SHIELD

A PEER-LED PROJECT

Project Manager's Guide

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 packages 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 “Nonoxynol9, Spermicide Contraception Use—United States, 1999,”
4) The ABC’s of Smart Behavior,
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) and
6) Centers for Disease Control and Prevention- IDU and HIV Prevention: Syringe Disinfection for Injection Drug Users

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.

The SHIELD intervention package was developed by a team at the Johns Hopkins Bloomberg School of Public Health:

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TABLE OF CONTENTS

SHIELD AND HIV Prevention **1**

Overview of the SHIELD Project Manager's Guide **2**

Introduction to the SHIELD Intervention **4**
What is SHIELD? 4
Core Elements of the SHIELD Intervention 11
Description of SHIELD Behavior Change Logic Model 15

Pre-implementation **18**
Agency Self-Assessment to determine readiness to implement SHIELD 18
Gaining Stakeholder "Buy-in" 19
Staffing Patterns and Responsibilities 23
Staff Training: Getting Staff Ready to Implement SHIELD 28
Resources, Supplies, and Equipment 29
Estimating the Budget for Implementing SHIELD 31
Determining the Logistics of the SHIELD sessions 35
Marketing and Recruitment Plan for SHIELD Participants 37
Identifying Community Resources 40
Developing a plan to evaluate the SHIELD intervention 42
Developing a Security and Safety Plan 44
Developing a Relapse Prevention Plan 45
Determining if optional intervention activities will be offered 46

Implementation **51**
Recruitment of SHIELD participants 51
Introduction to the SHIELD Intervention Sequence 53
Pre-Program Contact 54
Conducting the SHIELD intervention sessions 56
SHIELD Participant Retention 58
Supervision and Oversight 61

Maintenance **64**
SHIELD becomes a part of the agency 64
Staff Development and Training 65
Identifying Funding to Sustain the SHIELD Intervention 66
Quality Assurance of the SHIELD Intervention 67

Appendices

Appendix 1: Glossary
Appendix 2: SHIELD Research Article
Appendix 3: Recommended Timelines
Appendix 4: Recruitment Forms
Appendix 5: Pre-program Contact Forms
Appendix 6: Intervention forms
Appendix 7: Additional Information and Resources
Appendix 8: CDC materials

SHIELD AND HIV Prevention

Since the beginning of the HIV epidemic, drug users have been identified as a population at high risk for HIV infection and hard-to-reach for HIV prevention efforts. Numerous studies indicate that drug users often do not access traditional medical and social services. As a result, the effectiveness of clinic-based HIV prevention efforts is limited.

In response, several successful HIV prevention programs have been conducted that utilize paraprofessionals. These paraprofessionals were typically individuals who were former drug users and therefore familiar and credible with the drug user community. These programs were successful in: 1) identifying drug users in the community; 2) conducting outreach programs including condom distribution; 3) giving referrals to HIV testing sites and drug treatment; and 4) providing education to increase knowledge about HIV risk. Although programs using paraprofessionals can be successful, there are some drug users who interact primarily with others in the drug community, and therefore continue to not receive prevention services.

The **Self-Help in Eliminating Life-threatening Diseases (SHIELD) intervention** is an innovative approach to HIV prevention. The SHIELD intervention trains former and current drug users to be **Peer Educators** who share information with their peers in their social networks. A **social network** is the group of people we interact with in a variety of ways. This includes friends, family, sex partners, co-workers, drug-using partners, etc. This approach builds upon naturally occurring social relationships. Through social networks, prevention information and skills can be disseminated, thus benefiting a greater number of people.

In the SHIELD model of HIV prevention, one individual (a Peer Educator) is taught strategies to reduce HIV risk associated with drug use and sex behavior. In addition, Peer Educators are taught effective communication skills in order to have conversations about HIV prevention information with people in their social networks. As a result Peer Educators may take leadership roles within their social networks and serve as role-models for reducing HIV risk. According to this model, training one individual leads to teaching and positively influencing many others.

Training current and former drug to be Peer Educators is an efficient HIV prevention technique. Peer Educators are more likely to have access to drug users in the community, especially those who may not access traditional prevention services. The Peer Educator program is a way for agencies to partner with drug users in the HIV prevention effort.

Overview of the SHIELD Project Manager's Guide

The purpose of the **SHIELD Project Manager's Guide** is to offer an overview of the SHIELD intervention. Included in this guide are detailed activities and resources needed for the three stages of the project: 1) Pre-implementation; 2) Implementation; and 3) Maintenance.

This guide is intended to be used by Project Managers at agencies who: 1) serve current and former drug users (see next section for more detail on the target population); and 2) are interested in implementing a Peer Education training intervention. Please refer to the **SHIELD Facilitator Guide** for detailed information on intervention curriculum, session outlines, and protocols.

Below is a brief overview of the different sections of this guide.

Introduction
In the first section of this guide, we provide background information on the SHIELD intervention which includes a brief overview of the SHIELD intervention, the science behind it, Core Elements and Behavior Change Logic Model.

Pre-implementation: Getting ready to implement the SHIELD intervention
In this section, we describe the steps needed to prepare your agency to implement SHIELD. This section addresses budget estimates, staff qualifications and responsibilities, resources, creation of a marketing and recruitment plan and development of an evaluation plan.

Implementation: Putting the SHIELD intervention into practice
This section addresses all activities needed for your agency to implement SHIELD, such as participant recruitment and retention.

Maintenance: Sustaining the SHIELD intervention in your agency
The maintenance section addresses the sustainability of the SHIELD intervention. This section includes discussion of SHIELD integration within your agency, staff training and development and seeking continued funding.

Appendices
Finally, the **SHIELD Project Manager's Guide** contains several appendices which include articles on the original research study, recommended project forms, and relevant CDC informational documents.

Introduction to the SHIELD Intervention

Introduction to the SHIELD Intervention

What is SHIELD?

The Self-Help in Eliminating Life-threatening Diseases (SHIELD) intervention is a group level HIV prevention intervention that trains current and former drug users to be Peer Educators. As a Peer Educator, participants learn communication skills to conduct Peer Outreach to the people in their social network. Participants are also taught HIV prevention information and risk reduction skills.

The SHIELD Intervention has 2 main goals:

1) To train individuals to be Peer Educators who conduct outreach with peers by sharing HIV risk reduction information.

As a Peer Educator, participants learn risk reduction information and skills. They also learn communication skills (called PEER Communication skills) to prepare them for peer outreach. While many people think that peer outreach is done with the community at-large or with strangers, in the SHIELD program, peer outreach is focused on people in their social network. A social network is the group of people who the Peer Educator knows well or feels very comfortable with, such as drug or sex partners, family, friends, support group members, etc.

2) To reduce Peer Educators' own HIV risk behaviors.

Participants also begin to use the HIV risk reduction information and skills that they learn in the SHIELD sessions to change their own risky behaviors and to maintain credibility as a Peer Educator.

These aims are achieved through the following skills-building activities:

SHIELD Skills-Building Activities

PEER Communication Skills Building Activities	***HIV Risk Reduction Skills Building Activities***
• Facilitator Role-models • Group Problem-solving • Role-Plays	• Risk Ladders • Demonstrations • Games

The SHIELD intervention is delivered through 6 fun and interactive sessions. Each session lasts 1½ -2 hours and is held in a small group setting (4-12 participants). The small group setting is important for Peer Educator

training because it facilitates participant sharing and learning from each others' experiences.

Each SHIELD Group is led by two trained facilitators. Through facilitated discussion, skills building activities, role-plays, and demonstrations, information, referrals, and risk reduction materials are delivered. Also, participants are assigned homework assignments to practice their Peer Educator skills outside of the group setting.

The topics of the SHIELD intervention sessions are:

Session 1: Introduction to the Peer Educator role and Peer Outreach
Session 2: Peer Educator Communication skills (PEER)
Session 3: Reducing sexual risk behavior-Part 1
Session 4: Reducing sexual risk behavior-Part 2
Session 5: Reducing injection drug use risk behavior
Session 6: Graduation and sustainability of Peer Outreach

It is important to emphasize that each of the 6 SHIELD sessions focus on a range of risk reduction options, including abstinence and condom use, which people can practice to prevent HIV. SHIELD is not appropriate for agencies whose sole mission is to promote abstinence from sex or cessation of drug use.

Please refer to the **SHIELD Facilitator Manual** for more detail on the intervention sessions.

Theoretical Foundations of SHIELD

Theoretical foundation refers to the behavior change theory that underlies the SHIELD intervention. The SHIELD intervention was built upon four psychological theories: Social Cognitive Theory, Social Identity Theory, Cognitive Dissonance (or inconsistency) Theory and Social Influence Theory. Each of these theories guides the Peer Educator approach to HIV risk reduction.

Social Cognitive Theory proposes that there are four components necessary for a behavior change to occur: 1) knowledge, 2) development of skills to reduce risk and regulate risk, 3) peer support to reduce risk and 4) self efficacy to reduce risk (belief that one can be successful). In the SHIELD intervention, Peer Educators received psychosocial cognitive skills training to reduce HIV risk behaviors and the opportunity to practice their skills to increase self-efficacy.

Social Identity Theory suggests that individuals classify themselves in terms of group labels. Once an individual begins to identify with a group, they act according to what they perceive other group members are doing. For example, as participants attend each intervention session, they may begin to consider themselves a part of the **Peer Educator** group. In addition, if they perceive that other **Peer Educators** are similar to them; their self-efficacy for conducting peer education may increase. Also, individuals may become motivated to practice HIV risk reduction behavior.

According to ***Cognitive Dissonance Theory***, individuals want their actions to match their words. As **Peer Educators** begin to engage in HIV prevention outreach in their social network, they may change their own risky behaviors in order to make their behaviors and their statements consistent. By talking to their social network members (e.g., partners, friends and family members) about using condoms and not sharing needles, Peer Educators may become motivated to adopt these same risk reduction strategies. Furthermore, individuals may begin to adopt safer behaviors to maintain their credibility as **Peer Educators**.

Social Influence Theory proposes that individual behavior is shaped by observing other people in the social environment and modeling the observed behaviors. An individual is more likely to adopt a given behavior if they feel they are similar to the person they are observing. After learning risk reduction information and skills in the SHIELD intervention sessions, the Peer Educators share the information and skills with their social network members. They also model safer behaviors. As social network members observe the safer behaviors of Peer Educators (who they perceive as similar to themselves) they may be influenced to change their own risky behaviors.

SHIELD Target Population- Who is SHIELD for?

In the original SHIELD research study, the SHIELD participants were 94% African American, 61% Male, 85% unemployed, 65% reported less than $500 of income in the past 30 days, and 57% had less than a high-school education. The average age of participants was 39 years.

SHIELD is designed for adults (18 years and older) and may be implemented with men and women as well as individuals who are HIV positive or HIV negative. SHIELD, which has primarily been implemented with heroin and cocaine users, is appropriate for former and current drug users who interact with other drug users. While some participants have been injection drug users, others have been non-injection drug users who interact with injection

drug users. Agencies may adapt SHIELD to implement with non-injection drug users or other populations such as methamphetamine users.

In the SHIELD study, many participants were in drug recovery when they went through the Peer Educator training. Recovery is a different experience for each individual. Some recovering individuals can interact with other drug users while others may relapse as a result of this interaction trigger. SHIELD is not an abstinence-based program. Rather, the curriculum focuses on risk reduction options. For individuals who are in drug treatment or recovery, learning about drug-related risk reduction options may trigger drug use. Agencies working with individuals who are former drug users or in recovery are cautioned to carefully assess if the SHIELD intervention is appropriate for a particular individual. Also, agencies need to decide if a mixed group (i.e., active drug users and individuals in recovery) is appropriate at their agency.

Peer Education requires motivation, social skills, and dedication. Therefore, it is important that a participant has a willingness and interest in conducting Peer Outreach.

In addition, participants must feel comfortable talking to active drug users or people at risk for HIV through their sex behaviors in order to conduct their Peer Outreach.

Setting

SHIELD was originally conducted in an urban, community-based research clinic. Although the setting may vary, it is important to hold the intervention in a location that is easily accessible by the target population. It is recommended that agencies offer directions or maps of public transportation routes to the setting. Confidentiality is an important component, therefore, sessions should take place in a non-threatening, confidential, “safe” place for participants.

Number of Participants

The original SHIELD intervention sessions were held with the number of participants ranging from 4-12. In the Pre-implementation section of this guide, we offer guidance for the number and composition of each SHIELD cycle.

Timing and Frequency of Sessions

The timing of intervention sessions should be convenient and consistent for

participants. SHIELD sessions have been implemented in mornings, afternoons, evenings, and weekends. We recommend holding 2 groups per week with at least a day in between sessions. For example, hold Session 1 on Monday and Session 2 on Thursday. The following week, Session 3 would be on Monday and Session 4 would be on Thursday, and so on.
As a formative activity, agencies should talk to members of the target population to determine ideal times to hold the intervention sessions. Agencies are encouraged to put together a calendar of session dates prior to implementation.

Each set of Sessions 1-6 is considered a SHIELD cycle. An agency should determine the number of cycles to hold on a quarterly or annual basis based on the requirements from their funding agency.

Research Findings

The SHIELD intervention was effective at producing the following results among Peer Educators 6 months after they completed the intervention:

- Increased condom use during vaginal sex with casual sex partners (16% of Peer Educators vs. 4% of control group);
- Increased condom use during oral sex with casual sex partners (12% of Peer Educators vs. 3% of control group);
- Reduced needle sharing (69% of Peer Educators vs. 30% of control group);
- Decreased injection drug use frequency (48% of Peer Educators vs. 25% of control group); and
- Stopped using injection drugs (44% of Peer Educators vs. 22% of control group)

See **Appendix 2** for more information about the original research studies that describe the study outcomes and Peer Outreach activities.

Benefits of Implementing SHIELD

The SHIELD intervention may reach high-risk individuals who are hard-to-reach. SHIELD is low-cost and requires few resources and minimal technology.

