

Facilitators Guide

Getting the Language of HIV and STDs



Session 1

Getting the Language of HIV and STDs

1:1	Introductions	20 min
1:2	What Are the Facts about HIV/AIDS and STDs?	20 min
1:3	High Risk Situations	20 min
1:4	Feeling Situations	20 min
1:5	You Can Never Tell	15 min
1:6	Future Dreams	15 min

TOTAL TIME: **110 min (1 hour, 50 minutes)**

Session 1

Getting the Language of HIV and STDs

Objectives

By the end of the session, participants will be able to:

1. Define terms related to HIV/AIDS and STDs
2. Describe routes of HIV transmission
3. Describe how HIV and STDs are risks to their well being

Rationale

A basic assumption in this session is that knowing the facts about HIV/AIDS is essential. This knowledge allows a person to protect himself/herself and others from acquiring the disease. Furthermore, understanding HIV/AIDS allows people to take steps to reduce their own risk for acquiring or transmitting HIV.

Even though many youth are now quite informed about HIV/AIDS, youth may have misinformation and gaps in HIV, STD, and sexual health knowledge. Facilitators need to assess their participants' HIV/AIDS knowledge early on, in order to guide the sessions accordingly.

The participants will acquire current information about HIV/AIDS, its transmission routes, and information to help assess their personal risk for HIV/AIDS and STDs. As a result, the participants will be in a better position to make choices around their own behavior, including getting HIV and STD testing. This intervention encourages participants to envision a future achieving the life goals they have set. Emphasis is placed on the youths' potential for success and happiness, and how they can reach these goals.

Procedures

1. Introduce the Street Smart program, have participants introduce themselves, set ground rules, and explain the use of the Feeling Thermometer and tokens.
2. Play the “Be Smart about HIV/AIDS and STDs” game, which consists of two teams trying to answer basic questions about HIV/AIDS and STDs. (The backs of the cards have the correct answers).
3. Role-play a scene (Rosa and Ricky) and elicit the group’s level of understanding of issues related to HIV/AIDS and STDs.
4. Have participants generate situations in which each would feel high discomfort, moderate discomfort, low discomfort, and no discomfort. Use volunteers to model this task for the group, with the help of the facilitators.
5. Have participants pretend they are at a party, selecting a sex partner. Using prepared name-tags, a small star or square indicates that two of the people are HIV-positive or have a STD to demonstrate how STDs can be transmitted to uninfected individuals.
6. Help participants examine their strengths and resources in moving toward their dreams of a better life.

Pre-Session Preparation

- At the check-in table for the session, have blank name-tags available. Put a small star on two of the blank nametags, and a small square on two other blank name-tags. Try to make the stars and squares small enough so the participants are not aware of them as they put on the name-tags.
- Prepare newsprint: “Ground Rules” and “Goals of Street Smart.”
- Make/cut out the HIV, AIDS, and STD fact cards. It may be helpful to laminate the cards so they can be easily reused.

Materials

SUPPLIES:

- Newsprint and marking pens
- Pencils
- Lottery prize
- Tokens
- Name-tags
- \$1 bills for those with condoms
- Blank name-tags

POSTERS:

- Feeling Thermometer poster

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart newsprint

HANDOUTS:

- Feeling Thermometer Worksheet (1-A)
- HIV, AIDS, and STD Fact Cards (1-B; not to be distributed; see Materials CD)
- Handouts of HIV/AIDS questions and answers (1-C)
- Rosa and Ricky script (1-D)
- Feelings and Emotions Word List (1-E)
- Activity books

Exercise 1:1: Introductions

(20 minutes)

Welcome to Street Smart where we are working on protecting ourselves against HIV and leading the life we want for ourselves. Today is the first of eight group sessions where we'll be meeting, getting to know each other, and helping one another to reach our goals. I'll also be scheduling a one-on-one session with each of you, and later, we'll all be going on a trip to a local community resource center. But we'll discuss that more later. For now, let's get to know each other.

Let's go around and introduce ourselves. Tell us your name and the kind of job or role you think you would like to have in three years.

Don't make it long, just say, "I'm Jack and I want to be a chef."

I'll start, I'm _____ and in three years I want to _____.

Have everyone give their name and what they want to be.

Very good. Thank you.



Introduce Tokens of Appreciation. Have the co-facilitator who is NOT speaking distribute 15-20 tokens to each participant as they are being explained.

These are tokens of appreciation.

We use them a lot to show group members how much we appreciate their contributions to the group, if we agree with them or if they say something we like or that makes us think.

So, if you appreciate someone else's comment or action, please give them a token.

You can say something to the other person when giving a token if you want to, but you don't have to. It's important to hand the token directly to the other person.

The idea is to show support for each other by distributing your pile of tokens by the end of the session.



Put up “GOALS OF STREET SMART.” (Also see end of session.)

During these sessions, we will focus on the feelings and thoughts that can lead to unsafe actions.

For example:

You are drunk and meet someone really hot who wants to have sex.
You don't want to be alone tonight and the attention feels good.
You go ahead and have unprotected sex.

This kind of situation happens often.

The goals of Street Smart are to help you stay safer, especially in high-risk situations. We will give you the tools, information, and practice to help you keep yourself safe. Our goals are to:

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

We are committed to making sure that this is a safe place to share feelings and thoughts, try out new approaches, give feedback to each other, and work together.

Facilitator's Note: Provide youth with examples for the goals as necessary. (For example, for goal number 6, offer suggestions of where to turn to for help, such as to a trusted adult, a friend in Street Smart, a community resource center, or shelter).



Put up “FEELING THERMOMETER POSTER.” (Also see end of session.)

First, I want to know how comfortable you feel right now.

This is a Feeling Thermometer. It is a way that you can monitor and express your feelings.

You can see that being the most uncomfortable is 100 and being very comfortable is 0. Being at 100 isn't always “bad” though. You can be at a 100 when you're extremely excited. It's more about how intense your feelings are. When your feelings are very intense, it causes discomfort in your body. When you're feeling relaxed, there is little discomfort in your body.



Have participants look at the Feeling Thermometer Poster and have them indicate where they are on the thermometer.

Thank you.

It is quite natural for people to feel uncomfortable when they meet for the first time.

It is important to stay in touch with how much comfort or discomfort you are feeling, and what those feelings mean to you.

People experience different levels of comfort and discomfort for different situations and reasons.



Hand out the “FEELING THERMOMETER WORKSHEET.” (1-A; see end of session.) Instruct youth to spread out in the room to ensure they are not looking at each other's papers. Tell them not to write their name anywhere on the handout.

Using the Feeling Thermometer, let's figure out which situations may make us uncomfortable or experience a very high intensity level of a feeling. Remember, a very high discomfort level is 100. A rating of 0 indicates no discomfort. Let's figure out what situations result in high and low discomfort for you.

Don't worry about the feelings or bodily reactions - we will talk about that later. Let's just focus on the situations.

I want you to think of a situation where you would feel 100 - the most discomfort or intensity.

Then write a word or two by the 100 on the Feeling Thermometer, so you know what it is about.

For example, if getting fired from a job were high for me, I'd write, "Fired from" and the name of the place.

Facilitator's Note: If participants are having trouble choosing a situation that puts them at 100, offer some examples such as seeing someone you like at a party who you know shoots drugs; going to a clinic to get tested for HIV; a break-up; etc.

Take a few minutes, think of a situation, and write it down.

Wait a few minutes. Then ask for a couple of group members to read what they wrote.

Would anyone like to share a situation that causes a high level of discomfort?



Encourage a couple of people to talk about their uncomfortable situations. Give them tokens.

Thanks.

Now think of a situation that represents the 0 end of the scale for you.

It could be watching TV with a bowl of popcorn, sleeping in as late as you want, listening to music on headphones, or many other things.

So, think of a completely comfortable situation and write it down.



Allow a few minutes. Then ask for a couple of group members to read what they wrote.

Would anyone like to share a situation that makes them feel totally comfortable?

Encourage a few people to talk about their comfortable situations.

Thanks.

Our role as facilitators is to help you learn to keep yourself safe from HIV/AIDS and other sexually transmitted diseases, also called sexually transmitted diseases or STDs.

That means we will give you many opportunities to practice each skill we are going to discuss.

Over the course of these sessions, we will be talking about many different situations that can put people at risk for HIV, STDs, and unintended pregnancy.

We will be dealing with situations that you may have encountered and some you may never have encountered.

The idea is to incorporate all of the different experiences that can put you at risk for HIV/AIDS, other STDs, or unintended pregnancy, such as unprotected sex, using and abusing drugs, exchanging sex for drugs or money, and many others.

We don't expect that everyone will have the same experiences. We are all here to learn and to help keep each other safer.

One thing we will do to make this a safe place is to create ground rules.



Put up "GROUND RULES" newsprint. (Also see end of session.)

In order to work together as a group, we need some ground rules on how we want to be treated and respected, and to determine what we want our time together to accomplish.

In order to learn new things, we all need to agree on some rules that will help build trust, encourage sharing, and develop the ability to work together.

What rules would you like to create?



Note: Make sure the list includes:

1. Keep confidentiality. What you say is yours – what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have Fun!

Encourage sharing and give out tokens. Transition into the next exercise.

Exercise 1:2: What Are the Facts About HIV/AIDS and STDs? (20 minutes)

Now we will talk about choosing safe friends and partners.

Why is this such an important topic?

Well, as far as we know, there are almost 1.7 million homeless youth in this country, and at least 1 in 25 homeless youth has HIV.

Nearly half of all 14-18 year olds have had sex, but nearly 40% report not having used a condom during their last intercourse—a decision that puts them at risk for acquiring or transmitting STDs and HIV.

Youth in this country have very high rates of STD and HIV infections relative to other developed countries.

HIV/STD rates are even higher in some populations, with STD rates reaching as high as 40% in some communities.

Facilitator's Note: Be sure to update the statistics above. If you are working with a population other than homeless youth, provide relevant statistics in place of the above. Obtain Youth Risk Behavior Survey (YRBS) for the most recent data relevant to your target population.

That means one of you in this group might be HIV-positive and more than one of you either has an STD, has had one in the past, or will get one in the future.

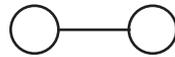


In the middle of the newspaper, draw two circles.

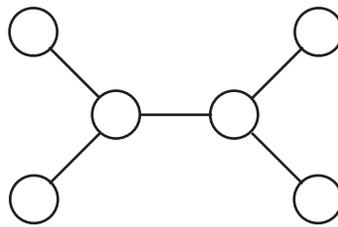


Let's say that each of these circles is a person, and they have sex.

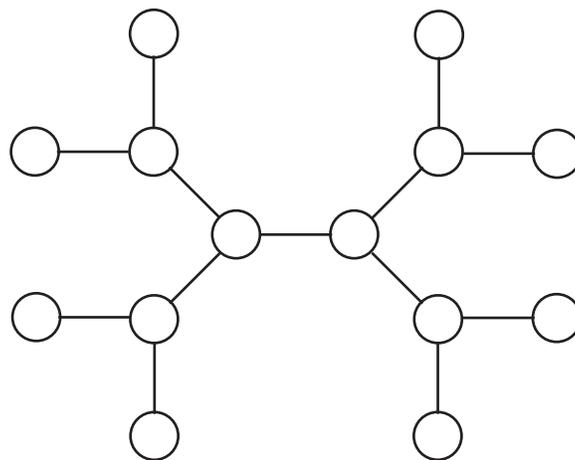
Draw a line connecting the two circles to represent them having sex.



Then they each have sex with two other people.



Then each of those four new partners has sex with 2 more people.



Can I have two volunteers to help me make these circles?

Select two volunteers and have them draw two circles next to each of the last circles.

One of you take the right side, and the other take the left side.

And each of the eight new partners has sex with two more people.



Have the volunteers draw the circles and keep on going until the page is filled out like a big butterfly. Give tokens to the volunteers and have them sit down again.

As you can see, every time you have sex, you are not just having sex with one person.

In a way, you are having sex with everybody that your partner and your partner's partners have had sex with.

You are having sex with everyone on this page.

And you don't know if they have been injecting drugs or practicing safer sex behaviors.

Remember, the goal of today's session is to make you more knowledgeable about HIV/AIDS and STDs.

When it comes to HIV/AIDS and other sexually transmitted infections, the more you know and understand, the more you can make smart choices and control your future.

More and more we are learning that having an STD makes a person more vulnerable to HIV.

We want to make three main points about STDs.

First, just like HIV/AIDS, they can cause you serious harm, hurt your partner, and damage your child if you have an STD while pregnant. They can even cause infertility, meaning you won't be able to have a baby later.

Second, often there is no way to tell if you have an STD without being tested.

These diseases can live inside you for a while, doing harm to your body without your even knowing it.

Third, they can make you vulnerable to HIV by causing open sores that can make it easier for the virus to enter your system.

We want to make sure that you have the knowledge you need about STDs.

Some of the words may be hard to pronounce, but we'll do the best we can.

We are going to play the "Let's Be Smart About AIDS and STDs" game.

There will be two teams.

Divide the group into two teams and have them line up facing each other.

Use the HIV, AIDS, and STD Fact Cards (1-B). (See end of session.)

I'll give a card to someone on Team A.

They will read the question on the card to the first person on Team B.

The person on Team B tries to answer it.

You can ask your team members for help if you want to - that's up to you.

After Team B gives an answer, the person on Team A who has the card will turn it over and read the answer written on the back of the card.

Then it will be Team B's turn to read a question to someone on Team A.

Each team takes turns asking a question.

Let's give tokens for good answers and good tries to show support for each other.

What questions do you have about the game?

Pass out the first card to the first person in line on the starting team. Have the first person in line on the opposite team answer the question. Make sure that the question side is up (and the answer is shielded from the other players). Keep going down the line so that each person has had a chance to answer at least one question.



Give out tokens as the teams play.

That was a great game.

Here are some copies of the questions and answers that were on the cards.

Pass out copies of the text of the cards (1-C). (Also see end of session.)

Facilitator's Note on Testing: While all states permit minors to consent to STD testing, not all explicitly include HIV services. Be sure to have information available on state and local testing laws to provide to youth at this time.

Exercise 1:3: High Risk Situations (20 minutes)

I know many of you already know a lot about HIV, AIDS, and STDs.

So, today's goal is making you even more informed about HIV/AIDS and STDs.

I need two volunteers for a role-play.

Facilitator's Note: Do not specify the gender of the volunteers you need. Allow and encourage boys to portray girls and vice versa. Select volunteers and give them the script. (1-D; see end of session.)

Thank you.

While you two do the role-play the rest of us will observe.

We will look for what emotions the characters are showing and how they handle the situation.

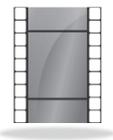


Select volunteer observers.

Observer 1, watch the face of Rosa, and observer 2, watch the face of Ricky. Look out for what emotions they might be showing.

Observer 3, listen for emotion in the voice of Rosa, and observer 4, you do the same for Ricky.

Observer 5, watch the hands of Rosa, and observer 6, watch the hands of Ricky. Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play—recommended). Instruct the director to call “action” and “cut” at appropriate times.

Now, actors, remember we just talked about the Feeling Thermometer. Where are each of you on the Feeling Thermometer?



Get Feeling Thermometer levels for both players.

Okay, let's do the role-play.



Rosa and Ricky

Rosa: Hey, want to have sex?

Ricky: Aren't you still with Andre?

Rosa: Not anymore. Not after he found out I was carrying his baby.
So what do ya say? I got a place down the street that's private.

Ricky: Didn't that guy use heroin?

Rosa: So what! You can't get nothin' when you're pregnant. Me and
my baby are just fine. We don't even have to use protection.

Ricky: Well.... I guess so. Okay, let's go.

THE END

That was great!



Encourage sharing of tokens.

Where are you on your Feeling Thermometers now?



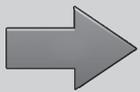
Get Feeling Thermometer readings for both players.

What did each of you like about what you did?

Elicit what aspect each player liked about their performance.

What would you have done differently?

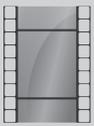
Elicit what each player would have done differently.



CHOICE

If role-play was videotaped, say:

Let's go to the videotape!



Have the whole group watch the videotape.

Observers, what feedback can we give our players?

First, I want to hear what you observed about their emotions, body language, eye contact, etc.

Then, I want to hear about what you liked or may have done differently.

When you give feedback, always start with what you liked.

Then say what you would do differently.

Don't say, "What you did wrong was"

Also, be very specific when you talk about changes you would want to see.

For example, don't say, "Ricky you should not have done that or you were wrong to do that."

Instead say, "If I was Ricky, I would have handled it differently."

So, observers, what did you observe?

Allow participants to share their observations. Share tokens.

Observers, what did you like about what they did?

What would you have done differently?

What was true or false about what you heard in the role-play?

What was true or false about the AIDS "facts" that Rosa was telling Ricky?



Encourage discussion and share tokens.

Thank you for your feedback.

So what did you get out of this role-play?

If youth do not express the "main point" of the role play, facilitator may share it with them.

Facilitator's Note: Tell the group the "main point" of the role-play only if they have not come up with it on their own. The point of this role-play is to demonstrate that HIV and STDS are real threats to youth, no matter what some people may tell them.

Clear up any misconceptions and provide some basic facts about HIV and pregnancy. If group members do not recognize the incorrect “facts” from the role-play, make sure that you point them out.

The correct HIV/AIDS facts include:

- **HIV can be transmitted during pregnancy.**
- **The mother can get it from an infected partner and pass it on to the baby before the baby is born, during labor and delivery, or after birth through breast-feeding.**
- **There are medicines and other treatments that will help her to not pass HIV to her baby. The sooner a pregnant woman knows she is HIV-positive, the sooner she can get the right kind of treatment to make sure she has a healthy baby.**

What information about other STDs do Rosa and Ricky need to worry about?

Briefly discuss that there are many STDs that can be transmitted through sex and some STDs can harm not only Rosa, but her baby as well.

Exercise 1:4: Feeling Situations (20 minutes)

At the beginning of the role-play, it seemed like Ricky was unsure about having sex with Rosa because he knew her previous partner used heroin.

Where do you think his Feeling Thermometer was at that moment?

Ricky might have been feeling nervous, so his Feeling Thermometer might have been high.

As we said at the start of today's session, the goals of Street Smart are to help you stay safer by focusing on the feelings and thoughts that lead to unsafe actions.

Recognizing feelings is an important first step.

If I am feeling pressured to have unsafe sex when I don't want to, but am unable to recognize my discomfort, then it will be difficult for me to remove myself from the situation.

What are some difficult situations that may raise our Feeling Thermometers? (Record responses on newsprint.)

If no one comes up with any right away, suggest the following:

Here are some situations that might create a feeling of discomfort:

1. Asking someone out.
2. Dealing with a sex partner who wants to have unsafe sex.
3. Refusing to get high with a friend whose respect you want to keep.

Show the Feeling Thermometer poster again.

Please look at your Feeling Thermometer Worksheets again.

Earlier in the session, we talked about 100 and 0 Feeling Thermometer situations.

Now, think of a situation that fits at 75 on the Feeling Thermometer and write it down. Then find one for 25 and write it down too.

Allow a few minutes.

So everyone should have four situations - one at 100, one at 75, one at 25, and one at 0.

Now see if you can find a word that describes the emotions that went with each situation.

By emotions I mean things like sad, happy, angry, scared, and nervous.



Hand out “FEELINGS AND EMOTIONS WORD LIST.” (1-E; see end of session.)

Often it is hard to think of emotion words. There are a lot of different emotions. Here is a list that might be helpful to you.

Read a few examples from the list.

Now write down the feeling that best fits what you experienced for each situation.

After you write down the feeling, go to the next column and ask yourself: “What was going on in my body during these situations?”

For example, in some heated situations, you might feel a tightness in your throat or your mouth becomes dry.

Who can give me some other bodily reactions that people have during different types of feeling situations?

Elicit responses such as sweaty hands or fidgety fingers; “butterfly stomach” or other feelings such as nausea, jumpy, tight, in knots; feelings in your legs such as weak, twitching; neck and shoulder aches; facial responses such as blushing, forehead sweating, jaw clenching, tears, etc. If participants have a hard time coming up with the above, ask specific questions such as: “What might you be feeling in your stomach? Your neck and shoulders? Your face? Your legs? Your hands?”

Allow time for participants to write down emotions and then ask for two volunteers to read their situations, indicate whether it was 100, 75, 25, or 0, and tell what emotion they wrote down.



Have the volunteers share and give out tokens.

That was great!

Discuss the group’s responses.

Exercise 1:5: You Can Never Tell

(15 minutes)



Let's do an exercise to practice social skills.

Pretend tonight is going to be a night you choose to get together with a new partner, and you are going to pick someone from this party.

As you meet people, try to find out as much as you can about them. What are their interests? How do they spend their time?

Go ahead and start talking with each other. Remember, you are all acting in this party scene.

Allow about five minutes for mingling and deciding.

What did you like about your social skills? What would you change?

What were you able to learn about people?

Two people here have a little star on the back of their name-tag. If you have a star on the back of your name tag, please stand.

These individuals represent persons who are HIV-positive.

Two people have squares on their name-tags. If you have a square on your name tag, please stand. These individuals represent persons who have an STD.

Allow time for participants to discover who has the stars and squares on their name-tags.

Now, some of you may have gone home with each other after this party. You may even have had sex with someone you met there. If you were talking to the folks with HIV and STDs, and if you had unprotected sex with them, you could have gotten HIV or an STD. You didn't know they had anything; and neither did they.

Where are your Feeling Thermometers?

What's the lesson of this exercise?

You can't tell just by looking at someone, or even talking with them, who is HIV-positive or who has an STD and this is why learning how to protect yourself is an important part of Street Smart.

For example, one of the big problems is that the symptoms of HIV may occur long after an instance of unprotected sex. It's the same thing with an STD; you may not have any symptoms at all but there could be consequences years into the future, like not being able to have a child.

Encourage reports of feelings and comments.

Facilitators should be aware of youths' reaction to this activity as some participants may have HIV or an STD. Be sure to have relevant referral resources on hand for youth who may need them. Also, be sure to minimize any language in this activity that could be perceived as judgmental.

Exercise 1:6: Future Dreams (15 minutes)

We have talked about many things today.

Some of these issues and feelings can be difficult.

We are going to try and relax now by thinking about our future dreams -what we want for ourselves in the future.

Your future is whatever you imagine it to be.

We are going to try and teach you a way to help yourself relax.

Get in a comfortable position. You can lie on the floor, slide down in your chair, cross your arms, whatever is comfortable for you.

Read the words in a slow, steady voice with an easy beat. See if you can relax yourself at the same time.

Now close your eyes. ***Pause.***

Take a deep breath in and out. ***Pause.***

Continue to take slow deep breaths. ***Pause.***

As you breathe in, feel the cool air coming in. ***Pause.***

As you breathe out, feel the warm air going out. ***Pause.***

Imagine the air coming in your nose and flowing down into your neck and shoulders – letting out all the tension. ***Pause.***

Imagine the air flowing down into your chest and your arms, let the air go out through your fingers- taking all the tension with it. ***Pause.***

Imagine the air flowing down into your legs, down your feet and out your toes - taking all of the tension with it. ***Pause.***

Sense how relaxed your body and mind are beginning to feel. ***Pause.***

Now from deep inside you, I want you to imagine that there is a bright warm light right in the center of your body. ***Pause.***

That is your essence. That is your self. ***Pause.***

That self that has a dream.

That self that is the highest expression of who you could be.

Let that self float up to the surface. ***Pause.***

What do you want for that self? ***Pause.***

Let all your dreams for yourself come out. ***Pause.***

See the goal and dream that you have. ***Pause.***

Let your hope and dream surround you. ***Pause.***

Hold on to your dreams. ***Pause.***

Hold on to your dreams. ***Pause.***

When you are ready, open your eyes.

Now, yawn and stretch.

Where are you on the Feeling Thermometer?



Get Feeling Thermometer levels. Encourage responses.

Everyone here has a lot of strengths.

What are you doing now to work toward your dream?

Think about it for a moment.

Being here is working on your future.

What other things are you doing now?

I want each person here to tell us one strength that you have, and one thing that you are doing now to move toward achieving your dream.

Go around and get ideas of what participants' strengths are, and what they are doing now to move ahead.



Give out tokens for encouragement.

Great!

We also have an activity book with some games and exercises for you to try between now and the next session.



Give out activity books and point out the activity for Session 1.

Now go around and tell the person on your right something you liked that they said or did today. And give out some tokens!

Our next meeting will be held on _____ at _____.

Remember, one of our ground rules is to agree to come one more time. If you haven't scheduled your one-on-one session with me, please make sure to see me after today's session.

Refer to the Street Smart Implementation manual for guidance on scheduling and conducting the individual session.

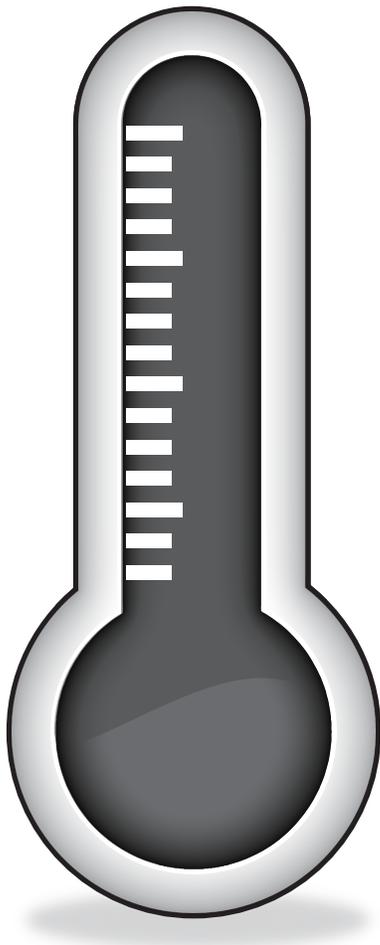
We hope to see you then!

END OF SESSION 1

Goals of Street Smart

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

Feeling Thermometer



Level

Triggers *(Situations, People, Places, Things)*

Very Uncomfortable
100

Uncomfortable
75

Mildly Uncomfortable
25

Very Comfortable
0

Ground Rules

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

Feeling Thermometer Worksheet (1A)

Feeling Thermometer	Situations	Emotion	Bodily Reactions
100 Very uncomfortable			
75			
50			
25			
0 Very comfortable			

Handout of HIV/AIDS and STD Questions and Answers (1-C)

In what bodily fluids is HIV transmitted?

Blood, semen, vaginal fluids, and breast milk.

Why can't you get HIV from saliva, urine, and feces?

Because there is not enough of the virus in these fluids to contract HIV.

Can you get HIV through oral sex?

Yes, it is possible to get HIV through oral sex if semen or vaginal fluids get in your mouth and/or touch any open sores you might have. However, the risk of transmission is much lower from oral sex than it is from unprotected vaginal or anal sex (although you are still at risk of catching other STDs like gonorrhea or herpes).

If HIV lives in blood, semen, and vaginal fluid, how do you usually get it?

You can get HIV from unprotected vaginal sex, anal sex, or oral sex, and from sharing needles used for injecting drugs. Infected mothers can pass HIV to their unborn babies before or during labor, or through breast-feeding.

What are the illnesses that affect people with AIDS?

Most common are pneumonia, tuberculosis (TB) and certain kinds of cancer.

Is there a cure for AIDS?

There is no cure for AIDS. Although antiretroviral treatment can suppress HIV – the virus that causes AIDS – and can delay illness for many years, it cannot clear the virus completely from the body.

Is there a vaccine that can keep you from getting AIDS?

To date no vaccine has been developed.

What causes AIDS?

A virus called HIV—Human Immunodeficiency Virus.

If someone is infected with HIV, will they get sick right away?

Some people get flu-like symptoms, but they go away. These people are infected but may not look or feel sick. Not everyone will get sick immediately.

Who gets HIV?

Anyone who engages in risky behaviors like having unprotected sex or sharing unclean needles can get the virus.

Can you get tested without parental consent?

In most states, you can get tested without your parents' permission. Check with your local clinic for the most up-to-date facts on HIV testing.

Can HIV-positive mothers have healthy babies? How often?

Yes, HIV-positive mothers can have a healthy baby. If the mothers get special treatment before the baby is born, the baby has a 95% chance of being born healthy.

How do marijuana, crack, or amphetamines change your thoughts about sex?

When you are on any kind of drug, your judgment is affected. You may take more risks and have more unprotected sex than if you were sober.

If a person gets infected with HIV, how long might it take for the HIV test to show that they've got it?

Up to six months, but it is often detected within 3 months.

Can you get HIV through a knife and fork, dishes, or a toilet?

No, HIV does not survive in the open on objects like these.

Does HIV live in the air?

No, HIV dies when it comes in contact with air.

Can you tell by looking at someone if they are infected with HIV?

No, a person infected with HIV does not look any different.

Can a baby become infected if the mother has HIV?

Yes, a baby may become infected with HIV during pregnancy, labor or delivery, or during breast-feeding if a mother does not receive appropriate treatment and medications. If the mother gets treatment while she is pregnant, the baby can be born HIV-free.

Can a woman get HIV if she is pregnant?

Yes, only abstaining from sex or having sex with a latex or polyurethane condom can protect a woman from getting infected with HIV. Also, she should not share needles if using injection drugs.

How are you tested for HIV?

If being tested using a rapid test, a sample of blood or oral fluids is collected for testing. If being tested conventionally, blood, oral fluids, or plasma may be used as sample collections.

Is there any treatment for HIV?

Yes. There are drugs to slow the progression of HIV to AIDS, but they might not work for everyone. They also can be difficult to take, because they can cause a lot of side effects, making you feel tired, weak, and often sick to your stomach. Also, these drugs are not cures, so you have to remember to keep taking lots of pills every day.

Can you get HIV from kissing or touching someone who is infected?

No, HIV cannot be passed by casual contact.

Should a mother breastfeed her baby if she has HIV?

Because HIV can be passed to the baby in breast milk, breastfeeding isn't recommended. It is better to formula-feed your baby if you are HIV-positive.

What are the bad things that can happen to me if I get HIV?

You can get pneumonia that is very difficult to treat. You can get cancer, especially of the brain. Drastic weight loss and severe pain in your feet and hands are also possible. Also, you can die.

Should I end my pregnancy if I find out I am HIV-positive?

If the mother gets special treatment before the baby is born, the baby has a 95% chance of being born healthy.

How might you get herpes?

You can get herpes from skin-to-skin contact, such as during unprotected oral, anal, or vaginal sex. Transmission risk is highest when a person with herpes has an outbreak of visible sores on their genitals, but you can still get herpes even if your partner doesn't have any symptoms. Condom use can reduce this risk, but there is still a chance of transmission if you come into contact with skin that isn't covered by the condom.

What are the early warning signs of genital herpes?

Some early signs are itching, tingling, or burning sensations; pain in your legs and butt; and abdominal pain. Genital sores usually occur later. Some people with genital herpes do not have any symptoms at all!

What harm can gonorrhea do to you?

In women, gonorrhea can spread into the uterus and fallopian tubes. Left untreated, this damage can lead to a difficult pregnancy, or prevent her from ever having a baby.

In a man, gonorrhea can scar the tube in his penis shaft. Or it can make his testicles swell. Left untreated, this damage can prevent him from ever becoming a father.

Gonorrhea also makes it easier to catch HIV.

What harm can Chlamydia do to your baby?

If exposed during birth, the newborn baby can get eye infections and pneumonia.

Why is Chlamydia sometimes called the “silent disease”?

Because over half of men and three-quarters of women never show symptoms. While Chlamydia may cause abnormal discharge from the genitals or give a burning sensation during urination, most people don't know they have it unless they get an STD test.

How do you get hepatitis B?

Mostly through blood exchange and unprotected sex. Also, it can be passed from a mother to her unborn baby.

What harm does hepatitis B do?

Causes hardening of the liver, and it weakens your immune system.

What are the early warning signs of hepatitis B?

There are no clear signs. Some people may have a fever or headache. They may feel very tired or lose their appetite.

What is pelvic inflammatory disease (PID)?

It's when an STD infects a woman's uterus (womb), fallopian tubes, and reproductive organs. PID can damage the fallopian tubes and tissues in and near the uterus and ovaries. It can lead to serious complications including infertility, ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb), chronic pelvic pain, and even death.

What are the signs of syphilis?

A painless, red sore on a part of your body that you use for sex (penis, vagina, tongue, butt), a rash on your body, dark blotches on your hands and feet, slimy white patches in your mouth, and/or patchy hair loss.

What harm does syphilis do?

Syphilis attacks your heart, spine, and brain. Without treatment, you can go blind, become partially paralyzed, have tumors grow inside you, or have brain damage. A pregnant woman can pass syphilis to her unborn baby. The baby can die inside of her, or can be born with other serious health problems. Having syphilis makes it easier to contract and pass on HIV.

Rosa and Ricky (1-D)

Rosa: Hey, want to have sex?

Ricky: Aren't you still with Andre?

Rosa: Not anymore. Not after he found out I was carrying his baby. So what do ya say? I got a place down the street that's private.

Ricky: Didn't that guy use heroin?

Rosa: So what! You can't get nothin' when you're pregnant. Me and my baby are just fine. We don't even have to use protection.

Ricky: Well.... I guess so. Okay, let's go.

