

Together Learning Choices

A small-group intervention
with young people living with HIV/AIDS

Acting Safe: Training of Facilitators Curriculum

The University of California, Los Angeles
Center for Community Health
Semel Institute for Neuroscience and Human Behavior

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Together Learning Choices

Acting Safe
Training of Facilitators Curriculum



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Table of Contents

Introduction	1
Goals of Training of Facilitators' Curriculum	1
Objectives of <i>Acting Safe</i> Facilitators' Training	1
Intended Audience	1
Pre-course Assignments.....	1
Five-Day Trainers' Agenda	3
Five-Day Facilitator Trainees' Agenda	9
How to Use the Curriculum	15
Purpose of Training.....	15
Curriculum Organization.....	15
Icons Used in the Training of Facilitators Curriculum	16
Materials Needed to Prepare for the Training.....	16
Equipment Needed to Conduct the Training	16
Room Arrangement	17
Preparation for Training	17
TLC: Together Learning Choices - Background for the Trainer	19
Research on the Intervention	19
Modifications to the Intervention.....	20
The Goals of TLC	21
Theoretical Concepts	21
Feel-Think-Do	22
Required Materials for Training of Facilitators Curriculum:	23
Complete List of Materials Needed for Conducting <i>Acting Safe</i> Teach Backs	23
Acting Safe: Training of Facilitators Curriculum	
Day 1—Unit 1: Introductions.....	27
Acting Safe: Training of Facilitators Curriculum	
Day 1—Unit 2: Learning the Core Elements and Critical Techniques	63
Acting Safe: Training of Facilitators Curriculum	
Day 1—Unit 3: Experiencing Session One of <i>Acting Safe</i>	97
Acting Safe: Training of Facilitators Curriculum	
Day 2—Unit 4: Learning and Practicing the Essential Skills of TLC	113
Acting Safe: Training of Facilitators Curriculum	
Day 2—Unit 5: <i>Acting Safe</i> Teach Backs.....	151
Acting Safe: Training of Facilitators Curriculum	
Day 3—Unit 6: <i>Acting Safe</i> Facilitation Skills and Techniques.....	167
Acting Safe: Training of Facilitators Curriculum	
Day 3—Unit 7: <i>Acting Safe</i> Teach Backs: Sessions Three and Four	183

Acting Safe: Training of Facilitators Curriculum

Day 4—Unit 8: Learning the Drug and Alcohol Reduction Skills and Learning Techniques of **TLC**. 201

Acting Safe: Training of Facilitators Curriculum

Day 4—Unit 9: *Acting Safe* Teach Backs: Sessions Five and Six.....221

Acting Safe: Training of Facilitators Curriculum

Day 5—Unit 10: Implementing **TLC**.....239

Acting Safe: Training of Facilitators Curriculum

Day 5—Unit 11: *Acting Safe* Teach Backs: Sessions Seven and Eight.....257

TLC *Acting Safe* Training of Facilitators Appendices

Appendix A

Handouts

Appendix B

Wall Charts

Appendix C

Laminated Cards and Additional Items

Appendix D

Acting Safe Training of Facilitator: Slides

Appendix E

CDC Information and Guidelines

Appendix F

Evaluation Forms



Introduction

Goals of Training of Facilitators' Curriculum

The goals of the training are to prepare Facilitator Trainees:

- To learn and understand the core elements of **TLC**.
- To implement *Acting Safe* successfully with HIV-positive youth ages 13-29 in their communities.
- To use *Acting Safe* to support the overall **TLC** goals of:
 - Healthy living.
 - Effectively dealing with the challenges of daily living.
 - Positive feelings, thoughts, and actions.
 - Developing daily routines to stay healthy.

Objectives of *Acting Safe* Facilitators' Training

By the end of the training, Facilitator Trainees will:

1. Understand the goals of **TLC** and how *Acting Safe* supports them.
2. Learn and demonstrate **TLC**'s core elements.
3. Observe, teach back, or participate in all 8 *Acting Safe* sessions.
4. Identify and demonstrate the basic requirements of successful facilitation.
5. Identify strategies for implementing **TLC** in their own agency with fidelity to the core elements.

Intended Audience

Facilitators from various backgrounds and educational levels who will be conducting **TLC** in their agency.

Pre-course Assignments

All Facilitator Trainees will have received the **TLC** Intervention Package which includes the Marketing DVD. Each Facilitator Trainee will be encouraged to review the Intervention Package and DVD before attending the training.



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Five-Day Trainers' Agenda: Day 1

Unit 1: Introductions

8:00 AM

- Arrival, Registration, Informal Greeting.
- Introduction of Facilitator Trainees and Trainers.
- General Housekeeping.
- Ground Rules.
- Training Goals, Agenda, and Overview of Materials.
- View TLC Marketing DVD.
- Overview of TLC.
- Review Social Action Theory.

10:20 AM Break

Unit 2: Learning the Core Elements and Critical Techniques

10:35 AM Introduction to Thanks Tokens and lottery tickets.

- Distribute Thanks Tokens and lottery tickets to Facilitator Trainees and explain how they are used in TLC.

10:40 AM Introduction to TLC's Core Elements

- Define core elements and explain their importance.

10:45 AM Introduction to Feel-Think-Do Framework and Feeling Thermometer

- Describe the components of the Feel-Think-Do Framework and introduce the Feeling Thermometer as core elements of TLC.

11:35 AM Introduction to TLC's Core Elements (continued)

- Describe the remaining core elements of TLC.

12:00 PM Lunch

Day 1 - *continued*

Unit 3: Experiencing Session One of *Acting Safe*

1:00 PM Trainers' Demonstration: Session One, *Acting Safe*.

3:30 PM Break

3:45 PM Response to Experience of Session One: Small Group Work

- Facilitator Trainees break into small groups to discuss what they have learned about facilitation from observing Session One.

4:05 PM Assign teach backs

- Give teach back assignments to Facilitator Trainees.

4:15 PM Closing and Evaluation

4:30 PM Adjourn

Five-Day Trainers' Agenda: Day 2

8:30 AM Arrival and Check-In

Unit 4: Practicing the Skills and Techniques of TLC

8:45 AM Personal Problem-Solving

- Brief Presentation on the SMART Problem-Solving Steps used in **TLC**.

9:15 AM Short- and Long-Term Goal Setting

- Short- and long-term goal setting are introduced.

9:45 AM Emotional Regulation

- Techniques for emotional awareness and recognition are described.

10:15 AM Break

10:30 AM Assertive Behavior and Communication

- Assertive behavior and communication are defined and introduced.

11:00 AM Facilitator Trainees' Teach Back Preparation

- Facilitator Trainees are given time to work together to prepare their teach backs.

12:00 PM Lunch

Unit 5: *Acting Safe* Teach Back – Session Two

1:00 PM Giving Constructive Feedback

- Guidelines on how to give constructive feedback from one Facilitator Trainee to another on teach backs are reviewed.

1:15 PM *Acting Safe*, Session Two Facilitator Trainees Teach Back

3:25 PM Break

3:40 PM Facilitator Trainees' Teach Back Feedback

- Facilitator Trainees receive feedback about the teach back.

4:10 PM Closing and Evaluation

4:25 PM Adjourn

Five-Day Trainers' Agenda: Day 3

8:30 AM Arrival and Check-In

Unit 6: *Acting Safe* Facilitation Skills and Techniques

8:45 AM Facilitation Skills and Challenging Participants

- Small groups are used to give Facilitator Trainees the opportunity to discuss facilitation skills and how to handle challenging participants.

9:40 AM Facilitation Skills and Challenging Participants

- Strategies for facilitating effective role plays are discussed.

10:00 AM Break

Unit 7: *Acting Safe* Teach Backs - Session Three and Four

10:15 PM *Acting Safe*, Session Three Facilitator Trainees Teach Back

12:15 PM Lunch

1:15 PM Facilitator Trainees' Teach Back Feedback

- Facilitator Trainees receive feedback about the teach back.

1:45 PM *Acting Safe*, Session Four Facilitator Trainees Teach Back

3:45 PM Break

4:00 PM Facilitator Trainees' Teach Back Feedback

- Facilitator Trainees receive feedback about the teach back.

4:30 PM Closing and Evaluation

4:45 PM Adjourn

Five-Day Trainers' Agenda: Day 4

8:30 AM Arrival and Check-In

Unit 8: Learning the Drug and Alcohol Reduction Skills and Learning Techniques of TLC

8:45 AM Charting Progress with Big Goals

- Facilitator Trainees are introduced to setting big goals and on how progress toward them is monitored.

9:05 AM Triggers, Thoughts, and Cravings

- The Trigger→Thought→Craving→Use model of drug and alcohol use is introduced.

10:05 AM Break

Unit 9: *Acting Safe* Teach Backs - Session Five and Six

10:20 AM *Acting Safe*, Session Five Facilitator Trainees Teach Back

12:20 PM Lunch

1:20 PM Facilitator Trainees' Teach Back Feedback

- Facilitator Trainees receive feedback about the teach back.

1:50 PM *Acting Safe*, Session Six Facilitator Trainees Teach Back

3:55 PM Break

4:10 PM Facilitator Trainees' Teach Back Feedback

- Facilitator Trainees receive feedback about the teach back.

4:40 PM Closing and Evaluation

4:55 PM Adjourn

Five-Day Trainers' Agenda: Day 5

8:30 AM Arrival and Check-In

Unit 10: Implementing TLC

8:45 AM Getting Ready to Implement TLC

- TLC implementation activities are discussed.

9:10 AM Recruitment, Retention, and Incentives

- Strategies for recruiting and retaining participants, and use of incentives are discussed.

9:25 AM Tailoring

- Strategies for tailoring TLC are discussed.

9:30 AM Break

Unit 11: *Acting Safe* Teach Backs - Session Seven and Eight

9:45 AM *Acting Safe*, Session Seven Facilitator Trainees Teach Back

11:40 AM Facilitator Trainees' Teach Back Feedback

- Facilitator Trainees receive feedback about the teach back.

12:10 PM Lunch

1:00 PM *Acting Safe*, Session Eight Facilitator Trainees Teach Back

2:40 PM Break

2:55 PM Facilitator Trainees' Teach Back Feedback

- Facilitator Trainees receive feedback about the teach back.

3:25 PM Conclusion: Questions, Discussion, Next Steps

3:45 PM Adjourn



Five-Day Facilitator Trainees' Agenda: Day 1

- 8:00 AM** **Introductions, General Housekeeping, Training Goals, Agenda, Overview, Social Action Theory**
- 10:20 AM** **Break**
- 10:35 AM** **Introduction to Thanks Tokens and Lottery Tickets**
- 10:40 AM** **Introduction to TLC's Core Elements**
- 10:45 AM** **Introduction to Feel-Think-Do Framework and Feeling Thermometer**
- 11:35 AM** **TLC's Other Core Elements**
- 12:00 PM** **Lunch**
- 1:00 PM** **Trainers' Demonstration of *Acting Safe*, Session One**
- 3:30 PM** **Break**
- 3:45 PM** **Response to Experience of Session One: Small Group Work**
- 4:05 PM** **Assignment of Teach Backs**
- 4:15 PM** **Closing and Evaluation**
- 4:30 PM** **Adjourn**

Five-Day Facilitator Trainees' Agenda: Day 2

8:30 AM	Arrival and Check-In
8:45 AM	Personal Problem-Solving
9:15 AM	Short- and Long-Term Goal Setting
9:45 AM	Emotional Regulation
10:15 AM	Break
10:30 AM	Assertive Behavior and Communication
11:00 AM	Teach Back Preparation
12:00 PM	Lunch
1:00 PM	Giving Constructive Feedback
1:15 PM	Teach Back: <i>Acting Safe</i>, Session Two
3:25 PM	Break
3:40 PM	Teach Back Feedback
4:10 PM	Closing and Evaluation
4:25 PM	Adjourn

Five-Day Facilitator Trainees' Agenda: Day 3

- 8:30 AM** **Arrival and Check-In**
- 8:45 AM** **Facilitation Skills and Challenging Participants**
- 9:40 AM** **Facilitation Skills and Challenging Participants**
- 10:00 AM** **Break**
- 10:15 AM** **Teach Back: *Acting Safe*, Session Three**
- 12:15 PM** **Lunch**
- 1:15 PM** **Teach Back Feedback**
- 1:45 PM** **Teach Back: *Acting Safe*, Session Four**
- 3:45 PM** **Break**
- 4:00 PM** **Teach Back Feedback**
- 4:30 PM** **Closing and Evaluation**
- 4:45 PM** **Adjourn**

Five-Day Facilitator Trainees' Agenda: Day 4

- 8:30 AM** **Arrival and Check-In**
- 8:45 AM** **Charting Progress with Big Goals**
- 9:05 AM** **Triggers, Thoughts, and Cravings**
- 10:05 AM** **Break**
- 10:20 AM** **Teach Back: *Acting Safe*, Session Five**
- 12:20 PM** **Lunch**
- 1:20 PM** **Teach Back Feedback**
- 1:50 PM** **Teach Back: *Acting Safe*, Session Six**
- 3:55 PM** **Break**
- 4:10 PM** **Teach Back Feedback**
- 4:40 PM** **Closing and Evaluation**
- 4:55 PM** **Adjourn**

Five-Day Facilitator Trainees' Agenda: Day 5

8:30 AM	Arrival and Check-In
8:45 AM	Getting Ready to Implement TLC
9:10 AM	Recruitment, Retention, and Incentives
9:25 AM	Tailoring
9:30 AM	Break
9:45 AM	Teach Back: <i>Acting Safe</i>, Session Seven
11:40 AM	Teach Back Feedback
12:10 PM	Lunch
1:00 PM	Teach Back: <i>Acting Safe</i>, Session Eight
2:40 PM	Break
2:55 PM	Teach Back Feedback
3:25 PM	Conclusion: Questions, Discussion, Next Steps
3:45 PM	Adjourn



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How to Use the Curriculum

Purpose of Training

This curriculum is developed to assist Trainers in the instruction of Facilitators for the **TLC** intervention. It is designed to develop Facilitator's understanding of the intervention's theoretical basis and core elements. It also provides an opportunity to practice the skills and techniques necessary to successfully implement the intervention.

This curriculum follows the format of the ***TLC Implementation Manual***, which the Facilitator Trainees will use to implement **TLC**. It is important that the Trainers prepare ahead and allow enough time for setting up the training.

Instructions to trainers are often expressed with an action word such as “describe,” “define,” “review,” “present,” etc. The major points will follow and can be presented in the Trainer's own words or through quick exercises or questions to the Facilitator Trainees. When the curriculum shows Say or Ask the words following the instructions are to be said.

The training is a hands-on demonstration of components of the actual intervention by the trainers followed by practice activities conducted by the Facilitator Trainees. It is important to establish from the beginning that Facilitator Trainees will be asked to practice facilitating sessions, as well as participate as a session client.

Throughout the curriculum there are icons to indicate that the trainers are to refer to an item or use a material.

Curriculum Organization

This curriculum is divided into 11 units. The units will cover core elements, key characteristics, learning techniques, and teach backs. At the beginning of each unit you will find the purpose of the unit, the total time necessary to complete the unit, an agenda that lists each activity contained in the unit and its allotted time, and a list of required materials. This information provides you with an overview of the unit and will help you to make preparations for this portion of the training.

Each activity in the unit begins with a description of its specific purpose, the time allotted, and a list of materials to be used during the activity. This information is followed by the procedure that will be used to complete the activity.

The Procedure consists of steps that are taken to convey information, facilitate a discussion, or provide a forum for practice around the concepts, skills, and techniques that are being learned by the Facilitator Trainees.

The procedure contains instructions to the Trainer. Most often the Trainer is asked to “describe,” “define,” “review,” “present,” etc. information. Key concepts will follow and can be presented in the Trainer's own words or through quick exercises or questions to the Facilitator Trainees. These instructions will be given in normal font and in the standard format.

Curriculum Organization - *continued*

When presenting certain parts of the curriculum, it is more important to be precise in the way a concept, skill, or technique is described. These parts of the curriculum are shown in a bolded font and bulleted format. These bullets are preceded by the word, “Say” or “Ask”.

For example, in unit eight, in the section about external triggers for drugs and alcohol you will see:

6. Introduce dealing with external triggers. Say to the Facilitator Trainees:
 - **There are three basic ways of dealing with external triggers so they do not let drug or alcohol thoughts happen or take hold....**

Since it is important to be precise when describing the ways to deal with these triggers, you are prompted to use the wording provided. As mentioned above, if you are not prompted to “Say” or “Ask” instructions, it is acceptable to use your own words when presenting the information.

You will also note that Trainers Tips are included throughout the curriculum. These tips are provided to help you prepare and present the curriculum effectively. These tips may contain background information, guidance on points to highlight, presentation suggestions, etc. These Trainers Tips contain valuable tools for you as you plan and execute your training.

Icons Used in the Training of Facilitators Curriculum

This icon indicates that Trainers should say something or ask a question.



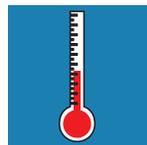
When this icon appears, refer to Implementation Manual.



When this icon appears, present slide to Facilitator Trainees.



This icon signals to the Trainers that the Feeling Thermometer should be used.



When this icon appears, Trainers should distribute Thanks Tokens.



When this icon appears, a role play occurs in the session.



Materials Needed to Prepare for the Training

The materials needed to implement each of this training’s nine units are listed at the beginning of each individual unit. Lists of all materials used during the training of facilitators’ curriculum and the teach backs of *Acting Safe* are found at the end of this introduction.

Equipment Needed to Conduct the Training

Laptop computer and LCD projector or overhead projector for PowerPoint presentation.

Room Arrangement

The training room can be set up on one of two configurations:

- Tables arranged in a U-shape with open end opposite the wall clock, if one is present; Facilitator Trainee chairs around the outside of the “U”; trainers at open end of “U”.
- Tables arranged in clusters with chairs for 4 to 5 Facilitator Trainees per cluster; trainers at one end of the room.
- When conducting role plays, arrange two chairs so that all Facilitator Trainees can observe the actors in the role play without obstruction.
- For the demonstration of Session One and Session teach backs, arrange the room in fish bowl style: position 10 chairs in a circle and then arrange chairs for the remaining Facilitator Trainees so that they can observe the demonstration without obstruction.

Preparation for Training

Trainees should review the *TLC Implementation Manual* Part 1, *Introduction and Overview* before the training.

It is important that Trainers thoroughly prepare for the presentation of each day’s units, gather all the necessary materials beforehand, and allow enough time to set-up the room for the training.

Before Facilitator Trainees arrive on the first day, put intervention packages at each Facilitator Trainee’s place.

The wall charts from *Acting Safe* are used throughout the training and each day should be posted before the training begins.



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TLC: Together Learning Choices - Background for the Trainer

TLC: Together Learning Choices is an evidence-based HIV prevention and health promotion intervention with young people (ages 13 to 29) living with HIV. **TLC** is delivered in small, closed groups using cognitive-behavioral strategies to change behavior. It provides young people with the tools and skills necessary to live their best life and to be able to make healthy choices. The goal of the intervention is to help participants maintain their health, reduce transmission of HIV and infectious diseases, and improve their quality of life. **TLC** is a product of extensive collaboration among researchers, youth living with HIV/AIDS from diverse backgrounds and perspectives, and staff from public and private agencies that serve young people living with HIV/AIDS.

Originally, **TLC** consisted of the following three sequential modules and totaled 31 sessions.

- The *Staying Healthy* module encourages healthy living by focusing on health maintenance and forging effective partnerships with health care providers.
- The *Acting Safe* module is dedicated to primary and secondary HIV prevention by addressing sex- and substance use-related risk behaviors.
- The *Being Together* module emphasizes emotional well-being and improving quality of life.
- The **TLC** Intervention Package contains the *Staying Healthy* and *Acting Safe* modules. The *Being Together* module is not a part of the Intervention Package.

Research on the Intervention

TLC was evaluated with 310 HIV-positive youth ages 13 to 24 (27% African American; 37% Latino) who were assigned either to an intervention or a comparison condition. Of the youth in the intervention condition, 73% attended at least one session.

Following the *Staying Healthy* module, the number of positive lifestyle changes increased 45% and use of positive coping styles increased 18% among females in the intervention compared to females in the comparison condition. Seeking and obtaining social support increased 11% among both genders in the intervention as compared to those in the comparison condition. All these changes were statistically significant.

Following the *Acting Safe* module, intervention participants reported 82% fewer unprotected sex acts, 45% fewer sex partners, 50% fewer HIV-negative sex partners, and 31% less substance use than those in the comparison condition. Again, all of these changes were statistically significant.

TLC modules should be implemented in the order in which the intervention was developed: the *Staying Healthy* module first, followed by the *Acting Safe* module. The optional module, *Being Together*, can be implemented last.

Modifications to the Intervention

During its preparation for use in the field, **TLC** was adjusted in the following ways to make implementation easier.

Materials for the *Being Together* module are not included as part of this intervention package. The module was not rigorously evaluated due to limited follow-up data and the outcomes were not linked to HIV risk reduction. However, the *Being Together* module significantly lowered overall emotional distress, expressions of emotional distress through physical symptoms and anxiety scores among youth in the intervention compared to youth in the comparison condition. In addition, youth in the intervention reported significantly less frequent use of nondisclosure as a coping mechanism than did youth in the comparison condition. The techniques used in this module may require extended training. For these reasons, *Being Together* is offered as an optional module. Materials, training and technical assistance for implementation may be obtained from the UCLA Center for Community Health, or the full module may be accessed at <http://chipts.ucla.edu>.

TLC was originally called Teens Linked to Care because it was designed to target teens and youth (ages 13 to 24) enrolled in HIV treatment programs. The intervention was renamed **TLC: Together Learning Choices** to better reflect the intervention's goals of linking HIV-positive young people to a broad range of care that includes emotional and social support as well as medical treatment.

TLC has been expanded to target HIV-positive young people from a wider age range (ages 13 to 29) who are receiving HIV-related services in a wider range of settings that include both medical clinics and social service agencies. The intervention addresses challenges faced by both HIV-positive adolescents and young adults and can be easily be adapted to a variety of settings, such as mental health centers.

It was also necessary to reduce the *Staying Healthy* and *Acting Safe* modules to eight sessions each, instead of the eight-to-twelve sessions that were originally offered. The Community Advisory Board that consulted with the **TLC** replication team strongly recommended a smaller number of sessions to make it feasible for agencies to implement the intervention and to successfully retain participants. This decision is consistent with the original research on **TLC** in which the mean number of sessions participants attended was 7.7 for *Staying Healthy* and 7.6 for *Acting Safe*. Seventy percent of participants attended at least six sessions of *Staying Healthy*, while 73% attended at least five sessions of *Acting Safe*. This decrease in number of sessions did not result in reduction or change to the content of the intervention. Other changes that were made to the original protocol include:

- Elimination of redundant concepts and activities.
- Addition of updated information on prevention technology, medical management of HIV, and common “club drugs”.
- Integration of a perspective that treats HIV as a chronic disease.
- Greater emphasis on non-scripted role plays.
- Incorporation of a Feel-Think-Do Framework that more explicitly highlights the intervention's underlying theory and the link between feelings, thoughts, and actions.

Note: All of the core elements shown to be responsible for **TLC's** effectiveness were maintained.

The Goals of TLC

The overall goal of **TLC** is increasing behaviors that promote:

- Healthy Living.
- Effectively dealing with the challenges of daily living.
- Positive feelings, thoughts, and actions.
- Developing daily routines to stay healthy.

The *Staying Healthy* module supports the overall goal of **TLC** by:

- Increasing positive health related behaviors.
- Increasing positive coping skills for a healthy future and for managing challenges associated with stigma.
- Improving communication skills for positive relationships with health care providers.
- Decreasing barriers to successful medication adherence.

The *Acting Safe* module supports the overall goal of **TLC** by:

- Reducing the number of unprotected sex acts.
- Reducing the number of sex partners.
- Reducing the number of uninfected sex partners or partners of unknown status.
- Reducing risky drug use behaviors.