SHIELD participants have reported both tangible and intangible benefits from participating in SHIELD. These include:

- Learning new information and getting risk reduction materials that they can use to be safer themselves.
- Gaining pride in being a part of the solution rather than the problem in the fight against HIV in their community.

- Having increased self-esteem
- Receiving respect from family and friends.

What SHIELD is not

In the previous sections, we have discussed what the SHIELD intervention is. It is important to note what the SHIELD intervention is not.

- ***SHIELD is not a support group.*** A support group is a group of individuals who share a common problem or challenge, such as addiction or mental health problems. A support group gathers together regularly to discuss the challenge and provide social support to each other. Although participants are encouraged to share experiences and offer social support, the group sessions focus on a specific curriculum to teach peer education and risk reduction skills. Clients that are in need of support groups should be referred to other services. Clients may participate in SHIELD and a support group simultaneously.

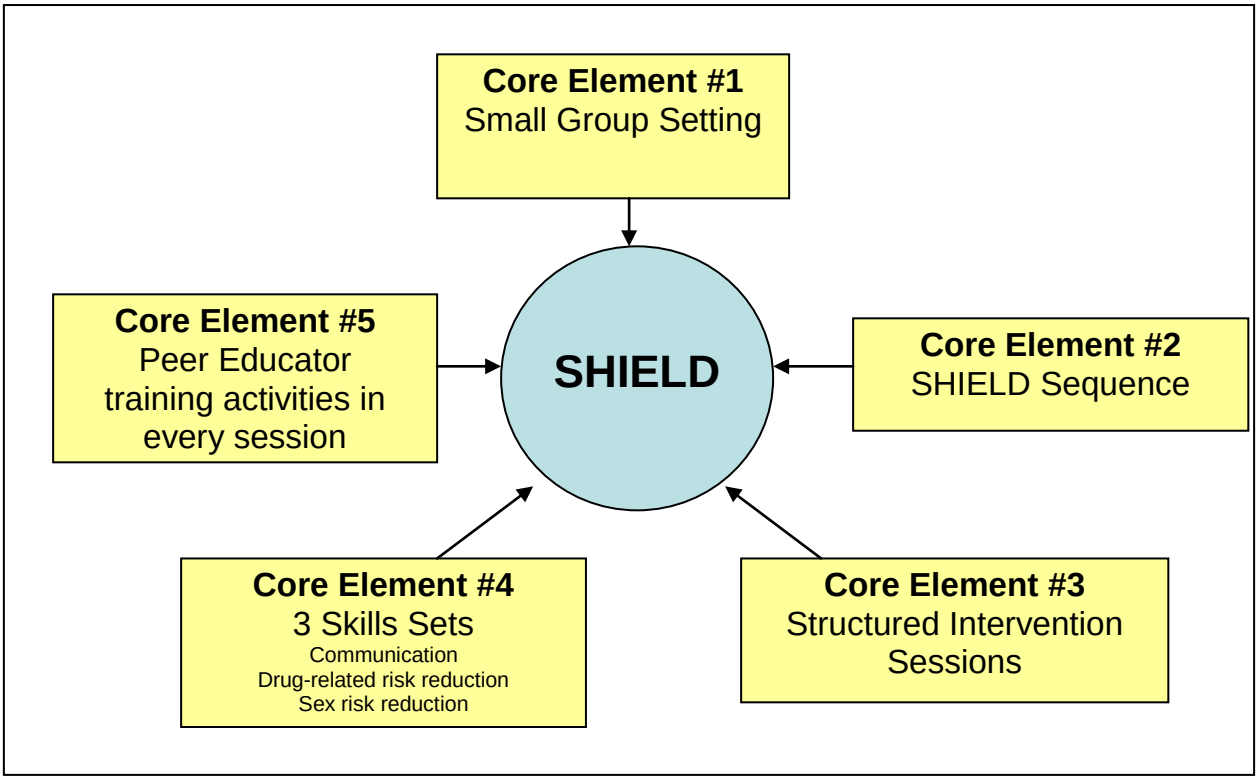
- ***SHIELD is not drug treatment or a recovery group.*** The SHIELD intervention is designed for former and current drug users. While some SHIELD participants may decrease or cease their drug use as a result of being in the program, the skills that are presented in the SHIELD intervention sessions include various risk reduction options in addition to abstinence. Individuals who are seeking drug treatment or recovery services should be referred to other services. The staff conducting the pre-contact session should assess the appropriateness for this individual being enrolled in SHIELD based on their interest in drug treatment services. For example, someone who is seeking a 90 day treatment program may not be appropriate for enrollment into the SHIELD project because their attendance may be limited.

- ***SHIELD is not a job training program.*** SHIELD is a Peer Educator training program. Peer Educators conduct peer outreach on a volunteer basis. Some SHIELD participants may feel like being a Peer Educator is a "job" and this training may enable and facilitate them in obtaining employment. Agencies should clarify with participants that they are not employees of that agency.

Core Elements of the SHIELD Intervention

The SHIELD intervention has been shown to be effective in changing risky sex and drug behaviors among former and current drug users.

Below is a list of the five Core Elements of the SHIELD intervention and supporting rationale behind each one. Each of these core elements must be maintained to ensure fidelity to the SHIELD intervention. Without each of the core elements, the intervention may not be effective at changing HIV risk behaviors.



1) SHIELD is implemented in a <u>small group setting</u> to offer participants an environment that is conducive to sharing experiences and gaining social support from peers.

<u>Rationale</u>: Small group sessions (4-12 participants) facilitate learning through shared experiences and encouragement among peers. In the small group setting, participants hear their peers' experiences with personal risk reduction and peer outreach as well as share their own experiences. As the sessions progress, participants will have the opportunity to observe each other's communication and risk reduction behaviors through role-plays and demonstrations. By observing others practice risk reduction, participants may become motivated to change their own behaviors. The small group approach also leads to social

support towards risk reduction among participants.

2) Participants go through the <u>SHIELD Sequence</u>- a series of activities that includes pre-program contact and six intervention sessions and optional booster sessions in a specified sequence.

<u>Rationale</u>: Peer education requires motivation and willingness to interact with social network members. Thus, potential participants should be briefed about the SHIELD intervention and screened to determine if peer education is appropriate for them during the Pre-program contact. Once a client is screened eligible, they will progress through Sessions 1 through 6. This order is important to build risk reduction and communication skills, develop the Peer Educator identity, and establish a supportive environment where participants can share their experiences. In addition, agencies may offer optional booster sessions to sustain Peer Educator skills and maintain contact with participants after they have completed the 6 intervention sessions.

3) Each SHIELD intervention session follows a <u>specific structure</u> that includes 5 components. These components are:

- Homework check-in
- Presentation of new information
- Peer Educator training activities (i.e. group problem-solving and role-plays)
- Homework assignment and practice
- Summary

<u>Rationale</u>: Each intervention session follows a specific structure. By following this structure, risk reduction and communication skills are reinforced and participants have opportunities to practice their Peer outreach. For more information about the SHIELD session structure, please refer to the **SHIELD Facilitators Guide**.

4) SHIELD sessions aim to build <u>three sets of skills</u> necessary for participants to be a Peer Educator. These skills are:

- Communication skills for conducting effective peer outreach (**PEER**)
- HIV drug-related risk reduction techniques
- HIV sex-related risk reduction techniques

<u>Rationale</u>: The central focus of the SHIELD intervention is to train individuals to be Peer Educators. Peer Educators are taught four basic Communication skills to be used during peer outreach. These four communication skills (PEER) include:

- **P**ick the right time and place
- **E**valuate their situation

- **E**xplore safer options for their situation
- **R**esources and referrals

PEER is an acronym to assist Peer Educators in recalling the four communication skills.

The main objective of Peer Outreach is to educate social network members about techniques to reduce one's risk for HIV. Thus, participants learn drug and sex-related risk reduction information and skills to disseminate through their social networks as well as to lower their own risk for HIV. These risk reduction skills are presented through risk ladders, demonstrations, and games. Peer Educators are encouraged to use their PEER Communication skills to share this information with their social network members.

5) Every session includes <u>interactive Peer Educator training activities</u> which build Peer Outreach skills and increase Peer Educator self-efficacy. Through increased self-efficacy, participants develop a Peer Educator Identity. Activities include:

- Facilitator Role-models
- Group Problem-solving activities
- Role-plays

<u>Rationale</u>: Becoming a Peer Educator and conducting Peer Outreach is a process. First, participants need to be introduced to the concept of Peer Education. Then, by engaging in activities and discussion about peer outreach throughout each session, the Peer Educator role is reinforced which leads to adoption of the Peer Educator Identity. Peer Educator Identity occurs when the participant sees themselves as a Peer Educator and looks at Peer Outreach as an important role in their lives.

Interactive sessions include hands-on activities that help participants increase their self-efficacy, or confidence, in one's ability to be a Peer Educator. Communication skills are practiced with other participants in the small group. In the small group, participants give peer feedback and suggestions. Within the small group, participants can learn and then model the ways they can share with others and negotiate for themselves safer injection and safer sex skills. Interactions with peers within the small group also help participants adopt the **Peer Educator Identity**.

SHIELD Behavior Change Behavior Change Logic Model

The target population for the SHIELD intervention is designed for current and former drug users of heroin, cocaine, or crack who interact with current drug users; males and females; ages 18 years and older (average age in study was 39 years); and HIV-positive and HIV-negative.

The risk behaviors among this population are due to drug-related practices such as sharing needles and not cleaning injection equipment effectively as well as sexual behaviors such as inconsistent condom use and exchanging sex for money or drugs.

Major risk factors for HIV include: lack of knowledge about HIV risk reduction, lack of safer sex and safer injection materials, lack of skills for HIV risk reduction, and lack of social support for practicing safer sex and injection behaviors.

SHIELD Behavior Change Logic Model			
Behavioral Determinants *Corresponding to risk or contextual factors*	**Activities** *To address behavioral determinants*	**Outcomes** *Expected changes as a result of activities targeting behavioral determinants*	
		Immediate Outcomes	**Intermediate Outcomes**
• Self-efficacy for being a Peer Educator • Development of a Peer Educator Identity • Knowledge of risk reduction strategies for sex and drug behaviors • Knowledge of HIV testing resources • Self-efficacy for safer sex and injection behaviors • Positive attitudes towards safer sex and safer injection behaviors • Intentions to practice safer sex and safer injection behaviors	• Learn PEER Communication Skills to guide Peer Outreach • Engage in interactive Peer Educator training activities to build Peer Outreach skills • Practice Peer Outreach skills through homework assignments • Learn information and skills about HIV prevention and risk reduction • Engage in interactive exercises to build skills for HIV risk reduction	• Increase in self-efficacy for Peer Outreach • Diffusion of HIV risk-reduction information, skills, and resources through social networks • Promotion of norms about risk-reduction behaviors through social networks • Increase in knowledge of HIV transmission and risk-reduction • Increase in positive attitudes towards safer sex and safer injection • Recognition of own risky behaviors • Increase in self-efficacy for personal risk reduction • Increase in intention to practice risk reduction	• Peer Educators have increased pride about helping their community • Decrease in sharing of injection drug equipment • Increase in cleaning of injection drug equipment • Increase in utilization of a Needle Exchange Program (where available) • Increase in condom use • Increase in HIV testing and receipt of results • Increase in drug treatment enrollment • Reduction in drug use

1- The SHIELD intervention has two aims: 1) to train individuals to be Peer Educators who conduct outreach with peers by sharing HIV risk-reduction information; and 2) to reduce Peer Educators' own HIV risk behaviors. In order to achieve these goals, the intervention focuses on 3 sets of skills: communication, safer sex, and safer injection. As a Peer Educator, participants learn risk-reduction information and skills which they diffuse throughout their social network. Through peer outreach, participants also begin to change their own behaviors to maintain credibility as a Peer Educator.

2- The SHIELD intervention was built upon three psychological theories: Social Learning, Social Identity and Cognitive Dissonance (or inconsistency) Theories. Each of these guides the Peer Educator approach to HIV risk reduction.

Description of SHIELD Behavior Change Logic Model

As discussed previous, SHIELD is designed to train former and current drug users to be Peer Educators as well as change participants' own risky behaviors. Peer Educators learn HIV risk reduction information and skills which they pass on to their social network members. By being a Peer Educator, participants may also begin to change their own risky behaviors in order to "practice what they preach".

The Behavior Change Logic Model illustrates how the SHIELD intervention is designed to lead to behavior change.

Behavioral Determinants

The first column lists the behavioral determinants that SHIELD focuses on to decrease former and current drug users' risk for HIV.

Self-efficacy is a crucial prerequisite for becoming a Peer Educator. Self-efficacy, or confidence in one's ability for becoming a Peer Educator, will begin to develop through participation in skills-building activities during the intervention sessions. As an individual begins to feel confident in their ability to be a Peer Educator, they will be more motivated to engage in Peer Outreach activities and will begin to see themselves as a Peer Educator (i.e., Peer Educator Identity). Peer Educators also offer social support for practicing risk reduction among their peers.

SHIELD is also designed to provide information to increase knowledge about HIV risk reduction information. Also, increasing self-efficacy to practice safer sex and safer injection behaviors is a goal of SHIELD.

Activities

The next column delineates the major activities that take place during the SHIELD intervention sessions. Peer Educators are taught 4 specific communication skills (PEER) to help guide their Peer Outreach Activities. These skills include:

- Pick the right time and place
- Evaluate their situation
- Explore safer options for their situation
- Resources and referrals

PEER is an acronym to assist Peer Educators in recalling the four communication skills. Participants also engage in several skills-building activities, such as role-plays, to practice their communication skills and Peer Outreach activities. Finally, participants are assigned homework assignments at each session as another practice opportunity.

The SHIELD sessions also include games, risk ladders, demonstrations, and facilitated discussion to present information about HIV prevention and risk reduction. In addition, participants engage in skill-building activities, such as role-plays and problem-solving activities to increase self-efficacy for risk reduction.