THE END

Feelings and Emotions Word List (1-D)

ANGRY

Angry, annoyed, bitter, burned up, critical, disgusted, dismayed, enraged, envious, fed up, frustrated, furious, hateful, hostile, impatient, irate, irritated, livid, mad, outraged, put out, riled, resentful, seething, sore, ticked off, worked up

CONFUSED

Anxious, awkward, baffled, bewildered, bothered, confused, dazed, disorganized, disoriented, distracted, disturbed, embarrassed, jolted, lost, mixed up, panicky, paralyzed, perplexed, puzzled, shocked, stuck, stunned, surprised, tangled, trapped, troubled, uncertain, uncomfortable, undecided, unsure

FEARFUL

Afraid, apprehensive, awed, cautious, chicken, edgy, fearful, frightened, hesitant, horrified, ill at ease, intimidated, jumpy, nervous, panicked, scared, shaky, stressed, tense, terrified, threatened, timid, uneasy, worried

HAPPY

Alive, amused, cheerful, content, delighted, ecstatic, elated, energized, excited, fantastic, fulfilled, glad, great, happy, hopeful, joyful, lively, optimistic, overjoyed, pleased, proud, refreshed, relieved, satisfied, spirited, thankful, thrilled, turned on, up, wonderful

LOVING

Admiring, affectionate, amicable, amorous, attracted, caring, close, craving, devoted, desirous, fond, friendly, hot, interested, kindly, liking, loving, loyal, neighborly, motherly, passionate, sentimental, sympathetic, tender, wanting, warm

SAD

Awful, bad, blue, bummed out, crushed, depressed, desperate, devastated, disappointed, dissatisfied, distressed, down, gloomy, glum, hopeless, hurt, lonely, low, miserable, painful, sad, sorry, terrible, turned off, unhappy, unloved, upset

STRONG

Active, aggressive, alert, assertive, bold, brave, calm, cool, capable, confident, determined, eager, energetic, forceful, great, healthy, open, positive, potent, powerful, relaxed, secure, solid, strong, super, sure, tough

WEAK

Ashamed, bored, defenseless, exhausted, fragile, frail, guilty, helpless, ill, impotent, inadequate, incapable, insecure, lifeless, lost, overwhelmed, passive, powerless, run-down, shaky, shy, sick, slow, small, stupid, timid, tired, useless, vulnerable, weak, worn out

Personalized Risk



Session 2

Personalized Risk

2:1	Introductions	15 min
2:2	Exploring People's Actions	20 min
2:3	How Safe Am I?	15 min
2:4	What are My Triggers?	30 min
2:5	How to Set Your Own Limits	25 min

TOTAL TIME: **105 min (1 hour, 45 minutes)**

Session 2

Personalized Risk

Objectives

By the end of the session, participants will be able to:

1. Describe the risk of different sexual behaviors
2. Identify their own sexual risks
3. Identify strategies to lessen personal sexual risk

Rationale

Youth often are confused about which sexual behaviors are safe or risky. As sexual encounters have a number of specific acts, it is important to be as clear as possible about the relative safety of each act.

Having learned the risk associated with specific acts, this information needs to be personalized in order for it to play a significant role in fostering safer sex. Youth need to be made aware of exactly how what they are doing can lead to becoming HIV-positive, unintended pregnancy, or contracting an STD.

Youth also need to realize what “triggers” them to engage in unsafe behavior. Thus learning about triggers is a useful technique for staying safer.

The main point of this session is to help participants figure out which of their behaviors put them at risk, and which triggers lead them to unsafe behaviors. these goals.

Procedures

1. Have participants introduce themselves and tell the group how old they were when they had their first serious relationship.
2. Role-play a risk situation in order to introduce the topic of personalized risk. Identify triggers associated with risky behavior and review a simplified model of social normative acts and self-efficacy.
3. Give out a confidential questionnaire that allows the participants to take a reading on how risky their own behavior is.
4. Explain triggers and have participants break up into two smaller groups to develop lists of people's triggers for having unsafe sex. Ask participants to confidentially write down a trigger that puts them at risk for unsafe sex, or that they think may put them at risk.
5. Use a role-play to help participants start learning how to set their own limits. Finish with group building - show appreciation for other members' contributions and take a final Feeling Thermometer assessment.

Pre-Session Preparation

- Decide which role play you will use for Exercise 2:5 - Louisa and Karen or Jose and Tim.
- Prepare newsprint: “Ground Rules,” “Goals of Street Smart,” “People, Places, Situations, Feelings” (2- one for each small group).

Materials

SUPPLIES:

- Newsprint and marking pens
- Lottery prize
- Tokens
- Name-tags
- 3 x 5 index cards
- \$1 bills for those with condoms

POSTERS:

- Feeling Thermometer poster

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart newsprint
- People, Places, Situations, Feelings (2 - one for each group) newsprint

HANDOUTS:

- Janet and Lori Script (2-A)
- People’s Actions handout (2-B)
- Check Yourself Out Worksheet (2-C)
- Answer Sheets for the worksheet (2-D)
- The Order of Sex Acts According to Safety handout (2-E)
- Activity books

Exercise 2:1: Introductions (15 minutes)

Welcome! It's good to see you in Street Smart.

As you may already know, we are trying to become more capable of keeping ourselves from getting HIV and of leading the kind of life that we want for ourselves.

For everyone who was on time today, you get a chance to win today's lottery.

Have the lottery drawing. Each participant draws from a box and 2-3 of them will win a prize (e.g., a food coupon).

Let's go around and introduce ourselves. Tell your name and at what age you remember having your first serious relationship. Not sex necessarily, but a real love.

Just say, "I'm Sam, and I was 12 years old."

I'll start. I'm _____ and I was _____ when I had my first serious relationship.

Have everyone give their name and how old they were when they had their first boyfriend or girlfriend.

Very good.



Hand out Tokens of Appreciation to everyone.

These are tokens.

We use them a lot to show group members how much we appreciate their contributions to the group, if we agree with them or if they say something we like or that makes us think.

So, if you appreciate someone else's comment or action, please give them a token.

You can say something to the other person when giving a token if you want to, but you don't have to. It's important to hand the token directly to the other person.

The idea is to show support for each other by distributing your pile of tokens by the end of the session.

Review last session's activity from the activity book. If someone is new and doesn't have an activity book, give him/her one.

For all of you, what did you do in the last week to keep safer from HIV and STDs?

We are interested in even the smallest thing that you did because we want you to stay healthy.

Your comments may also help someone else in the group.

Who would like to be the first person to tell us about a success you had in the last week in keeping safer?

Encourage discussion.

Great.



Hand out tokens to those who contribute.

Who has a condom?

Ask them to hold up their condoms.

Great.



Hand out a special prize (\$1) to the first person who raises his/her hand and shows he/she has a condom.

Put up “GOALS OF STREET SMART.” (Also see end of session.)

During these sessions, we will focus on the feelings and thoughts that lead to actions that are unsafe.

For example:

You are drunk and meet someone really hot who wants to have sex.
You don't want to be alone tonight and the attention feels good.
You go ahead and have unprotected sex.

The goals of Street Smart are to help you stay safer. We will give you the tools, information, and practice to help you keep yourself safe. Our goals are to help you:

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

We are committed to making sure that this is a safe place to share feelings and thoughts, try out new behaviors, give feedback to each other, and to work together.



Put up “FEELING THERMOMETER POSTER.” (Also see end of session.)

First, I want to know how comfortable you feel right now.

This is a Feeling Thermometer. It's a way that you can monitor and express your feelings.

You can see that being the most uncomfortable is 100 and being very comfortable is 0. Being at 100 isn't always "bad" though. You can be at 100 when you're extremely excited. It's more about how intense your feelings are. When your feelings are very intense, it causes discomfort. When you're feeling relaxed, there is little discomfort.



Have participants look at the poster of the Feeling Thermometer and have them indicate where they are on the thermometer.

Thank you.

It is quite natural for people to feel uncomfortable at the beginning of something new.

It is important to stay in touch with how much comfort or discomfort you are feeling, and what those feelings mean.

Our role as facilitators is to help you learn how to stay safer.

That means we will present you with many opportunities to practice new skills.

Over the course of these sessions, we will be talking about many different situations that can put people at risk for HIV, STDs, and unintended pregnancy.

We will be dealing with situations that put you at risk that you may have encountered, and some situations that you may never have encountered.

The idea is to incorporate many different experiences that can put you at risk, such as unprotected sex, using and abusing drugs, exchanging sex for drugs or money, and many others.

We don't expect that everyone will have had the same experiences. We are all here to learn and help to keep each other safer.

One thing we will do to make it a safe place is to have ground rules.



Put up “GROUND RULES” newsprint. (Also see end of session.)

From our last session, the ground rules for Street Smart are:

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come “one more time.” If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

What other rules would you like to add?



Encourage sharing and give out tokens. Transition into the next exercise.

Exercise 2:2: Exploring People's Actions (20 minutes)

Today we will continue to talk about safer sex.

Let's begin with a quick role-play.

I need two volunteers.

Facilitator's Note: Do not specify the gender of the volunteers you need. Allow and encourage boys to portray girls and vice versa. Select the volunteers and give them the scripts (2-A; see end of session).

While you two role-play the scene, the rest of us will observe what emotions you are expressing and how you discuss safer sex.

Select volunteers and assign tasks.

Observer 1, watch the face of Janet, and observer 2, watch the face of Lori to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Janet, and observer 4, you do the same for Lori.

Observer 5, watch the hands of Janet, and observer 6, watch the hands of Lori. Body language can be a good way to figure out how someone is feeling.



Janet and Lori

Janet: He told me I was beautiful – that he wanted to make me his and that he had to do it with me right then!

Lori: So did you?

Janet: Damn right! He told me I looked so fine he couldn't leave without doing it. He said he'd be in pain all night just thinking of me.

Lori: Did you use protection?

Janet: Oh please! I was high. He was high. We didn't even talk about it.

Lori: What? Are you crazy?

Janet: Okay, I thought for a second of stopping and going to the store, but he just kept saying "it's okay, don't worry, I'm clean..." He said he didn't want anything to come between us.

Lori: You're crazy...

THE END

That was great!

Go over the role-play with the group using the following format:

1. Give out tokens to players.

2. Ask each player where he/she is on the Feeling Thermometer.

3. Ask each player what he/she liked about what he/she did.

4. Ask each player one thing he/she would have done differently.

5. **Watch the video (if the role-play was videotaped).**
6. **Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”**
7. **Ask observers: “What did you like about what he/she did? What one thing would you have done differently?”**
8. **Use the following discussion questions to guide the discussion:**
 - **What did Janet get out of having unsafe sex?**
 - **What skills would have helped Janet?**
 - **What were Janet’s strengths in the situation?**
 - **What do you think triggered Janet to have unsafe sex? (being high, not having condoms readily available, being really turned on, with someone she did not want to disappoint)**
 - **Do you think Janet’s friends or the people around her support her attempts to practice safer sex?**
9. **Thank participants for their feedback. If youth have not yet expressed the main point, you may share it with them. The main point of this role play is that people behave in certain ways for different reasons.**

Facilitator’s note: Tell the group the “main point” of the role play if they have not come up with it on their own.



Pass out “PEOPLE’S ACTIONS” handout (2-B; see end of session) and go over the top part of the page:

People will continue to behave in a certain way if:

- They expect something good to come out of it.
- Something that they want does come out of it.
- Something good comes out of it often.
- Anything negative that comes out of it happens a long time after the good part.

As you can see from this sheet, there are reasons why people act as they do.

It may look to us like they are doing something which harms them, but that is not how they see it.

Facilitator's Note: As you review the bullets, ask the group to revisit the role-play to identify examples from Janet's actions. Ask what would have helped Janet practice safer sex?

Get ideas and then go over the bottom part of the handout.

So, you can see that people are effective in practicing safer sex when:

- They know what's in their best interest.
- They have the skills to cope with tough situations.
- They have chances to learn skills and see others using them.
- They believe in themselves and their friends.
- Their community encourages safe behavior.

On the other hand, there are also many obstacles to practicing safer sex. People may find it difficult to practice safer sex when:

- They don't know what safer sex is.
- They don't know how to get out of risky situations.

- They use drugs.
- They don't know how to keep their cool.
- They are surrounded by people who don't practice safer sex or who use injection drugs.

When you are having sex, the danger doesn't seem to be there, but it is.

For example, one of the big problems is that the symptoms of HIV may occur so long after - years and years after - that night of unprotected sex. Sometimes people do not see the effects of their behavior until years later. It's the same thing with an STD; you may not have any symptoms at all but there could be consequences years into the future, like not being able to have a child.

Let's bring this a little closer to home.

Exercise 2:3: How Safe Am I? (10 minutes)

How safe is your behavior?

I am going to pass out a questionnaire that asks you to indicate what you do sexually.

This questionnaire is for you to keep and will not be shared.

No one is going to ask you to tell the group about your sex life.

To make it strictly confidential, record your answers on this blank sheet and don't put your name on it.

If you don't want to answer about yourself, you could also answer the questions about someone whose sex life you know really well, like a friend, or a brother or sister.

Facilitators should hand out the “CHECK YOURSELF OUT WORKSHEET,” (2-C; see end of session), the “ANSWER WORKSHEET” (2-D; see end of session), and pencils. Make sure that everyone uses pencil to fill in their answers so that there is no way to distinguish the answer sheets.

Take a few minutes to answer these questions. The form is for you to keep.

What is unclear about this exercise?

Allow five minutes to complete the questions.

Now I want everyone to look at the statements that you checked (said were true for you) on your worksheets.

I would like you to rank the acts or situations that you checked in the order of how uncomfortable you feel when you experience them. Just consider the 3 that are the most uncomfortable. Think about the Feeling Thermometer, and put these situations in order from highest to lowest temperatures.



Make sure that the participants can see the Feeling Thermometer poster.

Remember, this worksheet is for only you to see. If you prefer, you don't have to write down your ranked situations - you can just think about them.

Allow a few minutes for participants to rank their situations.

Let's do one more thing with the worksheet.

I would like you to think about which situation is the most risky for you. In other words, which unsafe situation are you most likely to experience?

You don't have to tell us. Just think about it.

Allow a moment for participants to think about their most risky situation.

Thinking about your own risky situations can be stressful.



Where are people on their Feeling Thermometers right now?



Encourage participants to share how they feel. Give out tokens.

What is the best way to avoid getting HIV or an STD?

Encourage answers.

Right – either abstain from sex or never have unprotected sex and never share unclean needles.

If you are going to have sex, it is a matter of knowing which sexual acts are most risky. If you are going to practice any sexual acts, it is important always to protect yourself and your partner.

Hand out “THE ORDER OF SEX ACTS ACCORDING TO SAFETY.” (2-E; see end of session.) Read out loud the handout to the group, or have volunteers read a section.

This is a handout for your reference to take with you. If you have any questions, please feel free to ask me.

The main point is that you need to figure out which of your behaviors put you at risk for HIV. Then you can learn how to change those behaviors or reduce your risk.

Exercise 2:4: What are My Triggers?

(30 minutes)

In the role-play we did at the start of the session, we identified some of the things that may have triggered Janet to have unsafe sex – being high, not having condoms readily available, being really excited, and being with someone she did not want to disappoint.

There are many triggers that influence us to have unsafe sex.

These triggers fall into four general categories:



Write on newsprint:

People

Places

Situations

Feelings

For example, if whenever I got depressed and felt lonely I went out to pick someone up for sex to make me feel better, then feeling depressed would be a trigger for me.

Elicit one example for each of the four categories. If youth do not readily come up with examples, refer back to the role-play and prompt them to give examples from the role-play. You might ask who Janet was with (a guy she really liked). “People” could also include boyfriends/girlfriends, friends, enemies, and parents. “Places” might include parks, home alone, parties, etc. You could also ask what type of situation was Janet in? An example would be a “situation” where she was with someone she really liked and didn’t want to let down. An example of “feelings” would be if Janet was depressed, angry, or lonely.

Now let’s break up into two teams.

Each team will make a list of people, places, situations, and feelings that might place people at risk for having unsafe sex.

Divide the group in half and give each team a sheet of newsprint and a marker.

Decide who will do the writing and who will be the reporter for the team.

When you are finished, the reporter will tell us what triggers you listed.

You will have about five minutes to develop your list.

What questions do you have?

Give each team about 5 minutes and then bring everyone back together. Have the reporter from each team go over their list.

Okay, let's hear from the teams. Who wants to start?

Encourage discussion about the listed triggers.

Facilitator's Note: If not mentioned, include the following: going out alone; going to places where you get picked up; certain kinds of parties (e.g., drug parties such as Ecstasy or Crystal Meth parties, sex parties, etc.); not having condoms; reading or watching pornography; trading sex for drugs or money; trying to impress your partner; being afraid of your partner; being high or drunk; and feeling lonely, depressed, or angry.



Get Feeling Thermometer levels.

If I can recognize my triggers, then I can change or manage the situation before I do something I don't want to do.

Pass out 3 x 5 cards and pencils to everyone. Make sure everyone uses a pencil, so nobody can tell who wrote on what card.

I want you to think about what is the most risky situation for you.

Again, that means when you might be tempted to have unsafe sex even though you knew it was taking a big chance.

Write down the most risky situation on this card, but don't put your name on it.

Allow 3 minutes for writing down the risky situation. Then collect the cards and divide the cards among the facilitators.

Facilitator's Note: To ensure that youth don't "water down" their responses, do not warn them ahead of time that you will be reading the cards aloud. However, to protect the privacy of the youth, make sure that you omit any identifiable information when you are reading the cards aloud.

We will read out loud what the cards say.

Read the cards aloud, omitting any identifiable information. Then discuss.



Get Feeling Thermometer levels.

What was it like to hear other individuals' triggers?

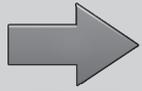
If participants do not bring it up on their own, note the commonalities among people's triggers.

Now we know what situations, places, people, and feelings trigger the group to engage in behaviors that place us at risk for HIV or STDs.

Knowing what your triggers are can help you plan ways to either avoid them, or to deal with them in a safer way.

Exercise 2:5: How to Set Your Own Limits (20 minutes)

To show how we can set our own limits, I need two people to role-play an unscripted scene.



CHOICE

Choose one of the following unscripted role-plays: Louisa and Karen OR José and Tim.

Role-play #1 - Louisa and Karen

Who will play Louisa and who will play Karen?

Select two volunteers (if you feel it's necessary, make volunteers aware that this role-play is unscripted).

Louisa, your goal is to find out whether your new partner is interested and willing to show concern for your safety as well as his own. You have not had sex with him yet.

You want to get some advice from your older friend Karen about what you should do.

Karen, tell us your goal.

Have the two players tell the group what their goals are. Louisa's goal is to find out what she should do with her new boyfriend. Karen's goal is to give Louisa good advice.

While you two do the role-play, the rest of us will watch.

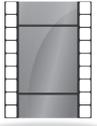
We will look for what emotions you are showing and how you handle the situation.

Select volunteer observers.

Observer 1, you watch the face of Louisa, and observer 2, watch the face of Karen to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Louisa, and observer 4, you do the same for Karen.

Observer 5, you watch the hands of Louisa, and observer 6, watch the hands of Karen. Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.

If necessary, assign other participants to coach the players in acting out the scene.



Ask players where their Feeling Thermometer levels are before he/she begins the role-play.

Observe role-play.

That was great!

Skip “role-play #2” and see processing questions for role-play listed on page 191.

OR

Role-play #2 - José and Tim

Who will play José and Tim?

Select two volunteers.

José you are 13 years old, and you have never had sex.

You found this boy you want to have sex with, but you aren't sure what is OK to do so that you don't get HIV or an STD.

Tim is 17 and thinks he knows his way around.

José, you ask Tim what he thinks you should do.

Tim, you tell José what he should do to be safe for his first sexual encounter.

José, what is your goal?

Have José indicate that his goal is to find out what sexual behavior is OK to do this first time.

Tim, what is your goal?

Have Tim indicate that his goal is to give José accurate information about what is safe sex on this first try at having sex.

While you two do the role-play, the rest of us will watch.

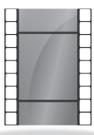
We will look for what emotions you are showing and how you handle the situation.

Select volunteer observers.

Observer 1, watch the face of Tim, and observer 2, watch the face of José to see what feelings they are expressing.

Observer 3, you listen for emotion in the voice of Tim, and observer 4, you do the same for José.

Observer 5, watch the hands of Tim, and observer 6, watch the hands of José. Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.

If necessary, assign other participants to coach the players in acting out the scene.



Ask players where their Feeling Thermometer levels are before he/she begins the role-play.

Observe role-play.

That was great!

FOR BOTH OPTIONS 1 and 2

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.***
- 2. Ask each player where he/she is on the Feeling Thermometer.***
- 3. Ask each player what he/she liked about what he/she did.***
- 4. Ask each player one thing he/she would have done differently.***
- 5. Watch the video (if the role-play was videotaped).***
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”***
- 7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”***
- 8. Thank participants for their feedback and ask them what they got out of this role-play. If youth have not yet expressed the main point, you may share it with them.***

Facilitator’s Note: Tell the group the “main point” of the role-play only if they have not come up with it on their own. The point of this role-play is to show youth that they need to figure out the behaviors and triggers that put them at risk so that they can learn how to manage them and stay safer.

Point out the activity for Session 3 in the activity book.

Between now and the next session, do the activity for Session 3.

Now go around and tell the person on your right something you liked that they said or did today. Let's go around and give some tokens to each other.



Encourage sharing of tokens.

Our next meeting will be held on _____ at _____.

Remember, one of our ground rules is to agree to come one more time. If you haven't scheduled your one-on-one session with me, please make sure to see me after today's session.

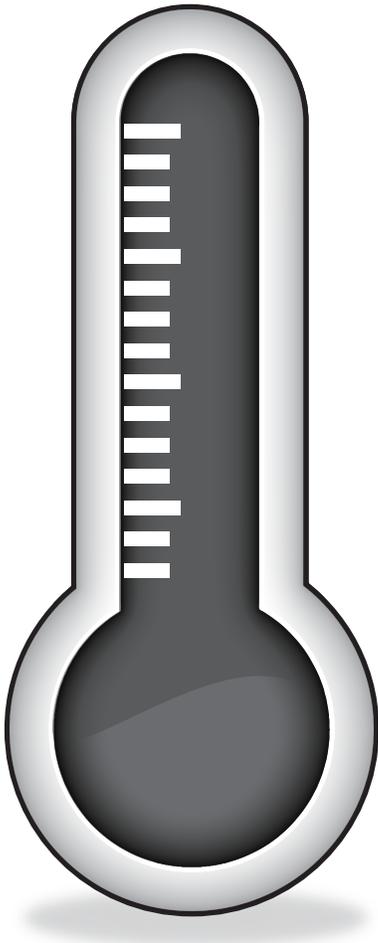
We hope to see you then!

END OF SESSION 2

Goals of Street Smart

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

Feeling Thermometer



Level

Triggers *(Situations, People, Places, Things)*

Very Uncomfortable
100

Uncomfortable
75

Mildly Uncomfortable
25

Very Comfortable
0

Janet and Lori (2-A)

Janet: He told me I was beautiful – that he wanted to make me his, and that he had to do it with me right then!

Lori: So did you?

Janet: Damn right! He told me I looked so fine he couldn't leave without doing it. He said he'd be in pain all night just thinking of me.

Lori: Did you use protection?

Janet: Oh please! I was high. He was high. We didn't even talk about it.

Lori: What? Are you crazy?

Janet: Okay, I thought for a second of stopping and going to the store, but he just kept saying "it's okay, don't worry, I'm clean..." He said he didn't want anything to come between us.

Lori: You're crazy...

THE END

People's Actions (2-B)

People make choices about what actions to take every minute of every day, even when they don't know they're making choices. People make choices for different reasons. Let's look at some of those reasons.

People will continue to behave in a certain way if:

1. They expect something good to come out of it.
2. Something that they want does come out of it.
3. Something good comes out of it often.
4. Anything negative that comes out of it happens a long time after the good part.

People will behave effectively in their best interests if:

1. They know what is in their best interest.
2. They have the necessary skills to behave effectively.
3. They have opportunities to learn skills in several different ways: observing, imitating, and practicing.
4. They believe that they can be effective and have effective tools.
5. They fit into the environment in which they live and the environment supports them.

Check Yourself Out Worksheet (2-C)

This checklist is completely confidential. It will help you determine whether your behavior puts you at risk. Be honest with yourself. Check every item that is true for YOU at the end of the list.

1. I have never had vaginal sex.
2. I have never had anal sex.
3. I have never given someone oral sex.
4. I have never put a sex toy that someone else has used into my anus or vagina.
5. I have never received oral sex.
6. I have had dry kisses.
7. I masturbate by myself.
8. I have mutually masturbated with only touching on the outside.
9. I have used sex toys covered with a condom or sterilized them first.
10. I have had sex between the thighs - not inside.
11. I have given and received hugs and massages.
12. My partner and I have used a latex condom every time we had vaginal or anal sex.

13. My partner and I have used a latex condom or another barrier every time we had oral sex.
14. My partner and I have both been tested for HIV and both tested negative. Neither of us has had any sex with other partners.
15. If either I or my sex partner has shared needles, we have always cleaned the works with bleach before use and never shared needles with another person.
16. I have sex without using a condom.
17. I have oral sex without using a latex condom or other barrier.
18. I have had sex without a latex condom with someone, whose sexual and/or drug history I didn't know.
19. I have had sex without a latex condom with someone who has had many other sex partners.
20. I have had sex without a latex condom with a man who has sex with another man.
21. I share needles for drug use.

* Modified from Teaching Safer Sex, Brick, et al., 1989.

Answer Worksheet (2-D)

Check every item that is true for you.

1. _____ 7. _____ 13. _____ 19. _____

2. _____ 8. _____ 14. _____ 20. _____

3. _____ 9. _____ 15. _____ 21. _____

4. _____ 10. _____ 16. _____

5. _____ 11. _____ 17. _____

6. _____ 12. _____ 18. _____

Three Most Uncomfortable Situations

Write the number of the item in the spaces below. 1 is the most uncomfortable situation.

1. _____

2. _____

3. _____

The Order of Sex Acts According to Safety* (2-E)

High Risk:

Anal sex without a condom
Vaginal sex without a condom

Between Moderate and Low Risk:

Anal sex with a condom
Vaginal sex with a condom
Oral sex without a condom or dental dam

Low Risk:

Oral sex with a condom or dental dam
Mutual masturbation with sex toys
Fingering

No Risk:

Abstinence
Back rubs
Body Rubbing
Fantasizing
Hugging
Kissing
Self masturbation
Showering with partner

*Pertaining to HIV transmission only

How to Use Condoms



Session 3

How to Use Condoms

3:1	Introductions	15 min
3:2	Getting the Feel of Condoms	15 min
3:3	The Steps in Putting on Male Condoms	10 min
3:4	The Steps in Putting on Female Condoms	15 min
3:5	Practicing Putting on Male and Female Condoms	30 min
3:6	Selecting Condoms	20 min

TOTAL TIME: **105 min (1 hour, 45 minutes)**

Session 3

How to Use Condoms

Objectives

By the end of the session, participants will be able to:

1. Describe the importance of consistent and correct condom use
2. Identify condoms that are appropriate for use
3. Demonstrate the correct procedure for using male and female condoms
4. Decrease their anxiety about condom use

Rationale

The main point of this session is to help participants understand that using condoms is important to their health and well-being, and to build their comfort and skills around using condoms.

Unless a person avoids vaginal, anal, and some forms of oral sex, there is no sure way to practice safer sex without using a condom. Research shows that current use of condoms is both variable and inconsistent.

Both male and female youth have to take responsibility for safer sex. According to the 2007 Youth Risk Behavior Survey, sixty-five percent of youth will have intercourse by age 19. However, forty percent of youth report not using a condom during their most recent intercourse.

In heterosexual relationships, the responsibility of practicing safer sex and birth control typically falls on the female partners (not the male partners). Therefore, it is important to help male youth become more responsible for practicing safer sex and birth control.

People usually are not taught how to use a condom correctly or how to protect themselves when engaging in oral sex. Youth often experience anxiety about condom use. Males frequently expect decreased pleasure and loss of erections. Females are concerned about condoms breaking and leaking. Consequently, attempts to reduce anxiety and to provide youth with skills in purchasing and selecting condoms is important.

This session focuses on increasing the participants' comfort around talking about and using condoms.

Procedures

1. Have participants introduce themselves and indicate what color they think is best for a condom. Check Feeling Thermometers. Also review successes in engaging in safer sex that occurred during the previous week.
2.
 - a. Give every participant condoms to play and do “crazy” things with in order to reduce discomfort.
 - b. Pass a lambskin condom around the group. Emphasize that lambskin condoms are NOT effective in preventing HIV transmission.
3. Have the group try to figure out the correct sequence of steps in putting on a male condom by using condom cards.
4.
 - a. Demonstrate the proper way to insert a female condom and discuss its potential benefits.
 - b. Have the group try to figure out the correct sequence of steps in putting on a female condom by using condom cards.
5.
 - a. Demonstrate how to put on a male condom.
 - b. Discuss lubricant use. If time allows, conduct an activity to demonstrate why oil-based lubricants should never be used with latex condoms.
 - c. Have participants practice putting a male condom on a penis model.
 - d. Have participants practice inserting the female condom into the female pelvic model.
 - e. Role-play teaching a peer to be more comfortable about using a female condom.
6. Have participants look at different condoms and evaluate them using an evaluation worksheet. Finish by sharing tokens of appreciation and checking Feeling Thermometer levels.

Pre-Session Preparation

- Prepare newsprint: “Ground Rules,” and “Goals of Street Smart.”
- Mark a box of lambskin condoms with a big “X” to indicate that they are not effective at preventing HIV transmission.
- Determine whether you will have participants practice putting male condoms on a penis model or on zucchini and/or bananas. Make sure to have a sufficient number of models or model substitutes for the amount of people in the group (one model for every two participants). Make sure you have practiced (and can effectively demonstrate!) how to put a condom on whichever model you have selected.
- Make sure you are familiar with the use of female condoms and can comfortably demonstrate how to insert a female condom into the pelvic model.

Materials

SUPPLIES:

- Newsprint and marking pens
- Pencils
- Lottery prize
- Tokens
- \$1 bills for those with condoms
- A wide variety of samples of male and female condoms (including some lambskin ones)
- Lambskin condom marked with an “X”
- Bananas, zucchini (if the group consist of younger adolescents), or male anatomy models
- Female anatomy models

POSTERS:

- Feeling Thermometer poster

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart newsprint

HANDOUTS:

- Male Condom Cards (3-A; see Materials CD)
- “Using a Male Condom” (3-B)
- Female Anatomy Handout (3-C)
- Female Condom Cards (3-D; see Materials CD)
- “Using a Female Condom” (3-E)
- “Benefits of Female Condoms” (3-F)
- Condom Rating sheets (3-G)
- Activity books

Exercise 3:1: Introductions (15 minutes)

Welcome to Street Smart!

As you may already know, we are trying to learn more skills on how to keep us from getting HIV, and we are working on how to lead the kind of life we want for ourselves.

For everyone who was on time today, you get a chance to win today's lottery.

Have the lottery drawing. Each participant draws from a box and 2-3 of them will win a prize (e.g., a food coupon).

Let's go around and introduce ourselves. Tell us your name and what color you think is best for condoms.

In other words, if you were buying condoms, what color condom would you find most appealing?

Just say, "I'm Bill, and I like blue condoms."

I'll start. I'm _____, and I like _____ condoms.

Have everyone give their name and say what color they think is best for condoms.

Very good.

Facilitator's Note: By Session 3, the introduction of tokens and the Feeling Thermometer should be a brief review and take no more than five minutes. If you have new members to the group, ask one of the youth to explain these tools to the new member.



Hand out Tokens of Appreciation to everyone.

These are tokens of appreciation.

We use them a lot to show group members how much we appreciate their contributions to the group, if we agree with them or if they say something we like or that makes us think.

So, if you appreciate someone else's comment or action, please give them a token.

You can say something to the other person when giving a token if you want to, but it's important to hand the token directly to the other person.

The idea is to show support for each other by distributing your pile of tokens by the end of the session.

Review last session's activity from the activity book. If someone is new and doesn't have an activity book, give him/her one.

For all of you, what did you do in the last week to keep safer from HIV and STDs?

We are interested in even the smallest thing that you did because we want you to stay healthy.

Your comments may also help someone else in the group.

Who would like to be the first person to tell us about a success you had in the last week in keeping safer?

Encourage discussion.

Great.



Hand out tokens to those who contribute.

Who has a condom?

Ask them to hold up their condoms.

Great.



Hand out a special prize (\$1) to the first person who raises their hand and shows they have a condom.



Put up “GOALS OF STREET SMART.” (Also see end of session.)

During these sessions, we will focus on the feelings and thoughts that lead to actions that are unsafe.

For example:

You are drunk and meet someone really hot who wants to have sex.
You don't want to be alone tonight and the attention feels good.
You go ahead and have unprotected sex.

The goals of Street Smart are to help you stay safer. We will give you the tools, information, and practice to help you keep yourself safe. Our goals are to help you:

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

We are committed to making sure that this is a safe place to share feelings and thoughts, try out new behaviors, give feedback to each other, and to work together.



Put up “FEELING THERMOMETER POSTER.” (Also see end of session.)

First, I want to know how comfortable you feel right now.

This is a Feeling Thermometer. It's a way that you can monitor and express your feelings.

You can see that being the most uncomfortable is 100 and being very comfortable is 0. Being at 100 isn't always "bad" though. You can be at 100 when you're extremely excited. It's more about how intense your feelings are. When your feelings are very intense, it causes discomfort. When you're feeling relaxed, there is little discomfort.



Have participants look at the poster of the Feeling Thermometer and have them indicate where they are on the thermometer.

Thank you.

It is quite natural for people to feel uncomfortable when they are trying something new.

It is important to stay in touch with how much comfort or discomfort you are feeling, and what those feelings mean.

Our role as facilitators is to help you learn how to stay safer.

That means we will present you with many opportunities to practice.

Over the course of these sessions, we will be talking about many different situations that can put people at risk for HIV, STDs, and unintended pregnancy.

We will be dealing with situations that put you at risk that you may have encountered, and some situations that you may have never encountered.

The idea is to incorporate many different experiences that can put you at risk, such as sex with persons of the opposite sex, sex with persons of the same sex, using and abusing drugs, exchanging sex for drugs or money, and many others.

We don't expect that everyone will have the same experiences. We are all here to learn and help to keep each other safer.

One thing we will do to make it a safe place is to have ground rules.



Put up "GROUND RULES" newsprint. (Also see end of session.)