Theoretical Concepts

The **TLC** intervention is based on Social Action Theory. Social Action Theory asserts that a person's ability to change behaviors that endanger his or her health is influenced by the individual's cognitive capability as well as environmental factors and social interactions. In other words, a person's ability to successfully change his or her behaviors is dependent on cognitive facility and the social-contextual influences that encourage or discourage the change process. Social Action Theory incorporates the principles that are expressed in traditional social-cognitive models of health-behavior change, including social-cognitive theory, the health belief model, and the transtheoretical model (stages of change), and theories related to social context, interpersonal relationships, and environmental influences.

Social Action Theory considers that behaviors, environment, attitudes, and beliefs influence and depend on each other. Therefore, in order for people to successfully change their behavior, they need:

- **Problem-solving skills** to encourage and facilitate individuals to assess and identify potential barriers (internal and environmental) to self-change and develop appropriate strategies to overcome them.
- **Positive outcome expectancies**, the belief that good things will happen as a result of the new behavior.

Theoretical Concepts - *continued*

- **Self-efficacy**, i.e., one's belief in their ability to control their own motivations, thoughts, emotions, and specific behaviors, and confidence that he or she can persist in the face of temptation.
- **Social interaction skills** within interpersonal relationships (e.g., the ability to communicate effectively, to negotiate, and to resist pressures from others) to promote relationship support.
- **Self-regulating skills**, such as abilities to motivate, guide, and encourage oneself and to problem-solve.
- **Rewards** (reinforcement value) produced by attempts at a new behavior.

According to Social Action Theory, these necessary things can be achieved by:

- Assessing the internal or external barriers to self-change.
- Developing strategies to overcome barriers.
- Increasing motivation to change.
- Promoting the expectation that the outcome of change is valuable and desirable.
- Appraising the Pros and Cons of the adopted behavior, highlighting the intrinsic positive aspects of the new behavior, and rewarding the new behavior (incentives).
- Observing other people's behaviors and experiences (modeling).
- Learning from the experiences of others (gathering information, successful strategies, and shaping outcome expectations).
- Having guided practice or rehearsal of new behaviors and skills.
- Receiving corrective feedback on one's performance of the behavior or skill.
- Acquiring personal experience with new behavior and skills.
- Receiving social support for the new behavior.

Feel-Think-Do

TLC applies the Social Action Theory by emphasizing awareness and identification of one's emotions, thoughts, and actions, which we refer to as the Feel-Think-Do Framework (F-T-D). F-T-D is a simple, low-literacy means of introducing more complex cognitive-behavioral concepts (e.g., emotional regulation, reframing, self-talk, problem-solving, assertive behavior and communication, triggers). It describes an interactive process. F-T-D is based on the idea that when we encounter a situation, we have a feeling about it (expressed through a reading on the Feeling Thermometer that is used throughout the intervention and body reactions), a thought about it (what we say to ourselves), and what we do about it (the actions we take as a result of our feelings and thoughts). **TLC** participants are guided by F-T-D to recognize the connections between their thoughts and feelings and the behavioral choices they make, enabling them to more easily make behavioral changes.



Required Materials for Training of Facilitators Curriculum:

Complete List of Materials Needed for Conducting *Acting Safe Teach Backs*

- *Acting Safe* Training of Facilitators' Agenda
- Certificates of Completion
- DVD player and monitor
- Easel Paper
- Handouts
 - Drug and Alcohol Questionnaire
 - Drug and Alcohol Resource List (to be developed locally)
 - Effectiveness of Birth Control Methods
 - Feeling Thermometer
 - Female Condom Instructions
 - Guidelines for Influencing a New or Casual Partner to Accept Condoms
 - Guidelines for Influencing a Steady Partner to Accept Condoms
 - HIV Disclosure Laws (optional, to be developed locally)
 - Let's Be Smart about STIs
 - Local STI Information, Testing and Treatment Information (to be developed locally)
 - My Big Goal for Drugs and Alcohol
 - My External Triggers Questionnaire
 - My Ideal Self
 - My Internal Triggers Questionnaire
 - Possible Ideal Self Characteristics
 - Protection Against STIs for People Who Are HIV-Positive

Required Materials for Training of Facilitators Curriculum:

Complete List of Materials Needed for Conducting *Acting Safe Teach Backs* - *continued*

- Handouts - *continued*
 - SMART Problem-Solving Steps
 - Tips for Telling Your Partner
 - Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- Highlighters (one for each person)
- Laminated Cards
 - Facilitator Role Play Script: Marshall and Jack (Jackie)
 - Let's be Smart About STIs
 - Negative-Thought Cards
 - Thanks Tokens
- Lottery prizes
- Lottery tickets
- Markers (blue, green, and red) and masking tape
- Name tags
- Paper towels
- Pencils
- Pens
- Protection Methods and Supplies
 - Female condoms
 - Female pelvic model
 - Hand wipes
 - Latex male condom, lubricated
 - Latex male condom, unlubricated
 - Natural-membrane condoms

- Penis models
- Polyurethane condoms
- Samples of lubricants
- WD-40® spray oil
- TLC Marketing DVD
- ***TLC Implementation Manual*** Part 1, *Introduction and Overview*
- ***TLC Implementation Manual*** Part 3, *Acting Safe*
- TLC Training of Facilitators' Course Evaluation Form
- TLC Training of Facilitators' Session Evaluation Form
- Wall Charts
 - Contraceptive Methods (to be obtained locally)
 - Feeling Thermometer
 - Ground Rules
 - Guidelines for Good Weekly Goals
 - My Drug and Alcohol Use Check-In
 - SMART Problem-Solving Steps
 - Using Thanks Tokens
 - Weekly Log
- Weekly Goal Cards



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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 1—Unit 1: Introductions

Unit 1: Introductions

Unit Purpose

- To help Facilitator Trainees feel welcomed.
- To model an inviting introduction activity.
- To introduce Facilitator Trainees to each other, to the Trainers, and to **TLC**.

Time

- 2 hours and 30 minutes

Day 1 - Unit 1: Introductions

ACTIVITY	TIME	LENGTH	CUMULATIVE
Arrival, Registration, Informal Greeting	8:00 A.M.	30 minutes	30 minutes
Introduction of Facilitator Trainees and Trainers	8:30 A.M.	20 minutes	50 minutes
General Housekeeping	8:50 A.M.	5 minutes	55 minutes
Ground Rules	8:55 A.M.	5 minutes	60 minutes
Training Goals, Agenda and Overview of Materials	9:00 A.M.	15 minutes	75 minutes
View TLC Marketing DVD	9:15 A.M.	15 minutes	90 minutes
Overview of TLC	9:30 A.M.	20 minutes	110 minutes
Review Social Action Theory	9:50 A.M.	25 minutes	135 minutes
BREAK	10:15 A.M.	15 minutes	150 minutes
End of Unit	10:30 A.M.		150 minutes

Required Materials for Unit 1

- *Acting Safe* Training of Facilitators' Agenda
- DVD player and monitor
- Easel Paper
- Handout: Social Action Theory
- LCD projector and screen
- Markers and masking tape
- Name tags
- Paper
- Pens
- Reimbursement forms (if applicable)
- Sign-in sheets
- Slides 1-20
- **TLC Marketing DVD**
- ***TLC Implementation Manual* Part 1, *Introduction and Overview***
- ***TLC Implementation Manual* Part 3, *Acting Safe***
- Wall Chart: Ground Rules

8:00 A.M. Arrival, Registration, Informal Greeting

Purpose

- To assemble Facilitator Trainees, register them for the training, and greet them informally.

Time

- 30 minutes

Materials

- *Acting Safe* Training of Facilitators' Agenda
- Name tags
- Paper
- Pens
- Reimbursement forms (if applicable)
- Sign-in sheets
- *TLC Implementation Manual* Part 1, *Introduction and Overview*
- *TLC Implementation Manual* Part 3, *Acting Safe*

Procedure

1. Greet Facilitator Trainees as they arrive.
 - Welcome each Facilitator Trainee individually as she or he arrives.
2. Have Facilitator Trainees fill out sign-in sheets. Distribute copies of the *TLC Implementation Manual* Parts 1 and 3 (if not distributed in advance), Training Agenda, and reimbursement forms (if applicable).
3. Distribute name tags and pens and ask Facilitator Trainees to settle in.

8:30 A.M. Introduction of Facilitator Trainees, Trainers and Hosting Agency

Purpose

- To introduce the Facilitator Trainees, Trainers, and Hosting Agencies.

Time

- 20 minutes

Materials

- Easel Paper
- Markers and masking tape

Procedure

1. Trainers should begin by introducing themselves and the agencies with which they are affiliated.
2. Thank the Facilitator Trainees for coming and welcome them to this training where they will have the opportunity to learn new skills and share experiences with one another.
3. Write these introduction activity questions on Easel Paper and post them.
 - What is your name and the name and location of your agency?
 - What is your role in the **TLC** intervention?
 - Share something you enjoy about your work in HIV/AIDS.
4. Ask each Facilitator Trainee to answer the introduction activity questions.
5. Say to the Facilitator Trainees:
 - **What is your name and the name and location of your agency?**
 - **What is your role in the TLC intervention?**
 - **Share something you enjoy about your work in HIV/AIDS.**

Trainers' Tips

During the introductions, your Facilitator Trainees will be paying attention on many levels. They'll be wondering: How will this training proceed? How interesting is this training going to be? How is **TLC** relevant to me and my agency? What will I learn from this training? So setting a welcoming, well-paced, and inclusive tone is vital. It's tempting to treat introductions as a housekeeping task to be "gotten through." Instead, remember that it is the foundation for the rest of the five-day training.

The time for assembling the Facilitator Trainees and doing introductions is the Trainers' first opportunity to begin the group bonding process. Facilitator Trainees should be encouraged to express themselves openly over the course of the five-day training.

When explaining why HIV prevention and **TLC** are important to you, it is important to share an honest and true reason. Use this story as an opportunity for Facilitator Trainees to develop a rapport with you and to understand that you all share a passion for this work.

8:50 A.M. General Housekeeping

Purpose

- To orient Facilitator Trainees to the facility in which the training is taking place.

Time

- 5 minutes

Materials

- None

Procedure

1. Review housekeeping information about restroom locations, exits, storage for belongings, locations for meals and breaks, use of cell phones, accessing e-mail, and areas for making and receiving phone calls.

Trainers' Tips

Share information that someone new to a facility might need to know especially if they had to take medication, were disabled, or were worried about something at home. Facilitator Trainees will be able to relax and focus on the training if they are familiar with their surroundings, and their needs, and their concerns are met.

8:55 A.M. Ground Rules

Purpose

- To reach consensus on healthy boundaries of group interaction during the *Acting Safe* Facilitator Training.

Time

- 5 minutes

Materials

- Easel Paper
- Markers and masking tape
- Wall Chart: Ground Rules

Procedure

1. Ask the Facilitator Trainees to suggest ground rules to be observed during the training. List them on Easel Paper.
2. Compare the list of suggested ground rules with the **TLC** ground rules on the wall chart.
3. Ask the Facilitator Trainees:
 - **Why are Ground Rules important in TLC?**

Trainers' Tips

Ground Rules are important in **TLC** for several reasons. Ground Rules:

- Help establish group norms.
- Help set a respectful tone.
- Give Trainers and fellow Facilitator Trainees guidance in managing excessive or unacceptable behaviors.
- Function as a tool for teaching positive skills in the intervention, just as they function in the training.

Confidentiality is tricky. Trainers cannot expect confidentiality from everyone. If you promise confidentiality from everyone at the outset, some Facilitator Trainees will discount everything you say after that as rhetoric. You can assure Facilitator Trainees only that **YOU** will keep what's said here in the room. You can ask and encourage Facilitator Trainees to keep what happens in the session confidential. You also can encourage all Facilitator Trainees to remember that a confidentiality agreement is not a guarantee and to participate with that in mind.

9:00 A.M. Training Goals, Agenda and Overview of Materials for TLC

Purpose

- To learn the goals and objectives of the **TLC** training and to review the agenda and the ***TLC Implementation Manual*** Parts 1 and 3.

Time

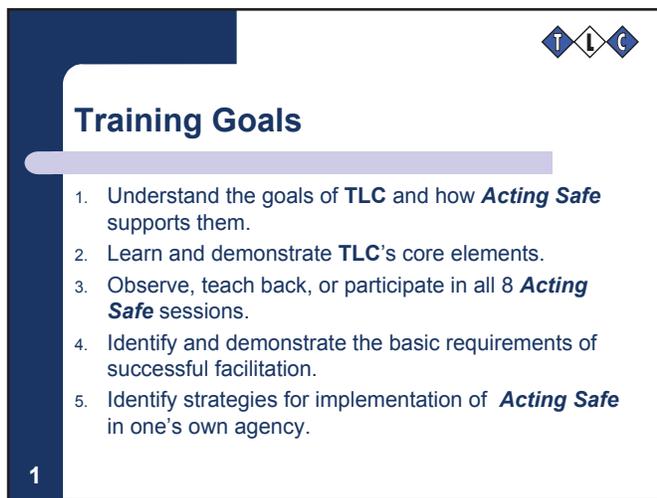
- 15 minutes

Materials

- *Acting Safe* Training of Facilitators' Agenda
- Easel Paper
- LCD projector and screen
- Markers and masking tape
- Slides 1-4
- ***TLC Implementation Manual*** Part 1, *Introduction and Overview*
- ***TLC Implementation Manual*** Part 3, *Acting Safe*

Procedure

1. Show Slide 1 and review the goals of the *Acting Safe* training. The content of Slide 1 is:



Slide 1: Training Goals

1. Understand the goals of TLC and how *Acting Safe* supports them.

2. Learn and demonstrate TLC's core elements.

3. Observe, teach back, or participate in all 8 *Acting Safe* sessions.

4. Identify and demonstrate the basic requirements of successful facilitation.

5. Identify strategies for implementation of *Acting Safe* in one's own agency.

1

Say to the Facilitator Trainees:

- **The Training Goals of the *Acting Safe* Training of Facilitators Curriculum are:**
 1. **Understand the goals of TLC and how *Acting Safe* supports them.**
 2. **Learn and demonstrate TLC's core elements.**
 3. **Observe, teach back, or participate in all 8 *Acting Safe* sessions. (Facilitator Trainees practice implementing the session.)**
 4. **Identify and demonstrate in the basic requirements of successful facilitation.**
 5. **Identify strategies for implementation of *Acting Safe* in one's own agency.**
- 2. Write the training goals on Easel Paper and post them. Refer to them throughout the training as appropriate.
- 3. Briefly review the Training Agenda. Explain that Facilitator Trainees will see all of Session One modeled and will either participate in, observe, or teach back all of the activities in each of the other seven *Acting Safe* sessions.





Procedure - *continued*

4. Show Slide 2 and review the contents of the **TLC** Intervention Package.

A presentation slide titled "TLC Intervention Package" with a list of contents. The slide has a dark blue header with the TLC logo (three diamonds containing the letters T, L, C) in the top right corner. The main content is on a white background with a dark blue vertical bar on the left. The number "2" is in the bottom left corner of the slide frame.

TLC Intervention Package

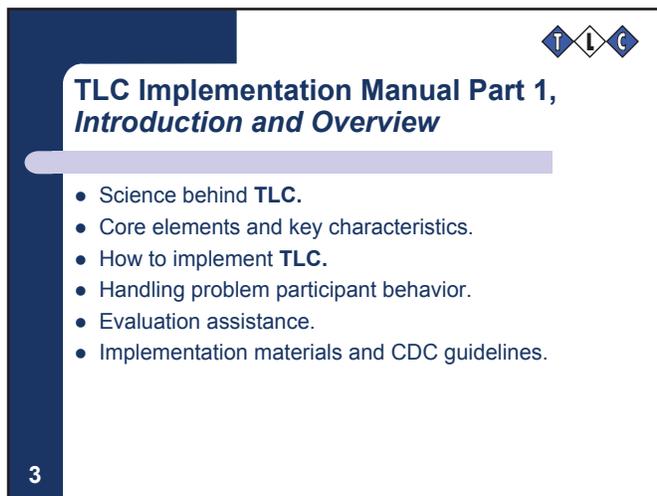
- **TLC** Implementation Manual:
 - *Introduction and Overview.*
 - *Staying Healthy* Module.
 - *Acting Safe* Module.
- Implementation Materials.
- Implementation Plan.
- **TLC** Marketing DVD

2

Say to the Facilitator Trainees:

- **The TLC Intervention Package consists of:**
 1. ***TLC Implementation Manual***
 - *Introduction and Overview*
 - *Staying Healthy Module*
 - *Acting Safe* module
 2. **Implementation Materials**
 3. **Implementation Plan**
 4. **TLC Marketing DVD**

5. Show Slide 3 and review the contents of the *TLC Implementation Manual* Part 1, *Introduction and Overview*.



Say to the Facilitator Trainees:

- *TLC Implementation Manual Part 1, Introduction and Overview* includes:
1. **Science behind TLC.**
 2. **Core elements and key characteristics.**
 3. **How to implement TLC.**
 4. **Handling problem participant behavior.**
 5. **Evaluation assistance.**
 6. **Implementation materials and CDC guidelines.**

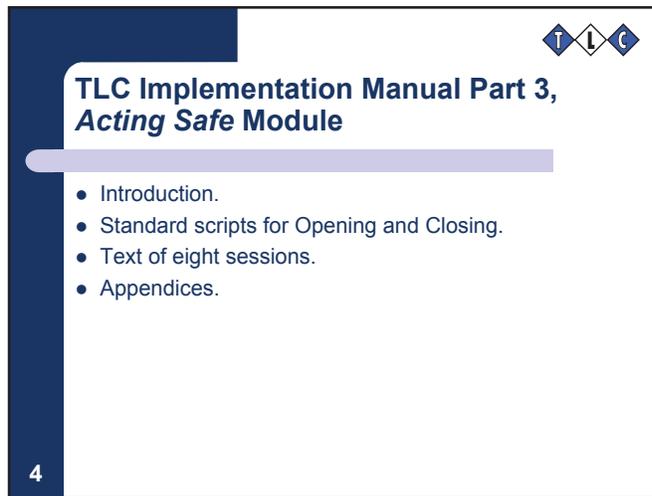
Explain about the manual's separate parts and sections and briefly review the contents of each. Introduce the Facilitator Trainees to the icons in the *TLC Implementation Manual*.





Procedure - *continued*

6. Show Slide 4 and conduct a brief review of the *Acting Safe* Implementation Manual.



Say to the Facilitator Trainees:

- ***TLC Implementation Manual Part 3, Acting Safe* Module includes:**

- 1. Introduction.**
- 2. Standard scripts for Opening and Closing.**
- 3. Text of eight sessions.**
- 4. Appendices.**

Explain that the *TLC Implementation Manual* includes a full list of all materials needed for each session of *Acting Safe*.

Briefly introduce them to the Appendices and note that you will be referring back to the activities within the sessions and appendices frequently during the training.

7. Introduce the concept and use of the Parking Lot. Say to the Facilitator Trainees:
 - **During the training, you may have a question that is not covered in the training materials or that will not be covered until later. We will write those questions in the Parking Lot. We will check the Parking Lot at the beginning and end of each day.**

Post a sheet of Easel Paper labeled “Parking Lot”.

8. Return to the Training Agenda and orient Facilitator Trainees to where you are and what will happen next.

Trainers' Tips

Trainers should put up the Easel Paper with the Course Goals and Objectives on the wall for the duration of the training. Trainers should refer to the objectives as they move through the training. Ask Facilitator Trainees to restate in their own words what they understand from the materials you present. This will enable you to clear up any misunderstandings.

If Facilitator Trainees ask questions not covered in the training materials or that will not be covered until later, tell them those are good questions for the Parking Lot and write them on the Easel Paper titled Parking Lot. You may need several pieces of paper. Review the Parking Lot during breaks and lunch for questions to address in the context of upcoming units and be prepared to answer questions. Return to the Parking Lot at the beginning and end of each day. After a question has been answered, check it off or remove it from the Easel Paper. You may want to save the questions, review the curriculum, and make adjustments to clarify those points.

9:15 A.M. View TLC Marketing DVD

Purpose

- To show Facilitator Trainees the **TLC Marketing DVD**.

Time

- 15 minutes

Materials

- DVD player and monitor
- **TLC Marketing DVD**

Procedure

1. Introduce and show **TLC Marketing DVD**.

9:30 A.M. Overview of TLC

Purpose

- To provide an overview of the **TLC** intervention and identify the role and function of *Acting Safe*.

Time

- 20 minutes

Materials

- LCD projector and screen
- Slides 5-15
- *TLC Implementation Manual* Part 1, *Introduction and Overview*



Procedure

1. Show Slide 5 and begin a description of TLC.

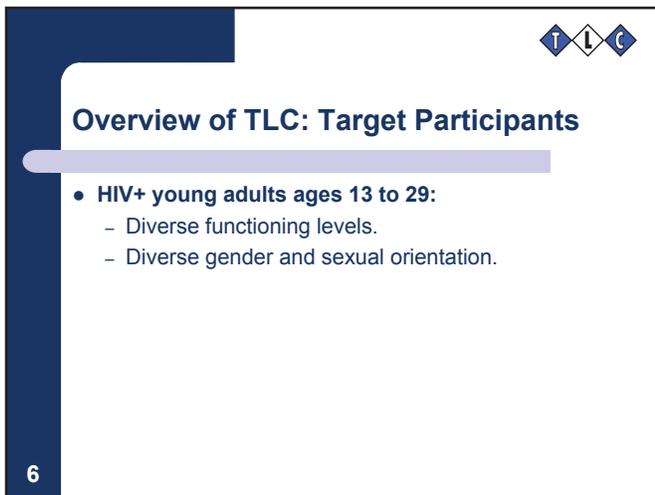
Slide 5: Overview of TLC: What is TLC? The slide features a dark blue header with the TLC logo (T, L, C in diamonds) in the top right corner. The main content is a white box with a dark blue border on the left and top. The title 'Overview of TLC: What is TLC?' is in bold dark blue text. Below the title is a list of bullet points in dark blue text. The number '5' is in a white box in the bottom left corner of the slide.

- **TLC** – Together Learning Choices.
- An evidence-based group level HIV prevention and health promotion intervention.
- Utilizes cognitive-behavioral strategies, such as Social Action Theory, to change behavior.
- Consists of 2 modules of 8 sessions each.
 - Third module is optional and not part of the intervention package.
- Delivered in small groups (4-12 participants) in weekly sessions.

Say to the Facilitator Trainees:

- **TLC is a group level behavioral intervention with HIV-infected teens and young adults. It uses cognitive strategies, such as Social Action Theory, to reduce HIV transmission and to improve health. TLC consists of 2 modules of 8 sessions each. A third module is optional and not part of the intervention package. It is delivered in small groups (4-12 participants) in weekly sessions. TLC originally stood for “Teens Linked to Care.” TLC’s initials now stand for “Together Learning Choices” because its reach extends to people 13-29 years old and “care” refers to more than medical care.**

2. Show Slide 6 and use it to describe **TLC**'s target participants.



Slide 6: Overview of TLC: Target Participants

- **HIV+ young adults ages 13 to 29:**
 - Diverse functioning levels.
 - Diverse gender and sexual orientation.

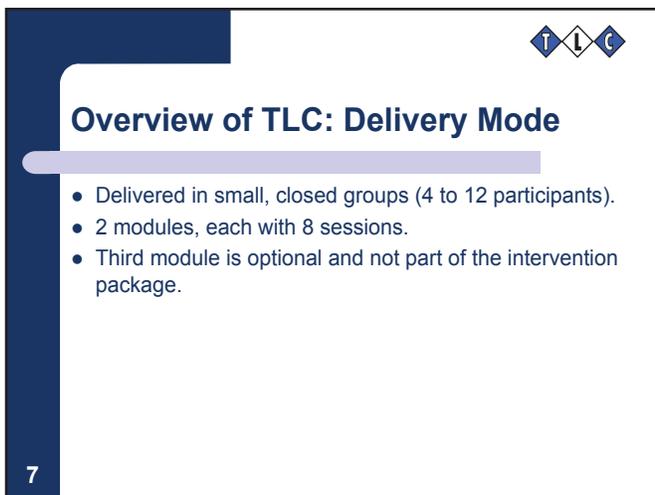
6

Refer to the slide and explain to the Facilitator Trainees that the program is designed for a diverse audience who are ages 13 to 29.