Immediate Outcomes

Outcomes refer to expected changes as a result of the intervention activities. Immediate outcomes are expected to change 1-2 weeks after completion of the intervention. As Peer Educators continue practicing their skills and conducting Peer Outreach with peers, they will experience an increase in self-efficacy. In addition, the HIV information, skills, and resources that Peer Educators share with their peers will start to diffuse throughout their social networks. Peer Educators will promote norms about risk reduction throughout their social networks. This shift in norms may persuade social network members to change their own risky sex and drug-related behaviors.

Through the intervention activities, participants will gain knowledge of HIV transmission and risk reduction. This knowledge, as well as Peer outreach efforts, will persuade Peer Educators to recognize their own risky behaviors. By practicing their risk reduction skills, they will gain increased self-efficacy for practicing safer sex and safer injection behaviors.

Intermediate outcomes

Intermediate outcomes are expected changes that occur 1-6 months after completion of the intervention. Through sustained peer outreach activities, Peer Educators will develop a strong sense of pride about helping to decrease their community's HIV risk.

In addition, after recognizing their own risky behaviors and practicing risk reduction skills, Peer Educators will practice safer sex and safer injection behaviors including:

- Decreased sharing of injection drug equipment (i.e. needles, cookers, cottons, etc)
- Increased cleaning of injection equipment
- Increased utilization of Needle Exchange Programs (where available)
- Increased condom use

Some Peer Educators may seek HIV testing and return for results, or seek drug treatment services. Finally, some Peer Educators will begin to decrease their overall drug use.

Pre-implementation: Getting ready to implement the SHIELD intervention

Pre-implementation
Getting ready to implement the SHIELD intervention

The Pre-implementation stage refers to the phase in which your organization is preparing to implement the SHIELD intervention.

A recommended timeline of all pre-implementation activities, staff responsibilities, timeframe, and materials needed is provided in **Appendix 3**.

Agency Self-Assessment to determine readiness to implement SHIELD

One of the first steps for your organization is completion of the **SHIELD Agency Readiness Self-Assessment** (**see SHIELD Starter Kit**). This assessment will help organizations determine if they have the capacity to implement SHIELD. This assessment should be completed by a staff member who is familiar with the agency structure, mission, budget, and strategic plan such as the Executive Director, Administrator, and Manager.

After completion of the self-assessment, organizations will be able to identify areas where their capacity is adequate, as well as areas that need to be strengthened prior to implementing SHIELD.

Gaining Stakeholder "Buy-in"

After your organization has determined that it has the necessary capacity to implement SHIELD, it is important to get "buy-in" from all stakeholders. A stakeholder is a person or agency/organization that has a stake in the successful implementation of the intervention. This group includes any entity affected by implementation of the SHIELD intervention, such as clients, agency staff, the Board of Directors/Executive Board, funding sources, and other community agencies that may be referral sources as well as organizations your agency refers SHIELD participants to.

Each agency should identify an intervention *Champion*: Someone who will advocate for implementation of the SHIELD intervention. The *Champion* should be a central person who will interact with stakeholders and begin the "buy-in" process. The first step in this process is to hold an introductory meeting with stakeholders. This meeting provides an opportunity for administrators to introduce the SHIELD intervention and discuss how the agency would benefit by implementing the program. It is also a chance to get feedback from stakeholders and answer their questions. During this time, it is important to highlight the benefits of what your agency has to offer clients and other stakeholders.

Your agency's intervention *Champion* can use the stakeholder's checklist (found on the next page) to obtain support for implementing the SHIELD intervention. The checklist contains those items the *Champion* can use to convince the stakeholders that the SHIELD intervention can and should implemented because it meets the needs of the community your agency serves.

SHIELD Stakeholder's Checklist

1. Assess the agency to determine whether they will support the *core elements* of the SHIELD intervention.

2. Identify your stakeholders

❒ Your agency's Board of Directors/Executive Board _____
_____

❒ Staff members from your agency who will have a role in the operation of the intervention

i. Administrators who will obtain support _____
_____

ii. Supervisors who will monitor the intervention _____
_____

iii. Staff who will deliver the intervention and interact with participants at any level _____

❒ Local agencies from which you could recruit participants, counselors/facilitators, or both

iv. Agencies offering support groups for former and current drug users
_____
_____

v. Health care providers and mental health professionals serving former and current drug users _____
_____

vi. Social service agencies reaching former and current drug users.
_____

vii. Organizations of former and current drug users and organizations which may have members who are former and current drug users
_____
_____

❒ Organizations which could provide assistance or other resources

viii. Merchants for incentives, refreshments _____

ix. Agencies, merchants, printers, publishers, broadcasters, and others that can advertise the intervention _____

x. Agencies that can provide a venue for the intervention _____
_____

xi. Agencies that can provide child care _____

xii. Agencies that can provide transportation _____

xiii. Advisory board to help tailor intervention _____

xiv. Other collaborating agencies to provide information for resource packets _____
_____

❒Agencies with which your agency needs to maintain good community or professional relations

xv. Local health department _____

xvi. Local medical and mental health associations _____
_____

xvii. Your funding source(s) _____
_____

xviii. Others _____

3. Inform and Involve Stakeholders in the SHIELD intervention

❒Inform stakeholders about the intervention

i. Decide in advance what specific roles you want each stakeholder to play. Who will you ask to:

1. Provide financial support _____
2. Refer former and current drug users (heroin, cocaine, and crack) to the intervention _____
3. Assist with implementation of the intervention _____
_____
4. Be a resource to which you can refer participants _____
_____
5. Join your community advisory board _____
_____
6. Help tailor the intervention for your target population _____
_____
7. Assist in advertising the intervention _____
_____
8. Provide a room in which the sessions can be held _____
_____
9. Supply refreshments for participants _____
10. Donate small incentives or prizes for participants _____
_____
11. Speak supportively about SHIELD in conversations with their associates _____

❒Send letters that inform stakeholders about SHIELD, its' importance, that your agency is/will be making the intervention available, what specific role(s) you think they may play in the success of the intervention, and offer an opportunity for them to learn more.

❒Call in two weeks and assess their interest. If they are interested, schedule a time to meet (e.g., one-on-one, lunch-and-learn at your agency with a group of other stakeholders, presentation at their agency for several of their staff or association members).

❒Get stakeholders' support

ii. Describe several specific roles they could play.

iii. Emphasize the benefits of their involvement to themselves, their agency, the community, and persons living with HIV, and answer questions.
iv. Invite them to commit to supporting former and current drug users by taking on one or more roles. Keep track of commitments.

❒Get stakeholder involvement in implementation

❒Soon after meeting, send thank you letters that specify the role(s) to which they committed. If they did not commit, send letters thanking them for their time and interest and ask them to keep the letter on file in case they reconsider later.

❒For persons who committed to a role that is important to pre-implementation, get them involved and put them to work (i.e., assign specific tasks) as soon as possible.

❒Hold periodic celebratory meetings for supporters to acknowledge your appreciation for and the value of their contributions update them on the intervention's progress and keep them engaged.

Staffing Patterns and Responsibilities

The SHIELD intervention is composed of 6 sessions. As noted previously, we recommend that 1-2 sessions for a given SHIELD cycle be held per week. With this schedule, a SHIELD Group can complete the full intervention set in about 3-6 weeks. This time frame is appropriate for giving participants ample opportunity to practice conducting Peer Outreach and using their PEER communication skills.

At a minimum, SHIELD should be implemented with 2 Full-Time Equivalents (FTEs). These staff members will be responsible for recruiting participants, marketing the program, facilitating sessions, and conducting evaluation activities. The following staff breakdown is recommended:

1 Project Manager (50%)
2 Facilitator (50% each)
1 Recruiter (50%)

Please note: this staffing pattern is the minimal number needed to implement SHIELD effectively. If your agency plans to serve a large number of clients and your budget allows for additional staff, you may consider having more staff, such as 2 recruiters (50% each) or a 100% FTE who plays the role of 2nd recruiter and Facilitator.

With these staff members in place, agencies can provide up to two cycles of SHIELD participants at different times per week. For example, one group of sessions can be held mornings while another can be held in the evening. Thus, over a 3-week period, two different SHIELD cycles will be completed.

This proposed staffing assumes that your agency has additional staff in place, such as an administrative assistant, receptionist, and administrator who are responsible for the overall functioning of the organization. Their duties may include answering phone calls, scheduling appointments, ordering supplies, etc.

Organizations may find potential candidates through networking, posted advertisements in newsletters, online job search engines, and community venues.

Project Manager

The Project Manager is responsible for the daily operations of the SHIELD intervention and staff supervision, as well as ensuring that the program goals are met. Therefore, this staff member wears many hats and is involved in all phases of the SHIELD project.

Main responsibilities include:

- Overall oversight of SHIELD implementation
- Hiring facilitators and recruiter
- Supervision of facilitators and recruiter
- Managing program-specific activities
- Debriefing with Facilitators after each intervention session
- Monitoring recruitment, retention and quality assurance
- Monitoring fidelity of the intervention
- Developing an evaluation plan
- Assisting administrators with applying for funding
- Developing participant recruitment plan budget
- Staff training (initial and on-going)
- Overseeing quality assurance of protocols
- Meeting with recruiters
- Back-up facilitation of intervention sessions[1]
- Recordkeeping and database management
- Writing project reports and updates
- Overseeing evaluation activities[2]
- Identifying & requesting areas where Technical Assistance is needed

Essential Qualities of a SHIELD Project Manager:

- Organized
- Attention to detail
- Able to multi-task
- Comfortable using computers for recordkeeping
- Budget experience
- Management experience
- Evaluation experience (preferable)
- Good communication skills for staff supervision

[1] Some agencies may want the Project Manager to be trained as a back-up facilitator of the SHIELD intervention sessions in case one of the designated facilitators is unable to attend an intervention session.

[2] If your organization hires an outside consultant to conduct evaluation activities, the Project Manager should be the liaison between the evaluator and organization.

Facilitators

Facilitators are responsible for preparation and implementation of the SHIELD intervention sessions. The facilitators are the main liaisons between participants and the agency. In addition, since facilitators will have the most amount of direct contact with participants, they also serve as a source for referrals (i.e., medical, social services, etc) and information among participants. In addition, facilitators may assist with recruitment efforts if more manpower is needed.

SHIELD should be implemented with two facilitators[3]. There are a number of benefits to co-facilitation. First, the responsibility in leadership, preparation and delivery of SHIELD is shared. This includes managing the emotional burden of delivering SHIELD. Co-facilitators also become an important source of support to each other which can help prevent burnout and adds to the experience of the group participants.

Although some agencies may contract with external consultants to facilitate groups, we strongly recommend having at least one of the facilitators as part of the agency's internal staff.

In addition, a high level of education (such as a college degree) is not critical. However, experience and comfort working with drug users and knowledge of risk reduction options is important.

Main responsibilities include:

- Preparing intervention materials
- Setting up and cleaning intervention room
- Leading SHIELD intervention sessions
- Debriefing with Project Manager
- Preparing SHIELD Group summaries
- Assisting with collection of evaluation data
- Assisting with recruitment efforts (if needed)
- Screening potential participants
- Assisting with recruitment & reminder calls/letters
- Staying up-to-date on health information
- Providing referrals to participants
- Ordering supplies for group sessions
- Developing & maintaining a repository of community resources for participants

[3] Having only 1 facilitator is not encouraged because each SHIELD session is very detailed and 2 facilitators are optimal for managing group dynamics. If the budget limits staffing to 1 facilitator, we recommend having a smaller group size (i.e. 4-6 participants) which may be easier to manage.

Essential Qualities of a SHIELD Facilitator:

- Experience working with drug-using populations
- Good verbal communication skills to engage participants
- Awareness of own comfort level and skills
- Non-judgmental
- Culturally competent
- Knowledgeable of HIV risk reduction options
- Broad familiarity with local community resources
- Ability to think on one's feet (since each set of clients is different)
- Empathetic

Recruiter

A recruiter is needed to ensure that a continual flow of participants is available for the SHIELD intervention. The recruiter needs to conduct outreach in the street as well as through community agencies. Thus, the recruiter is an important liaison between your agency and other community organizations. Recruiters should have knowledge of services and resources in the community since they may be asked about resources from individuals as they do outreach.

SHIELD has been implemented with 1 part-time recruiter. However, if your agency experiences recruitment challenges, or plans to serve a large number of clients, you may consider having 1 full-time recruiter. Another option is to have one of the facilitators conduct recruitment activities.

In addition to a designated staff recruiter, agencies are encouraged to enlist volunteers to assist with recruitment. These volunteers should be trained and supervised by the Project Manager.

Main responsibilities include:

- Conducting street outreach for recruitment
- Posting flyers in community locations
- Keeping detailed notes on recruitment sources
- Assisting with screening of potential participants
- Establishing linkages with community agencies
- Photocopying flyers & advertisements
- Making reminder calls/sending letters to participants
- Distributing HIV information & risk reduction materials during street outreach

Essential Qualities of a SHIELD Recruiter:

- Comfortable approaching people
- Ability to work independently
- Comfort going out to different neighborhoods
- Flexible and open-ended
- Prior experience with outreach
- Knowledgeable of community resources

Staff Training: Getting Staff Ready to Implement SHIELD

As agencies are preparing to implement SHIELD, all program staff members that have a role in the SHIELD intervention should be trained on the overall goals of the program, recruitment, and retention activities. Training is crucial for the success of the program and serves to clarify staff roles and responsibilities.

The first stage of training for implementing agencies is to attend the Diffusion of Effective Behavioral Interventions (DEBI) training sessions. At this training, staff will be introduced to the SHIELD intervention including knowledge about specific activities required for implementation and facilitation of SHIELD. Agencies can register for this training by visiting the website www.effectiveinterventions.org. In addition, implementing agencies may contact the technical assistance team at the Capacity Building Branch of the CDC as well as the original researcher (Dr. Carl Latkin) for additional training on the SHIELD intervention.