From our last session, the ground rules for Street Smart are:

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance
6. Don't come high.

What other rules would you like to add?

Encourage sharing and give out tokens. Transition into the next exercise.

Exercise 3:2: Getting the Feel of Condoms (15 minutes)

Today's session is on how to use a condom.

Unless you use a condom every time you have vaginal, anal, or oral sex then you can't be 100% safe.

So the message is: you must use a condom every time you have sex to be safe.

That is why today's session is so important.

First, let's have a little fun with condoms.

Throw, dump, or pour 4 or 5 condoms onto each participant's lap or distribute in whatever way seems light, spontaneous, and surprising. Make sure that there are enough condoms for everyone, including a few female condoms for each person.

Now open them up and do whatever seems wild and fun to you.

Blow them up, stretch them, chew them, put them on your ear, cover your toe with one - do something fun and silly.



Model doing all kinds of nontraditional things with a few condoms. You want participants to be as playful as possible. Allow time for participants to have fun with the condoms. Make sure each participant has opened several and touched them in many ways. Give out tokens for crazy displays.

That's great!

Where are you on your Feeling Thermometers?



Encourage sharing feeling levels and kinds of feelings.

Pass around a lambskin condom to the group so that each youth has an opportunity to feel it. Remember to emphasize that lambskin condoms are NOT effective at preventing HIV transmission.

Lambskin condoms are not effective at preventing HIV transmission, because lambskin condoms have tiny holes that HIV can pass through.

Exercise 3:3: The Steps in Putting on Male Condoms (10 minutes)

Facilitator's Note: This activity is meant for the youth to do on their own. However, some youth may have trouble with this exercise and perceive it as difficult. If that occurs, feel free to coach them. Also, whenever possible during this entire session, have knowledgeable youth demonstrate condom use to others in the group.

I am going to give each person a card containing one of the steps in putting on a male condom.

I want you to form a line with the cards in the correct order.

So the person who has the first step is at the head of the line and the person with the last step is at the end.

What questions do you have?

Pass out the "MALE CONDOM CARDS" (3-A; see end of session). If there are more cards than people, take a card yourself and have participants tell you where to go. If there are still some leftover cards, place them in plain view. After the order has been determined, ask participants where the remaining cards should go. Once their placement has been decided, then some participants can hold two cards to form the correct order.

OK - let's put them in order!

Allow time for participants to form a line in the correct order. When the order of the cards is correct, write or post it on the newsprint. The correct order is:

- 1. Sexual arousal***
- 2. Erection***
- 3. Dab lubricant on penis or inside tip of condom***
- 4. Leave room at tip & squeeze air out***
- 5. Roll condom on***
- 6. Intercourse***
- 7. Ejaculation***
- 8. Hold onto the rim***

9. ***Withdraw the penis***
 10. ***Remove condom, wrap in tissue and dispose in trash***
 11. ***Loss of erection***
 12. ***Relaxation***
- (note: “partial loss of erection” can go anywhere to show that it can happen at any time during sex)***



Encourage the sharing of tokens.

Discuss.

In which of these steps can a partner be involved?

Discuss.

Some men will lose their erections during the middle of sex sometime in their life.

There is nothing wrong with them - it just happens.

So what could a couple do if the condom is on, sex hasn't happened, and the erection goes down?

Discuss possible answers, including stroking, heavy petting, and postponing sex until another time.

Tell me if there is anything unclear about the order of the steps.

Discuss.

Here are some tips on using a male condom that you can take with you.

Hand out “USING A MALE CONDOM” and go over it briefly. (3-B; see end of session.) When you make the first point about buying latex only, show them a lambskin condom with a big “X” marked on the package.

Exercise 3:4: The Steps in Putting on Female Condoms (15 minutes)

A female condom has several steps, too.

Since we want you to be really comfortable using both male and female condoms, we're going to practice putting on the female condom by using a plastic pelvic model.

The following exercise may be difficult because of the unfamiliarity of most males and females with the female anatomy. Using the female model will help the participants visualize and then become more comfortable with using a female condom. First, go over the model, pass it around, and give proper names to all of the parts. Be sure to turn it in several directions so that participants can see all the parts from different angles. Go slowly and be open and accepting of the questions that will come up.

Use the "FEMALE ANATOMY HANDOUT" diagram for further clarification. (3-C; see end of session)

Here is a model of a female showing her genital and reproductive areas. To many of us it is a lot more mysterious than a male's anatomy, because it is inside the body.

Using the female anatomy model, demonstrate how to insert a female condom.

The female condom increases the number of choices available to a woman and her partner around safer sex.

I will show you first how to use the female condom.

Who wants to help me by holding the model?

Thanks.

Who has seen a female condom before?

OK. Now watch closely while I go through the steps.

First, rub the outside of the pouch together from the bottom to the top to be sure that the lubricant is spread evenly inside the pouch.

Make sure that the inner ring is at the bottom, closed end of the pouch.

Hold the pouch with the open end hanging down. While holding the outside of the pouch, squeeze the sides of the inner ring with your thumb and middle finger.

Place your index finger between your thumb and your middle finger and keep squeezing the inner ring.

Still squeezing the condom spread the lips (labia) and insert the squeezed ring.

If it is too slippery to insert, let it go and start over.

Now push the inner ring and the pouch the rest of the way up into the vagina with your finger.

Check to make sure that the inner ring is up just past the pubic bone.

This step may be hard to do on the first or second try because of the lubricant.

Take your time and push it up to where you can feel the bone.

Make sure it is inserted straight (not twisted) into the vagina.

It is important that the outside ring lies against the outer lips.

About one inch of the open end will stay outside the body. It may look weird, but this is what keeps you and your partner safe during sex.

During sex, make sure the penis goes into the pouch of the condom, not to the side, underneath, or on top of the condom.

Now I am going to give each person a card containing one of the steps in putting on a female condom.

I want you to form a line with the correct order of steps.

So the person who has the first step in putting on the female condom is at the head of the line and the person who has the last step is at the end.

It's just like the male condom exercise.

Pass out the "FEMALE CONDOM CARDS" (3-D; see end of session). If there are more cards than people, take a card yourself and have participants tell you where to go. If there are still some leftover cards, place them in plain view. After the order has been determined, ask participants where the remaining cards should go. Once their placement has been decided, some participants can hold two cards to form the correct order.

OK - Let's put them in order!

Allow time for the participants to form the correct line. You may need to coach them on this, because it is not as familiar. The correct order is:

- 1. Rub the outside of the pouch together from the bottom to the top to evenly spread lubrication inside the pouch.***
- 2. Be sure the inner ring is at the bottom, closed end of the pouch.***
- 3. Hold the pouch with the open end hanging down.***
- 4. While holding the outside of the pouch, squeeze the sides of the inner ring together with your thumb and middle finger.***
- 5. Place your index finger between your thumb and middle finger and keep squeezing the inner ring.***
- 6. Still squeezing the condom, spread the lips (labia) and insert the squeezed ring.***
- 7. Now, push the inner ring and the pouch the rest of the way up into the vagina with your finger.***
- 8. Check to make sure that the inner ring is up just past the pubic bone. About one inch of the open end will stay outside the body.***
- 9. Before sex, make sure that the female condom is inserted straight (not twisted) into the vagina. The outside ring should lie against the outer lips. About one inch of the open end will stay outside the body.***
- 10. Intercourse and ejaculation.***
- 11. Pull the penis out gently.***
- 12. Remove female condom by squeezing and twisting the outer ring to keep semen inside the pouch.***
- 13. Throw into trashcan.***

That was great!



Encourage the sharing of tokens.

Everyone can sit down again now.

Give everyone a copy of the “Using a Female Condom” handout (3-E).

Here’s a list of the steps we just put in order.

We’ll talk more about the female condom in the next exercise.

Exercise 3:5: Practicing Putting on Male and Female Condoms (40 minutes)

Remember that the main point of this session is for you to be more comfortable. Everyone here needs to practice putting on a condom.

Facilitator’s Note: For younger participants, having them practice on a penis model may be too personal and create anxiety. Therefore, you may choose to have them practice on a banana or zucchini.

We’ll use a model to represent the penis.

Who will volunteer to help me so I can show you how to do it?

Select a volunteer to help you demonstrate putting a condom on the model or fruit/vegetable substitute. Make sure you have practiced putting a condom on a model before trying it in the session. Have the volunteer hold up the model. Talk your way through putting on a condom and taking it off.

Here is a latex condom in a package.

Hold it up.

The only condoms that can protect you from HIV are those made with latex or polyurethane.

DEMONSTRATE HOW TO PUT ON A MALE CONDOM (using script below).

First, I’m going to check the expiration date to make sure the condom is still good. Then, I am going to tear open the package carefully so that I don’t tear the condom.

Open the package. Unroll the condom slightly onto one or several fingers first.

Now I am going to unroll the condom slightly to see if I’m unrolling it in the right direction— if you do it correctly, it should look like a little sombrero hat.

Now I am going to turn the condom over and squeeze a small dab of lubricant inside the tip of the condom. You may not need to do this if the condom is already lubricated.

Lubrication helps when putting on the condom and it increases sensitivity for the penis.

By the way, if you have a foreskin or the guy you're putting it on has one, pull the skin back before putting on the condom.

If youth do not know what the foreskin is, explain that it is the sheath of very sensitive skin that covers the head of the penis, also called the glans. Many boys in this country do not have a foreskin because they are circumcised, which is the removal of the foreskin.

Squeeze on the lubricant. Be aware that some youth think that lubricants will feel “yucky” or be nasty to get on themselves. They may say, “Don’t touch me with that stuff!” Later you will do a role-play to deal with this perception.

Next I am going to unroll the condom farther, pinching to make some room at the tip.

Making a tip is important so that the condom doesn't break during ejaculation.

Some condoms already have a little extra tip built into them to provide space for the ejaculation.

Squeeze out any excess air because it helps prevent the condom from breaking.

Create the space at the tip and squeeze out any air.

Roll it all the way down.

Roll the condom all the way down.

Let's say that the man has ejaculated and the man wants to take off the condom.

Before taking off a condom, grasp it firmly at the base of the penis while withdrawing from your partner.

You don't want it to slip off while pulling out.

Next, the man should take it off while he's still hard.

If his penis loses the erection, it is easy for the condom to slip off and for semen to leak out. If the semen leaks out, you could be at increased risk for HIV or an STD. In addition, a female partner could get pregnant.

Hold the condom at the base.

Then you slip the condom off and throw it away. Don't flush it down the toilet, because it can clog your plumbing.

Slip the condom off and throw it away.

I want to go back to where I put the lubricant on.

Some people may be uncomfortable about touching a lubricant.

While you talk, take some and put in on your hands and then rub them together.

Actually, it feels like a hand cream or like something you could use to massage someone.

Who wants to try it as a hand cream or to massage their arm with it?

Facilitator's Note: This is a good opportunity to address any misconceptions about lubricant. Make sure you emphasize for youth that only water-based lubricant should be used for male condoms.

Give some lubricant to anyone who will try it. Check responses.

Now tell us how that feels.



Hand out tokens.



CHOICE

If time allows, conduct the following activity to demonstrate how oil-based lubricants break down latex.

Ask for a volunteer to assist the co-facilitator. Ask the volunteer to blow up a latex condom as much as possible then tie off the end so it is like a balloon. Ask the volunteer to hold the condom balloon up, making sure it is pointing away from his or her face. Show participants a spray can of WD-40 – an oil-based lubricant used for oiling hinges, etc. and explain that it contains the same oil one might find in any oil-based lubricant - be it Vaseline, cooking oil, or a product purchased from a pharmacy. Explain that oil breaks down latex and that this is why it should never be used in conjunction with latex condoms. Then spray the condom with the WD-40 which will cause the condom to break and pop.

Now it is everyone's turn to practice putting on a condom.

Assign partners (people sitting next to each other). If not enough male anatomy models are available, have participants try putting the condom on a zucchini or banana instead.

First, one person will put the condom on the model and then you'll reverse it.

We want both partners to try putting on the male condom.

Begin by attempting to put the condom on the model correctly, following the steps we discussed earlier.

Stop after the first person has put on the condom.

Allow time for one partner to have a chance to put on a condom.

Now we want to give the other partner a chance to practice putting on a male condom, but this time we will make it a little more realistic.

I am going to turn the lights off, and see if you can put the condom on the model in the dark.

Turn the lights off making sure it is fairly dark. Make sure youth are not holding the models between their legs. Have the second partner put the condom on.



Encourage the sharing of tokens.

Everyone did a great job.

How did you feel about putting on a condom under these conditions? Do you think having the lights off makes it harder to put a condom on correctly?



Where are you on the Feeling Thermometer?

OK. Now I want everyone to try inserting the female condom into the model.

DEMONSTRATE HOW TO PUT ON A FEMALE CONDOM.

Pass out copies of “Using a Female Condom” (3-E). Have participants go around reading each instruction one by one. As participants read the instructions, perform the action for the group to see. When you are finished, provide pelvic models to participants and have them take turns inserting the female condom. Have extra lubricant available.

Discuss the benefits of the female condom using “Benefits of Female Condoms” (3-F; see end of session).

Here is a handout with some of the benefits of female condoms.

Briefly go over some of the highlights of this handout with the group or tell the youth to take a minute or so to look over it and ask if anyone has any questions or comments.

You all did a great job! How are you feeling about female condoms after our practice session?

Encourage sharing of feelings and reactions.

I appreciate the way you practiced with the condoms.



Now we are going to do a role-play using a female condom. There is no script for this role-play.

Who will play Barbara and who will play Martha?

Select two volunteers. Assign one the role of Barbara and the other Martha.

Barbara, touching a female condom seems “yucky” to you, although you have never tried one.

Martha, try to convince Barbara that using female condoms is a good way to go.

Martha, take a few moments and see if you can help Barbara feel more comfortable about touching the female condom.

While you two role-play the scene, the rest of us will observe.

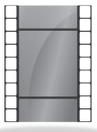
We will look for what emotions you are showing and how you handle using a lubricant.

Select volunteers and assign tasks.

Observer 1, watch the face of Martha, and observer 2, watch the face of Barbara to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Martha, and observer 4, you do the same for Barbara.

Observer 5, watch the hands of Martha, and observer 6, watch the hands of Barbara. Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.



Ask players where their Feeling Thermometer levels are before they begin the role-play.

OK, now let's do the role-play.

Let the role-play go on for a few minutes, then stop it.

That was great!

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.**
- 2. Ask each player where he/she is on the Feeling Thermometer.**
- 3. Ask each player what he/she liked about what he/she did.**
- 4. Ask each player one thing he/she would have done differently.**
- 5. Watch the video (if the role-play was videotaped).**
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: "Observers, what feedback can we give our players?"**
- 7. Ask observers:**
 - "What did you like about what they did?"**
 - "What one thing would you have done differently?"**
 - "Where was Barbara's Feeling Thermometer when she initially thought about using a female condom?"**
 - "What were her thoughts about using the female condom?"**

“What did she need to hear or know to help her feel more comfortable about using the female condom?”

“What do you think is important to get out of this role-play?”

- 8. *Thank participants for their feedback. The main point of this exercise is for youth to increase their comfort and familiarity with the female condom and its benefits. In this case youth do not need to explicitly state or be told the main point because it is experiential.***

Exercise 3:6: Selecting Condoms (20 minutes)

We need to take some time to talk about selecting condoms because there are many different kinds.

First, the basic rule is to always buy latex or polyurethane condoms because HIV cannot get through them. Some people are allergic to latex, which can cause a rash, making the person more vulnerable to contracting HIV or STDs. These people can use polyurethane condoms instead.

You need to find the style of condoms that pleases you and your partner most.

Some condoms have a little tip to hold the semen and some do not.

With the tip you don't have to worry about making a little space.

Some condoms are already lubricated.

The lubricant makes inserting the penis easier, but some people don't like how it feels.

On some condoms the sheath is smooth, but others may be textured. Some people find that this texture - like ribbing or studding - increases sensitivity and stimulation.

If your condom didn't have a little tip on the end of it and you were worried about not having room for the semen, would it be a good idea to punch a little hole at the end of a condom?

Encourage ideas that will show misconceptions and myths.

What makes a condom effective, and what makes a condom not effective?

Encourage ideas that will show misconceptions and myths.

A condom that is not effective is one that is used, has a hole, is too small or too big, is too old, has been exposed to heat or damage from being improperly stored (like being carried around in your wallet or glove compartment for a couple months), or is made of lambskin.

Demonstrate by holding up a condom unrolled and out of the package to show a used one; blow air in one to see if it has a hole; and show a lambskin one marked “X.”

I am going to put a variety of different types on the table.

Each person should take one, open it, and then evaluate it according to the “Condom Rating Sheet.”

Hand out the “CONDOM RATING SHEET” (3-G; see end of session) and go over it.

Start your condom evaluation!

Allow five minutes for the participants to evaluate the condom. Then have them report on their evaluations.

Who'll start first and tell us what they thought?

Go around and have each member report.

That was very good.

Take the condoms that are left and familiarize yourself with them between now and the next session.

Where are you on your Feeling Thermometers?



Encourage sharing and discuss.

You all have done a great job today!

Point out the activity for Session 4 in the activity book.

Between now and the next session, do the activity for Session 4.

Now go around and tell the person on your right something you liked that they said or did today. Let's go around and give some tokens to each other.



Encourage sharing of tokens.

Our next meeting will be held on _____ at _____.

Remember, one of our ground rules is to agree to come one more time. If you haven't scheduled your one-on-one session with me, please make sure to see me after today's session.

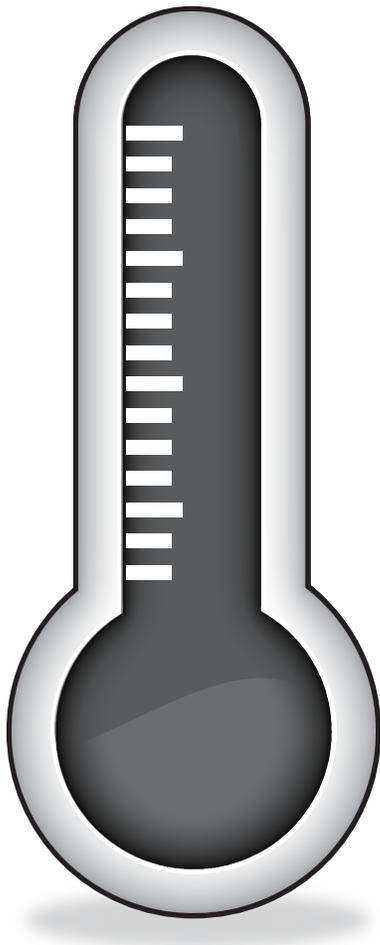
We hope to see you then!

END OF SESSION 3

Goals of Street Smart

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

Feeling Thermometer



Level

Triggers *(Situations, People, Places, Things)*

Very Uncomfortable
100

Uncomfortable
75

Mildly Uncomfortable
25

Very Comfortable
0

Using a Male Condom (3-B)

Putting on a condom

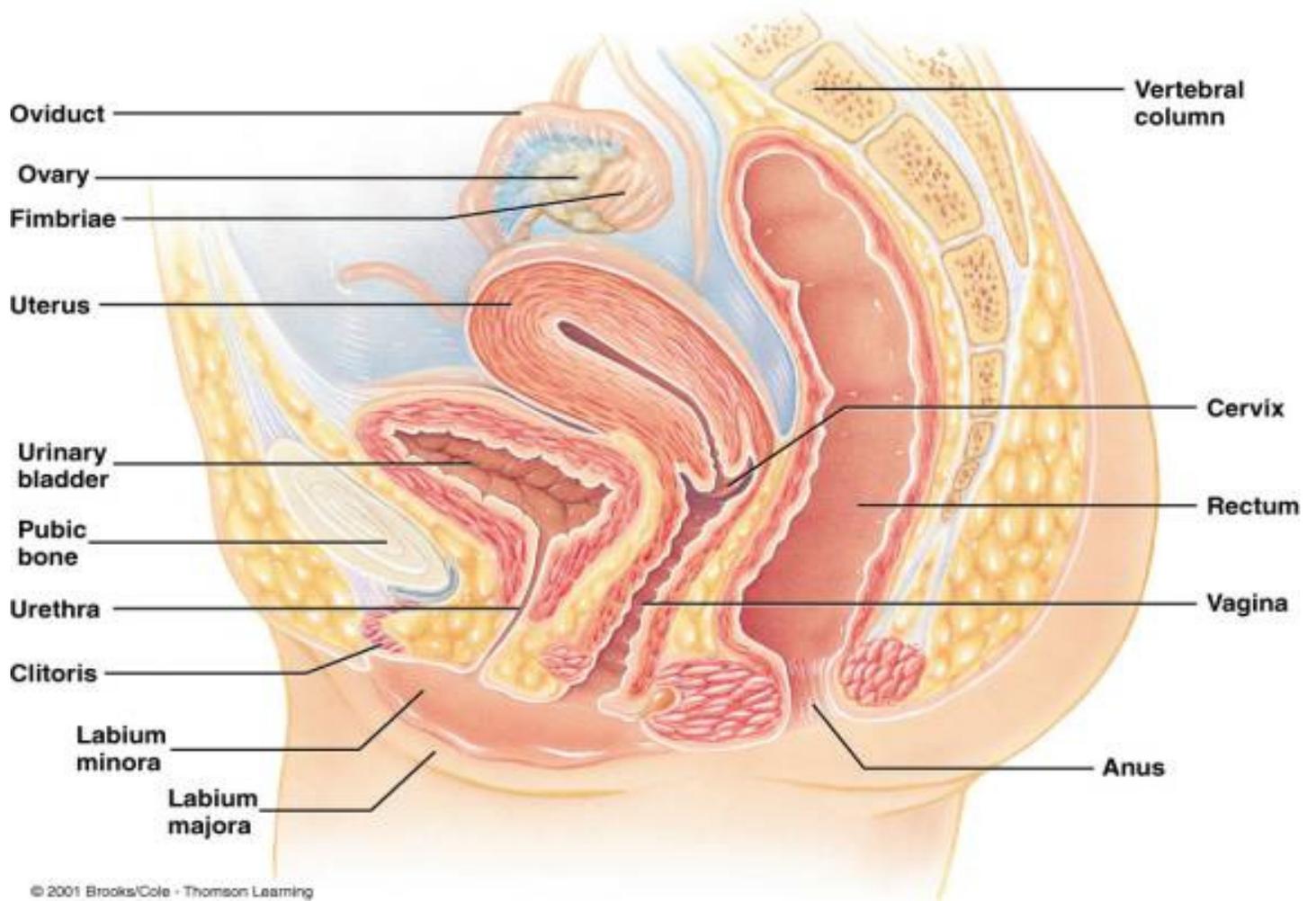
(Buy latex or polyurethane only because lambskin lets HIV through)

1. Open the package carefully.
2. Put a drop of water-based lubricant inside the tip of the condom.
3. Roll down 1/2 inch of condom.
4. Put the condom against the head of the hard penis.
(If the penis is uncircumcised, pull back the foreskin first.)
5. Squeeze any air out of the tip of the condom.
6. Roll the condom all the way down to the base of the penis.
7. Gently smooth out any extra air.

Taking off a condom

1. Pull out gently while the penis is still hard.
2. Hold the condom at the base of the penis while pulling out, so the condom doesn't leak or fall off.
3. Starting at the base, roll the condom off carefully, so the ejaculate doesn't spill out.
4. Throw the condom away. (Never use a condom twice.)

Female Anatomy Handout (3-C)



Using a Female Condom (3-E)

Putting in a female condom

1. Rub the outside of the pouch together from the bottom to the top to evenly spread lubricant inside the pouch.
2. Locate notch in upper right hand corner and tear open packet.
3. Find a comfortable position—like standing with one foot on a chair, sitting with knees apart or squatting down.
4. Be sure the inner ring is at the bottom, closed end of the pouch.
5. Hold the pouch with the open end hanging down.
6. While holding the outside of the pouch, squeeze the sides of the inner ring together with your thumb and middle finger.
7. Place your index finger between your thumb and middle finger and keep squeezing the inner ring.
8. Still squeezing the condom spread the lips (labia) and insert the squeezed ring.
9. Now push the inner ring and the pouch the rest of the way up into the vagina with your finger.
10. Check to make sure that the inner ring is up just past the pubic bone.
11. Before sex, make sure that the female condom is inserted straight (not twisted) into the vagina. The outside ring should lie against the outer lips. About one inch of the open end will stay outside the body.
12. Use your hand to guide the penis into the pouch.

13. Intercourse. You may notice that the female condom moves around during sex. Side-to-side movement of the outer ring is normal. If you find that the female condom is riding on the penis or slipping up into the vagina, you can add lubricant to the penis or to the inside of the pouch.

Removing the female condom

1. Remove female condom by squeezing and twisting the outer ring to keep semen inside the pouch.
2. Pull out gently.
3. Throw into trash can. Do not flush or reuse.

Benefits of Female Condoms (3-F)

Female condoms:

- Let women share responsibility for safer sex;
- Are made of polyurethane, so they can be used by people who are allergic to latex;
- Can be used with oil-based as well as water-based lubricants;
- May enhance sexual pleasure by stimulating the clitoris with the condom's outer ring;
- Stay in place whether or not a man maintains his erection;
- Provide more genital barrier protection than a male condom, reducing the potential for skin-to-skin transmission of STDs like herpes or Chlamydia;
- Can be inserted up to 8 hours before sex, reducing interruptions during “the moment;” and
- Are thin and transmit heat well, reducing the chance that they will interfere with sexual pleasure.

Condom Rating Sheet (3-G)

Name of Condom Brand _____

Directions: Put a check next to all descriptions that apply to the condom named above.

A. Condom Package (Box) is:

- | | |
|--------------------------|-----------------------------|
| 1. eye-catching _____ | 2. embarrassing _____ |
| 3. non-threatening _____ | 4. appealing to teens _____ |
| 5. male-oriented _____ | 6. female-oriented _____ |
| 7. other _____ | |

B. Wrapping of Individual Condoms:

- | | |
|-----------------------|----------------------------|
| 1. plastic wrap _____ | 2. paper wrap _____ |
| 3. foil capsule _____ | 4. capsule _____ |
| 5. easy to open _____ | 6. difficult to open _____ |
| 7. other _____ | |

C. Features of Condom

- | | |
|------------------------|-------------------------|
| 1. lubricated _____ | 2. non-lubricated _____ |
| 3. spermicide _____ | 4. contoured _____ |
| 5. textured _____ | 6. colored _____ |
| 7. reservoir tip _____ | 8. extra thin _____ |
| 9. flavored _____ | 10. latex _____ |
| 11. polyurethane _____ | 12. other _____ |

D. Overall Rating of Condom

5 4 3 2 1

Great!

So-so

Terrible

E. Other comments about this condom:

Drugs and Alcohol



Session 4

Drugs and Alcohol

4:1	Introductions	15 min
4:2	How Do Drugs and Alcohol Affect Practicing Safer Sex?	10 min
4:3	What Do I Believe About Using Drugs and Alcohol?	20 min
4:4	What Are the Pros and Cons of Substance Use?	20 min
4:5	How Do Drugs and Alcohol Affect Me Personally?	20 min
4:6	How Does Substance Use Work?	10 min
4:7	How to Get Back in Control Again	30 min
4:8	Dealing with Risky Situations	15 min

TOTAL TIME: 140 minutes (2 hours, 20 minutes)

Session 4

Drugs and Alcohol

Objectives

1. Describe the relationship between substance use and HIV
2. Assess the extent to which substance use impairs judgment and disinhibits sexual controls
3. Identify triggers for substance use
4. Identify strategies for coping with cravings related to drugs and alcohol

Rationale

Use of injection heroin or cocaine occurs with some frequency in youth, particularly in certain subpopulations such as among homeless youth. Because needle sharing can lead to HIV, efforts to control drug use and needle sharing are required in order to reduce risk. Furthermore, alcohol and other substance use is widespread among youth. Substance abuse in general often results in impaired judgment, disinhibition of sexual restraint, and unsafe sexual behavior. (See the CDC's YRBS for the most recent estimates on youth substance abuse and sexual behavior trends.)

Two potent factors have been identified as contributing to youth substance abuse: negative emotional states and peer pressure. Negative emotional states often are triggers for use of alcohol and drugs. Peer pressure to indulge in drugs and alcohol is intense and common among youth. In this session the focus is on negative emotional triggers, while in the following session peer pressure is discussed. Weakened sexual inhibitions and depression are the two conditions that will be covered, because both are linked to unsafe sexual behavior and HIV infection.

The model adopted here is a neurobiological one that combines the effects of substance use on the central nervous system (over which the user has no control) with cognitive-behavioral approaches that the user can employ to disrupt the sequence that leads to use. That sequence consists of triggers – thoughts – cravings – use. The focus is then on what is controllable, recognizing that the chemically addictive aspects of substance use located in the central nervous system generally are not open to modification. The model is presented here in order to help potential users understand that what they must control are the triggers that stimulate drug thoughts and beliefs. Once the thoughts and beliefs are activated, stopping the movement toward cravings and use is extremely difficult.

The main point of this session is for the participants to be able to identify how drugs and alcohol affect their thinking, choices and behaviors.

Procedures

1. Have participants introduce themselves by telling their names and the weirdest tasting drink they ever had. Check successes since last session, pass out tokens, and have participants share Feeling Thermometer levels.
2. Use role-playing to introduce the connection between drug and alcohol use and practicing safer sex.
3. Identify beliefs about substance use by refuting messages on Substance Use Cards (Exercise 4:3) or developing a list of the advantages and disadvantages of substance use (Exercise 4:4).
4. Use role-playing to help participants determine how drug and alcohol use affects their practice of safer sex.
5. Present information about how substance use affects the brain.
6. Have participants identify personal triggers, and present ways of dealing with triggers and urges to use substances.
7. Use role-playing to help participants identify and deal with risky situations.
8. End the session through appreciation of participation.

Pre-Session Preparation

- Decide whether you will implement Exercise 4:3 or 4:4. If you select 4:3, decide whether you will facilitate the activity as a group or in pairs. If you select 4:4, prepare the Pros and Cons of Using chart ahead of time so it can be easily filled in during the exercise.
- Decide whether you will use the Ronald & Mindy role-play to facilitate Exercise 4:8.
- Prepare newsprint: “Ground Rules,” “Goals of Street Smart,” “The Pros and Cons of Using,” and “‘HALT’—Hungry, Angry, Lonely, Tired.”

Materials

SUPPLIES:

- Newsprint and marking pens
- Lottery prize
- Tokens
- Name-tags
- Activity books
- \$1 bills for those with condoms
- Rubber bands
- HALT signs

POSTERS:

- Feeling Thermometer poster
- Triggers poster
- HALT (Hungry, Angry, Lonely, Tired)

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart newsprint
- The Pros and Cons of Using
- “HALT”—Hungry, Angry, Lonely, Tired

HANDOUTS:

- Sophia and Richard script (4-A)
- Substance Use Belief Cards (4-B; see Materials CD)
- Sharon and Monica script (4-C)
- Carl and Jerry script (4-D)
- Do Drugs and Alcohol Encourage Me to Take Risks? Self-Assessment (4-E)
- Triggers Questionnaire (4-F)

Exercise 4:1: Introductions (15 minutes)

Welcome! It's good to see you in "Street Smart."

As you may already know, we are trying to learn more skills on how to keep ourselves from getting HIV, and how to lead the kind of life that we want for ourselves.

For everyone who was on time today, you get a chance to win today's lottery.

Have the lottery drawing. Each participant draws from a box and 2-3 of them will win a prize (e.g., a food coupon).

Let's go around and introduce ourselves. Tell us your name and the weirdest alcoholic or non-alcoholic drink - wine, beer, alcohol, soda, etc. - that you've ever tasted. Also tell us how you felt afterwards or the next day.

Just keep it short.

Just say, "I'm Rachel and the weirdest drink I've ever had was Schnapps, and I felt nauseous after I had that drink."

I'll start. I'm _____ and the weirdest drink I've ever had was _____, and I felt _____ after I had that drink.

Have everyone give their name and the weirdest drink they've ever had, and how they felt after having that drink.

Very good.



Hand out Tokens of Appreciation to everyone.

These are Tokens of Appreciation.

We use them a lot to show group members how much we appreciate their contributions to the group, if we agree with them or if they say something we like or that makes us think.

So, if you appreciate someone else's comment or action, please give them a token.

You can say something to the other person when giving a token if you want to, but it's important to hand the token directly to the other person.

The idea is to show support for each other by distributing your pile of tokens by the end of the session.

Review last session's activity from the activity book. If someone is new and doesn't have an activity book, give him/her one.

For all of you, what did you do in the last week to keep safer from HIV and STDs?

We are interested in even the smallest thing that you did because we want you to stay healthy.

Your comments may also help someone else in the group.

Who would like to be the first person to tell us about a success you had in the last week (or since the last session) in keeping safer?

Encourage discussion.

Great.



Hand out tokens to those who contribute.

Who has a condom?

Ask them to hold up their condoms.

Great.



Hand out a special prize (\$1) to the first person who raises his/her hand and shows he/she has a condom.



Put up “GOALS OF STREET SMART.” (Also see end of session.)

During these sessions, we will focus on the feelings and thoughts that lead to actions that are unsafe.

For example:

You are drunk and meet someone really hot who wants to have sex.
You don't want to be alone tonight and the attention feels good.
You go ahead and have unprotected sex.

The goals of Street Smart are to help you stay safer. We will give you the tools, information, and practice to help you keep yourself safe. Our goals are to help you:

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

We are committed to making sure that this is a safe place to share feelings and thoughts, try out new behaviors, give feedback to each other, and to work together.



Put up “FEELING THERMOMETER POSTER.” (Also see end of session.)

Here is a Feeling Thermometer.

You can see that being the most uncomfortable is 100 and being very comfortable is 0. Being at 100 isn't always "bad" though. You can be at 100 when you're extremely excited. It's more about how intense your feelings are. When your feelings are very intense, it causes discomfort. When you're feeling relaxed, there is little discomfort.