Say to the Facilitator Trainees:

- **TLC's Target Participants are HIV positive young adults, ranging in ages 13 to 29, with diverse functioning levels, genders, and sexual orientations.**

3. Show Slide 7 and describe **TLC**'s delivery mode.



Slide 7: Overview of TLC: Delivery Mode

- Delivered in small, closed groups (4 to 12 participants).
- 2 modules, each with 8 sessions.
- Third module is optional and not part of the intervention package.

7



Procedure - *continued*

Say to the Facilitator Trainees:

- **TLC is delivered in small, closed groups of 4 to 12 participants. Each of the 2 TLC modules consists of 8 sessions. A third module is optional.**

4. Show Slide 8 and use it to describe **TLC's 2 modules**. Refer to the slide and give a brief description of *Staying Healthy*, and *Acting Safe*. Point out that a more detailed explanation of why the *Being Together* module is optional will be given when the adaptation of the original **TLC** intervention is discussed.



Overview of TLC: TLC Modules

- ***Staying Healthy***: health maintenance and effective partnerships with health care providers.
- ***Acting Safe***: primary and secondary HIV prevention.
- ***Being Together***: emotional well-being and quality of life (optional)

8

Say to the Facilitator Trainees:

- **TLC's 3 Modules are:**
 1. ***Staying Healthy***: This module addresses health maintenance and forging effective partnerships with health care providers.
 2. ***Acting Safe***: This module addresses primary and secondary HIV prevention.
 3. ***Being Together***: This module addresses emotional well-being and quality of life issues. This module is optional.
- **The reasons for making the third module, *Being Together*, optional will be explained when we discuss the modification of the original TLC intervention.**



5. Show Slide 9 and deliver a brief overview of **TLC**'s goals.



The slide features a dark blue header with the TLC logo (three diamonds containing the letters T, L, and C). Below the header, the title "Overview of TLC" is displayed in a large, bold font. A horizontal purple bar is positioned below the title. Underneath, the section "Goals of TLC" is followed by a bulleted list of four goals. The slide number "9" is located in the bottom left corner.

Overview of TLC

Goals of TLC

- Increase behaviors that promote:
 - Healthy living.
 - Effectively dealing with the challenges of daily living.
 - Positive feelings, thoughts, and actions.
 - Developing daily routines to stay healthy.

9

Say to the Facilitator Trainees:

- **The Goals of TLC are to increase behaviors that promote:**
 - 1. Healthy living.**
 - 2. Effective dealing with the challenges of daily living.**
 - 3. Positive feelings, thoughts, and actions.**
 - 4. Developing daily routines to stay healthy.**



Procedure - *continued*

6. Show Slide 10 and explain how *Acting Safe* supports TLC's goals. Review each of the points listed on Slide 10.

T L C

Overview of TLC

***Acting Safe* supports TLC's goals by:**

- Reducing the number of unprotected sex acts.
- Reducing the number of sex partners.
- Decreasing the number of uninfected sex partners or partners of unknown status.
- Reducing risky drug use behaviors.

10

Say to the Facilitator Trainees:

- ***Acting Safe* supports TLC's goals by:**
- 1. Reducing the number of unprotected sex acts.**
 - 2. Reducing the number of sex partners.**
 - 3. Decreasing the number of uninfected sex partners or partners of unknown status.**
 - 4. Reducing risky drug use behaviors.**



7. Show Slides 11 and 12 and explain modifications to the original **TLC** intervention that were made during the packaging process.

T L C

Overview of TLC

Modifications to the Intervention

- **Being Together** module – optional.
- New name - **TLC: Together Learning Choices**.
- Extended to include positive young adults (ages 13 to 29).
- **Staying Healthy** and **Acting Safe** modules reduced to 8 sessions each.

11

T L C

Overview of TLC

Modifications to the Intervention - *continued*

- Elimination of redundant concepts and activities.
- Updated information and integrated a model that treats HIV as a chronic disease.
- Greater emphasis on non-scripted role plays.
- Explicit incorporation of a Feel-Think-Do Framework (F-T-D).

12

The ***TLC Implementation Manual Part 1, Introduction and Overview*** contains a thorough discussion of modifications made to the intervention.

Procedure - *continued*

Say to the Facilitator Trainees:

- **During its preparation for use in the field, TLC was adjusted in the following ways to make implementation easier.**
 - **Materials for the *Being Together* module are not included as part of this intervention package. The module was not rigorously evaluated due to limited follow-up data and the outcomes were not linked to HIV risk reduction. The techniques used in this module may require extended training. For these reasons, *Being Together* is offered as an optional module.**
 - **TLC was originally called Teens Linked to Care because it was designed to target teens and youth (ages 13 to 24) enrolled in HIV treatment programs. The intervention was renamed TLC: Together Learning Choices to better reflect the intervention’s goals of linking HIV-positive young people to a broad range of care that includes emotional and social support as well as medical treatment.**
 - **TLC has been expanded to target HIV-positive young people from a wider age range (ages 13 to 29) who are receiving HIV-related services in a wider range of settings that include both medical clinics and social service agencies.**
 - **It was also necessary to reduce the *Staying Healthy* and *Acting Safe* modules to eight sessions each, instead of the eight-to-twelve sessions that were originally offered. The Community Advisory Board that consulted with the TLC replication team strongly recommended a smaller number of sessions to make it feasible for agencies to implement the intervention and to successfully retain participants. This decrease in number of sessions did not result in reduction or change to the content of the intervention. Other changes that were made to the original protocol include:**
 - **Elimination of redundant concepts and activities.**
 - **Addition of updated information on prevention technology, medical management of HIV, and common “club drugs.”**

- **Integration of a perspective that treats HIV as a chronic disease.**
 - **Greater emphasis on non-scripted role plays.**
 - **Incorporation of a Feel-Think-Do Framework that more explicitly highlights the intervention's underlying theory and the link between feelings, thoughts, and actions.**
- **All of the core elements shown to be responsible for TLC's effectiveness were maintained.**
8. Show Slides 13 and 14 and use them to describe the original TLC efficacy trial.





TLC Intervention Trial

Participants and sites

- 310 YPLH participated at baseline
 - 27% Black, 37% Latino; 72% male, 88% gay-bisexual
 - 21 years old on average
 - 55% high school grad/GED, 31% in school/college

13



TLC Intervention Trial - *continued*

Participants and sites

- Recruited and followed from 1994-1996
- Los Angeles, New York, San Francisco, Miami
- 20+ sites, outreach, advertising, etc.
- Randomized into cohorts
- Delayed-intervention control

14

Procedure - *continued*

Say to the Facilitator Trainees:

- **310 youth living with HIV participated in TLC. Most were youth of color, male, and gay or bisexual. The average age of participants was 21. Most were high school graduates and about a third were in college.**
 - **A comprehensive recruitment strategy was used in the TLC intervention trial. The major adolescent HIV/AIDS clinics or service organizations in New York, Los Angeles, San Francisco and Miami were research partners in TLC. In addition, other related community based organizations referred participants or allowed recruitment. Advertising was run in magazines, newspapers, and radio.**
 - **Youth were randomized in treatment or control cohorts within each major site. They generally attended intervention sessions together for the entire 3 modules. The control comparison groups received the intervention 9 months after baseline.**
9. Show Slide 15 and use it to describe the outcomes of the original TLC efficacy trial.



Overview of TLC

Acting Safe Outcomes

- 82% fewer unprotected sex acts.
- 45% fewer sex partners.
- 50% fewer HIV-negative sex partners.
- 31% less substance use.

15

Say to the Facilitator Trainees:

- **Research shows that *Acting Safe* leads to significant reductions in participants' HIV and STI risk behaviors and reductions in substance use. After the completion of TLC, participants reported:**
 - **82% fewer unprotected sex acts.**
 - **45% fewer sex partners.**
 - **50% fewer HIV-negative sex partners.**
 - **31% less substance use.**
- **More information about the research can be found in the journal article that appears in Appendix A of the *TLC Implementation Manual Part 1, Introduction and Overview*.**

9:50 A.M. Review Social Action Theory

Purpose

- To present an introduction to Social Action Theory.
- To describe how Social Action Theory drives **TLC**.

Time

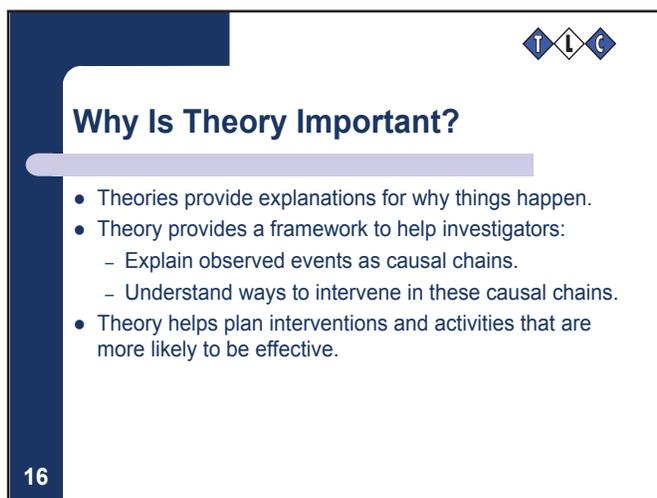
- 25 minutes

Materials

- Handout: Social Action Theory
- LCD projector and screen
- Slides 16-20
- *TLC Implementation Manual* Part 1, *Introduction and Overview*

Procedure

1. Show Slide 16 and use it to introduce the underlying theory behind TLC.



Slide 16 features a dark blue header with the letters 'TLC' in white diamonds. The main title is 'Why Is Theory Important?' in bold blue text. Below the title is a light blue horizontal bar. The slide contains three bullet points: 'Theories provide explanations for why things happen.', 'Theory provides a framework to help investigators:' followed by two sub-bullets: '- Explain observed events as causal chains.' and '- Understand ways to intervene in these causal chains.', and 'Theory helps plan interventions and activities that are more likely to be effective.' The number '16' is in the bottom left corner.



Say to the Facilitator Trainees:

- **Why is theory important?**
- **Intervention researchers use theories to provide explanations for why things happen, why people act the way they act, and why things happen when and how they do.**
- **A theory provides a framework to help investigators understand human behavior as a series of causes and effects. Human behavior takes place in a context. This means that event A is related to event B which in turn may be related to event C. For example, I feel depressed, I eat chocolate, and I feel better. Events A, B, and C form a type of behavior chain which a good theory can describe.**
- **A theory can also help suggest ways to intervene in these causal chains and change behavior. If the A or B part of the behavior chain is changed, C probably will look quite different. I don't feel depressed, I don't eat chocolate, and I don't gain weight and may feel better!**
- **Theory helps in planning structured activities—interventions like TLC—that are more likely to be effective in changing behavior.**
- **Theory is important.**



Procedure - *continued*

2. Show Slide 17 and use it to introduce Social Action Theory, the underlying theory behind TLC.

Social Action Theory

- Theoretical Foundation of TLC
- Extension of Social Cognitive Theory (SCT):
 - Health behaviors result from interplay of:
 - Self-change processes (from SCT)
 - Outcome expectations, self-efficacy, and goal setting mediated by/through relationships, problem-solving
 - Contextual influences (environment)
 - Settings, emotions, and biological predisposition
 - Determine success of adopting health behaviors
 - Dynamic, reciprocal relationship between persons and environmental contexts

17

Say to the Facilitator Trainees:

- **The TLC intervention is based on Social Action Theory.**
- **Social Action Theory is an extension of Social Cognitive Theory.**
- **Social Action Theory explains that health behaviors result from the interplay of self-change processes and contextual or environmental influences.**
- **Self-change processes are described by Social Cognitive Theory. Behavior change is supported by outcome expectations, self-efficacy, and goal setting mediated by/through relationships, problem solving, etc.**
- **Social Action Theory adds an additional explanation for behavior change. Contextual or environmental influences are the settings, emotions, and biological predispositions that determine success in adopting health behaviors.**
- **The interplay between persons and environmental contexts is dynamic and reciprocal.**



3. Show Slide 18 and use it to explain principles from Social Cognitive Theory that are embedded in Social Action Theory.

18

Social Action Theory - *continued*

Social Cognitive Theory (Bandura)

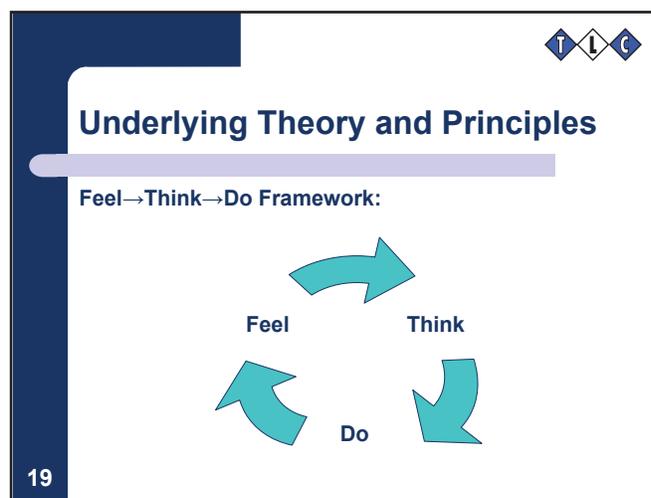
- Behavior change results from:
 - Information
 - Self-efficacy
 - Outcome expectancies
 - Social skills
 - Self-regulating skills
 - Rewards (reinforcement value)

Say to the Facilitator Trainees:

- **We mentioned that Social Action Theory adds an environmental and contextual layer to Social Cognitive Theory. So to understand Social Action Theory, we need to understand a few things about Social Cognitive Theory.**
- **Social Cognitive Theory explains the process of learning and performing health behaviors as an interactive process. We learn by observing other people's behaviors and experiences. In addition to social aspects of learning, behavior change results from:**
 - **Information, i.e., awareness of risk and knowledge of techniques for coping with the environment.**
 - **Self-efficacy, i.e., belief in the ability to control one's own motivations, thoughts, emotions and specific behaviors.**
 - **Outcome expectancies, belief that good things will happen as a result of the new behavior.**
 - **Social skills within interpersonal relationships, such as the ability to communicate effectively, to negotiate and to resist pressures from others.**

Procedure - *continued*

- Self-regulating skills, i.e., abilities to motivate, guide and encourage oneself and to problem-solve.
 - Rewards or the reinforcement value produced by attempts at a new behavior.
- TLC uses these elements to enhance the capacity for participants to change their behaviors. Strategies in the intervention include:
- Observing and imitating others in groups as a means of learning new skills and improving old ones;
 - Self-efficacy, the process of building a participant's belief that he or she can change a behavior (self-efficacy);
 - Outcome expectancies, i.e. instilling the belief that changing behaviors will result in a desired outcome.
4. Show Slide 19 and use it to describe the Feel-Think-Do Framework.



Say to the Facilitator Trainees:

- TLC applies the Social Action Theory by emphasizing awareness and identification of one's emotions, thoughts, and actions, which we refer to as the Feel-Think-Do (F-T-D) Framework.

- **F-T-D is a simple, low-literacy means of introducing more complex cognitive-behavioral concepts (e.g., emotional regulation, reframing, self-talk, problem-solving, assertive behavior and communication, triggers). It describes an interactive process.**
 - **F-T-D is based on the idea that when we encounter a situation, we have a feeling about it (expressed through a reading on the Feeling Thermometer that is used throughout the intervention) and body reactions, a thought about it (what we say to ourselves), and what we do about it (the actions we take as a result of our feelings and thoughts).**
 - **TLC clients are guided by F-T-D to recognize the connections between their thoughts and feelings and the behavioral choices they make, enabling them to more easily make behavioral changes.**
6. Show Slide 20 and use it to explain **TLC** and its use of Cognitive Behavioral Theory.

TLC

TLC from Theory to Action

- Emphasizes awareness of one's emotions, thoughts and actions.
- Applies CBT strategies to promote behavioral change:
 - Emotional awareness and regulation.
 - Connection between feelings, thoughts and actions.
 - Positive self-talk.
 - Reframing.
 - Problem-solving.
 - Goal setting.
 - Assertiveness.
 - Relaxation.

20

Say to the Facilitator Trainees:

- **So, how does TLC translate all this theory into action?**
- **First, one of the main goals of TLC is to help participants become aware of their feelings, thoughts, and actions, how they connect and influence each other, and how to regulate or change them.**

Procedure - *continued*

- **TLC does this by applying several key cognitive behavioral strategies that are reflected and repeated in TLC activities and sessions.**
- **Positive self-talk is all about changing the things we say to ourselves to be positive and encouraging.**
- **Reframing is similar to positive self-talk but emphasizes new ways to interpret the things we experience.**
- **Problem-solving is a skill that helps clients identify the important priorities that they want to work on, come up with possible actions, evaluate them and pick the best for an action step.**
- **Goal setting is a tool that helps clients focus on important priorities in their lives and keep working at them, little by little.**
- **Assertiveness is a communication style and tool that help clients enact new verbal and behavioral behaviors.**
- **Relaxation is a tool that is used to help clients feel more comfortable in tense situations so that they can think, feel, and act in healthier ways.**

Distribute the Social Action Theory handout.

Say to the Facilitator Trainees:

- **I am distributing a handout on Social Action Theory that summarizes some of the important points. As you prepare to facilitate, referring to this sheet might help you make the connection between Social Action Theory and TLC.**
- **Now we're about to go into much more detail about the core elements of TLC.**

Return to the Training Agenda and orient Trainees to where you are and what will happen after the break.

Unit 1
Introductions

10:15 A.M. Break

Time

- 15 minutes

10:30 A.M. End of Unit 1



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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 1—Unit 2:
Learning the Core Elements and Critical Techniques

Unit 2: Learning the Core Elements and Critical Techniques

Unit Purpose

- To teach Facilitator Trainees to use the core elements and critical learning techniques of **TLC**.

Time

- 2 hours and 30 minutes (includes a one-hour lunch).

Agenda for Unit 2

ACTIVITY	TIME	LENGTH	CUMULATIVE
Introduction to Thanks Tokens and Lottery Tickets	10:30 A.M.	5 minutes	5 minutes
Introduction to TLC's Core Elements	10:35 A.M.	5 minutes	10 minutes
Introduction to Feel-Think-Do Framework and Feeling Thermometer	10:40 A.M.	50 minutes	60 minutes
TLC's Other Core Elements	11:30 A.M.	30 minutes	90 minutes
LUNCH BREAK	12:00 P.M.	60 minutes	150 minutes
End of Unit	1 P.M.		150 minutes

Required Materials for Unit 2

- Easel Paper
- Handout: Feeling Thermometer
- Handout: Feel-Think-Do Framework
- Handout: My Ideal Self
- Handout: Possible Ideal-Self Characteristics
- Handout: **TLC** Core Elements
- Laminated Cards: Thanks Tokens
- LCD projector and screen
- Lottery tickets
- Markers and masking tape
- Pencils
- Slides 21-38
- ***TLC Implementation Manual** Volume 3, *Acting Safe**
- Wall Chart: Feeling Thermometer
- Wall Chart: Using Thanks Tokens

10:30 A.M. Introduction to Thanks Tokens and Lottery Tickets

Purpose

- To introduce the Thanks Tokens and lottery tickets.

Time

- 5 minutes

Materials

- Laminated Cards: Thanks Tokens
- Lottery tickets
- Wall Chart: Using Thanks Tokens

Procedure

Hand out 20 Thanks Tokens to each person and explain their use to Facilitator Trainees.

Refer to Wall Chart: Using Thanks Tokens.

Say to the Facilitator Trainees:

- **You each have a supply of what we call Thanks Tokens. These are for all of us to hand out when we want to show that we appreciate and value a person's contributions to the group. They work like this: when you do or say something that contributes to the success of the group, or shows kindness, or is a thoughtful comment, we will give you a Thanks Token and tell you what it is we are saying thank you for. The tokens are just a visible reminder of our thanks and our appreciation, since sometimes our thanks may not be expressed clearly enough to be heard.**
- **We're going to use Thanks Tokens and we want you to use the Thanks Tokens, too. So, if you appreciate something someone else says or does, please give that person a Thanks Token.**



Unit 2
Learning the Core Elements and Critical Techniques

Hand the token directly to the person you appreciate and say something as you give the token.

- **The idea is to share your positive feelings about other people in the group by giving them a Thanks Token as you tell them how you feel.**
- **This wall chart has been posted to remind you how to use them.**
- **In TLC, we hand out lottery tickets at the beginning of every session. There is a prize drawing at the end of each session. We do the lottery to recognize that TLC participants—and you—are doing something great by attending TLC.**
- **The lottery tickets I am passing out now are for today’s session. Hold on to your ticket and we’ll have a drawing when the session is over.**

Trainers' Tips

Thanks Tokens are two-inch-square pieces of laminated cardstock with a design on one side (a star is used in **TLC**, but another design may be substituted).

When praising a **TLC** participant for a meaningful contribution to the session, such as for speaking out on an issue or coming up with an idea, the Facilitator will accompany the praise with a Thanks Token. The intent is to pair a compliment with a tangible symbol of appreciation to draw the participant's attention to the fact that he or she has been complimented. The Facilitator explains why the Thanks Token was given, e.g. "I liked your suggestion of how we might explain that better." or "I appreciate how you spoke up on that." at the time it is handed to the participant.

As soon as the Thanks Tokens are introduced, Trainers should begin using them in this exercise just as they do in Session One of *Acting Safe*. This use of the Thanks Tokens should continue throughout the five-day training.

The key to everyone using the Thanks Tokens rests on the Facilitator Trainees', and Trainers' comfort with them. If the Trainers like using them and do so at every opportunity, the Facilitator Trainees will also use them. **TLC** has been designed so that Thanks Tokens are designated to be used multiple times in every session. However, Trainers are also encouraged to use Thanks Tokens whenever any other opportunities to use them arise in the training.

Trainers may do a prize drawing each day of the training.

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10:35 A.M. Introduction to TLC's Core Elements

Purpose

- To introduce **TLC's** Core Elements.

Time

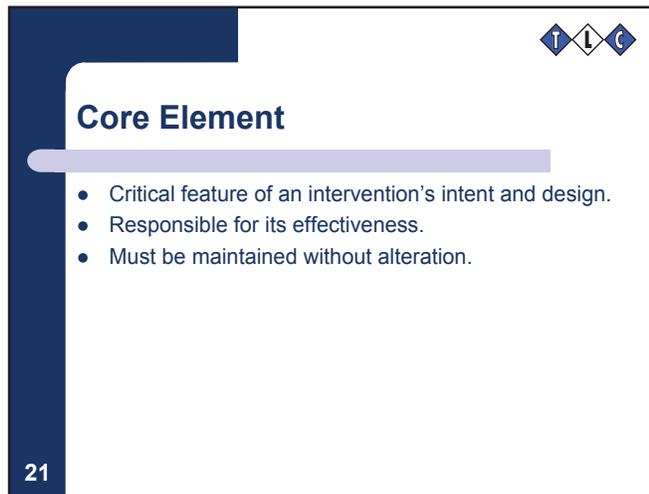
- 5 minutes

Materials

- Handout: **TLC** Core Elements
- Laminated Cards: Thanks Tokens
- LCD projector and screen
- Slides 21-23

Procedure

1. Show Slide 21 and use it to explain the meaning of core element.



Say to the Facilitator Trainees:

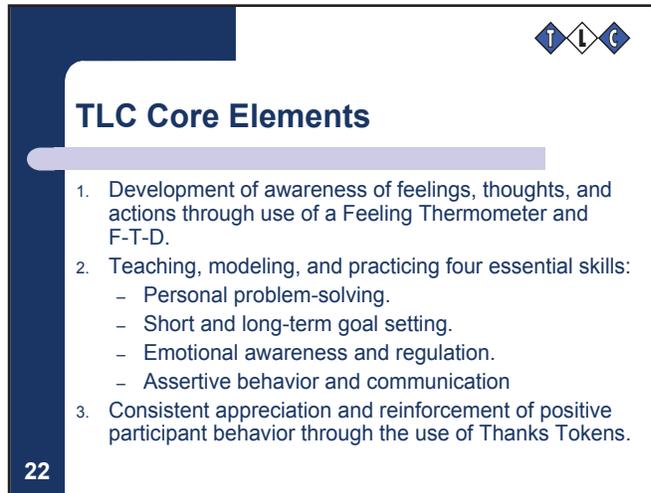
- **The term “Core Element” is used to describe:**
 1. **A critical feature of an intervention’s intent and design.**
 2. **A component of the intervention which is responsible for its effectiveness.**
 3. **A component of the intervention which must be maintained without alteration.**





Procedure - *continued*

2. Show Slides 22 and 23 and use them to describe the core elements of **TLC**. Refer to the slides and review each of **TLC**'s core elements. Distribute the **TLC** Core Elements handout.