In addition to training SHIELD-specific staff members, agencies are also encouraged to provide an orientation on SHIELD to all staff members at their agency. This orientation is useful to generate staff buy-in for the intervention. Educating other staff members about the program will ensure that when participants approach the agency, their questions can be easily answered and they are directed to the right staff members without being turned away.

After the DEBI training, agencies are encouraged to offer in-house training sessions. These trainings will help staff stay up to date with current HIV prevention information and changes in existing protocols. These will also ensure staff needs, such as training, concerns about participants, etc., are met.

Resources, Supplies, and Equipment

The following section outlines the supplies and materials needed for an agency to implement SHIELD. The supplies may be used for administrative tasks, recruitment, facilitating intervention sessions, and evaluation.

GENERAL ADMINISTRATIVE SUPPLIES AND EQUIPMENT

Paper
Telephone
Photocopier (or access to one)
Computer (for record keeping and database management)
Room large enough to hold up 14 people (i.e., 2 facilitators and up to 12 participants)
Cell phones (helpful for recruiters)
Bags for outreach materials

MATERIALS AND RESOURCES FOR THE INTERVENTION SESSIONS

Nametags
Newsprint
Easel
Pens for participants
Paper for participants
Sign-in sheets
Markers
Push pins or masking tape (for posters)
Handouts for each session (if needed)
Graduation Certificates (handed out during SHIELD intervention Session 6)
Calendar of session dates (handed out at Pre-Program Contact)
Chairs
Table (for demonstrations)
Snacks
Incentives for participants
Napkins, cups, plates

Safer Sex Kits (see picture on next page)
- *Male condoms*[4]
- *Female Condoms*
- *Water-based Lubricants*

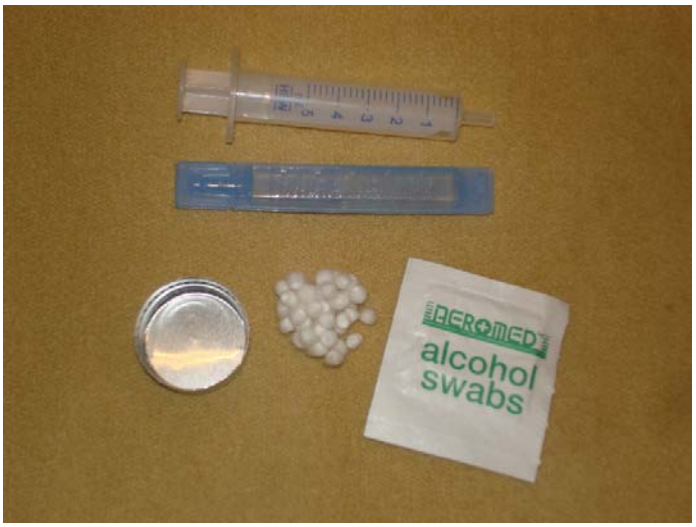
Safer injection Kits (see picture on next page)
- *Cooker*
- *Cotton*
- *Bottles of rinse water*
- *Alcohol pads*

Male condom model (to demonstrate correct use of male condoms)
Female condom model (to demonstrate correct use of female condoms)

[4] Many local health departments provide male and female condoms to local community agencies at no or minimal cost. You are encouraged to contact your local health department for more information.

Example of contents for Safer Sex Kits

Example of contents for Safer Injection Kits



Estimating the Budget for Implementing SHIELD

SHIELD is low-cost and requires few staff, minimal technology and nominal space to implement. Although an adequate budget for staffing and supplies is essential for successful implementation of SHIELD it is possible to make use of existing infrastructure.

Budgets vary from organization to organization. Here are general categories that an agency should consider when estimating their budget.

- **Personnel**: Personnel are often the most expensive component of a program's budget. This component includes staff salaries. As noted in the previous section, SHIELD requires a Project Manager, 2 Facilitators, and a Recruiter. A detailed description of the minimal staff required for SHIELD is included in the next section. Depending on an agency's capacity, additional personnel may be needed for administrative tasks.

- **Facilities:** This category includes rent, utilities, insurance, and maintenance. SHIELD requires access to at least one large room to hold the small group (4-12 participants plus 2 facilitators) intervention sessions. In addition, one smaller office is needed for one-on-one assessments with clients. If an agency's own facility does not offer this space, additional space must be rented or borrowed from another facility.

- **Equipment**: Standard office equipment is needed to print/duplicate project forms and handouts, look up current information about resources related to HIV prevention (i.e., internet), and enter/store client and evaluation data. Recommended equipment includes a telephone, computer, photocopier (or access to one), and a printer.

- **Supplies:** Standard office supplies (e.g., newsprint, easel, markers, etc.) are needed for SHIELD. Additional supplies should include refreshments for participants during group sessions and intervention materials. (See previous section for a list of recommended supplies)

- **Recruitment:** In order to recruit participants, agencies will need to develop flyers and advertisements that can be widely disseminated throughout the community. This category also includes the costs associated with advertising in newspapers or other media. In addition, agencies may choose to distribute candy, food or risk reduction materials during recruitment.

- **Incentives:** Incentives should be offered to participants when they attend each intervention session. Agencies will find that recruitment and retention is higher when incentives are offered to participants. Incentives may include a range of items such as free lunch, t-shirts, and grocery store gift cards. More discussion of incentives is provided later in this manual.

- **Travel:** Some agencies may require a budget for travel (mileage, parking, gas, public transportation, etc.) for staff as well as participants. Other travel expenses will be incurred in order to attend the CDC-DEBI training. For more information, please visit www.effectiveinterventions.org.

- **Consultants/Contractors:** Agencies are encouraged to seek technical assistance for evaluation, staff trainings, or other areas that need to be enhanced.

The following pages include a Cost Categories Worksheet that your organization may use as a guide to estimate the budget.

Cost Categories Breakdown to Implement the SHIELD Intervention

The following worksheet is a guide to assist your agency in determining the budget needed to implement the SHIELD intervention. Your agency may already have some of the itemized resources already in place.

Categories	Pre-implementation (start-up)		Implementation (intervention delivery)	
Personnel (% time spent on intervention)	# staff	% time, # hrs/wk	# staff	% time, # hrs/wk
Salaried				
Project Manager	1	50%	1	50%
Facilitators	2	50% (each)	2	50% (each)
Recruiter	1	50%	1	50%
Facility (% time used for intervention)				
Rent-office	$ x	% =	$ x	% =
Rent-small group meeting space	$ x	% =	$ x	% =
Utilities	$ x	% =	$ x	% =
Maintenance	$ x	% =	$ x	% =
Insurance	$ x	% =	$ x	% =
Equipment (% time used for intervention)				
Computer	$ x	% =	$ x	% =
Internet service provider	$ x	% =	$ x	% =
Telephones	$ x	% =	$ x	% =
Chairs for participants			12 x	$/ each
Cell Phones (for recruiters)	1 x	$	1 X	$/ each
Supplies				
Replication package/kit	1 x	$	0	
Postage & Mailing	$		$	
Office supplies				
Paper	# x	$ /ream	# x	$ /ream
Pens		$ /dozen		$ /dozen
Intervention materials				
Newsprint			5	$/ each
Easel			1 x	$
Markers				

Categories	Pre-implementation (start-up)	Implementation (intervention delivery)
Condoms (male and female)[5]		$ x $/ box
Lubricants		$ x $/ each
Male condom model		$ x $/ each
Female condom model		$ x $/ each
Safer injection kits		$ x $/ box
Printed materials		
flyers/brochures	$ x $/ box	$ x $/ box
forms	$ x $/ box	$ x $/ box
Catering/refreshments	$ x $/ person	$ x $/ person
Incentives[6]	$ x $/ person	$ x $/ person
<u>Recruitment</u>		
Advertising (for staff/volunteers)	$ x $/ ad	$ x $/ ad
Advertising (for participants)	$ x $/ ad	$ x $/ ad
<u>Travel</u>		
Staff Travel	$ x $ /person	$ x $ /person
Participant Travel	$ x $ /person	$ x $ /person
<u>Consultants/Contactors</u>		
Technical Assistance	$ x $ /person	$ x $ /person
Staff Training	$ x $ /person	$ x $ /person

[5] Many local health departments provide male and female condoms to local community agencies at no or minimal cost. You are encouraged to contact your local health department for more information.

[6] Line-item cost for incentives will vary depending on the type of incentives offered by implementing agencies.

Determining the Logistics of the SHIELD sessions

Pre-implementation is the time for agencies to decide on the who, when, & where of the SHIELD intervention sessions. During this time, agencies need to consider the profile of their clients as well as the timing and location of the SHIELD intervention sessions.

Who: Number, Age, & Addiction Status

The SHILED group can range in size from 4-12 participants. The ideal group size is 6-8 participants, which is easily managed by 2 co-facilitators and allows for group interaction and participation. Groups of less than 6 people may present a challenge in the event that some participants do not show up for a session. For example, with less than 4 participants, there will be less opportunity to observe each others communication, hear each others experiences and role-plays may become difficult as well.

Agencies should determine the number of clients they want to enroll in each SHIELD cycle. This number will be based on program or funding goals (i.e., how many clients to serve and how many SHIELD cycles to conduct on a monthly or annual basis).

Another characteristic to consider is the age of participants. While SHIELD has been implemented with clients ranging from 18-67 years, the mean age of participants was 39 years. Agencies are encouraged to determine if SHIELD is appropriate for the age range of their clients. Agencies that serve clients with a range of ages may want to consider having separate groups for older and younger clients such as one group for clients aged 18-30 years and a second group for clients age 31 and older.

Finally, agencies need to consider the addiction status of their participants. SHIELD has been implemented with mixed groups of active drug users, former drug users, and individuals in recovery. Some individuals can interact with other drug users while in recovery, but others may relapse. Agencies working with former drug users or individuals who are in recovery are cautioned to carefully assess if the SHIELD intervention is appropriate for a particular individual.

When: Timing and Frequency of Sessions

The timing of intervention sessions should be convenient and consistent for participants. Depending on the clientele, some agencies may want to hold SHIELD Groups in the mornings while others will hold groups in the evenings. During the Pre-implementation phase, agencies should talk to members of the target population to determine ideal times to hold the intervention sessions. Agencies are encouraged to put together a calendar of session dates prior to implementation.

Frequency of sessions is also important to consider. Based on feedback from past participants, we highly recommend having at least one day in between sessions for Peer Educators to practice their Peer Outreach activities. It takes time for Peer Educators to practice new skills through their homework assignments. Holding 1-2 sessions per week is ideal.

Where: Setting of the Intervention Sessions

During the Pre-implementation phase, agencies need to determine the location where the SHIELD sessions will be held. Depending on the facility, some agencies may hold the sessions in their building while others may rent space from somewhere else. When deciding on the location, agencies should identify a location that is:

- Has a room that can hold up to the small-group
- Easily accessible for clients

Marketing and Recruitment Plan for SHIELD Participants

Recruitment and marketing strategies for SHIELD have included:

1) Advertising during existing programs. For example, at weekly NA or AA meetings, staff can inform clients about the SHIELD program.

2) Street outreach to sites with high levels of drug activity, including street corners.

3) Collaborations with outside agencies that may provide referrals or allow flyers to be posted, such as homeless shelters, Social Service agencies, and health clinics.

4) Media venues, such as local newspapers, radio programs, community newsletters.

5) Word-of-mouth, for instance, participants spreading information about the program to others in the community.

During the pre-implementation stage, the Project Manager and recruiter should outline a plan for marketing the SHIELD intervention and recruiting their participants.

The recruitment and marketing plan should consist of:

- List of street outreach sites;
- Contact information of community agencies (for referrals and posted advertisements)
- Flyers and other recruitment materials.

In order to reach a wide range of participants, agencies should try to expand their recruitment efforts beyond their own community. We encourage agencies to identify new recruitment venues.

Field Visits to Street Outreach Sites

When a new recruitment site has been identified, the recruiter should conduct a field visit to each site. The purpose of these site visits is to record information about the site that may be useful for the recruiter such as description of the site and best times to conduct recruitment.

The field visits also provide opportunities for program staff to become familiar with the neighborhood and begin to make their presence known in the community.

Collaboration/network meetings with local community agencies

Field visits are important for both street outreach sites and community agencies. We have found it very helpful to have a meeting with local community agency representatives and case managers who may refer participants or serve as a referral source for other services needed by participants. These meetings serve as an introduction to SHIELD and provide community agencies with the opportunity to ask questions. By initiating these meetings, your agency may identify additional stakeholders who are interested in the success of the SHIELD intervention.

In **Appendix 4**, we have provided forms that are useful to record information gathered during field visits of potential recruitment sites, on the street as well as at other community agencies.

Flyers

As part of the recruitment plan, agencies should develop flyers that will be used for recruitment. Flyers should be simple and appeal to the target population. In addition, agencies should create flyers that do not require a high level of literacy to interpret. Input from participants and other stakeholders is useful when designing recruitment materials. These flyers should be passed out as part of street outreach and posted in buildings (i.e., flyers with tear-offs).

Keep in mind that different flyers may attract different people so we recommend using a wide variety. Each flyer should have a 'catchy' phrase to attract an individual's attention. Some phrases that we have found effective in recruiting Peer Educators are:

- Want to make a difference in the community?
- Want to learn how you can fight HIV?
- Do you want to be trained to be a Peer Educator?

In addition to a catchphrase, other important information should be listed on the flyer including:

- SHIELD contact person at your agency;
- Hours of operation
- Next step that a potential participant should take (e.g., call, walk in) to find out more information

See Appendix 4 for an example recruitment flyer.

Developing a recruitment monitoring system

A final component of the recruitment plan is a recruitment monitoring system. Agencies are encouraged to develop a system to keep track of all recruitment efforts made and their outcome. Some elements to include in this system are:

- Number of recruitment sites visited
- Number of flyers disseminated
- Number of individuals who sign up for session
- Specific recruitment source for each participant

This monitoring system will assist agencies in identifying which recruitment sources are most productive. Knowing this information is helpful to ensure that program resources are being utilized effectively. In addition, these data will be used for future evaluation purposes. (More detail is provided in the Evaluation section of this guide).