What is your temperature on the Feeling Thermometer right now?



Have participants look at the poster of the Feeling Thermometer and have them indicate where they are on the thermometer.

Thank you.

It is quite natural for people to feel uncomfortable when they try something for the first time.

It is important to stay in touch with how much comfort or discomfort you are feeling, and what those feelings mean.

Our role as facilitators is to help you learn how to stay safer.

That means we will present you with many opportunities to practice.

Over the course of these sessions, we will be talking about many different situations that can put people at risk for HIV, STDs, and unintended pregnancy.

We will be dealing with situations that put you at risk that you may have encountered, and some situations that you may have never encountered.

The idea is to incorporate many different experiences that can put you at risk, such as having unprotected sex, using and abusing drugs, exchanging sex for drugs or money, and many others.

We don't expect that everyone will have the same experiences. We are all here to learn and help to keep each other safer.

One thing we will do to make it a safe place is to have ground rules.



Put up “GROUND RULES” newsprint. (Also see end of session.)

From our last session, the ground rules for Street Smart are:

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come “one more time.” If you think you want to quit, give it a second chance.
6. Don't come high.

What other rules would you like to add?



Encourage sharing and give out tokens. Transition into the next exercise.

Exercise 4:2: How Do Drugs and Alcohol Affect Your Ability to Practice Safer Sex?

(10 minutes)

In this session we are going to talk about how drugs and alcohol affect our ability to practice safer sex so that we reduce our risks of HIV from situations related to either one.

With injection drugs it is probably obvious. Many people probably know you can get HIV from sharing a needle when injecting yourself with drugs.

But did you know that you can get HIV from using alcohol or other non-injection drugs? Could someone please tell us how that is possible?

Wait for and confirm response.

Alcohol and other drugs affect your mind and ability to make informed choices.

Your ability to make healthy and smart decisions decreases significantly when you are high or drunk.

Alcohol and other drugs take away some fears, so you might take a risk that you wouldn't take if you were sober.

That's why we are going to see if we can learn to make smarter decisions about how to deal with drugs and alcohol.

Let's do a role-play.

We need two volunteers.

Select volunteers and have them read the script (4-A). Have the volunteers decide who will be Richard and who will be Sophia. This may be a good opportunity for a male to portray a female. Have them ham it up, and encourage them to have fun. Remind participants that they shouldn't touch in this role-play. (Also see end of session.)

While you two do the role-play the rest of us will observe.

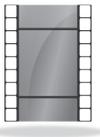
We will look for what emotions you are showing and how you handle the situation.

Facilitator's Note: Do not specify the gender of the volunteers you need. Allow and encourage boys to portray girls and vice versa. Select volunteers and assign roles.

Observer 1, watch the face of Sophia, and observer 2, watch the face of Richard to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Sophia, and observer 4, you do the same for Richard.

Observer 5, watch the hands of Sophia, and observer 6, watch the hands of Richard. Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.



Ask players where their Feeling Thermometer levels are before they begin the role-play.

OK, now let's do the role-play.



Sophia and Richard

Sophia: Oh, Richard, I'm so high...

Richard: I like you this way.

Sophia: Me too. Do you want to see my tattoo?

Richard: Here. Let me take off your blouse. (Don't actually do it.)

Sophia: So what do you think?

Richard: And I thought you were an uptight virgin...guess not!

Sophia: Oh, your hands are cold!

THE END

Great job!

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.***
- 2. Ask each player where he/she is on the Feeling Thermometer.***
- 3. Ask each player what he/she liked about what he/she did.***
- 4. Ask each player one thing he/she would have done differently.***
- 5. Watch the video (if the role-play was videotaped).***
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: "Observers, what feedback can we give our players?"***
- 7. Ask observers: "What did you like about what they did? What one thing would you have done differently?"***

8. Use the following questions to guide a discussion:

- ***Do you think there were changes in Sophia’s behavior from what she is normally like?***
- ***Do you think Sophia would have acted this way if she hadn’t been high?***
- ***What do you think Richard meant when he said, “I like you this way?”***
- ***Do you think that Sophia behaves differently when she’s sober than when she’s high?***
- ***What do you think is important to get out of this role-play?***

9. Thank participants for their feedback. If youth have not yet expressed the main point, you may share it with them.

Facilitator’s Note: Tell the group the “main point” of the role-play only if they have not come up with it on their own. The point of this role-play is to help youth understand that drugs and alcohol can have a powerful influence on your thinking and the choices you make.

Discuss the scene, pointing out how getting high was related to Sophia losing her control over how far she would go sexually.



CHOICE

Choose Between Exercises 4:3 and 4:4

Exercise 4:3: What do I Believe about Using Drugs and Alcohol? (20 minutes)

What you believe about drugs and alcohol can push you toward addiction, keep an addiction going, or help keep you away from drugs and alcohol.

I am going to give each of you a card with a substance use belief on it.

Pretend that someone close to you told you this is what they believed.

Tell us what the card says.

Then I want you to argue against the belief.

I will demonstrate.

You can either have a card prepared and ready to use as an example or you can have someone pick a card from the stack and give it to you.

Will someone pick a card from the stack and give it to me?

Read the card out loud and come up with an argument against it as an example.

When the person is finished saying their argument, others can offer suggestions too.

Tell me if there is anything unclear about this exercise.

Clarify any confusion over the instructions.

Here we go.

Pass out the cards one at a time. (4-B; see end of session.)



CHOICE

Have each participant come up with an argument against the belief soliciting help from other participants if necessary. Or do the exercise in pairs, with facilitators checking in on each pair. Make sure each pair has two cards.

Thank you for those good answers.



Encourage the sharing of tokens.

Name some other beliefs that weren't mentioned that you think are typical of people using drugs or alcohol.

Obtain new ideas.

How would you argue against those beliefs?

Encourage responses and discuss.

Exercise 4:4: What are the Pros and Cons of Substance Use? (20 minutes)

I want the group to think about the pros and cons of taking drugs.

We will use this chart.



Put the following chart on newsprint. (See next page.) Use two sheets if necessary.

Here is a copy of the chart on which you can make notes. Later, you can fill out your own version.

Give out a chart and pencil to each person so that they can take notes. Keep participants engaged by asking one or two volunteers to record the answers on newsprint, if appropriate.

Let's start with "Using."

What are the pros of "Using?"

What are the cons of "Using?"

Encourage responses. Share tokens.

Record the ideas.

Coach the group in filling out the chart.

Now let's look at "Not Using."

What are the pros of "Not Using?"

What are the cons of "Not Using?"

Encourage responses. Share tokens.

Record the ideas.

Coach the group in filling out the chart.

An example of a chart follows:

The Pros and Cons of Using

Using	Pros	Cons
	<ul style="list-style-type: none"> Feel great Less shy More confident More sex Relaxed More friends Fit in with crowd Fun Takes mind off things Lose weight 	<ul style="list-style-type: none"> Body takes a beating Big debt Relationships suffer Can't have sex Can't remember No self-esteem O.D. Infections Ashamed Could get fired Loss of control Stop eating Sleep all day Shakes
Not Using	Pros	Cons
	<ul style="list-style-type: none"> Keep your sanity Get along better with partner Save money Feel better Think clearly Less jealous No hangovers No withdrawal Sleep better Self-respect 	<ul style="list-style-type: none"> I'll be lonely Can't fall asleep Will still be too shy Losing friends Have to face things No fun Bars won't be fun Nervous I'll withdraw Be called a wimp

Each person has to figure out her or his own pros and cons of using and not using.

What do you think of our list of pros and cons?

Tell me if there are any important things missing.

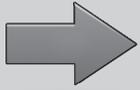
Encourage ideas and discussion.



Give out tokens and encourage participants to do the same.

Exercise 4:5: How do Drugs and Alcohol Affect Me Personally? (20 minutes)

Now. I want to do a couple of role-plays to help you think about how drugs and alcohol affect you personally.



CHOICE

If time permits do both role-plays – if not, do only the first role-play and go to handout “DO DRUGS AND ALCOHOL MAKE ME TAKE RISKS?” (4-E)

I need two volunteers.

Select volunteers and give them their scripts (4-C).

Sharon and Monica are friends, and Sharon asks Monica for help.

Monica, your goal is to help Sharon find out if drugs and alcohol are what may be behind her getting involved in unsafe sex.

I'll give you just a bit of script to start you off.

Then you keep going with the role-play on your own.

While you two role-play the scene, the rest of us will observe.

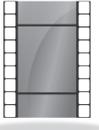
We will look for what emotions you are showing and whether drugs and alcohol make Sharon take risks.

Select volunteer observers and assign roles.

Observer 1, watch the face of Sharon, and observer 2, watch the face of Monica to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Sharon and observer 4, you do the same for Monica.

Observer 5, watch the hands of Sharon, and observer 6, watch the hands of Monica. Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.



Ask players where their Feeling Thermometer levels are before they begin the role-play.

OK, now let's do the role-play. The script gets you started, but where it says “Make it Up” in capital letters, you continue the scene on your own.

The rest of us will observe and try to figure out what we would do in this situation.



Sharon and Monica

Sharon: I am upset.

Monica: How come?

Sharon: I hate to tell you. I had sex with this guy last night, and I really didn't want to. He's about twenty-five. Smooth - but too slick for me. He deals drugs and the whole scene. I think he's got lots of women.

Monica: Great choice. I am assuming that it wasn't with a condom.

Sharon: I don't think so.

Monica: Girl! What do you mean, "I don't think so?" Weren't you there?

Sharon: I think I had too much to drink.

Monica: This isn't the first time.

Sharon: No, and it makes me sick. All these guys I don't really like, doing it with me. No condoms - nothing. But you know me. I can't live without love. Do you think I should cut down on the drinking?

Monica: It sure couldn't hurt.

Sharon: I don't think it really bothers me that much.

Monica: Why not find out?

If the players have trouble making up their own lines, assign a participant to act as a coach for each player.

That was great!

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.**
- 2. Ask each player where he/she is on the Feeling Thermometer.**
- 3. Ask each player what he/she liked about what he/she did.**
- 4. Ask each player one thing he/she would have done differently.**
- 5. Watch the video (if the role-play was videotaped).**
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”**
- 7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”**
- 8. Use the following questions to guide a discussion:**
 - Do you think that Sharon behaves differently when she’s sober than when she’s high?**
 - Do you think Sharon is happy with her behavior?**
 - What do you think is important to get out of this role-play?**
- 9. Thank participants for their feedback. If youth have not yet expressed the main point, you may share it with them.**

Facilitator’s Note: Tell the group the “main point” of the role-play only if they have not come up with it on their own. The point of this role-play is to demonstrate that drugs and alcohol have a powerful influence on your thinking and the choices that you make.

Discuss.

Sharon is pretty sure she did not use a condom with a guy who she knows at least deals drugs. Also, if he is not using drugs now, he may have used them in the past.

And, if Sharon is not using another method of birth control, there is a chance she could have become pregnant.

Emergency birth control is available, which must be taken during the 72-hour period after unprotected sex.

Emergency measures also can be taken to protect her from HIV. If Sharon thinks she has been exposed, a doctor can prescribe medications, but Sharon will have to begin treatment within 72 hours after unprotected sex and then continue to take the drugs for another 28 days. Even with the medication, she should get an HIV test six months later to make sure she's HIV negative and free from other STDs.

Okay, let's do another role-play. This time who will play Carl and who will play Jerry?



Select volunteers and pass out script. (4-D; see end of session.)

Carl and Jerry are friends.

Jerry is concerned that Carl is taking some big risks and wants to show him how crystal meth may be affecting his ability to make smart decisions.

I'll give you just a bit of script to start you off.

Then you keep going with the role-play on your own.

While you two do the role-play the rest of us will observe.

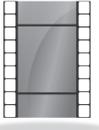
We will look for the emotions you are showing and how you handle the situation.

Select volunteer observers and assign tasks.

Observer 1, watch the face of Carl and observer 2, watch the face of Jerry to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Carl, and observer 4, you do the same for Jerry.

Observer 5, watch the hands of Carl, and observer 6, watch the hands of Jerry. Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.



Ask players where their Feeling Thermometer levels are before they begin the role-play.

OK, now let's do the role-play.

These scripts get you started, but where it says “Make it Up” in capital letters, you continue on your own.

The other group members will observe and try to figure out what we would do in this situation.



Carl and Jerry

Carl: Oh man, that guy was great!

Jerry: Yeah? Was it hot?

Carl: I can't remember a better screw!

Jerry: What was his name?

Carl: Um...Brian, Brad, Bruce, whatever.

Jerry: All this stuff happened at his place? On his bed or...?

Carl: Not exactly.

Jerry: How's that?

Carl: I'm not sure.

Jerry: What happened?

Carl: There was this crystal party up in this abandoned building. You should have seen these guys. We were dancing for hours. I don't even know how long I was there, but I ached and ached. Next thing I knew I was wandering down the street, and this guy came up. I don't remember where we went exactly...

Jerry: You're crazy! You probably got an STD or HIV or both.

Carl: Well then it was worth it!

Jerry: Carl, you can barely remember what happened! You are so stupid man, doing that crystal.

Carl: I can handle it. There's nothing I would do after doing crystal that I wouldn't do without it.

MAKE IT UP. ROLE-PLAY IT.

If the actors have trouble making up their own lines, assign a participant to act as a coach for each player.

That was great!

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.***
- 2. Ask each player where he/she is on the Feeling Thermometer.***
- 3. Ask each player what he/she liked about what he/she did.***
- 4. Ask each player one thing he/she would have done differently.***
- 5. Watch the video (if the role-play was videotaped).***
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”***
- 7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”***
- 8. Use the following questions to guide a discussion:***
 - Do you think that Carl behaves differently when he’s sober than when he’s high?***
 - Do you think Carl is happy with his behavior?***
 - What do you think is important to get out of this role-play?***
- 9. Thank participants for their feedback. If youth have not yet expressed the main point, you may share it with them.***

Facilitator’s Note: Tell the group the “main point” of the role-play only if they have not come up with it on their own. The main point is that drugs and alcohol can have a powerful influence on your thinking and the choices that you make.

Ask each observer for responses.

If you want to figure out if using drugs and alcohol encourages you to take risks, here are some questions you may want to ask yourself.

Pass out “DO DRUGS AND ALCOHOL ENCOURAGE ME TO TAKE RISKS?” and go over it. (4-E; see end of session.) Read it out loud or have volunteers read sections. Explain to participants that they do not have to answer these questions; they are just some things for them to think about. The purpose of this exercise is to reiterate and expand on the “Sharon and Monica”/“Carl and Jerry” role-play: that substances may encourage you to do things that you may not normally do.

Facilitator’s note: Some youth may have questions about what constitutes consent when sex is mixed with drugs and alcohol. In some regions, a person is deemed incapable of consent when he or she is:

(a) less than seventeen years old; or

(b) mentally disabled; or

(c) mentally incapacitated; or

(d) physically helpless.

“Mentally incapacitated” means that a person is rendered temporarily incapable of appraising or controlling his or her conduct owing to the influence of a narcotic or intoxicating substance.

You may wish to inform participants of consent laws in your region at some point during the session to allow participants to consider how drugs and alcohol may also pose potential legal issues.

Exercise 4:6: How Does Substance Use Work? (10 minutes)

It can be helpful to have some idea of how substance use works.

From what you have heard, how does it happen and how does it continue?

Let's say I am a cocaine addict.

I started using at a few parties and events - like New Years Eve.

I felt much more relaxed when I used it.

I began using cocaine a little more, and the next thing I knew I was addicted.

I can't stop.

What happened? How do you explain it?

Encourage ideas about how substance use works. Ask the group some simple, open-ended questions such as: "How do you think addiction works? What do substances affect, the body or the brain? What are some things that encourage or lead to substance use?" Try to validate all contributions. After participants have had a few minutes to discuss or consider the questions, continue with the following:

Drugs affect your brain and spine, which make up your central nervous system.

You don't have much control over the chemical reactions that take place in your body.

The more you take drugs, the more you train your body and mind to associate wanting drugs with something that you see, hear, or feel at the time you take the drugs.

Just like watching a McDonalds ad on TV may result in you thinking, "I sure feel like some french fries right now," seeing someone doing drugs may lead to you thinking about doing drugs.

Making those connections is natural - it's how the brain gets wired.

If you become addicted, having your thinking and rational mind try to argue with your body and brain won't help.

Your body and brain don't listen to you.

Here is the process that takes place.



Put up the "TRIGGERS" poster. (See end of session.)

For someone who is addicted, this cycle can be automatic.

The addict may be unaware that a trigger has occurred - which led to a thought - that caused cravings - that led to using.

Take a look at the first part of the drawing - triggers.

Who can remind me what a trigger is?

That's right. Triggers are basically anything that can cause cravings.

For example, if every Friday night after work you cash your paycheck, go out with friends to a particular club, and use cocaine, the triggers would be:

- Friday night
- After work
- Money
- Friends who use
- The club

What would be some triggers for a teenager who buys drugs on a particular street when he feels angry, goes to the park, and shoots up with some friends?

Encourage identifying triggers. Look for the street, the dealer, feeling angry, the park, the friends, the paraphernalia.

These triggers then lead to thoughts that tell you that:

Using is OK.
It won't hurt you.
You'll feel better.
You really need it.

Those thoughts give you permission to use.

They lead to cravings; thinking, "I must have it," feelings in your head and chest that demand using it.

Obviously "use" comes next.

Even if you want to stop using, triggers will affect your thoughts and feelings and create cravings.

And the central nervous system part of the addiction (your brain and nerves) is very difficult to control.

What can you do if you don't want to use?

You need to pick fights with the part of your addiction or habit that you can beat.

Once you start craving, it is very hard to stop the progression toward using.

So you want to make sure that the whole triggers → thoughts → cravings → use cycle doesn't have a chance to begin.

Two main strategies are: 1.) avoiding triggers and 2.) stopping substance use thoughts before they get started. We will be discussing strategies to avoid our triggers later on.

Tell me if there is anything unclear about the process we just discussed.

Clarify any confusion.

Exercise 4:7: How to Get Back in Control Again (30 minutes)

It's probably easy to see that there is a strong link between being high and unsafe sex.

For many adolescents, using drugs or alcohol is a major factor in acquiring HIV, STDs, or becoming unexpectedly pregnant.

In order to change this, we need to disrupt the link between drugs and alcohol and unsafe sex.

Once someone is already high, it is much harder to take back control.

We are going to learn some techniques to help us disrupt the link between drugs and risky behaviors.

First, let's see what might be triggers for you to use drugs or alcohol.

I will give you a questionnaire about triggers and I would like you to indicate what has been or might be a trigger for you.

This questionnaire is for your own private use.

Pass out "TRIGGERS QUESTIONNAIRE." (4-F; see end of session.)

Take a few minutes and fill out the first part of the questionnaire, which will help you start to figure out what your triggers are.

Allow a few minutes to fill out the questionnaire.

Everyone's list will be different, but you can't begin to manage triggers if you don't know what they are.

Now look at the bottom of the Triggers Questionnaire. It says: Things, People, Places and Situations.

I would like you to write down the things that are triggers for you. These are things that you could throw away or avoid to disrupt the link between the trigger and an unsafe behavior.

What things might you avoid or throw away?

Brainstorm things to avoid, such as drug paraphernalia (pipes, spoons, straws, etc.)

Take a moment to write down your particular triggers that are things.

Give participants 1 minute.

Great. Next on the questionnaire are people who are triggers.

Who should you avoid seeing? You don't have to say names, just types of people.

Brainstorm a list of people to stop seeing. Some of them may be just temporary - a person who gets you angry - while another person is a constant risk - a dealer.

Take a moment to write down the people who are your particular triggers.

Give participants 1 minute.

Another strategy to try is to stay away from certain places that may trigger drug or alcohol use.

Where wouldn't you go?

Brainstorm places to avoid. Look for dealers, where drug-using friends are, places where you used to take drugs.

Take a moment to write down the places and situations that are your particular triggers. Remember, this is for your own private use.

Give participants 1 minute.

Great!

Another important way to reduce triggers is to keep a busy schedule.

Make the schedule regular and full of things to do.

You would be surprised how much that cuts down on contacts with triggers.

We said before that triggers lead to thoughts that lead to cravings.

You do have control over stopping certain thoughts.

Pass out a big rubber band to everyone.

Please put the rubber band on your wrist.

Close your eyes.

I am your inner thoughts, and I am going to say a couple of thoughts.

Some will be drug thoughts and some will not.

When you hear a drug thought, snap the rubber band against your wrist and say “No” loudly.

Don’t even wait for the thought to be completed.

Snap as soon as you think it is a drug thought.

Here we go.

It’s a nice day today.

I feel like having a pizza.

A little marijuana would be nice for dessert.

I think I’ll go out tonight.

I’ve heard of a good party.

They should have some good coke there.

A little bit won't hurt me.

OK, that's all.

I heard a lot of snapping and "no's," but the "no's" weren't loud enough.

Give out a token to the person who said the loudest "no."

You can also picture a switch in your head.

When a drug thought comes into your mind, actually see yourself turning off the switch.

If you are good at relaxation, you can sit quietly and count your breathing.

Count to ten, and if the thought throws off your count, go back to 1 and start again.



Point to the "TRIGGERS" poster.

So, we've identified triggers, and thought of ways to avoid them.

Then we worked on some ways of stopping thoughts that lead to craving.

Sometimes the craving or the urge seems to come out of nowhere.

We think, "Wow, this is strong. I can't handle it."

We also tell ourselves, "This urge came up inside me and has come over me, so I must be a failure at controlling it. I'm weak."

Sometimes we can't avoid the trigger. It may come from a remark that someone, who is not necessarily a trigger person, says. Or it could be a smell, or a song that has come on the radio.

It could be that we feel down and want an instant change.

We have to get satisfied immediately.

That is the time to try HALT. HALT stands for: HUNGRY, ANGRY, LONELY or TIRED?

I need to find out what is really going on. What am I really feeling?

Depending on the sophistication level of your group, facilitators can substitute HORNY for HUNGRY in the following HALT exercises.

If I take care of those feelings, the cravings may go away.

I would give myself what I am truly wanting, because using drugs or alcohol rarely gives me what I really want.

I would tell myself that I can handle it.

I would say that just because I have the urge doesn't mean I'm a failure or that there is something wrong with me. It is just a signal to make me figure out what I really want and need.



Put up “Hungry, Angry, Lonely, Tired” Newsprint

Instead of “It’s got me” I would tell myself “HALT.”

I would say, “HALT, am I hungry, angry, lonely or tired?”

I would think of the urge as waves building up and I was a surfer riding over them. The urge is a signal to me to figure out what I am really feeling.

We will use what we have developed about handling urges in our next role-play.

I need four people to play HALT, one for Hungry, one for Angry, one for Lonely, and one for Tired. Any volunteers?

Give each volunteer one of the HALT signs. (If there are not enough participants for all 6 roles, 2 participants can play 2 of the HALT feelings).

We need a volunteer to play the “urge” to get high.

Select a volunteer to play the urge to use drugs or alcohol.

Now, we need a volunteer to play Ben.

Select a volunteer and tell Ben about his role.

Ben, you used to be into drugs and alcohol a lot, but you are trying to cut back.

Whenever you felt bad, you and your ex-partner used to go get high and listen to your favorite song.

You broke up a few weeks ago.

You haven't eaten for a day, and this morning somebody stole your jacket.

You can hear your ex-partner's favorite song coming out of the neighbor's window.

Suddenly you feel the urge to get high.

You don't want to give into it.

So what is your goal?

Try to elicit a one-sentence goal. “Not to give into the urge and to figure out what I really need: HALT.”

Good.

Now, Urge, here are your instructions.

You want Ben to get high.

His bad mood and hearing the song he and his partner used to listen to when getting high has set him up perfectly.

You want him to feel good immediately by using.

You will try and convince him that getting high is the best thing to do right now to

help him feel better.

What questions do you have about your goal, Urge?

Clear up any confusion about Urge's goal.

Okay, HALT people here are your instructions.

You are in competition with Urge.

You want to ask questions to get from Ben what he is really feeling.

For example, Hungry, you want to ask Ben questions about what he has eaten recently.

Or, Angry, you may want to ask him questions about his feelings related to his partner leaving.

You want to try and help him consider you as his real feeling.

OK, the rest of us will observe and give feedback.

Assign observer roles. For example: eye contact, body language, calmness, Ben's arguments to Urge, what Ben is hoping to get out of the situation, etc.

So, we'll start the role-play.

Ben, deal with your urge, and Urge you work on Ben.



Have them role-play and stop when a resolution has been reached or when there is not much more to get out of it. Report on observations, give feedback and discuss observations.

Now, HALT actors, it is your turn to get Ben to consider you and how it affects what is really happening.

Have the HALT participants try to assist Ben in recognizing that he is hungry, angry, lonely, or tired.

Okay, observers, what do you think is really going on with Ben? Is he hungry, angry, lonely or tired?

He might be feeling one or more of those things.

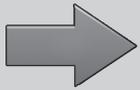
Ben, what do you think is really going on?

Give feedback and discuss. Keep the focus on how to handle urges by recognizing the HALT factors that might be contributing to the urge. Help participants view the urge as something separate from themselves that they can detach from if they choose. Reviewing HALT helps them identify feelings that might allow them to give in to the urge.

Those are some great ideas for handling urges.



Give out tokens and encourage participants to do the same.



CHOICE

Do Exercise 4:8 if there is time.

Exercise 4:8: Dealing with Risky Situations (15 minutes)

There is often a link between being high and engaging in unsafe sexual behaviors.

In our next role-play, some of the group members will act the part of persons in difficult situations.

We will tell them who they are and what they are trying to do.

The rest of us will observe what happens and give feedback.

Each observer will have a specific thing to look for.

First, let's take a situation where someone is high and wants to take a sexual risk which that person would not take when not under the influence.

If that person was approaching you and you didn't want to take advantage of them, what would you do to help them?

Here are some ideas that I have.

I would keep eye contact and listen without rejecting him or her and without putting the person down.

I would ask the person what effects getting high has on his or her taking of sexual risks. In other words, would the person act like this if he or she was sober?

I would ask the person what he or she expects to get out of this.

Is it really going to be what they expect?

Now, tell me your ideas about how to deal with this person.

Discuss and decide what the group will look for. For example, one person will watch for eye contact, another for listening, another for accepting instead of rejecting, another for questions about "Would you do this if you were sober?" Another person will listen for questions about what the person expects to get out of it.

OK, now we have those things to look for. Let's do a role-play. This one does not have a script.



CHOICE

At this point you can either ask group members to create a situation in which one of them was tempted to get into unsafe sex because of being high or you can use the following role-play.

Who will be Ronald?

Select a volunteer and give the background information.

You are at a party.

Mindy comes up to you.

She is obviously high and wants you to sleep with her.

Your goal is to not take advantage of her and to help her avoid having unsafe sex with someone else at the party.

So, what is your goal?

Have Ronald tell you what his goal is.

Where are you on the Feeling Thermometer now?



Get Feeling Thermometer reading.

Who will role-play Mindy?

Select a volunteer and give the background information.

Mindy, you are high and you want to get Ronald to have sex with you.

You got high because you were feeling bored, and now that you are high you thought it would be great to seduce Ronald.

You would never throw yourself at a man like this if your inhibitions weren't way down.

Have Mindy tell you what her goal is.

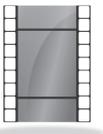
What is your Feeling Thermometer reading?



Get Feeling Thermometer reading.

The rest of us will observe.

Assign an observational role to each person. Watch for eye contact, body language, listening, questions on how being high affects Mindy, what she expects out of it, and feelings. Then role-play the situation.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call "action" and "cut" at appropriate times.

OK, go ahead and role-play the situation.

When the role-play seems to reach a resolution, or if it goes as far as it can, stop it and ask Ronald and Mindy how they feel.

That was great.

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.***
- 2. Ask each player where he/she is on the Feeling Thermometer.***
- 3. Ask each player what he/she liked about what he/she did.***

- 4. Ask each player one thing he/she would have done differently.**
- 5. Watch the video (if the role-play was videotaped).**
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”**
- 7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”**
- 8. Thank participants for their feedback and ask them what they got out of this role-play (if youth have not yet expressed the main point). The main point is that drugs and alcohol can have a powerful influence on your thinking and the choices that you make.**

Point out the activity for Session 5 in the activity book.

Between now and the next session, do the activity for Session 5.

Now go around and tell the person on your right something you liked that they said or did today. Let’s give some tokens to each other.



Encourage sharing of tokens.

Our next meeting will be held on _____ at _____.

Remember, one of our ground rules is to agree to come one more time. If you haven’t scheduled your one-on-one session with me, please make sure to see me after today’s session.

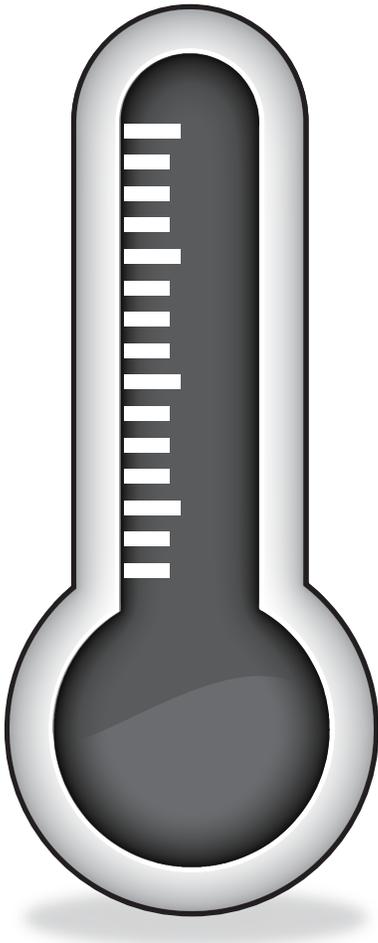
We hope to see you then!

END OF SESSION 4

Goals of Street Smart

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

Feeling Thermometer



Level

Triggers *(Situations, People, Places, Things)*

Very Uncomfortable
100

Uncomfortable
75

Mildly Uncomfortable
25

Very Comfortable
0

Ground Rules

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

Sophia and Richard (4-A)

Sophia: Oh, Richard, I'm so high...

Richard: I like you this way.

Sophia: Me too. Do you want to see my tattoo?

Richard: Here. Let me take off your blouse. (Don't actually do it.)

Sophia: So, what do you think?

Richard: And I thought you were an uptight virgin...guess not!

Sophia: Oh, your hands are cold!

THE END

Sharon and Monica (4-C)

Sharon: I am upset.

Monica: How come?

Sharon: I hate to tell you. I had sex with this guy last night, and I really didn't want to. He's about twenty-five. Smooth - but too slick for me. He deals drugs and the whole scene. I think he's got lots of women.

Monica: Great choice. I am assuming that it wasn't with a condom.

Sharon: I don't think so.

Monica: Girl! What do you mean, "I don't think so?" Weren't you there?

Sharon: I think I had too much to drink.

Monica: This isn't the first time.

Sharon: No, and it makes me sick. All these guys I don't really like, doing it with me. No condoms - nothing. But you know me. I can't live without love. Do you think I should cut down on the drinking?

Monica: It sure couldn't hurt.

Sharon: I don't think it really bothers me that much.

Monica: Why not find out?

MAKE IT UP. ROLE-PLAY IT.

Carl and Jerry (4-D)

Carl: Oh man, that guy was great!

Jerry: Yeah? Was it hot?

Carl: I can't remember a better screw!

Jerry: What was his name?

Carl: Um...Brian, Brad, Bruce, whatever.

Jerry: All this stuff happened at his place? On his bed or...?

Carl: Not exactly.

Jerry: How's that?

Carl: I'm not sure.

Jerry: What happened?

Carl: There was this crystal party up in this abandoned building. You should have seen these guys. We were dancing for hours. I don't even know how long I was there, but I ached and ached. Next thing I knew I was wandering down the street, and this guy came up. I don't remember where we went exactly...

Jerry: You're crazy! You probably got an STD or HIV or both.

Carl: Well then it was worth it!

Jerry: Carl, you can barely remember what happened! You are so stupid man, doing that crystal.

Carl: I can handle it. There's nothing I would do after doing crystal that I wouldn't do without it.

MAKE IT UP. ROLE-PLAY IT.

Do Drugs and Alcohol Encourage Me to Take Risks? (4-E)

Read these to yourself. You don't have to answer these with the group. These are just for you to think about. Ask yourself:

1. Who would you hang out with if you were high?

- A stranger?
- Someone much older?
- A man? A woman?
- Someone a little weird?
- Someone who had drugs?
- Someone with a bottle of liquor?

2. Where would you go to have sex if you were high?

- A deserted building?
- A vacant lot?
- In an abandoned car?
- To the apartment of a casual acquaintance?

3. Who would you have unsafe sex with if you were high?

- Someone you just met?
- Someone who had many lovers?
- Someone who was really hot?
- Someone who used drugs?
- Someone who really knew how to turn you on?
- Someone who didn't use a condom or dental dam?