Slide 22 features a dark blue header with the TLC logo (three diamonds containing the letters T, L, and C) in the top right corner. The title "TLC Core Elements" is centered below the header. A light purple horizontal bar is positioned under the title. The main content is a numbered list of three items. The number "22" is located in the bottom left corner of the slide.

TLC Core Elements

1. Development of awareness of feelings, thoughts, and actions through use of a Feeling Thermometer and F-T-D.
2. Teaching, modeling, and practicing four essential skills:
 - Personal problem-solving.
 - Short and long-term goal setting.
 - Emotional awareness and regulation.
 - Assertive behavior and communication
3. Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.

22



Slide 23 features a dark blue header with the TLC logo (three diamonds containing the letters T, L, and C) in the top right corner. The title "TLC Core Elements - CONTINUED" is centered below the header. A light purple horizontal bar is positioned under the title. The main content is a numbered list of two items. The number "23" is located in the bottom left corner of the slide.

TLC Core Elements - CONTINUED

4. Identification of Ideal Self to help motivate and personalize behavior change.
5. Sessions delivered in small highly participatory, interactive groups.

23

Say to the Facilitator Trainees:

- **TLC’s core elements include:**
 - 1. Development of awareness of feelings, thoughts, and actions through the use of a Feeling Thermometer and F-T-D.**
 - 2. Teaching, modeling, and practicing four essential skills:**
 - **Personal problem-solving.**
 - **Short and long-term goal setting.**
 - **Emotional awareness and regulation. (TLC teaches participants to recognize their emotional responses to events. It helps them control and adjust negative emotional responses.)**
 - **Assertive behavior and communication.**
 - 3. Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.**
 - 4. Identification of Ideal Self to help motivate and personalize behavior change.**
 - 5. Sessions delivered in small highly participatory, interactive groups.**
- **TLC’s core elements are repeated and modeled in every session.**
- **The ultimate goal of practicing these core elements is for participants to generalize and apply them in everyday life situations.**
- **These core elements will be described in more detail in subsequent slides.**

10:40 A.M. Introduction to the Feel-Think-Do Framework and Feeling Thermometer

Purpose

- To orient Facilitator Trainees to the Feel-Think-Do (F-T-D) Framework and to explain how its key concepts are used in **TLC** to promote positive and adaptive changes in various aspects of daily life.
- To explain the Feel-Think-Do Framework.
- To introduce the Feeling Thermometer and explain how it is used in **TLC**.

Time

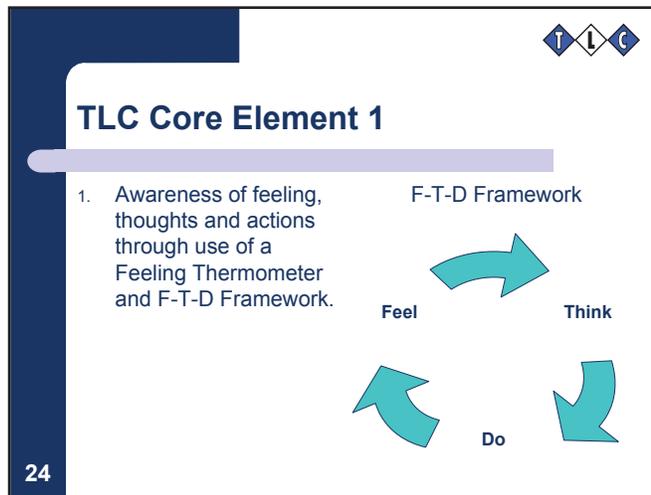
- 50 minutes

Materials

- Easel Paper
- Handout: Feeling Thermometer
- Handout: Feel-Think-Do Framework
- LCD projector and screen
- Markers and masking tape
- Slides 24-33
- Wall Chart: Feeling Thermometer

Procedure

1. Show Slide 24 and use it to introduce the Feel-Think-Do Framework. Give Facilitator Trainees the Feel-Think-Do Framework handout so that they may have a copy of the slide.



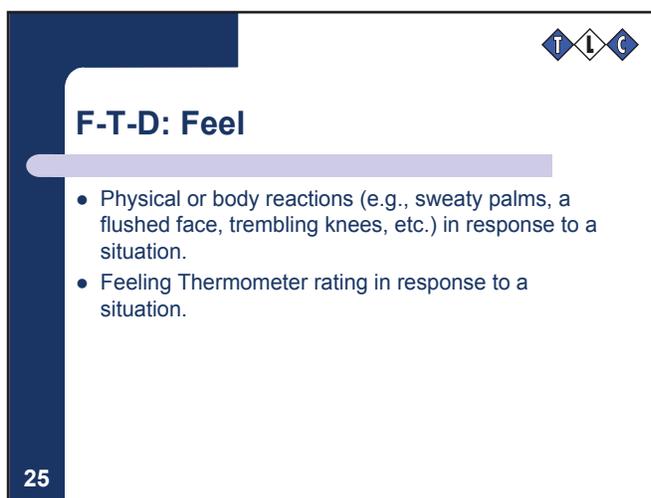
Say to the Facilitator Trainees:

- **In TLC, the Feel-Think-Do (F-T-D) Framework is used to teach participants to link their feelings, thoughts, and actions to specific situations they encounter. It is used as the key concept in making positive and adaptive changes in various aspects of daily life.**
- **TLC applies the Social Action Theory by emphasizing awareness and identification of one's emotions, thoughts, and actions, which we refer to as the Feel-Think-Do Framework (F-T-D). F-T-D is a simple, low-literacy means of introducing more complex cognitive-behavioral concepts (e.g., emotional regulation, reframing, self-talk, problem-solving, assertive behavior and communication, triggers). It describes an interactive process.**
- **F-T-D is based on the idea that when we encounter a situation, we have a feeling about it (body reaction and Feeling Thermometer rating), a thought about it (what we say to ourselves), and we do something about it (the actions we take as a result of our feelings and thoughts).**



Procedure - *continued*

- **F-T-D is typically a habit and, therefore, we don't pay attention to it. The process often happens so quickly and automatically that we are not aware of the connection between our feelings, thoughts, and subsequent actions.**
 - **The goal is to help participants become aware of the F-T-D connection, to practice looking at life events within this conceptual framework, and to get in the habit of having control over how they feel, think, and react to life situations.**
 - **All sessions reflect this concept. The participants are introduced to the F-T-D concept in Session One of the intervention and thereafter practice the F-T-D model related to each week's session topic.**
2. Show Slide 25 and introduce "Feel," the first component of the F-T-D Framework.



F-T-D: Feel

- Physical or body reactions (e.g., sweaty palms, a flushed face, trembling knees, etc.) in response to a situation.
- Feeling Thermometer rating in response to a situation.

25

Say to the Facilitator Trainees:

- **Feelings refer to the individual's physical or body reactions (i.e., sweaty palms, a flushed face, trembling knees, etc.) and Feeling Thermometer rating in response to a situation.**

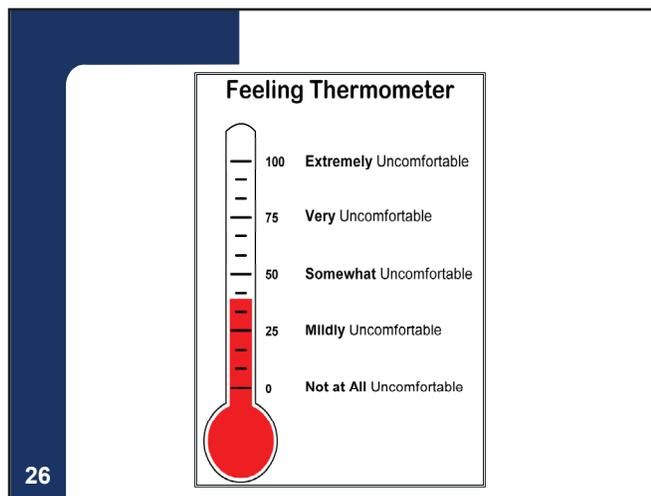
Discuss awareness of feelings.

- **TLC focuses on awareness of body reactions as a measure of our feelings.**



Unit 2
Learning the Core Elements and Critical Techniques

- **When young people are not able to identify their feelings accurately they are less able to deal with those feelings effectively. Many young people, for instance, describe feeling angry when they are actually hurt. Their responses are likely to be more on the order of lashing out than acknowledging pain or hurt feelings and negotiating a solution to what has caused the hurt.**
 - **TLC provides young people a language and a tool to understand and to state their discomfort level.**
3. Show Slide 26 and use it to describe the Feeling Thermometer and explain how it is used.



Say to the Facilitator Trainees:

- **The Feeling Thermometer is displayed on the wall during every session. It is a graphic design resembling a fever thermometer that has been enlarged and reproduced on a poster.**
- **The Feeling Thermometer helps participants assess and discuss their feeling of discomfort more effectively during the session.**
- **Rather than focusing on labeling feelings (i.e., worried, sad, happy, angry, etc.), the Feeling Thermometer focuses on one's level of comfort and body reaction in response to various situations.**



Procedure - *continued*

- **The Feeling Thermometer ranges from 0 to 100, with 100 representing the most discomfort. The bottom measurement is zero and this represents a total lack of discomfort.**
 - **For instance, when feeling angry, one person may be comfortable, i.e. 0 reading on the Feeling Thermometer. Another person may feel quite uncomfortable, 100 on the Feeling Thermometer reading.**
- **Where someone is on the Feeling Thermometer at a given moment depends on that person and the situation.**
 - **For instance, when I started this morning for the first time, my level of discomfort was higher than it is now. I started at around <state level> and my body reaction was <state reaction>.**

4. Point to the Feeling Thermometer wall chart and ask the Facilitator Trainees to give a reading. Make sure that Facilitator Trainees respond by giving a reading and linking it to a body reaction. Record the responses on Easel Paper.

Give Thanks Tokens to Facilitator Trainees as they contribute.

Review the variety of responses and facilitate a discussion of how differently people can respond to the same situation.

5. Divide the Facilitator Trainees into pairs and hand out copies of the Feeling Thermometer handout. Ask the Facilitator Trainees to work together to complete the handout by coming up with two experiences—each of situations, people, places, thoughts, or feelings that have made them extremely, very, somewhat, and mildly uncomfortable.

After 5 minutes, call the Facilitator Trainees back together. Review some of the discomfort examples in the extremely, very, somewhat, and mildly uncomfortable ranges. Ask the Facilitator Trainees to identify the physical sensations associated with these particular discomfort situations. Record these on Easel Paper. Note that different people can have different readings for the same event.



6. Show Slide 27 and use it to describe the Feeling Thermometer and explain how it is used. Distribute the Feeling Thermometer handout.

Feeling Thermometer

- Rank or order a hierarchy of comfortable vs. uncomfortable events.

Feeling Thermometer

100 Extremely Uncomfortable
75 Very Uncomfortable
50 Somewhat Uncomfortable
25 Mildly Uncomfortable
0 Not at All Uncomfortable

27

Say to the Facilitator Trainees:

- **The Feeling Thermometer helps participants rank or order a hierarchy of comfortable vs. uncomfortable events.**
- **The Feeling Thermometer helps participants establish a sliding scale rating of events from those that are easy for them to deal with (comfortable) to ones that are more difficult (uncomfortable) to deal with.**
- **Linking Feeling Thermometer levels with situations being discussed or with recent experiences helps participants identify when their emotions are or have been highly charged and what situations are likely to result in those high extremes of feelings.**
- **The person at or near 100 on the thermometer is likely to find that his or her discomfort interferes with good judgment and sound decision-making.**
- **The person at or near zero on the thermometer is better able to think and make decisions regardless of how he or she labels the particular feeling or emotion.**
 - **For example, a participant may learn that she is above an 80 on the Feeling Thermometer when she has a first date with someone to whom she has not disclosed her HIV status.**



Procedure - *continued*

However, she is below a 30 on the Feeling Thermometer when she is on a first date with someone who knows her status.

- Why establish a hierarchy of events?
 - The purpose of the Feeling Thermometer is to increase participants' emotional awareness and self-regulation.
 - Knowledge of our hierarchy of comfortable versus uncomfortable events helps us better prepare to deal with the event.
 - For example, a participant who knows that discussing her HIV status increases her Feeling Thermometer to a 100 can use relaxation or other skills taught in TLC prior to the discussion to lower her Feeling Thermometer to a more comfortable state.

7. Show Slide 28 and use it to describe the Feeling Thermometer and explain how it is used.



Feeling Thermometer

- Promote awareness of escalating discomfort by linking our comfort level to body reactions.

Feeling Thermometer

100	Extremely Uncomfortable
75	Very Uncomfortable
50	Somewhat Uncomfortable
25	Mildly Uncomfortable
0	Not at All Uncomfortable

28

Say to the Facilitator Trainees:

- The Feeling Thermometer enables us to become aware of the escalating discomfort by linking level of comfort (Feeling Thermometer ratings) to body reactions.



- **Often people say that they were at a 100 in response to an event (e.g., disclosing their HIV status). However, they miss the signs or cues for 20, 40, 60, etc.**
- **The cues are our body reactions. They are a signal of our level of comfort. The Feeling Thermometer is a way of teaching participants to identify physiological responses to different Feeling Thermometer ratings. Thus, a relationship is created between body reactions and level of comfort.**
 - **For example, a woman who was waiting for the doctor may have initially been at a 20 when she arrived on time for her appointment. When her doctor was 10 minutes late, her Feeling Thermometer may have increased to a 40 and she started to experience tension in her facial muscles. When the doctor was 20 minutes late, she was at a 60 and was experiencing a knotted stomach. When the doctor was 30 minutes late, she was at an 80 and experienced a flushed face. She finally reached a 100 and her heart was beating fast.**
 - **Clearly, as the woman's Feeling Thermometer progressed to a 100 she missed all the body cues that were telling her that she was becoming more and more uncomfortable in response to the situation.**
- **Why pay attention to body cues? Awareness of body reactions will help us determine that we are reaching an uncomfortable state and, therefore, we need to intervene with the process and regulate our emotions before it reaches the uncomfortable state.**
 - **For example, when the woman began to experience tension in her facial muscles, she realizes that according to her profile, facial tension means that she is at a 40. Therefore, she needs to do something (e.g., deep breathing exercise) to regulate her emotions before she starts to experience knots in her stomach (60 on the Feeling Thermometer).**



Procedure - *continued*

8. Show Slide 29 and use it to describe the Feeling Thermometer and explain how it is used.

Feeling Thermometer

- Establish a rate of optimal performance.

Feeling Thermometer

100	Extremely Uncomfortable
75	Very Uncomfortable
50	Somewhat Uncomfortable
25	Mildly Uncomfortable
0	Not at All Uncomfortable

29

Ask the Facilitator Trainees:

- **Where does your Feeling Thermometer reading need to be for you to facilitate at your best?**

Give Thanks Tokens to Facilitator Trainees as they participate.

Say to the Facilitator Trainees:

- **The Feeling Thermometer establishes a rate of optimal performance.**
- **Knowing our optimal level of performance helps us be aware when we are being pushed out of our optimal range. Subsequently, we can use various techniques taught in TLC to bring us back to our optimal performance level.**
- **For example, before a speech, the speaker is experiencing flushed face and sweaty palms. These body cues indicate that she is at a 70 on the Feeling Thermometer. She knows that based on her unique profile, she needs to be around a 30-40 to be at her optimal performance. Therefore, she engages in deep breathing to lower her Feeling Thermometer from a 70 to a 40.**





9. Show Slide 30 and use it to describe the Feeling Thermometer and explain how it is used.

Feeling Thermometer

- Slow down the F-T-D process.

Feeling Thermometer

100	Extremely Uncomfortable
75	Very Uncomfortable
50	Somewhat Uncomfortable
25	Mildly Uncomfortable
0	Not at All Uncomfortable

30

Say to the Facilitator Trainees:

- **The Feeling Thermometer helps to regulate emotions and slows down the F-T-D process.**
- **As mentioned earlier, the F-T-D is an automatic process.**
- **We often don't realize that being at a 100 on the Feeling Thermometer is associated with distorted thoughts and unhealthy behaviors.**
- **When emotions run high (Feeling Thermometer over a 60 or an 80), it is easy to overreact, exaggerate, or not think as clearly as usual and therefore, it is more difficult to make good decisions.**
- **The person at or near zero on the thermometer is better able to think and act clearly regardless of the particular situation. In contrast, the person at or near 100 is experiencing intense emotions and therefore may be unable to problem-solve and react effectively. It can be very helpful to reduce discomfort and manage emotions before making decisions or taking action.**
- **The Feeling Thermometer assists participants to learn ways to reduce their thermometer reading prior to making decisions or reacting to situations.**



Procedure - *continued*

10. Show Slide 31 and use it to describe the Feeling Thermometer and explain how it is used.

Feeling Thermometer

- Act as a group facilitation tool.

Feeling Thermometer

100	Extremely Uncomfortable
75	Very Uncomfortable
50	Somewhat Uncomfortable
25	Mildly Uncomfortable
0	Not at All Uncomfortable

31

Say to the Facilitator Trainees:

- **The Feeling Thermometer acts as a facilitation tool by providing a check-in mechanism with group participants.**
- **The Feeling Thermometer is displayed on the wall during every session. At various points during TLC, Facilitators are instructed to go around the room and get a Feeling Thermometer reading from participants. This helps Facilitators monitor the emotional involvement and response of participants.**
- **Both individual participants and groups can have a Feeling Thermometer reading. Facilitators should use the Feeling Thermometer to check-in whenever they feel that readings on it are rising in an unhelpful or unplanned way, or to monitor a successful resolution of a tension or conflict.**





11. Show Slide 32 and use it to introduce “Think”, the second component of the F-T-D Framework.

F-T-D: Think

- What we say to ourselves in response to situations.
- Expectations and beliefs about people, places, situations, things, or feelings.
- Thoughts may be automatic and distorted, increasing Feeling Thermometer reading.

32

Say to the Facilitator Trainees:

- **Thinking refers to the individual’s expectations, beliefs, thoughts, and reactions to people, places, situations, things, or feelings, and what the participant tells him or herself about it. These thoughts may be automatic and often distorted, thereby increasing their Feeling Thermometer reading.**
- **In an aroused state, individuals often engage in cognitive errors or distortions (e.g., generalizing, personalizing, and catastrophizing, i.e., a progressive increase of negative expectations for one’s future and anticipation that the worst possible outcome will occur).**
- **TLC teaches participants to pay more attention to their automatic thoughts and to learn strategies to alter their cognitive distortions (e.g., having more positive thoughts, positive self-talk, positively reframing the situation, not taking things personally, or correcting cognitive distortions.)**



Procedure - *continued*

12. Show Slide 33 and use it to introduce “Do”, the third component of the F-T-D Framework.

F-T-D: Do

- Doing refers to the individual's reaction to an event
- These actions may include:
 - Problem-solving.
 - Short- & long-term goal setting.
 - Assertive behavior and communication.
 - Relaxation.

33

Say to the Facilitator Trainees:

- **“Doing” refers to the individual’s reaction to an event, such as emotional regulation, goal setting, problem-solving, practicing assertive behavior and communication, or relaxation, or stress management.**
- **“Do” will be discussed in more detail within the context of the four essential skills taught in TLC.**

Trainer's Tips

Facilitator Trainees may have questions throughout this section. Remember to use the Parking Lot to record questions that may not be the right fit to answer at this point.

This is a great deal of information to share with the Facilitator Trainees. Use the Easel Paper to write down important information so that Facilitator Trainees can understand key points and concepts. Remind Facilitator Trainees that this information will be addressed at several points throughout the training.

Often, Facilitator Trainees may understand each of the components of Feel-Think-Do. However, the key is to be able to integrate the three components. Throughout the training, Trainers must emphasize how the three components affect each other and are integrated throughout session activities.

For many Facilitator Trainees, the Feeling Thermometer may be a new concept and they may not fully grasp the Feeling Thermometer at this point in the training. They will have repeated opportunities throughout the training to learn and practice the Feeling Thermometer. Remind Facilitator Trainees that participants in **TLC** may initially be confused as well.

For the purpose of **TLC**, “feelings” refer to the readings on the Feeling Thermometer and body reactions. The word “feel” is not applied literally. The word “feel” is associated with discomfort and its physical manifestations, not emotions. This may be challenging for some Facilitator Trainees especially those with a mental health background who may be accustomed to asking clients how they “feel” and to “label” their feelings.

You may encourage Facilitator Trainees to point to the Feeling Thermometer and ask youth, “Where are you on the Feeling Thermometer?” This is usually a more helpful approach than asking youth, “How do you feel?” which often results in a response such as, “I feel sad, etc.”

Both the Feeling Thermometer and Thanks Tokens are also used in **Street Smart**, another evidence-based intervention available from CDC’s Capacity Building Branch-Diffusion of Effective Behavioral Interventions. The same techniques are used in both interventions; however, their explanations in this curriculum are more detailed and reflect insight gained from field-testing the **TLC** intervention.

11:30 A.M. TLC's Other Core Elements

Purpose

- To explain TLC's other core elements.

Time

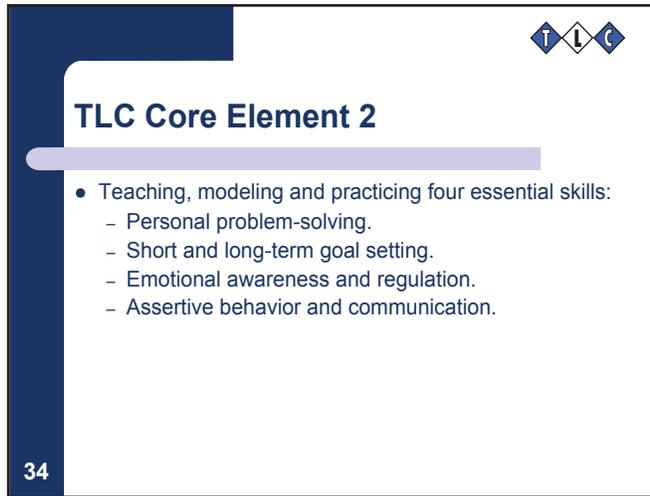
- 30 minutes

Materials

- Easel Paper
- Handout: My Ideal Self
- Handout: Possible Ideal Self Characteristics
- LCD projector and screen
- Markers and masking tape
- Pencils
- Slides 34-38
- *TLC Implementation Manual* Volume 3, *Acting Safe*

Procedure

1. Show Slide 34 and use it to introduce **TLC's** second core element: teaching, modeling, and practicing four essential skills.

A presentation slide with a dark blue header and footer. The header contains the TLC logo (three diamonds with letters T, L, C). The main content area has a white background with a dark blue vertical bar on the left. The title "TLC Core Element 2" is in bold dark blue text. Below the title is a list of four essential skills. The slide number "34" is in the bottom left corner.