Identifying Community Resources

An important component of the Pre-Implementation phase is getting familiar with the resources available in the local area. Throughout the SHIELD intervention, Peer Educators will share risk reduction options, resources, and information when they do their Peer Outreach. In order to enhance Peer Educator's repertoire of resources, they will need to be well informed by your agency about the resources available in the community.

Prior to implementing SHIELD, agencies should identify community resources and compile them as a resource guide, database, or list. Some areas to consider are:

- Availability of Needle Exchange Programs
- Availability & accessibility to drug treatment
- Location of community venues that provide free HIV/STD screenings
- Local laws about drug paraphernalia

The following are some additional tips for assessing community resources:

- Contact local agencies in your community to find out more about their resources, services, and information. Identifying local agencies can be done in a variety of ways, including:
    - Contacting agencies that your agency has partnered with;
    - Ask current clients where they go for services;
    - Contact local health departments;
    - Going through the local telephone book; and
    - Internet searches.
- Develop and distribute a "Resource Cheat Sheet" for each resource. This sheet should include pertinent information about the resource, such as name, address, phone number, hours of operation, services provided, and eligibility criteria. These sheets can be given to Peer Educators so they can easily remember or reference this information when they are doing their Peer Outreach.
- Periodically check back with your referral sources to ensure that they are still offering the same services, their accepted payment method (if applicable) is the same, and the contact information you have on file is still correct. It is beneficial to establish a rapport with at least one person at that agency.
- Look for online projects or databases that have already done the leg work of compiling community resources in your area. Some examples of these are www.beehive.org or your local health department web page.

- Remember, the community assessment is an ongoing process. During implementation, clients may request additional resources that are not currently on file. In this case, let the participant know that you do not have the information at this time, but that you will look into it as soon as possible and get back to them. Most times the person will appreciate your honesty and as long as you follow through with your effort you will have modeled good Peer Educator behavior as well as provided a needed resource.
- Make resource information available to *all* staff in the event that a participant returns to your agency before or after an intervention session to seek guidance.

Developing a plan to evaluate the SHIELD intervention

Through scientific evaluation, the SHIELD intervention was shown to be effective at changing risky drug and sex behaviors among participants. Ongoing program evaluation by an implementing agency, however, is necessary to confirm that the research findings hold true when implemented in a community setting, as well as to describe and record the implementation process.

Program evaluation is important and offers many benefits for agencies and funding organizations. Through evaluation activities, your agency can demonstrate your success at implementing a new program and provide opportunity to showcase your agency to funders, collaborators, and other potential stakeholders. Additionally, evaluation ensures participants that their participation in SHIELD makes a difference in changing HIV risk behaviors.

Evaluation activities for the SHIELD intervention should include these types of evaluation:

- Formative
- Process Monitoring
- Process Evaluation
- Outcome Monitoring

During the pre-implementation stage, your organization should develop an evaluation plan to assess SHIELD during implementation. The evaluation plan should outline:

- Planned evaluation activities
- Data sources
- Persons responsible for conducting each activity
- Anticipated timeline for completion of each activity

In addition, each agency should determine how the evaluation data will be stored to keep it organized and confidential. Depending on resources, some agencies may develop a spreadsheet or database to keep track of evaluation data. Other agencies may designate a file cabinet to store all data. Since the evaluation forms will be reviewed throughout the program, it is important to keep the data organized and easily accessible to program staff.

If resources are available, an agency may choose to contract with an external consultant to conduct the evaluation. The organization should work closely with the evaluator to ensure that the evaluation is meeting the needs of the organization. Ongoing communication is also important in keeping the evaluator informed of any changes or challenges in the program.

More detail about specific types of evaluation activities is provided in the **SHIELD Monitoring and Evaluation Guide**.

Developing a Security and Safety Plan

If your agency does not have a security/safety plan in place, one should be developed during the Pre-Implementation phase. The purpose of this plan is to outline procedures that should be followed in the case of an emergency or crisis. Some elements that may go into the plan include:

- Whether or not to let weapons into the agency
- Who to contact in the event of an emergency for either the client or staff member
- Protocols for dealing with violent or disruptive clients (e.g. When will the police be called for support, criteria for asking a participant to leave a group, etc.)

As participants come to your facility, it is imperative that all staff are familiar with your agency's security policy to ensure the safety of participants and staff.

Developing a Relapse Prevention Plan

As previously noted, SHIELD has been conducted with current and former drug users as well as individuals in recovery. It is important to consider that exposure to information and/or descriptions of scenarios about safer drug injection and drug splitting may trigger someone to relapse, even if they are well into abstinence practices. Agencies should develop a plan to:

- Prepare participants for exposure to the information in the project (e.g. indicating to the group that the next activity will be a demonstration reviewing how to properly clean a needle)
- Accommodate participants who become uncomfortable during an activity (e.g. allowing them to step out of the room during the activity)
- Deal with clients who relapse as a result of exposure to the activity (e.g. providing counseling and/or referrals to drug treatment support groups)
- Describe procedures for intervening with client, staff roles and assignments, referrals, and resources

Determining if optional intervention activities will be offered

The SHIELD Facilitators Guide includes details, instructions, and scripts for each of the 6 intervention sessions. Although each session should be delivered as presented, there are 3 parts that are optional:

1) Distribution of safer sex and safer injection materials (Sessions 3 & 5)
2) Demonstrations of safer injection practices (Session 5)
3) Offering of booster sessions (post Session 6)

During pre-implementation, agencies should decide if they are going to conduct each activity.

Distribution of safer sex and safer injection materials

One step in Session 4 is distribution of safer sex kits while Session 5 includes distribution of safer injection kits. The purpose of distributing these materials is to assist Peer Educators with talking about risk reduction skills and materials while they do their peer outreach as well as encourage Peer Educators to use the materials to change their own risky behaviors. These materials make risk reduction easily accessible and may encourage people to try something new. Although we encourage your agency to provide these materials, we that limited budgets, local laws, or agency regulations may restrict distribution of these materials. In these circumstances, agencies should offer participants a list of risk reduction materials and places to obtain them.

Demonstrations of safer injection practices

Session 5 of the SHIELD curriculum focuses on strategies for safer cleaning needles and splitting drugs. These strategies are options that Peer Educators promote and demonstrate during their peer outreach. In this session, demonstrations are done to show participant each step of the process. Seeing these demonstrations may trigger someone in recovery to relapse. Thus, agencies need to decide if the demonstrations are appropriate for their clients. If agencies decide not to include these demonstrations, facilitators should still verbally describe each of these processes.

Offering Booster Sessions

Booster sessions are an optional component of the SHIELD intervention implemented after the SHIELD sequence is complete. The purpose of these sessions is to give Peer Educators the opportunity to touch base and discuss how their Peer Outreach is going after they have completed all intervention sessions. More detail on boosters is provided in the SHIELD Facilitators Guide. These sessions are optional and agencies may choose not to hold them.

Agency Decisions during Pre-Implementation

Now that you have gotten a brief overview of SHIELD and the steps to take to get your agency ready to implement SHIELD, the following table outlines the main decisions your agency needs to make, and offers some points to consider in this decision-making process.

Decision	Considerations
1. Do risk-reduction options (e.g. harm reduction) fit into the agency's mission?	In the SHIELD sessions, participants are taught a variety of drug-related and sex-related options to reduce their risk for HIV. Some agencies, such as drug treatment centers, may focus on only 1 option- abstinence. In this case, SHIELD would not be appropriate for your agency.
2. How many facilitators will deliver the SHIELD intervention sessions?	SHIELD was originally implemented with 2 Facilitators. This number is the preferred number because there are many advantages to co-facilitation (See Appendix 6 of the Facilitators Guide).
3. When and how often will the SHIELD sessions be held?	Sessions should be held at a time that works for the clients. There should be at least 1 day in between sessions to give Peer Educators time to practice their peer outreach skills. Holding 1-2 sessions per week is ideal.
4. What is the composition & number of participants in each SHIELD cycle?	
a) How many participants will be enrolled in each SHIELD cycle?	SHIELD has been implemented in groups ranging from 4-12 participants. The ideal number of participants is 6-8. Agencies should set a goal for the number of clients they would like to enroll in each SHIELD cycle. This number will be based on the number of facilitators as well as the number of clients served by the agency.
b) What is the appropriate age of SHIELD participants?	SHIELD was implemented with participants ranging from 18-67 years. The average age was 39 years. Agencies need to consider if the age of their clients is appropriate for SHIELD.
c) Will groups consist of active drug users, former drug users, and/or individuals in recovery?	SHIELD was implemented with mixed groups of active drug users and individuals in varying levels of recovery. In order to prevent relapse, some agencies may choose to have two separate SHIELD cycles- one consisting of active drug users and one consisting of individuals in recovery. Agencies need to determine what is best for their clients.

Decision	Considerations
5. Will participants be given incentives for attending the SHIELD sessions?	Incentives encourage participants to arrive on time and engage in the activities. We encourage each agency to use incentives such as food, transportation, etc.
6. What local resources will be passed along to Peer Educators?	Peer Educators will distribute information and referrals to their peers. Agencies need to be familiar with resources so they can pass them on to the Peer Educators. Some resources to consider are Needle Exchange Programs, drug treatment services, and HIV/STD testing sites.
7. Are protocols in place to deal with unanticipated situations or crises?	
a) What is the protocol for preventing relapse and dealing with clients who relapse as part of the SHIELD intervention?	In order to prevent relapse, agencies should develop a plan that 1) prepares participants for exposure to the information in the project; 2) accommodates participants who may need to be excluded from an activity; and 3) links clients to local resources and services in the event of a relapse.
b) What protocols are in place in the event of an emergency or crisis?	Each agency should establish a plan to follow in the event of an emergency or crisis. Some elements that may go into the plan include: whether or not to let weapons into the facility; who to contact in the event of emergencies for either the client or agency supervisors, and protocols for dealing with violent or disruptive clients
8. Will evaluation activities be conducted?	Some agencies may choose to conduct evaluation to monitor the SHIELD program's progress and assess client outcomes. In addition, evaluation may be a requirement from the funding agency. Suggested evaluation tools are included in the **Project Manager's Manual**.
9. Will your agency include optional intervention activities?	

Decision	Considerations
a) Will safer drug-splitting techniques be demonstrated?	Session 5 includes an optional demonstration of how to safely spilt drugs to lower one's risk for HIV transmission. Although safer splitting is another option that Peer Educators may promote, it may also serve as a trigger and lead to relapse among former drug users or clients in recovery. Your agency must determine if this demonstration is appropriate for your clients. If the demonstration is not included, facilitators should just walk though the steps with clients.
b) Will safer sex & safer injection kits be distributed to participants?	In the original SHIELD study, we distributed safer sex & safer injection kits to participants. These kits contained risk reduction materials such as male condoms, female condoms, cookers, cottons, etc. The kits are a tool for Peer Educators to use during Peer outreach. Due to some budget restraints, your agency may choose not to distribute these materials, however, participants should be provided with a list of places where they can obtain the materials for little or no cost.
c). Will booster sessions be offered?	The purpose of booster sessions is to check in with **Peer Educators** and refresh their skills. This is an optional activity of the SHIELD sequence. Your agency needs to decide if your resources are adequate to hold booster sessions.

Implementation:
Putting the SHIELD intervention
Into Practice

Implementation
Putting the SHIELD intervention into practice

Implementation is the period when an agency begins to conduct the SHIELD intervention. Implementation activities include recruitment and retention of participants as well as the intervention sessions.

A recommended timeline of all Implementation activities, staff requirements and responsibilities, and materials needed is provided in **Appendix 3.**

Recruitment of SHIELD participants

In the pre-implementation section of this guide, we discussed development of a marketing and recruitment plan. During Implementation, an agency should put their marketing and recruitment plan into action (See Pre-implementation section of this guide for more detail on developing a recruitment plan).

Recruiters should begin to conduct street outreach and post advertisements in local community venues to engage potential participants. Once an individual is engaged, the recruiter should encourage them to call or stop by the agency to learn more about the SHIELD intervention.

The target population can be hard to reach. Therefore, the recruitment team and Project Manager should problem-solve barriers for recruitment and develop methods for establishing rapport and trust with potential clients. One example of a strategy is to distribute SHIELD marketing materials along with risk reduction materials such as condoms and safer injection kits or even candy when talking to people about the program. These materials help to capture the interest of people on the street and often serve as an icebreaker.

Do not be alarmed if recruitment is slow at first. Word-of-mouth is a powerful recruitment strategy; however, it may take several weeks or months for people in the community to hear about the SHIELD program. It is important to monitor the results from different venues targeted by recruiters so that adjustments can be made to maximize recruitment.

Recruiters should keep detailed written notes about their recruitment efforts in a recruitment log. These notes are valuable for keeping track of the recruitment progress. Some items to include in these notes are:

- Where did recruiters go (e.g., street names & other venues)?
- How many recruitment sites were visited?
- How many people were approached during street outreach?
- How many phone calls were received about the SHIELD intervention?

- Of those calling, how are people learning about the SHIELD intervention (i.e. specific newspaper, community agency, etc?)

We recommend recording the recruitment notes in a spreadsheet to keep track of efforts on a weekly basis.

Depending on safety, familiarity, and comfort with recruitment sites, recruiters may want to work in pairs or groups. In this case, one person can be vigilant of the surrounding community while others talk to potential participants.

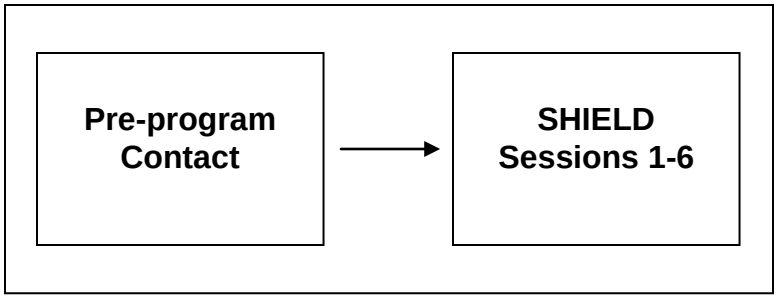
Introduction to the SHIELD Intervention Sequence

As noted earlier in this guide, Core Element #2 is:

> *Participants go through the SHIELD Sequence- a series of activities that includes pre-program contact and six intervention sessions in a specified sequence.*

The proper sequence is imperative to ensure that the intervention is appropriate for each client, to help build risk reduction and communication skills, develop the Peer Educator Identity, and establish a supportive environment where participants can share their experiences.