4. How much alcohol makes you high?

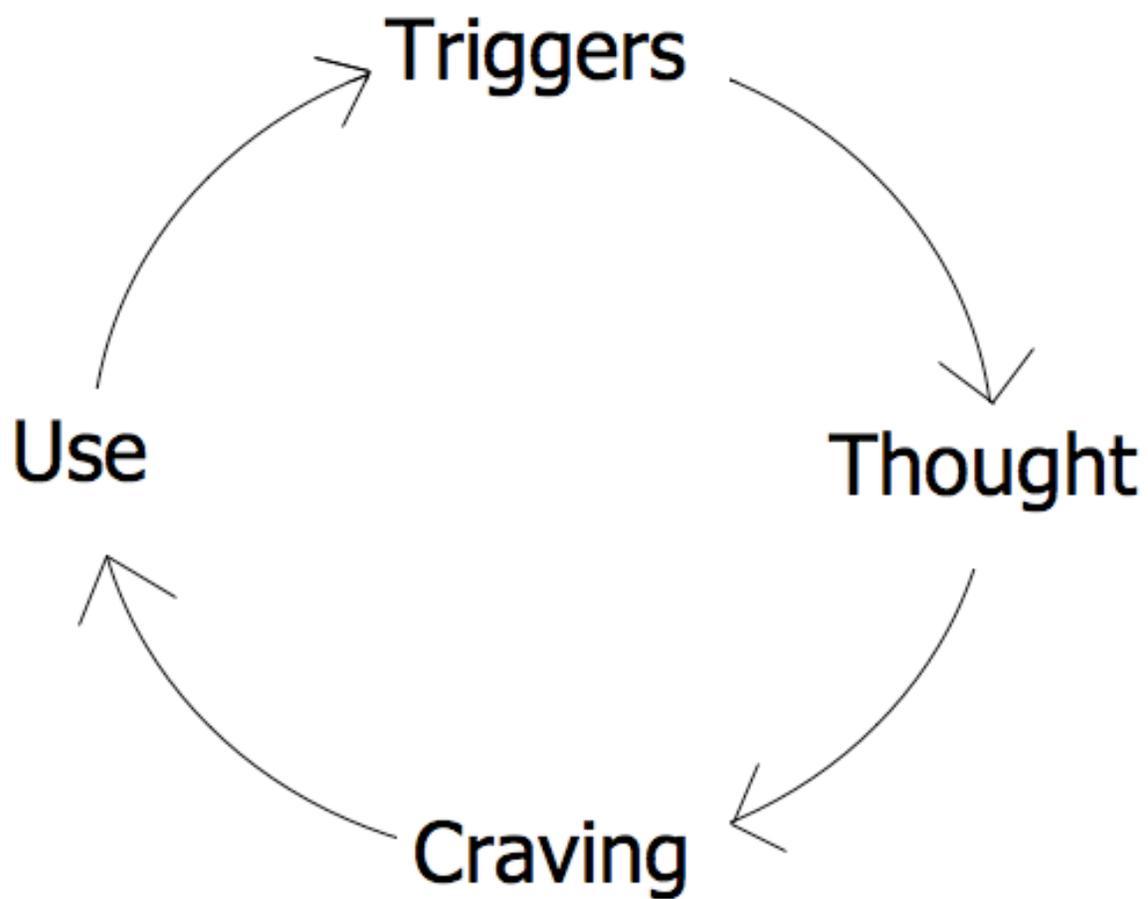
How many beers?

How many hard drinks?

Can you stop once you start with one drink?

Can you stop after 2 drinks?

Triggers



Triggers Questionnaire (4-F)

1. Please circle the activities or situations in which you have used drugs. Next circle where you think you might use drugs.

- | | | |
|-------------------|----------------------------------|-----------------------------------|
| Home alone | Before a date | After payday |
| Home with friends | During a date | Before going out to dinner |
| Friend's home | Before sexual activities | Before breakfast |
| Parties | During sexual activities | At lunch break |
| Sporting events | After sexual activities | While at dinner |
| Movies | Before work | After work |
| Bars/clubs | When carrying money | After passing a particular street |
| Beach | After going past where dealer is | |
| Before school | Concerts | With particular people |
| During school | Parks | After school |

2. Things _____

3. People _____

4. Places/Situations _____

Hungry

Angry

Lonely

Tired

**Recognizing
and Coping
with Feelings**



Session 5

Recognizing and Coping with Feelings

5:1	Introductions	15 min
5:2	Feeling Situations	10 min
5:3	Coping Styles	40 min
5:4	How to Solve a Problem (SMART)	40 min
5:5	How to Use Relaxation in a Tough Situation	10 min

TOTAL TIME: **115 min (1 hour, 55 minutes)**

Session 5

Recognizing and Coping with Feelings

Objectives

By the end of the session, participants will be able to:

1. Describe at least three coping strategies
2. Identify different coping techniques for different situations
3. Describe SMART problem-solving to deal with tough situations

Rationale

Dealing with feelings is especially important when working with youth because they may be unrealistic, unsure, and unclear about their feelings, particularly in situations they have not experienced before. Feelings can serve as an early warning system. If a youth can recognize that he or she is beginning to experience discomfort, then the youth can employ effective coping strategies.

Youth experience high rates of stress based on peer pressure and other daily obstacles. Homeless, runaway, and street youth who often lack support systems can be at even higher risk. Teaching ways to cope with stress and difficult situations is an essential strategy to reducing the risk of HIV/AIDS in this population. If a young person has dysfunctional or limited ways to reduce stress, the stress may intensify and inappropriate action is more likely to result.

This session introduces participants to more formal ways of coping and assumes that it is useful to understand what coping is designed to do: reduce uncomfortable feelings and manage challenging situations. It also assumes that exposing participants to a wide range of coping strategies and actions will stimulate them to

try different approaches and to develop a larger coping repertoire.

The main point of this session is for participants to be able to identify different coping styles and to problem solve solutions.

Procedures

1. Have participants introduce themselves and report an act or attribute that makes them feel proud.
2. Have participants rate sexually risky situations on the Feeling Thermometer.
3. Use role-playing to understand the ways of coping.
4. Have participants practice analyzing and defining a problem through a role play. Introduce the concept of SMART problem-solving by having participants practice applying this model to the situation in the role play.
5. Practice using quickie relaxation strategies to deal with feelings in tense or stressful situations.

Pre-Session Preparation

- To help with the session pace in Exercise 5:3, it may be helpful to have a prepared newsprint or poster made that lists the coping styles, rather than taking the time to write each during the session (see p.373 for the complete list).
- For Exercise 5:4, prepare a blank SMART chart:

State the problem:		
Make a goal:		
Actions	Pros	Cons
Reach a decision:		
Try and review it!		

- Make sure you are familiar with current HIV testing procedures. Have a list of local resources and testing sites available to provide to youth.
- For Exercise 5:5, you may find it helpful to pre-select the relaxation cards that will most appeal to your youth (see Quickie Relaxation Cards.)

- Prepare newsprint: “Ground Rules,” “Goals of Street Smart,” and “The Four W’s newsprint: Who, Where, When, and What.”

Materials

SUPPLIES:

- Newsprint and marking pens
- Pencils
- Lottery prize
- Tokens
- Name-tags
- \$1 bills for those with condoms
- Quickie Relaxation Cards (see Materials CD)

POSTERS:

- Feeling Thermometer poster
- SMART poster

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart newsprint
- The Four W’s newsprint: Who, Where, When, and What

HANDOUTS:

- Feelings and Emotions Word List (1-E; also see end of session)
- Jennifer and Carrie script (5-A)
- Ways of Coping handout (5-B)
- Lee Ann and Roberto script (5-C)
- Joe’s background information sheet (5-D)
- Problem Analysis Form (5-E)
- Advantages and Disadvantages of Getting Tested for HIV handout (5-F)
- Pedro’s background information sheet (5-G)
- Fact Sheet on HIV Testing (5-H)
- Activity books

Exercise 5:1: Introductions (15 minutes)

Welcome or welcome back to Street Smart.

For everyone who was on time today, you get a chance to win today's lottery.

Have the lottery drawing. Each participant draws from a box and 2-3 of them will win a prize (e.g., a food coupon).

I would like everyone to get to know each other before I explain what Street Smart is all about.

I'd like each person to tell us your name and one thing about yourself, such as a quality you have or an action you do, that makes you feel really proud.

I'll start. My name is _____ and I am really proud of _____ .

Pick something that you genuinely feel good about.

Have the co-leader give his/her name and something about which he/she is proud. Then go around the room with the participants saying their names and what they are proud of about themselves.

Very good.



Hand out Tokens of Appreciation to everyone.

These are Tokens of Appreciation.

We use them a lot to show group members how much we appreciate their contributions to the group, if we agree with them or if they say something we like or that makes us think.

So, if you appreciate someone else's comment or action, please give them a token.

You can say something to the other person when giving a token if you want to, but its important to hand the token directly to the other person.

The idea is to show support for each other by distributing your pile of tokens by the end of the session.

Review last session’s activity from the activity book. If someone is new and doesn’t have an activity book, give him/her one.

For all of you, what did you do in the last week to keep safer from HIV and STDs?

We are interested in even the smallest thing that you did because we want you to stay healthy.

Your comments may also help someone else in the group.

Who would like to be the first person to tell us about a success you had in the last week in keeping safer?

Encourage discussion.

Great.



Hand out tokens to those who contribute.

Who has a condom?

Ask them to hold up their condoms.

Great.

Hand out a special prize (\$1) to the first person who raises his/her hand and shows he/she has a condom.



Put up “GOALS OF STREET SMART.” (Also see end of session.)

During these sessions, we will focus on the feelings and thoughts that lead to actions that are unsafe.

For example:

You are drunk and meet someone really hot who wants to have sex.
You don't want to be alone tonight and the attention feels good.
You go ahead and have unprotected sex.

The goals of Street Smart are to help you stay safer. We will give you the tools, information, and practice to help you keep yourself safe. Our goals are to help you:

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

We are committed to making sure that this is a safe place to share feelings and thoughts, try out new behaviors, give feedback to each other, and to work together.



Put up “FEELING THERMOMETER POSTER.” (Also see end of session.)

Here is the Feeling Thermometer.

You can see that being the most uncomfortable is 100 and being very comfortable is 0. Being at 100 isn't always “bad” though. You can be at 100 when you're extremely excited. It's more about how intense your feelings are. When your feelings are very intense, it causes discomfort. When you're feeling relaxed, there is little discomfort.

What is your temperature on the Feeling Thermometer right now?

Have participants look at the poster of the Feeling Thermometer and have them indicate where they are on the thermometer.

Thank you.

It is quite natural for people to feel uncomfortable at the beginning of something new.

It is important to stay in touch with how much comfort or discomfort you are feeling, and what those feelings mean.

Our role as facilitators is to help you learn how to stay safer.

That means we will present you with many opportunities to practice.

Over the course of these sessions, we will be talking about many different situations that can put people at risk for HIV, STDs, and unintended pregnancy.

We will be dealing with situations that put you at risk that you may have encountered, and some situations that you may have never encountered.

The idea is to incorporate many different experiences that can put you at risk, such as unprotected sex, using and abusing drugs, exchanging sex for drugs or money, and many others.

We don't expect that everyone will have the same experiences. We are all here to learn and help to keep each other safer.

One thing we will do to make it a safe place is to have ground rules.



Put up “GROUND RULES” newsprint. (Also see end of session.)

From our last session, the ground rules for Street Smart are:

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.

5. Agree to come “one more time.” If you think you want to quit, give it a second chance
6. Don’t come high.
7. Have fun!

What other rules would you like to add?



Encourage sharing and give out tokens. Transition into the next exercise.

Exercise 5:2: Feeling Situations (10 minutes)

The goal of meeting together today is to recognize our feelings in difficult situations that may put us at risk for HIV or other STDs. We also can learn positive ways to cope with those feelings. Then, we will try to find resolutions that will keep us safe in different situations.

First, I want you to think of a situation that has happened recently that might have placed you at risk for acquiring HIV or an STD, and when your Feeling Thermometer was very high—close to 100.

Would anyone like to share the situation and the feeling they came up with?

Ask for two volunteers to share their example. (If no participants volunteer to share, ask them to give an example that they might have heard from speaking with other people they know. Or, you may ask them to come up with an example of a situation that is likely to put someone at risk, and ask them to describe how that would affect someone's Feeling Thermometer.)

Have one participant identify the feeling. If the participant has difficulty coming up with an emotion word, give him/her some examples, such as sad, happy, angry, scared, and nervous. Review some examples from the "FEELINGS AND EMOTIONS WORD LIST." (1-E; also see send of session)

Where did you feel it in your body?

Try to elicit a bodily reaction. If the participant has difficulty coming up with a bodily reaction, probe by asking questions about specific body parts. For example: What were you feeling in your stomach? Did you notice any changes in your neck or shoulders? What about in your throat?

What do you think triggered that situation?

Have them identify the trigger. Probe if necessary.

Exercise 5:3: Coping Styles

(40 minutes)

Now, we are going to learn how to deal or cope with these uncomfortable “75 to 100” level situations you thought of that could put you at risk.

Let’s start with a role-play.

I need two volunteers.



Select volunteers to play Jennifer and Carrie and give them the scripts (5-A).

While you two do the role-play the rest of us will observe.

We will look for the emotions you are showing and how you handle the situation.

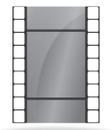


Select volunteer observers and assign tasks.

Observer 1, watch the face of Jennifer, and observer 2, watch the face of Carrie to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Jennifer, and observer 4, you do the same for Carrie.

Observer 5, watch the hands of Jennifer and observer 6, watch the hands of Carrie. Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.

OK, now let’s do the role-play.



Jennifer and Carrie

Jennifer: I thought we had something special.

Carrie: Jennifer, I like you. I do.

Jennifer: You like me? Carrie, I've fallen in love with you.

Carrie: I don't know if I'm ready to be tied down to one person.

Jennifer: You mean you don't want to be tied down to me!

Carrie: Don't pressure me. I haven't decided. We've only known each other a couple of weeks.

Jennifer: A couple of weeks is long enough to figure out your feelings. I need a decision now or it's over.

Carrie: Fine. Then it's over.

Jennifer: I'm going to get a drink! Nice knowing you.

THE END

Go over the role-play with the group using the following format:

1. Give out tokens to players.

2. Ask each player where he/she is on the Feeling Thermometer.

3. Ask each player what he/she liked about what he/she did.

4. Ask each player one thing he/she would have done differently.

5. Watch the video (if the role-play was videotaped).

6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”

7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”

8. Use the following questions to guide a discussion:

- **So how is Jennifer dealing with this situation?**
- **What about Carrie – how is she dealing with this situation?**
- **What do you think is important to get out of this role-play?**

9. Thank participants for their feedback.

Facilitator’s Note: Tell the group the “main point” of the role-play only if they have not come up with it on their own. The main point is that it is important to understand that there are different coping styles, and that there are some ways of coping that will be more effective than others in certain situations.

Encourage answers. Jennifer is coping with this rejection by going out to get a drink.

What are some better ways Jennifer could cope with this situation?

Elicit answers.

There are a number of ways of coping with difficult or risky sexual situations.

Sometimes we can solve the problem positively, by making ourselves feel better in healthier ways or getting support from others.

Sometimes we cope with difficult situations in negative ways.

What are some unhelpful or negative ways of coping with difficult situations?

Elicit answers such as use drugs or alcohol, have unsafe sex, become violent, scream and yell, do nothing, etc.

Unhelpful coping or negative coping strategies can take a toll on you and your body by increasing stress. They can even harm your health by leading you to make risky decisions. Effective coping strategies can help you get through tough situations while helping you to be safer.

The main ways of coping are:

- 1) Stand Your Ground
- 2) Keep Distance
- 3) Control Yourself
- 4) Seek Support
- 5) Solve the Problem
- 6) Correct Yourself
- 7) Escape the Scene
- 8) Give It a Different Meaning

These are neither right nor wrong, but depending on the situation, they might be positive (and therefore helpful) or negative (and therefore unhelpful).

For example, escaping the scene can be both a positive and a negative way of coping, depending on the situation.

Escaping the scene by using drugs or alcohol is a negative way of coping, but many people use it.

However, sometimes escaping the scene may be the only way to cope in a certain situation, such as when your life is at risk. Or, physically removing yourself from a risky situation may be the best way to avoid a negative trigger.

I am going to hand out a sheet with these ways of coping.

Hand out the “WAYS OF COPING” handout (5-B). Use this handout to help you explain each coping style as you do the exercise. Do the exercise as follows:

- 1) Read the coping style name and describe what it is.***
- 2) Read the listed example/scenario.***
- 3) Ask 2 or 3 participants to give a one-line response that illustrates that style of coping.***
- 4) If they have difficulty, use the scenarios below as examples for the participants to follow.***

Go through each style of coping using this format.

Stand Your Ground

Standing your ground is when you fight back. Let your feelings out. State your case. Keep at it.

What if your partner says to you: “Tonight we are not using a condom when we have sex.”

What would you say to stand your ground?

(Encourage response such as: “Oh, yes we are.”)

Keep Distance

Keeping your distance is when you push the pressure away from you by forgetting it, playing it down, or getting involved with something else.

What if your friend said to you: “I am worried that my partner is mad at me because I won’t agree to unsafe sex. What can I do to keep my mind off of it?”

What would you say to your friend to help them keep their distance?

(Encourage response such as: “Let’s go to a movie.”)

Control Yourself

Controlling yourself is when you keep feelings to yourself. Relax. Stay cool. Take it slow. Rehearse things in your mind.

What if your friend said to you: “In a few minutes my new date will be here. I am so nervous. What can I do?”

What would you say to your friend to help him/her control himself/herself?

(Encourage response such as: “Take a few deep breaths.”)

Seek Support

Get help and sympathy from other people such as friends, family, religious or spiritual leaders, and other professionals.

What if your friend said to you: “If you are all alone, isn’t there someone you could talk to?”

What would you say to your friend to show that you would try to seek support?

(Encourage response such as: “I guess I could call up my friend Bill.”)

Solve the Problem

Find ways to work the situation out by defining what is wrong. See what is important to you. Come up with options and try out a few of them.

What if your friend said to you: “I haven’t got a place to live. What am I going to do?”

What would you say to him/her to help him/her solve the problem?

(Encourage response such as: “Do you know of a place to go for tonight until you can figure out something for the long term?”)

Correct Yourself

Admit your responsibility in the matter. Apologize. Lecture yourself. Make commitments to change and do better.

What if your friend said to you: “I meant to use a condom last night, but I didn’t, so now what do I do?”

What would you say to your friend to help him/her correct himself/herself?

(Encourage response such as: “Tell yourself that you made a mistake, but that you won’t the next time.”)

Escape the Scene

Avoid the problem by wishing it would go away. Use something else to forget about it such as sleeping, exercising, eating, drinking, or using drugs. Act like nothing happened. Walk or run away.

What if your friend said to you: “Here comes that jerk who hit me last night. What should I do?”

What would you say to escape the scene?

(Encourage response such as: “Let’s leave.”)

Give It a Different Meaning

It does not have to be about you. Don’t take it personally. Maybe they are the one with the problem. Could be a blessing in disguise.

What if your friend said to you: “My girlfriend (boyfriend) dumped me for someone else. I don’t know what to think.”

What would you say to your friend to help them give it a different meaning?

(Encourage response such as: “He/she wasn’t trust-worthy. Now you can find someone who really cares for you.”)



Hand out tokens to everyone who participated.

That was really good.

Let’s go around the group and get a quick temperature reading on the Feeling Thermometer.



Get Feeling Thermometer readings.

Now you can see that there are many ways to cope with a tough situation.

Next time you face a difficult situation, I want a little light to go off in your head so that you say to yourself, “Wait a minute. There are lots of ways I can handle this.”

Let’s do another role-play to illustrate types of coping.

We need two volunteers.



Select two volunteers and give them their scripts (Lee Ann and Roberto script; 5-C).

While you two do the role-play the rest of us will observe.

We will look for what emotions you are showing and how you handle difficult sexual situations.

Select volunteer observers.

Observer 1, watch the face of Lee Ann, and observer 2, watch the face of Roberto to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Lee Ann, and observer 4, you do the same for Roberto.

Observer 5, watch the hands of Lee Ann, and observer 6, watch the hands of Roberto. Body language can be a good way to figure out how someone is feeling.



Ask players where their *Feeling Thermometers* are before they begin the role-play.

Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.

OK, now let’s do the role-play.



Lee Ann and Roberto

Roberto: I told you, I'm not using a rubber.

Lee Ann: And I told you, I never take a chance on getting HIV. You need to put one on.

Roberto: Baby, I'm clean! Don't you trust me?

Lee Ann: Roberto, if you care about me, you'll use a condom. Please.

Roberto: No way!

Lee Ann: Then no sex! I like you and I want to sleep with you, but I don't risk my life for anyone. You call me when you change your mind about condoms.

THE END

That was great!

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.***
- 2. Ask each player where he/she is on the Feeling Thermometer.***
- 3. Ask each player what he/she liked about what he/she did.***
- 4. Ask each player one thing he/she would have done differently.***
- 5. Watch the video (if the role-play was videotaped).***
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: "Observers, what feedback can we give our players?"***
- 7. Ask observers: "What did you like about what they did? What one thing would you have done differently?"***

8. Use the following questions to guide a discussion:

- ***So which coping approach did Lee Ann use? Roberto?***
- ***How do you think those coping approaches worked for them in this situation?***
- ***What do you think is important to get out of this role-play?***

9. Thank participants for their feedback. If youth have not yet expressed the main point, you may share it with them.

Throughout the discussion that comes up, emphasize the point that when situations are difficult, and you don't know what to do, be conservative - take the safest route.

Facilitator's Note: Tell the group the "main point" of the role-play only if they have not come up with it on their own. The main point is that it is important to figure out a helpful and effective way to cope with a tough situation.

You all did very well.

Remember, a coping approach that works really well in one situation may not work at all in a different situation.

For example, say that my best friend dies of AIDS.

I feel terrible. I can't live without my friend. I must have my friend back.

I am going to try problem solving to bring my best friend back.

What will happen if I keep trying to solve that problem?

Encourage answers.

I will become really frustrated, upset and depressed.

I have to accept the fact of my friend's death and find a way to deal with it. I might seek support – someone to talk to about it.

Another example: You are sitting under a tree in the park.

You glance up and see this wild-looking guy running at you with a big butcher knife in his hands.

Is this the time to practice your relaxation exercises or give it a different meaning?

Encourage answers.

No! This is the time to run as fast as you can. Escape the scene.

It is important to have the right coping action for the right person at the right time in the right situation.

When you start trying new ways to cope, remember to trust yourselves and that it takes time to build new skills.

Coping actions might not work the first time that you try them.

It's important to keep trying.

Also, there are times when you have to go off and scream and yell at the wall.

You may need to clear your head by getting intense feelings out first.

That doesn't mean that shouting at the person who bugs you is a good idea.

You may want to seek support by finding a friend who is willing to listen to you vent or just scream in an empty room to let it all out.

Finally, remember that only you can make the choices.

Exercise 5:4: How to Solve a Problem (SMART) (40 minutes)

One of the best coping techniques to learn is problem solving.

Our first task is to define the problem.

If someone says they have a problem, a good approach is to ask them to describe a situation where the problem comes up.

Describing the situation should tell you the four W's: Who, Where, When, and What.



Write WHO, WHERE, WHEN, and WHAT on newsprint.

Who was involved?

Where did it take place?

When did it happen?

And what happened?

Some youth may ask why a fifth W, WHY, is absent from the list. Be prepared to respond. You can respond by saying that WHY is often a difficult question for all of us to answer, but that answering the first four W's is how we begin to understand WHY.

Then we want to know what the person thought, felt, and did.

Lastly, we want to know if they were happy with what they did.

Asking them if they are happy about what they did is really important because it helps us define the problem.

I'll come back to this point after we have demonstrated describing the situation, thoughts, feelings, and actions.

For our next role play, who will be Joe - the guy with the problem?



Select a volunteer and give him or her “Joe’s Background Information” card. (5-D; see end of session.) Have the volunteer read the information thoroughly. You may wish to pre-select a volunteer earlier in the session and provide him or her with the card and instructions earlier to save time. Have the person playing Joe sit in the center of the circle.

Joe will need a moment to read the background information.

Joe’s Background Information

Last week you went drinking with some of your buddies. You finished a six-pack of beer in a vacant lot where you guys often hang out. Then you met your girlfriend in the park. You felt pretty happy and horny. You tried to kiss her, and she pushed you away. You were surprised and hurt. That pissed you off. She accused you of being drunk. She had no right to say you were drunk because you weren’t. You thought that she’s always picking on you. You pulled her to you, and she screamed, “Get your hands off me!” You suddenly felt really angry and slapped her hard. She ran away. You wonder how you are going to keep her as a girlfriend.

While Joe is reading the background information, I’m going to pass out a form to the rest of you, so you can write down the answers to your questions.

Pass out the “PROBLEM ANALYSIS FORM” to every participant. (5-E; see end of session.)

Let’s use this outline to figure out the real problems with which Joe is dealing.

We can ask Joe these questions to start figuring out what is going on.

Who would like to write the answers here on the newsprint?

Here are the questions for Joe.

The rest of you will try to get the answers from Joe.

Let me know if there is something unclear about this exercise.

OK, let's start.



Encourage the group to ask Joe the questions on the sheet. Tell the group that they can also ask questions that are not listed on the sheet. When it looks like the group has asked Joe about everything but the problem, stop them for a moment.

OK, I want to interrupt you for a minute.

Finding out what the problem is makes a big difference.

We don't want to work on solving the wrong problem.

The problem has to be something the person can control.

For example, if I have a class with a terrible teacher and the school won't let me change classes, what is the real problem? Well, everybody agrees that the teacher is horrible, but that's not really the problem, because I don't have control over how she behaves. The problem might be how do I survive in her class?

Usually trying to change somebody else is not the solution.

So, look for where the person who has the problem has some responsibility.

Look for feelings, thoughts and actions that are within the person's power to do something about.

One word of caution: Joe hasn't asked you to help him define his problem, so don't try to force your ideas on him.

He needs to discover for himself what his problem is.

Joe is going to decide what the problem is, but it is okay to help Joe by offering our thoughts and support on what his problem may be.

Record group's responses on newsprint on what they think Joe's problem might be. Examples could include: Joe can't control his drinking. Joe doesn't know how to handle rejection. Joe can't control his temper. Joe doesn't know how to talk out his anger.

That was very good.



Pass out tokens and encourage participants to do the same.

What are your Feeling Thermometers reading right now?



Encourage sharing of Feeling Thermometer levels.

If you want to discover whether you are contributing to the difficult situation, ask yourself some questions:

- Does the same situation come up with other people?
- Am I proud of the way I behaved in that situation?
- Was I really a victim in that situation?
- What might have made the other person act the way they did?
- Am I lying to myself?
- All of those questions will help you identify the real problem.
- Now we must ask Joe what he thinks.

Ask the volunteer “Joe” to decide what the problem is. It may be on the list of items from the group or it may be his own.

But, how do you solve a problem? That’s next.

When one is trying to solve a problem, there are some definite steps to take such as define the problem, determine the goal (what will it look like when the problem is fixed?), brainstorm possible solutions, evaluate the solutions, pick one to try, and see how it works.

We have a way of remembering how to solve problems. It’s called SMART.



Put up the “SMART” poster and read it aloud. (See end of session.)

So we did the first step by stating Joe’s problem.

Write the problem “Joe” came up with after the “S” of the “SMART” poster.

Now we have to ask Joe to make a goal. Let’s ask Joe what his goal is.

The goal should relate directly to the problem. If the problem is that “Joe is drinking too much,” then the goal should directly address the problem and sound like a solution to that problem such as “Joe will reduce his drinking.” Once “Joe” has decided what his goal is, write it on the newsprint after the “M.”

Now that we have a goal, we can list some of the possible actions Joe can take in trying to solve the problem. When you list possible actions, you basically want to brainstorm five or six solutions without evaluating them. Then, when we have a good list, we’ll evaluate them by looking at the pros and cons of each one.

Encourage participation. Brainstorm possible solutions, and write 5 or 6 actions under the “A” on the newsprint. Then, have participants brainstorm possible pros and cons for each action. Go one by one and one and after each action fill out the pros under “pros” part of the newsprint and the cons under the “cons” part of the newsprint until every action has potential pros and cons filled out.

Facilitator’s Note: Often “actions” are provided that are not consistent with the goal. For example, if Joe’s goal is to reduce drinking, then you would not list going to AA as a possible action because AA stresses abstinence from alcohol.

Ultimately, whose responsibility is it to determine the correct action to take? That’s right, it’s Joe’s. Now that it’s time to reach a decision, the R in SMART, we turn to Joe to decide. Joe, what is your decision? Which of these actions do you want to take?

Facilitator’s Note: Be sure to give “Joe” the time he/she needs to make a decision.

Great Joe!

Write Joe’s decision after the “R” on the newsprint.

Now what does the T stand for? That's right, Joe should try out the action and review it to see if it works for him. If it doesn't, he has all of these other possible actions he can try.

Sample Chart: *Place a blank chart similar to the one below on a sheet of newsprint and allow participants to brainstorm actions and list pros and cons to help Joe choose the best solution. Note that the list below is only a sample - make sure to tailor it to the specific problem identified by your group.*

State the problem: Joe drinks too much		
Make a goal: Reduce drinking		
Actions	Pros	Cons
Don't hang out with drinking buddies	Won't be pressured to drink	Lose friends
Drink only non-alcoholic beer	Don't get drunk; still feel like you're fitting in	May get frustrated because it has no effect; may cause you to drink anyway
Drink more slowly; set a max amount before drinking	Drink less	Hard to monitor amount consumed when you're drunk
Only smoke weed	No hangover	Expensive; illegal; clouds judgment
Reach a decision (Remember it's Joe's decision to make): Drink slowly and only have a maximum of four beers at a time		
Try and review it!		



Give out tokens for supporting Joe and for constructive problem solving.

Let's talk about how that went and any questions that you have.

Encourage discussion.

Joe, what are you feeling now after doing this problem-solving exercise?

Observers, what do you think Joe was feeling as we went through this problem-solving exercise?



Obtain Feeling Thermometer readings and observations.

As we noted earlier, problem solving using SMART is a very effective way to deal with difficult situations.

Now, let's move on to a different situation—getting tested for HIV.

Deciding whether or not to get tested is a question many people need to answer for themselves.

It is a very personal decision.

We are going to use problem solving to make a decision about getting tested.

What do you think are some of the advantages of getting tested for HIV?

Elicit answers. Hand out tokens to those who contribute.

Those are good answers.

What do you think are some of the disadvantages of getting tested for HIV?



Elicit answers. Hand out tokens to those who contribute.

Here is a fact sheet of some of the advantages and disadvantages of getting tested.

Hand out “ADVANTAGES AND DISADVANTAGES OF GETTING TESTED FOR HIV.” (5-F; see end of session.) Read out loud or have volunteers read it to the group.

Let’s look through the list and see if we missed any.

Does anyone see an advantage or disadvantage that we missed?

We’re going to do another problem solving scenario. Who would like to play Pedro?

Select a volunteer. Give Pedro the background information. (5-G; also see end of session.)

Pedro’s Background Information

You have been living on the streets for about a year. Recently, you have been having sex with females and a few males for money. Most of the time you use condoms but often you get more money when you don’t use condoms. You have a fairly steady girlfriend who you have sex with occasionally. Sometimes you can crash at her mother’s house. You are feeling fine physically but you have heard so much about HIV and AIDS that you are worried. Actually, you are scared. You don’t like being sick, you don’t like taking pills, and you don’t want to die. You are wondering if you should get tested for HIV. You want to be healthy and you don’t want to spread the disease to anyone.

Use the Problem Analysis Form to ask Pedro questions about his problem.



Have the group ask Pedro questions. Make sure the group gets his Feeling Thermometer reading first.

Now, let’s use SMART Problem Solving to help Pedro figure out what he should do.



Refer to the “SMART” poster again and guide participants through SMART problem solving with Pedro. If needed, assist the group in helping Pedro identify his problem (e.g., Pedro doesn’t know his HIV status, Pedro is homeless, Pedro is a sex worker) and goal (e.g., staying healthy, protecting his sexual partners.)

The group will identify several potential problems for Pedro to try and solve; however, it is recommended that facilitators instruct the volunteer playing Pedro (privately in advance) to choose the problem about not knowing his status. Applying SMART to this particular problem allows the group to focus on and work through their thoughts, pros, cons, etc. about testing.

Good job.

What if Pedro says, “I got tested and I was negative. I don’t have to worry about using a condom. I’ll get tested in a few months?”

What would you say to Pedro?



Encourage answers. Give out tokens and encourage sharing.

Pedro, where are you on your Feeling Thermometer now?

Where is the rest of the group on the Feeling Thermometer after this exercise?



Get Feeling Thermometer reading.

You all did an excellent job.

Here is a fact sheet on HIV testing for you to look at after our session today.

Hand out “FACT SHEET ON HIV TESTING.” (5-H; see end of session.)

Exercise 5:5: How to Use Relaxation in a Tough Situation (10 minutes)

Relaxation is a key way to deal with your feelings in a tense and stressful situation.

We have already practiced some longer relaxations that you can use on a regular basis.

But what do you do when you can't take 15 minutes to get into a relaxed state when you're in the middle of a stressful situation?

We are going to look at some 1-minute relaxations.



CHOICE

If time permits, pass out all the “QUICKIE RELAXATION CARDS.” (See end of session.) Each group member should end up with at least three cards. Allow a few minutes for each person to select the one they like best.

OR

Simply give each person one Quickie Relaxation Card at random.

Now, I want you to see if you can relax the group with your card.

Read it slowly, but with a rhythm.

Feel free to use pauses, but remember these are only 1-minute relaxers.

I'll give you an idea how to do it.

Be sure to go slow and have an easy beat to your phrases.

Get into a comfortable position. ***Pause.***

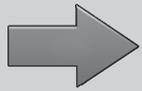
Watch your breathing. ***Pause.***

Let the breath come in. **Pause.**
And let the breath flow out. **Pause.**

Let the breath come in. Pause.

And let the breath go out. Now open your eyes slowly.

So, that's an idea of how to do it.



CHOICE

If time permits have each participant read their relaxation card. If not, choose one or two volunteers to read.

Who will go first?

Select the first person to read their Quickie Relaxation Card. If they are given a choice, instruct them to choose the one they like the best.

That's great!



Encourage sharing of tokens.

Point out the activity for Session 6 in the activity book.

Between now and the next session, do the activity for Session 6.

Encourage showing appreciation for participants' contributions.

Now, go around and tell the person on your right something you liked that they said or did today. Let's go around and give some tokens to each other.

Our next meeting will be held on _____ at _____.

Remember, one of our ground rules is to agree to come one more time. If you haven't scheduled your one-on-one session with me, please make sure to see me after today's session.

