



**A GROUP-LEVEL INTERVENTION WITH  
AFRICAN AMERICAN MEN WHO HAVE  
SEX WITH WOMEN**

**FACILITATOR'S GUIDE**

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# Nia Facilitator’s Guide

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## Introduction to the Nia Facilitator's Guide

Congratulations on being selected as a **Nia** group facilitator! This Facilitator's Guide will help you implement the intervention with fidelity to the original study. It contains detailed step-by-step directions for conducting the actual **Nia** sessions with your agency's clients, as well as background information and sample materials. The guide also provides information on how to prepare for and debrief from the sessions, all focused on your role as a facilitator. Since **Nia** is a video-based intervention, special detail is included on selecting and using the videos and movie clips.

We suggest that you and any appropriate colleagues begin by reading about the **Nia** intervention and its original research study in the Overview section. If you have **Nia** implementation responsibilities in addition to facilitation, you should also review the Program Manager's Guide. That guide includes all the information your agency needs to prepare for, manage, and evaluate the implementation of **Nia** with your clients.

There are a variety of appendices related to this guide and the Program Manager's Guide. These include materials that the Centers for Disease Control and Prevention (CDC) requires in all of its HIV prevention intervention packages, information on customizing or adapting the intervention, and various other resources that may be helpful to you before, during, or after your implementation. This includes worksheets for selecting videos and movie clips, tips for group facilitation, and a list of web-based resources, as well as the following samples of and instructions for the:

- ★ Pre-Intervention Assessment Survey,
- ★ Personal Feedback Report forms,
- ★ Materials for other **Nia** activities,
- ★ Session Consistency Outlines, and
- ★ Session Evaluation Forms.

The content and materials provided in this guide are further explained at the **Nia** training. A copy of the article on the original research will also be provided at that time. For more information about the training, see the DEBI website [www.effectiveinterventions.org](http://www.effectiveinterventions.org) .

## **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 implementation manuals, training and technical assistance materials, and other items used in intervention delivery. Also included in the package in **Appendix B** are:

1. The Centers for Disease Control and Prevention (CDC) factsheet on male latex condoms,
2. The CDC Statement on Study Results of Products Containing Nonoxynol-9,
3. The Morbidity and Mortality Weekly Report (MMWR) article “Nonoxynol-9, Spermicide Contraception Use—United States, 1999,”
4. The ABC’s of Smart Behavior, and
5. The CDC guidelines on the content of HIV educational materials prepared or purchased by CDC grantees (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs).

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.

# Nia Overview

## **The Intervention**

**Nia** is a group-level, video-based intervention with African American men 18 years and older, with at least six hours of content. While the original researcher split the content into two, three-hour sessions, the intervention can also be conducted as three or four sessions (see **Appendix F** for sample agendas). The goal of the **Nia** intervention is to reduce sexual risk behavior among African American men who have sex with women. The sessions create a context through which men can do the following:

- ★ Learn new information and affirm existing correct knowledge about HIV/AIDS,
- ★ Examine their own sexual risks,
- ★ Build motivation and skills to reduce their risks, and
- ★ Receive feedback from others.

**Nia** sessions are interactive meetings that have both an educational and an entertaining aspect. In addition, **Nia** uses factors, such as male pride, racial and sexual identity, receiving and giving respect, and maintaining sexual pleasure while reducing risk, to reinforce procedures for risk reduction. A male facilitator helps create an environment where the men are comfortable learning, while a female facilitator is present to assist with practice of making and communicating safer sex decisions and to help challenge and change negative attitudes towards women. **Nia** groups can be held in a variety of settings, as long as they are conducted in a private room where the men will feel comfortable enough to participate. **Nia** sessions are not classes, lectures, or forums.

**Nia** is based on the idea that men can take control of their personal risk-taking behaviors and help solve the problem of HIV infection in their community. Its name comes from the Swahili word for “purpose.” **Nia** is also the principle for the fifth day of Kwanzaa, a day to celebrate “making it our collective vocation to build and develop our community in order to restore our people to their traditional greatness.”<sup>1</sup> For more information on Kwanzaa, an African American and Pan-African holiday which celebrates family, community, and culture, see the website referenced in the footnote.

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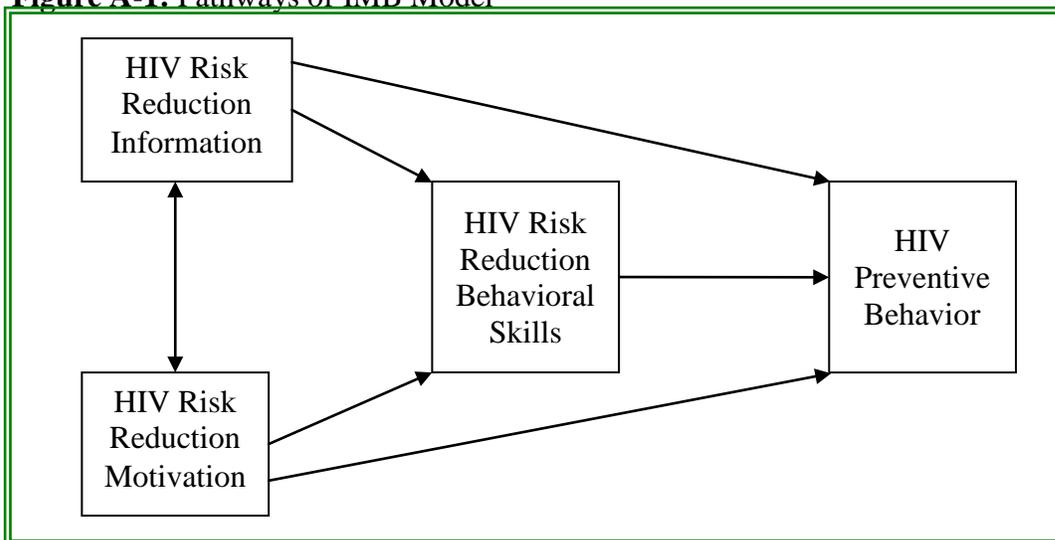
<sup>1</sup> The Official Kwanzaa Web Site: [www.officialkwanzaawebsite.org](http://www.officialkwanzaawebsite.org)

## **Theoretical Foundation**

The **Nia** intervention design comes from the Information-Motivation-Behavioral Skills (IMB) model<sup>2</sup> with enhanced motivational components using techniques described by Miller, et al.,<sup>3</sup> as adapted for HIV prevention.<sup>4</sup> The IMB model states that information about the modes of HIV transmission and methods of preventing transmission is a necessary precursor to risk-reduction behavior. Motivation to change also directly affects whether one acts or intends to act based on information about risk and risk reduction. Finally, the model states that behavioral skills related to preventive actions are needed in order for information and motivation to make a change in HIV preventive behaviors.

The IMB model assumes that information, motivation, and behavioral skills ultimately create risk-reduction behaviors. The IMB model is, therefore, constructed from elements found in other theories, such as Social Cognitive Theory, but configured specifically for HIV risk reduction. A diagram of these pathways is in Figure A-1 below. A similar diagram, listing the Personal Feedback Reports (PFRs) and other examples from **Nia**, is in Figure A-2 on the following page. PFRs take information provided by the participants at the start of the intervention and provide it to the participants at appropriate times for discussion as part of the motivational component of **Nia**.

**Figure A-1: Pathways of IMB Model**

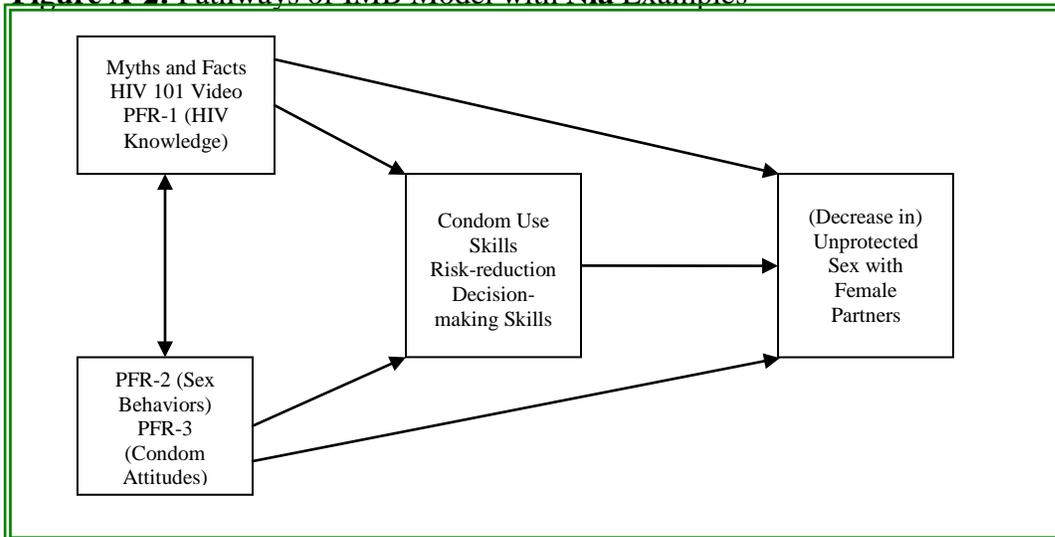


<sup>2</sup> Fisher, J. D., & Fisher, W. A. (1992). Changing AIDS-risk behavior. *Psychological Bulletin*, 111, 455-474.

<sup>3</sup> Miller, W. R., Zweben, A., DiClemente, C., & Rychtarik, R. (1992). *Motivational enhancement therapy manual* (DHHS Publication No. ADM 92-1894). Washington, DC: U.S. Government Printing Office.

<sup>4</sup> Carey, M. P., Maisto, S. A., Kalichman, S. C., Forsyth, A., Wright, L., & Johnson, B. T. (1997). Enhancing motivation to reduce risk for HIV infection for economically disadvantaged urban women. *Journal of Consulting and Clinical Psychology*, 65, 531-541.

**Figure A-2: Pathways of IMB Model with Nia Examples**



**Nia** also uses elements of strategies from Motivational Enhancement.<sup>5</sup> These strategies encourage favorable group processes by actively involving participants in the behavior change process and in developing risk-reduction strategies that are suited to their own circumstances. **Nia** includes the following examples of these strategies:

- ★ Fostering a collaborative atmosphere by giving all participants an opportunity to voice their opinions;
- ★ Affirming strengths and self-efficacy as they are identified during group discussion;
- ★ Giving feedback based on the results of a baseline knowledge, attitudes, and risk assessment, which helps the participant identify reasons for change and self-motivating statements.

The IMB Model is incorporated in **Nia**'s curriculum, goals, objectives, activities, and exercises. Strategies for the informational element include educational materials; interactive exercises, such as games and flash cards; and videos. The motivational element is represented in **Nia** by a video that raises awareness of HIV as a problem in the participants' community and activities that allow participants to reflect back on their own behavior and how that behavior may be placing them at risk for HIV. Behavioral skills-building in **Nia** occurs through modeling demonstrations of successful behaviors by men like the participants, practicing skills in a supportive group setting, and reinforcing behaviors through supportive responses and suggestions.

<sup>5</sup> Miller, et al. Ibid.

There are three main types of skills addressed in **Nia**:

- ★ Identifying triggers to unsafe sex in risky sexual situations
- ★ Using safer sex decision-making to manage risky sexual situations
- ★ Correctly using condoms

The first two skills are addressed in Session One and practiced in Session Two using scenarios from movie clips. Participants reflect on their own behavior and risky situations and learn the signs, or triggers, that may signal a risky situation in the future. Once they can identify triggers, participants learn the steps to decision-making and apply them in realistic situations.

Condom use and other risk reduction skills are an important part of the intervention. Participants examine their attitudes toward condom use and create a pros and cons (benefits and costs) list for condoms. Then they discuss ways to turn the cons from the list into pros. The facilitators help the group learn and, where possible, practice proper condom application and ways to communicate about condom use or risk reduction.

## **The Research Project**

Dr. Seth Kalichman<sup>6</sup> of the University of Connecticut developed **Nia** in response to the need for an evidence-based intervention specifically for inner-city, low income, African American men. Several such interventions exist for African American women; however, women face numerous barriers in their efforts to reduce their risk for HIV infection, including some men's unwillingness to wear a condom. Placing the responsibility for HIV-risk reduction solely on women may be unfair and potentially less effective than establishing positive condom use attitudes among men to reduce risk for HIV infection. Values, beliefs, and roles held by men must be significantly and appropriately addressed for prevention efforts to produce risk behavior changes. Thus, interventions that target African American men require socio-cultural and gender specificity in addition to a sound theoretical intervention framework.

### **Original Target Audience**

The **Nia** intervention was tested with inner-city, low income, African American men who had sex with women, including bi-sexual men. Men who reported having only male sexual partners in the past three months were excluded. The participants included men living with HIV, but they were not analyzed separately.

The **Nia** intervention study was conducted at the AIDS Survival Project in Atlanta, Georgia in 1996. One hundred thirty-three African American men were recruited from a county STD clinic in the zip code with the highest number of AIDS case rates in the state of Georgia<sup>7</sup> (Georgia Division of Public Health, 1996). A total of 117 men were randomly enrolled in either a **Nia** or control group. The control group received a time-matched, video-based, informational HIV prevention intervention. Of the 99 men who completed the group sessions, 96 completed the three-month follow-up and 81 the six-month follow-up.

### **Major Study Findings (Research Outcomes)**

Results from this randomized, controlled study showed significant reductions in risk behaviors among men who participated in the **Nia** intervention compared to men in the control group. At the three-month follow-up, men in the intervention groups were significantly more likely to report using condoms almost every time they had sex, carrying condoms, and talking with their sex partner about HIV; they also reported significantly lowered rates of unprotected vaginal intercourse. At the six-month follow-up, these differences were no longer significant, but the men in the intervention group planned ahead of time to have sex and talked with their sex partner about condoms at a significantly greater rate than the men in the control group. The intervention group participants were also significantly less likely to have used drugs in conjunction with sex

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<sup>6</sup> Kalichman, S.C., Cherry, C., & Browne-Sperling, F. (1999). Effectiveness of a Video-Based Motivational Skills-Building HIV Risk-Reduction Intervention for Inner-City African American Men. *Journal of Consulting and Clinical Psychology*, 67: 6, 959-966.

<sup>7</sup> Georgia Division of Public Health (1996). *HIV/AIDS surveillance report*. Atlanta, GA.

and less likely to have used alcohol before sex or other drugs before sex at the six-month follow-up.

Groups consisted of six to ten men who have sex with women. These small groups were similar in style to support groups. Participants sat in a circle and shared common experiences. The group met for a total of six hours, divided into two sessions. There were two African American facilitators, one of whom was a woman. They used four videos and seven movie clips to lead participants through the **Nia** content.

Ninety-four percent of the participants in the research sample had previously been tested for HIV; 50 percent tested negative, 15 percent tested positive, and 35 percent did not know their results. Many reported risk for infection with HIV and other STDs.

- ★ 82 percent had been treated for an STD.
- ★ 81 percent had been in prison or jail.
- ★ 71 percent exchanged sex for money or drugs.
- ★ 23 percent had history of mental health treatment.
- ★ 16 percent had both male and female partners in past six months.

Fifteen percent of the men reported use of injection drugs during their lifetime. While only three percent of the participants had injected drugs in the previous three months, 25 percent had a sex partner who injected drugs. Other substance use was also reported among participants in that time period:

- ★ Alcohol: 85 percent
- ★ Marijuana: 68 percent
- ★ Crack cocaine: 39 percent

For readers who want more details on the intervention study, a copy of the article can be purchased from the American Psychological Association by calling their Order Department at 1-800-374-2721. If you prefer, you can purchase it online at: <http://content.apa.org/journals/ccp/67/6/959.html>

## The Core Elements

*Core Elements* are the aspects of evidence-based interventions, such as **Nia**, that represent the theory and internal logic of the intervention and most likely produce the intervention's main effects on behavior change. *Internal logic* is the explanation of the relationships between intervention activities, the factors from behavioral theory that impact behavior (*behavioral determinants*), and the intended outcome(s) of the intervention. Core Elements are derived by the researcher from the components of the behavioral theory or theories used in the intervention design and/or from the experience of implementing the intervention.

Core Elements must be implemented with fidelity to increase the likelihood that prevention providers will have program outcomes that are similar to those of the original research. *Fidelity* is defined as implementing an intervention in such a way that you adhere to the Core Elements and Internal Logic as originally designed. While the Core Elements cannot be altered, there are still elements of each intervention that can be modified to fit the needs and strengths of the target population you serve as well as those of the implementing agency. The **Nia** intervention package materials do not specify Key Characteristics for **Nia**. However, more information regarding how to modify aspects of the **Nia** intervention, without changing the components found to reduce HIV risk behaviors, can be found in **Appendix F** on adaptation.

In the Facilitator's Guide and on the Session Consistency Outlines found in **Appendices O** and **T**, there are a number of places marked with small sunburst icons with numbers. These icons show where one of the Core Elements is addressed in the sessions. If an activity affects more than one Core Element, there will be an icon for each one.



**Nia** has five Core Elements, which are listed on the next page. These Core Elements, as noted above, must be maintained without change to ensure fidelity to the intervention and, thus, provide the best opportunity to achieve similar behavior change results. Several Core Elements include the showing of videos and movie clips. It is important to note that the intervention package does provide educational videos, but other videos can be used if found to be more appropriate for the target population and to meet the requirements stated in **Appendix G**. The movie clips are not contained in the package. The titles of the movies and the specific clips are described in **Appendix G**. The suggested movie clips can also be replaced with others that meet the requirements stated in **Appendix G**.