The sequence consists of the following activities:



Each component of the SHIELD sequence is discussed in detail below.

Pre-Program Contact

The first activity in the SHIELD sequence is the Pre-Program Contact. This visit may be done in a variety of settings including during your agency's standard intake process or out in the field. The visit may take about 30-45 minutes and should be conducted by a staff member who has been trained on the SHIELD intervention.

The objectives of this visit are:

a) Describe the SHIELD intervention
b) Screen clients to assess if SHIELD is appropriate for them
c) Obtain background information about the client
d) Collect contact information from client
e) Collect additional locating information from client
f) Distribute SHIELD intervention calendar

The **SHIELD Enrollment Form (Appendix 5**) is designed to guide your staff through each of the activities of this visit. In addition, it is a useful tool to gather background & locating information from clients. This form is not intended to be self-administered by the client.

Describing the SHIELD Program

Once a potential participant contacts your agency to learn more about the SHIELD intervention, a staff member (such as a Facilitator) should talk to the individual to describe the SHIELD program. Some things to include in this description are: 1) Goal of the program is to train individuals to be Peer Educators and 2) There are 6 fun & educational sessions.

Another thing to consider when describing the program is what your agency wants to call it. Some agencies prefer to call SHIELD a "program" while others prefer to use "training". A program is something that your clients are probably familiar and comfortable with so they may be interested in trying a new one. A training, on the other hand, may seem more like a formal event, such as an educational opportunity. Through our experiences, we found that both approaches appeal to different types of people.

Screening for Client Eligibility

Peer education is not for everyone. Being a participant in SHIELD requires frequent contact with drug users and internal motivation to be trained as a **Peer Educator**. Questions that may be used as a tool to screen individuals for the SHIELD intervention are included in the **SHIELD Enrollment Form (Appendix 5)**. These questions should serve as a guide to assist agencies in determining if SHIELD is appropriate for each client. Italicized responses indicate that the client is a good candidate for the SHIELD intervention. If a

participant does not seem like a good fit for the SHIELD intervention, agencies should provide referrals to other local programs.

Collecting Client Contact Information

Contact and locating information should be collected from all eligible clients. Some agencies may collect extensive contact information from their clients while others may not collect this information at all. We encourage agencies to ask their clients for at least one method of contacting them; phone, e-mail, or address, so that they can be notified of upcoming sessions. This will assist agencies in reaching their recruitment and retention goals.

Collect Additional Locating Information

Former and current drug users may move around and not have a stable living address. Thus, we suggest asking clients for the contact information of 1-2 other people, such as a family member or friend, who can serve as a way of getting a message to the client if needed. By having the contact information of other people, agencies have a greater likelihood of reaching clients for reminder calls or notifying participants about a change in a session.

Distribute the SHIELD Calendar

The last part of the Pre-Program Contact is to give eligible participants a calendar of sessions. By distributing a calendar before the sessions start, participants will be able to plan their schedule accordingly. This is also a good time to check in with the client to see if they have any upcoming conflicts, such as a scheduled court date, medical appointment, group session, etc. on any of the scheduled dates. If the client has any upcoming conflicts, they should be referred to another SHIELD cycle or other agency services.

Conducting the SHIELD intervention sessions

The major activity of the implementation stage is that the intervention sessions are being held regularly at your agency. Each participant progresses through the SHIELD intervention from Session 1 through Session 6 (referred to as a SHIELD cycle).

For detailed information on the intervention curriculum and recommended documents to monitor the progress and quality assurance, please refer to the **SHIELD Facilitator Guide** which is also included in the intervention package.

SHIELD Attendance Policy

Attending each session of the SHIELD intervention, with the same group of participants, is important for participants to be fully trained as a Peer Educator. There are several reasons for attending all sessions.

First, the 6 sessions are part of the SHIELD sequence which is a core element.

Second, the small-group setting is important for building social support and sharing experiences. This bonding grows stronger after each sequential session. Thus, once a participant goes through Session 1, that participant should remain with the same group of clients.

Third, the SHIELD intervention focuses on 3 sets of skills: communication, safer sex, & safer injection. Session 2 focuses on communication skills, Session 3 & 4 focus on safer sex skills, & Session 5 focuses on safer injection skills. Each session focuses on a different skills set so a client must come to each session in order to acquire all of them.

Finally, each session includes Peer Educator training activities to build Peer Educator self-efficacy. When a client misses a session, they miss the opportunity to practice their Peer Educator skills.

We encourage you to stress to your clients the importance of attending each session. This emphasis should start during the Pre-program contact when the calendar is distributed.

It is up to your own agency to determine what the attendance policy will be. Some agencies may allow participants to miss 1 session while others may require attendance at all 6 sessions.

When determining your attendance policy, keep the following information in mind:

- The more sessions a Peer Educator attends the more effective their peer outreach will be and the more likely they are to change their own behaviors.
- New participants should not be introduced to the SHIELD Group after Session 1 has been held. Adding an individual who has missed the introduction session may disrupt group dynamics.
- Once a client starts with one group, they should remain in that group. Thus, if a client misses Session 3, the client should not make it up with another group. Staying with the same group is important for social support and group bonding.

Although a client cannot sit in on missed sessions, a facilitator may briefly meet with the client before the next session to review the missed information. Although this brief meeting may help the participant stay up-to-date with the information, the client will miss the social support and feedback of the small-group setting. Thus, the brief one-on-one meeting is not a true substitute for a SHIELD session.

SHIELD Participant Retention

Reminder Calls and Letters

Retention of participants through the 6-session training is just as important as recruitment. Each session covers new information and provides opportunity to practice being a Peer Educator. We found that the more sessions an individual attended; the more successful they were at Peer Outreach. Participants who attended more sessions were also more likely to change their own behaviors.

One strategy to help with retention is to provide reminders to SHIELD participants. Prior to Session 1, the facilitators and recruiter should send out letters to participants to remind them of the date, time, and location of the upcoming session. In addition, making reminder calls to participants before each session, including Session 1, is a helpful strategy to keep participants attending the intervention sessions. We recommend having facilitators do reminder calls for Sessions 2-6 since they will have the most interaction with participants. Simply calling participants and saying *"We look forward to seeing you in the group"* is an effective way to motivate them to come to the program.

Agencies are encouraged to keep a list of participants who have signed up for Session 1. By having a list, an agency has an idea of the expected number of participants. Having a list is useful when making reminder calls or sending reminder letters to participants prior to the first session. This list is also useful for evaluation activities.

Providing Incentives to SHIELD participants

In the original research, participants were given $15 for each intervention session they attended. Incentives encourage participants to arrive on time and engage in the activities. Each organization should provide incentives such as gift cards, transportation tokens, or snacks for each session. Agencies are encouraged to contact stores and other vendors to find out if they are willing to donate gift cards or items that can be used as incentives.

Another incentive strategy that some agencies have utilized is raffling off prizes after each session. It is also our experience that it is more effective to provide incentives in the beginning 2-3 sessions, but less important once participants become engaged in the process of becoming a Peer Educator. Once participants start buying into the Peer Educator approach, they will have internal motivation for coming to the sessions and may not need tangible incentives.

Collection of Program Evaluation Data

Evaluation activities are an important component of Implementation of SHIELD. Ongoing evaluation helps agencies assess the progress of the SHIELD intervention. Furthermore, evaluation provides agencies with the opportunity to identify challenges and barriers early enough that a solution can be put into action. From the time recruitment starts through the very last intervention session, program staff should be collecting evaluations.

Evaluation data should be entered into a database regularly. Some organizations may choose to develop a password-protected database using Microsoft Access or Excel to keep track of evaluation data. Data should be entered into the database on at least a weekly basis to ensure accurate record keeping.

Refer to SHIELD Monitoring and Evaluation plan for more detail on evaluation activities and recommended evaluation tools.

Boosters & Ongoing contact with SHIELD Peer Educators

Contact with SHIELD participants does not have to end after completion of Session 6. Rather, agencies can implement other activities, such as Booster sessions, to maintain ongoing communication.

You may find that graduates from the program express an interest in continuing to meet at your agency and practice their Peer Educator skills. One option is to have informal "booster" sessions. The purpose of these sessions is to get Peer Educators together to touch base and see how their Peer Outreach is going after they have completed all intervention sessions. It may also serve as a support group for maintaining their own behavior change. Facilitators can inquire about their Peer Outreach efforts and problem-solve any challenges they have encountered. In addition, Peer Educators can replenish their supply of risk reduction materials. These boosters help to "boost" the skills learned in each of the SHIELD intervention sessions and may be less structured than the intervention sessions themselves. Invitations should be extended to participants from different SHIELD Groups.

Another option is to invite graduated Peer Educators to share their experiences at current SHIELD sessions. We have found that testimonials from past participants are powerful tools to motivate current participants. Peer Educators may discuss their apprehensions early on as well as their experiences with Peer Outreach.

Peer Educators can also be invited to participate at other events sponsored by implementing agencies such as health fairs. Finally, agencies may elect to have Peer Educators be trained as recruiters for future SHIELD cycles.

Supervision and Oversight

Ongoing communication between all program staff is important for successful implementation of SHIELD. Through communication, staff may identify project successes and milestones, protocols and procedures that are not working well, barriers to recruitment and enrollment, and difficulties with retention. We recommend having weekly or biweekly staff meetings with the entire SHIELD team (e.g., recruiters, screening staff, facilitators, etc).

In addition to project meetings, we encourage agencies to offer refresher training sessions for SHIELD staff to keep them informed of any updated HIV prevention information as well as to keep their motivation and dedication high.

The Facilitators and recruiter will have the most direct contact with SHIELD clients over the course of the program. However, it is ultimately the Project Manager who monitors the program's progress and determines if the goals have been met. Therefore, Project Managers need to stay attuned to the SHIELD recruitment & delivery of the sessions. The following section offers some guidelines for supervision of the recruiter and facilitators.

Supervision of the Recruiter

As noted previously, recruiters should prepare detailed notes of their recruitment efforts. These notes should include information such as when & where the recruitment occurred, how many people were approached, etc. Project Managers should review these notes and ensure that recruiters are covering a wide range of recruitment sites and interfacing with many potential participants.

Project Managers may also want to go out with the recruiter on one of their field days so they can observe firsthand what goes on in the field.

Finally, the Project Manager and recruiter should meet regularly (i.e. at least biweekly) to review recruitment notes and discuss recruitment goals, progress, and any challenges that arise.

Supervision of Facilitators

In the SHIELD Facilitators Guide, there are 3 tools to assist Project Manager's in supervising the facilitators and staying attuned to delivery of the SHIELD intervention sessions. See **Appendix 6** for copies of these intervention forms.

These tools are:

1) Debriefings after each SHIELD intervention session
2) Facilitator Summaries after each SHIELD cycle
3) Supervisor Rating Form

The first strategy is Project Manager-Facilitator debriefing sessions. At the end of each SHIELD intervention session, facilitators should briefly meet with the Project Manager to discuss how the session went. The debriefing gives facilitators a chance to reflect on each session and problem-solve challenges when they arise. Many topics may be covered in the debriefing, such as a description of participants, problems with the curriculum, and examples of successful Peer outreach. Appendix 6 contains a list of suggested Facilitator debriefing questions.

The second strategy is Facilitator Summaries. At the end of each SHIELD cycle, facilitators should prepare a summary of the cycle. These summaries give facilitators the chance to reflect on the overall SHIELD Group and document program successes and challenges. These summaries also serve as a source of evaluation data. In Appendix 6, we have provided some guidelines for the Facilitator Summaries. Facilitators should share a copy of the summary with the Project Manager.

The third strategy is observing SHIELD intervention sessions. We encourage the Project Manager to observe some of the SHIELD intervention sessions. By doing this, the Project Manager can ensure that the facilitators are adhering to the curriculum and having positive interactions with clients. The Facilitators should make sure that SHIELD participants consent to having an observer present. Once the session begins, the Project Manager should not interfere with the group activities.

Although it is not feasible to observe every session, we recommend that a supervisor observe at least one session per SHIELD cycle (especially in the early stages of implementation) and vary the session observed. For example, if the supervisor observes session 1 for one SHIELD cycle they should observe a different session for another SHIELD cycle.

As the session is being observed, the Supervisor Rating form (see Appendix 6) should be completed. This form includes ratings for the overall delivery of the session as well as facilitation skills. After the session, the Project Manager should discuss the completed form with the facilitators and offer feedback.

Maintenance:
Sustaining the SHIELD Intervention at your agency

Maintenance
Sustaining the SHIELD intervention in your agency

After your agency has implemented SHIELD, it is important to consider Maintenance of the intervention. The maintenance stage is focused on sustainability of the SHIELD intervention within the agency.

A recommended timeline of all maintenance activities, staff responsibilities, timeframe, and materials needed is provided in **Appendix 3**.

SHIELD becomes a part of the agency

During the beginning stages of implementation, your staff and clients may view SHIELD as a "new program". A new program signifies a sense of uncertainty about whether it will be sustained in the long run. Also, staff may consider it an added or extra service. With each new SHIELD cycle, your staff will get comfortable with SHIELD and will begin to make a shift from viewing SHIELD as- the new program, to viewing SHIELD as- an integral part of your agency. This shift is important because as SHILED becomes routine for the agency: 1) Your staff becomes more comfortable and proficient with the procedures and 2) You are able to include SHILED as an integral program of your agency.