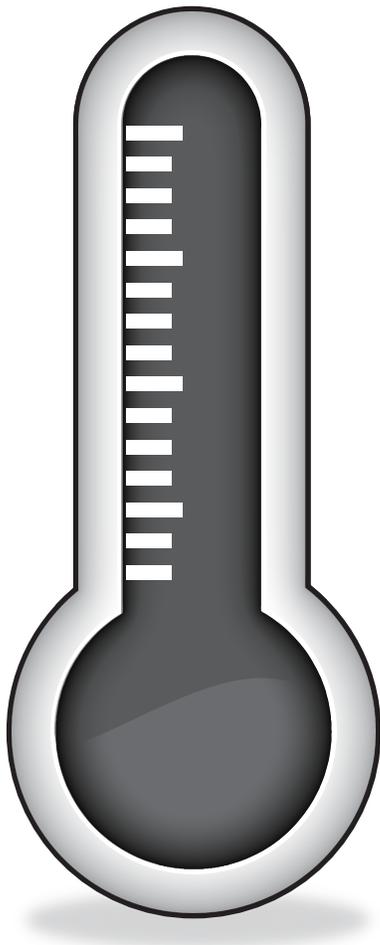
We hope to see you then!

END OF SESSION 5

Goals of Street Smart

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

Feeling Thermometer



Level

Triggers *(Situations, People, Places, Things)*

Very Uncomfortable
100

Uncomfortable
75

Mildly Uncomfortable
25

Very Comfortable
0

Ground Rules

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

Feelings and Emotions Word List (1-E from Session 1)

ANGRY

Angry, annoyed, bitter, burned up, critical, disgusted, dismayed, enraged, envious, fed up, frustrated, furious, hateful, hostile, impatient, irate, irritated, livid, mad, outraged, put out, riled, resentful, seething, sore, ticked off, worked up

CONFUSED

Anxious, awkward, baffled, bewildered, bothered, confused, dazed, disorganized, disoriented, distracted, disturbed, embarrassed, jolted, lost, mixed up, panicky, paralyzed, perplexed, puzzled, shocked, stuck, stunned, surprised, tangled, trapped, troubled, uncertain, uncomfortable, undecided, unsure

FEARFUL

Afraid, apprehensive, awed, cautious, chicken, edgy, fearful, frightened, hesitant, horrified, ill at ease, intimidated, jumpy, nervous, panicked, scared, shaky, stressed, tense, terrified, threatened, timid, uneasy, worried

HAPPY

Alive, amused, cheerful, content, delighted, ecstatic, elated, energized, excited, fantastic, fulfilled, glad, great, happy, hopeful, joyful, lively, optimistic, overjoyed, pleased, proud, refreshed, relieved, satisfied, spirited, thankful, thrilled, turned on, up, wonderful

LOVING

Admiring, affectionate, amicable, amorous, attracted, caring, close, craving, devoted, desirous, fond, friendly, hot, interested, kindly, liking, loving, loyal, neighborly, motherly, passionate, sentimental, sympathetic, tender, wanting, warm

SAD

Awful, bad, blue, bummed out, crushed, depressed, desperate, devastated, disappointed, dissatisfied, distressed, down, gloomy, glum, hopeless, hurt, lonely, low, miserable, painful, sad, sorry, terrible, turned off, unhappy, unloved, upset

STRONG

Active, aggressive, alert, assertive, bold, brave, calm, cool, capable, confident, determined, eager, energetic, forceful, great, healthy, open, positive, potent, powerful, relaxed, secure, solid, strong, super, sure, tough

WEAK

Ashamed, bored, defenseless, exhausted, fragile, frail, guilty, helpless, ill, impotent, inadequate, incapable, insecure, lifeless, lost, overwhelmed, passive, powerless, run-down, shaky, shy, sick, slow, small, stupid, timid, tired, useless, vulnerable, weak, worn out

Jennifer and Carrie (5-A)

Jennifer: I thought we had something special.

Carrie: Jennifer, I like you. I do.

Jennifer: You like me? Carrie, I've fallen in love with you.

Carrie: I don't know if I'm ready to be tied down to one person.

Jennifer: You mean you don't want to be tied down to me!

Carrie: Don't pressure me. I haven't decided. We've only known each other a couple of weeks.

Jennifer: A couple of weeks is long enough to figure out your feelings. I need a decision now or it's over.

Carrie: Fine. Then it's over.

Jennifer: I'm going to get a drink! Nice knowing you.

THE END

Ways of Coping (5-B)

Stand your ground

Fight back. Let your feelings out. Pressure people. State your case. Keep at it.

Keep distance

Push the pressure away from you by forgetting it, playing it down, or getting involved with something else.

Control yourself

Keep feelings to yourself. Relax. Stay cool. Take it slow. Rehearse things in your mind.

Seek support

Get help and sympathy from other people such as friends, family, religious or spiritual leaders as well as professionals.

Solve the problem

Find ways to work the situation out by defining what is wrong. See what is important to you. Come up with options and try out a few of them.

Correct yourself

Admit your responsibility in the matter. Apologize. Lecture yourself. Make commitments to change and do better.

Escape the scene

Avoid the problem by wishing it would go away. Sleep, eat, drink, use drugs, smoke too much. Act like nothing happened. Run away.

Give It a Different Meaning

It does not have to be about you. Don't take it personally. Maybe they are the one with the problem. Could be a blessing in disguise.

Lee Ann and Roberto (5-C)

Roberto: I told you, I'm not using a rubber.

Lee Ann: And I told you, I never take a chance on getting HIV. You need to put one on.

Roberto: Baby, I'm clean! Don't you trust me?

Lee Ann: Roberto, if you care about me, you'll use a condom. Please.

Roberto: No way!

Lee Ann: Then no sex! I like you and I want to sleep with you, but I don't risk my life for anyone. You call me when you change your mind about condoms.

THE END

Joe's Background Information (5-D)

Last week you went drinking with some of your buddies. You finished a six-pack of beer in a vacant lot where you guys often hang out. Then you met your girlfriend in the park. You felt pretty happy and horny. You tried to kiss her, and she pushed you away. You were surprised and hurt. That pissed you off. She accused you of being drunk. She had no right to say you were drunk because you weren't. You thought that she's always picking on you. You pulled her to you, and she screamed, "Get your hands off me!" You suddenly felt really angry and slapped her hard. She ran away. You wonder how you are going to keep her as a girlfriend.

Problem Analysis Form (5-E)

What was the situation? (Who, where, when, what)

What did you think?

What did you feel?

What did you do?

Are you happy with what you did?

SMART

1. **S** is for state the problem.
2. **M** is for make a goal.
3. **A** is for actions that you could take. List them.
4. **R** is for reach a decision.
5. **T** is for try and review it.

Advantages and Disadvantages of Getting Tested for HIV (5-F)

Advantages

1. Being aware of your status and being able to care for yourself mentally and physically.
2. Begin treatment as soon as possible.
3. Keep from passing the virus to partners.
4. Keep from passing the virus to your unborn child.

Disadvantages

1. If you test positive, you may feel hopeless and depressed.
2. If you test negative, you may believe that you are immune to HIV and not protect yourself in the future from HIV.
3. If you test positive, you may face discrimination and isolation.

Pedro's Background Information (5-G)

You have been living on the streets for about a year. You have been having sex with females and a few males for money recently. Most of the time you use condoms but you often get more money when you don't use condoms. You have a fairly steady girlfriend who you have sex with occasionally. Sometimes you can crash at her mother's house. You are feeling fine physically but you have heard so much about HIV and AIDS that you are worried. Actually, you are scared. You don't like being sick, you don't like taking pills, and you don't want to die. You are wondering if you should get tested for HIV. You want to be healthy and you don't want to spread the disease to anyone.

HIV Testing Fact Sheet (5-H)

HOW CAN I GET TESTED? You can get tested by your health care provider or by state or city health departments. Additionally, you can access testing through many community-based organizations (CBOs) that offer HIV prevention programs. There are two types of testing available: “Anonymous” and “Confidential.”

WHAT IS ANONYMOUS TESTING? Anonymous testing means that your name is never used, and there are no records kept about your getting an HIV test. An anonymous test is best if you don’t want anyone else but you to know you’ve gotten tested and what the results are.

WHAT IS CONFIDENTIAL TESTING? Confidential testing requires that your name be obtained and a record of your HIV test results is maintained in your medical records. Certain people may have access to this information under certain circumstances. For anyone else to get this information, you have to give special permission.

HIV reporting and partner notification laws vary by state. For more information about the laws in your state contact your local or state Health Department.

HIV Antibody Testing Methods

Test	Advantage/Pros	Disadvantage/Cons
Traditional Blood Test	<ul style="list-style-type: none"> • A blood sample is drawn at one sitting and is used for the ELISA (screening) and Western Blot (confirmatory) HIV antibody tests • Accurate test 	<ul style="list-style-type: none"> • Needles are used to draw the blood from the client's arm • Must return to test site to get results at a later date • May take up to two weeks to get the results
Rapid Test	<ul style="list-style-type: none"> • Test results available within 10-40 minutes • Have option of using a needle stick (blood sample) or a swab (oral fluid sample) • Can be done at a clinical or a non-clinical site • Accurate test, especially for negative test results 	<ul style="list-style-type: none"> • If the rapid test is reactive, results must be confirmed with another sample and additional testing, which means you must return to the test site at a later date to get confirmatory results

WHAT HAPPENS WHEN I DECIDE TO GET TESTED?

When you decide to be tested, you will meet with an HIV Counselor or test provider who will talk with you about the test and answer basic questions you may have. Before being tested, you must sign an Informed Consent form. Getting an HIV test is voluntary and you cannot be tested against your will.

WHAT DO MY TEST RESULTS MEAN?

With conventional testing:

A NEGATIVE TEST RESULT MEANS ONE OF TWO THINGS:

- Either the person is not infected, or
- The person may be in the window period and is infected, but has not yet developed enough antibodies to be detected by the test.

A POSITIVE TEST RESULT MEANS:

- The person is infected with HIV, and/or
- He or she can infect others.

AN INCONCLUSIVE TEST MEANS:

- The test was unable to confirm whether or not the person was infected.
- If someone has an inconclusive result, he or she should retest.

With rapid testing:

A NEGATIVE TEST RESULT MEANS:

- Either the person is not infected, or
- The test did not detect antibodies in the blood or oral fluid sample of the individual.
- For three months prior to the last exposure, antibodies were not detectable in the individual. If an individual has engaged in risky behaviors within the past three months, he/she should be retested in 3-6 months.

A PRELIMINARY POSITIVE TEST RESULT MEANS:

- Antibodies to HIV may be present in the blood or oral fluid sample of the individual
- If the person receives a preliminary positive test result, the individual will have to have another test to confirm the rapid test result.

AN INVALID TEST MEANS:

- The test could not be interpreted. Another sample will have to be collected and another test will be run.
- This is not an indication that anything is wrong with the individual. There was an error with the test.

HOW ACCURATE IS HIV TESTING?

Very accurate—the rate of true-positives with ELISA and Western Blot used together is about 99.9%.

WHAT IS THE “WINDOW PERIOD?”

The time period between when a person is infected with HIV and when antibodies to HIV can be detected with the test is called the “window period.” The presence of HIV antibodies is used to determine if someone is infected. Most people will develop antibodies between 2 – 12 weeks after becoming infected, but some people may take as long as 6 months. During the window period, someone may be infected and able to infect others, but test negative on an HIV antibody test.

WHAT ARE THE MINORS’ RIGHTS IN HIV TESTING?

Laws concerning consent and confidentiality for HIV care differ among states. Although public health statutes and legal precedents allow for evaluation and treatment of minors for STDs without parental knowledge or consent, not every state has defined HIV infection explicitly as a condition for which testing or treatment may proceed without parental consent. Therefore, you should seek out more specific information about the rights of minors in your state. More information can be found here: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

Early diagnosis is critical so that you can start effectively managing your health.

**Negotiating
Effectively**

6

Session 6

Negotiating Effectively

6:1	Introductions	15 min
6:2	What are My Sexual Values?	15 min
6:3	What to Do When the Pressure Is On	30 min
6:4	How to Communicate with Confidence	20 min
6:5	How Safe is My Partner?	30 min

TOTAL TIME: 110 min (1 hour, 50 minutes)

Session 6

Negotiating Effectively

Objectives

By the end of the session, participants will be able to:

1. Demonstrate negotiation skills
2. Demonstrate refusal skills
3. Identify personal values related to sex and drugs
4. Identify skills necessary for assessing risk

Rationale

The youth served in this program live in a world full of risks. From the point of view of acquiring HIV, the people with whom youth associate can be a major risk factor for transmission. The youths' world is peer-oriented, and their friends and acquaintances can be both supports and barriers to HIV risk reduction.

Thus, a critical skill for these youth is being able to assess the extent to which the people they meet and with whom they hang out are likely to involve them in unsafe behavior. This skill means they must discriminate between superficial appearances and risk-taking actions. They must avoid stereotypes or making judgments based on how healthy someone looks. Screening their friends and partners without putting them in a position of lying is a valuable and critical skill. For many youth, the thought of screening their peers is often unthinkable and can inhibit their ability to negotiate for what they want.

To handle interactions with others - individually and in groups - youth need a number of skills. These skills include self-confident communication in which requests and refusals are made in an assertive manner. They also include problem-solving, which may lead to applying a variety of coping approaches such as developing social supports and appropriate avoidance behaviors.

A lack of social skills may prevent a teenager from initiating a relationship with someone desirable. These skill deficits may result in staying with easy but unsafe relationships. Therefore, practicing the skills of starting conversations and making new friends is included.

Sexual values also play a part in partner selection. For example, a person who values getting what they want at any cost may be less concerned about the health of their partners and at increased risk for unsafe sex. While struggling with these dilemmas may cause anxiety and concern, this anxiety may lead youth to exercise caution in their decision-making. The discomfort that youth experience, therefore, need not be considered undesirable.

The main point of this session is for the participants to learn how to stand up for their own personal values.

Procedures

1. Have participants introduce themselves and then indicate what they feel proud of about themselves. Review success during the week. Give out tokens and check on Feeling Thermometers.
2. Have participants privately examine their sexual values.
3. Use interpersonal problem solving to work on dealing with group pressure to engage in substance use and unsafe sex.
4. Introduce and practice the “I statement” strategy to communicate confidently and effectively.
5. Role-play screening partners in order to determine how safe they are.

Pre-Session Preparation

- For Exercise 6:3, prepare a blank SMART chart
- Prepared newsprint: “Ground Rules” and “Goals of Street Smart.” To help with the session pace in Exercise 6:4, have a prepared newsprint or poster available with the general “I Statement” format (see p.443-446)

Materials

SUPPLIES:

- Newsprint and marking pens
- Lottery prize
- Tokens
- Pencils
- \$1 bills for those with condoms

POSTERS:

- Feeling Thermometer poster
- Ways of Coping
- SMART poster

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart newsprint
- “I Statement” format newsprint

HANDOUTS:

- Chris and Maria script (6-A)
- My Sexual Values handout (6-B)
- Art and George script (6-C)
- Problem Analysis Form (6-D)
- Confident Communication Feedback Form (6-E)
- “I Statement” Wallet Cards (6-F; see Materials CD)
- Scene Cards (6-G; see Materials CD)
- Activity books

Exercise 6:1: Introductions (15 minutes)

Welcome or welcome back to Street Smart.

For everyone who was on time today, you get a chance to win today's lottery.

Have the lottery drawing. Each participant draws from a box and 2-3 of them will win a prize (e.g., a food coupon.)

As you know, one of the main goals in Street Smart is to help you cope with difficult situations that could lead to unsafe sexual behavior.

Drug and alcohol use is one of the key factors in making situations difficult. We will talk about how to communicate confidently, and also work on how to choose safe friends.

Let's go around and introduce ourselves.

Tell us your name and what you feel proud of about yourself.

Pick something that you feel really good about.

Just say, "I'm Bobby Joe, and I'm proud of my honesty."

I'll start. I'm _____, and I'm proud of _____.

Have everyone give their name and what they are proud of about themselves.

Very good.



Hand out Tokens of Appreciation to everyone.

These are Tokens of Appreciation.

We use them a lot to show group members how much we appreciate their contributions to the group, if we agree with them or if they say something we like or that makes us think.

So, if you appreciate someone else's comment or action, please give them a token.

You can say something to the other person when giving a token if you want to, but it's important to hand the token directly to the other person.

The idea is to show support for each other by distributing your pile of tokens by the end of the session.

Review last session's activity from the activity book. If someone is new and doesn't have an activity book, give him/her one.

For all of you, what did you do in the last week to keep safer from HIV and STDs?

We are interested in even the smallest thing that you did because we want to see you stay healthy.

Your comments may also help someone else in the group.

Who would like to be the first person to tell us about a success you had in the last week in keeping safer?

Encourage discussion.

Great.



Hand out tokens to those who contribute.

Who has a condom?

Ask them to hold up their condoms.

Great.



Hand out a special prize (\$1) to the first person who raises his/her hand and shows he/she has a condom.



Put up “GOALS OF STREET SMART.” (Also see end of session.)

During these sessions, we will focus on the feelings and thoughts that lead to actions that are unsafe.

For example:

You are drunk and meet someone really hot who wants to have sex.

You don't want to be alone tonight and the attention feels good.

You go ahead and have unprotected sex.

The goals of Street Smart are to help you stay safer. We will give you the tools, information, and practice to help you keep yourself safe. Our goals are to help you:

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

We are committed to making sure that this is a safe place to share feelings and thoughts, try out new behaviors, give feedback to each other, and to work together.



Put up “FEELING THERMOMETER POSTER.” (Also see end of session.)

Here is a Feeling Thermometer.

You can see that being the most uncomfortable is 100 and being very comfortable is 0. Being at 100 isn't always "bad" though. You can be at a 100 when you're extremely excited. It's more about how intense your feelings are. When your feelings are very intense, it causes discomfort. When you're feeling relaxed, there is little discomfort.

What is your temperature on the Feeling Thermometer right now?



Have participants look at the poster of the Feeling Thermometer and have them indicate where they are on the thermometer.

Thank you.

It is quite natural for people to feel uncomfortable at the beginning of something new.

It is important to stay in touch with how much comfort or discomfort you are feeling, and what those feelings mean.

Our role as facilitators is to help you learn how to stay safer.

That means we will present you with many opportunities to practice.

Over the course of these sessions, we will be talking about many different situations that can put people at risk for HIV, STDs, and unintended pregnancy.

We will be dealing with situations that put you at risk that you may have encountered, and some situations that you may have never encountered.

The idea is to incorporate many different experiences that can put you at risk, such as unprotected sex, using and abusing drugs, exchanging sex for drugs or money, and many others.

We don't expect that everyone will have the same experiences. We are all here to learn and help to keep each other safer.

One thing we will do to make it a safe place is to have ground rules.



Put up “GROUND RULES” newsprint. (Also see end of session.)

From our last session, the ground rules for Street Smart are:

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come “one more time.” If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

What other rules would you like to add?



Encourage sharing and give out tokens. Transition into the next exercise.

Exercise 6:2: What are My Sexual Values? (15 minutes)

Today we will be talking about ways to negotiate safer sex.

Let's start out with a role-play.

I need two volunteers.

While you two do the role-play the rest of us will observe.

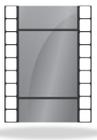
We will look for the emotions you are showing and how you handle uncomfortable sexual situations.

Distribute script to players (Chris and Maria; 6-A) and select volunteer observers.

Observer 1, watch the face of Chris, and observer 2, watch the face of Maria to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Chris, and observer 4, you do the same for Maria.

Observer 5, watch the hands of Chris and observer 6, watch the hands of Maria. Body language can be a good way to figure out how someone is feeling.



***Select a director and camera person (if videotaping the role-play).
Instruct the director to call "action" and "cut" at appropriate times.***

OK, now let's do the role-play.



Chris and Maria

- Chris: What's up Maria? You look depressed.
- Maria: I am just thinking about Federico, this really fine guy I have been seeing.
- Chris: If he's so fine, why do you look so bummed?
- Maria: I don't know. It's so hard. When I look at him, I just get so horny and can't think about anything else but...I don't know...I'm confused.
- Chris: Now I'm confused! Everything you told me sounds like things are good. I wish I were in your position.
- Maria: No you don't. Federico doesn't want to use condoms - any type of condoms - and after we have sex, I start getting all worried and can't stop thinking about it...
- Chris: I think you need to make a decision – sex with fine-ass Federico is not going to feel good at all when you catch a disease!
- Maria: Yeah, I know.

That was great!

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.***
- 2. Ask each player where he/she is on the Feeling Thermometer.***
- 3. Ask each player what he/she liked about what he/she did.***
- 4. Ask each player one thing he/she would have done differently.***
- 5. Watch the video (if the role-play was videotaped).***

6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”

7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”

8. Use the following questions to guide a discussion:

- **What do you think were Maria’s thoughts on condom use?**
- **How did Maria feel about what she did?**
- **Why do you think she felt that way?**
- **What do you think is important to get out of this role-play?**

9. Thank participants for their feedback, if youth have not yet expressed the main point, you may share it with them.

Facilitator’s Note: Tell the group the “main point” of the role-play only if they have not come up with it on their own. The main point is that it is important to be able to stand up for your own personal values.

Discuss and encourage participants to talk about Maria’s sexual values.

There are times when what you believe about sex influences who you choose as a partner.

For example, if you are a guy and believe that girls are things to use for your own sexual pleasure, it might not matter with whom you choose to have sex.

So take a moment and answer the questions on the value sheet I’m going to pass out.

This sheet is for your own information, and you won’t be asked to pass the sheet to anyone else.

Don’t spend too long on any one question, just check your immediate reaction – whether you agree or disagree with the statement.

Pass out the form called “MY SEXUAL VALUES.” (6-B) Pass out pencils.

OK. Write down your answers. Remember, no one else will see your form.

Allow a few minutes for the participants to answer the questions.

What is your temperature on the Feeling Thermometer?



Obtain Feeling Thermometer readings.

Discuss:

Tell me what made it easy or difficult for you to answer these questions?

We wanted to give you the opportunity to think about your own values about sex.

Ask:

What do you think might be the benefit of being aware of your values around sex? Sometimes, the information about your own values can help you make decisions.

Facilitator's Note: *In this discussion, it is important to acknowledge that sometimes people may behave in a way that conflicts with their values; that is normal. The point is the more someone is clear on their personal values, the easier it will be to stand up for them.*

The goal of this exercise is for the group members to struggle with the issues raised and become aware of their sexual values (this may be the first time youth have the opportunity to explore or think about their personal values). Accordingly, look for and solicit answers to this effect. For example, a youth might say that they feel one way about their sexual values, but behave in another. The point is not to set absolute standards or to come up with a right or wrong answer.

Exercise 6:3: What to Do When the Pressure is On (30 minutes)

Sometimes, there is a lot of pressure on you to be involved with drugs and alcohol in a way that leads to unsafe sex.

Even though we may be clear on our sexual values, it's sometimes hard to maintain them, especially when we're high on alcohol or drugs.

What can you do?

First, remember that there are lots of different ways to cope.



Put up “WAYS OF COPING” poster. Read out loud and answer any questions.

Now, let's do a role-play. We need two volunteers.

In the scene, Art is at a party with a bunch of his friends.



Select volunteers and give them their scripts (6-C). Because this activity is a lead-in to another SMART activity, just like in Session 5, one of the facilitators should prep “Art” for going through SMART problem solving by helping him/her identify a specific problem in advance.

While you two do the role-play the rest of us will observe.

We will look for what emotions you are showing and how you handle the situation.

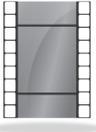
Select volunteers.

Observer 1, watch the face of Art, and observer 2, you watch the face of George to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Art and observer 4, you do the same for George.

Observer 5, watch the hands of Art and observer 6, you watch the hands of George.

Body language can be a good way to figure out how someone is feeling.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.



Ask players where their Feeling Thermometer levels are before they begin the role-play.

OK, now let's do the role-play.



Art and George

George: Art, this party is hot, right? Hey, come with me to the back room.

Art: How come?

George: There's a bunch of guys back there. We got some crystal.

Art: No kidding.

George: That's not all either.

Art: What?

George: We got this nasty porno that's crazy hot. I never saw anything like this one.

Art: Yeah?

George: Come on, man. You should see these guys. I'm definitely going to get laid tonight!

Art: Uh, you go ahead, I'll be right there

THE END

That was great!

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.***
- 2. Ask each player where he/she is on the Feeling Thermometer.***
- 3. Ask each player what he/she liked about what he/she did.***
- 4. Ask each player one thing he/she would have done differently.***
- 5. Watch the video (if the role-play was videotaped).***
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”***
- 7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”***
- 8. Use the following questions to guide a discussion:***
 - What do you think Art is feeling?***
 - What do you think may be his values?***
 - What do you think is important to get out of this role-play?***
- 9. Thank participants for their feedback. If youth have not yet expressed the main point, you may share it with them.***

Facilitator’s Note: Tell the group the “main point” of the role-play only if they have not come up with it on their own. The main point is that it is important to stand up for your own personal values.

This role play is intended to act as a segue into another SMART exercise with a focus on Art’s problem. With this in mind, continue the discussion so that participants can identify Art’s problem: Art is feeling pressure and is conflicted because he doesn’t want to do crystal but also does not want to seem “lame” to his friends.

Do you think Art knows that using crystal can lead to unprotected sex?

He wants to stay safe, but he doesn't want to lose his friends or seem like a dork.

Help Art solve this problem, keeping in mind his personal values.

Put yourself in Art's place and analyze his problem.



***Hand out “PROBLEM ANALYSIS FORM.” (6-D; see end of session.)
Read out loud to the group.***

The Problem Analysis Form is to help us figure out what Art's problem is.

Have the group go through problem analysis with Art. You will ask the questions on the problem analysis form and have them give you the answers.

Now that we have done an analysis of Art's problem, let's ask Art what he thinks his problem is. Remember, it has to be a problem over which he has control.

Have participants brainstorm their ideas about Art's problems. Allow a few responses and then ask the participant who played Art to identify his main problem.



Discuss and give out tokens.

We can use SMART to help us figure out the best way to solve a problem.



Put the “SMART” poster up and quickly review each step. (See end of session.)

The last step in problem analysis is describing the problem. The first step in SMART is stating the problem, so you can see how the two methods overlap.

Go through each of the steps of SMART to solve Art's problem. Make sure that the participants clearly state the problem and the goal. Encourage participants to give as many suggestions as possible for the actions. Help them to reach a decision on which action they think Art should try. Remind participants that in problem-solving situations, they can try out an action, and if it does not work out, they can then try a different one.

That was great!



Pass out tokens and encourage participants to do the same.

Exercise 6:4: How to Communicate with Confidence (20 minutes)

Today we want to work on how you communicate with your friends and the people around you.

In order to be able to take care of yourself in situations that could lead to unsafe sex, you need to be able to communicate with confidence.

That means you need to be comfortable in telling someone what your needs are - what you will do and what you won't do.

Some people may get aggressive when they are saying what their needs are. For example, they might tell someone off if they don't want to do something. That may be okay in some situations, but in other situations it may have negative consequences. For example, let's say I am with someone I really like, but they want to have unprotected sex. I yell and curse them out, and they end up breaking up with me. That may not be what I wanted. I definitely want to be able to be assertive and stand up for myself, but maybe there is another way to handle the situation, where I can get the safe sex I want and also get to keep the relationship I want.

On the other hand, some people may get passive. They don't want to offend the person so they just back off. Again, that may be okay in some situations, but in others it may have negative consequences. For example, let's say I am with someone I really like, and they want to have unprotected sex. I don't want to have an argument, so I have unprotected sex. Then I end up with an STD or HIV. Again, that is not what I want; I want to keep my relationship and practice safe sex. I want to be able to be assertive and stand up for myself.

When you want to be assertive and communicate that you want to abstain from sex or practice safer sex or that you don't want drugs or alcohol, it is important to make an "I Statement."

In an "I Statement," you state what the problem is, how it makes you feel, and how you would like to resolve the problem.

Be sure to write the following structure on newsprint, so you can refer to it throughout this activity.

The general structure would be:

“When you do _____,

I feel _____.

From now on, please _____.”

You have to put it in your own words, so it doesn't sound fake.

You also need to realize that even when you use an “I Statement,” you still may not get what you want. But you are usually more likely to get heard.

This isn't a technique to manipulate people.

It's a way of stating honestly and clearly what you want and need.

To summarize, the basic principle in confident communication is clearly stating what you want and trying to problem solve a solution that meets both people's needs. Part of the reason why this works is because if people think you are considerate of them, they are more likely to be considerate and/or listen to you.

This is particularly helpful in situations where you want to keep a good relationship with the other person.

We are going to do an exercise practicing “I Statements,” which will help us all understand them more.

This exercise can be done a number of ways, depending on the size and dynamic of your group. You could put participants in two lines, and have the first person on one side read the scenario to the first person on the other side, who will then respond with an “I Statement.” You could also have everyone stand in a circle and have one person read their card aloud and let the first person to think of one shout out their “I Statement.” Youth tend to like doing them publicly like this because it challenges all of them to come up with a clever or creative “I Statement.”

I am going to go around the room and pass each of you a card with a scenario on it.

You will respond with an “I Statement” that could help you stay safe.

That means saying what the problem is, how you feel and trying to find a resolution to satisfy both of you without violating what is important to you.

Let me give you an example.

Read the sample “I Statement” scenario card out loud and have your co-facilitator give an “I Statement” in response.

SCENARIO: “You and your partner have been practicing safer sex for four months. One night your partner, Johnny, comes home high, wants sex, and gets really turned on.”

JOHNNY: “Let me put it in without a condom baby. I promise I’ll pull out before I cum.”

Co-facilitator can state:

So, I have to think of how to tell him that I want to continue practicing safer sex.

I could say, “When we have sex without a condom, I can’t relax and I don’t enjoy being with you. So, let’s find a way to have sex that we both like.”

What questions do you have about this activity?

Everyone will get a chance to be the responder.

Pass out the “CONFIDENT COMMUNICATION FEEDBACK FORM.” (6-E; see end of session.)

After a person responds to the situation, we will give them some feedback about their confident communication by using this form.

As a group, we’ll rate how clearly each person stated his/her needs, showed understanding, etc.

Go over the feedback form after each “I Statement” so that everyone knows what the observers will be looking for.

The situation that you get may not be the one that you usually experience.

But, it is still helpful to practice all possible situations.

Let's get started.



Go over the “I STATEMENT CARDS” one at a time. (See end of session.) When the responder has replied, first ask them how they feel using the Feeling Thermometer, and then have the other group members give feedback according to the “CONFIDENT COMMUNICATION FEEDBACK FORM.” This form can be covered very quickly after each statement. Responders do not need to spend a lot of time or detail analyzing the statement. The point is just to reinforce learning “I Statements” accurately.

When everyone has had a turn, ask for other ideas about how to handle the situations and discuss what was learned.

Great Job!

Now we'll take a few minutes to discuss other approaches that you think may be helpful in these kinds of situations.

What other “I Statements” could you have used?

Allow a few minutes of discussion.



Give out tokens. Encourage participants to do the same.



Obtain Feeling Thermometer readings.

Exercise 6:5: How Safe is My Partner? (30 minutes)

How do you find out if your partner is safe?

For many teenagers, the thought of checking out their partners is hard to imagine.

So, that is what we want to practice.

Tell me how you think you'd feel if you had to find out whether a potential sex partner was safe?

Encourage sharing of feelings.

Practicing may help some of those uncomfortable feelings decrease, and help some of the positive feelings get stronger.

First, let's look at what questions we might want to ask.

We don't want to put our friends in the position of lying to us.

That means we wouldn't ask most people if they are HIV-positive.

What kinds of questions would you ask a partner if you were trying to find out if they were safe?

Put group member's suggestions up on newsprint. Make sure the list includes questions such as the following:

1. What actions do you take to practice safer sex?
2. Who is responsible for practicing safer sex - boy, girl, "top," "bottom?"
3. Do you usually use a condom?
4. Do you shoot drugs?
5. Have you dated anyone who shoots drugs?
6. Do you share needles?
7. How many sex partners have you had?
8. Do you have a condom with you?

That looks like a good list.



Let's try to check out a partner in a role-play. There's no script for this role-play.

Facilitator's Note: Avoid using this role-play to “teach” certain sexual values. Be careful not to convey any judgments about any sexual values the youth might share. This activity is an opportunity for youth to practice assessing a potential partner (through understanding their values, attitudes, behaviors, and how these might affect risks for HIV and other STDs).

Who will be the boy and who will be the girl?

Select volunteers and switch genders so that the girl is played by a male volunteer, and the boy is played by a female volunteer.

You meet for the first time at a party.

The girl's goal is to find out if the guy is a safe partner.

The guy's goal is to get the girl into bed.

I need to give the boy a little background information before we start.

Take “boy” aside and tell her that her character should act like a big stud that has had sex with many girls and doesn't believe in using condoms. He likes girls to have his babies.

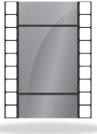
Now, we need 2 coaches. Who will help out the boy, and who will help out the girl?

Select two volunteers.

The coach for the girl must help her check out this guy to see if she can have safer sex with him.

The coach for the boy must help him get the girl to have sex with him.

Assign all other group members a role. Have them watch for: feelings, facial expressions, body language, self-confidence, assertive about “her” needs, doesn’t put the “boy” on the defensive, keeps at it, respects “boy’s” needs, etc.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call “action” and “cut” at appropriate times.

So what is the girl’s goal?

Make sure the “girl” can state her goal of assessing the potential partner.

What is the boy’s goal?

Make sure the “boy” can state his goal of having sex with the “girl.”

Where are your Feeling Thermometer levels now?

Get Feeling Thermometer levels.

OK, go ahead and do the role-play.

Find out how safe he is.

Allow the role-play to go for a few minutes. Remind the coaches to help the players if they get stuck. Have other group members become the players, if you wish. Then stop and discuss.

