Questions

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

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

1.	
2.	

Open-Ended Questions in Focus on the Future

Examples of open-ended questions that can be used in the different component(s) of Focus on the Future have been included below.

Component	Examples of Open-Ended Questions
Component 1: Establish Rapport.	<ul style="list-style-type: none"> ● How are you doing today? ● What do you do? ● What do you think about the game last night? ● How often would you say that you use condoms?
Component 2: Short Condom Error Survey (SCUS).	<ul style="list-style-type: none"> ● What types of condoms have you tried that you like to use? ● Why do you think it's recommended that condoms are worn for the entire duration of sex and not just at the beginning or the end? ● What sorts of lube have you tried using in the past?
Component 3: Ask client about condom experiences, discuss condom negotiation, and show posters.	<ul style="list-style-type: none"> ● What are some of the things that get in the way of you using condoms? ● What are some things you could say to your girl to introduce condoms into your relationship? ● What do you think about the HIV rates on this poster?
Component 4: Client practices applying condoms and lube to a model.	<ul style="list-style-type: none"> ● What are some things people use for lube that might have oil in them? ● How do you feel about using condoms and lube now?
Component 5: Address erection loss and access problems.	<ul style="list-style-type: none"> ● What do you think can make guys lose their hard-ons? ● What do you normally do if you don't have a condom on you? ● Where could you keep condoms so that you always have 2 or 3 of them on you when you need them?
Component 6: Describe features of the different condoms and lubes.	<ul style="list-style-type: none"> ● What do you think I mean by "fit and feel" of the condom? ● What do you think about all of these different types of condoms and water-based lubes on this table? ● What is one thing you are going to remember after you leave here today?

Paraphrasing Statements - Practice

With a partner, have one person answer the first question out loud and then the other person paraphrase what they heard. When the first person is satisfied with the paraphrasing, switch and have the other person answer the second question out loud and the first person paraphrase.

1. Something I like about the Focus on the Future program is...
2. Something I'm looking forward to about being a Peer Health Advisor is...

Continue practicing paraphrasing with the pre-written statements below, alternating between who reads the statement and who paraphrases it.

3. I hate using condoms. Every time I try to use them it feels like it just kills the mood and interrupts everything. I wish they were easier to deal with.
4. I don't mind using condoms, and I get that they help prevent disease and everything, but I just don't ever remember them or have them around when I need them, you know?
5. I'm worried about my girl, you know? It's like, I never wanted to hurt her or give her a disease or anything. I don't know what she'd say if she knew about all this—she'd probably kill me!
6. I hadn't really thought about HIV as a problem that really affected the African American community. I guess I never really thought about it at all before. It makes me mad and it makes me want to take better care of myself and my girl. It just shouldn't be this way.

Affirmations

Affirmations are powerful positive statements that identify something positive about the client and gives credit or acknowledgement. It may be a trait, behavior, feeling, or past/present accomplishment. It is important that affirmations are sincere and genuine.

Benefits

- Builds rapport and strengthens the relationship with the client.
- Encourages participation.
- Increases **client's** confidence in their abilities to learn and grow.
- Builds the **client's** self esteem and self respect.
- Validates **their** experiences.

Examples

- *Thank you for being honest.*
- *You clearly have the insight to recognize the risk here, and the courage to do something before it gets more serious.*
- *You've been through a lot together, and the fact you've stayed together says a lot about your love and commitment.*
- *You really have some good ideas for how you might make this change.*
- *You've taken a big step today, and clearly have a lot of determination.*
- *By the way you handled that you showed a lot of strength.*
- *You are the kind of person who cares a lot about other people.*
- *You must have a lot of self-respect to come in today, despite your strong reservations.*

Write an affirmation in response to the client statements below.

- 1. CLIENT SAYS** *"I always use a condom and I still got an STD. Life isn't fair."*

- 2. CLIENT SAYS** *"I've already waited 45 minutes to see you—this better be worth it."*

- 3. CLIENT SAYS** *"I only use condoms with my side girls. I could never use one with my main girl—she would totally bust me for cheating."*

How to Build Rapport

Developing a positive relationship with a client can sometimes be difficult and may need to be worked on throughout the 45-60 minute session. Strategies to continue building rapport throughout the entire Focus on the Future intervention are outlined below.