Staff Development and Training

Many organizations experience staff turnover or changes in staff. These changes may lead to challenges to the sustainability of the SHIELD intervention. Ongoing staff training is done throughout the duration of the program. Continued staff training and meetings provide opportunities to:

1) Keep staff abreast of current health information

2) Ensure staff needs are being addressed (e.g., trainings, concern about participants, etc.)

3) Gain feedback on what works and does not work

4) Address changes in the community and target population

In addition, it is important to cross-train staff so that there is not a gap in services in the event that a staff member leaves. For example, having a range of staff trained to conduct the pre-program contact is important so that there is sufficient coverage to screen and enroll new clients.

Identifying Funding to Sustain the SHIELD Intervention

Continual funding for staff salaries and client expenses is essential for the sustainability of the SHIELD intervention. At a time when budgets are often cut, many agencies may need to apply for external funding from local governments and foundations to sustain existing programs.

Evaluation data are an asset when it comes to submitting grant applications. For example, evaluation data can be used to demonstrate an agency's success at recruiting and retaining clients. The next section of this guide provides guidelines and recommended activities to evaluate implementation of the SHIELD intervention.

Quality Assurance of the SHIELD Intervention

Quality Assurance refers to the process of ensuring that protocols are being followed appropriately and consistently. Effective quality assurance of protocols are valuable for maintenance of the intervention. In the Implementation section of this manual, there are suggested strategies for oversight and supervision. These strategies should be continued during maintenance.

Appendix 1

Glossary

Glossary

Champion: Someone who will advocate for implementation of the SHIELD intervention and is dedicated to a successful implementation.

Core Elements: Components of the SHIELD intervention, designated by the original SHIELD developer. These elements must be adhered to in order for behavior change to occur through implementation of the SHIELD intervention.

Drug Splitting: The process by which drugs are divided among a group of drug partners prior to injection. Some individuals split their drugs when they are in dry or powder form. Others split their drugs when they are wet. Splitting drugs dry is safer than splitting wet drugs.

Facilitator: An individual who leads the SHIELD intervention sessions by mediating group discussion, guiding all of intervention activities, teaching participants communication and risk reduction skills, and providing ongoing feedback to SHIELD participants.

Intervention fidelity: A measure of how closely the agency adheres to the SHIELD core elements, curriculum, and protocols.

Needle Exchange Program (NEP): Sites where injection drug users can trade a used syringe for a new, sterile one. Exchanging needles at a NEP is a risk reduction behavior.

PEER Communication Skills: Communication skills that SHIELD participants are taught to assist them in conducting Peer Outreach activities effectively. These skills are: 1) Pick the right time and place; 2) Evaluate their situation; 3) Explore safer options for their situation; and 4) Resources and referrals

Peer Educator: Someone who conducts outreach to their peers by sharing HIV risk reduction information and resources.

Peer Outreach: Activities done by Peer Educators in order to help other people be safer and healthier. Some examples of these activities are talking about risk reduction options, passing out condoms, and demonstrating safer ways of cleaning drug injection equipment.

Pro-Social Role: Being a Peer Educator gives SHIELD participants a prosocial role in the community. This role means Peer Educators are helping other people and/or acting in a way that benefits the larger community.

Risk Ladder: A prop that is used during the intervention sessions to demonstrate that behaviors have varying levels of HIV risk. The higher a behavior is on the ladder, the more risky it is. During peer outreach, Peer Educators encourage their peers to practice a behavior that is lower on the ladder. There are 3 risk ladders: 1) Safer Sex (Session 4); 2) Safer Injection (Session 5); and 3) Safer Splitting (Session 5).

Risk reduction options: The variety of drug-related and sex behaviors that may lower an individual's risk for HIV transmission. Some common options include not sharing injection, condom use, abstinence, and drug use cessation.

SHIELD Cycle: A group of SHIELD intervention sessions 1-6 that are held consecutively.

SHIELD Group: A group of participants who have participated in SHIELD sessions 1 through 6 together.

Social Network: The group of people an individual interacts with. This includes a wide range of people such as family members, friends, sex partners, and drug partners.

Appendix 2

SHIELD Research Articles

The following articles describe the original SHIELD study. Readers may obtain the articles (for a price) through the websites listed.

1) For information on the SHIELD study design, recruitment, and study procedures as well as quantitative outcomes:

Latkin, CA, Sherman, S, & Knowlton, A. (2003). HIV prevention among drug users: Outcome of a network-oriented peer outreach intervention. *Health Psychology, 22*(4), 332-339. http://www.apa.org/journals/hea/

2) For qualitative data about the SHIELD intervention and Peer Educator's experiences:

Dickson-Gomez, JB, Knowlton, A, & Latkin C. (2004). Values and identity: the mean of work for injection drug users involved in volunteer HIV prevention outreach. *Substance Use & Misuse, 39*(8), 1259-1286. http://www.tandf.co.uk/journals/titles/10826084.asp

3) For descritpions of Peer Outreach activities:

Latkin, CA, Hua, W, & Davey, MA (2005). Lend me your ears: Factors associated with peer HIV prevention outreach in drug using communities. *AIDS Education and Prevention,* 16(6), 499-508. http://www.atypon-link.com/GPI/loi/aeap?cookieSet=1

Appendix 3

Recommended Timelines

Pre-implementation Stage
Implementation Stage
Maintenance Stage

SHIELD Intervention Getting Started & Pre- Implementation Timeline

Activity	Timeline for completion of activity	Staff person responsible for activity	Objective	Forms/Materials needed
Conduct Agency Self-Assessment	Immediately	Agency Administrator	1) Determine current capacity to implement SHIELD 2) Identify areas that need to be strengthened prior to implementation (i.e. based on self-assessment worksheet)	1) Agency Self-Assessment worksheet 2) SHIELD starter kit
Conduct Community Resources Assessment	Immediately	Agency Administrator	1) Identify resources in the community that may be used as options and resources for the SHIELD intervention	1) Agency resource guide
Identify stakeholders	Immediately	Agency Administrator and staff	1) Identify internal staff who may become involved in the SHIELD intervention 2) Identify external agencies who may play a role in the SHIELD intervention such as recruitment and referrals	1) List of internal staff 2) List of other organizations with which the agency is currently working. 3) List of other organizations with which the agency wants to establish a collaboration

Initial meeting to inform stakeholders about SHIELD implementation	Immediately after identifying stakeholders	Agency Administrator, Agency staff, stakeholders	1) Inform stakeholders about new program and trainings 2) Obtain support from stakeholders for the SHIELD intervention 3) Get stakeholders involved in the SHIELD intervention through initial meetings and orientations	1) SHIELD starter kit 2) MOAs/MOUs from other organizations
Estimate the budget to implement SHIELD	Immediately	Agency Administrator	1) Determine agencies level of financial resources that are available to implement SHIELD	1) SHIELD Cost Categories Worksheet
** If funding is not available at this time, adequate resources should be secured before moving forward or hiring new staff **				
Identify/hire SHIELD staff	10-12 weeks prior to implementation	Agency Administrator	1) Hire Project Manager, facilitator, and recruiter 2) Staff will gain knowledge of their role(s) and responsibilities on the SHIELD intervention	1) Descriptions of job roles and responsibilities 2) Contract agreements (if applicable)
Determine guidelines for SHIELD group composition	8-10 weeks prior to implementation	Project Manager	1) Decide on the number of participants to enroll in each SHIELD cycle 2) Determine if mixed groups of addiction levels will be offered. 3) Decide the appropriate age for SHIELD participants	1) Project goals

Determine which optional curriculum activities to include	8-10 weeks prior to implementation	Project Manager	1) Decide if Booster sessions will be offered 2) Decide if drug splitting demonstrations will be included	1) SHIELD Facilitator Guide
Train facilitators on SHIELD curriculum	8-10 weeks prior to implementation	Project Manager, Facilitators,	1) Facilitators will be able to deliver the curriculum as written 2) Facilitators will have conducted mock sessions of all 6 sessions. 3) Facilitators will gain knowledge about group processes and the function of facilitation 4) Facilitators will be able to recognize and manage group dynamics	1) SHIELD Facilitator Guide
Develop marketing and recruitment plan	6-8 weeks prior to implementation	Project Manager, Recruiter	1) Identify appropriate venues where target population congregate 2) Conduct field visits to assess potential recruitment sites 3) Create marketing plan including flyers and advertisements	1) List of recruitment and outreach 2) Field visit forms 3) Marketing materials

Staff training on recruitment and retention	6-8 weeks prior to implementation	Project Manager, Facilitators, Recruiter	1) Recruiters gain instruction on how to approach potential participants 2) Recruiters become familiar with all potential recruitment sites	1) List of recruitment and outreach 2) Field visit forms 3) Marketing materials
Acquire/purchase of supplies and equipment needed for implementation	6-8 weeks prior to implementation	Project Manager, Facilitators	1) Contact state and local health departments to request no-cost condoms and safer injection equipment (if available) 2) Contact at least 3 vendors to compare prices for supplies	1) List of state and local health departments that provide prevention materials 2) Catalogs from prevention companies 3) Catalogs for office supply vendors
Identify location & timing of SHIELD intervention sessions	6-8 weeks prior to implementation	Project Manager	1) Determine time and frequency of sessions 2) Identify a location for holding SHIELD sessions	1) Calendar of sessions 2) Agency or rental space
Develop Security/Safety Plan	6-8 weeks prior to implementation	Project Manager	1) Determine policy on having weapons on premises 2) Identify point of contact in the event of an emergency 3) Establish a list of emergency contacts and phone number	1) Agency Safety Protocol

Develop a Relapse Prevention plan	6-8 weeks prior to implementation	Project Manager	1) Develop a protocol to serve clients who may relapse during their participation in the SHIELD intervention.	1) Agency relapse protocol
Develop Program Evaluation Plan	4-6 weeks prior to implementation	Project Manager, Outside Evaluator (if needed)	1) Identify questions that the evaluation will answer 2) Hire outside evaluator (if needed) 3) Determine methods and data sources for evaluation data collection	1) Evaluation plan including description of methods, data sources, staff responsible, and timeline 2) Recommended Evaluation forms

SHIELD Intervention Implementation Timeline

Activity	Timeline for completion of activity	Staff person responsible for activity	Objective	Forms/Materials needed
Monitor recruitment efforts	Ongoing	Project Manager; Recruiter	1) Keep track of recruitment efforts and successes 2) Identify barriers to recruitment	1) Recruiter notes 2) Process Monitoring form
Conduct Pre-Program Contacts	Ongoing	Project Manager; Facilitators; Recruiter	1) Provide a description of the SHIELD intervention for interested participants 2) Determine if SHIELD intervention is appropriate for each client	1) SHIELD Enrollment Form
Participants are enrolled in the SHIELD intervention	Ongoing	Project Manager; Facilitators	1) Keep track of participants enrolled for SHIELD intervention	1) Process Monitoring forms
Conduct SHIELD intervention sessions	Ongoing	Facilitators	1) Conduct Sessions 1-6 with each SHIELD Cycle. 2) Identify successes, challenges, and concerns regarding participants 3) Monitor session attendance	1) SHIELD Facilitators Guide 2) Intervention materials and supplies 3) Session attendance sheets

Activity	Timeline for completion of activity	Staff person responsible for activity	Objective	Forms/Materials needed
Booster sessions are held (optional)	Monthly	Facilitators	1) Boost participant skills learned in SHIELD sessions 2) Talk about progress of Peer Outreach 3) Problem-solve any barriers to Peer Outreach 4) Give Peer Educators an opportunity to replenish outreach supplies 5) Maintain contact with SHIELD graduates	1) SHIELD Facilitators Guide 2) Peer Educator supplies 3) Participant feedback forms
Project Manager recruiter meet regularly	Ongoing	Project Manager; Recruiter	1) Discuss recruitment progress 2) Identify any barriers to recruitment 2) Identify ongoing effective recruitment venues	1) Recruitment plan 2) Site Visit forms 3) Recruiter notes

Activity	Timeline for completion of activity	Staff person responsible for activity	Objective	Forms/Materials needed
Project Manager and Facilitators meet regularly	Ongoing	Project Manager; Facilitators	1) Discuss successes and challenges pertaining to curriculum or participants 2) Identify deviations from intervention protocols 3) Give facilitators opportunity for additional practice and feedback	1) Debriefing questions 2) Supervisor rating forms 3) Facilitator summaries
Collect evaluation data	Ongoing	Project Manager; Facilitators; Outside evaluation consultant (if needed)	1) Collect evaluation data 2) Keep evaluation data organized and confidential	1) Process Monitoring form 2) Process Evaluation form 3) Pre & Post Assessment form 4) Participant feedback form 5) Evaluator notes
Hold meetings to review SHIELD evaluation data	Ongoing (minimally once a month)	Project Manager; Outside evaluation consultant (if needed)	1) Provide written and verbal summaries about recruitment goals, client satisfaction, staff satisfaction, client retention, impact on behavior (as appropriate) 2) Use summaries to modify implementation	1) Evaluation data forms 2) Evaluation summary

SHIELD Intervention Maintenance Timeline

Activity	Timeline for completion of activity	Staff person responsible for activity	Objective	Forms/Materials needed
Provide staff development and training opportunities	Quarterly	Project Manager; Recruiter; Facilitators	1) Keep staff abreast of current health information 2) Ensure staff needs are being addressed 3) Gain feedback on what does and does not work. 4) Address changes in the community and target population.	1) TA Request for external trainer (if needed) 2) Agenda for training session 3) Training handouts 4) Attendance Sheets
Identify funding sources	6-12 months before end of existing funding source	Agency Administrator; Project Manager	1) Staff will review potential funding sources with Agency Administrator 2) Seek grant-writing technical assistance (if needed)	1) List of funding agencies
Prepare & submit funding proposals	Deadlines vary	Agency Administrator; Project Manager	1)Write and submit grant proposals	1) Proposals submitted