That was very good.

Go over the role-play with the group using the following format: (note for this role-play you do not need to discuss the main point as it will be covered with the processing of the next role-play):

1. Give out tokens to players.

2. Ask each player where he/she is on the Feeling Thermometer.

3. **Ask each player what he/she liked about what he/she did.**
4. **Ask each player one thing he/she would have done differently.**
5. **Watch the video (if the role-play was videotaped).**
6. **Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”**
7. **Ask observers: “What did you like about what they did? What one thing would you have done differently?”**

Let's try another role-play without a script.

Who will be the boy and who will be the girl?



Select volunteers.

This time it will be the boy who wants to find out if the girl is safe.

The girl's goal is to have sex with the boy.

I want to give the girl some background.

Tell the “girl” that his character shoots drugs a lot and is a prostitute to pay for her addiction. When the guy is willing to use a condom, she encourages it, but most guys won't use one. This guy looks like he might give her some money afterwards. Business has been slow recently.

Here's the scene. The boy was walking along, and the girl said “hi” to him.

They talked and then went someplace where they could have sex.

They have been playing around and feeling each other up when the boy decides he better find out about her.

He doesn't want to get HIV or an STD.

Please face each other, and keep your hands down at your sides.

Now we need 2 coaches. Who will help out the boy and who will help out the girl?

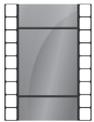
Select volunteers and switch genders so that the girl is played by a male volunteer, and the boy is played by a female volunteer.

The coach for the girl must help her get the guy to have sex with her.

The coach for the boy must help him figure out if he can have safer sex with the girl.

Let's make sure everyone else has something to watch for during the role-play.

Assign all other group members a role. Watch for: feelings, facial expressions, body language, self-confidence, assertive about his needs, doesn't put the girl on the defensive, keeps at it, respects the girl's needs, etc.



Select a director and cameraperson (if videotaping the role-play). Instruct the director to call "action" and "cut" at appropriate times.

So what is the girl's goal?

Make sure the girl can state her goal of wanting to have sex with the boy.

What is the boy's goal?

Make sure the boy can state his goal of wanting to find out if the girl is safe.

What are your Feeling Thermometers reading now?



Get Feeling Thermometer levels.

OK, go ahead and do the role-play.

Find out how safe she is.



Make sure they stand toe to toe with hands kept down at their sides. Allow the role-play to go for a few minutes. Remind the coaches to help the players if they get stuck. Have other group members become the players, if you wish. Then stop and discuss.

That was very good.

Go over the role-play with the group using the following format:

- 1. Give out tokens to players.***
- 2. Ask each player where he/she is on the Feeling Thermometer.***
- 3. Ask each player what he/she liked about what he/she did.***
- 4. Ask each player one thing he/she would have done differently.***
- 5. Watch the video (if the role-play was videotaped).***
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”***
- 7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”***
- 8. Use the following questions to guide a discussion:***
 - What were the characters trying to do in each of these role-plays?***
 - What worked for them and what didn’t?***
 - What do you think is important to get out of this role-play?***
- 9. Thank participants for their feedback. If youth have not yet expressed the main point, the facilitator can share it with them.***

Facilitator Note: Make sure the youth can express the “main point” of the role-plays. The main point is that it is important to learn how to ask questions and assess whether a partner is safe (through understanding their values, attitudes, behaviors, and how these might affect risk for HIV and other STDs).

What can you do if you slip up? Like if you shoot drugs, or have unsafe sex?

Review information about getting tested for HIV/STD/Pregnancy.

Getting tested early gives you more options.

Health resources can be good places to get tested. A health resource is a place that provides services to help keep you healthy, like a clinic or testing site.

Can anyone think of any health resources in the area?

Discuss.

Great. We are going to visit one of those resources in the next few weeks.

Point out the activity for Session 7 in the activity book.

Between now and the next session, do the activity for Session 7.

Now, tell the person on your right something you liked that they said or did today. Let's go around and give some tokens to each other.



Encourage sharing of tokens.

Our next meeting will be held on _____ at _____.

Remember, one of our ground rules is to agree to come one more time. If you haven't scheduled your one-on-one session with me, please make sure to see me after today's session.

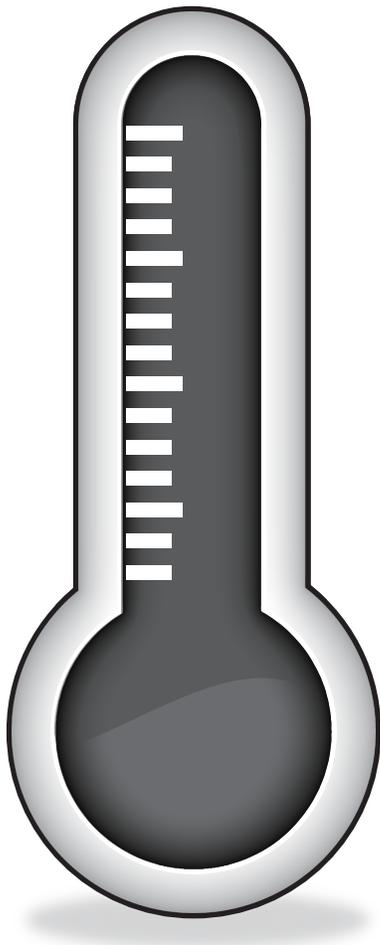
We hope to see you then!

END OF SESSION 6

Goals of Street Smart

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

Feeling Thermometer



Level

Triggers *(Situations, People, Places, Things)*

Very Uncomfortable
100

Uncomfortable
75

Mildly Uncomfortable
25

Very Comfortable
0

Ground Rules

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

Chris and Maria (6-A)

Chris: What's up Maria? You look depressed.

Maria: I am just thinking about Federico, this really fine guy I have been seeing.

Chris: If he's so fine, why do you look so bummed?

Maria: I don't know. It's so hard. When I look at him, I just get so horny and can't think about anything else but...I don't know...I'm confused.

Chris: Now I'm confused! Everything you told me sounds like things are good. I wish I were in your position.

Maria: No you don't. Federico doesn't want to use condoms - any type of condoms - and after we have sex, I start getting all worried and can't stop thinking about it...

Chris: I think you need to make a decision – sex with fine-ass Federico is not going to feel good at all when you catch a disease!

Maria: Yeah, I know.

THE END

My Sexual Values (6-B)

INSTRUCTIONS: Read each of the value statements listed below and check off whether you agree or disagree with the statement. These values may not reflect your behavior, but may be what you try to do. If you agree with the statement and believe it is one of the values that you strive for, then mark Agree. If you do not, then mark Disagree. These are for your eyes only. No one will be reviewing these.

1. Be responsible when you have sex by not bringing grief or hardship to your partner, such as creating an unintended pregnancy or giving him/her HIV.

Agree _____ Disagree _____

2. Do not force your partner to have sex.

Agree _____ Disagree _____

3. Do not manipulate your partner into having sex through drugs, alcohol or deception.

Agree _____ Disagree _____

4. Respect your partner's wishes and pleasures.

Agree _____ Disagree _____

5. Only have sex when it will make you feel good about yourself.

Agree _____ Disagree _____

6. Only have sex when it will make your partner feel good about you.

Agree _____ Disagree _____

7. Only have sex when it will make your partner feel good about her or himself.

Agree _____ Disagree _____

8. Only have sex when you are in love with your partner.

Agree _____ Disagree _____

9. Only have sex with someone you respect.

Agree _____ Disagree _____

10. Do not have sex just because you can.

Agree _____ Disagree _____

Art and George (6-C)

George: Art, this party is hot, right? Hey, come with me to the back room.

Art: How come?

George: There's a bunch of guys back there. We got some crystal.

Art: No kidding.

George: That's not all either.

Art: What?

George: We got this nasty porno that's crazy hot. I never saw anything like this one.

Art: Yeah?

George: Come on, man. You should see these guys. I'm definitely going to get laid tonight!

Art: Uh, you go ahead, I'll be right there

THE END

Problem Analysis Form (6-D)

What was the situation? (Who, where, when, what)

What did you think?

What did you feel?

What did you do?

Are you happy with what you did?

SMART

1. **S** is for state the problem.
2. **M** is for make a goal.
3. **A** is for actions that you could take. List them.
4. **R** is for reach a decision.
5. **T** is for try and review it.

Confident Communication Feedback Form (6-E)

How well did the participant:

1. State his/ her needs clearly and directly?

Excellent Good OK Needs Improvement

2. Show understanding for the other person's needs?

Excellent Good OK Needs Improvement

3. Make his/ her request clear?

Excellent Good OK Needs Improvement

4. Avoid threats or ultimatums?

Excellent Good OK Needs Improvement

5. Keep at it? (Not give up)

Excellent Good OK Needs Improvement

“I Statement” Cards (6-F)

Sample Scenario

Scenario: You and your partner have been practicing safer sex for four months. One night your partner, Johnny, comes home stoned, wants sex, and gets really turned on.

JOHNNY: “Let me put it in without a condom baby. I promise I’ll pull out before I cum.”

Scenario 1

Scenario: Tom is an older man you have known for years. Several times in the past he has helped you out of trouble. He has never asked for anything from you.

TOM: “This will surprise you, but I really want to have sex with you. I’ve been dreaming about it for years.”

Scenario 2

Scenario: You go over to your good friend’s hang out. Your friend is smoking crack and is pretty high.

FRIEND: “Take a smoke. I got plenty of it - good stuff. Come on, you’ll love it.”

Scenario 3

Scenario: Your partner believes that using a condom cuts down on the feeling of sex. But you have an agreement to use one. Often when your partner gets drunk, your partner tries to sneak in getting laid without a condom. You and your partner have been drinking.

PARTNER: “I can tell you are feeling pretty mellow. One more drink and you’ll be ripe. I’m way ahead of you, but you’re catching up. Then, we can get between the sheets.”

Scenario 4

Scenario: One of your friends is shy and doesn’t hang out with many other people. In some ways your friend is homesick. You often have to go to his/her house and see what’s happening. When you go today, your friend is lying in bed. Your friend appears out of it.

FRIEND: “I know I shouldn’t have taken the stuff, but I thought it might make me feel better. I am so lonely. I saved a pill for you. Take it and lie next to me.”

Scenario 5

Scenario: Lola is very sexy, but you think she is a virgin. You believe that if Lola lost her virginity, she would kill herself. You like her and she likes you. You have done some kissing and feeling, but never sex. You and Lola have been drinking a lot of rum. She becomes very affectionate.

LOLA: “I know you want to have sex with me. I want it too, but I’m a virgin because of my religion. I want you so much. Go ahead and do it. No, I didn’t mean that. Oh, yes, please do it, but be easy.”

Scenario 6

Scenario: You have no money and haven't eaten for several days. You decide to go to school to see if you can get some food or borrow some money. So far, you have not been very successful in getting anything at school. You see the gym teacher and ask him to loan you two dollars. The gym teacher looks you over and says,

TEACHER: "I'm not giving you money. But, you can earn it. Come out to my car. It's very comfortable and safe."

Scenario 7

Scenario: You are sitting around with 4 or 5 members of your group. One of them recently stole a little money and has offered to buy some crack for everybody to smoke together. They are all getting ready to go find some crack and smoke it.

T.J.: "You're coming, aren't you? Everybody's going."

Scenario 8

Scenario: Your friend has been depressed for weeks. You are worried. You got the word to come over fast. You did.

FRIEND: "I feel like crap. Nothing's ever going to change. If somebody loved me and made love to me, I might feel better. I'm so scared. I'd have to be high to get enough courage to find someone and get in bed with them. Let's go get high together. Please!"

Scenario 9

Scenario: Your partner wants you to get high because your partner thinks you are freer sexually when you have some drinks in you. Sometimes you wonder if you can really trust your partner. Once, your partner put something in your drink. You go to your partner's place. The drinking has started already. There is a drink poured for you.

PARTNER: "I've been waiting for you. Thinking about that nice body of yours. Here's a drink to get you started. Just a lot of orange juice and a drop of vodka. Drink it down."

Self-Talk



Session 7

Self-Talk

7:1	Introductions	15 min
7:2	Recognizing Harmful and Helpful Thoughts	20 min
7:3	Switching from Harmful to Helpful Thoughts	30 min
7:4	Giving Myself Some Pats On the Back	15 min
7:5	Using Self-Talk in Tough Situations	15 min

TOTAL TIME: **95 min (1 hour, 35 minutes)**

Session 7

Self-Talk

Objectives

By the end of the session, participants will be able to:

1. Illustrate how to use “self-talk” in challenging situations
2. Describe strategies for combating negative “self-talk”

Rationale

Cognitive skills are essential in maintaining safer sex practices and in dealing with risky situations. If one’s self-talk is negative, then depression, helplessness, fatalism, and self-loathing may result. These characteristics do not lead to the sense of self-esteem and self-efficacy needed to practice safer sex. Furthermore, without self-rewarding statements, opportunities to reinforce behaviors that enhance health are missed.

How the youth assigns responsibility for positive and negative events is also important. Blaming oneself for events over which one has no control reduces thoughts of self-competence. Likewise, attributing positive events to chance and negative events to stable aspects of oneself or the world reduces self-efficacy and hopefulness. Certain kinds of attributions will lead the youth to not try to practice safer sex, or to give up.

Knowing how to prepare oneself for a difficult situation and then to use self-talk to guide one through it has been demonstrated to be a very effective coping mechanism. Youth can learn self-talk for the preparation, confrontation and evaluation phases of a conflict.

The main point of this session is for participants to learn how to use their thoughts and self-talk to help them make safer decisions.

Procedures

1. Have participants introduce themselves and say what they tell themselves to make themselves feel good. Also look for successes in staying safer.
2. Introduce the topic for the day. Explain about thoughts that help us and thoughts that get in the way of practicing safer sex.
3. Have participants play a game that teaches them to discriminate between harmful and helpful thoughts in HIV risk situations.
4. Have group members practice switching from harmful to helpful thoughts through being given a scene and a negative thought as a starting point.
5. Give examples of self-talk.

Pre-Session Preparation

- Prepare newsprint: “Ground Rules,” “Goals of Street Smart,” “Catch, Stop, Challenge, Substitute,” “Harmful Thoughts” (see above), and “Tough Situation: How To Deal.”
- Make sure the Thought Cards are well shuffled before beginning the activity. During the activity, manipulate the order of the cards as necessary to ensure that the piles have a relatively even distribution of helpful and harmful thoughts.
- Mark the floor with masking tape to serve as the halfway and goal lines for Exercise 7:2.

Materials

SUPPLIES:

- Newsprint and marking pens
- Pencils
- Lottery prize
- Tokens
- Name-tags
- \$1 bills for those with condoms
- Tape
- “Harmful Thoughts,” “Jimmy” newsprint with the following statement:
 - o “If I use a rubber, it will feel terrible. There is no sense doing it if I have to put on a rubber.”
- “Harmful Thoughts,” “Barbara” newsprint with the following statement:
 - o “I’m afraid that if I ask him to wear a condom, he’ll leave me for some other girl.”

POSTERS:

- Feeling Thermometer poster
- More “Harmful Thoughts” newsprint with the following statements:

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart newsprint
- Catch, Stop, Challenge, Substitute newsprint
- o “She will think I am a jerk if I pull out a condom.”
- o “He’ll think I’m fooling around with other guys if I ask him to use a condom.”

- o “If I don’t take the crack pipe, she’ll blow me off.”
- “Tough Situation: How To Deal” newsprint

HANDOUTS:

- Thought cards (7-A; see Materials CD)
- Examples of Self-Talk handout (7-B)
- Activity books

Exercise 7:1: Introductions (15 minutes)

Welcome! It's good to see you in "Street Smart."

For everyone who was on time today, you get a chance to win today's lottery.

Have the lottery drawing. Each participant draws from a box and 2-3 of them will win a prize (e.g., a food coupon.)

As you may already know, we are trying to become more skilled in keeping ourselves from getting HIV, and leading the kind of life that we want for ourselves.

Let's go around and introduce ourselves.

Tell us your name and what you say to yourself to make yourself feel good.

Like "I'm OK" or "No matter what, I know I can handle it" or "Somebody up there loves me."

You could say, "I'm Sharon, and I'm the greatest!"

I'll start. I'm _____, and to make myself feel good I say _____.

Have everyone give their name and what they say to make them feel good.

That was great!



Hand out Tokens of Appreciation to everyone.

These are Tokens of Appreciation.

We use them a lot to show group members how much we appreciate their contributions to the group, if we agree with them or if they say something we like or that makes us think.

So, if you appreciate someone else's comment or action, please give them a token.

You can say something to the other person when giving a token if you want to, but it's important to hand the token directly to the other person.

The idea is to show support for each other by distributing your pile of tokens by the end of the session.

Review last session's activity from the activity book. If someone is new and doesn't have an activity book, give him/her one.

For all of you, what did you do in the last week to keep safer from HIV and STDs?

We are interested in even the smallest thing that you did because we want to see you stay healthy.

Your comments may also help someone else in the group.

Who would like to be the first person to tell us about a success you had in the last week in keeping safer?

Encourage discussion.

Great.



Hand out tokens to those who contribute.

Who has a condom?

Ask them to hold up their condoms.

Great.



Hand out a special prize (\$1) to the first person who raises his/her hand and shows he/she has a condom.



Put up "GOALS OF STREET SMART." (Also see end of session.)

During these sessions, we will focus on the feelings and thoughts that lead to actions that are unsafe.

For example:

You are drunk and meet someone really hot who wants to have sex.
You don't want to be alone tonight and the attention feels good.
You go ahead and have unprotected sex.

The goals of Street Smart are to help you stay safer. We will give you the tools, information, and practice to help you keep yourself safe. Our goals are to help you:

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

We are committed to making sure that this is a safe place to share feelings and thoughts, try out new behaviors, give feedback to each other, and to work together.



Put up “FEELING THERMOMETER POSTER.” (Also see end of session.)

Here is a Feeling Thermometer.

You can see that being the most uncomfortable is 100 and being very comfortable is 0. Being at 100 isn't always “bad” though. You can be at 100 when you're extremely excited. It's more about how intense your feelings are. When your feelings are very intense, it causes discomfort. When you're feeling relaxed, there is little discomfort.

What is your temperature on the Feeling Thermometer right now?



Have participants look at the poster of the Feeling Thermometer and have them indicate where they are on the thermometer.

Thank you.

It is quite natural for people to feel uncomfortable at the beginning of something new.

It is important to stay in touch with how much comfort or discomfort you are feeling, and what those feelings mean.

Our role as facilitators is to help you learn how to stay safer.

That means we will present you with many opportunities to practice.

Over the course of these sessions, we will be talking about many different situations that can put people at risk for HIV, STDs, and unintended pregnancy.

We will be dealing with situations that put you at risk that you may have encountered, and some situations that you may have never encountered.

The idea is to incorporate many different experiences that can put you at risk, such as unprotected sex, using and abusing drugs, selling yourself for drugs or money, and many others.

We don't expect that everyone will have the same experiences. We are all here to learn and help to keep each other safer.

One thing we will do to make it a safe place is to have ground rules.



Put up "GROUND RULES" newsprint. (Also see end of session.)

From our last session, the ground rules for Street Smart are:

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

What other rules would you like to add?



Encourage sharing and give out tokens. Transition into the next exercise.

Exercise 7:2: Recognizing Harmful and Helpful Thoughts (20 minutes)

When conducting the following exercise, be sure to use the terms “harmful” or “helpful,” never “good” or “bad.”

Today, we are going to work on our thoughts.

When you are faced with any difficult situation, there are two kinds of thoughts that you can have. Thoughts that help and thoughts that get in the way - thoughts that help us reach our goals and thoughts that don't.

The same is true when it comes to practicing safer sex.

Some thoughts will help us practice safer sex, and some thoughts will get in the way of us practicing safer sex.

We think first, and then we do.

Our thoughts direct what we do.

The point is that the way you think can either push you toward unsafe sex, or help you practice safer sex.

We want you to be healthy, so we want your thoughts to be self-supporting.

We are going to play a game that will help us figure out which thoughts help us and which ones prevent us from practicing safer sex.

The facilitator should pre-set masking tape on the floor to indicate the halfway and goal lines.

There will be two teams.

The goal is to get your whole team to the front of the room.

So, the goal line is at the front of the room: practicing safer sex.

The middle of the room is halfway there.

The back of the room is where you start.

I am going to hand out a bunch of cards.

If you get a card with a helpful thought on it, you move to the middle of the room - that's halfway there.

If you get a second card with a helpful thought on it, you move to the goal line of safer sex.

If you get a card with a harmful thought on it, you stay where you are.

The objective is to get your whole team to the front of the room practicing safer sex.

Tell me if there is anything unclear about this game.

Answer questions. Then divide the group into two teams. Give out the "THOUGHT CARDS" (7-A; also see end of session) one at a time, alternating between the teams. After the group decides which type of thought is on the card - helpful or harmful - have that person move forward or stay still, depending on the type of thought.

Some ideas to help the group decide if the card is a helpful or harmful thought are as follows:

- ***If I have this thought, am I more likely or less likely to use a condom?***
- ***If I have this thought, am I more likely or less likely to abstain from sex?***
- ***If I have this thought, am I more likely or less likely to say "no" to things that may put me at risk for HIV or STDs?***

I'll give out the cards one at a time - first to one team and then to the other.

After you get your card, read it out loud. Then we'll decide if it is a helpful or a harmful thought.

Make sure the cards are well shuffled. About forty cards are harmful and thirty cards are helpful.

Play the game until all the cards are used or until one team has everyone in the safer sex goal area - whichever comes first.

That was really good.



Encourage the sharing of tokens.

So, where are your Feeling Thermometer levels now? What did you learn from the game?



Obtain Feeling Thermometer readings and discuss what was learned or experienced in the game.

Exercise 7:3: Switching from Harmful to Helpful Thoughts (30 minutes)

Be sure to avoid using the terms “bad” or “good” when referring to “harmful” or “helpful” thoughts.

How do you change what you are thinking?

First, you have to catch yourself thinking a harmful thought.

Like you keep thinking about the guy who broke up with you, over and over again, and how you should have been nicer and had sex with him, even though he wouldn't use a condom. You might think that you'll never be with anyone again if you tell them to use a condom.

Second, you have to stop the harmful thought.

Third, you have to challenge it.

Yell out “STOP” and startle everyone.

“STOP! That is not a helpful way to think. I am only thinking about getting him back and not about what a jerk he really is.”

Then lastly, you substitute a helpful thought, a thought that makes you feel good about yourself.

Like, “I deserve someone who will respect that I want to use a condom and protect myself.”

Here is another example:

I am with a new lover, and I want to have sex.

I'd like to ask her (him) if she (he) has been sleeping around and practicing unsafe sex.

I think, “What a stupid question! She'll (he'll) never tell you the truth.”

So, I catch myself having that thought and then I shout to myself,

Yell out “STOP” and startle everyone.

“STOP!

And I challenge myself: “That’s not a helpful way to think. It is not a stupid question. You don’t know that she (he) won’t tell you the truth.”

Now I say to myself, “I will be careful about having sex with her (him) until I know more. I have to try and find out what she (he) has been doing. I know how to ask her (him) about her (his) past.”

That’s an example of catching the harmful thought, stopping it, challenging it, and substituting something more helpful.

I’ll put up those steps so that you can see them.



Refer to the prepared newsprint: CATCH, STOP, CHALLENGE, and SUBSTITUTE.

Let’s have you try switching from self-defeating statements to self-supporting statements.

Who will be Jimmy?



Select a volunteer, but switch genders so that “Jimmy” is a female participant.

Jimmy, you are just about to have sex with a girl for the first time. She has asked you to use a condom.



Refer to “Jimmy” newsprint.

I have written up here what you think - a harmful thought.

Then, you say it out loud and practice switching to a helpful thought.

After Jimmy’s finished, we’ll get a couple of others to try this activity.

The rest of us will observe and then give feedback.

Go ahead.



When the first person is finished, give them a token and ask for another volunteer.

When the second person is finished, give them a token and seek a third volunteer.

Encourage the sharing of tokens.

So, we had three brave people practice switching from harmful to helpful thoughts.

Ask the group for feedback.

Let's give them some feedback.

Start with what you liked about their efforts and then say what you would do differently.

Remember don't say, "What you did wrong was"

Obtain feedback and discuss.

Now, we'll try a different one.

Who will be Barbara?



Select a volunteer, but switch genders so that "Barbara" is a male participant.

We'll do this one the same way.

Barbara, you are with a guy you like and are about to have sex.

You want him to wear a condom.



Refer to “Barbara” newsprint.

I have written up here what you think - a harmful thought.

Read it out loud and show us how you would switch to a helpful thought.

After you are finished, we'll get a couple of others to try and then the rest of us will give you feedback.



When the first person is finished, give them a token and ask for another volunteer.

When the second person is finished, give them a token and seek a third volunteer.

Encourage the sharing of tokens.

So we had another group of courageous people practice switching thoughts.

Let's give them some feedback.

Start with what you liked about their efforts and then say what you would do differently.

Remember don't say, “What you did wrong was”

Obtain feedback and discuss.

Let's look at some other harmful thoughts and take turns challenging them and substituting with helpful ones.



Refer to the “Harmful Thoughts” prepared newsprint:

“She will think I am a jerk if I pull out a condom.”

“He'll think I'm fooling around with other guys if I ask him to use a condom.”

“If I don’t take the pipe, she’ll blow me off.”

As a group, come up with challenges and substitutes for these harmful thoughts. Ask the participants for more examples of harmful thoughts.

Good job!

Remember, the main point is that you can use your thoughts to help you make safer decisions.

Where are people’s Feeling Thermometer levels at this point?



Obtain Feeling Thermometer levels and discuss.

Exercise 7:4: Giving Myself Some Pats on the Back (15 minutes)

You would be surprised how many people put themselves down in their own thoughts.

Also, many people do not give themselves pats on the back when they do something positive.

What we say to ourselves counts.

It helps us continue to act in a positive way.

If someone says to me, "I've got some crack. Let's go smoke it," and I tell them, "No thanks," then it's up to me whether I say something positive, neutral, or negative to myself afterwards.

I can say to myself, "That was pretty good. I refused without any problem."

Because I rewarded myself, I am likely to act positively again.

If one of your friends says to you, "I like being with you. I feel really comfortable," what could you say to yourself to give yourself some pats on the back?

Encourage answers. A desirable answer might be, "That's great. I'm glad I made my friend feel good."

I want us to practice giving ourselves pats on the back.

What 3 good things did each of you do in today's session?

Ask for volunteers. You might prompt them by giving your observations. Say something like "You might say, 'I spoke up when I wasn't sure, I gave positive feedback, and I complimented people on their comments.'"



Encourage as many participants as possible to contribute. Pass out lots of tokens and encourage participants to do the same.

Exercise 7:5: Using Self-Talk in Tough Situations (15 minutes)

If you could slow down your thoughts, you would see that you talk to yourself all the time.

For example, you might say to yourself, “Man, look who’s coming down the hall. He looks mean, all pissed off. My stomach is jumping. I better get the hell out of here. Come on feet, move.”

We want to take advantage of that self-talk and make it help us.

When you face a tough situation, it can be broken down into three or four parts. Before the situation, during the situation, and after the situation.

You can use self-talk to help you through all of these parts. Self-talk can make you feel better and help you handle the situation. It can help you lower your Feeling Thermometer, which can help you think. So, let’s see how this works.



Refer to “Tough Situation: How To Deal” prepared newsprint:

Before a situation occurs:

Plan by getting ready

During the situation:

Act Face to Face

Cope Before It’s Too Much

After the situation occurred:

Evaluate Afterwards

I am going to hand out some examples of self-talk to use in different situations. We also have the situation divided into segments on this newsprint.

Pass out “EXAMPLES OF SELF-TALK.” (7-B). Explain each part of the situation, and have participants read the examples for this part from the handout.

The first part is “Plan by Getting Ready.” Before a situation occurs, you can plan by getting ready. This means you can use self talk to prepare yourself to succeed.

Read some examples for this segment from the handout to the group, or have volunteers read it out loud. You may choose to ask participants for 2-3 examples of their own.

The next two parts happen during the situation. During the situation:

First there is “Act Face to Face”. This is when you are facing the situation, facing your fears, and getting in the middle of it.

Read some examples for this segment from the handout to the group, or have volunteers read it out loud. You may choose to ask participants for 2-3 examples of their own.

Then, while you are still in the situation, you may have to “Cope Before It’s Too Much!” That’s our third part. It is when you feel overwhelmed, like when your Feeling Thermometer is getting really high, and it becomes difficult to think.

You may be able to handle the situation without feeling that you are losing control. But if you do, you can use self-talk to help you cope and bring your thermometer down.

Read some examples for this segment from the handout to the group, or have volunteers read it out loud. You may choose to ask participants for 2-3 examples of their own.

The fourth part is to evaluate afterwards. This is after the situation has occurred. You can analyze the situation and what you did, and give yourself some pats on the back.

Read some examples for this segment from the handout to the group, or have volunteers read it out loud. You may choose to ask participants for 2-3 examples of their own.

Self-talk can make you feel better and help you fix the situation. It can help you lower your Feeling Thermometer, which can help you think.

These are just examples of what a person can say to herself or himself.

Do you have any questions about self-talk?

Answer any questions.

What kinds of self-talk would you use in addition to what we came up with here?

Encourage discussion.

The main point is that you can use self-talk to help you make safer decisions.

Point out the activity for Session 7 in the activity book.

Between now and the next session, do the activity for Session 8.

Also, next week is our last group session aside from our trip to _____ scheduled for _____. And if you haven't scheduled a one-on-one session with me yet, be sure to talk with me after today's session.



Now go around and tell the person on your right something you liked that they said or did today. Let's go around and give some tokens to each other.

Our next meeting will be held on _____ at _____.

Remember, one of our ground rules is to agree to come one more time.

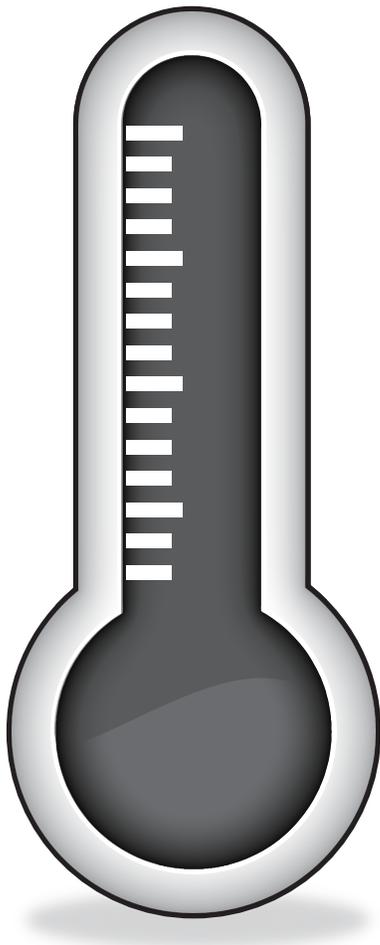
We hope to see you then!

END OF SESSION 7

Goals of Street Smart

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

Feeling Thermometer



Level

Triggers *(Situations, People, Places, Things)*

Very Uncomfortable
100

Uncomfortable
75

Mildly Uncomfortable
25

Very Comfortable
0

Ground Rules

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

Examples of Self-Talk (7-B)

Before a situation occurs:

“Plan by Getting Ready” –prepare yourself to succeed.

This is going to be tough, but I can handle it.

I’ll take a few deep breaths beforehand.

Let me think about what I have to do.

Here’s my plan for how to deal with this.

Don’t take it personally.

Don’t jump to conclusions.

No matter what other people say or do to me, I am still a good person.

During the situation:

“Act Face to Face” –deal with the situation, face your fears, and get in the middle of it.

If I stay cool, I’ll be in control.

Stick to the issues.

Don’t let him/her rattle me.

I don’t need to prove myself.

I can handle it.

I have a right to my point of view.

“Cope Before It’s Too Much”—use self-talk when you feel overwhelmed, like when your feelings are getting out of control or when the situation becomes difficult.

You may be able to handle the situation without feeling that you are losing control.

I’m getting tense, so I better breathe.

He wants me to get angry - but, I’m not going to.

Don’t let him/her rattle me.

Let him/her make a fool of himself/herself.

There’s no shame in leaving and coming back later.

It isn’t worth getting all stressed out.

It won’t last much longer.

I’m not giving the control over to him/her.

After the situation has occurred:

“Evaluate Afterwards” - analyze the situation and what you did, and give yourself some pats on the back.

If resolved

It worked out pretty well.

It wasn’t as bad as I expected.

I did it!

If unresolved

I’ll do better next time.

I can do it differently next time.

Forget about it.

Thinking about it only keeps it alive.

These are tough situations, and they take time to figure out.

Put the self-talk in your own words.

Safer Sex

8

Session 8

Safer Sex

8:1	Introductions	15 min
8:2	How to Handle Difficult Sexual Situations	20 min
8:3	Dealing with Rationalizations	15 min
8:4	Preparing for and Dealing with Slips	15 min
8:5	Creating a Media Message	45 min
8:6	Preparing for Sessions 9 and 10	5 min
8:7	Ending the Group	15 min

TOTAL TIME: **130 min (2 hour, 10 minutes)**

Session 8

Safer Sex

Objectives

By the end of the session, participants will be able to:

1. Describe a model for understanding why people engage in behavior that they know is risky
2. Identify strategies to deal with rationalizations that encourage unsafe sex

Rationale

From a learning theory point of view, when people engage in behavior that appears to be unhealthy, a set of reinforcements work to initiate and maintain the behavior. An expectation of positive rewards is one crucial factor. Consequently, it is important to have youth identify what “good” they and their peers might hope to receive from unsafe sex. Discovering and labeling these expectations can begin to change perceptions and can reduce the positive feelings associated with unsafe sexual situations.