Conducting small group sessions with men who have sex with women that are led by culturally competent male and female co-facilitators who:

- ★ Use videos and movie clips appropriate for and appealing to men to present HIV information, motivate risk-reduction, and build skills for handling common risk situations
- ★ Challenge negative attitudes towards women through group rules that disallow adversarial language against women



Correcting misperceptions and misinformation regarding HIV by using gender and culturally appropriate videos and interactive exercises, especially:

- ★ Providing Personal Feedback Report on HIV knowledge
- ★ Showing and leading discussion of HIV educational videos
- ★ Conducting Myths and Facts activity
- ★ Conducting HIV Risk Continuum activity



Inducing and enhancing motivation to reduce risks for HIV by having men identify themselves and their behavior with the HIV epidemic through:

- ★ Providing Personal Feedback Reports on sex behaviors and condom attitudes
- ★ Showing and leading discussion of videos featuring men who have been affected by HIV with whom participants can identify
- ★ Conducting HIV Risk Continuum activity
- ★ Eliciting and exploring personal risky sexual situations



Building skills for identifying and managing sexual risk situations by:

- ★ Eliciting and exploring personal risky sexual situations
- ★ Building trigger-identification and safer sex decision-making skills
- ★ Guiding practice of trigger-identification and safer sex decision-making skills using movie clips



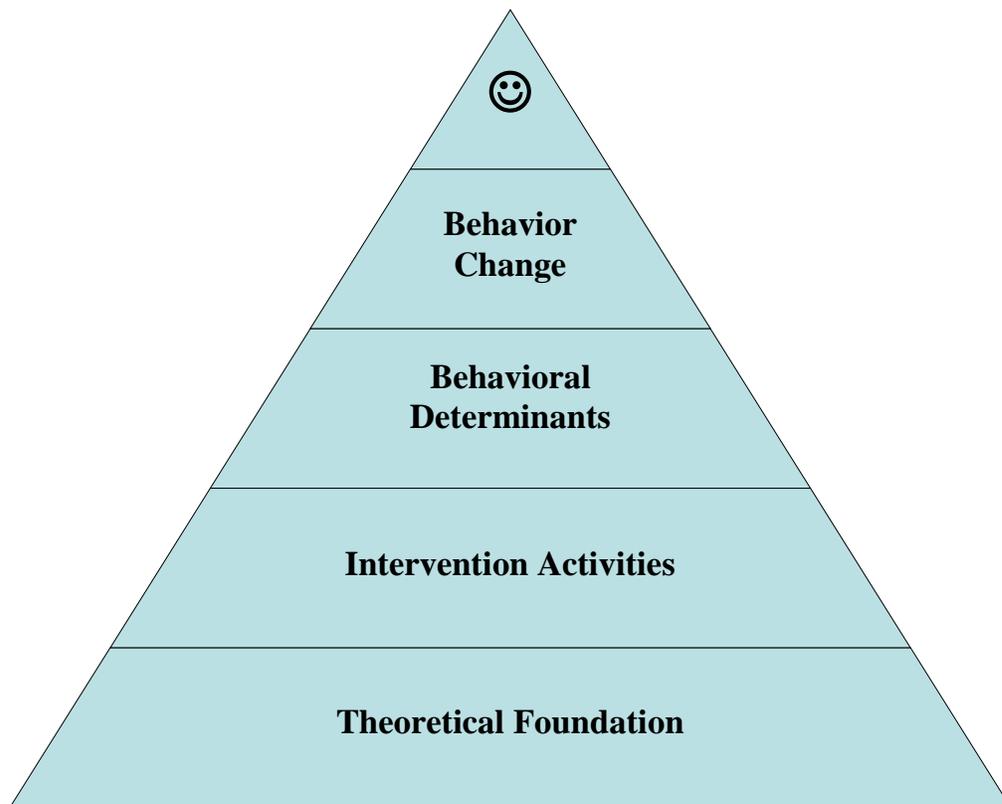
Enhancing motivation and building behavioral skills for condom use or safer sex by:

- ★ Exploring attitudes toward and pros/cons for condom use
- ★ Identifying safer sex alternatives
- ★ Building behavioral skills for correctly using condoms and communicating sexual decisions regarding condom use
- ★ Guiding practice of condom use and safer sex decisions using movie clips

## The Behavior Change Logic Model

Intervention activities are derived from the foundational theory. Each behavioral determinant is addressed by one or more activities of the intervention. The immediate outcomes expected from these activities are changes in the behavioral determinants, such as a decrease in negative condom use attitudes. The intermediate outcomes are decreases in risk behaviors, such as unprotected vaginal sex, or increases in protective behaviors, such as correct condom use.

**Figure B:** Intervention Development



The **Nia** Behavior Change Logic Model is presented on the next page. Logic models are systematic and visual ways to present the internal logic of an intervention, which begins with its theoretical foundation. The models depict the relationships between:

- ★ The factors from behavioral theory that impact a risk behavior (*behavioral determinants*)
- ★ The activities of the intervention that are meant to act on those behavioral determinants, and
- ★ The expected outcomes, or changes, as a result of the activities targeting behavioral determinants.

## Nia Behavior Change Logic Model

<b>Problem Statement</b>			
<p><i>Nia is designed for adult African American males 18 and older who have sex with women.</i></p> <p><i>This population is at risk of transmitting or acquiring HIV due to having unprotected sex with female partners.</i></p> <p><i>Major risk factors for HIV include: membership in a demographic group highly impacted by HIV, lack of condom use as a means of protection, sex while under influence of drugs/alcohol, and lack of comfort talking about HIV risk and condom use with female sex partners.</i></p>			
<b>Nia Behavior Change Logic</b>			
<b>Behavioral Determinants</b> <i>Factors from behavioral theory that impact behavior</i>	<b>Activities</b> <i>To address behavioral determinants</i>	<b>Outcomes</b> <i>Expected changes as a result of activities targeting behavioral determinants</i>	
		<b>Immediate Outcomes</b>	<b>Intermediate Outcomes</b>
<ul style="list-style-type: none"> <li>★ HIV/AIDS knowledge</li> <li>★ Risk perception regarding self</li> <li>★ Intentions regarding risk reduction options</li> <li>★ Identifying triggers to unsafe sex in risky sexual situations skills</li> <li>★ Identifying triggers to unsafe sex in risky sexual situations self-efficacy</li> <li>★ Managing risky sexual situations skills</li> <li>★ Managing risky sexual situations self-efficacy</li> <li>★ Risk reduction decision-making skills</li> <li>★ Risk reduction decision-making self-efficacy</li> <li>★ Condom use attitudes</li> <li>★ Condom use/safer sex skills</li> <li>★ Condom use/safer sex self-efficacy</li> <li>★ Sexual communication skills</li> <li>★ Sexual communication self-efficacy</li> </ul>	<ul style="list-style-type: none"> <li>★ Review personalized Personal Feedback Report (PFR) -1 form on HIV knowledge.</li> <li>★ Identify HIV information as myth or fact and discuss.</li> <li>★ Review personalized PFR-2 form on HIV risk behaviors.</li> <li>★ Place sexual risk behaviors on a risk continuum banner from very high risk to very low risk and discuss.</li> <li>★ Build skills in identifying triggers to unsafe sex and making risk reduction/safer sex decisions.</li> <li>★ Review personalized PFR-3 form on condom attitudes.</li> <li>★ Generate list of pros &amp; cons of condom use and discuss.</li> <li>★ View demonstration of condom skills and practice these skills.</li> <li>★ View and discuss culturally relevant videos;                             <ul style="list-style-type: none"> <li>○ HIV 101 video</li> <li>○ HIV community impact video</li> <li>○ “Edutainment” video</li> <li>○ Condom skills video</li> </ul> </li> <li>★ View culturally relevant movie clips and practice identifying triggers, safer sex decision making, and sexual communication.</li> </ul>	<ul style="list-style-type: none"> <li>★ Levels of correct knowledge will increase.</li> <li>★ Risk perception will increase.</li> <li>★ Intentions to use condoms will increase.</li> <li>★ Trigger identification self-efficacy will increase.</li> <li>★ Managing risky sexual situations self-efficacy will increase.</li> <li>★ Risk reduction decision-making self-efficacy will increase.</li> <li>★ Negative attitudes toward condoms will decrease and positive attitudes will increase.</li> <li>★ Condom use skills will improve.</li> <li>★ Condom use/safer sex self-efficacy will increase.</li> <li>★ Sexual communication self-efficacy will increase.</li> </ul>	<ul style="list-style-type: none"> <li>★ Increased condom use/ decreased unprotected vaginal/anal intercourse</li> <li>★ Increased talking with partner about HIV risk and condom use</li> <li>★ Decreased drug/alcohol use before or with sex</li> <li>★ Improved management of risky sexual situations, e.g.,                             <ul style="list-style-type: none"> <li>○ Planned ahead to practice safer sex</li> <li>○ Refused unsafe/unprotected sex</li> <li>○ Increased condom carrying</li> </ul> </li> </ul>

## **The Implementation Summary**

The Implementation Summary on the next page focuses on activities to prepare for and conduct the **Nia** intervention. Agencies and members of their Board of Directors can use this summary to assist with decisions about intervention selection. Once an agency selects **Nia**, staff can use the summary for planning, implementation, and monitoring and evaluation. The basic information in the Implementation Summary can be expanded to include detailed budgets and timelines, as well as plans for implementation, quality assurance, and evaluation.

### Nia Implementation Summary

<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>
<p>Inputs are the resources needed to implement and conduct intervention activities.</p> <ul style="list-style-type: none"> <li>★ Resources include funds, facilities, supplies, equipment, training and capacity-building assistance, and policies, plans, and procedures.</li> <li>★ 2 FTE experienced and culturally competent facilitators</li> <li>★ 1 FTE program manager</li> <li>★ Starter Kit</li> <li>★ Program Manager’s Guide</li> <li>★ Facilitator’s Guide</li> <li>★ Technical Assistance Guide</li> <li>★ Appendices (General and Session)</li> <li>★ <b>Nia</b> videos</li> <li>★ 6-7 movie clips</li> <li>★ TV/DVD player with remote control</li> <li>★ Myths and Facts cards</li> <li>★ HIV Risk Continuum Banner and Cards</li> <li>★ Condoms (male and female) and lubricant</li> <li>★ Penile models</li> </ul>	<p>Activities are the actions needed to prepare for and conduct the intervention. There are two sets of activities: those needed to get the intervention started and those needed to implement and conduct intervention activities.</p> <p>Getting the intervention started:</p> <ul style="list-style-type: none"> <li>★ Check agency readiness and improve as needed</li> <li>★ Create implementation plan (cost sheet, task list, timeline)</li> <li>★ Hire/select staff</li> <li>★ Develop quality assurance plan</li> <li>★ Attend Training of Facilitators and other trainings as needed</li> <li>★ Secure “buy-in”</li> <li>★ Develop evaluation plan (decide if follow-up assessment will be done)</li> <li>★ Select replacement videos and clips</li> <li>★ Select and schedule meeting space</li> <li>★ Select and schedule meeting dates and times</li> <li>★ Confirm meeting space</li> <li>★ Recruit participants</li> <li>★ Enroll participants</li> <li>★ Have participants complete Pre-Intervention Assessment Survey</li> <li>★ Prepare PFRs and other session materials</li> </ul> <p>Conducting the intervention:</p> <ul style="list-style-type: none"> <li>★ Conduct six hours of content for each cycle (two to four sessions)</li> <li>★ Manage quality assurance plan</li> <li>★ Monitor evaluation plan</li> <li>★ Collect data</li> <li>★ Debrief facilitators</li> </ul> <p>Maintaining the intervention:</p> <ul style="list-style-type: none"> <li>★ Use data to improve program</li> <li>★ Maintain buy-in</li> <li>★ Submit reports</li> </ul>	<p>Outputs are the deliverables or products that result from implementation activities. Outputs provide evidence of service delivery.</p> <ul style="list-style-type: none"> <li>★ (#) cycles of the six hours of <b>Nia</b> content</li> <li>★ (#) participants enrolled for each cycle</li> <li>★ (%) African American men enrolled for each cycle</li> <li>★ (#) participants completed each cycle</li> <li>★ (%) African American men completed each cycle</li> <li>★ (#) Facilitator Debriefing Sessions per cycle</li> <li>★ (#) Observations of facilitators per (required time period)</li> <li>★ (#) Pre-Intervention Assessment Surveys completed</li> <li>★ (#) Participant Satisfaction Surveys completed</li> <li>★ (#) Post-Intervention Assessment Surveys completed</li> <li>★ (#) Follow-up Assessment Surveys completed</li> </ul>

## Getting Ready for Nia

### Preparing for Delivery

#### Preparation Checklist

As a **Nia** facilitator, you will have many responsibilities before you actually are ready to deliver the group sessions. The following checklist is designed to help you keep up with these responsibilities, some of which will be happening at the same time. The remainder of this section of the guide will tell you more about each item on the list.



#### Nia Preparation Checklist

	<b>Date to be done by:</b>	<b>Date done:</b>	<b>Done by (initials):</b>
1. Attend training.			
2. Review the Facilitator’s Guide and Appendices, and preview all videos and clips.			
3. Prepare materials for session practice.			
4. Conduct facilitator coordination and practice.			
5. Select new movie clips and videos.			
6. Select and schedule meeting site.			
7. Select and schedule meeting dates and times.			
8. Recruit participants.			
9. Enroll participants.			
10. Have the participants complete their Pre-Intervention Assessment Surveys.			
11. Transfer data from Pre-Intervention Assessment Survey to the three PFRs for each participant.			
12. Prepare all session materials and equipment.			
13. Use Session Checklist to make sure you have all materials and equipment needed.			

## **Training**

As a **Nia** facilitator, one of your first jobs will be to prepare to deliver the group sessions. This guide presumes that you have already attended the **Nia** Training of Facilitators. Your program manager will assign any other training you need to attend in order to get ready for this important task.

Review the skills listed below, which are the major group facilitation skills needed for **Nia**. Note your strengths and weaknesses, and seek training or find other ways to work on areas you identify as weaknesses before implementing **Nia**.

<b>GROUP FACILITATION SKILL</b>	<b>LEVEL OF SKILL</b>			
	<b>No Skill</b>	<b>Get By</b>	<b>Competent</b>	<b>Excel</b>
<b>1.</b> Knowledge of behavioral interventions, group process, and HIV/STDs				
<b>2.</b> Able to create warm and welcoming environment				
<b>3.</b> Able to guide group discussion effectively				
<b>4.</b> Understand and able to adapt to group dynamics				
<b>5.</b> Flexible, an active listener, and willing to learn from the group				
<b>6.</b> Able to promote communication within the group				
<b>7.</b> Maintain eye contact				
<b>8.</b> Able to manage and control problems in the group				
<b>9.</b> Able to get participants involved				
<b>10.</b> Use humor effectively and appropriately				
<b>11.</b> Able to make appropriate referrals to services				
<b>12.</b> Adjust agenda times to meet needs of the group				
<b>13.</b> Able to meet people where they are				
<b>14.</b> Commitment to follow up on deferred questions				
<b>15.</b> Able to deal with crises appropriately				

## **Reviewing Session Materials**

During the Training of Facilitators course, you reviewed much of the session content and related forms, but you should spend additional time going over this guide after the training. Each of the two sessions has its own section, which lists the objectives for that session, materials needed, the agenda, detailed step-by step directions for each item on the agenda, and suggestions for post-session tasks. These pages use a variety of icons to help you identify special points within the curriculum. Each icon is reviewed in the next section.

Review carefully the steps listed for each activity. These are meant for you, the facilitator. Study the agendas to learn the content and logistics of the sessions. You saw all the videos and clips used in the original research study during the Training of Facilitators; look at each of the videos and movie clips again, as you go over the related part of the guide. Review all the sample forms and materials found in the appendices and how they are used.

Once you finish your review, you and your agency may want to make some minor changes to the materials, forms, or agendas to better suit your participant population. Make sure these adaptations are right for your clients and maintain fidelity to the Core Elements, internal logic, and intent of the intervention. If you want to choose new videos or clips, see pages 24-25 for general information on how to do this and **Appendix G** for worksheets to use when selecting new clips and videos. See **Appendix F** for more information on how you might adapt **Nia** for your agency.

## Session Icons

Below are the icons used in this guide and an explanation of how each is used in the document.



### **Actions**

This symbol indicates a **point where the facilitator needs to take action**, for example, taking breaks or holding up Myths and Facts cards. When the action is showing videos and movie clips and passing out forms, the related icon for forms or videos/clips will also be used.



### **Checklist**

This symbol indicates a **checklist**. The main checklists for **Nia** are found before each session and detail supplies, equipment, paperwork needed for the session, as well as the tasks that need to be done before it begins. There is also an optional checklist for the condom demonstration and practice activity.



### **Core Elements**

This symbol indicates a **segment of a Nia session in which one or more Core Elements are addressed**. There will be one or more of these symbols, each marked with the related Core Element number, in front of the purpose for that activity. These symbols will help remind you of the parts that must be delivered with fidelity. See page 12 of this guide for more information on the importance of Core Elements.



### **Forms**

This symbol indicates a **point where the facilitator needs to distribute handouts or forms**, such as Personal Feedback Report (PFR) forms, the handout with HIV and STD information, or the Personal Safer Sex Plans.



### **Materials**

This symbol indicates a **list of any supplies or equipment needed for a segment of the Nia sessions**. The symbol will be found in the box at the beginning of each segment.