TLC

TLC Core Element 2

- Teaching, modeling and practicing four essential skills:
 - Personal problem-solving.
 - Short and long-term goal setting.
 - Emotional awareness and regulation.
 - Assertive behavior and communication.

34

Say to the Facilitator Trainees:

- **TLC's second core element is teaching, modeling, and practicing four essential skills:**
 - **Personal problem-solving.**
 - **Short- and long-term goal setting.**
 - **Emotional awareness and regulation.**
 - **Assertive behavior and communication.**
- **These skills will be described, modeled, and practiced tomorrow morning.**





Procedure - *continued*

2. Show Slide 35 and use it to introduce TLC's third core element: Thanks Tokens.



TLC

TLC Core Element 3

- Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.



35

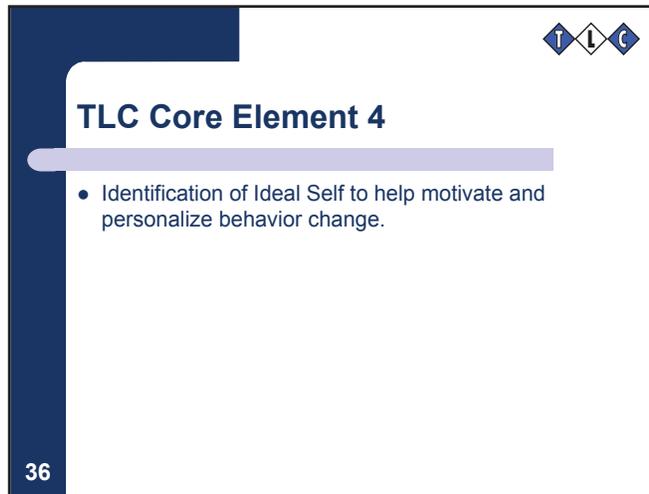
Say to the Facilitator Trainees:



- **TLC's third core element is consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.**
- **Thanks tokens are two-inch-square pieces of laminated cardstock with a design on one side (a star is used in TLC, but another design may be substituted if you prefer).**
- **As you have already seen, the intent is to pair a compliment with a tangible symbol of appreciation to draw the participant's attention to the fact that he or she has been complimented.**
- **When facilitating TLC, explain to the participant why the Thanks Token was given, e.g., "I liked your suggestion of how we might explain that better," or "I appreciate how you spoke up on that," at the time it is handed to the participant.**
- **In this manner, participants learn to deliver as well as receive compliments.**
- **When used consistently by both Facilitators and participants, Thanks Tokens leave most participants with positive feelings about themselves.**

- **Thanks Tokens are not a medium of exchange and are not “turned in” for anything of value. Actually, participants will be asked to return the tokens at the end of the session so they can be reused in the next session.**

3. Show Slide 36 and use it to introduce TLC’s fourth core element: Ideal Self.



Say to the Facilitator Trainees:

- **The fourth core element of TLC is Identification of Ideal Self to help motivate and personalize behavior change.**

4. Show Slide 37 and use it to define and describe Ideal Self.



Procedure - *continued*

Say to the Facilitator Trainees:

- **In TLC, Ideal Self is defined as: the image we have of ourselves as we would like to be—our positive traits and values.**
- **It reflects what we hope to be and strive to be, not necessarily what we are now.**
- **It is really a kind of goal and for this reason it is sometimes called the “hoped-for self”—what one would like to become more and more in the future.**
- **How one behaves towards others, including disclosure of one’s HIV status, goes back to the image of one’s Ideal Self.**

Discuss why the Ideal Self concept is used.

- **Identification of Ideal Selves helps participants pinpoint their values insofar as how they would like to see themselves behave. They then are asked to think of those values as they contemplate how they would like to act in specific situations.**

Discuss how the Ideal Self concept should be used.

- **The Ideal Self occurs throughout the sessions and helps provide a framework for each individual’s behavioral decision-making. As participants gain practice with this in each session, they are likely to firm up those values and see different ways they can appropriately express them in their daily lives.**
- **The Ideal Self concept is introduced to TLC participants in *Acting Safe*, Session One. Facilitators should try to remind participants of the Ideal Self concept in each session that challenges participants to think about how they should act.**

Ask the Facilitator Trainees to break up into pairs.

- **I am now going to model the introduction to the Ideal Self found in *Acting Safe*, Session One.**
- **I am going to hand out a list of words that will help you in thinking about your Ideal Self.**

Unit 2
Learning the Core Elements and Critical Techniques

Distribute Possible Ideal Self Characteristics handout.

- **Read through the list and see which words describe the kind of person you want to be.**

Allow a minute for Facilitator Trainees to read the list.

- **Now I am going to hand out another sheet that has five blanks on it.**
- **I want you to write down five words that you believe describe best what you see as your Ideal Self.**

Distribute My Ideal Self handout and pencils.

- **You can either use words from the list I gave you, or use your own words.**
- **It doesn't matter what order you write the words in.**
- **When you have completed you list, please share it with your partner.**
- **Do you have any questions?**

Answer questions and then give Facilitator Trainees four or five minutes to complete the form and share the information with their partner.

- **Has everybody finished? Good.**
- **Who would be willing to share something about their Ideal Self? You don't have to read everything you wrote down, but you can if you want.**

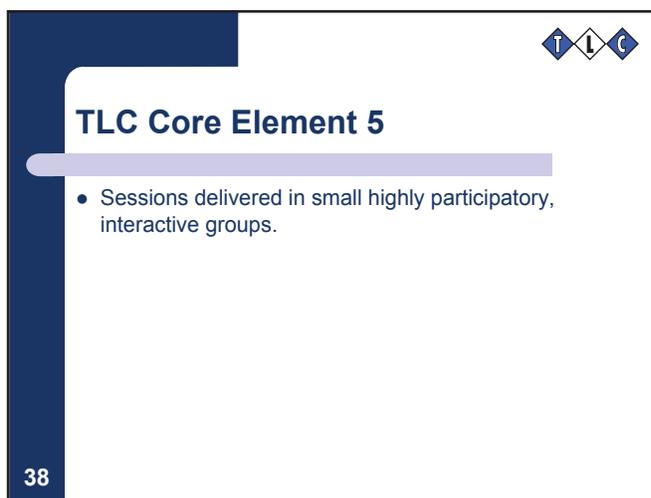
Give Thanks Tokens to Facilitator Trainees as they contribute.





Procedure - *continued*

5. Show Slide 38 and use it to define and describe the fifth core element of **TLC**: Sessions delivered in small highly participatory, interactive groups.



Say to the Facilitator Trainees:

- **The fifth core element of TLC is the use of sessions delivered in highly participatory, interactive small groups is a core element of TLC and cannot be changed.**

Ask the facilitator Trainees why they think **TLC** uses groups as the framework for learning, practicing, and reinforcing health seeking and prevention behaviors.

Facilitate a discussion. Try to connect the discussion to the presentation on Social Action Theory and bring up the following points if they are not suggested by the Facilitator Trainees:

- Seeing other young people struggling with the same issues counteracts the belief that “I am alone” or “nobody feels this way but me” and increases young people’s ability to learn new skills.
- Peer norms can be turned into an advantage in encouraging safer sex behaviors.
- Learning and practicing new skills in the supportive environment of **TLC** groups can enhance self-esteem.
- Practicing a skill in the presence of other young people tends to improve performance.

Unit 2
Learning the Core Elements and Critical Techniques

- Group interaction promotes a strong emotional experience, which facilitates learning.
- Learning in a participatory, non-judgemental, fun style with other young people can increase motivation.

12:00 P.M. Lunch

Time

- 60 minutes

1:00 P.M. End of Unit 2



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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 1—Unit 3: Experiencing Session One of *Acting Safe*

Unit 3: Experiencing Session One of *Acting Safe*

Unit Purpose

- To model a session of **TLC** so that Facilitator Trainees experience the core elements, key characteristics, tools, and techniques they will use in their own facilitation of *Acting Safe*.

Time

- 3 hours and 30 minutes (includes one 15-minute break)

Agenda for Unit 3

ACTIVITY	TIME	LENGTH	CUMULATIVE
Trainers' Demonstration: <i>Acting Safe</i> , Session One	1:00 P.M.	150 minutes	150 minutes
BREAK	3:30 P.M.	15 minutes	165 minutes
Response to Experience of Session One: Small Group Work	3:45 P.M.	20 minutes	185 minutes
Assign Teach Backs	4:05 P.M.	10 minutes	195 minutes
Closing and Evaluation	4:15 P.M.	15 minutes	210 minutes
End of Unit and Day	4:30 P.M.		210 minutes

Required Materials for Unit 3

- Character Cards
- Easel Paper
- Handout: Session Observation Form
- Lottery prize
- Markers and masking tape
- Pens
- Required Materials for Session One (see page 100)
- ***TLC Implementation Manual*** Part 3, *Acting Safe*
- **TLC** Training of Facilitators' Session Evaluation Form
- Wall Chart: Feeling Thermometer

Required Materials for Session One

Handouts to be Reproduced

- Feeling Thermometer
- Local Law Governing HIV Disclosure to Sexual Partners
- My Ideal Self
- Possible Ideal Self Characteristics
- Tips for Telling Your Partner
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix F

- Facilitator Role Play Script: Marshall and Jack (Jackie)

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

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1:00 P.M. Trainers' Demonstration: *Acting Safe*, Session One

Purpose

- To guide Facilitator Trainees through an experience of *Acting Safe*, Session One as a basis for learning how to facilitate it.
- To illustrate tailoring a session to its target audience.

Time

- Setup: 10 minutes
- Session One: 2 hours and 20 minutes

Materials

- Character Cards
- Handout: Session Observation Form
- Required Materials for Session One (see facing page)

Required Materials for Session One

Handouts to be Reproduced

- Feeling Thermometer
- Local Law Governing HIV Disclosure to Sexual Partners
- My Ideal Self
- Possible Ideal Self Characteristics
- Tips for Telling Your Partner
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix F

- Facilitator Role Play Script: Marshall and Jack (Jackie)

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Procedure

1. Select up to 10 Facilitator Trainees to act as participants in Session One. Give each participant a Character Card and ask them to assume the identity of the character described on it during the model session.
2. Ask the remaining Facilitator Trainees to be observers during the training. Hand out the Session Observation Form and ask them to complete it during the training.
3. Ask the Facilitator Trainees to move to the area prepared for the demonstration of the session
4. Model ***Acting Safe*** Session One.

Trainers' Tips

Prior to the Training, prepare the Local Law Governing HIV Disclosure to Sexual Partners handout using information from the local jurisdiction of the Trainers. It is important that Facilitator Trainees see this component of **TLC** modeled correctly.

The Character Cards should be used to assign roles to Facilitator Trainees. Facilitator Trainees should be instructed to stay in assigned characters throughout the role play.

Purchase one to two prizes for the lottery. Prizes can be simple and purchased at a dollar store so that Facilitator Trainees can observe that the lottery prize does not need to be costly. (Example: bubbles, funny note pads, cards, etc.)

Below are some group management tips to assist you in facilitating the session:

- Once you have established ground rules, refer back to them if someone's behavior becomes a disruption.
- Balance contributions so that no one talks all the time or remains silent all the time.
- Maintain eye contact with everyone.
- Use Thanks Tokens to help manage behavior.
- Keep the pacing lively enough that Facilitator Trainees remain interested and busy.
- Have handouts ready and distribute them only when you are about to use them.
- Avoid reading a script. Outline the session on a 3 x 5" index card so that you maintain eye contact with Facilitator Trainees.

3:30 P.M. Break

Time

- 15 minutes

3:45 P.M. Response to Experience of Session One: Small Group Work

Purpose

- To hear from Facilitator Trainees what they have learned about facilitating **TLC** from participating in *Acting Safe*, Session One.

Time

- 20 minutes

Materials

- Easel Paper
- Markers and masking tape

Procedure

1. Divide the Facilitator Trainees into four groups, provide each group with Easel Paper and markers and give each group an assignment for the next 10 minutes:
 - Group 1: Identify the **TLC** Facilitator's responsibilities that you have just observed.
 - Group 2: Describe the effective facilitation techniques that the Trainers employed to manage the participants during Session One.
 - Group 3: Identify the core elements discussed in the session and how they were integrated with the session topic and objectives.
 - Group 4: Identify the techniques Trainers utilized to teach the skills and accomplish the aims of the session.
2. After 10 minutes or when each group has completed its assignment, call the groups together and review the responses from each group as listed on their sheets of Easel Paper. At the completion of each group's report, invite the other Facilitator Trainees to add comments. Capture those comments on the sheets as well.
3. Invite Facilitator Trainees to comment on what facilitation skills worked well and what could have been improved. Listen first, then offer your own observations of what went well and what could have been better.

Trainers' Tips

This debriefing activity will tell you how much your Facilitator Trainees have learned about the facilitation techniques used during the demonstration of *Acting Safe*, Session One.

Ask leading questions and pull as much information as possible from the group before adding your own responses to the four questions.

Modeling openness to feedback about your own performance can be a powerful training tool. Avoid creating the impression that facilitating **TLC** is so difficult that the Facilitator Trainees could never hope to do it.

4:05 P.M. Assign Teach Backs

Purpose

- To give Facilitator Trainees teach back assignments for Days 2, 3, 4, and 5.

Time

- 10 minutes

Materials

- Easel Paper
- Markers and masking tape
- *TLC Implementation Manual* Part 3, *Acting Safe*

Procedure

1. Assign two Facilitator Trainees to be responsible for facilitating one session of *Acting Safe*.
 - Day 2 Assignment:
 - Session Two
 - Day 3 Assignments:
 - Session Three
 - Session Four
 - Day 4 Assignments
 - Session Five
 - Session Six
 - Day 5 Assignments
 - Session Seven
 - Session Eight
2. Write the teach back schedule and Facilitator Trainee assignments on Easel Paper and post it for the remainder of the training.

Trainers' Tips

If there are enough Facilitator Trainees and appropriate space is available, two groups may be formed with one Trainer facilitating each teach back.

4:15 P.M. Closing and Evaluation

Purpose

- To close the first day of training and conduct a brief evaluation.

Time

- 15 minutes

Materials

- Lottery prize
- Pens
- **TLC** Training of Facilitators' Session Evaluation Form
- Wall Chart: Feeling Thermometer

Procedure

1. Use the Feeling Thermometer to do a brief check-in with the Facilitator Trainees at the end of the first day of training.
2. Check the Parking Lot and answer any appropriate questions.
3. Use the lottery tickets distributed earlier in the day to do a prize drawing.
4. Announce the starting time of the second day of training.
5. Distribute the Evaluation Form and pens.



Trainers' Tips

You're more likely to receive candid feedback if you and your Co-Trainer occupy yourselves with something else as the Facilitator Trainees complete the Evaluation Form. Avoid watching the Facilitator Trainees as they enter their feedback. Make yourselves available again at the close of the activity to say goodbye to each person.

4:30 P.M. Dismissal — End of Unit 3



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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 2—Unit 4:
Learning and Practicing the Essential Skills of TLC

8:30 A.M. Arrival and Check-In

Purpose

- To check in with Facilitator Trainees.
- To give Facilitator Trainees the opportunity to ask questions about topics from Day 1.

Time

- 15 minutes

Materials

- *Acting Safe* Training of Facilitators' Agenda
- Name tags
- Parking Lot questions from Day 1
- Sign-in sheet
- Wall Chart: Feeling Thermometer

Procedure

1. Welcome Facilitator Trainees to Day 2.
 - **Welcome to the second day of our training. Today we will review and practice the essential skills and learning techniques that you will need to be familiar with to facilitate *Acting Safe*. We'll do this by focusing on select activities from different sessions of *Acting Safe*.**
2. Use the Feeling Thermometer to get a reading from Facilitator Trainees.
3. Tell Facilitator Trainees that you appreciate their help in staying on schedule on Day 1 and placing their questions in the Parking Lot.
 - **We have reviewed the written questions from the Parking Lot. Please let us know if you have additional questions. We will address your questions over the next few days.**
4. Answer questions about Day 1 topics.
 - **Now we will answer questions on...**
5. Move through Day 1 topics and ask Facilitator Trainees for questions and clarifications:
 - Goals of **TLC**.
 - Core elements of **TLC**.
 - Feeling Thermometer.
 - Feel-Think-Do Framework.
 - Session One.
 - Appropriate questions from the Day 1 Parking Lot.
6. Model the use of Thanks Tokens throughout this exercise.

Trainers' Tips

Prior to today's session, review the Parking Lot Easel Papers, organize the questions from Day 1 into categories and prepare to address the questions before the session begins.



Unit 4: Learning and Practicing the Essential Skills of TLC

Unit Purpose

- To practice the essential skills that Facilitator Trainees will use while facilitating *Acting Safe*.

Time

- 4 hours and 15 minutes (including one 15-minute break and a one 60-minute lunch break)

Agenda for Unit 4

ACTIVITY	TIME	LENGTH	CUMULATIVE
Personal Problem-Solving	8:45 A.M.	30 minutes	30 minutes
Short- and Long-Term Goal Setting	9:15 A.M.	30 minutes	60 minutes
Emotional Awareness and Regulation	9:45 A.M.	30 minutes	90 minutes
BREAK	10:15 A.M.	15 minutes	105 minutes
Assertive Behavior and Communication	10:30 A.M.	30 minutes	135 minutes
Facilitator Trainees' Teach Back Preparation	11:00 A.M.	60 minutes	195 minutes
LUNCH	12:00 P.M.	60 minutes	255 minutes
End of Unit	1:00 P.M.		255 minutes

Required Materials for Unit 4

- Easel Paper
- Handout: SMART Problem-Solving Steps
- Handout: Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- Laminated Cards: Negative Thoughts Cards
- Laminated Cards: Thanks Tokens
- LCD projector and screen
- Markers and masking tape
- Slides 39-47
- ***TLC Implementation Manual*** Part 3, *Acting Safe*
- Wall Chart: Feeling Thermometer
- Wall Chart: Guidelines for Good Weekly Goals
- Wall Chart: SMART Problem-Solving Steps
- Weekly Goal Cards

8:45 A.M. Personal Problem-Solving

Purpose

- To define stages of the SMART Problem-Solving Steps by reflecting on a typical problem that could arise in the life of a **TLC** participant.

Time

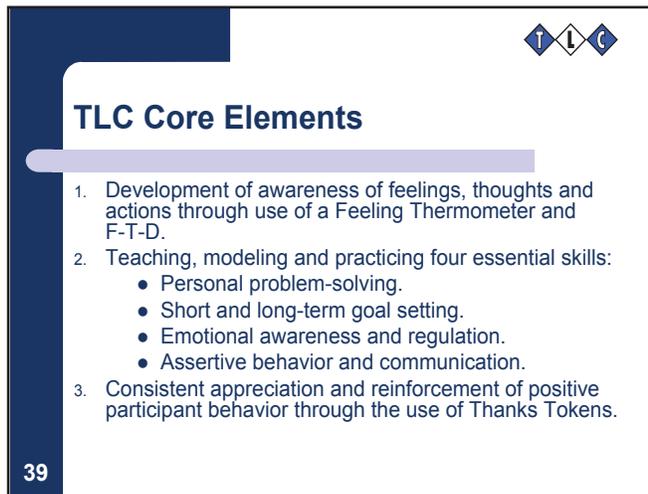
- 30 minutes

Materials

- Easel Paper
- Handout: SMART Problem-Solving Steps for Facilitators
- Laminated Cards: Thanks Tokens
- LCD projector and screen
- Markers and masking tape
- Slides 39-42
- Wall Chart: Feeling Thermometer
- Wall Chart: SMART Problem-Solving Steps

Procedure

1. Show Slides 39 and 40 and use them to review the core elements of TLC.



Slide 39: TLC Core Elements. The slide features a dark blue header with the TLC logo (three diamonds containing the letters T, L, and C). The title "TLC Core Elements" is in bold. A light purple horizontal bar is below the title. The content is a numbered list of three items. The number "39" is in the bottom left corner.

1. Development of awareness of feelings, thoughts and actions through use of a Feeling Thermometer and F-T-D.
2. Teaching, modeling and practicing four essential skills:
 - Personal problem-solving.
 - Short and long-term goal setting.
 - Emotional awareness and regulation.
 - Assertive behavior and communication.
3. Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.



Slide 40: TLC Core Elements - continued. The slide features a dark blue header with the TLC logo (three diamonds containing the letters T, L, and C). The title "TLC Core Elements - continued" is in bold. A light purple horizontal bar is below the title. The content is a numbered list of two items. The number "40" is in the bottom left corner.

4. Identification of Ideal Self to help motivate and personalize behavior change.
5. Sessions delivered in small highly participatory, interactive groups.

Say to the Facilitator Trainees:

- **Yesterday we talked about TLC's core elements. They are:**
 - **Development of awareness and identification of feelings, thoughts and actions through use of a Feeling Thermometer.**
 - **Teaching, modeling and practicing four essential skills:**
 - **Personal Problem-Solving.**
 - **Short- and Long-Term Goal Setting.**



Procedure - *continued*

- **Emotional Awareness and Regulation.**
 - **Assertive Behavior and Communication.**
 - **Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Token.**
 - **Identification of Ideal Self to help motivate and personalize behavior change.**
 - **Sessions delivered in small, highly participatory, interactive groups.**
- **This morning we are going to focus on the four essential skills taught, modeled, and practiced in TLC.**
2. Show Slides 41 and 42 and use them to introduce personal problem-solving.





Personal Problem-Solving

- Slows down automatic decision making by thinking and solving problems in a systematic manner.
- SMART Problem-Solving Steps are taught
 - S** = State the problem.
 - M** = Make a goal.
 - A** = Achieve a list of all possible actions.
 - R** = Reach a decision.
 - T** = Try it and review it.

41



Personal Problem-Solving - *continued*

- Based on the decisional balancing model:
 - Often, people are in a state of conflict about a situation.
 - Evaluation of pros and cons responds to the state of conflict.

42



Say to the Facilitator Trainees:

- **Problem-solving is a skill related to Do, the third component of the F-T-D Framework. Doing refers to the individual's reaction to an event.**
 - **Problem-solving steps are related to the Feel-Think-Do Framework in two specific ways:**
 - **They slow down automatic decision making by solving problems in a systematic manner.**
 - **They give participants more constructive ways to react to problematic people, places, situations, and feelings.**
3. Introduce SMART Problem-Solving Steps.
- **During the intervention, participants learn SMART Problem-Solving Steps. SMART is an acronym in TLC that helps people to remember the steps of problem-solving.**

Procedure - *continued*

Refer to the Wall Chart: SMART Problem-Solving Steps.

- **SMART involves five steps:**
 - S = State the problem**
 - M = Make a goal**
 - A = Achieve a list of all possible actions**
 - R = Reach a decision**
 - T = Try it and review it**
 - **Through this model, participants learn to analyze and identify different actions they might take toward solving a real-life problem.**
 - **Participants are invited to bring up general problems to which they may be seeking solutions, or a difficult problem related to one of the sessions.**
 - **The group applies the problem-solving format, selects a goal, identifies barriers, and plans the next steps.**
 - **Problem-solving is introduced early in Session Two and practiced repeatedly thereafter across various session topics.**
 - **Problem-solving may be applied in overcoming barriers to accomplishing weekly goals, determining ways to manage stressors, or any other topics that are relevant to the participants.**
 - **The skills learned can be applied to a broad range of personal problems and provide participants with a life skill they can use outside the sessions, as well as, outside the context of HIV prevention or health care.**
4. Introduce the pros and cons of problem-solving.
- **Often, people are in a state of conflict about a situation. The evaluation of pros and cons responds to the state of conflict and helps individuals identify a path out of it.**

- Usually, when people are trying to convince someone to do something, they only point out one side. This technique avoids that.
 - Facilitators should encourage participants merely to lay out all the information and allow the participant to process and evaluate the decision more objectively.
 - Personal problem-solving skills help participants apply what they learn in the sessions to their lives outside the sessions.
 - The goal of problem-solving is to teach participants to examine the various options that they have in responding to a situation and to determine the best choice. Problem-solving focuses on behavior change. Participants have choices about how to act or respond to different situations.
5. Practice using the SMART Problem-Solving Steps with Facilitator Trainees. Distribute individual copies of the SMART Problem-Solving for Facilitators handout.