Since they know which behaviors are unsafe, youth need to justify why they continue to act unsafely. One of the key ways to do that is through rationalization. This session deals with which rationalizations are often used, and then provides practice in countering those rationalizations. Since it is hoped that the uncovered rationalizations are ones actually used by members of the group, paradoxical techniques are employed to make using these excuses less potent.

Also, at this point, it is important to provide participants with an opportunity to pull all of the experiences in the intervention together. Since the sessions are ending and the formal group will be disbanding, it is important that participants engage in a final group effort using their creativity, and experience a sense of closure.

The main point of this session is for the participants to figure out why they engage in risky behaviors, and to learn how to argue against their rationalizations.

Procedures

1. Have participants introduce themselves by using an adjective with the same first letter as their name.
2. Explain the importance of recognizing feelings, and teach participants how to assess their own comfort-discomfort levels through using the Feeling Thermometer and prepared examples.
3. Discuss why people may engage in risky behaviors using a script to illustrate.
4. Discover the reasons why group members and their friends might engage in unsafe sex.
5. Create a media message (music video, soap opera, commercial). Review and discuss the media message that the group created.
6. Prepare for the individual sessions and community resource visit.
7. Discuss the ending of the group.

Pre-Session Preparation

- Prepare newsprint: “Ground Rules,” “Goals of Street Smart,” and for the brainstorming activity, “What Do You Get Out of Having Unsafe Sex?”
- Decide how you will facilitate the rationalization exercise (Exercise 8:3). Facilitating the abbreviated version of the exercise may allow youth to have a bit of extra time to create their media message.
- Consider and prepare for the most appropriate closing for the group session (see Facilitator Note, p. 510).

Materials

SUPPLIES:

- Newsprint and marking pens
- Pencils
- Lottery prize
- Tokens
- Name-tags
- \$1 for those with condoms
- Rationalization Cards
- Costumes and makeup

POSTERS:

- Goals of Street Smart poster
- Feeling Thermometer poster

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart
- “What Do You Get Out of Having Unsafe Sex?” prepared newsprint

HANDOUTS:

- Pat & Sonia script (8-A)
- People’s Actions (8-B)
- Rationalization Cards (8-C; see Materials CD)
- Goal Setting and Confidence Rating Sheet (8-D)
- Activity books

Exercise 8:1: Introductions (15 minutes)

Welcome! It's good to see you in "Street Smart."

For everyone who was on time today, you get a chance to win today's lottery.

Have the lottery drawing. Each participant draws from a box and 2-3 of them will win a prize (e.g., a food coupon.)

As you may already know, we are trying to learn more skills to keep ourselves from getting HIV, so we can lead the kind of lives that we want for ourselves.

Let's go around and introduce ourselves. Tell us your name and give us a positive adjective that starts with the same letter as your name.

For example, you might say, "I'm Cool Carlos."

I'll start. I'm _____ .

Have everyone give their name and an adjective.

Very good.



Hand out Tokens of Appreciation to everyone.

These are Tokens of Appreciation.

We use them a lot to show group members how much we appreciate their contributions to the group, if we agree with them or if they say something we like or that makes us think.

So, if you appreciate someone else's comment or action, please give them a token.

You can say something to the other person when giving a token if you want to, but its important to hand the token directly to the other person.

The idea is to show support for each other by distributing your pile of tokens by the end of the session.

Review last session's activity from the activity book. Even though the sessions are ending, if someone is new and doesn't have an activity book, give him/her one.

For all of you, what did you do in the last week to keep safer from HIV and STDs?

We are interested in even the smallest thing that you did because we want to see you stay healthy.

Your comments may also help someone else in the group.

Who would like to be the first person to tell us about a success you had in the last week in keeping safer?

Encourage discussion.

Great.



Hand out tokens to those who contribute.

Who has a condom?

Ask them to hold up their condoms.

Great.

Hand out a special prize (\$1) to the first person who raises his/her hand and shows he/she has a condom.



Put up "GOALS OF STREET SMART." (Also see end of session.)

During these sessions, we will focus on the feelings and thoughts that lead to actions that are unsafe.

For example:

You are drunk and meet someone really hot who wants to have sex.
You don't want to be alone tonight and the attention feels good.
You go ahead and have unprotected sex.

The goals of Street Smart are to help you stay safer. We have given you the tools, information, and practice to help you keep yourself safe. Our goals are to help you:

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

We are committed to making sure that this is a safe place to share feelings and thoughts, try out new behaviors, give feedback to each other, and to work together.



Put up “FEELING THERMOMETER POSTER.” (Also see end of session.)

Here is a Feeling Thermometer.

You can see that being the most uncomfortable is 100 and being very comfortable is 0. Being at 100 isn't always “bad” though. You can be at 100 when you're extremely excited. It's more about how intense your feelings are. When your feelings are very intense, it causes discomfort. When you're feeling relaxed, there is little discomfort.

What is your temperature on the Feeling Thermometer right now?



Have participants look at the poster of the Feeling Thermometer and have them indicate where they are on the thermometer.

Thank you.

It is important to stay in touch with how much comfort or discomfort you are feeling, and what those feelings mean.

Our role as facilitators is to help you learn how to stay safer.

That means we will present you with many opportunities to practice.

Over the course of these sessions, we have talked about many different situations that can put people at risk for HIV, STDs, and unintended pregnancy.

We have dealt with situations that put you at risk that you may have encountered, and some situations that you may have never encountered.

The idea has been to incorporate many different experiences that can put you at risk, such as sex with persons of the opposite sex, sex with persons of the same sex, using and abusing drugs, selling yourself for drugs or money, and many others.

We don't expect that everyone will have the same experiences. We are all here to learn and help to keep each other safer.

One thing we have done to make it a safe place is to have ground rules.



Put up “GROUND RULES” newsprint. (Also see end of session.)

From our last session, the ground rules for Street Smart are:

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come “one more time.” If you think you want to quit, give it a second chance.
6. Don't come high.

What other rules would you like to add?



Encourage sharing and give out tokens. Transition into the next exercise.

Exercise 8:2: How to Handle Difficult Sexual Situations (20 minutes)

Let's start off today with a quick role-play.

I need two volunteers.



Select volunteers and give them their scripts (8-A).

While you two do the role-play the rest of us will observe.

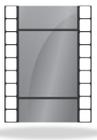
We will look for the emotions you are showing and how you handle the situation.

Select volunteer observers.

Observer 1, watch the face of Pat, and observer 2, watch the face of Sonia to see what feelings they are expressing.

Observer 3, listen for emotion in the voice of Pat, and observer 4, you do the same for Sonia.

Observer 5, watch the hands of Pat and observer 6, watch the hands of Sonia. Body language can be a good way to figure out how someone is feeling.



***Select a director and cameraperson (if videotaping the role-play).
Instruct the director to call "action" and "cut" at appropriate times.***



Ask players where their Feeling Thermometer levels are before they begin the role-play.

OK, now let's do the role-play.



Pat and Sonia

Sonia: Where were you last night, Pat? I was hoping you would be at that party.

Pat: Remember that really hot guy I told you about last week? I ran into him on the street and he started up a conversation with me. I couldn't believe he was interested in me.

Sonia: What??!! You mean that older guy? Oh, he is fine!

Pat: It was great - he took me out to eat and then we went back to his place. He has a really nice place, too.

Sonia: So? Did you do it with him?

Pat: Of course! You think I am going to pass up an opportunity like that?

Sonia: You used protection, right?

Pat: He didn't say anything about condoms, and I didn't want to bring it up and ruin the whole night.

Sonia: I can't believe you! Are you stupid?

Pat: Excuse me? Listen Sonia, he is older, he does not mess around with drugs and stuff – he's not a thug. This is a guy who has his life together; he is definitely safe.

Sonia: That's what you want to believe, but you never know.

THE END

That was great!

Go over the role-play with the group using the following format:

1. Give out tokens to players.

- 2. Ask each player where he/she is on the Feeling Thermometer.**
- 3. Ask each player what he/she liked about what he/she did.**
- 4. Ask each player one thing he/she would have done differently.**
- 5. Watch the video (if the role-play was videotaped).**
- 6. Get feedback from observers (on eye contact, hands, emotions, body language, etc.) Ask: “Observers, what feedback can we give our players?”**
- 7. Ask observers: “What did you like about what they did? What one thing would you have done differently?”**
- 8. Use the following questions to facilitate a discussion.**
 - What did Pat think about her own behavior?**
 - Do you think Pat did not know the risks in having unsafe sex?**
 - Why do you think she would do what she did?**
 - What do you think is important to get out of this role-play?**
- 9. Thank participants for their feedback.**

Encourage discussion and share tokens. Throughout the discussion that comes up, encourage participants to think about WHY we sometimes make decisions that are harmful to us and the ways we sometimes talk ourselves into such situations, even though we have the information needed to make safer choices. (Prepare youth for upcoming introduction to rationalizations.)

Thank you for your feedback.

Now, what do you think of Pat’s answer about using condoms?

In an earlier session, we went over why people keep acting in a certain way.

Give out “PEOPLE’S ACTIONS” handout to participants. (8-B; see end of session.)

We said that people do things when they expect something good to come out of it.

For example, people might have unsafe sex because they expect to make some money from it.

Or, they might do it so that their partner will like them more.

What good did Pat think was going to come out of having unsafe sex with that older guy?

Obtain responses.

Let's try and figure out what you or your friends usually hope to get out of unsafe sex.

What good things do you usually think you are going to get out of it?

I will write them up here.



Write responses on prepared "What Do You Get Out of Having Unsafe Sex?" newsprint. Make sure the list includes the following:

- ***Instant pleasure***
- ***Reduce loneliness***
- ***Could be the right person in my life***
- ***Be accepted***
- ***Fear of rejection***



Tell us where you are on the Feeling Thermometer.



Deal with extreme discomfort by exploring what thoughts are behind it. Be supportive. Give tokens for confronting discomfort and reducing uncomfortable feelings. Try relaxation if you wish.

Exercise 8:3: Dealing with Rationalizations (15 minutes)

Sometimes we tell ourselves that having unsafe sex is OK.

“Rationalizing” is the word used to describe making excuses for ourselves or for behaviors that we know deep down aren’t good for us and that put us at risk.

It is how we explain away the fact that we did something that wasn’t in our best interests.

In our role-play at the start of the session, what rationalization did Pat use for having unprotected sex?

Obtain responses such as “he is older” and “he doesn’t mess around with drugs.”

When you start telling yourself that unsafe sex is OK, one way to deal with that is to argue against your rationalizations.

Let’s say I told myself, “Nothing else is going right in my life now, so what do I have to lose?”

How would you shoot down that idea?



Encourage suggestions. Give out tokens.

I could say to myself, “First, you’ve got your life to lose. Second, if you keep telling yourself that life sucks, instead of doing something to make it better, you’ll work yourself into a big depression.”

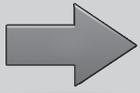
Let’s practice this together.

Each person will get a card with a rationalization on it.

Give out cards.

The first person will read his/her rationalization for not having safe sex and then pass the card to the person on his/her right.

The second person will argue against that rationalization.



CHOICE - ways to do the exercise

Pass out the cards one at a time (8-C). When the first person has answered, give a card to the second person. Keep going until everyone has had a chance to argue against a rationalization.

OR

To make this exercise shorter, pick out 4 rationalization cards and choose 2 pairs of participants to argue against them in front of the whole group.

This exercise can be videotaped.

Then they will turn the card over and read the suggestion on the back.

Is there anything unclear about this exercise?

OK, let's start.

Do the exercise.

You all did very well.



Encourage sharing of tokens.

How do you feel? Check out your Feeling Thermometer.



Obtain responses on feelings.

So, what did you think of the rationalizations?

Did they sound familiar?

Was it easy or difficult to come up with arguments against the rationalizations?



Encourage discussion and give out tokens. Throughout the discussion that comes up, emphasize the point that in some sexual situations, it is important to figure out why a risk is being taken and to argue against any harmful rationalizations.

Exercise 8:4: Preparing for and Dealing with Slips (15 minutes)

Staying safe means being prepared for slips. A slip is when you do something that you promised yourself you wouldn't do. Like you weren't going to have sex without a condom ever again, but you met this really hot guy and you did it anyway.

We just looked at the many ways you can rationalize doing something you said you weren't going to do and learned ways to argue against the rationalization.

In our previous session we identified the triggers, persons, places, situations and feelings that might lead to a slip, and the options you have for dealing with those triggers.

Another way to be prepared for dealing with slips is to be clear on what you want for yourself in the long run.

Hand out "GOAL SETTING / CONFIDENCE RATING" Sheet. (8-D; see end of session.)

We are going to do this handout one column at a time.

In the first column, list of all the things you want to be, do and have in the next three years. Be sure to include having safer sex and being sober when you have sex (if such situations apply to you).

Let yourself dream. It's important that you write down what you truly feel. You're the only person who will see your list.

Allow five minutes for everyone to write down their lists. Encourage them to list as many goals as they can.

In the next column, use a scale of 1 to 10 and write down how important each goal is for you. One means "not important at all," and ten means "extremely important." No one else will see your list.

Allow a few minutes for participants to rank the importance of each goal.

In the last column, use a scale of 1 to 10 and write down how confident you are of achieving each goal. One means “not confident at all,” and ten means “extremely confident.”

So let’s say you want to have safer sex.

This goal is really important for you, because you don’t want to get HIV or an STD.

But imagine that you meet this really sexy guy (a definite trigger). How confident are you of being able to say no to having unprotected sex with him?

Allow a few minutes for the participants to write down their confidence levels for each goal.

Now, look at your sheet and compare how important a goal is to you to your confidence in being able to make it happen. The bigger the gap (like if something is a 9 on importance for you, but only a 2 on confidence) then the greater the chance that you might slip on this goal - so, you might have to work to build the confidence in that area or work hard to stay committed to making it happen.

Who wants to share what they found?



Encourage discussion and pass out tokens. Throughout the discussion that comes up, emphasize the point that in risky situations, it is important to figure out why a risk is being taken and to argue against any harmful rationalizations.

Great job!

Let’s do a quick check-in with the Feeling Thermometer. Where are you right now?

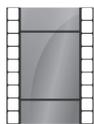


Discuss Feeling Thermometer levels.

Exercise 8:5: Creating a Media Message (45 minutes)

For our final activity, we are going to all participate in creating a media message that incorporates what you've learned in Street Smart.

I would like you to make a music video, a soap opera, or commercial about safer sex.



We will videotape your performance, and then we'll watch the tape and talk about it.

Think about all the things that you have learned in these sessions.

You definitely have a lot that you could talk about.

What are the most important things that you want to communicate?

You will have 30 minutes to get your media message together.

Then we will film it, watch it, and review it.

Here are some props and makeup that you may want to use.

Point out the props, makeup, and video equipment.

What are some of the jobs needed to make a soap opera, music video, or commercial?

Elicit answers such as director, players, script writers, camera people, etc.

You can make whatever type of media that you want, but you need to decide quickly.

Think about all of the issues we have talked about in this group, both today and over the whole 8 sessions.

Try to come up with a song or scenario that incorporates what you have learned,

and that gives other young people like yourself the message that staying safe is respecting and loving yourself as well as respecting and loving your partner.

Your video should last about 5-10 minutes.

Is everybody clear on what we're going to do?

Answer any questions.

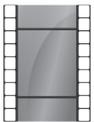
My job is to tell you how much time you have left so that we can get everything in.

Go to it!

Allow 30 minutes for creating the media message. Make sure that each participant has a role as a player, director, camera person, etc. Without intruding, remind the participants of the time and keep to the schedule. The group will need about 15 minutes for viewing the finished product and debriefing.

That was great!

Now, let's watch the tape.



Watch the tape. Make sure everyone can see the screen.

How do you feel after looking at your production?



Have participants share their Feeling Thermometer levels.

So what did you think about what you created?

Encourage discussion.

Let's give out tokens for this work of art that all of you made.



Encourage showing appreciation. Hand out tokens for supporting each other.

That was a fantastic job!

Exercise 8:6: Preparing for Sessions 9 and 10 (5 minutes)

Facilitator's Note: During the following reminder, provide as much detail as possible about where, when and what will take place when discussing session 10. If you need further guidance on organizing the trip to the community resource or what to say about it, refer to the Street Smart Implementation Manual.

This is our last group session together, but is not the end of our time together. There are still two more opportunities for us to work on achieving our goals and reducing our risk of acquiring HIV or STDs.

First, if we have not already scheduled a personal counseling session with you, we will be doing that today.

During the one-on-one session, we will personalize some of the concepts we learned in Street Smart to your individual lives.

This means you will have the opportunity to identify your personal triggers and barriers that may prevent you from practicing safer sex and develop a plan to address them.

As a group, we will also be visiting a community resource center where we can become familiar with the organizations and individuals that can help you get the services you need.

We will talk more about which agencies we will visit. In the meantime, think about what you want to get out of the trip and what specific questions you have for the agency staff.

Exercise 8:7: Ending the Group (15 minutes)

We have crammed a lot of learning into a very short amount of time.

I would like to know what all of this has meant to you.

Tell me about the experiences you have had in this group.

Encourage sharing of what the sessions meant to the participants.

What are your Feeling Thermometers reading now?



Take Feeling Thermometer readings.

Let's do one final relaxation exercise.

Take a moment and get comfortable.

Now, concentrate on your breathing. ***Pause.***

If you want to, you can close your eyes.

Relax and just listen to my voice. ***Pause.***

Imagine being an eagle.

When you breathe out, imagine that you are flying high in the bright blue sky.
Pause.

Breathe out again. ***Pause.***

You are gliding easily on the wind.

The whole world is far below. ***Pause.***

As you breathe out again, your powerful wings lift you higher. ***Pause.***

Facilitator's Note: You can substitute the phrasing below with other phrases, such as "I can do whatever I want in life."

With each breath out, say, "I sail on the stream of success." **Pause.**

Now, open your eyes slowly.

Encourage expressions of feeling.

You have shared a lot with each other.

You have seen each other role-playing, answering questions, learning new skills, talking about your feelings, and being creative.

You have gone through a great deal together.

What compliments would you like to give to the members of the group?

What do you appreciate about them?



Encourage participants to share compliments. Give out lots of tokens.

I am going to hand out some postcards. Imagine it is three years from now and you are sending a postcard back to the group.

What would you say? Maybe you would write:

"Dear Group, I am living in my own apartment and working at a job I love."

"Dear Group, I just got my GED and started college last month."

Or, "Dear Group, I have a beautiful son, and I take good care of him."

Think about it, and write us a postcard from three years in the future.

Pass out 3x5 cards and pencils. Allow a few minutes for participants to write out their messages.

Who will begin and read their card to the group?

Have participants share their cards. Encourage them to talk about their goals for the future.

Those are great goals. Thank you all for sharing today and for the past eight weeks.

This has really been a great experience for all of us in the group and we know that the ideas we have shared and the skills we have developed together will help us all in living the lives we ideally want for ourselves and attaining the futures we imagine.

As you all know by now, one of our goals here is to make friends and be part of a community that will help us stay safe and reach our personal goals.

We hope that you will continue to do this in your lives and stay in touch with the people you have met in this group including us/this agency.

Facilitator's Note: The exact way you close the group will depend on the nature of your relationship with your population (i.e., whether you have an ongoing relationship with them or if their relationship with your agency will end with Street Smart). Additionally, the trip to the community resource should take place after this session, so it is likely that you will see the group at least one more time.

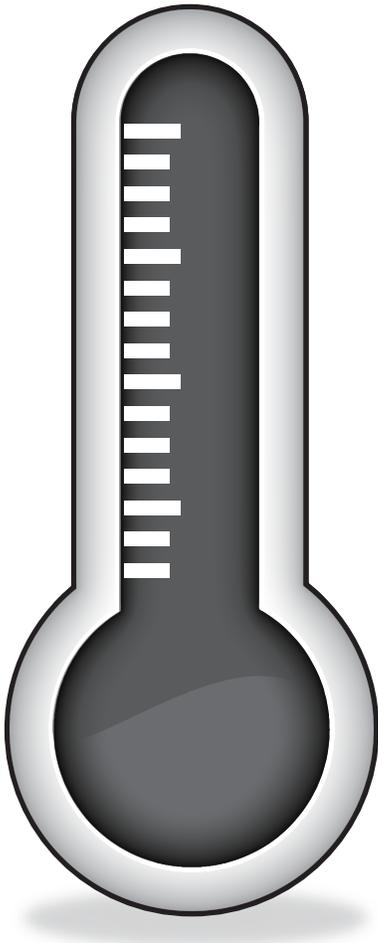
This may also be a good time to prepare participants for the community resource visit as referenced in Exercise 8:6. Have youth write down three questions they will have for staff at the community resource. Offer examples such as questions about confidentiality, cost, or hours of operation. Tell youth to have their questions ready for the visit.

END OF SESSION 8

Goals of Street Smart

1. Practice safer sex.
2. Get in touch with your feelings.
3. Get rid of thoughts that are self-defeating.
4. Take control of your life.
5. Feel confident about your ability to act safe.
6. Know where to go when you are in trouble and need help.
7. Know your own patterns of risk.
8. Make friends who can help you to stay safer.
9. Have fun while changing behaviors.

Feeling Thermometer



Level

Triggers *(Situations, People, Places, Things)*

Very Uncomfortable
100

Uncomfortable
75

Mildly Uncomfortable
25

Very Comfortable
0

Ground Rules

1. Keep confidentiality. What you say is yours - what you hear is theirs.
2. Ask questions - there are no stupid questions.
3. If you are going to be in the group, be involved.
4. Don't judge others - accept group members as you would want to be accepted.
5. Agree to come "one more time." If you think you want to quit, give it a second chance.
6. Don't come high.
7. Have fun!

Pat and Sonia (8-A)

Sonia: Where were you last night, Pat? I was hoping you would be at that party.

Pat: Remember that really hot guy I told you about last week? I ran into him on the street and he started up a conversation with me. I couldn't believe he was interested in me.

Sonia: What??!! You mean that older guy? Oh, he is fine!

Pat: It was great - he took me out to eat and then we went back to his place. He has a really nice place, too.

Sonia: So? Did you do it with him?

Pat: Of course! You think I am going to pass up an opportunity like that?

Sonia: You used protection, right?

Pat: He didn't say anything about condoms, and I didn't want to bring it up and ruin the whole night.

Sonia: I can't believe you! Are you stupid?

Pat: Excuse me? Listen Sonia, he is older, he does not mess around with drugs and stuff – he's not a thug. This is a guy who has his life together; he is definitely safe.

Sonia: That's what you want to believe, but you never know.

THE END

People's Actions (8-B)

People make choices about what actions to take every minute of every day, even when they don't know they're making choices. People make choices for different reasons. Let's look at some of those reasons.

People will continue to behave in a certain way if...

1. They expect something good to come out of it.
2. Something that they want does come out of it.
3. Something good comes out of it often.
4. Anything negative that comes out of it happens a long time after the good part.

People will behave effectively in their best interests if...

1. They know what is in their best interest.
2. They have the necessary skills to behave effectively.
3. They have opportunities to learn skills in several different ways: observing, imitating, and practicing.
4. They believe that they can be effective and have effective tools.
5. They fit into the environment in which they live and the environment supports them.

Goal Setting and Confidence Rating Sheet (8-D)

Goals	Importance (1-10)	Confidence of Getting It (1-10)
BE		
DO		
HAVE		

Individual Session



Session 9

Individual Session

9:1	Orienting the Youth	10 min
9:2	Creating Motivation	15 min
9:3	Identifying Triggers	15 min
9:4	Plans for Success	20 min

Facilitator's Note: The times listed above for each activity are guidelines. Facilitators should spend roughly equal amounts on each component, but times can (and should!) be adjusted to best fit the specific needs of each participant.

Session 9

Safer Sex

Objectives

By the end of the session, participants will be able to:

1. Identify personal triggers that may lead to unsafe sex
2. Identify barriers to practicing safer sex
3. Develop a coping plan for overcoming barriers to practicing safer sex

Rationale

By this time in the Street Smart program the youth have been exposed to a great deal of information about HIV, AIDS and STDs. They have practiced a variety of skills for coping with internal factors and external situations that trigger attitudes and beliefs that can lead to unsafe sex.

The individual session offers the youth an opportunity to personalize a strategy for safer sex that they can feel confident achieving. In addition, there still may be reservations about revealing themselves in a group situation; the youth can use this one-on-one time to share more personal information and ask questions.

Youth often have a difficult time identifying the triggers that cause them to engage in risky behavior. It is useful to have them recall their last unprotected sexual encounter and ask them detailed questions about it. These can include questions such as: with whom it took place, what their relationship was like with that person, where did it take place, when did it happen, and whether drugs or alcohol were involved. This will help them identify their triggers in a more specific way.

Procedures

1. Orient the youth to the purpose of the session and how it will be conducted.
2. Determine if the youth is sexually active or abstinent and follow with the corresponding questions.
3. Identify the youth's motivation by having the youth identify his/her priorities and goals.
4. Assist the youth in identifying his/her goals regarding safer sex.
5. Help him/her identify the triggers that would prevent him/her from being successful in practicing safer sex.
6. Help youth to develop a plan to cope with those triggers that become a barrier to practicing safer sex.
7. Answer individual questions about HIV/AIDS, testing, community resources, etc.

Pre-Session Preparation

- Prepare newsprint: “Ground Rules,” “Goals of Street Smart,” and for the brainstorming activity, “What Do You Get Out of Having Unsafe Sex?”
- Decide how you will facilitate the rationalization exercise (Exercise 8:3). Facilitating the abbreviated version of the exercise may allow youth to have a bit of extra time to create their media message.
- Consider and prepare for the most appropriate closing for the group session (see Facilitator Note, p. 22).

Materials

SUPPLIES:

- Newsprint and marking pens
- Pencils
- Lottery prize
- Tokens
- Name-tags
- \$1 for those with condoms
- Rationalization Cards
- Costumes and makeup

POSTERS:

- Goals of Street Smart poster
- Feeling Thermometer poster

PREPARED NEWSPRINTS:

- Ground Rules newsprint
- Goals of Street Smart
- “What Do You Get Out of Having Unsafe Sex?” prepared newsprint

HANDOUTS:

- Pat & Sonia script (8-A)
- People’s Actions (8-B)
- Rationalization Cards (8-C; see Materials CD)
- Goal Setting and Confidence Rating Sheet (8-D)
- Activity books

Step 9:1: Orienting the Youth (10 minutes)

We have about an hour to spend talking about how Street Smart worked for you and what parts you think applied to you. This is an opportunity for you to discover your own difficult situations regarding safer sex, and to make goals that work for you. I can help you by listening to you and helping you to remember Street Smart tools and techniques that you think might help you meet your goals.

I also will try to answer any questions that you may have regarding HIV, STDs, resources, or anything else that may have come up for you in the Street Smart program.

Step 9:2: Creating Motivation (15 minutes)

Make sure participants make the connection between what's important to them now and in their future and how practicing safer sex can aid in attaining the goals they set for themselves.

I am going to start by asking you questions about your life and goals right now. This will help us to identify what your specific triggers are so that we can ultimately develop a plan for your future success.

Tell me about the things that are important in your life now.

What things would you like to be different?

What goals are important to you?

What are some of your goals regarding safer sex?

What are some of your worries about having unprotected sex?

How would staying safer or using protection help you meet your future goals?

Step 9:3: Identifying Triggers (15 minutes)

Have you been sexually active in the last year?

If youth say they have not been sexually active in the last year, have the youth think about a scenario where they might be tempted to have unprotected sex, in order to facilitate a discussion around barriers to safer sex and potential triggers.

Think about the last time you had unprotected sex.

What was going on?

What were the triggers for you?

People?

Places?

Situations?

Feelings?

Were you using drugs?

What did you like about having unprotected sex?

What didn't you like about having unsafe sex?

What do you think are some of the barriers to having safer sex?

What would need to change in order for you to have safer sex?

Can you identify a pattern of having unsafe sex?

What thoughts (self-talk) did you have the last time you had unprotected sex?

Use the chart below to help youth fully explore their triggers for unsafe sex, Identify ways to avoid those triggers and/or strategies to bring their Feeling Thermometer down to help them make safer choices.

Situation before unsafe act (include people, places, and feelings)	Feeling Thermometer (help identify where youth was on thermometer as he/ she was about to make a decision)	Thoughts	Outcome

Step 9:4: Plans for Success (20 minutes)

You may want to write down the personalized challenges, triggers, and goals that are identified in this session for participants to take with them and use for future reference. For example, if you choose to create a SMART diagram for one or more of a participant's problems, they can take it with them so that they can remember and refer to the specific actions and goals they set for themselves.

What is your goal regarding safer sex?

Let's take one step at a time.

What do you think is the first step? Next step? (Continue on until a plan is made.)

Given what you know about your triggers, including people, places, situations, or feelings, what do you think could go wrong with your plan?

What are some options that you have?

What might need to change in order for you to meet your goal?

What support or help do you need to meet your goal?

What other questions do you have regarding yourself or HIV, or anything else that may have come up for you in Street Smart?

End on a positive note: Given what they know about themselves now, and the plan that they have to reach their goal, you are sure that they can be successful. Offer referrals as needed/appropriate. If the community resource visit has not taken place yet, remind the participant about the time, location, and date of the visit.

END OF SESSION 9

Visiting a
Community
Resource

10

Session 10

Visiting a Community Resource

- 10:1 What Should We Look for at this Community Resource?**
- 10:2 Introductions**
- 10:3 What is the Community Resource Like?**
- 10:4 What are Other Local Resources?**
- 10:5 An Informal Meal**
- 10:6 Follow-up**
- 10:7 How Did You Like the Visit?**

Session 10

Visiting a Community Resource

Objectives

By the end of the session, participants will be able to:

1. Describe a community resource that serves youth
2. Develop linkages with a community agency

Rationale

Community resources must be in place to facilitate the desired behavior - practicing safer sex. From research on teenage pregnancy, drug, and smoking prevention, it is known that coordinating services for youth is critical. These youth often rely heavily on peers rather than adults for obtaining information and other forms of support, partly because they think other sources of support are unavailable to them.

The youth served in this intervention program need a variety of resources. These include counseling, health care, alcohol and drug rehabilitation, legal aid, G.E.D. exam preparation, job placement, or housing assistance. To access these services, youth also need to become more self-directed, educated and responsible consumers. To meet this objective, youth require more than just a discussion of where these services can be obtained; they need to learn how to become more educated consumers. They need to be taken to community agencies and centers where they can personally meet the staff and consumers, so they can become familiar and more comfortable with different sites and their services.

The stabilization and integration of community social services for youth may be the single best predictor of safer sex and drug use behavior. Therefore, it is essential that HIV/AIDS prevention programs establish strong working links between different social service agencies at both the leadership and staff levels. Without such links, effective case management cannot be accomplished.

Procedures

1. Brief the participants and have them think of questions to ask at the community resource. Check Feeling Thermometer levels. Give tokens to the participants for their questions.
2. Introduce the community resource staff and consumers to the participants.
3. Have the staff and consumers describe their community resource and what it is like to use their services. Have the participants ask questions.
4. Have the staff describe other community resources used by its consumers and how to access them.
5. Eat an informal meal together.
6. Discuss how to follow-up and make specific plans for coming back. Also have the participants express their appreciation for the visit.
7. De-brief the visit with your participants. Have them discuss what they liked. Check Feeling Thermometer levels. Give tokens for comments made about the community resource.

Establish Links

Select a community resource that provides community social services for youth. Have the leadership of both your organization and the community resource establish a formal link that facilitates your youth becoming consumers.

Preparing for a Visit to the Community Resource

Prior to selecting a resource, brainstorm a list of possible sites to visit in your community with relevant individuals, such as your community advisory board, stakeholders, and Street Smart staff. Potential locations include testing sites, health clinics, shelters, family planning clinics, and/or any other resources familiar with the needs of your target population.

Research which community agencies have the resources most needed by your target population, including community agencies that provide comprehensive services.

Select the community resource agency you will visit and contact the agency to make arrangements for the visit. Be sure to communicate important, non-logistical aspects of the visit, such as objectives and expectations. Also, try to arrange a space within or near the site where you can meet with youth prior to engaging with the center staff.

Arrange for your youth to visit the community resource. Set up the following format:

- At the community resource have both staff and consumers present what services are available and what it is like to be served there.
- Have consumers from the community resource be paired with your youth when touring the resource center.
- Have the community resource do a presentation on other community services and how to access them.
- Have a meal served during the visit, so consumers and staff can talk with your youth in an informal manner.
- Develop a follow-up mechanism with the staff, whereby your youth will be invited back and feedback will be given to you on who returns.

Exercise 10:1

What Should We Look for at this Community Resource?

On the day of the visit, meet briefly with the participants somewhere close to the community resource site (either where sessions are conducted or in a meeting room at the site itself) and have them discuss what they would like to see in an agency that served them. Be sure to arrange a meeting place in advance. Have them develop a short list of questions that they want answered. For example, confidentiality may be a concern that needs addressing. Give out tokens for questions they want answered. Ask them where they are on the Feeling Thermometer. Discuss feelings.

Exercise 10:2

Introductions

At the community resource, have the participants personally introduced to the staff and consumers. Have staff at the resource act as a host to each of the participants.

Exercise 10:3

What Is the Community Resource Like?

Have the resource's staff and consumers explain the available services, what it is like being a consumer there, and how services can be accessed. Give participants the opportunity to ask questions.

Exercise 10:4

What Are Other Local Resources?

Have community resource staff present the other local resources that are available to their members. Hand out the list that describes the resources and how to access them. Hotline numbers should be included as well as where free condoms are available.

Exercise 10:5

An Informal Meal (optional)

Join the staff and consumers for an informal meal.

Exercise 10:6

Follow-Up

Have the staff and consumers invite participants back, and ask the participants to make specific arrangements to return. Have the participants share their appreciation with the staff and consumers for the visit.

Exercise 10:7

How Did You Like the Visit?

In a private room ask the participants how they are feeling on the Feeling Thermometer. Ask them what they liked about the community resource and discuss what the visit meant to them. Give out tokens for good feedback.

END OF SESSION 10