## Movie Clips

This symbol indicates a **point where the facilitator needs to show a movie clip or where information on selecting or otherwise working with clips appears**. There are six segments from popular movies shown in the **Nia** sessions.



## Notes to the Facilitator

This symbol indicates **additional information for the facilitators**. The session content section is primarily written as instructions for the facilitators. Certain statements that are particularly helpful in terms of understanding the purposes of the intervention have this “take note” symbol.



## Purpose

This symbol indicates the **purpose or objective of each segment of the Nia sessions**. These objectives are often tied to the Core Elements for **Nia**. The symbol will be found in the box at the beginning of each segment.



## Time

This symbol indicates the suggested **length of time for each segment of the Nia sessions**. These suggestions are somewhat flexible. See the agenda section in **Appendix F: Adaptation** for more information on adjusting agenda times. The symbol will be found in the box at the beginning of each segment.



## Videos

This symbol indicates a **point where the facilitator needs to show a video or where information on selecting or otherwise working with videos appears**. There are a variety of types of videos and movie clips shown in the **Nia** sessions: personal statements, HIV/AIDS information, “edutainment” (a combination of education and entertainment), and condom demonstration.

## **Facilitator Coordination and Practice**

Attending the **Nia** training and reviewing the materials will give you a good sense of the basic logistics of the sessions. You and your co-facilitator should meet to decide which one of you will lead each part of the sessions; these roles can be rotated as you become more familiar with **Nia**. You can identify protocols for dealing with specific issues that may arise and establish signals to alert each other when these issues occur.

Next, your program manager will help you schedule time(s) when they can observe you as you practice delivering the intervention activities. The main goal of this practice is to give you and your co-facilitator an opportunity to get even more familiar with delivering the **Nia** content. These session practices work best when you can get volunteers, such as other staff members, to play the part of participants; however, it is important to make sure they understand their role and the goal of the practice sessions.

During these session practices, you and your co-facilitator will practice assessing participants' HIV knowledge level, awareness of risk, and emotional state. You will practice managing conflict, providing referrals to meet the participants' needs, and other common facilitator responsibilities. You should practice steps in setting up the movie clips, leading discussions, and the activities of making and communicating safer sex decisions. The session practices will increase your comfort-level with group process, help you learn and develop strategies for improving your facilitation skills, promote flexibility in adjusting the agenda when necessary, and improve the quality of your session delivery.

You also might take this time to practice using the post-session forms. After each session, you will be responsible for completing a session evaluation. The session evaluations are located in **Appendix U**. Your program manager also may want you to complete the Session Consistency Outlines; these are helpful in assessing whether all the agenda items were covered in the correct order. These forms are located in **Appendices O and T**.

Following each **Nia** session, you will also be responsible for attending a debriefing as soon after the session as possible and definitely before the next meeting time. Debriefing allows you and your program manager to address any emotional or practical issues that might come up in the **Nia** sessions. This can be a valuable part of your practice as well. Your program managers and other relevant staff members can provide both you and your co-facilitator with useful feedback; you can also conduct a self-evaluation. The following are suggested self-evaluation questions:

- ★ How did the practice facilitation of the session go?
- ★ What went well? Why did it go well?
- ★ What did not go well? Why did it not go well?
- ★ Were there any problems with the room, supplies, or equipment?

## Selecting New Movie Clips and Videos



Your program manager may assign you one of the most important aspects of adapting delivery of **Nia**: selecting videos and movie clips that are up-to-date and culturally appropriate for your intended participants. The original research study used four videos and seven movie clips from the 1990s. Since the majority of the participants were African American men, these videos and clips featured African Americans. If your agency is implementing **Nia** with a different target population or a mixed audience, you may want to change the videos, which are included in the package, and, most likely, the movie clips, which are not in the package.

The videos and movie clips are used to engage participants in the intervention and to stimulate discussion by showing men with whom the participants can identify. In addition, the movie clips encourage the practice of making and communicating safer sex decisions in a non-threatening way. Participants are asked to imagine themselves in the “prelude to sex” situations portrayed.

One reason to update **Nia** videos and clips is that the older videos and movies may not serve these purposes as well as more current ones. Additionally, out-of-date hairstyles or clothing can be distracting or create unintentional humor and could possibly derail the session. Another reason to update the videos is that they all predate highly active anti-retroviral therapy and, therefore, have more emphasis on people dying than on HIV treatment. If your agency wants to update or adapt the videos and/or the movie clips for your target population(s), refer to **Appendix G** for more information and worksheets for each video or clip to help with the selection process. Information on the movie clips used in research, since the clips are not included with the package, is also included in **Appendix G**.



- The basic requirements for the videos are:
- ★ Video #1 must present accurate and up-to-date facts about HIV/AIDS and risky behaviors in a question and answer format. Facilitators must be able to use it to prompt discussion around safer sex/risk reduction.
  - ★ Video #2 must present the stories of men who are living with HIV/AIDS and look like those in your **Nia** groups. Facilitators must be able to use it to prompt discussion around HIV’s impact on the community.
  - ★ Video #3 must present accurate and up-to-date facts about HIV/AIDS and risky behaviors in a variety of entertaining formats.
  - ★ Video #4 must present accurate and up-to-date facts about condoms in a casual format. Facilitators must be able to use it to prompt discussion around condoms and safer sex/risk reduction.

You or others on staff may already be familiar with videos that meet the requirements for Videos #1, 2, and 4. If not, you can search for these on one of the websites listed in **Appendix I** or ask your Community Advisory Board (CAB) or other collaborators to

make suggestions. Video #3 is a compilation of several educational and entertaining pieces. If replacing this video, use the procedures listed below for selecting movie clips and consider the requirements above.



Selecting new movie clips can be a fun activity and build cohesion among members of the intervention team. The requirements for these movie clips are fairly simple. The scene should have the following characteristics:

- ★ Last at least one minute but no more than four minutes,
- ★ Have high production values (“movie-quality”),
- ★ Feature a man and a woman right before they are to have sex but not having sex (prelude to sex scene),
- ★ Have actors that reflect the target population,
- ★ Be engaging, and
- ★ Prompt discussion around safer sex and risk reduction.

The selection process can be made simpler by involving more people with knowledge of current movies. Staff, Community Advisory Board (CAB) members, and other volunteers can all participate; this can be a great opportunity to reach out to new volunteers. An agency can arrange “movie parties” where interested volunteers can learn the clip requirements, view movies, eat popcorn, and look for appropriate scenes. If desired, samples of the original clips might be shown first. After attending one of these events, volunteers can continue the process on their own or in small groups. Suggested scenes can be pre-tested with the CAB or focus groups.

While the original research used seven clips, this guide suggests the use of only six. This will allow more time for discussion and practice of the skills. If your agency prefers, it can use seven clips.

Brief “set-the-scene” descriptions of each clip are included in **Appendix G**; these are based on those used in the research study. It is important to write down a “set-the-scene” for each new movie clip selected. These do not need to be long or complicated; they are just to help the facilitator prepare the group participants for viewing the clips. These descriptions are used as the facilitator introduces each clip to “set-the-scene.” Each time you introduce a clip, you should include statements to participants that are similar to the following and cover the same basic points:

- ★ “You may have seen the movie (or other source) this clip is from. Try to forget anything you know about it. Think about it as I describe it, not as it appears in the movie.”
- ★ “This is a ‘prelude to sex’ scene, where a man (*briefly describe the scene*).”
- ★ “Watch the scene, and look for triggers to unsafe sex.”
- ★ “Focus on how the male character handles the risky sexual situation. Think about what the character could have done or said differently to produce a safer sex situation.”
- ★ “Think about how you would have reacted in a similar situation.”

Once you have shown each clip, you will ask the same questions of participants. Instructions for asking the questions are found in Steps #6, 10, and 11 of section II.7 on page 95. The questions are also summarized below and on the Easel Chart Guides found in **Appendix V**.

- ★ “How easy would safer sex be?”
- ★ “What are the triggers to unsafe sex?”
- ★ “What could the man say to make the situation safer? What could he do?”
- ★ “If you were in this situation, what would you say/do?”
- ★ “Does that sound realistic to all of you?”
- ★ “What would you say/do?”

## **Scheduling Sessions**

You may be working with your program manager to schedule **Nia** sessions. One of the first steps is identifying potential meeting sites and assessing which are more likely to make the implementation of **Nia** a success. Collaboration with outside venues may be necessary. When scheduling the sessions, your agency should address as many barriers to attendance as possible. Conducting a community assessment with the target population will provide feedback from men about the best places and times to schedule **Nia** sessions.

### **Selection of Meeting Site**

**Nia** is designed to take place in a location where participants will feel comfortable and secure, such as a group setting. Consider the following when selecting a venue:

- ★ Is it private?
  - ◆ Can session conversations and video sound be heard through the walls?
  - ◆ Can men access the room without crossing public areas?
- ★ Is it accessible?
  - ◆ Can participants without transportation easily and readily access the location?
  - ◆ Is it available at times that are convenient for your clients?
  - ◆ Is it handicapped accessible?
- ★ Is it big enough?
  - ◆ Can 8-12 people be seated comfortably in a circle with no obstructions (such as a table) in the middle?
  - ◆ Is there room for the audio-visual equipment and easel chart to be set-up near the facilitators?
  - ◆ Can you set up tables for food (if applicable)?
  - ◆ Can the furnishings be rearranged?
- ★ Is there a history of problems with the location?
  - ◆ Has the facility cancelled reservations in the past?
  - ◆ Have clients complained about the facility?
  - ◆ Has equipment been promised that was not provided?
  - ◆ Has equipment been provided that was not in good working condition?
  - ◆ Are there sufficient working electrical outlets?
  - ◆ Does the facility have adequate and well-serviced heating and cooling?
  - ◆ Do you have trouble getting in touch with staff at the facility?
  - ◆ Are lockdowns or disturbances common? (e.g., in correctional facilities)
- ★ Does your population have concerns about stigma related to HIV? If so, look for non-HIV-specific locations:
  - ◆ Community centers
  - ◆ Schools
  - ◆ Religious buildings
  - ◆ Libraries
  - ◆ Other similar facilities

When working with other agencies to provide a location for **Nia** sessions, your agency should have a signed collaboration agreement letter or memorandum of agreement (MOA) with the program administrators of that venue. The letter should be for the length of the funding period or for at least a twelve month period. This collaboration agreement will establish a strong commitment between the two parties to provide this service to the target population.

### **Selection of Meeting Dates and Times**

**Nia** was conducted in the research study as two, three-hour sessions, both in the same week, and the Facilitator's Guide reflects this format. The research study also scheduled one day off between **Nia** sessions. It is not recommended that sessions be held on consecutive days or conducted in one, six-hour session, as that does not allow participants sufficient time to process the information presented or practice the skills they learned. Similarly, it is not recommended that agencies wait longer than a week between sessions, as the skills practice needs to happen soon after the skills are learned. It is also not recommended that agencies wait longer than a week between sessions, as participants may have trouble retaining the material from the previous session.

When scheduling **Nia** sessions, information gained through community assessment about when clients are most available should be considered. Six hours is the minimum total time required to implement **Nia**, not including break time, but you or your agency may decide during the planning or practice period to adjust the session length somewhat to allow more time for discussion or other parts of the group process. Breaks are built into each agenda, but your agency will decide their length. Use this time to allow participants to go to the restroom, stretch, and relax; you might also consider serving snacks or a light meal during the break.

**Appendix F** provides more information on modifying session length, a copy of the two-session agenda from this guide, and a sample agenda for both a three-session and four-session format.

If not conducting **Nia** sessions at your agency, you may need to be flexible when setting times and dates with potential spaces. This is especially true when working with correctional facilities and drug rehabilitation centers. Some issues may come up that might require you to work hours outside your normal work schedule. These could include the following:

- ★ Locations/venues may have activities that are required for their clients to complete.
- ★ Times to conduct the sessions are only available after hours.
- ★ The days your agency requested might not work for that location/venue.

## **Confirmation of Meeting Space**

Even when you have or your program manager has scheduled space for your sessions well in advance, there are a number of reasons why the space may not be available after all at the time you need it. You will want as much time as possible to try and find a replacement site, so check in with the person who is in charge of the space both a week and a day before each session. Make sure they have your contact numbers, in case there is a last minute problem. You will also need to contact your participants to let them know where to come or that you need to reschedule.

## **Recruiting Participants**

As a **Nia** facilitator, your job description may also include recruiting participants. If so, you will work with your program manager to ensure you are following agency policy and the implementation timeline. This section will give you an overview of things to consider and suggested methods.

Agencies will want to concentrate their recruitment efforts where there are substantial numbers of African American men who have sex with women. Conducting a community assessment with the target population can provide feedback about the best places, times, and methods for recruiting men to the sessions. If applicable, it can also cover incentives, both monetary and non-monetary, that will be most effective. This information will help your agency develop a recruitment plan that details where and how participants will be recruited, recruitment/marketing tools, and number of participants to be recruited.

After the first few cycles of **Nia**, word-of-mouth from past participants can be an effective marketing method. Your CAB is also a valuable marketing resource. The members can advise your agency on where to place the marketing materials and how to identify other ways to engage the community. The generic marketing tool in **Appendix E** can be adapted for recruiting your target population, with the assistance of your CAB. See also **Appendix F** for information on adapting marketing materials.

Your agency may choose to conduct an interview with potential participants as part of the recruitment process. Some barriers to participation might be addressed during the interview. By meeting a few basic client needs, your agency can make it possible for someone to participate fully in **Nia**. There is a difference between things that remove barriers to attendance and financial incentives; for instance, providing child care could make it possible for a single father to attend **Nia** who could not do so without it, while a cash incentive or gift card to a fast food restaurant could motivate attendance. If you want and are able to offer other items or services, they may help keep participants involved in the group sessions. When assessing the community, consider whether your clients would like such things as:

- ★ Certificates of completion
- ★ Bus passes
- ★ Food vouchers
- ★ Gift cards
- ★ T-shirts or baseball caps
- ★ Coupon for free hair cuts
- ★ Grooming products

If implementing **Nia** with special populations, you might look for other types of incentives. For example, it might be possible to negotiate added privileges for participants in correctional facilities who complete **Nia**. You and/or the facilitators would have to work closely with the program coordinator and classification personnel at the correctional facility to find out what would be possible and how to achieve it.

## **Enrolling Participants**

### **Enrollment Process**

Whenever possible, we recommend scheduling a meeting with clients before assigning them to a **Nia** group. Keep in mind that not all every member of your target population is a good fit for this intervention. Ask participants about their experiences with support or discussion groups and how they feel about coming to **Nia** sessions to determine if they are a good fit for the intervention.

Give the participants an overview of **Nia** and what they can hope to gain from the group sessions. Answer any questions they have about the intervention, and check to make sure there are not any barriers to their full participation. Explain to participants about your agency's policies on confidentiality, and ask them to sign a consent form. Your agency should consider what other topics you would like to cover with participants at this time, such as group rules, requirements for coming to group sober, or attendance policy. See **Appendix E** for sample group commitment and consent forms.

Create a new file or obtain access to a current file for each participant. **Nia** participant files must be kept in a secured place, since they will include confidential forms and other documents. Create a system for following up with participants to remind them about the upcoming sessions, and record these contacts in their file.

We suggest encoding the participant forms to ensure the privacy of the participants. The identification (ID) code can be created by the participants or with information you get from them, such as birth month plus the first three letters of their first name, from a list of random numbers/letters, or in any other manner your agency prefers. This same code can be used for participant files. Each participant should be encouraged to remember their ID code to facilitate distribution of their Participant Feedback Report (PFR) forms during the sessions.

If you are planning to conduct a Follow-up Assessment Survey, inform the participants of the schedule and obtain additional contact information from them, e.g., telephone numbers of people who would know how to contact them should their original contact method no longer be current. Develop and receive permission to use a specific message that will maintain confidentiality but alert the participant to the need to contact your project.

The following sections describe the main participant forms, where to find them, and how they are used in the implementation of **Nia**. These forms can be adapted for specific populations. However, the Pre-Intervention Assessment Survey and PFR forms are related: if you make changes to one, you will usually need to make similar changes to at least one of the other forms. These changes might also apply to the Post-Intervention and Follow-up Assessment Surveys. See **Appendix F** for more information on changing forms.

## **Pre-Intervention Assessment Survey**

Your staff will need to conduct an initial intake session with the participants who have agreed to participate in **Nia**. The purpose of this session, which may be combined with the previously described meeting, is to complete the Pre-Intervention Assessment Survey. This form is used to create the Personal Feedback Report (PFR) forms, which are passed out during **Nia** sessions. It needs to be completed before the start of the first session, so that all relevant information can be transferred to the PFR forms.

The survey has three sections. The first section asks the participants about their HIV knowledge. The second section asks participants about their sexual behaviors. The third section asks participants about their attitudes toward condom use. The facilitators may want to review each participant's Pre-Intervention Assessment Survey, so they can look for changes as the intervention progresses. **Appendix J** contains more information and a sample copy of the Pre-Intervention Assessment Survey.

## **Personal Feedback Report (PFR) Forms**

The Personal Feedback Report (PFR) forms support Core Element #2, correcting misperceptions and misinformation regarding HIV, and Core Element #3, inducing and enhancing motivation to reduce risks for HIV. They accomplish this first by reminding participants how they responded to questions on the Pre-Intervention Assessment Survey. PFR-1 gives the participants a chance to compare their answers to accurate HIV information. PFR-2 makes participants aware of sexual behaviors that might put them at risk for infection, and PFR-3 addresses their attitude towards condom use. Secondly, the forms can help motivate participants to change their risky behaviors in two ways: 1) help participants compare what they currently do to what they want to do and 2) reinforce existing safer behaviors that participants want to maintain.