Say to the Facilitator Trainees:

- **Let's practice using the SMART Problem Solving Steps.**
- **Let's take a problem that a TLC participant may experience and use SMART Problem Solving Steps to solve it.**
- **Here's the problem: The participant is being evicted from her apartment and needs to find a new place to live.**

Refer to the SMART Problem-Solving Steps Wall Chart.

- **To get us started, I'm going to refer to this chart that gives the steps for solving a problem. I'm also going to give you your own copy of the wall chart. The handout I am distributing contains the text used in *Acting Safe* to facilitate SMART problem-solving.**
- **Let's go over the steps to be sure we are clear on all of them. This is important because we are going to follow these steps in planning a solution to the problem we are working on today.**

Talk through the five steps for solving problems. Pay careful attention to the talking points shown for each step.



Procedure - continued

Work through each of the steps, applying the questions above to the specific problem at hand. Use Easel Paper to make lists of issues and concerns, for example, possible actions, pros and cons, resources, skills, and barriers.

Give Thanks Tokens to Facilitator Trainees as they contribute.

At the conclusion of the problem solving activity, say to the Facilitator Trainees:

- **That was very good. We will practice using SMART problem-solving over the next several days.**

Invite Facilitator Trainees to imagine how a person's behavior might look different if the person went straight from feeling to doing, skipping thinking as the middle step.

Trainers' Tips

Remind Facilitator Trainees to encourage their **TLC** participants to generate the pros and cons of a possible solution and not do it for them. It is the participants' list, not the Facilitators'. Even if the group generates "unhelpful" options, **TLC** Facilitators can indicate this through the evaluation process.

Trainers can suggest to Facilitator Trainees that they add an outlandish idea to the list sometimes, (i.e. "You could run for governor and change the law.") to illustrate the message that any idea is okay. This encourages the youth to avoid self-censure of their ideas.

Remind the Facilitator Trainees of the importance of:

- Reinforcing all options generated by participants during brainstorming by distributing Thank Tokens and writing every proposed option down regardless of whether it is "helpful" or "unhelpful."
- Being cognizant of their own verbal and non-verbal behaviors (e.g., level of enthusiasm in response to each generated option).
- Discouraging their participants from judging any given action until all possible options are generated.
- And, at the end of the brainstorming, summarizing what has been said and asking, "What do you think of this list?"

Facilitators should not use the list of "disadvantages" as "evidence" that engaging in risky sexual or drug use behaviors is not good and/or try to persuade

Unit 4
Learning and Practicing the Essential Skills of TLC

youth that drug use is not healthy. Instead, remind Facilitator Trainees to allow their participants to independently come to this awareness by looking at the list of “disadvantages.”

Facilitator Trainees should be encouraged to use this core element at any appropriate time during the **TLC** sessions. This will help their participants integrate these tools into their everyday lives and makes the intervention much more effective.

Problem-solving may especially be challenging for Facilitator Trainees with a service provider background where they have often taken the lead in finding solutions for the youth’s problems. Remind the Facilitator Trainees that they will not always be there with their participants to point out the best option and that it is a **TLC** Facilitator’s responsibility to teach their participants to independently make the best choice in their everyday lives.

Model the use of Thanks Tokens throughout this exercise.



9:15 A.M. Short- and Long-Term Goal Setting

Purpose

- To describe short- and long-term goal setting as an essential skill of **TLC**, explain its use, and provide tips for effective ways to facilitate it.

Time

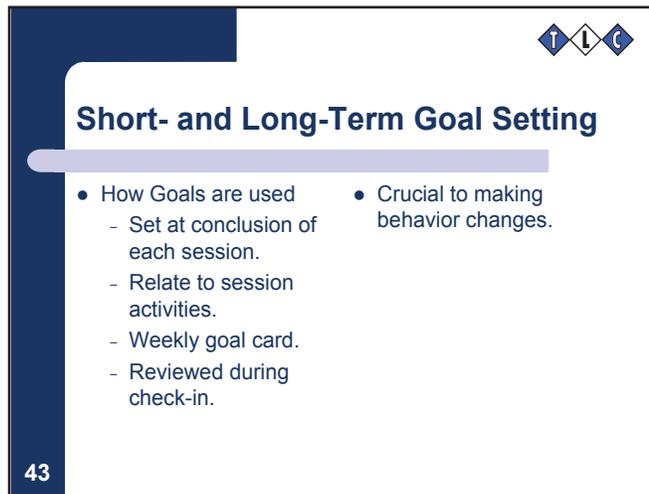
- 30 minutes

Materials

- Easel Paper
- LCD projector and screen
- Markers and masking tape
- Slide 43
- Wall Chart: Guidelines for Good Goals
- Weekly Goal Cards

Procedure

1. Show Slide 43 and use it to introduce short- and long-term goal setting.



Describe and explain the use of goal setting in TLC. Say to the Facilitator Trainees:

- **Goal setting is a skill related to Do, the third component of the F-T-D Framework. Doing refers to the individual's reaction to an event. Short- and long-term goal-setting, related to each session's topic, allow participants to come up with between-session assignments that suit their own circumstances.**

Distribute the Weekly Goal Cards and say to the Facilitator Trainees:

- **Participants set a goal at the end of every session.**
- **The goal is to be accomplished during the coming week.**
- **The goal typically is based on material learned in the current session. Participants write their goals on their personal Weekly Goal Card which they take with them after the session has ended. The Weekly Goal Cards, which are pocket size, help participants remember their goals after the session has ended.**
- **After setting a goal, they are invited to share their goals with the group.**
- **Participants are not forced to work on a goal.**



Procedure - *continued*

- **Each session begins with a check-in of every group member's status with their goal from the previous week.**

Refer to the Guidelines for Good Goals wall chart and say to the Facilitator Trainees:

- **TLC participants are taught the characteristics of good goals—realistic, clear, challenging but not impossible, and having an identifiable end-point.**
- **Once participants choose a goal, they identify the steps they will take before the next session to achieve that goal. Participants write their goals on their personal Weekly Goal Card.**
- **Goal review occurs in the first few minutes of the following week's session to discuss what happened.**
- **For participants who accomplish their goal, there is the intrinsic reward of achieving one's goal. Also, Facilitators use praise and Thanks Tokens to reward the attempts that have been made.**
- **For those participants who did not achieve their goals, the check-in period allows them to analyze the reasons why they were not successful.**

2. Ask Facilitator Trainees to reflect back on the discussion of Social Action Theory on Day 1. Ask them why they think goal setting is crucial to making behavior changes.

Bring up the following points if they are not raised by Facilitator Trainees during the discussion:

- People with goals are usually more interested in taking care of themselves.
- Life goals give meaning and purpose to our lives.
- Keeping our eye on our most important goals helps us make decisions that will help us get closer to our goal.
- Setting goals and knowing that one is accountable to the group and the Facilitator serves as a significant motivator to return to the group and to also work toward accomplishing one's goal.



Give Thanks Tokens to Facilitator Trainees who contribute to the discussion.

3. Say to the Facilitator Trainees:

- **Adhering to the goal setting criteria from the onset of the first TLC intervention session helps participants succeed in establishing appropriate goals throughout the intervention.**
- **If a participant sets a goal that does not meet the goal setting criteria, it is likely that 1) the goal will not be accomplished, 2) next time the participant will be less motivated to engage in goal setting, and 3) the participant will continue to identify goals that do not meet the goal setting criteria.**
- **Here are some tips to facilitate effective goal setting.**
 - **Watch your pace. Facilitators are given 20 minutes for goal setting during the Closing. This is sufficient time if the activity is focused. Avoid getting too wrapped up in each individual goal during goal setting.**
 - **Review the goal setting steps. Repetition and practice create an opportunity for youth to internalize the core elements.**
 - **Select a participant-generated goal that meets the goal setting criteria and as a group evaluate whether the goal meets the standards. This sets the model for the remainder of the participants to follow. After this, review the remaining goals quickly. If a goal that does not meet the standards is identified, evaluate the goal as a group again.**
 - **Be creative in integrating the core elements with goal setting. For example:**
 - **Encourage participants to identify goals consistent with their Ideal Self.**
 - **Integrate F-T-D with goal setting. For example, self-enhancing thoughts often increase one’s likelihood to accomplish set goals (e.g., “I can do this, I’ll feel so much better if I accomplish my goal.”) as opposed to self-defeating thoughts (e.g., “This is too hard. I always fail. What is the use?”). Apply the F-T-D framework by identifying and challenging any negative patterns that may have interfered with successful goal accomplishment.**



Procedure - *continued*



- **Use the Feeling Thermometer to assess the discomfort associated with a goal. If the reading is too high, participants may not be able to accomplish the goal.**
- **Inspire participants to engage in the session, including goal setting. However, participation in any part of the session is voluntary and participants are not required to set a goal.**
- **One way of reframing goal setting is to say, “Goal setting is an opportunity to practice the things we learn and talk about in the session.”**
- **Use Thanks Tokens and verbal praise to shape behavior by rewarding those who set goals.**



4. Ask the Facilitator Trainees:

- **How could you respond if one of the participants proposes an unrealistic goal and says, “My goal is to win the lottery”?**

Engage the Facilitator Trainees in a discussion. Raise the following points if they are not brought up in the discussion:

- Be accepting and non-judgmental of any participant generated goal.
- Avoid statements such as, “I don’t know about that goal” or “Why don’t we come up with another goal.” Instead, make this an opportunity to practice goal setting.
- Accept the participant’s goal and simply say, “Let’s go through the goal setting criteria to make sure your goal meets all the steps.”
- As a group, evaluate the goal. If the Facilitator conducts this sensitively, it is likely that the participant will recognize the challenges in his or her goal. Other participants may also point this out.

Give Thanks Tokens to Facilitator Trainees who participate in the discussion.



Unit 4
Learning and Practicing the Essential Skills of TLC

5. Introduce the goal review conducted at the beginning of every session.

Say to the Facilitator Trainees:

- **At the beginning of every session, a goal review is conducted as a “quick” check-in with participants about progress toward completing the goals.**
- **Ask who completed their goal and if anyone had anything they wanted to say about the experience.**
- **Inspire behavioral change by acknowledging those who completed their goal by giving them a Thanks Token.**
- **Praise any small success towards goal completion.**
- **In response to those who did not accomplish their goal, ask one or two youth to share in one or few sentences the barrier to accomplishing their goal and their plan for overcoming the barrier next time.**
- **If a participant did not accomplish a goal, it is important for the Facilitator to respond in a supportive manner.**
- **For example, the Facilitator may take joint responsibility by stating, “This is a great example of how sometimes we get excited and don’t think through our goals. Let’s look at your goal again and figure out how to make it happen this week.”**
- **Also, if the barrier to accomplishing the goal was another positive behavior (e.g., completed schoolwork instead of picking up condoms at a local clinic), the Facilitator may reframe by stating that the participant was actually trying to take care of him or herself by completing schoolwork, which is also very important.**
- **Avoid spending a significant amount of time reviewing the goal of a single participant. Goal review is not one-on-one therapy.**

6. Ask Facilitator Trainees to make goals for the TLC training. Use the Guidelines for Good Goals wall chart to assess the goals. Ask the Facilitator Trainees to complete the Weekly Goal Cards distributed at the beginning of this activity and take them home with them. Do a check-in on goals at the conclusion of the training.



Trainers' Tips

Agencies that tested the **TLC** Intervention Package reported that participants found the pocket-size Weekly Goal Cards to be helpful reminders of their goals.

Encourage the Facilitator Trainees to set participants up to succeed by choosing good goals. Consistently using the goal setting guidelines will help ensure that a participant's goal is realistic.

Encourage Facilitator Trainees to integrate other core elements (e.g., Ideal Self) into goal setting. Make the connection between goal setting and SMART problem solving explicit for the Facilitator Trainees. Goal setting is one step of problem solving.

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9:45 A.M. Emotional Awareness and Regulation

Purpose

- To describe emotional awareness and regulation as an essential skill of **TLC**, explain its use, and provide tips for effective ways to facilitate it.

Time

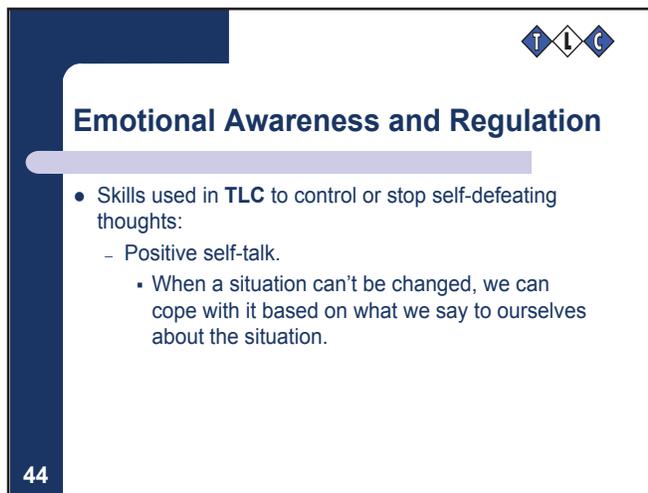
- 30 minutes

Materials

- Easel Paper
- Laminated Cards: Negative Thought Cards
- Laminated Cards: Thanks Tokens
- LCD projector and screen
- Markers and masking tape
- Slides 44-45
- Wall Chart: Feeling Thermometer

Procedure

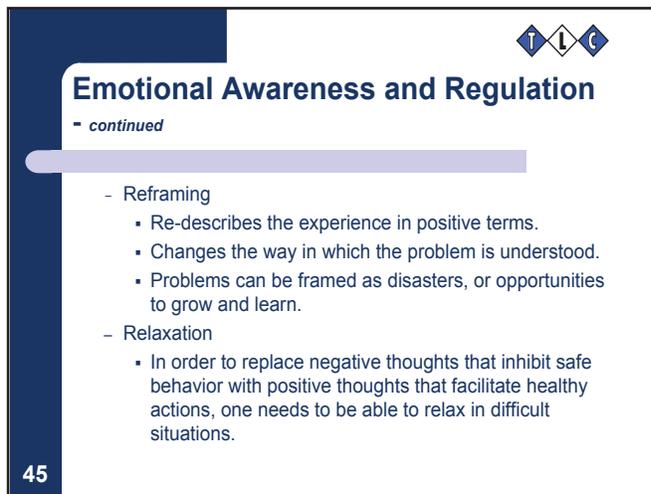
1. Introduce emotional awareness. Say to the Facilitator Trainees:
 - **Emotional awareness and regulation are additional important skills taught in TLC.**
 - **When young people are not able to identify their feelings accurately they are less able to deal with those feelings effectively. Many young people, for instance, describe feeling angry when they are, in fact, hurt and so their responses are likely to be more on the order of lashing out than acknowledging pain or hurt feelings and negotiating a solution to what has caused the hurt.**
 - **TLC teaches participants how their thoughts, feelings, and actions influence each other. This awareness and other techniques learned in TLC sessions help participants deal with their emotions and replace negative thoughts with positive thoughts, which leads to more positive and effective actions.**
 - **The Feeling Thermometer helps to increase emotional awareness in participants. There are additional skills taught in TLC to promote emotional self-regulation.**
2. Show Slides 44 and 45 and use them to introduce emotional regulation.



Slide 44 features a dark blue header with the TLC logo (three diamonds containing the letters T, L, and C). The title "Emotional Awareness and Regulation" is in a bold, dark blue font. Below the title is a light blue horizontal bar. The main content is a bulleted list: "Skills used in TLC to control or stop self-defeating thoughts:" followed by "Positive self-talk." and a sub-bullet: "When a situation can't be changed, we can cope with it based on what we say to ourselves about the situation." The slide number "44" is in the bottom left corner.



Procedure - continued



Emotional Awareness and Regulation
- continued

- Reframing
 - Re-describes the experience in positive terms.
 - Changes the way in which the problem is understood.
 - Problems can be framed as disasters, or opportunities to grow and learn.
- Relaxation
 - In order to replace negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions, one needs to be able to relax in difficult situations.

45

- **Positive self-talk, reframing, and relaxation help participants regulate their emotions. Using these skills helps participants replace negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions.**
3. Define positive self-talk.
- **Positive self-talk is a coping skill taught in TLC.**
 - **Sometimes a situation cannot be changed, however, what we say to ourselves about the situation can help us cope with it more effectively.**
 - **Just as behaviors may be practiced in role play situations, young people can learn to talk to themselves in a positive manner, relaxing themselves and helping themselves to manage a risky situation more effectively.**
 - **In particular, catastrophic thinking can be avoided by using positive self-talk. Catastrophic thinking is a pattern of consistently seeing the future in negative terms. This type of thinking involves a spiraling of negative expectations for oneself. People who engage in catastrophic thinking anticipate that the worst possible outcome will occur. For them, the glass is always half empty, never half full. Positive self-talk can help these individuals see the possibility of a half-full glass.**

Unit 4
Learning and Practicing the Essential Skills of TLC

4. Practice positive self-talk with the Facilitator Trainees.

- **Let's practice using positive self-talk.**
- **Here is the situation. You've felt tired and run down for a week. You say to yourself: "I feel awful! I bet my drugs aren't working. My viral load must be back. I must be getting sick."**
- **How could positive self-talk be used in this situation?**

Give Thanks Tokens to Facilitator Trainees as they contribute to the discussion.

- **Lets' try using positive self-talk in another situation.**
- **You are very committed to improving your health by abstaining from drug use. One night you slip up and use. The next morning you feel lousy and say to yourself, "What a loser! You're not strong enough to keep the promise you made to yourself. It wasn't worth it."**
- **How could positive self-talk be used in this situation?**

Give Thanks Tokens to Facilitator Trainees as they contribute to the discussion.

5. Define reframing.

- **Reframing is another coping skill taught in TLC. Learning how to replace negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions is an important skill that is a critical part of TLC.**
- **Most problems can be addressed by the changing the way in which the problem is understood. Problems can be framed as disasters, or in terms of the opportunities the problem presents to the young person. TLC teaches participants how to reframe problems in a positive manner.**
- **Changing one's thinking from "I can't succeed," or "Being HIV-positive has ruined my life" to "I CAN accomplish this," or "I can change how I approach having HIV" frees one from the negative self-image that defeats one's efforts before they have a chance to be successful.**
- **Negative feelings almost always have negative thoughts that go along with them.**



Procedure - continued

- If you ask people who say they are discouraged, lonely, or unhappy to talk about their feelings, they will tell you about their negative thoughts.
 - When people talk about their negative thoughts, they usually describe them as reasons for their negative feelings. Here are some examples:
 - “I am discouraged because I did not get the job I wanted.”
 - “I am lonely because my boyfriend broke up with me.”
 - “I am unhappy because I do not have any friends.”
 - If people can change their negative thoughts into thoughts that are more positive, then their negative feelings will change too. Here are some examples:
 - “I did not get this one job” (so I don’t need to be discouraged).
 - “Now I can start dating again” (so I won’t be lonely for long).
 - “I enjoy several of the people at work” (so I don’t need to be unhappy).
 - Often people see situations in a more negative light than the situations deserve.
 - If we can change a negative thought into a positive one, or at least into something not so negative, then the feeling that goes with the thought will become more positive.
 - Putting a positive spin on negative thoughts and interpreting them in a more positive light is called “reframing.”
6. Have Facilitator Trainees practice reframing.
- Let’s practice reframing some negative thoughts.

Hand out a Laminated Negative Thought Card to each Facilitator Trainee. If there are not enough cards to go around, have two Facilitator Trainees share a card.

Unit 4
Learning and Practicing the Essential Skills of TLC

- **Each of these cards has a negative thought printed on it. Let's go around the room, and I want each person to read his or her negative thought aloud, and then reframe it to make it more positive.**
- **Who wants to start?**

After each Facilitator Trainee reframes his or her negative thought, ask for members of the group to contribute additional ways of reframing thoughts. Check to see that the suggestions represent reasonable positive reinterpretations of the particular negative thoughts.

- **Very good. Who can think of another way to reframe this thought?**

Give a Thanks Token to each Facilitator Trainee as the exercise moves along.

7. Introduce relaxation.

- **TLC teaches a range of relaxation skills and strategies to help young people behave in a self-protective manner that speaks to their Ideal Self.**
- **Relaxing is used to lower the physical discomfort associated with a higher Feeling Thermometer reading.**
- **Some of the relaxation activities involve muscle relaxation and visualizations.**
- **Facilitators can improvise and use a relaxation activity to deescalate tension in the group after a tense discussion or role play.**
- **When the TLC implementation package was field tested, participants liked the relaxation activities. However, if group members do not respond well to the techniques provided, ask participants what relaxation techniques they have used in the past. When facilitating TLC, you may choose to start with a review of relaxation techniques that participants are familiar with and see if they can be integrated with the TLC relaxation techniques.**





Procedure - *continued*

- **Let's end this activity by doing one of the relaxation activities from Session Six of *Acting Safe*.**

Get yourself in a comfortable position. *PAUSE*.

Breathe in deeply and let it out slowly. Feel the cool air come in and the warm air flow out. *PAUSE*.

Again, breathe in deeply and let it out slowly. *PAUSE*.

Breathe in deeply and let it out slowly. *PAUSE*.

Now, tighten your fist. *PAUSE*.

Hold it. *PAUSE*.

Loosen your fist and stretch your fingers. *PAUSE*.

Now, yawn and stretch your arms.

END.

- **Have a good break.**

Trainers' Tips

Relaxation techniques are an important tool in the **TLC** intervention. Trainers should practice using the relaxation techniques with each other, agency staff, and family and friends as possible. The more comfortable the Trainer is with the relaxation techniques, the better the response will be from group members.

10:15 A.M. Break

Time

- 15 minutes

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10:30 A.M. Assertive Behavior and Communication

Purpose

- To describe assertive behavior and communication as essential skills of **TLC**, explain its use and provide tips for effective ways to facilitate it.

Time

- 30 minutes

Materials

- Easel Paper
- Handout: Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- Laminated Cards: Thanks Tokens
- LCD projector and screen
- Markers and masking tape
- Slides 46-47
- Wall Chart: Feeling Thermometer
- Wall Chart: SMART Problem-Solving Steps

Procedure

1. Show Slides 46 and 47 and use them to introduce assertive behavior and communication.



Assertive Behavior and Communication

- Assertiveness - standing up for your own needs while also being concerned and respectful of the needs of the other person.
- Related to:
 - Condom and safer sex negotiation.
 - Negative thoughts that trigger drug and alcohol thoughts.
- Verbal: making clear requests, refusals and statements of feelings.

46

Assertive Behavior and Communication

- *continued*

- Non-verbal: facial expressions, voice tone and loudness, eye contact, posture, gestures and interpersonal space.
- Heightened discomfort and distorted thoughts challenge assertiveness.
- Practiced in role plays.

47

Say to the Facilitator Trainees:

- **Assertiveness means standing up for your own needs while also being concerned and respectful of the needs of the other person.**
- **Being assertive is related to Do, the third component of the F-T-D Framework. Doing refers to the individual's reaction to an event, such as goal setting, or practicing verbal or non-verbal behaviors, relaxation, and stress management.**

Procedure - *continued*

2. Ask for volunteers to illustrate different types of communication.

- **Are there three people who would like to volunteer to help me illustrate the differences between three common types of communication: aggressive, passive and assertive?**

Say to the first volunteer:

- **Think about aggressive behavior and communication. I want you to come up to me and say “I want you to stop that.” using an aggressive style.**

Say to the other Facilitator Trainees:

- **The rest of you will be observers.**
- **Let me give you your assignments.**

Have each observer pay attention to a specific part of the exchange.

- **You pay attention to:**
 - **Facial expressions.**
 - **Eye contact.**
 - **Gestures.**
 - **Posture.**
 - **Breathing.**
 - **Feelings expressed.**
 - **Tone of voice.**

- **OK. Go ahead and start.**

Give Thanks Tokens to the volunteer.