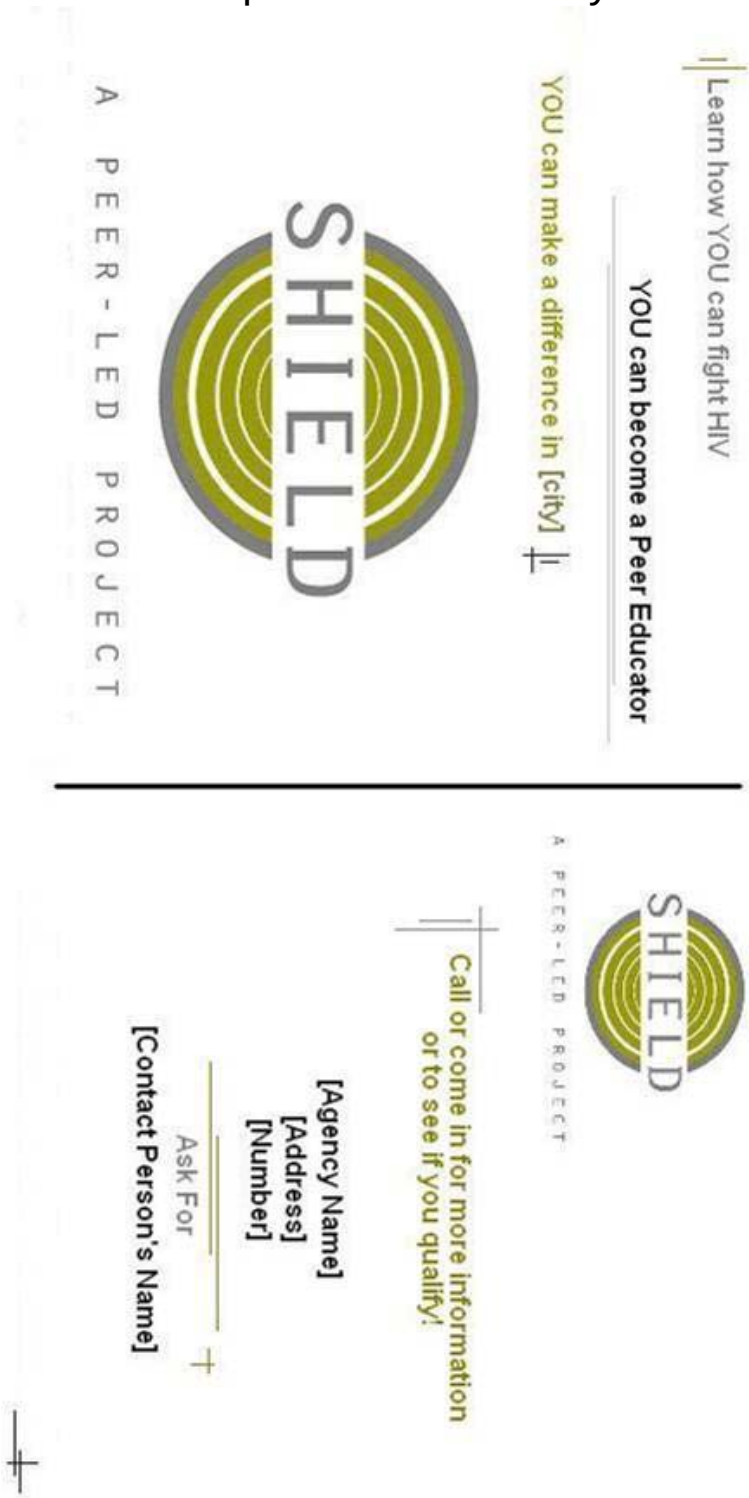
Activity	Timeline for completion of activity	Staff person responsible for activity	Objective	Forms/Materials needed
Prepare evaluation reports	Quarterly; Final report	Program Evaluator; Project Manager	1) Write quarterly and final reports on the SHIELD intervention 2) Present evaluation findings to SHIELD staff	1) Evaluation forms 2) Quarterly evaluation reports 3) Final evaluation report

Appendix 4

Recruitment Forms

Field Visit Form- Street Outreach
Field Visit Form- Community Agencies

Example Recruitment Flyer



STREET OUTREACH

SHIELD Recruitment Sites- Field Visit Form

Name of Person(s) who conducted Field Visit:_____ Date of Visit:_____

Location (street names)	Type of site (e.g., Park, subway station)	Landmarks in the area (e.g., Buildings, monuments)	Best times to recruit	Number of people seen	Site Description/Notes

COMMUNITY AGENCIES

SHIELD Recruitment Sites- Field Visit Form

Name of Person(s) who conducted Field Visit:_____ Date of Visit:_____

Site (Agency Name)	Type of agency (e.g., Clinic, shelter)	Contact Person (Name & Phone Number)	Possible Recruitment Activities	Hours of Operation	Best times to recruit	Site Description/Notes (e.g., Where to post flyers)
			☐ Approach outside ☐ Leave flyers ☐ Agency help recruit/ referrals			
			☐ Approach outside ☐ Leave flyers ☐ Agency help recruit/ referrals			
			☐ Approach outside ☐ Leave flyers ☐ Agency help recruit/ referrals			
			☐ Approach outside ☐ Leave flyers ☐ Agency help recruit/ referrals			

Appendix 5

Pre-Program Contact Forms

SHIELD Enrollment Form

SHIELD Enrollment Form

A. Describe the SHIELD Intervention

1. Agency staff provided information about SHIELD to the client: ___Y ___N

(e.g., goal, # of session, etc.)

2. Client is interested in being screened SHIELD: ___Y (Proceed to Section B)
___N (end of visit, offer additional resources)

B. Screen for Client Eligibility (italics responses indicate eligibility)

1) How often do you interact with other drug users?

☐ Never→ **Not Eligible** ☐ *A few times a month* ☐ *A few times a week*
☐ *About once a month* ☐ *About once a week* ☐ *Everyday*

2) When was the last time you used heroin, cocaine, or crack on a regular basis?

☐ Never→ **Not Eligible** ☐ *In the past year* ☐ *In the past 3 months*
☐ *More than 1 year ago* ☐ *In the past 6 months* ☐ *In the past month*

3) Are you interested in being trained as a Peer Educator? ☐ No→ **Not Eligible** ☐ *Yes* **(ask Question 3a)**

3a) What are some of the reasons you want to be trained to be a Peer Educator?

4) Would you feel comfortable talking to <u>people that you know</u> about HIV prevention such as using condoms and not sharing needles? ☐ *Yes* ☐ No→ **Not Eligible**

5) Would you feel comfortable talking to <u>other drug users</u> about HIV prevention such as using condoms and not sharing needles? ☐ *Yes* ☐ No→ **Not Eligible**

Result of Screening ___eligible (All responses are italicized, Assign ID# and proceed to Section C)
___ ineligible (end of visit, offer additional resources)

C. Collect Client Background Information

SHIELD ID#:_____

First Name/MI _____ **Last Name** _____

DOB ___ ___ / ___ ___ / ___ ___ ___ ___ **Age**_____ **Sex** __M __F __T

Race/Ethnicity: (check all that apply)	**Referral Source:** (check all that apply)
☐ **African American** ☐ **Caucasian**	☐ **Flyer** ☐ **Ad in a newspaper**
☐ **American Indian** ☐ **Latino/a**	☐ **Word-of-mouths** ☐ **Current Client**
☐ **Asian/Pacific Islander**	☐ **Referred by agency**_____
☐ **Other:**_____	☐ **Other:**_____

D. Collect Client Contact Information

Street/Apt _____

City _____ **State** _____ **Zip** _____

Cross Street: _____

Home Phone (____) __ __ __ - __ __ __ __ **Pager** (___) __ __ __ - __ __ __ __

Work Phone (____) __ __ __ - __ __ __ __ **Cell** (___) __ __ __ - __ __ __ __

Email: _____ **Hangouts:** _____

OK to leave message: ___Y ___N **OK to mention this agency:** ___Y ___N

E. Collect Additional Locating Information (additional persons through which client may be reached)

CONTACT #1

Street/Apt _____

City _____ **State** _____ **Zip** _____

Cross Street: _____

Home Phone (____) __ __ __ - __ __ __ __ **Pager** (___) __ __ __ - __ __ __ __

Work Phone (____) __ __ __ - __ __ __ __ **Cell** (___) __ __ __ - __ __ __ __

Email: _____ **Hangouts:** _____

OK to leave message: ___Y ___N **OK to mention this agency:** ___Y ___N

CONTACT #2

Street/Apt _____

City _____ **State** _____ **Zip** _____

Cross Street: _____

Home Phone (____) __ __ __ - __ __ __ __ **Pager** (___) __ __ __ - __ __ __ __

Work Phone (____) __ __ __ - __ __ __ __ **Cell** (___) __ __ __ - __ __ __ __

Email: _____ **Hangouts:** _____

OK to leave message: ___Y ___N **OK to mention this agency:** ___Y ___N

F. Distribute SHIELD Calendar

1. Agency gave client the SHIELD Calendar of Sessions: ___Y ___N

2. Does client have another commitment (i.e. job, group, etc.) that would prevent them from attending the 6 SHIELD sessions? ___Y ___N

If no, client will be considered signed up for SHIELD; If yes, refer client to other services

Appendix 6

Intervention Forms

Debriefing Questions
Facilitator Summary Guidelines
Supervisor Rating Forms

Facilitator Debriefing Questions

At the end of each session, the facilitators should debrief with the Project Manager to discuss the progress of the sessions and any participant concerns.

<u>The following questions are guidelines for the debriefing session:</u>

- Were there any issues or questions regarding the SHIELD curriculum or Core Elements that should be addressed by the intervention team?

- Were any intervention materials or instructions problematic? If yes, how was the problem dealt with?

- Were there any questions asked that you were unsure of or needed to seek additional information?

- Were there any specific issues with any participants that should be noted? (Examples: needs of clients that are not being addressed in the intervention, reports of positive experiences with the intervention, reports of adverse events, etc.)

- Were there any specific situations or issues that were illustrative of being a Peer Educator, using PEER communication techniques, or conducting Peer Outreach that could be included anonymously in future intervention sessions?

- Were there any issues with level of comfort working with this specific SHIELD Group or a specific individual in the SHIELD Group?

Facilitator Summary Guidelines

After each set of intervention sessions, facilitators should prepare a brief summary of the participants and sessions.

<u>The following questions are guidelines for facilitator summaries:</u>

1. Provide a brief overall description of the SHIELD Group (i.e., size, gender, age, personality, etc.).

2. Were there any problems or challenges that facilitators were faced with during any of the intervention sessions?
   - How was the problem/challenge dealt with?

3. How did the participants react to the PEER communication skills?

4. What were the accomplishments of this SHIELD Group?

5. Additional comments about this SHIELD Group.

Supervisor Rating Form

The following form should be completed by the facilitator supervisor (i.e., Project Manager) after each session that is observed.

Supervisor/Rater:	**Facilitators:**
Session # (i.e., 1-6)	**SHIELD Group #:**
Date of Session:	**Date of Review:**

Instructions: For each of the following content areas, please rate the facilitator's skills. Provide an explanation for the rating.

Rating Choices: 0 = Poor 1 = Adequate 2=Good

Domain	Content	Rating	Explanation
Delivery of the session	Conducted all activities (e.g., adhered to SHIELD manual)		
	Ensured accuracy of information discussed		
	Effective Time Management		
Overall facilitator skills	Neutral/Non-Judgmental Delivery		
	Maintained focus on group activity		
	Listened and integrated participant comments with group activity		
	Attempted to include all participants in discussion		

Additional Comments/suggestions:

Appendix 7

Additional Information and Resources

Appendix 7
Additional Information and Resources

Condom & Lubricant Distributors

Safety Works
www.1800safety2.com

Total Access Group, Inc.
www.totalaccessgroup.com

Diffusion of Effective Behavioral Interventions (DEBI)

www.effectiveinterventions.org

Drug abuse and risk reduction options

Chicago Recovery Alliance
www.anypositivechange.org

Drug Policy Alliance
www.drugpolicy.org/homepage.cfm

Harm Reduction Coalition
www.harmreduction.org/

For information on vein care: www.harmreduction.org/idu/chapter3.html

National Institute on Drub Abuse
www.nida.nih.gov/

National Prevention Information Network
www.cdcnpin.org/scripts/population/idu.asp

North American Syringe Exchange Network (NAREN)
www.nasen.org

Open Society Institute
www.soros.org/

Drug Treatment

Center for Substance Abuse Treatment
csat.samhsa.gov/

Substance Abuse and Mental Health Services Administration Facility Locator
dasis3.samhsa.gov/

Hepatitis

Center for Disease Control and Prevention
www.cdc.gov/ncidod/diseases/hepatitis/

Hepatitis B Foundation
www.hepb.org/

HIV information

AIDS.Gov
www.aids.gov

AIDS Info
www.aidsinfo.nih.gov/

American Foundation for AIDS Research (AmFAR)
www.amfar.org

Centers for Disease Control and Prevention
www.cdc.gov/hiv/

CDC National Prevention Information Network
www.cdcnpin.org/scripts/index.asp

Housing Works
www.housingworks.org

National AIDS hotline
1-800-342-AIDS

National Association of People with AIDS
www.naowa.org

National Library of Medicine, HIV/AIDS Information
http://sis.nlm.nih.gov/hiv.html

National Minority AIDS Council
www.nmac.org

UNAIDS
www.unaids.org/en/

HIV Testing Information

National HIV Testing Resources
www.hivtest.org/

Local Community Resources

The Beehive
www.beehive.org

Prevention Research

Society for Prevention Research
www.preventionresearch.org/

Program Evaluation

Evaluation Guidance Handbook: Strategies for Implementing the Evaluation Guidance for CDC-Funded HIV Prevention Programs
www.cdc.gov/hiv/aboutdhap/perb/guidance.htm

Framework for Public Health Research
www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

Social Networks

International Network for Social Network Analysis
www.insna.org/

Syringe Cleaning

Centers for Disease Control and Prevention- IDU and HIV Prevention
http://www.cdc.gov/idu/facts/disinfection.htm

Appendix 8

CDC Materials