The individual PFR forms are handed back to the participants during the sessions: PFR-1 and PFR-2 in Session One, PFR-3 in Session Two. These forms need to be completed for each participant, using the participant's Pre-Intervention Assessment Survey, before the beginning of the session in which they are to be used; it may be helpful to do all the forms immediately after the initial intake to avoid last-minute problems. Anyone on the intervention team can transfer a participant's answers from his Pre-Intervention Assessment Survey to the appropriate PFR. See **Appendices L, N, and P** for copies of the three PFR forms and keys that show which questions on the Pre-Intervention Assessment Survey are used to complete each of the PFR forms.

A blank version of each of the three PFR forms should be enlarged to poster size and displayed during the appropriate session. The poster-sized PFRs provide visual aids to assist with group discussions of the forms and help to move the sessions along in a timely manner. The large PFR forms also may be helpful for involving participants with lower literacy skills. **Appendix N** includes a blank version of PFR-2 that should be used for that poster, since it lists the response options. Most print shops can create an enlarged version from either a paper copy of the form or the electronic file.

## **Preparing Session Materials and Equipment**

You can find in the appendices samples of all but one of the various forms and materials needed to deliver the **Nia** sessions, along with an explanation of how to prepare the materials. Besides the Personal Feedback Report forms described in the last section, there are handouts and other materials used for **Nia** activities, such as the Myths and Facts cards in **Appendix K**. See **Appendix F** for detailed information about adapting forms and materials to make them culturally appropriate for and appealing to your participants.

The material not included in the package is the handout with statistical information about HIV/AIDS and STDs. This information needs to reflect your community and be something to which your participants can relate. It also needs to be as up-to-date as possible, so consult your local or state health department or the CDC website ([www.cdc.gov](http://www.cdc.gov)).

Before your first cycle of **Nia**, you should plan to spend several days preparing materials for the various activities, but most of these materials can be reused in later cycles. You will need to make copies of the forms each time; this includes participant forms and your Session Evaluations and Session Consistency Outlines. You should allow enough time before each cycle of **Nia** to complete all the PFR forms for each participant.



Establish a system for making sure you arrive at each session with all the materials needed. You may find it helpful to use the session checklists found on pages 41 (Session One) and 78 (Session Two). If you are using a meeting space outside your agency, you may want to get permission to store materials there between sessions.

**Appendix V** contains sample Easel Chart Guides that can be used to help you keep on track with each session. These optional guides can be printed poster-sized in color or black and white. Instructions for their use are also found in this appendix.

It may also be your responsibility to ensure that the equipment needed for each session is available and in working condition. This includes at least one easel, a television, DVD or VCR player, and a remote control. If only a VCR player is available, you will need to transfer the **Nia** DVD to a VHS tape. You may want to bring extra batteries for the remote control, since it is very awkward to facilitate the videos and clips without one.

# Conducting Nia Sessions

## Nia-specific Facilitation Skills and Tasks

**Nia** facilitators should be culturally competent and have excellent group facilitation skills or be in the process of improving those general skills. This section addresses some of the skills specific to working with a **Nia** group. These include keeping the clients engaged, dealing with videos and movie clips, creating a learning environment consistent with male culture, and challenging negative attitudes towards women.

This section also looks at two of the facilitators' post-session tasks. It includes information on the various forms to be filled out after each session is completed. There is also information on the importance of debriefing sessions.

## Keeping Clients Engaged

Keeping clients engaged in **Nia** group sessions can be a hard task. However, it is one of the best ways to ensure participants complete the intervention. Part of the purpose of the **Nia** videos and movie clips is to engage participants in the intervention. Work with your CAB to identify other ways to engage your group members. You also can find out from the participants during the sessions what would make the groups more engaging or relevant to them.

The real key to keeping your group interested rests with you, the facilitators. You must work hard to make the content exciting, relevant, and engaging to the group. You have much of the responsibility for ensuring the following for all participants:

- ★ A chance to contribute to the group discussion
- ★ A chance to participate in the group activities
- ★ A chance to have their thoughts heard
- ★ A feeling of being welcome, safe, and supported

It is easier to engage and respond to the group members if you do not read from this guide during the sessions. Consider ways to provide any cues you need to keep the session on track and ensure fidelity to the intervention. For example, you might create and post an agenda on easel paper to visually remind you of the session content. A set of sample easel chart guides, including cues to timing and content, are available in **Appendix V**. The Session Consistency Outlines, found in **Appendices O** (Session One) and **T** (Session Two), can also serve to remind you of all the most important points in a session. See the Adding to the Intervention section of **Appendix F** for more suggestions.

The set-up of the room can also affect participant involvement. It is strongly recommended that the circle of chairs be arranged with no obstructions, such as a table or pillar, in the middle. Comfortable chairs can help keep the group from getting restless, but, if these are not an option, you may want to find times to let the men stretch or to

schedule more frequent breaks. Remember that the break time is not included in the six hours of **Nia** content.

Because you will be filling out a post-session evaluation form, you may want to make notes as you go along. It would be best to do this during breaks, instead of the actual session. The exception to this is if you need to defer questions asked by the participants; it would be appropriate to write these down to make sure you address them all.

### **Facilitating Videos and Movie Clips**



There are a variety of types of videos and movie clips shown during **Nia**. Each of these has a specific purpose and some distinct ways in which they are processed. The videos and clips from the original research study primarily feature African Americans, and this guide is written on that basis.

It is very important that **Nia** facilitators and other relevant staff become familiar with the original videos and movie clips, their purpose, and how they are used during the intervention before beginning the sessions. **Nia** can be adapted to be more current, culturally appropriate, or appealing to your clients by selecting new videos or movie clips that reflect the men in the sessions. See the Selecting New Movie Clips and Videos section on page 24 and **Appendix G** for more information.

Videos #s 1, 2, and 3 are used in Session One; Video #4 is used in Session Two. Most of the second half of Session Two is about applying skills to scenes from six clips taken from popular movies.



Video #1 is shown to make sure everyone has the same correct HIV information, which addresses Core Element #2: correcting misperceptions and misinformation regarding HIV by viewing and discussing an educational video. It presents HIV/AIDS information in a question and answer format, and the participants see themselves in the people in the video. Afterwards, the facilitators encourage participants to ask questions, and facilitate a group discussion, tactfully correcting any misperceptions that are not corrected by the group.



Video #2 addresses Core Element #3: increase and enhance the participants' motivation to reduce risks for HIV. It features men who have been affected by HIV and with whom the participants can identify. The post-video discussion focuses on community responsibility and the protective role the men can play to lessen the impact that HIV/AIDS has on their community. It is important to personalize participants'

responses to the video. Facilitators should focus on the participants as African American men and on what they, as individuals, can do to prevent the spread of HIV. Use any comments made about friends or relatives with HIV and how HIV affects their lives to reinforce the concept.



Video #3 is considered “edutainment,” a combination of education and entertainment. It is used to reinforce the safer sex messages, while ending the session on an upbeat, fun note. This is intended to increase the likelihood that participants will return for the next session. It also creates an “affective shift” after the lengthy discussion of risky situations, which assists in learning.



Video #4, a condom demonstration video, is shown to help participants continue the process of learning condom use and safer sex skills. Video #4 addresses Core Element #5: enhancing motivation and building behavioral skills for condom use or safer sex. It does this by helping the men to further explore their attitudes toward and pros/cons for condom use, identify safer sex alternatives, and build behavioral skills for correctly using condoms. It presents condom information in an informal context and shows an African American couple handling various condoms and discussing condom use. The group discussion afterwards covers eroticizing condoms and communicating decisions about condom use.



The six movie clips are used to address Core Elements #1, #4, and #5. They feature men with whom the participants can identify in a sexually risky situation, relating it to Core Element #1. Look for places in the discussion of the movie clips to challenge negative attitudes towards women and develop empathy for women’s disempowerment and potential risks, also part of Core Element #1. The post-clip discussion addresses Core Element #4 by helping participants to identify and learn to manage sexual risk situations. With each of the movie clips, participants practice identifying the triggers to unsafe sex and discuss what they might do or say differently in that situation. Activities done after each clip is shown address Core Element #5 through “one-liners;” these allow the men practice in safer sex decision-making skills and communicating sexual decisions.

Participants may “act out” when they learn that these will be a “prelude-to-sex-scenes.” Keep the focus on looking for ways to make the situation safer. Each clip is shown twice; the first time is straight through, so the participants can become familiar with it. During the second showing, participants “pause” the clip where they believe the male character could have initiated safer sex or otherwise done or said things differently. It is best to minimize the discussion between the two showings, focusing mostly on the triggers for unsafe sex.

Details on introducing the clips and facilitating the follow-up discussion, including many probing questions, are included in Session Two. Be consistent in the way you introduce the clips, facilitate the discussion of triggers to unsafe sex and safer sex alternatives, and lead the practice of making and communicating safer sex decisions. The first clip sets the standard for introducing and facilitating all the remaining clips.

### **Creating a Learning Environment Consistent with Male Culture**

It is important to create a group environment for **Nia** groups that will promote learning by the participants. As stated in the Core Elements, the first step in doing this is to include culturally competent co-facilitators; according to the first Core Element, you need both a male and a female. While both facilitators need characteristics such as being respectful of and able to work well with the group members, the male facilitator provides a positive role model and can help make the men more comfortable in the group setting. To understand more about the important role the female facilitator plays, see the next section on Challenging Negative Attitudes Towards Women; see session activity notes for more on how both facilitators impact the group.

Use the opening ice-breaker to reinforce group cohesion, as well as to increase the participants' comfort level with sharing personal information. Watch for signs that indicate a participant is uncomfortable talking, and be prepared to suggest non-threatening ways they might get involved. As the men get to know each other better, they generally will be more willing to be open with the group.

There are a number of places during **Nia** where you can focus on men's risks and risk behavior. One of these is the HIV Risk Continuum activity. As you review all the sexual behaviors on the cards, help the participants connect the risky and less risky ones with the choices they, their friends, and the other participants make. Come prepared with the most recent statistics about HIV's impact on the target population, and help clients see the connection between HIV prevention and their community.

The first half of Session Two focuses on safer sex options, especially condoms, and how the participants feel about the use of condoms. Find ways to tie the condom skills and pros/cons activities to the participants' experiences and their male viewpoint. Encourage them to talk about what they feel is their role, as a man, in using condoms, protecting their sex partners, and taking responsibility for what happens in their community.

The videos and movie clips you use should be culturally appropriate for and appealing to the men in your group. Choose videos and clips that show men with whom the participants can identify. Use the videos to present HIV information and help motivate behavior change. Draw on the sexual risk situations in the clips as a way to identify triggers, stimulate generalized and personalized discussion of safer sex, and practice making and communicating decisions about condom use or other safer sex alternatives.

## **Challenging Negative Attitudes Towards Women**

In the **Nia** intervention, both facilitators work to reduce the participants' sexist beliefs, since these can fuel violent and risk-related behavior. It is crucial to have a strong female co-facilitator as one of the ways to reduce the problem of sexism. The female facilitator needs to be the type of person who is able to stand up for herself without being overbearing; it is important that the group members feel it is safe to speak openly. She also should set a tone of professional conduct, show respect for herself, and not engage in flirtatious or inappropriate behaviors with the group members.

Though men are less likely to call women “bitches,” “whores,” and so on if a woman is in the room, both facilitators must be alert to any participant's use of sexist or disrespectful language towards women. This kind of talk can easily escalate, and, when it does, it undermines the major themes of the intervention: men taking control to protect themselves, their women, and their community. During the research study, when someone in the group spoke disrespectfully about women, the other participants would exert control and act protective of the female facilitator. If necessary, the male facilitator should model this positive and protective behavior for the group. Facilitators also should be skilled enough in group process to use the group rule that does not allow disrespectful language about anyone (see page 45, Step #13) to help with minimizing this problem.

Both facilitators also should watch for anything the group members may say that shows a sense of protecting their female partners. It is important to reinforce such statements, especially during the condom pros and cons activity. The group may come up with protecting their woman as a pro, or benefit, of using condoms, or they may say that a con of not using condoms is that their sex partner could get HIV or other STD. Either way, you can show approval of their comment or say again how that helps prevent the spread of HIV in their community.

The female co-facilitator plays a very important role in the skills-practice related to the movie clips. Talking to a woman, as they practice what they would say differently in that situation, creates a more realistic experience for the participants. The female co-facilitator can also help participants develop their condom decision and sexual communication skills through the feminine viewpoint they bring during the practice of making and communicating safer sex decisions. She should be especially careful to keep her opinions unbiased and objective, while not displaying any anti-male behaviors or negative attitudes towards men.

The movie clips can also provide examples of situations that may help develop empathy for women. The facilitators can lead the discussion of the clips so that participants look at both the male and female viewpoints. By focusing on how the man and the woman might respond or what they might feel in that situation, the group members may become more protective towards their partners.

## **Evaluating the Sessions**

Each of the facilitators should complete a copy of the appropriate Session Evaluation Form and Session Consistency Outline as soon as possible after each session is completed. This is to capture their memories of the session as completely as possible. Samples of these forms can be found in **Appendices O** (Session One Consistency Form), **T** (Session Two Consistency Form), and **U** (Session Evaluation Forms).

At the end of Session Two, you also need to get the participants to complete the Participant Feedback Form. This gives the participants a chance to provide direct feedback on what they liked about the group sessions and what they think could be improved. This form can be found in **Appendix S**.

Place all completed evaluation forms in an envelope marked “Session One” or “Session Two.” Return the envelope to the appropriate agency staff person. These forms can be used by your program manager as part of the evaluation plan; they can also be an aid for the debriefing sessions and program planning.

## **Debriefing from the Sessions**

Conducting **Nia** groups can raise issues, both personal and professional, for the facilitators. The facilitators should meet to debrief as soon after each session as possible and definitely before the next meeting time. At least some of these debriefings should also include the program manager and, possibly, other staff who work on the project.

The debriefing sessions should be conducted in a relaxed and open environment. Facilitators have an opportunity to share impressions from the session, release emotions and concerns raised by the session, gain support from their colleagues, and plan for the next session. A variety of topics can be covered, but the following issues should definitely be included:

- ★ Participants
- ★ Delivery of content
- ★ Physical environment
- ★ Supplies

There is a debriefing form and more information on debriefing in **Appendix C**. This form can be used by the program manager, the facilitators, and/or other staff to help keep track of questions covered and action items that need to be addressed before the next session.

The debriefing session for Session Two should be conducted in a similar manner to the one for Session One. Additional topics should be discussed after the final session that relate to improving delivery of future cycles of **Nia**. If desired, questions about these topics can be added to the debriefing form. How this information is used will depend on the agency’s evaluation plan. For more information on how to create an evaluation plan, review the Planning for Evaluation section beginning on page 54 of the Program Manager’s Guide.

## Session One

The purpose of the first session of **Nia** is to build group rapport, correct any misperceptions and misinformation about HIV, motivate the men to reduce risks for HIV, and begin building skills for identifying and managing risky sexual situations. As facilitators, you will provide accurate HIV information, help the men recognize the impact of HIV on their community, and conduct skills-building activities. You will also use videos, discussion, and activities, all covered in an interactive format.

This section contains materials to help you with your implementation of Session One.



First, there is a materials checklist to help you prepare for Session One, with supplies, equipment, paperwork, and tasks. This is followed by the session objectives and an agenda.



The agenda offers suggested times only, as each group will be somewhat different. However, it is good to remember that the agenda is based on experience of how long the various activities take and to some extent on the importance of that piece of the intervention. It is also important to make sure that you do not go longer in each session than the announced time. For more on agendas, see **Appendix F**.

The most important part of the section is a step-by-step guide to conducting the session.

Before each activity, there will be a box with:



The purpose of that activity,



The materials needed,



The suggested length, and



Any facilitator notes.

Pay special attention to these notes to improve your ability to facilitate the activities.

## Session One Materials Checklist



The checklist below will help you arrive at Session One with all the materials you need and with all the pre-session tasks accomplished.