- **That was great!**

Engage the Facilitator Trainees in a discussion of aggressive behavior. Ask for a definition of aggressive behavior and a description of some of its characteristics.



Unit 4
Learning and Practicing the Essential Skills of TLC

Get feedback from the observers. To the observers:

- **What did <the volunteer > facial expression look like?**
- **Did he make eye contact?**
- **What did you notice about his Gestures? Voice? Posture?**
- **From what you saw, what did he seem to be feeling?**

Give Thanks Tokens to the Facilitator Trainees.

Repeat this activity with the other volunteers and ask them to demonstrate passive and assertive behavior and communication.

3. Open up a general discussion of the differences between aggressive, passive, and assertive communication.

Give Thanks Tokens to the Facilitator Trainees.

4. Summarize how assertive behavior and communication is used in **TLC**.
 - **Assertive behavior and communication are vital for effective and successful interactions with others and facilitate the implementation of the skills taught in TLC.**
 - **Participants learn to distinguish passive, assertive, and aggressive communication. Awareness of verbal and non-verbal behaviors allows participants to perform effective assertive actions in their daily lives.**
 - **Participants are introduced to verbal and non-verbal assertiveness surrounding various life contexts (i.e., interactions with health care providers, family members, sex partners, etc). Being assertive is related both to condom and safer sex negotiation, as well as handling negative thoughts that trigger drug and alcohol thoughts.**
 - **In TLC, during role plays group members coach their peers to better communicate their intentions through their non-verbal behaviors. Participants not doing a role play are assigned an observer role and are asked to pay attention to the non-verbal communication including facial expressions, eye contact, gestures, posture, breathing, tone of voice, and words used.**



Procedure - *continued*

- **Verbal behaviors include making clear requests, refusals and statements of feelings. Verbal behaviors help improve relationships by eliminating guessing and hinting about what is desired.**
 - **Non-verbal behaviors are facial expressions, voice tone, loudness of voice, eye contact, posture, gestures, and use of interpersonal space. Most of the intentions others read from us are communicated by our non-verbal behaviors.**
 - **Facilitators also tie in verbal and non-verbal assertiveness skills with various session topics and model assertiveness skills whenever the opportunity arises.**
5. Distribute the Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex handout used in *Acting Safe*, Session 4. Ask the Facilitator Trainees to break up into triads and to review the handout. Tell them to come up with tips for how to effectively convey the information in the handout to **TLC** participants in a non-didactic manner.

After about 8 minutes, call the group back together.

Ask each triad to share one tip they came up with. Write these tips on Easel Paper.

Give Thanks Tokens to Facilitator Trainees.



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11:00 A.M. Facilitator Trainees' Teach Back Preparation

Purpose

- To give Facilitator Trainees the opportunity to prepare their teach backs and access assistance from the trainers.

Time

- 60 minutes

Materials

- *TLC Implementation Manual* Part 3, *Acting Safe*

12:00 P.M. Lunch

Time

- 60 minutes

1:00 P.M. End of Unit 4

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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 2—Unit 5: *Acting Safe* Teach Backs

Unit 5: Acting Safe Teach Backs - Session Two

Unit Purpose

- To provide a safe environment for Facilitator Trainees to practice facilitating sessions of *Acting Safe*.

Time

- 3 hours and 25 minutes (includes one 15-minute break)

Agenda for Unit 5

ACTIVITY	TIME	LENGTH	CUMULATIVE
Giving Constructive Feedback	1:00 P.M.	15 minutes	15 minutes
<i>Acting Safe</i> , Session Two Facilitator Trainees Teach Back	1:15 P.M.	130 minutes	145 minutes
BREAK	3:25 P.M.	15 minutes	160 minutes
Facilitator Trainees' Teach Back Feedback	3:40 P.M.	30 minutes	190 minutes
Closing and Evaluation	4:10 P.M.	15 minutes	205 minutes
End of Unit and Day	4:25 P.M.		205 minutes

Required Materials for Unit 5

- Character Cards
- Easel Paper
- Handout: Tips for Giving Feedback
- Handout: Session Observation Form
- Markers and masking tape
- Pens
- Required Materials for Session Two (see facing page)
- TLC Training of Facilitators' Session Evaluation Form
- Wall Chart: Feeling Thermometer

Required Materials for Session Two

Handouts to be Reproduced

- Commonly Asked Questions About STI's
- Local STI Testing and Treatment Information
- My Ideal Self
- Possible Ideal Self Characteristics
- SMART Problem-Solving Steps
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix D

- Laminated Cards: Commonly Asked Questions About STI's

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

1:00 P.M. Giving Constructive Feedback

Purpose

- To provide guidelines for how to give constructive feedback to Facilitator Trainees who do teach backs.

Time

- 15 minutes

Materials

- Easel Paper
- Handout: Tips for Giving Feedback
- Markers and masking tape

Procedure

1. Explain to the Facilitator Trainees that during the teach backs, whether acting as a participant in the Session or as an observer, they should pay attention to the facilitation skills that are demonstrated. Each Facilitator Trainee will receive a Session Observation Form to complete for each teach back. The completed forms for each teach back will be given to the Facilitator Trainees who facilitated the session.
2. Ask Facilitator Trainees to brainstorm characteristics of constructive feedback. Write the suggestions on Easel Paper labeled “Constructive Feedback.”
3. Ask Facilitator Trainees to brainstorm characteristics of unhelpful feedback. Write the suggestions on Easel Paper labeled “Unhelpful Feedback.”
4. Hand out the Tips for Giving Feedback handout and review it with the Facilitator Trainees. Say to them:
 - **Here are some tips that will help us give constructive feedback about the teach backs.**
 - **Point out the positive as well as areas of improvement**
 - **This supports developing a sense of self-efficacy in delivery of the intervention.**
 - **Be specific**
 - **General comments like, “You’re a great facilitator.” are less helpful than specific comments like, “You’re a great facilitator because you consistently use Thanks Tokens to reward positive behavior and contributions and to make the group.”**
 - **Reinforce each observation with an explanation of why it is important**
 - **For example, “In discussing the role play, the Ideal Self wasn’t raised. By bringing in the Ideal Self, the participant would be more conscious of their decision-making framework.”**

Procedure - continued

- Focus on easier challenges before more difficult ones
 - This helps reduce a sense of resistance and feeling overwhelmed.
- Root feedback in specific facilitation techniques and goals
 - “You have great eye contact with participants. I suggest using it to increase active participation of more group members.”
“You have created a very relaxed atmosphere where everyone contributes. You can improve your time management skills by reminding the group members that only one person at a time has the floor.”
 - Or, “You really are good at listening to the youth, making them feel heard. Because of the time constraint, I suggest being careful of the pace. So when a youth is longwinded, instead of exploring more, paraphrase what was said. Then return to the topic of the group.”

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1:15 P.M. *Acting Safe, Session Two* Facilitator Trainees Teach Back

Purpose

- To provide an opportunity for Facilitator Trainees to practice facilitating a session of *Acting Safe* in a safe, supportive environment.
- The aims of Session Two include providing participants with information on the consequences of exposure to HIV and STIs for HIV-infected persons and their partners, guiding participants in assessing the dilemmas they face in deciding to reduce their sexual risk and their partner's sexual risk of exposure to HIV or STIs, and demonstrating and rehearsing strategies that facilitate achieving sexual risk-reduction goals and solving general life problems.

Time

- 130 minutes

Materials

- Character Cards
- Handout: Session Observation Form
- Required Materials for Session Two (see facing page)

Required Materials for Session Two

Handouts to be Reproduced

- Commonly Asked Questions About STI's
- Local STI Testing and Treatment Information
- My Ideal Self
- Possible Ideal Self Characteristics
- SMART Problem-Solving Steps
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix D

- Commonly Asked Questions About STI's

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Procedure

1. Select a group of Facilitator Trainees to play the role of participants in a **TLC *Acting Safe*** session. Ask them to assume the roles on the Character Cards assigned to them earlier in the training.

If there are additional Facilitator Trainees with no direct role in the teach back, hand them a Session Observation Form and ask them to complete it during the teach back.

2. Ask the Facilitator Trainees who will co-facilitate the following questions:
 - **What are the aims of the session you are facilitating?**
 - **What core elements, skills, and techniques are used in the segment of the session you will facilitate?**
 - **In your own words, how do the activities you are about to facilitate advance the goals of TLC and *Acting Safe*?**
3. Have the Co-Facilitators begin the teach back.
4. Time the teach back. Announce when half the time allotted for the session has elapsed and give a five-minute warning as the end of the time approaches.

Trainers' Tips

If there are enough Facilitator Trainees and appropriate space is available, two groups may be formed with one Trainer facilitating each teach back.

3:25 P.M. Break

Time

- 15 minutes

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3:40 P.M. Facilitator Trainees' Teach Back Feedback

Purpose

- To provide Facilitator Trainees constructive criticism about their facilitation skills.

Time

- 30 minutes

Materials

- Handout: Session Observation Form
- Pens

Procedure

1. Hand out the Session Observation Form to Facilitator Trainees who were participants in the teach back session and ask them to complete it.
2. Ask the Co-Facilitators to:
 - **Describe one thing you did well and one thing you could have done better.**
 - **How faithful was the teach back to the core elements and curriculum of TLC and *Acting Safe*?**
3. Give the Co-Facilitators specific feedback mentioning what they did well and how they could improve the next time they facilitate this session.
4. Ask the other Facilitator Trainees to:
 - **Describe one other thing that the Co-Facilitators did well and one other thing they could have done better.**
5. Ask the Facilitator Trainees how this activity could be adapted for the local population they are targeting.

Trainers' Tips

Trainers will observe Facilitator Trainees perform sections of *Acting Safe* and offer constructive feedback on the delivery of the session content, the facilitation skills used by the Facilitator Trainees, the modeling of the sessions with fidelity, and the integration of core elements throughout the sessions. Facilitator Trainees can improve their facilitation skills by receiving clear feedback delivered in a non-judgmental, supportive environment. Trainers also are the role models for the Facilitators in terms of how to offer constructive peer feedback during the teach backs.

After several Facilitator Trainees have provided feedback, Trainers may notice that comments will be similar, e.g., “I echo what Gloria said” or “Ditto what Gloria said.” Facilitator Trainees can repeat the feedback given by others. Trainers are recommended to encourage Facilitator Trainees to express their comments in their own words. Hearing from each Facilitator Trainee allows the Trainer to understand the general training needs of the group. These go-rounds are also an excellent source of information for Trainers to gauge the progress of the training group.

4:10 P.M. Closing and Evaluation

Purpose

- To close the second day of training and conduct a brief evaluation.

Time

- 15 minutes

Materials

- Pens
- **TLC** Training of Facilitators' Session Evaluation Form
- Wall Chart: Feeling Thermometer

Procedure

1. Use the Feeling Thermometer to do a brief check-in with Facilitator Trainees at the end of the second day of training.
2. Check the Parking Lot and answer any appropriate questions.
3. Announce the starting time of the third day of training.
4. Distribute the Evaluation Form handout.

4:25 P.M. Dismissal — End of Unit 5





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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 3—Unit 6: *Acting Safe* Facilitation Skills and Techniques

8:30 A.M. Arrival and Check-In

Purpose

- To check in with Facilitator Trainees.
- To give Facilitator Trainees the opportunity to ask questions about topics from Day 2.

Time

- 15 minutes

Materials

- *Acting Safe* Training of Trainers' Agenda
- Lottery tickets
- Name tags
- Parking Lot from Day 2
- Sign-in sheet
- Wall Chart: Feeling Thermometer

Procedure

1. Welcome Facilitator Trainees to Day 3.
2. Use the Feeling Thermometer to get a reading from Facilitator Trainees.
3. Tell Facilitator Trainees that you appreciate their help in staying on schedule on Day 2 and placing their questions on the Parking Lot.
 - **We have reviewed the written questions from the Parking Lot and you may have additional questions. We will address your questions over the next few days. Now we will answer questions on...**
4. Move through Day 2 topics and ask Facilitator Trainees for questions and clarifications on these topics:
 - Personal Problem-Solving
 - Short- and Long-Term Goal Setting
 - Emotional Awareness and Regulation
 - Assertive Behavior and Communication
 - *Acting Safe*, Session Two
 - Appropriate questions from the Day 2 Parking Lot
5. Model the use of Thanks Tokens throughout this activity.

Trainers' Tips

Prior to today's session, review the Parking Lot Easel Papers, organize the questions from Day 2 into categories and prepare to address the questions.



Unit 6: Acting Safe Facilitation Skills and Techniques

Unit Purpose

- To review **TLC's** facilitation skills.

Time

- 1 hours and 25 minutes (includes one 15-minute break)

Agenda for Unit 6

ACTIVITY	TIME	LENGTH	CUMULATIVE
Facilitation Skills and Challenging Participants	8:45 A.M.	50 minutes	50 minutes
Effective Role Plays	9:35 A.M.	20 minutes	70 minutes
BREAK	9:55 A.M.	15 minutes	85 minutes
End of Unit	10:10 A.M.		85 minutes

Required Materials for Unit 6

- Easel Paper
- Handout: Facilitator Characteristics and Skills
- Handout: Facilitator Roles and Responsibilities
- Markers and masking tape
- *TLC Implementation Manual* Part 1, *Introduction and Overview*

8:45 A.M. Facilitation Skills and Challenging Participants

Purpose

- To familiarize Facilitator Trainees with the characteristics and skills needed to work with young people living with HIV/AIDS, their roles and responsibilities in the intervention, and how to deal with challenging participants.

Time

- 50 minutes

Materials

- Easel Paper
- Handout: Facilitator Characteristics and Skills
- Handout: Facilitator Roles and Responsibilities
- Markers and masking tape
- *TLC Implementation Manual* Part 1, *Introduction and Overview*

Procedure

1. Label one sheet of Easel Paper “Characteristics and Skills” and another “Roles and responsibilities.” Post the Easel Paper on the wall.
2. Divide Facilitator Trainees into two groups. Give one group a blue marker and the other group a green marker.

Tell Facilitator Trainees to close their copies of the *TLC Implementation Manual* Part 1, *Introduction and Overview*.

Say to the first group of Facilitator Trainees:

- **Group One, you have three minutes to list the characteristics and skills that a successful Facilitator should possess. Please write your answers on the Characteristics and Skills Easel Paper.**
- **Remember that:**
 - **Characteristics refer to a Facilitator personality type.**
 - **Skills refer to the knowledge and abilities needed to be successful in facilitating a session with young adults living with HIV/AIDS.**

Say to the second group of Facilitator Trainees:

- **Group Two, you have three minutes to list roles and responsibilities that Facilitators should assume while facilitating, not teaching, a group. Please write your answers on the Roles and Responsibilities Easel Paper.**

At the end of three minutes, have the groups switch papers and add to the lists for two minutes.

3. Distribute the Facilitator Characteristics and Skills and Facilitator Roles and Responsibilities handouts.

Say to both groups of Facilitator Trainees:

- **Using the Facilitator Characteristics and Skills and Facilitator Roles and Responsibilities handouts, compare the characteristics or skills and roles and responsibilities on the Easel Papers to those on the handouts. Circle the ones on the handouts that you did not list.**

Procedure - *continued*

Discuss those skills or characteristics on the handout that the Facilitator Trainees circled using the following question:

- **Tell me one of the skills and characteristics that you circled. What are some examples of how a Facilitator would show that he or she possessed this characteristic or skill?**

Repeat for three or four characteristics or skills and add them to the Easel Paper.

4. Ask each Facilitator Trainee to look at the Facilitator Characteristics and Skills handout and put a star next to the characteristics or skills he or she wants to improve and a check next to the ones he or she already has or does well.

Discuss those Roles and Responsibilities on the handout that the Facilitator Trainees circled by using the following question:

- **Tell me one of the roles and responsibilities that you circled. What are some examples of how a Facilitator would show that he or she assumed this role or responsibility?**

Repeat for three or four roles or responsibilities and add them to the Easel Paper.

Make sure everyone has identified at least one characteristic or skill that he or she would like to continue developing throughout his or her career.

5. Say to the Facilitator Trainees:
 - **Knowledge of basic facilitation skills is needed to implement TLC. This TLC training does not teach all of these skills. So, if you and your staff feel that more training is required, agencies such as the Prevention Training Centers (PTCs) offer courses in basic facilitation skills.**
 - **We will talk about three important issues now: the use of Co-Facilitators, sharing of personal information, and managing challenging participants.**

Say to the Facilitator Trainees:

- **Based on what you have learned and observed, how can Co-Facilitators promote productive group process and functioning?**

Unit 6

Acting Safe Facilitation Skills and Techniques

Facilitate a group discussion. If the following suggestions are not raised by the Facilitator Trainees, bring them up:

- Have one Facilitator direct the activities while the other monitors the process.
- Gives feedback.
- Keeps focus on the tasks at hand.
- Makes sure everyone is participating in group.
- Co-Facilitators may switch roles regularly during the group, but both Facilitators should be equally prepared and equally responsible for all materials and activities.
- Cover for each other but don't compete.
- Share the content and process of the session equally.
- Pay attention to each other's non-verbal communication, as well as verbal communication. Pass the ball if it looks like your Co-Facilitator wants to say something or take the next part for some reason.

6. Say to the Facilitator Trainees:

- **It may not be appropriate to share personal information. What are some issues to consider when deciding whether or not to share?**

Facilitate a group discussion. If the following questions are not raised by the Facilitator Trainees, bring them up:

- Is this clearly helpful to the group? If the answer is “no,” do not share the information.
- Is it directly relevant to the topic or skill being learned? If the answer is “no,” do not share the information.
- Is there time? If the answer is “no,” do not share the information.
- Does the content involve material I would not want most people to know I am struggling with? If the answer is “yes,” do not share the information.

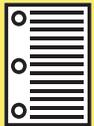
Procedure - continued

7. Say to the Facilitator Trainees:

- **Now I am going to describe challenging behaviors of participants you may encounter. As a group, let's brainstorm possible ways of dealing with these behaviors.**
- **The behaviors include:**
 - **One participant argues frequently.**
 - **Several participants argue frequently.**
 - **Participants won't talk.**
 - **Participant is overly talkative.**
 - **Participant is disruptive.**
 - **Participant complains frequently.**
 - **Participant rambles.**
 - **Participant takes a strong stand and refuses to change.**
 - **Participant focuses on the wrong topic.**
 - **Participant constantly seeks the Facilitator's point of view.**
 - **Participant cannot read well.**
 - **Participant makes incorrect statements.**
 - **Participant speaks in an inarticulate way.**

Choose problem behaviors that have been displayed in the training, were mentioned earlier and placed in the Parking Lot, or that best fit the group or the target populations of the implementing agencies. Use as many examples as possible in the remaining allotted time.

8. For more information, refer the Facilitator Trainees to the discussion of problem behaviors in Appendix E of the *TLC Implementation Manual* Part 1, *Introduction and Overview*.



Trainers' Tips

Trainers need to emphasize that identifying, developing, and ultimately mastering specific interpersonal and professional facilitation skills may greatly influence the success of the intervention.

The exercise is meant to be a tool for identifying good facilitation skills and helping self-identify those skills that may require additional development.

9:35 A.M. Effective Role Plays

Purpose

- To develop Facilitator Trainees' skills as conductors of constructive, group-involving role plays.

Time

- 20 minutes

Materials

- Easel Paper
- Markers and masking tape

Procedure

1. Conduct a large group discussion of role play techniques.
 - **Which techniques of managing a role play are new to you?**
 - **Which techniques still need practice?**
 - **How can the skills modeled in the role play be developed in TLC participants?**
2. Ask the Facilitator Trainees:
 - **What are some tips to ensure productive role plays?**

If the following points are not brought up in the discussion, bring them up:

- It is important to make the scenario to be role played very clear to the participants.
- The participants need to be encouraged and reminded to embrace the characters they are role playing, not their own personalities.
- Facilitators should interrupt, correct, or stop a role play if it gets off track.
- It is important to involve all participants in the role play by giving assignments and following up on participants by asking them questions.
- Keep a role play within 10 minutes.
- Make sure participants understand the point of the role play and are staying on topic.
- Avoid stereotyped role playing. Reverse stereotyped roles whenever possible. For example, have a female play the role of the person who doesn't want to use a condom, or have a young man role play a young woman and vice versa.
- Reversing stereotyped roles gives participants a chance to explore others' experiences and points of view.



Procedure - *continued*

3. Describe techniques to modify role plays for particular groups or situations.

- **Increase the intensity of the role play.**
- **Have participants stand toe-to-toe and face-to-face.**
- **Have participants behave in the role play as their Ideal Self would.**

Demonstrate this technique.

- **In what situation might this modification be appropriate?**

Describe another technique to the Facilitator Trainees:

- **Use a coach.**
 - **This technique involves using four participants to do a role play: two assume the role of the characters and two assume the role of “coach.” One coach is assigned to each of the characters and can whisper suggestions to a character who is shy, hesitant, or inarticulate.**
- **In what situation might this adaptation be appropriate?**

Describe another technique to the Facilitator Trainees.

- **Use an alter ego.**
 - **This technique also involves using four participants to do a role play: two assume the role of the characters and two assume the role of alter egos. The alter ego can be the voice of a character’s Ideal Self.**
- **In what situation might this adaptation be appropriate?**

Trainers' Tips

Role plays allow participants to act out realistic situations in a safe, instructive and supportive environment. Part of the safety of the role play is assuming the character of another person. Encourage the Facilitator Trainees to stay in character while role playing, and to encourage participants to do the same.

9:55 A.M. Break

Time

- 15 minutes

10:10 A.M. End of Unit 6



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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 3—Unit 7:
***Acting Safe* Teach Backs: Sessions Three and Four**

Unit 7: Acting Safe Teach Backs: Sessions Three and Four

Unit Purpose

- To provide a safe environment for Facilitator Trainees to practice facilitating sessions of *Acting Safe*.
- To give constructive feedback to Facilitator Trainees about their teach backs and facilitation skills.

Time

- 6 hours and 30 minutes (includes a one-hour lunch and one 15-minute break)

Agenda for Unit 7

ACTIVITY	TIME	LENGTH	CUMULATIVE
<i>Acting Safe, Session Three</i> Facilitator Trainees Teach Back	10:15 A.M.	120 minutes	120 minutes
LUNCH	12:15 P.M.	60 minutes	180 minutes
Facilitator Trainees' Teach Back Feedback	1:15 P.M.	30 minutes	210 minutes
<i>Acting Safe, Session Four</i> Facilitator Trainees Teach Back	1:45 P.M.	120 minutes	330 minutes
BREAK	3:45 P.M.	15 minutes	345 minutes
Facilitator Trainees' Teach Back Feedback	4:00 P.M.	30 minutes	375 minutes
Closing and Evaluation	4:30 P.M.	15 minutes	390 minutes
End of Unit and Day	4:45 P.M.		390 minutes

Required Materials for Unit 7

- Character Cards
- Handout: Session Observation Form
- Pens
- Required Materials for Session Three (see page 187)
- Required Materials for Session Four (see page 193)
- ***TLC Implementation Manual*** Part 3, *Acting Safe*
- **TLC** Training of Facilitators' Session Evaluation Form
- Wall Chart: Feeling Thermometer

10:15 A.M. *Acting Safe*, Session Three Facilitator Trainees Teach Back

Purpose

- To provide an opportunity for Facilitator Trainees to practice facilitating a session of *Acting Safe* in a safe, supportive environment.
- The aims of Session Three include review the range of contraceptives and STI protection methods that are available and the issues associated with using them, learning how these methods may be effectively used, demonstrating and practicing problem-solving techniques related to overcoming barriers to using one's prevention method of choice, practicing application and removal of male and female condoms, and developing a goal related to the prevention of sexually transmitted infections.