- Give **clients** positive feedback about what they are doing well.
- If you can, use humor to relax the **client**, being sure that humor is appropriate and not directed at the **client**.
- Offer support without providing advice or using the word “should.”
- Talk about shared experiences.
- Be genuinely enthused and interested in using condoms and protecting the **client’s** future.
- Speak in a lively and clear voice and make sure the **client** can hear you.
- Use an appropriate and non-judgmental tone.
- Listen closely when the **client** is speaking or asking questions.
- Be sure to respond to questions and comments to demonstrate that you heard him.
- Check in with **clients** throughout the session—ask questions such as
 - Do you have any questions?
 - Am I going too fast, too slow?
 - How are you doing?
- Observe the behavior of **client** closely.
 - Is he attentive?
 - Is he comfortable with what you are talking about?
 - What cues is he giving you about how he is feeling?
- Use open-ended questions, paraphrasing and affirmations.

Facilitation Dos and Don'ts

In order to achieve the components and the overall goal of the program, some dos and don'ts are outlined below.

Dos

- Make the client feel comfortable talking to you and asking questions.
- Spend as much time talking about an issue as needed.
- Give the client affirmations about what he is doing well or trying to do well.
- Spend as much time practicing a behavior as needed.
- Discuss safer sex as part of a larger focus on his future.
- Relate protecting himself with protecting his community.

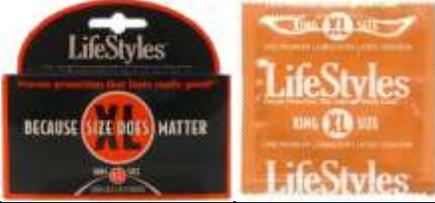
Don'ts

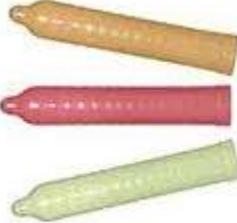
- Don't give advice.
 - Provide the client with options of what he could do (e.g., condom negotiation, choosing condoms and lube with the right fit and feel, etc.).
 - Do not use “advice” words like “but,” “never,” “don't,” “should,” or “must.”
- Don't tell your own story.
 - It is important that the client shares his issues and concerns—he should be the one talking most of the session.
- Don't answer questions that are too personal.
 - Direct questions back to the client as appropriate.
- Don't show judgment or disapproval of anything that the client shares.
 - By showing judgment through your body language, tone, or by what you say, you can make a client shut down and not share his real issues or concerns. In turn, the goal of Focus on the Future will not be achieved.
- Don't rush through the session with clients, even if other clients are waiting.
- Don't discuss medical information.
 - Refer clients to the appropriate person at the clinic if the client has questions about STDs or other medical information that you aren't sure of.

Condom and Lubricant Features Worksheet

Record key features (e.g., shape, size, texture, lubrication, etc.) for each condom and lubricant in the table below.

Condoms

Brand	Name	Packaging	Shape	Key Features
Trojan	ENZ			
Trojan	Magnum			
Trojan	Ecstasy			
Life Styles	King Six XL			

Brand	Name	Packaging	Shape	Key Features
Life Styles	Rough Rider			
Durex	Intense Sensation			
Durex	Extra Sensitive			
Durex	Tropical Flavors			

Brand	Name	Packaging	Shape	Key Features
Durex	Her Sensation			
Durex	XXL			
Durex	Pleasuremax			
Beyond Seven	Lubricated with Aloe			

Brand	Name	Packaging	Shape	Key Features
Kimono	Microthin			
Kimono	Textured			
Life Styles	SKYN (POLY-URATHANE)			

Lubricant

Brand	Name	Packaging	Shape	Key Features
ID	Juicy Lube 10 ml Foils		n/a	
Astro Glide	4 ml Foils		n/a	