	Check? <input type="checkbox"/>
<b>Supplies:</b>	
Adhesive (masking tape, etc.)	
Name Tags	
Easel Paper	
Markers	
Pens or pencils	
Bowl of condoms	
Myths and Facts flash cards	
HIV Risk Continuum Banner and Cards	
Poster with “take home message”	
Poster of PFR-1	
Poster of PFR-2	
Easel Chart Guides (optional)	
Videos #1, #2, and #3	
Handouts with accurate, detailed HIV/AIDS and STD information, and resources for more information	
Most recent HIV/AIDS statistics for target population	
Incentives (optional)	
<b>Equipment:</b>	
Easel	
TV	
DVD or VCR Player	
Remote control	
<b>Paperwork:</b>	
PFR-1 (one completed for each participant) on gold paper	
PFR-2 (one completed for each participant) on blue paper	
Session Evaluation form	
Session One Consistency Outline	
<b>Tasks:</b>	
Re-confirm meeting space availability	
Schedule post-session debriefing	
Transfer Pre-Intervention Assessment Survey answers to PFR-1 and PFR-2 for each participant	
Prepare snacks/refreshments (optional)	

## **Session One Objectives**

- A) Introduce goals and expectations of the program.**
- B) Use videos, appropriate for and appealing to African American men, to present HIV information and to motivate personal risk-reduction among men who have sex with women.**
- C) Correct misperceptions and misinformation regarding HIV by using gender and culturally appropriate videos and interactive exercises.**
- D) Induce and enhance motivation to reduce risks for HIV by having men identify themselves and their behavior with the HIV epidemic.**
- E) Build skills for identifying and managing sexual risk situations.**

## **Agenda for Session One**

I.1 - <a href="#">Introduction to Nia/Welcome/Group Rules</a>	15 minutes
I.2 - <a href="#">Getting to Know You: Condom Bowl</a>	10 minutes
I.3 - <a href="#">HIV Myths and Facts</a>	15 minutes
I.4 - <a href="#">Video #1:“When Men Talk About HIV/AIDS”</a>	25 minutes
I.5 - <a href="#">Personal Feedback Report #1 (PFR-1): HIV Knowledge</a>	5 minutes
<b>Break</b>	
I.6 - <a href="#">Video #2:“HIV/AIDS: Infecting and Affecting Our Community”</a>	25 minutes
I.7 - <a href="#">HIV Risk Continuum Banner of Sex Behaviors</a>	10 minutes
I.8 - <a href="#">Personal Feedback Report #2 (PFR-2): Sexual Behavior</a>	5 minutes
I.9 - <a href="#">Identifying Risky Situations</a>	15 minutes
I.10 - <a href="#">Trigger Identification Skills-building</a>	15 minutes
I.11 - <a href="#">Risk Reduction Decision-making Skills-building</a>	20 minutes
I.12 - <a href="#">Video #3:“Combination Video”</a>	15 minutes
I.13 - <a href="#">Summary and Close</a>	<u>5 minutes</u>
Total Time (not including break)	<b>180 minutes</b>

## **Session One Content**

A guide to facilitation of each of the activities listed in the agenda above begins on the next page. Under the title is a box with the purpose for that activity, the estimated time needed, any required materials, and facilitator notes. After that are the step-by-step instructions for the facilitators.

## I.1 - Introduction to Nia/Welcome/Group Rules



**Purpose:**



**Facilitators will begin conducting the small group Nia sessions, as participants learn about Nia and establish an agreed-upon, appropriate code of behavior for the group.**



**Time:**

**15 minutes**



**Materials:**

- ★ Easel
- ★ Easel paper and markers
- ★ Poster with ‘take home message’: “The decisions you make can help protect yourself, your partners, and your community.”
- ★ Name tags



**Notes:**

1) Stress that this group will play a role in solving a serious problem in the participants’ community: the spread of HIV. They will do this by learning how to make risk reduction decisions.

2) The male facilitator brings credibility as the points in Steps #5, 6, and 10 are made and at a number of other spots in the sessions where the man’s role in protecting himself, his partner(s), and his community is expressed.

3) Challenge negative attitudes towards women by including a group rule that does not allow adversarial language against anyone, including women. Pay special attention to enforcing this rule throughout the sessions.

4) Be sure you are set up in a circle, since this can help the group communicate better.

5) Make Session One fun and educational.

## Steps:

1. Welcome the participants, and thank them for attending the **Nia** group.
2. Introduce yourselves by name and as the group co-facilitators. Explain that **Nia** is a video-based HIV prevention program, and your role is to bring resources to the group, provide information, and facilitate open discussions and skills-building.
3. Emphasize the leadership role that men can play in their community. Tell participants that they can play a role in solving a serious problem in their community: the spread of HIV and AIDS.
4. Tell them the group will learn how to do this through **Nia**'s three main goals and briefly explain each one.
  - ★ To provide information about HIV/AIDS and how it is affecting their community,
  - ★ To bring together groups of men to enhance their motivation to reduce risks, and
  - ★ To help men explore new ways that they can protect themselves, their partners, and their community from HIV, the virus that causes AIDS.
5. Ask the men to share their names and how happy they are to be there.
6. Thank participants for sharing. Affirm participants' willingness to come to the group sessions.
7. Explain the value that groups bring and reasons we meet in groups, including the value and power of bringing people together to:
  - ★ Share ideas,
  - ★ Learn from each other's experience, and
  - ★ Support each other.
8. Explain how long today's session will be and when the next meeting will happen.
9. Share these basics about the group:
  - ★ The group belongs to the members.
  - ★ Sessions will be very interactive.
  - ★ No one will be required to share, but all are encouraged to share.
  - ★ They will view and discuss a number of videos about HIV and some short scenes from movies.
  - ★ There will also be a number of games and other activities.
10. Emphasize that, while the group will be learning about the serious topic of how to help prevent the spread of HIV in their community, they can have fun while learning.

11. Explain that it is your experience that some men may be a little anxious at this point because, even though you've told them some of the things that will happen during the session, they still can't know exactly what the group will be like until it happens. Explain that you've found that you can minimize that if participants agree upon some concepts that will help everyone feel more comfortable and willing to share. Tell them that you usually call these group rules but encourage the group to decide what they would like to call them. Ask if the men are all right with setting up these rules.
12. If the group chooses a different name, such as "The Code," title the piece of easel paper with their name and refer to the rules by that name.
13. Ask participants to generate a list of the things that would make them feel more comfortable in the group, making sure that the following elements are included:
  - ★ Confidentiality
  - ★ Openness/Honesty
  - ★ No disrespectful statements about anyone, including women
  - ★ No putdowns or judgments
  - ★ Everyone has a chance to talk
  - ★ Right to pass/not participate in specific activities
  - ★ Freedom to ask questions
  - ★ No cell phones/pagers/text messages



14. Write the list on a sheet of easel paper as the group generates them, so that the list can be posted for reference at each session.
15. Get agreement to the list, and post it so you can refer back to it and all can see it. Tell participants that they can add to the list at any time during the sessions.
16. Cover housekeeping tasks, such as:
  - ★ Location of the restrooms
  - ★ How long the sessions/break will last
  - ★ Issues about food/drink
  - ★ Bad weather policy
  - ★ Being on time/attendance policy
  - ★ Transportation issues
  - ★ Child care availability
  - ★ Health issues
  - ★ Anything specific to the time or location

## **Additional Notes:**



The elements of confidentiality and the “group rules” listed in Steps #10-14 above may also be addressed as part of recruitment interviews.

Your agency may want to add items to the “required” group rules in Step #13, such as “come to group sober,” depending on your target population.

Pay attention to the times listed in the agenda. You may fall behind, because participants can get caught up in the discussions during **Nia**. Explain to participants, if necessary, that at times the facilitators may have to ask the group to move on to the next activity in order to finish all the sessions and cover the material.

## I.2 - Getting to Know You: Condom Bowl

	<b>Purpose:</b>	 <b>Facilitators will conduct an activity to help participants build group cohesion, increase comfort level for sharing, and get to know each other better.</b>
	<b>Time:</b>	<b>10 minutes</b>
	<b>Materials:</b>	<b>★ Bowl of condoms</b>
	<b>Notes:</b>	1) Facilitators should look for every opportunity during this activity to help reinforce group cohesion, including sharing the reason for the activity with the participants in Step #1.  2) Both facilitators should participate in this activity. One should go first, and then encourage the group to begin. The second facilitator can go when there is a lull or go last.  3) Be sensitive to participants' comfort levels. If someone hesitates to say anything, suggest a non-threatening topic, like telling the group whether or not they have pets.

### **Steps:**

1. Tell participants that you are going to begin with an activity called "Condom Bowl" that will aid in the process of bonding and group cohesion.
2. Tell participants that you will explain in a few minutes how the activity will work, but request that they trust you for now.
3. Tell participants that you are going to pass around a bowl of condoms. Ask each person to take as many or as few condoms as they think they will need for the activity.
4.  Take at least four condoms yourself, and pass the bowl.

5. After the participants and both facilitators have taken their condoms, explain that this is a “get to know you” activity and everyone is to tell one thing about themselves for each condom that they took.
6. If participants took a lot of condoms, tell the group that you will work with those who did that. Tell those who only took one or two that they can tell more about themselves if they want.
7. Explain that you will go first, and do so.
8. Ask for volunteers to continue the introductory process. Do not force anyone to participate, but encourage everyone to do so.
9. At the end, thank participants for sharing, and affirm some of the things that were said.

## I.3 – HIV Myths and Facts

	<b>Purpose:</b>		<b>Facilitators will begin the process of correcting misperceptions and misinformation about HIV, as they lead participants through the Myths and Facts activity.</b>
	<b>Time:</b>	<b>15 minutes</b>	
	<b>Materials:</b>	<b>★ Myths and Facts flash cards (Appendix K) ★ Handouts with accurate HIV/AIDS/STD information and statistics, and resources for more information (See page 33 for information on preparing the statistical handouts.)</b>	
	<b>Notes:</b>	<ol style="list-style-type: none"><li>1) It is important to have the participants explain why they believe each statement is either a myth or a fact.</li> <li>2) Be sure that the cards are “shuffled” well, so you don’t get too many of the same answers in a row. Putting a blank card at the bottom of the stack can help prevent the men from seeing the answer to the last question.</li> <li>3) The points in Step #10 about HIV and STDs should be repeated several times during <b>Nia</b>.</li> <li>4) Alternate methods for leading this activity are found in <b>Appendix F</b>.</li></ol>	

### **Steps:**

1. Explain that this is a game where they can test their knowledge of what puts people at risk for HIV. Explain that you have a number of cards with statements about HIV. The information on each card is either true (a fact) or false (a myth).

2. Explain that you will read the information on each card and that they are to let you know if they think it is a myth or a fact. Tell participants that they also need to be prepared to explain why they chose their answer.
3. Explain that you will give the group a chance to discuss each card briefly before you give the correct answer.
4. Check to make sure participants are clear on the instructions.
5.  Hold up the first card, making sure that the back of the card with the answer is not visible to the group.
6. After you receive one or two answers and explanations, turn the card over to reveal the answer.
7. Keep moving through the cards and their answers quickly, but take time to address any confusion that may arise.
8. Continue for 10 minutes or until at least eight to ten cards have been used.
9. Ask if the participants learned anything new. Also ask if they have heard any additional myths about HIV/AIDS that were not included in the cards.
10. Stress that HIV is an STD and that having other STDs can increase the risk of getting or giving HIV.

### **Additional Notes:**



The explanation of why participants chose an answer is important. You can use those comments as a lead-in to the next section. Always provide factual and honest answers; if you are unsure about a particular statement, say so.

## **I.4- Video #1: “When Men Talk About HIV/AIDS”**

	<b>Purpose:</b>	  <b>Facilitators will show and conduct a discussion of an HIV educational video, continuing the process of correcting misperceptions and misinformation regarding HIV.</b>
	<b>Time:</b>	<b>25 minutes</b>
	<b>Materials:</b>	<b>★ Video #1: “When Men Talk About HIV/AIDS” (15 minutes)</b> <b>★ TV, DVD player, and remote control</b>
	<b>Notes:</b>	<p>1) A different educational video can be used, as long as it reflects the target population and has a question/answer format and a similar length. If using a more up-to-date video, you can delete Step #2 below.</p> <p>2) This video builds on the information provided in the Myths and Facts activity.</p> <p>3) After showing this video, move quickly through the discussion and on to the next activity with no downtime.</p> <p>4) Encourage participants to ask questions, and facilitate a brief group discussion, tactfully correcting any misperceptions that are not corrected by the group.</p> <p>5) The woman in this video exemplifies the assertive and non-threatening nature needed in the female co-facilitator.</p>

### **Steps:**

1. Explain that you are now going to show a video so everyone can be on the same page about HIV information. Encourage them to be thinking of any questions they have that aren't answered in the video.
2. Explain that this video was created before HIV was treatable with the use of highly active anti-retroviral therapy (HAART) and, therefore, focuses more on people dying than on HIV treatment.

3.   Show Video #1: “When Men Talk About HIV/AIDS.”
4. Lead a brief (about 2 minutes) discussion of the issues raised in the video. Ask:
  - ★ What portions of the information covered in the video were new to you?
  - ★ What surprised you?
5. Facilitate a brief (about 2 minutes) general questions and answers session. Encourage participants to ask questions, and facilitate a group discussion where participants provide answers to each others’ questions. Tactfully correct any misperceptions that are not corrected by the group. Ask:
  - ★ What other questions do you have which were not asked on the video?
6. Read participants some of the current HIV statistics for African American men. Ask them to share their reactions to these statistics.

**Additional Notes:**



Delivering the statistics in Step #5 in simple and accessible language can increase the participants’ understanding of this important information.

## **I.5 - Personal Feedback Report #1 (PFR-1): HIV Knowledge**

	<b>Purpose:</b>		<b>Facilitators will lead participants in reflecting on their previous knowledge about HIV transmission, continue the process of correcting misperceptions and misinformation about HIV, and begin the process of inducing and enhancing motivation to reduce risks for HIV.</b>
	<b>Time:</b>		<b>5 minutes</b>
	<b>Materials:</b>		<b>★ PFR-1 Form (gold) ★ Most recent statistics about HIV's impact on target population</b>
	<b>Notes:</b>		1) The PFRs are designed to build motivation for change by having participants reflect on their HIV knowledge, sexual behaviors, and attitudes towards condoms. Reviewing them is a starting point for thinking and generalized discussion. With this first PFR, participants will have the opportunity to consider how accurate or inaccurate their previous HIV knowledge was.  2) It is important to deliver the PFR information in a non-judgmental manner.

### **Steps:**

1. Tell the participants that this is the first of three Personal Feedback Report (PFR) forms that they will receive during the sessions.
2. Explain to participants that the information on their PFR forms was taken from the Pre-Intervention Assessment Survey they completed when they enrolled for **Nia**. The information is based on their responses at that time to questions about HIV knowledge. Tell participants that their knowledge may have changed since they finished the Pre-Intervention Assessment Survey.
3. Assure participants that their PFR forms and the information on the forms do not have to be shared with the group.

4. Tell the men that the reason you give them these forms is that, when people see things on paper, it makes things a little more real than what is just in their thoughts.
5.   Distribute Personal Feedback Report #1 (PFR-1) forms to participants in a manner that allows participants to keep their information private, if they so choose.
6. Stress that this activity is about everyone getting the correct information. Ask them to make a mental note of the questions and whether they got each right or not.
7. Using the PFR-1 poster, review each item with the group. Ask participants to think about the information on their form as you review each item. Be sure to mention the correct response to each item.
8.   Give each participant the handouts with correct HIV/STD information and local statistics, plus resources that can provide further answers. Explain that these handouts are theirs to keep.
9.  **Tell participants that you will now take a break and announce the length. Ask participants to return promptly.**

### Additional Notes:



It is important not to embarrass any of the participants for knowledge they lack or myths they believe. Remember participants that this part of the session is about everyone getting the correct information. This is the first of several activities that answer the question, “What puts a person at risk for HIV?”.

If participants struggle with the concept of the Personal Feedback Report (PFR) forms being different for each person, you could point out that, for example, one person might believe HIV can be transmitted through sexual contact only, while another may believe it can only be transmitted through injection drug use.

\*\*\*\*\*

## I.6 - Video #2: “HIV/AIDS: Infecting and Affecting Our Community

	<b>Purpose:</b>	  <b>Facilitators will show and conduct a discussion of a video that features men who have been affected by HIV with whom the participants can identify, continuing the process of inducing and enhancing motivation to reduce risks for HIV.</b>
	<b>Time:</b>	<b>25 minutes</b>
	<b>Materials:</b>	<b>★ Video #2: “HIV/AIDS: Infecting and Affecting Our Community” (15 minutes)</b> <b>★ TV, DVD player, and remote control</b>
	<b>Notes:</b>	1) This video helps build a group sense of community. It is important to personalize participants’ responses to the video. Focus on them as men, African Americans, and as individuals, and on what they can do to prevent the spread of HIV. Pull in any comments made about friends or relatives with HIV and how HIV affects their lives.  2) A different video can be used, as long as it reflects the target population, has a similar length, and includes the stories of several men living with HIV/AIDS. If using a more up-to-date video, you can delete Steps #3-4 below.

### **Steps:**

1. Explain that, now that they have the latest information about how you can get HIV, how they can protect themselves, and how much it is impacting their community, the next thing it would be good to know is what it is like to be living with HIV.
2. Say that you are now going to show a video in which a group of African American men talk about how living with HIV/AIDS has affected them. Give a brief description of the men in the video.

3. Explain that this video was created before HIV was treatable with the use of highly active anti-retroviral therapy (HAART) and, therefore, focuses more on people dying than on HIV treatment.
4. Explain that, because one of the men in the video, who was in the advanced stages of AIDS, is somewhat hard to understand, those portions of the video have subtitles.



5. Show Video #2: “HIV/AIDS: Infecting and Affecting Our Community.”
6. Ask the men what they thought about the video. Lead a discussion (about 5 minutes) about how HIV/AIDS has affected African Americans and the personal experiences of the participants with HIV and/or AIDS. If necessary, ask participants one or two questions to stimulate and personalize discussion, such as:
  - ★ What in the video reminded you of people you know personally who have been impacted by HIV and/or AIDS?
  - ★ What were your feelings when you learned that your (*friend, family member, etc.*) was living with HIV?
  - ★ How do you think it would impact your life, if you were infected with HIV?

If any participants reveal that they are living with HIV, ask questions, such as:

- ★ What kind of impact has HIV had on your life?
- ★ What kind of reactions do you get when people find out you have HIV?

### **Additional Notes:**



Participants may share some personal stories making it clear that they would like to do something about HIV/AIDS in their community. You can use those comments as a lead-in to the next section (PFR-2).

7. Segue into a discussion (about 5 minutes) about how the participants think they might help prevent the spread of HIV in their community. Ask some questions to stimulate discussion, such as:
  - ★ Do you think those of us in this group are really different from the men in the video? Are we doing things that are all that different?
  - ★ What do you think you can do now so you don't find yourself in their situation? What can we do so we are not getting infected or infecting other people?
  - ★ What could you do personally to help prevent the spread of HIV in your community?

## I.7 - HIV Risk Continuum Banner of Sex Behaviors



**Purpose:**



**Facilitators will conduct the HIV Risk Continuum Banner activity, continuing the process of correcting misperceptions and misinformation about HIV and of inducing and enhancing motivation to reduce risks for HIV. Facilitators will also begin enhancing motivation to build behavioral skills for condom use or safer sex, as participants explore safer sex alternatives.**



**Time:**

**10 minutes**



**Materials:**

**★ HIV Risk Continuum Banner and Cards  
★ Adhesive of choice to hang banner and attach cards to banner**



**Notes:**

- 1) It is important to focus on men's risks and risk behavior during this activity.
- 2) This activity helps participants identify sexual behaviors that can transmit HIV and safer sex alternatives. The activity's goal is to end with only two cards at the "very high risk" end and the rest of the cards lower than moderate. The completed continuum gives a visual for the small number of "very high risk" behaviors compared with the many risk reduction alternatives.
- 3) With the HIV Risk Continuum Banner activity, there are "right and wrong" answers for the risk level of various sexual behaviors. Use a corrective but supportive process to deal with cards put in the wrong place on the banner, but do not move cards that are close to right. See Steps #7 and #8 and the Answer Key on the next page after the end of the activity.

**Notes:**

4) It is important that you value the men's responses and do not become confrontational or argumentative with any of the participants. Always share in a respectful manner why a particular card is placed in a certain section and emphasize that more epidemiological/behavioral research may change the way the banner currently looks.

5) Avoid getting diverted by "what if" questions that try to put qualifying conditions around the behavior listed on a card to make it more risky or less risky.

6) When differences of opinion arise, you can discuss the risk of various routes of transmission to establish the actual risk of a behavior for the group.

7) By the end of the activity, make sure you have adjusted the cards to create a visual that shows that only two sexual behaviors (unprotected anal and vaginal sex) are extremely risky, condom use decreases risk, and lots of sexual options have little or no risk. See graphic on page 61.

**Steps:**

1. Introduce this activity by reminding the group that there are things they can do to protect themselves. Say that there are many intimate sexual things people do, but only a few of those are really high risk. Explain that it's important to learn which are very high risk and which are not.
2. Explain that the next activity is designed to review the relative "safety" of different sexual practices. Explain that you have a group of cards which you will pass out to them and that each card lists one sex act or something intimate that people do that could lead to sex.
3. Ask participants to think about the following questions for each of their cards:
  - ★ How risky do you think it is for you to engage in that behavior with one of your sexual partners?
    - ◆ Would it be "Very High Risk"?
    - ◆ Would it be "High Risk"?
    - ◆ Would it be "Moderate Risk"?
    - ◆ Would it be "Low Risk"?
    - ◆ Would it be "Very Low Risk"?

4. Tell the men that you want them to take their cards at “face value” and not start thinking about all the “what ifs” that could be applied to it. Emphasize that, while some of these behaviors can lead to riskier behaviors, you want them to think only of the specific behavior listed, not where it might lead.
5. Point out the risk continuum banner and how the arrow is labeled from very high risk at one end to very low risk at the other. Explain that you will ask them to put each card you give them on the banner where they think it belongs in terms of risk of them getting HIV or giving someone HIV. Explain about how they can attach the cards to the banner.
6.  Distribute the HIV Risk Continuum Cards all at once. You could do this by holding them face down and having each participant select at least one card or use any other method you choose. The important thing is that the cards are distributed evenly, so no participant has more than one more card than any of the other men.
7. Make sure participants understand what is meant by the behavior listed on their card(s).
8. Have each participant place their card(s) on the HIV Risk Continuum Banner in the spot that corresponds to how risky they believe that behavior is.
9. After all the cards are placed on the banner, point out the large number of cards at the low risk end of the banner, and then do a general review with supportive feedback that begins with the cards that are placed correctly.
10. For any cards that are in the wrong place, ask participants if they think the card is in the right place and, if so, to give reasons why they think each card should be put in that place. Value their responses.
11. Offer additional information on a more appropriate placement for the cards, using the most up-to-date and accurate information available.
12. Move the card to its correct position on the continuum.
13. Repeat steps #10-12 with the remaining cards.
14. Wrap-up the activity by reminding the men that there are only two sex acts that are very high risk: anal sex without a condom and vaginal sex without a condom. Point out that using a condom greatly reduces the risk. Say that three little letters (o-u-t) make all the difference in terms of how risky sexual behaviors can be: with a condom versus without. Remind the group that there is a large gap between the very high risk behaviors, anal and vaginal sex **without** a condom, and the lower risk behaviors that are **with** a condom.

## Key of Risk Levels for Sexual Behaviors on HIV Risk Continuum Cards\*

### Very High Risk:

- Anal sex without condom
- Vaginal sex without condom

### Between Moderate and Low Risk:

- Getting oral sex without condom
- Giving oral sex without barrier
- Anal sex with condom
- Vaginal sex with condom

### Low Risk:

- Getting oral sex with condom
- Giving oral sex with barrier

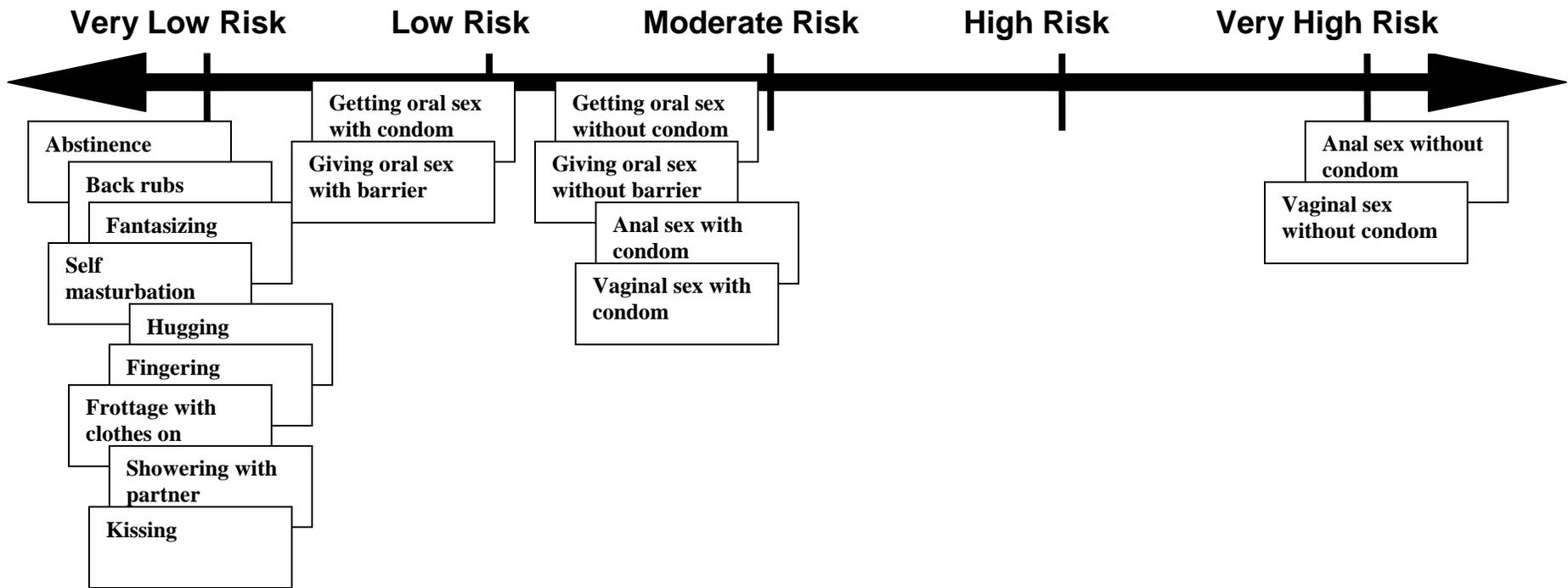
### Very Low Risk:

- Abstinence\*\*
- Back rubs
- Fantasizing
- Fingering
- Frottage with clothes on
- Hugging
- Kissing
- Showering with partner
- Self masturbation

\* This key is based on statistical information. Always adapt this key to the latest available information on what behaviors are most risky.

\*\* Abstinence should be placed as the lowest risk of all behaviors.

# HIV Risk Continuum Banner



## **I.8 - Personal Feedback Report #2 (PFR-2): Sexual Behaviors**



**Purpose:**



**Facilitators will lead participants in reflecting on their previous sexual behaviors, continuing the process of inducing and enhancing motivation to reduce risks for HIV.**



**Time:**

**5 minutes**



**Materials:**

**★ PFR-2 Form (blue)**



**Notes:**

- 1) The PFRs are designed to build motivation for change by having participants reflect on their HIV knowledge, sexual behaviors, and attitudes towards condoms. Reviewing them is a starting point for thinking and generalized discussion. With PFR-2, participants will have the opportunity to consider what their previous sexual behaviors were and what behaviors they might want to change or maintain.
- 2) It is important to deliver the PFR information in a non-judgmental manner. Make sure participants feel comfortable to express their feelings about behaviors and consequences, particularly in front of the female facilitator.
- 3) This is the time to shift the topic to condoms.
- 4) The points in Step #6 about HIV and STDs should be repeated several times during **Nia**.

## Steps:

1. Tell the participants that this is the second of the three Personal Feedback Report (PFR) forms that they will receive during the sessions.
2. Remind participants that the information on their forms was taken from the Pre-Intervention Assessment Survey they completed when they enrolled for **Nia**. It is based on their responses then to questions about their sexual behaviors and includes their history of risk, number of sex partners, frequency of sex acts, and use of condoms. Tell participants that this information may have changed since they finished the Pre-Intervention Assessment Survey.
3. Assure participants that their PFR forms and the information on the forms do not have to be shared with the group.
4.  Distribute Personal Feedback Report #2 (PFR-2) forms to participants in a manner that allows participants to keep their information private, if they so choose.
5. Using the PFR-2 poster, review each item with the group. Ask participants to think about the information on their form as you review each item.
6. Remind participants as you refer to the last item (about testing for STDs) that HIV is an STD and that having other STDs can increase the risk of getting or giving HIV.
7. Guide a brief discussion (about 1-2 minutes) by asking questions, such as:
  - ★ How do you feel about the information on your PFR?
  - ★ How might your decisions about sexual behaviors be affected by what you have learned today?

### Additional Notes:



It is important not to embarrass any of the participants for their past or current behaviors.

## I.9 - Identifying Risky Situations

	<b>Purpose:</b>		<b>Facilitators will lead a discussion of HIV risk and its situational nature, continuing the process of inducing and enhancing motivation to reduce risks for HIV and of building skills for identifying and learning to manage sexual risk situations.</b>
	<b>Time:</b>		<b>15 minutes</b>
	<b>Materials:</b>		<b>★ Easel paper and markers</b>
	<b>Notes:</b>		1) It is important to help participants identify personal risky situations.  2) The points in Step #1 about HIV and STDs should be repeated several times during <b>Nia</b> .  3) There are many aspects of relationships that can make situations risky; these include one partner not knowing that the other is having unprotected sex outside their relationship, one partner having more money/power than the other, and a history of violence/abuse. If the men do not mention these, you may want to lead them to consider them during Steps #3-4.

### **Steps:**

1. Remind participants that HIV is an STD and that having other STDs can increase the risk of getting or giving HIV.
2. State that what a person can do to reduce their risk for HIV infection will depend largely on the situation.
3. Ask the group to think about some risky sexual situations they might have found themselves in. Ask:
  - ★ What is it about those situations that make them risky?

4.  Have the other facilitator write a list of the things the men mention.
5. After you have a list of several items, go through the list and ask what makes each one risky.
4. Ask participants how they can protect themselves.
5. Tell group members that, now that they are thinking about potential risky situations and what makes them risky, the next activity will take this a step further.

## I.10 - Trigger Identification Skills-building



**Purpose:**



**Facilitators will conduct an activity to introduce trigger-identification skills, continuing the process of inducing and increasing motivation to reduce risks for HIV, and of building skills for identifying and learning to manage sexual risk situations.**



**Time:**

**15 minutes**



**Materials:**

**★ Easel paper and markers**



**Notes:**

- 1) The creation of the story and the breakdown of the triggers must be done in a way that is visual. The facilitator who is writing it down can “get creative” in how they represent what the volunteer/group says. They could use a grid with quadrants for the four types of triggers or draw pictures to represent each type.
- 2) The details of the story need to be listed so everyone can see them. Do not try to rely on memory.
- 3) Spend time on the creation of the story and the breakdown of the triggers. Do not rush through this segment. Keep probing for more details.
- 4) Don't let the men forget that this is a situation where the characters are likely to have unsafe sex. This is one point where you don't want the men to mention using condoms.
- 5) If the men say something that is not clear, make sure to ask what they mean.
- 6) Managing people triggers requires communication skills, which the group will practice later with the movie clips.

## Steps:

1. Explain to the participants that now the group is going to make up a story about a risky sexual situation. Ask them to draw on their own experience to help with the details.
2.  Have your co-facilitator write down the story as you probe for details.
3. Explain to the group that first you need a couple of characters. Ask for the names of the man and the woman. Say that the story will be about these two people.
4. Keep asking the group to expand on the situation and think about what makes it risky. Get as many details as possible by asking questions like:
  - ★ Did they know each other?
  - ★ Where were they? What was the location like (lighting, sounds, etc.)?
  - ★ Who else was there?
  - ★ What did the woman/man look like?
  - ★ How were they dressed?
  - ★ What time of day was it?
  - ★ How did the man/woman feel?
  - ★ What, if any, drugs had they taken?
  - ★ Had they been drinking? How much?
  - ★ What happens next?
5. Restate details as they are said by the group.
6. Once you have a good list of details, say that now that they've made up the story, it's time to look at the risk.
7. Post the story and review all the details with the group.
8. Point out that risk did not “just happen” in the story and that there were a lot of things that led up to the risky situation.
9. Explain that real life is the same; there are things that lead up to risky situations. Explain that those things are called ‘triggers’.
10. State that awareness of what makes sexual situations risky can be the first step in managing those situations.
11. Define trigger identification - identifying the characteristics or features of a situation that may lead to unsafe sex. Say that triggers suggest, promote, or facilitate risky sexual behavior.



12. Have the co-facilitator write this definition down or have it pre-written.
13. Explain that there are four types of triggers to watch out for and that by the end of this activity they will hopefully be able to recognize some in their own lives.
14. Describe the four categories of triggers:
  - ★ The characteristics of **people**: what it is about the person/people that influences your unsafe sexual behavior. People who influence our behaviors can be triggers.
  - ★ The characteristics of **places**: where you are and what is going on around you.
  - ★ The characteristics of **moods and feelings**: how you feel and what you feel about others. Moods and feelings can be powerful reasons for risky sexual behavior, including thoughts and temptations.
  - ★ The characteristics of **substances**: drugs and alcohol, but also things like money, food, and cars. Substances can lower inhibitions and affect our ability to make thoughtful risk-reduction decisions.
15. Say that you will now look at these triggers.
16. Ask the group to think about and suggest possible people triggers. Make a few suggestions, if need be, to get the group started.



17. Have the co-facilitator write down the types of triggers suggested by the participants.
18. Ask the group to suggest potential places where they might be encouraged or “triggered” into having unsafe sex.
19. Ask the group to suggest potential moods or feelings that might encourage or “trigger” them to have unsafe sex.
20. Ask the group to suggest potential substances that might encourage or “trigger” them to have unsafe sex.
21. Post the lists created, and remind the men that we all have triggers and have to deal with them.
22. Explain that you are now going to go back and look at the story they created.
23. Remind the men that risk didn’t just happen, just as in real life.
24. Ask the men where they see examples of triggers in the story.



25. Circle these on the story's easel paper.
26. When the men have identified a majority of the triggers in the story, point out again that risk didn't just happen, that there were a lot of things that led up to it.
27. Point out that there probably have been times in their past when they found themselves in a risky situation, and they may have asked themselves how they got to that point. Say that there probably were triggers that led to that situation.
28. Point out that in any risky situation there can be more than one trigger or one type of trigger going on, so it's important for people to be able to decide what trigger is the strongest for them personally in a risky situation so they can deal with it.
29. Sum up the activity by saying, "Now that we can identify triggers to unsafe sex, in the next activity we will focus on how to deal with triggers through risk reduction decision-making."

## I. 11 - Risk Reduction Decision-making Skills-building

	<b>Purpose:</b>	  <b>Facilitators will conduct an activity to introduce risk reduction decision-making skills and how to apply them to risk-related triggers, continuing the process of building skills for identifying and managing sexual risk situations.</b>
	<b>Time:</b>	<b>20 minutes</b>
	<b>Materials:</b>	<b>★ Easel paper and markers</b>
	<b>Notes:</b>	<ol style="list-style-type: none"><li>1) Remember that the bottom line in terms of making a risky sexual situation safer is using a condom.</li><li>2) This section should flow smoothly from the previous one.</li><li>3) It is important that facilitators work to gain genuine responses in this section and remain non-judgmental.</li><li>4) Restate the five steps to decision-making several times during this segment.</li></ol>

### **Steps:**

1. Tell the participants that you are going to do something with the story, but first you have to look at the five steps of decision-making.
2. Define risk reduction decision-making – ability to think of possible options to achieve the results you want and to act on the best choice for you, your partner, and your community.

3.  Have the co-facilitator write this definition down or have it pre-written.
4. Remind the men that there are five steps to risk reduction decision-making and say that the first step is to identify the risky situation and its triggers. Explain that they just did that in the previous activity.

5. Remind the participants that there may be more than one trigger in the situation, so they need to identify which one they are going to deal with.
6. Point out the second step: identify the risk reduction goal for that situation. Explain that the goal can be different for every one of them and it is related to the trigger they identify as “driving” the risky situation. Give an example, such as “If the trigger for one of you is that you’ve had a large number of drinks, then the risk reduction goal for you might be to always carry condoms with you when you go for drinks.” Point out that for a different person, even if the trigger is the same, the goal might be different, such as to drink less so you can make sure you have safe sex or can refuse sex.
7. Point out the third step: brainstorm alternative courses of action (possible options/plans) based on the goal. Explain that brainstorming is a process where you don’t make any judgments about the options you come up with. Say that it is important to see all the choices available before deciding which ones will work.
8. Explain that the next step, once you have come up with possible plans, is to evaluate those plans. Point out that it is very important to keep the third and fourth steps separate. Explain that this is a very personal decision and what might work for one of them might not work for someone else.
9. Point out that the last step is to act on the best choice and that without action you can’t get anywhere.



10. Have the co-facilitator write these steps down as you talk about them or have them pre-written.
11. Refer the men back to the risky situation and its triggers from the previous discussion, and review briefly. Point out the large number of triggers and that there are examples of the different types. Take this opportunity to list the four types again.
12. Ask participants to put themselves in the situation they created and have each man state what would be the trigger for them personally that would lead to unsafe sex in that situation.
13. Point out that they have different triggers, so they will have a different risk reduction goal. Ask the participants to state what their risk reduction goal would be, based on that trigger in that situation.



14. Create a list of the goals stated. Clarify what the men say to keep the focus on risk reduction goals.

15. Pick one of the goals, and ask the group to brainstorm options for reaching that goal.



16. Create a list of the possible plans. Add a couple of non-condom risk reduction options, such as having non-penetrative sex, if not brought up by the group.

17. Once you have a list of 10-12 options, point out how many options there are just for that one goal and that you could continue, but now it is time to look at the next step.

18. Point out that they have just done the first three steps of decision-making: identifying what makes it risky (the trigger), identifying their goal, and brainstorming possible plans.

19. Remind participants that the next step is to evaluate the options.

20. Point out that, when you evaluate, it can be different for each person.

21. Say that one good way to begin this process is to look first for one thing that would not work for them and scratch it off the list mentally. Ask each participant pick one option that would not work for them and then ask them each to share that with the group.

22. Ask each participant to now pick one option that they know definitely could work for them, even if it is not their first choice. Have every participant share their choice with the group.

23. Point out the differences in the choices participants made in terms of both one that would work for them and one that would not work for them.

24. Stress the importance of keeping steps three and four separate and then acting on the decisions they make.

25. Point out that it is important to have a back-up plan, because things don't always go the way you plan. Ask the men to think of something else they might do if their first option doesn't work. Point out that it's even better to have a third option as well.

26. Ask the participants what they don't understand about the steps to decision-making, and clarify further, if needed.

27. Review the steps to risk reduction decision-making again.

- ★ Identify the risky situation and its triggers.
- ★ Identify the risk reduction goal for that situation.
- ★ Brainstorm alternative courses of action (possible options/plans).
- ★ Evaluate choices.
- ★ Act on the best choice.

28. Say that you could choose another goal from the list created in Step #14, and point out that with a different goal you can have different options. Ask the group to suggest a few options for a different goal.
29. Do a final review that points out that there are steps to decision-making, it is important to follow the steps, and the steps are:
  - ★ Identify the risky situation and its triggers.
  - ★ Identify the risk reduction goal for that situation.
  - ★ Brainstorm alternative courses of action (possible options/plans).
  - ★ Evaluate choices.
  - ★ Act on the best choice.
30. Remind group members that the decisions they make can help protect themselves, their partners, and their community.

## I.12 – Video #3: “Combination Video”

	<b>Purpose:</b>	  <b>Facilitators will show a series of short videos that portray HIV education in an entertaining format, continuing the process of inducing and increasing motivation to reduce risks for HIV.</b>
	<b>Time:</b>	<b>15 minutes</b>
	<b>Materials:</b>	<b>★ Video #3: “Combination Video” (12 minutes)</b> <b>★ TV, DVD player, and remote control</b>
	<b>Notes:</b>	1) This video is shown to reinforce the risk reduction messages, while ending the group session on an upbeat, fun note.  2) The group should enjoy the comical nature of the scenes, and no discussion is necessary after the video is viewed.

### **Steps:**

1. Explain that you are now going to show an entertaining video with a variety of educational messages, also known as an edutainment video, about risk reduction and how to protect yourself, your partners, and your community.
2.   Show Video #3: “Combination Video.”
3. Ask the participants what they thought about the video and what they noticed.
4. Point out any parts that the men missed that directly tie to the skills just learned.
5. Tell the participants that it’s now time to wrap-up this session.

## I.13 - Summary and Close



**Purpose:**



**Facilitators will lead participants in a review of the knowledge and skills learned in Session One. This continues the process of correcting misperceptions and misinformation regarding HIV, of inducing and increasing motivation to reduce risks for HIV, of building skills for identifying and learning to manage sexual risk situations, and of enhancing motivation and building behavioral skills for condom use or safer sex.**



**Time:**

**5 minutes**



**Materials:**

**None**



**Notes:**

- 1) Summarize the entire session, focusing on the concepts that reinforce the Core Elements and the idea of participants protecting themselves, their partners, and their community.
- 2) Take this opportunity to reinforce positive moments from the session.
- 3)  You may want to create a checklist, index cards, or other “cheat sheet” to help you remember the main points from Session One.

## Steps:

1. Briefly review the concepts from this session, especially:
  - ★ The effect of HIV/AIDS on their community
  - ★ Their role as strong men to protect themselves, their partners, and their community
  - ★ PFR-1: HIV knowledge
  - ★ Correcting misinformation about HIV
  - ★ PFR-2: sexual behaviors
  - ★ The continuum of HIV risk
  - ★ Identifying triggers to unsafe sex in risky situations
  - ★ Using decision-making to manage those triggers
2. Give participants one “take-home message” from the session:

**“THE DECISIONS YOU MAKE CAN HELP PROTECT YOURSELF, YOUR PARTNERS, AND YOUR COMMUNITY.”**

3. Thank the participants for attending the session and for doing a good job.
4. Remind participants about the handouts they received.
5. Remind them of the date, time, and location of the next group meeting.

## **Session Two**

The purpose of the second session of **Nia** is to continue motivating the men to reduce risks for HIV, begin building skills for correct condom use, and further build skills for identifying and managing risky sexual situations. As facilitators, you will demonstrate correct condom use, lead a practice session, and conduct skills-building activities around trigger identification, safer sex decision-making, and sexual communication. You will continue using videos, discussion, and activities, all covered in an interactive format.

This section contains materials to help you with your implementation of Session Two.



As with Session One, there is a materials checklist to help you prepare for this session, a list of the session objectives and an agenda.



Remember that the agenda is suggested times only, as each group will be somewhat different.

Again, as with Session One, the most important part of this section is a step-by-step guide to conducting Session Two.

## Session Two Materials Checklist



The checklist below can be used to make sure you arrive at Session Two with all the materials you need and with all the pre-session tasks accomplished.

<b>Supplies:</b>	<b>Check?</b> ✓
Adhesive (masking tape, etc.)	
Name Tags	
Easel Paper	
Markers	
Pens or pencils	
Poster with “take home message”	
Poster of PFR-3	
Male condom packets	
Variety of lubricants	
Male anatomical models	
Female condom packet	
Paper towels or moist towelettes	
Easel Chart Guides (optional)	
Video #4	
Movie Clips #1-6	
Incentives (optional)	
<b>Equipment:</b>	
Easel	
TV	
DVD Player	
Remote control	
<b>Paperwork:</b>	
PFR-3 (one completed for each participant) on green paper	
Session Evaluation form	
Session Two Consistency Outline	
Personal Safer Sex Plan Worksheets (one for each participant)	
Participant Satisfaction Surveys (one for each participant)	
Post-Intervention Assessment Surveys (one for each participant)	
Certificate of completion/award for each participant (optional)	
<b>Tasks:</b>	
Re-confirm meeting space availability	
Schedule post-session debriefing	
Transfer Pre-Intervention Assessment Survey answers to PFR-3 for each participant	
Prepare snacks/refreshments (optional)	

## **Session Two Objectives**

- A) Use videos and movie clips, appropriate for and appealing to African American men, to motivate personal risk-reduction among men who have sex with women and build skills for handling common risk situations.**
- B) Induce and enhance motivation to reduce risks for HIV by having men identify themselves and their behavior with the HIV epidemic.**
- C) Build skills for identifying and managing sexual risk situations.**
- D) Enhance motivation and build behavioral skills for condom use or safer sex.**

## **Agenda for Session Two**

II.1 - <a href="#">Welcome Back/Check In/Review Previous Session</a>	10 minutes
II.2 - <a href="#">Sex Behavior Options That Reduce Risks</a>	15 minutes
II.3 - <a href="#">Pros and Cons of Condom Use</a>	10 minutes
II.4 - <a href="#">Personal Feedback Report #3 (PFR-3): Condom Attitudes</a>	10 minutes
II.5 - <a href="#">Video #4: “It’s all About Condoms”</a>	20 minutes
II.6 - <a href="#">Condom Demonstration and Practice</a>	25 minutes
<b>Break</b>	
II.7 - <a href="#">Building Skills For Making And Communicating Safer Sex Decisions: Movie Clips #1-6</a>	70 minutes
II.8 - <a href="#">Personal Safer Sex Planning</a>	15 minutes
II.9 - <a href="#">Summary and Close</a>	<u>5 minutes</u>

Total Time (not including break)

**180 minutes**

## **Session Two Content**

A guide to facilitation of each of the activities listed in the agenda above begins on the next page. Under the title is a box with the purpose for that activity, the estimated time needed, any required materials, and facilitator notes. After that are the step-by-step instructions for the facilitators.

## II.1 - Welcome Back/Check In/Review Previous Session



**Purpose:**



Facilitators will welcome participants to **Session Two** and lead them in a review of the previous session, continuing the process of correcting misperceptions and misinformation about HIV, of building skills for identifying and managing sexual risk situations, of inducing and enhancing motivation to reduce risks for HIV, and of enhancing motivation and building behavioral skills for condom use or safer sex.



**Time:**

**10 minutes**



**Materials:**

★ Easel paper and markers  
★ Poster with ‘take home message’: “The decisions you make can help protect yourself, your partners, and your community.”



**Notes:**

- 1) It is important to make the participants feel welcome and remind them of the group rules, especially the one about speaking respectfully about everyone.
- 2) If participants know that others may be late or absent, facilitators should encourage supportive sharing of this information.
- 3) As you review the previous session, it is important to focus on the concepts that reinforce the Core Elements and the idea of participants protecting themselves, their partners, and their community.
- 4) Facilitators need to be prepared to provide hints and/or answers to the questions in Steps #5-9 below.
- 5) The points in Step #6 about HIV and STDs should be repeated several times during **Nia**.

## Steps:

1. Thank participants for attending, and note any members who are missing.
2. Ask if the participants have had a chance to share any of the knowledge they gained in the last session or practice any of the skills.
3. Remind participants about the posted group rules, and add any new items they feel are needed. Remind participants that they can add to the group rules at any time during the sessions.
4. Ask participants what the “take-home message” was from the last session. (“The decisions you make can help protect yourself, your partners, and your community.”)
5. Review the content of the previous session by asking participants the questions in Steps #6-10. If desired, list their responses on a blank sheet of easel paper.
6. HIV misperceptions and misinformation: ask one or two participants to give an example of information about HIV that they believed was true before Session One but which now they know is actually a myth. Remind participants that HIV is an STD and that having other STDs can increase the risk of getting or giving HIV.
7. Impact on their community: ask participants to mention one or two things that they remember from the video: HIV/AIDS: Infecting and Affecting Our Community.
8. HIV Risk Continuum: ask participants to list one or two things that they remember about the HIV Risk Continuum Banner.
9. Trigger identification: ask the participants to list each of the four types of triggers to unsafe sex (people, places, moods/feelings, substances) and to give one example of each.
10. Risk reduction decision-making: ask the participants to describe **Nia**’s risk reduction decision-making approach.
  - ★ Identify the risky situation and its triggers.
  - ★ Identify the risk reduction goal for that situation.
  - ★ Brainstorm alternative courses of action (possible options/plans).
  - ★ Evaluate choices.
  - ★ Act on the best choice.
11. Ask participants if there is anything else they remember from the first session that they would like to add.

## II.2 -Sex Behavior Options That Reduce Risks

	<b>Purpose:</b>		<b>Facilitators will lead participants in a discussion of risky situations and safer sex experiences and options, continuing the process of inducing and enhancing motivation to reduce risks for HIV, of building skills for identifying and managing sexual risk situations, and of enhancing motivation and building behavioral skills for condom use or safer sex.</b>
	<b>Time:</b>		<b>15 minutes</b>
	<b>Materials:</b>		<b>★ Easel paper and markers</b>
	<b>Notes:</b>		1) Review the importance of identifying personal risky situations and safer sex alternatives.  2) Keep this discussion broad-based but make sure condoms are mentioned as an option for reducing risks. Use that to segue into the next section.  3) Address issues of drug cultures, survival sex, and shared responsibility for safer sex as appropriate within the group.

### **Steps:**

1. Remind participants about the following points.
  - ★ Identifying triggers to unsafe sex in personal risky situations can help them avoid risk.
  - ★ Using safer sex decision-making skills practiced in the previous session can help them manage sexual risks.
2. Tell participants that personal choices of what to do and not do with a partner are important aspects of any sexual situation.

3. Review the two sexual behaviors that create the highest risk for people contracting or transmitting HIV: anal and vaginal sex without a condom.
4. Lead the group in a brainstorm about what people can do to reduce their sexual risks for HIV.
5.  Have one facilitator list these on easel paper.
6. Discuss individual definitions of safer sex. Some answers should be:
  - ★ Not having sex (abstinence)
  - ★ Having orgasm without insertive intercourse (frottage, mutual masturbation, etc.)
  - ★ Using condoms during sex
7. Ask which of the options listed earlier are the safest.
8. Lead discussion of how these options can be incorporated into sexual situations. Encourage sharing of participants' personal experiences with having safer sex.
9. Segue into the next activity by pointing out the conversation about condoms and saying that you are now going to talk more about condoms.

## II.3 - Pros and Cons of Condom Use

	<b>Purpose:</b>	  <b>Facilitators will lead a discussion to help participants explore their attitudes toward condoms and the pros/cons of condom use, continuing the process of enhancing motivation and building behavioral skills for condom use or safer sex.</b>
	<b>Time:</b>	<b>10 minutes</b>
	<b>Materials:</b>	<b>★ Easel paper and markers</b>
	<b>Notes:</b>	<ol style="list-style-type: none"><li>1) Focus on condoms as an option for reducing risks.</li><li>2) Address issues of drug cultures, survival sex, and shared responsibility for safer sex as appropriate within the group.</li><li>3) Explore the participants' attitudes toward condom use, while looking at the ways condoms make sex safer and expressing male roles in condom use.</li><li>4) Remember that this activity is about acknowledging both positive (pros) and negative (cons) attitudes toward condom use. It is important to create a list of both types of attitudes. Many people have condom anxiety or aversions, including people with HIV/AIDS for whom condoms can symbolize their infection.</li></ol>

### **Steps:**

1. Reinforce the stories of using condoms that participants shared in the previous activity by reminding the men that condoms can greatly reduce their risk.
2. Ask participants what they think when a woman brings out a condom.
3. Tell participants that people have different reasons for using or not using a condom.

4. Ask participants to share some of the reasons they have heard for not using a condom.

5.  Record these on a sheet of blank easel paper labeled “cons.”

6. When the participants run out of “cons,” post the list.

7. Point out that there are also positive reasons or “pros” for using condoms. Ask participants to share some of the “pros” they have heard.

8.  Record these on a sheet of blank easel paper labeled “pros.”

9. Point out that they have listed a lot of “cons” and a lot of “pros.” Explain that it is possible to turn “cons” into “pros.”

10. Have each participant select one of the “cons” and tell how it could be turned or reframed into a “pro.” For example, if the “con” is that condoms are too tight, someone might suggest the use of one of the brands that come in larger sizes.

11. Point out that this is an important exercise because using condoms starts with the attitude a person has about using them. Say that having a negative attitude towards condoms will make it less likely that you will use them, and that’s why it’s important to work at canceling our cons about condoms by turning them into pros.

## II.4 - Personal Feedback Report #3 (PFR-3): Condom Attitudes

	<b>Purpose:</b>		<b>Facilitators will lead participants in reflecting more on their attitudes toward condom use, continuing the process of inducing and enhancing motivation to reduce risks for HIV and of enhancing motivation and building behavioral skills for condom use or safer sex.</b>
	<b>Time:</b>		<b>10 minutes</b>
	<b>Materials:</b>		<b>★ PFR-3 Form (green) ★ Poster of blank PFR-3</b>
	<b>Notes:</b>		1) Explore the participants' attitudes toward condom use, while expressing male roles in condom use. PFR-3 is designed to build motivation for change by having participants reflect on their attitudes towards condoms. Reviewing them is a starting point for thinking and generalized discussion.  2) It is important to deliver the PFR information in a non-judgmental manner.

### **Steps:**

1. Tell the participants that this is the last of the three Personal Feedback Report (PFR) forms that they will receive during the sessions.
2. Remind participants that the information on their forms was taken from the Pre-Intervention Assessment Survey they completed when they enrolled for **Nia**. The information is based on their responses then to questions about their attitudes toward condoms.
3. Point out that: there are no right or wrong answers on PFR-3. Tell participants that their attitudes may have changed since they finished the Pre-Intervention Assessment Survey.

4. Assure participants that the information on their PFR forms is personal and does not have to be shared with the group.



5. Distribute Personal Feedback Report #3 (PFR-3) forms to participants in a manner that allows participants to keep their information private, if they so choose.

6. Using the PFR-3 poster, review each item with the group. Ask participants to think about the information on their form as you review each item.

7. For each item, state whether they are more likely to use condoms if they agree or disagree. For example, if they agree that “the use of condoms can make sex more stimulating,” they are more likely to use condoms.

8. Explain that positive condom attitudes are one aspect of risk reduction and that you will be covering how to use condoms correctly and make them more fun.

### **Additional Notes:**



It is important to be nonjudgmental about any of the attitudes participants have towards condom use.

## II.5 - Video #4: “It’s All About Condoms”

	<b>Purpose:</b>	  <b>Facilitators will show and lead a discussion of a video about correctly using condoms, continuing the process of enhancing motivation and building behavioral skills for condom use or safer sex.</b>
	<b>Time:</b>	<b>20 minutes</b>
	<b>Materials:</b>	<b>★ Video #4: “It’s All About Condoms” (8 minutes) ★ TV, DVD Player, and remote control</b>
	<b>Notes:</b>	1) Build the participants’ behavioral skills for correctly using condoms, while expressing male roles in condom use.  2) This video is used to demonstrate correct condom application.  3) Negative images of condoms can be directly addressed through desensitization techniques incorporated with methods for eroticizing condom use.  4) Encourage discussion about communicating with their sex partners about safety and how taking personal control in sexual situations can result in maximum pleasure while staying in a personal, safer sex, comfort zone.

### **Steps:**

1. Explain that they will now see a video about using condoms and making them erotic. Introduce the condom demonstration video by reminding participants that there is always something new to learn about condoms.

2.   Show Video #4: “It’s All About Condoms.”

3. Lead a group discussion about their reaction to the video and the condom techniques demonstrated.
4. Point out to participants that often actions speak louder than words. Simply bringing out a condom and putting it on, or handing one to a partner, may work just as well as talking about condoms.
5. Elicit examples of ways participants have made or think they can make condom use more erotic with their partners.

## II.6 - Condom Demonstration and Practice



**Purpose:**



**Facilitators will demonstrate and lead a practice of skills for correctly using condoms, continuing the process of enhancing motivation and building behavioral skills for condom use or safer sex.**



**Time:**

**25 minutes**



**Materials:**

- ★ **Male condom packets**
- ★ **Variety of lubricants**
- ★ **Male anatomical models**
- ★ **Female condom packet**
- ★ **Paper towels or moist towelettes**



**Notes:**

- 1) Build the participants' skills for correctly using condoms, while expressing male roles in condom use.
- 2) As with the HIV Risk Continuum Banner, this portion of the intervention involves some right and wrong answers. Make sure that you, the facilitators, use accurate and up-to-date information.
- 3) Making the practice fun will support the motivational-change component. Consider activities, such as a condom race to see who can apply a condom correctly in the shortest amount of time, applying condoms while blindfolded or with "drunk goggles" on, etc.
- 4) This segment takes participants from the concept of "condoms can make sex safer" to "how to use one".
- 5) If your venue or other circumstances will not allow the condom demonstration and/or practice, see page 3 in **Appendix F** for suggestions on how to facilitate this segment.



## Notes:

6) It is important to use focus groups or other community assessment methods to discover aspects of condom demonstration and practice that may make your participants uncomfortable, such as working in pairs with another man. Some men also may be more comfortable using a wooden penile model instead of the more anatomically realistic versions.

7) The female condom may be a new concept to some of the men in the group, so be prepared to talk about it in Step #14.



8) **Appendix Q** contains a checklist that you can distribute to the men in the group to reinforce Step #8 when you demonstrate correct condom use.

## Steps:

1. Point out that there are three materials condoms are made from: latex (rubber), polyurethane (plastic), and lambskin.
2. Explain that lambskin is porous and does not protect against HIV.
3. Discuss in detail the importance of lubricants and the difference between water-based and oil-based lubricants.
4. Explain how oil-based lubricants dissolve latex condoms.
5.  Display a variety of possible lubricants, and discuss each one and their use with latex condoms.
6. Emphasize the importance of knowing how to use condoms correctly. Explain that it cannot be assumed that everyone knows how to use a condom the right way.
7. Explain to participants that it is important to be comfortable with condoms and that handling them in the light, with peers, can increase their comfort with them and their ability to use them properly.

8.  Demonstrate the key points for proper male condom use. Go slowly and exaggerate each step:
- ★ Choose a condom
  - ★ Check expiration date
  - ★ Open packet without damaging the condom
  - ★ Check to see which way the condom rolls
  - ★ Use a water-based lubricant, if desired, with latex condoms
  - ★ Place the condom on the head of the penis, making sure the reservoir tip is sticking out
  - ★ Pinch the reservoir tip to remove the air bubble
  - ★ Roll condom on all the way down to the base of the penis slowly
  - ★ Use the condom from start to finish
  - ★ Hold the condom at the base of the penis when pulling out of your partner
  - ★ Remove the condom while the penis is still erect without letting the fluid spill out
  - ★ Dispose of the condom properly afterwards in a trash can
9. Ask if the participants have any questions before they practice.
10.  Provide each participant with a penis model (or substitute), male condoms, and lubricant. Have them practice putting condoms on the model. Provide paper towels or towelettes for clean-up. If there are not enough penis models, let half the group practice first, while the others silently observe, and then have them switch. However, do not break them up into formal “pairs.”
11. As the men practice individually, walk around the group and silently observe this practice.
12. Provide guidance to participants as needed and encourage feedback by their peers.
13.  Follow the practice with the distribution of packets of male condoms and lubricant.
14. Exhibit the female condom, pass it around the group, and briefly discuss its use. Ask participants if they had a partner use a female condom in the past. If yes, ask them to share what the experience was like for them.
15. Recap the section on condoms by reminding the participants that there are a lot of products out there and things they can do to make sex safer. Remind them that the decisions they make can help protect themselves, their partners, and their community.
16.  **Tell participants that you will now take a break and announce the length. Ask participants to return promptly.**

## II.7 - Building Skills for Making and Communicating Safer Sex Decisions: Movie Clips #1-6



**Purpose:**



Facilitators will show movie clips and conduct a skills-building activity using these clips, continuing the process of building skills for identifying and managing sexual risk situations and of enhancing motivation and building behavioral skills for condom use or safer sex.



**Time:**

70 minutes



**Materials:**

- ★ Easel paper and markers
- ★ TV, DVD player, and remote control
- ★  Movie Clips #1-6



**Notes:**

- 1) Focus on the identification of triggers and safer sex decision-making skills as you guide the participants' practice related to the movie clips and help them identify with men in common risk situations.
- 2) These clips are used as a springboard for discussion and practice based on a specific sexual risk situation. Become thoroughly familiar with the clips in advance and how they may be used to support the Core Elements.
- 3) Be prepared to handle participants "acting out" when you announce that this will be a "prelude-to-sex-scene." Keep the focus on looking for ways to make the sexual situation safer.
- 4) Challenge any negative attitudes toward women and be supportive of protective attitudes. Enforce the group rule about "no disrespectful statements about anyone, including women."
- 5) Facilitate the discussion in the same way each time. Clip #1 sets up the way this should be handled with all clips.



## Notes:

6) Don't allow too much time between showings of scenes.

7) Remember, the first time the scene is played is for familiarity. Be prepared with places to pause it during the second showing where things could be done differently (see Step #4). This is in case none of the participants volunteer to use the remote control or to suggest pause points (see Step #6).

8) One or two clips can be cut if you are running short on time. However, choose clips from the middle of the set; do not cut the final clips, which represent the most difficult situations participants may find themselves in.

9) Role-plays can be done in the place of "one-liners" in Step #13, if the group is interested. These should be done with the men seated and the female facilitator playing the part of the woman. In either case, the woman should encourage the participants to respond as if she were the female actor.

## Steps:

1. Welcome men back from break.
2. Remind participants that you said in Session One that you would show a series of short scenes or clips from movies. Explain that you will use the clips to let them apply everything they have learned in the **Nia** sessions, including how to identify triggers to unsafe sex and how to introduce condom use with a partner.
3. Explain that you will introduce each clip before you show it with a scenario and that it is important to listen carefully to the scenario.



4. Introduce Clip #1, before showing it, using the following "set-the-scene."
  - ★ "You may have seen the movie (or other source) this clip is from. Try to forget anything you know about it. Think about it as I describe it, not as it appears in the movie."
  - ★ "This is a 'prelude to sex' scene, where a man (*briefly describe the scene*)."
  - ★ "Watch the scene, and look for triggers to unsafe sex."
  - ★ "Focus on how the male character handles the risky sexual situation. Think about what the character could have done or said differently to produce a safer sex situation."
  - ★ "Think about how you would have reacted in a similar situation."

5.   Play the clip through in its entirety.
6. Lead a brief discussion (about 2 minutes) focusing on the triggers to unsafe sex in the situation shown in the clip. Ask participants some questions to stimulate discussion, such as:
  - ★ How easy do you think it would be for (*insert male character's name*) to practice safer sex in this situation? Why?
  - ★ What do you think were some of the triggers (people, places, moods/feelings, substances) to unsafe sex?
7. Tell participants that you are now going to show the clip again. Ask participants to think about how to make the situation less risky.
8. Ask for a volunteer to take control of the remote, and tell him you want him to pause the clip where he thinks something could be done or said differently that would lead to safer sex.
9.   Play Clip #1 again, allowing that participant to pause the clip.
10. When the participant stops the clip, say “in order to make the situation safer,” then ask the questions below.
  - ★ What could (*insert male character's name*) say?
  - ★ What could he do?
  - ★ If you were in this situation, what would you say?
  - ★ What would you do?
11. Ask the other participants if that solution sounds realistic to them. Ask how they would make this situation less risky.
  - ★ What would you say or do?
12. Ask the participant with the remote to continue playing the clip or to return the remote to you, so you can do so. Allow the clip to play to the end.
13. Ask each of the men in the group if they would do something differently in the situation from the clip and, if so, where. If they would make a change, then the female facilitator should ask them to pretend she is the woman in the scene and tell her in one or two sentences (“one-liners”) what they would say at that point.
14. Give supportive feedback on communicating safer sex decisions with their partners.

15. After the feedback for Clip #1, **repeat steps #4-14 above** for each of the remaining five clips, requesting a new volunteer to handle the remote each time.
16. Recap the work with clips, if appropriate, by mentioning some of the various options/safer sex strategies chosen by the participants to manage specific triggers.
17. Emphasize the importance of looking for triggers in a risky sexual situation and making and communicating safer sex decisions. Remind participants that the decisions they make help protect themselves, their partners, and their community.

## **II.8 - Personal Safer Sex Planning**

	<b>Purpose:</b>	   <b>Facilitators will lead an activity about identifying personal risky situations and the participants' plans for dealing with them, continuing the process of inducing and enhancing motivation to reduce risks for HIV and of building skills for identifying and managing sexual risk situations.</b>
	<b>Time:</b>	<b>15 minutes</b>
	<b>Materials:</b>	<b>★ Personal Safer Sex Plan Worksheets</b> <b>★ Pens or pencils</b>
	<b>Notes:</b>	1) Build the participants' skills for planning ahead for personal risky situations. The question in Step #3 helps participants move from thinking about safer sex to taking action.  2) Facilitators can encourage participants to create a personalized action plan, either by themselves or with their prevention case manager, if they have one. This plan should be based on the sexual behaviors they now want to maintain or change.

### **Steps:**

1. Review quickly all the concepts from both sessions.
2. Ask each participant to share what was the most important or valuable message they received from the sessions.
3. Ask the men to state the one thing they know they are going to do differently starting tomorrow.
4. Explain that you want everyone to leave these sessions with a plan, so you are going to pass out worksheets they can use to record their plan.

5. Review the questions on the Personal Safer Sex Plan worksheet.

- ★ What are your personal triggers in risky sexual situations?
- ★ What could you do to make them less risky for you and your partner?
- ★ When would you talk to your partner about safer sex?
- ★ What do you plan to do in advance of the next time you expect to have sex?
- ★ How can you make sure you have condoms when you want them?
- ★ What are some of the strategies you have for succeeding at practicing safer sex?
- ★ What other options do you have to reduce your chance of infection?
- ★ What else could you do to support safer sex in your community?



6.   Pass out worksheets and pens. Encourage participants to write down their plan right now, if time allows, or later, if it does not.

## II.9 - Summary and Close

	<b>Purpose:</b>	 <b>Facilitators will review all major content from the sessions, as participants reflect on what they have learned and how they can have a positive impact on their community.</b>
	<b>Time:</b>	<b>5 minutes</b>
	<b>Materials:</b>	<ul style="list-style-type: none"><li>★ <b>Certificate of completion or award (optional)</b></li><li>★ <b>Participant Feedback Form</b></li><li>★ <b>Pens or pencils</b></li></ul>
	<b>Notes:</b>	<p>1) Summarize the entire intervention. It is important to focus on the concepts that reinforce the Core Elements and the idea of participants protecting themselves, their partners, and their community.</p> <p> 2) You may want to create a checklist, index cards, or other “cheat sheet” to help you remember the main points from the sessions.</p> <p>3) Take this final opportunity to stress that participants can make a difference in preventing HIV/AIDS in their community and protecting themselves, their partners, and their community.</p>

### **Steps:**

1. Review the main concepts from both sessions including HIV/STD information, trigger identification, safer sex options, condom attitudes, and making decisions about condom use or safer sex.
2. Remind participants of the role they can play in helping to prevent HIV/AIDS in their community and the “take-home message.”

**“THE DECISIONS YOU MAKE CAN HELP PROTECT YOURSELF, YOUR PARTNERS, AND YOUR COMMUNITY.”**

3. Remind participants about the handouts they received.
4. Thank the participants for attending the sessions and for doing a good job.
5.  As the closure activity, present each participant with an award, a certificate, and/or a final acknowledgement of appreciation for all the hard work the group has done.
6. Ask participants to fill out the Participant Satisfaction Survey and the Post-Intervention Assessment Survey before they leave.

## Maintenance

During the maintenance stage, agencies will evaluate their implementation of **Nia** and address the need for any adaptation of the intervention or changes to the implementation plan or the organization. Institutionalization, or embedding the intervention into the organization mission, hierarchy, standard operation, and budget, is a potential goal of this phase. Maintenance begins after the final session of the first cycle of **Nia** has been delivered and continues as long as the agency does the intervention. During this stage, evaluation data are entered into a database and/or submitted to appropriate stakeholders. It is this information, along with quality assurance documentation, that will assist an agency in making sure the intervention meets the needs of their clients.

### Using Evaluation Data to Improve Session Delivery

The copies you completed of the Session Evaluation Form and Session Consistency Outlines, as well as the Participant Feedback Forms filled out by the group at the end of Session Two, will be used by your program manager to improve the **Nia** program in general. As facilitators, you also should review these forms and look for places where session delivery could be improved. Assess where things went well and where things did not. Ask yourself how any problem areas could be adjusted or changed. At the same time, look at how the good aspects of your delivery might be maintained or enhanced.

Once you know where you would like to make changes, refer back to **Appendix F** for ideas on adapting your delivery of **Nia** sessions. If your groups were not engaged by some of the videos or clips, look in **Appendix G** to refresh your understanding of how to select new ones. Review any community assessment materials you have as well. Consult your Community Advisory Board and coworkers for more ways to make the sessions fun and appropriate for your clients. Work with your program manager to make sure any changes will maintain fidelity to the intent, internal logic, and Core Elements of the intervention. Your program manager also will consider what changes may need to be made to the evaluation forms.

After you determine what changes you want to make, adapt **Nia** materials as needed. Bring together members of the target population with whom you can pretest the new customized features, and readjust delivery again, if needed. Set up practice sessions to get used to these changes.

## **Appendices List**

**Appendix A: Replication Case Study Agencies**

**Appendix B: CDC Required Materials**

**Appendix C: Quality Assurance Forms**

**Appendix D: Evaluation Field Manual Forms**

**Appendix E: Stakeholder “Buy-in” and Participant Recruitment**

**Appendix F: Adaptation**

**Appendix G: Videos and Movie Clips**

**Appendix H: Skills and Tips for Group Facilitation**

**Appendix I: Resources**

**Appendix J: Pre-Intervention Assessment Survey**

**Appendix K: Myths and Facts Activity (Session One)**

**Appendix L: PFR-1/Key (Session One)**

**Appendix M: HIV Risk Continuum Banner and Cards (Session One)**

**Appendix N: PFR-2/Key (Session One)**

**Appendix O: Session Consistency Outline (Session One)**

**Appendix P: PFR-3/Key (Session Two)**

**Appendix Q: Condom Checklist (Session Two)**

**Appendix R: Personal Safer Sex Plan Worksheet (Session Two)**

**Appendix S: Participant Satisfaction Survey (Session Two)**

**Appendix T: Session Consistency Outline (Session Two)**

**Appendix U: Session Evaluation Forms (Sessions One and Two)**

**Appendix V: Easel Chart Guides**