Time

- 120 minutes

Materials

- Character Cards
- Handout: Session Observation Form
- Required Materials for Session Three (see facing page)
- ***TLC Implementation Manual*** Part 3, *Acting Safe*

Required Materials for Session Three

Handouts to be Reproduced

- Effectiveness of Protection Methods for Birth Control
- Effectiveness of Protection Methods for Preventing Sexually Transmitted Infections (STIs) in People Who are HIV-Positive
- Female Condom Instructions
- SMART Problem-Solving Steps
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Pelvic model
- Penile model
- WD-40®

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Procedure

1. Select a group of Facilitator Trainees to play the role of participants in a **TLC Acting Safe** session. Ask them to assume the roles on the Character Cards assigned to them earlier in the training.

If there are additional Facilitator Trainees with no direct role in the teach back, hand them a Session Observation Form and ask them to complete it during the teach back.

2. Ask the Facilitator Trainees who will co-facilitate the following questions:
 - **What are the aims of the session you are facilitating?**
 - **What core elements, skills, and techniques are used in the segment of the session you will facilitate?**
 - **In your own words, how do the activities you are about to facilitate advance the goals of TLC and Acting Safe?**
3. Have the Co-Facilitators begin the teach back.
4. Time the teach back. Announce when half the time allotted for the session has elapsed and give a five-minute warning as the end of the time approaches.

Trainers' Tips

If there are enough Facilitator Trainees and appropriate space is available, two groups may be formed with one Trainer facilitating each teach back.

12:15 P.M. Lunch

Time

- 60 minutes

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1:15 P.M. Facilitator Trainees' Teach Back Feedback

Purpose

- To provide Facilitator Trainees constructive criticism about their facilitation skills.

Time

- 30 minutes

Materials

- Handout: Session Observation Form
- Pens

Procedure

1. Hand out the Session Observation Form to Facilitator Trainees who were participants in the teach back session and ask them to complete it.
2. Ask the Co-Facilitators to:
 - **Describe one thing you did well and one thing you could have done better.**
 - **How faithful was the teach back to the core elements and curriculum of TLC and *Acting Safe*?**
3. Give the Co-Facilitators specific feedback mentioning what they did well and how they could improve the next time they facilitate this session.
4. Ask the other Facilitator Trainees to:
 - **Describe one other thing that the Co-Facilitators did well and one other thing they could have done better.**
5. Ask the Facilitator Trainees how this activity could be adapted for the local population they are targeting.

Trainers' Tips

Trainers will observe Facilitator Trainees perform sections of *Acting Safe* and offer constructive feedback on the delivery of the session content, the facilitation skills used by the Facilitator Trainees, the modeling of the sessions with fidelity, and the integration of core elements throughout the sessions. Facilitator Trainees can improve their facilitation skills by receiving clear feedback delivered in a non-judgmental, supportive environment. Trainers also are the role models for the Facilitators in terms of how to offer constructive peer feedback during the teach backs.

After several Facilitator Trainees have provided feedback, Trainers may notice that comments will be similar, e.g., “I echo what Gloria said” or “Ditto what Gloria said.” Facilitator Trainees can repeat the feedback given by others. Trainers are recommended to encourage Facilitator Trainees to express their comments in their own words. Hearing from each Facilitator Trainee allows the Trainer to understand the general training needs of the group. These go-rounds are also an excellent source of information for Trainers to gauge the progress of the training group.

1:45 P.M. *Acting Safe, Session Four* Facilitator Trainees Teach Back

Purpose

- To provide an opportunity for Facilitator Trainees to practice facilitating a session of *Acting Safe* in a safe, supportive environment.
- The aims of Session Four include encouraging participants to set a personal goal of condom use with all partners and developing participants' skills in refusing unprotected sex and introducing condom use to new or casual and steady partners.

Time

- 120 minutes

Materials

- Character Cards
- Handout: Session Observation Form
- Required Materials for Session Four (see facing page)
- *TLC Implementation Manual* Part 3, *Acting Safe*

Required Materials for Session Four

Handouts to be Reproduced

- Guidelines for Influencing a New or Casual Partner to Accept Condoms
- Guidelines for Influencing a Steady Partner to Accept Condoms
- SMART Problem-Solving Steps
- Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- Weekly Goal Cards

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- SMART Problem-Solving Steps
- Using Thanks Tokens

Laminated Cards and Additional Items

Appendix G

- Facilitator Role Play Script: Sean (Sally) and Grady

Appendix C

- Thanks Tokens (20 per person)

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Procedure

1. Select a group of Facilitator Trainees to play the role of participants in a **TLC Acting Safe** session. Ask them to assume the roles on the Character Cards assigned to them earlier in the training.

If there are additional Facilitator Trainees with no direct role in the teach back, hand them a Session Observation Form and ask them to complete it during the teach back.

2. Ask the Facilitator Trainees who will co-facilitate the following questions:
 - **What are the aims of the session you are facilitating?**
 - **What core elements, skills, and techniques are used in the segment of the session you will facilitate?**
 - **In your own words, how do the activities you are about to facilitate advance the goals of TLC and Acting Safe?**
3. Have the Co-Facilitators begin the teach back.
4. Time the teach back. Announce when half the time allotted for the session has elapsed and give a five-minute warning as the end of the time approaches.

Trainers' Tips

If there are enough Facilitator Trainees and appropriate space is available, two groups may be formed with one Trainer facilitating each teach back.

3:45 P.M. Break

Time

- 15 minutes

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4:00 P.M. Facilitator Trainees' Teach Back Feedback

Purpose

- To provide Facilitator Trainees constructive criticism about their facilitation skills.

Time

- 30 minutes

Materials

- Handout: Session Observation Form
- Pens

Procedure

1. Hand out the Session Observation Form to Facilitator Trainees who were participants in the teach back session and ask them to complete it.
2. Ask the Co-Facilitators to:
 - **Describe one thing you did well and one thing you could have done better.**
 - **How faithful was the teach back to the core elements and curriculum of TLC and *Acting Safe*?**
3. Give the Co-Facilitators specific feedback mentioning what they did well and how they could improve the next time they facilitate this session.
4. Ask the other Facilitator Trainees to:
 - **Describe one other thing that the Co-Facilitators did well and one other thing they could have done better.**
5. Ask the Facilitator Trainees how this activity could be adapted for the local population they are targeting.

4:30 P.M. Closing and Evaluation

Purpose

- To close the third day of training and conduct a brief evaluation.

Time

- 15 minutes

Materials

- Pens
- **TLC** Training of Facilitators' Session Evaluation Form
- Wall Chart: Feeling Thermometer

Procedure

1. Use the Feeling Thermometer to do a brief check-in with Facilitator Trainees at the end of the third day of training.
2. Check the Parking Lot and answer any appropriate questions.
3. Announce the starting time of the fourth day of training.
4. Distribute the Evaluation Form handout.



4:45 P.M. Dismissal — End of Unit 7



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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 4—Unit 8:
**Learning the Drug and Alcohol Reduction Skills and
Learning Techniques of TLC**

8:30 A.M. Arrival and Check-In

Purpose

- To check in with Facilitator Trainees.
- To give Facilitator Trainees the opportunity to ask questions about topics from Day 3.

Time

- 15 minutes

Materials

- *Acting Safe* Training of Trainers' Agenda
- Name tags
- Parking Lot questions from Day 3
- Sign-in sheet
- Wall Chart: Feeling Thermometer

Procedure

1. Welcome Facilitator Trainees to Day 4
 - **Welcome to the fourth day of our training. Today we will review and practice the TLC drug and alcohol reduction essential skills and learning techniques that you will need to be familiar with to facilitate *Acting Safe*.**
2. Use the Feeling Thermometer to get a reading from Facilitator Trainees.
3. Tell Facilitator Trainees that you appreciate their help in staying on schedule on Day 3 and placing their questions in the Parking Lot.
 - **We have reviewed the written questions from the Parking Lot. Please let us know if you have additional questions. We will address your questions over the next few days.**
4. Answer questions about Day 3 topics.
 - **Now we will answer questions on...**
5. Move through Day 3 topics and ask the Facilitator Trainees for questions and clarifications:
 - Facilitation skills.
 - Effective role plays.
 - Feeling Thermometer.
 - *Acting Safe* Session Three.
 - *Acting Safe* Session Four.
 - Appropriate questions from the Day 3 Parking Lot.
6. Model the use of Thanks Tokens throughout this exercise.



Trainers' Tips

Prior to today's session, review the Parking Lot Easel Papers, organize the questions from Day 3 into categories and prepare to address the questions before the session begins.

Unit 8: Learning the Drug and Alcohol Reduction Skills and Learning Techniques of TLC

Unit Purpose

- To learn and practice the drug and alcohol reduction skills and learning techniques that Facilitator Trainees will use while facilitating *Acting Safe*.

Time

- 1 hour and 35 minutes (includes one 15-minute break)

Agenda for Unit 8

ACTIVITY	TIME	LENGTH	CUMULATIVE
Charting Progress with Big Goals	8:45 A.M.	20 minutes	20 minutes
Triggers, Thoughts, Cravings	9:05 A.M.	60 minutes	80 minutes
BREAK	10:05 A.M.	15 minutes	95 minutes
End of Unit	10:20 A.M.		95 minutes

Required Materials for Unit 8

- Easel Paper
- Handout: External Triggers Questionnaire
- Handout: Internal Triggers Questionnaire
- Handout: My Big Goal for Drugs and Alcohol
- Handout: Weekly Log (blank)
- Handout: Weekly Log (completed)
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: My Drug and Alcohol Use Check-In
- Wall Chart: Weekly Log

8:45 A.M. Charting Progress with Big Goals

Purpose

- To teach Facilitator Trainees how to chart progress with big goals.

Time

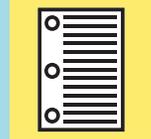
- 20 minutes

Materials

- Easel Paper
- Handout: External Triggers Questionnaire
- Handout: Internal Triggers Questionnaire
- Handout: Weekly Log (blank)
- Handout: Weekly Log (completed)
- Laminated Cards: Thanks Tokens
- Markers and masking tape
- Wall Chart: My Drug and Alcohol Use Check-In
- Wall Chart: Weekly Log

Procedure

1. Introduce big goals concerning alcohol or drug use. Say to the Facilitator Trainees:
 - **Sessions Five through Eight of the *TLC Implementation Manual Part 3, Acting Safe* deal with reducing alcohol and drug use.**
 - **Participants are guided in setting “big” goals to quit, reduce, or maintain low levels of drug and alcohol use. The benefits and challenges associated with goal achievement are explored in the context of the Ideal Self.**
 - **Big goals take a while to accomplish and may have to be done in steps.**
 - **A participant’s big goal might be to quit using alcohol or drugs altogether, or to reduce use to a certain level.**
 - **If a participant’s drug or alcohol use is already low, their big goal could be to keep it that way.**
 - **If some participants don’t use drugs or alcohol, encourage them to identify other issues in their life they might like to work on, such as unhealthy eating behaviors, compulsive gambling, or cigarette smoking.**
2. When discussing big goals, it is important for Facilitators to bring up the Ideal Self. Engage the Facilitator Trainees in a discussion of how they could incorporate the Ideal Self into setting big goals.
3. Explain the relationship between weekly and big goals.
 - **Big goals should meet the same criteria used to assess weekly goals. When facilitating, use the Setting Good Goals wall chart to evaluate good goals.**
 - **Big goals are different from the weekly goals in that big goals are not expected to be completed in matter of one or two weeks. Rather, they will be worked on slowly, over a longer period of time.**



Procedure - *continued*

4. Distribute the My Big Goal for Drugs and Alcohol handout from Session Five. Ask Facilitator Trainees to break up into pairs and work together to develop one possible big goal around drug or alcohol use and to brainstorm possible benefits and challenges of reaching the goal.

Give them about 5 minutes to work on this. Then call the Facilitator Trainees back together and ask the pairs to share the goals they developed.

Ask the group to identify potential benefits and challenges **TLC** participants might face in reaching big goals to reduce drug or alcohol use.

5. Say to the Facilitator Trainees:

- **In Sessions Five through Eight, participants do a check-in to review their drug and alcohol use in the past week. They also complete a daily log showing progress toward their big goal during the previous week and make a schedule of activities for the next week.**

Post the My Drug and Alcohol Use Check-In wall chart and review it with Facilitator Trainees.

6. Distribute one copy of a sample completed Weekly Log and a blank Weekly Log to Facilitator Trainees and explain how to complete and use the Weekly Log.

Ask Facilitator Trainees about their reaction to the activity and answer any questions they have.

Discuss ways to modify these activities to the needs of the local populations implementing agencies are targeting.

Trainers' Tips

Remind Facilitator Trainees that some participants may not use drugs or alcohol. If this is the case, participants can set big goals about other behaviors they would like to change (e.g., smoking, watching TV, Internet use, gaming, text-messaging, eating, etc.).

Stress to Facilitator Trainees the importance of knowing what drug and alcohol treatment resources are available locally, especially programs that are sensitive to the needs of youth and young adults living with HIV.

Point out that setting a big goal and doing Weekly Logs are very important components of the intervention. They can be modified but not eliminated during implementation.

9:05 A.M. Triggers, Thoughts, and Cravings

Purpose

- To familiarize Facilitator Trainees with the Trigger→Thought→Craving →Use model of substance use.

Time

- 60 minutes

Materials

- Easel Paper
- Handout: My Big Goal for Drugs and Alcohol
- Handout: Weekly Log (completed)
- Handout: Weekly Log (blank)
- Markers and masking tape

Procedure

1. Introduce the Trigger→Thought→Craving→Use model of substance use. Write the following sequence on Easel Paper: Trigger→Thought→Craving→Use. Explain how these are relevant to drug use. Say to the Facilitator Trainees:

- **Substance use starts with a trigger.**
- **Triggers lead to thoughts about drugs or alcohol, which lead to a craving (strong urge) for drugs or alcohol.**
- **Thoughts are the words we say to ourselves in response to a trigger.**
- **A craving is a very strong urge to do something. These cravings are satisfied by using drugs or alcohol.**
- **Triggers can be inside of you or outside of you.**
- **Triggers are people, places, situations, things, or feelings that lead you to thoughts about drugs or alcohol.**
- **They set off drug or alcohol thoughts, which is why they are called “triggers.”**
- **People, places, situations, and things (objects) are called “external” triggers because they are outside of you.**
- **Feelings are “internal” triggers—they are inside of you.**

As you describe the two types of triggers, list them in two columns on Easel Paper under the headings “External” (people, places, situations, and objects) and “Internal” (feelings).

2. Describe external triggers. Say to the Facilitator Trainees:
 - **Let’s talk about external triggers first. People are one kind of external trigger.**
 - **People can be a trigger in two ways. What they say to you can be a trigger, or just seeing them can be a trigger.**
 - **Who can give an example of something a person might say to you that would start you thinking about drugs or alcohol?**

Procedure - *continued*

Encourage Facilitator Trainees to give examples. Look for things such as social pressure (“let’s go out tonight and get high”) or story-telling (“there was this great party last night and everybody was high”).

- **What about when just seeing somebody can be a trigger? Who can think of an example of that?**

Encourage examples. In each case, be sure there is a clear explanation of why the person described is a trigger for drug or alcohol thoughts.

- **Now let’s give some examples of places, situations, and objects that might trigger drug or alcohol thoughts. Who can think of one?**

Obtain one or more examples of each. Be sure it is clear in each instance whether the example trigger represents a place, a situation, or an object.

Give Thanks Tokens to Facilitator Trainees as they contribute.

- **All of those are good examples. Thank you for contributing.**

3. Describe internal triggers. Say to the Facilitator Trainees:

- **Now let’s talk about internal triggers. As I said before, internal triggers are inside of a person.**
- **Internal triggers are emotions, feelings, or sensations.**
- **What kinds of emotions, feelings, or sensations do you imagine could make you think of drugs or alcohol?**

Encourage examples. Look for emotions and feelings—such as depression, anxiety, loneliness, frustration, and anger—and sensations—such as fatigue, pain, and pleasure.

Give Thanks Tokens to Facilitator Trainees as they contribute.

- **Thank you for all of the good examples.**
- **All of these feelings you named could trigger drug or alcohol thoughts. Most commonly, the feelings that trigger these thoughts are negative feelings.**



4. Describe drug and alcohol thoughts. Say to the Facilitator Trainees:

- **Thoughts are words and sentences we hear in our heads in response to a trigger.**
- **Thoughts can be very powerful. In the case of drug and alcohol thoughts, they can cause cravings to use drugs or alcohol.**
- **What are some examples of thoughts we might have that could trigger a craving for drugs or alcohol?**

Encourage examples. Look for thoughts such as:

- “I will feel better if I am high.”
- “I can’t get through this unless I have something.”
- “If I don’t use, I won’t have any friends.”
- “I can’t have the kind of sex I want without being loaded.”
- “I can handle it, so it’s OK to do it.”
- “It won’t hurt to have a little.”

Give Thanks Tokens to Facilitator Trainees as they contribute.

- **These are good examples of the things we tell ourselves. Thank you for contributing.**

5. Describe cravings. Say to the Facilitator Trainees:

- **Now let’s talk about cravings.**
- **As we have said, thoughts can lead to cravings.**
- **A craving is a very strong urge to do something.**
- **Who has ever had a craving? What was it about? How did it feel?**

Encourage general participation and discussion of cravings, not limited to drug and alcohol use.

- **When we have a craving for drugs or alcohol, just about the only way to make it go away is to use drugs or drink alcohol.**
- **In other words, once you have a craving, it’s very hard to control it.**



Procedure - *continued*

- **What we can do is to keep the craving from happening.**
 - **Remember that triggers lead to thoughts, which in turn can lead to cravings.**
 - **What we want to do is to keep the triggers from going off and to stop the thoughts before they become cravings.**
 - **I want to sum up our discussion to this point. We've talked about the relationship between triggers, thoughts, and cravings.**
 - **Now we are going to spend some time focusing in on external triggers.**
6. Introduce dealing with external triggers. Say to the Facilitator Trainees:
- **There are three basic ways of dealing with external triggers so they do not let drug or alcohol thoughts happen or take hold:**
 - **Avoidance—staying away from the trigger entirely (not going there in the first place). Some triggers cannot be avoided (e.g., eating food).**
 - **Removal—taking yourself away from the trigger (leaving the scene). It's possible to remove one's self from some triggers and not others.**
 - **Neutralizing—changing some aspect of the trigger so that it is no longer a threat. Neutralizing could be convincing yourself that you really don't want to be around the person who is a trigger or risk your health by going to a place that is a trigger. It refers to taking the power away from that trigger, so it no longer tempts you to a behavior you don't want to do.**

Neutralizing the trigger is the technique that applies mostly to situations with other people, where what the people are saying to you and the interactions you have with them trigger drug and alcohol thoughts. Where other people are a trigger, you can neutralize the trigger situation by changing it so that it loses its power to cause drug and alcohol thoughts.

7. Distribute the External Triggers Questionnaire handout and have the Facilitator Trainees complete the questionnaire by identifying potential triggers for participants in *Acting Safe*.

Ask the Facilitator Trainees for examples of some of the external triggers they identified.

Write the triggers on Easel Paper.

Ask the Facilitator Trainees to suggest which technique would be most effective to deal with each external trigger mentioned.

Make sure that the avoidance, removal, and neutralizing techniques are all discussed.

8. Discuss ways to deal with stopping drug and alcohol thoughts. Say to the Facilitator Trainees:
 - **Once drug and alcohol thought start they are difficult to stop. TLC teaches participants that they have a choice about stopping drug and alcohol thoughts from getting started and taking hold.**
 - **Three techniques are taught:**
 - **Switching, a technique to turn off a drug or alcohol thoughts and replace them with a pleasant thought.**
 - **Relaxing, using muscle group relaxation techniques, visualizations, or breathing exercises to lower the physical discomfort associated with a high Feeling Thermometer reading.**
 - **Floating, a relaxation activity that helps participants let drug and alcohol thoughts simply float away.**
 - **We'll see these activities demonstrated in the teach back this afternoon.**
9. Say to the Facilitator Trainees:
 - **Internal triggers are emotions, feelings, or sensations that set off drug and alcohol thoughts. Examples of emotions and feelings are anger, depression, and anxiety. Examples of sensations are fatigue and pain.**
 - **Emotions and feelings also have physical sensations that go along with them.**



Procedure - continued

- In TLC, the Feeling Thermometer is used to identify and link emotions, feelings, and physical sensations.
- Internal triggers are usually negative emotions, feelings, or sensations—like being angry, sad, anxious or fatigued.
- Triggers are rarely positive feelings like being happy, confident, or content.
- For some people, internal triggers can be sexual feelings—like being sexually aroused.

10. Distribute the Internal Triggers Questionnaire handout and have the Facilitator Trainees complete the questionnaire by identifying potential triggers for participants in *Acting Safe*.

Ask the Facilitator Trainees for examples of some of the internal triggers they identified.

Write the triggers on Easel Paper.

Review reframing techniques used in TLC to deal with negative feelings. Say to the Facilitator Trainees:

- Reframing is a coping skill taught in TLC. Most problems can be improved by the way in which the problem is understood. Problems can be framed as disasters, or in terms of the opportunities the problem presents to the young person. TLC teaches participants how to reframe problems in a positive manner.
- Reframing means putting a positive spin on a negative thought.
- TLC teaches participants that if they change their negative thoughts into more positive thoughts, their negative feelings will change.
 - For example, one way to reframe, “Nobody loves me.” is to say, “My roommate loves me.”

Ask the Facilitator Trainees:

- What are some ways to reframe, “I feel completely overwhelmed?”

Give out Thanks Tokens.



11. Say to the Facilitator Trainees:

- **Scheduling satisfying activities is a technique for dealing with negative feelings. Participants are taught to identify enjoyable and satisfying activities and to make a definite commitment to doing those things at a specific time in the near future.**
- **Doing something positive and enjoyable keeps the mind from focusing on negative feelings.**
- **The scheduling of activities is very important.**
- **People with negative feelings frequently find it difficult to get out and engage in activities they don't have to do.**
- **Participants are encouraged to schedule enjoyable activities with other people because it promotes the possibility that they will actually occur.**
- **Participants are taught planning skills to encourage successful scheduling and completion of pleasurable activities.**

Point to the list of internal triggers identified by the Facilitator Trainees and select one. Ask Facilitator Trainees to brainstorm pleasurable activities that could deal with the negative feeling. Choose one activity and identify the steps that could lead to successful scheduling and completion of the activity.

12. Say to the Facilitator Trainees:

- **Being assertive is another technique to deal with negative feelings. Being assertive means letting people know what you want in an honest and respectful way. Being assertive is especially helpful in reducing anger, frustration and anxiety involving other people.**

13. Say to the Facilitator Trainees:

- **Relaxing, or relaxation, is another technique to reduce negative feelings that TLC teaches participants. TLC teaches three main ways to relax:**
 - **Through breathing.**
 - **Through muscle tightening and releasing.**
 - **Through imagining and visualizing things.**

14. Summarize by saying:

- **Participants will benefit the most when they explore drug and alcohol issues in an environment that is not judgmental. Facilitators should take care not to lecture participants. TLC gives participants a decision-making framework and builds necessary skills to make healthy decisions about drug and alcohol use.**
- **The specific triggers of some participants for drug and alcohol use may be awakened through the discussion of triggers. This could lead to participants having thoughts and cravings for drugs or alcohol. Facilitators can help participants neutralize these triggers by pointing out that this may happen. Encourage participants to start using the techniques to deal with triggers taught in this session.**
- **Remember that some participants may be working on issues other than drugs and alcohol, e.g., cigarette smoking or compulsive gambling. If this is the case in your group, acknowledge this fact, support those participants, and connect the drug and alcohol discussion to the issues on which they are working.**

15. Initiate a discussion of positive self-talk and cognitive reframing.

In this discussion, look for these comments and mention them if the Facilitator Trainees do not bring them up:

- These skills are part of the Thinking process in Feel-Think-Do Framework.
- When the Feeling Thermometer reading is high, a person is likely to have difficulty exercising these skills.
- Positive self-talk and cognitive reframing involves replacing negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions.
 - An example of positive self-talk could be, “I’ve been in this kind of situation before and I know a good way to resolve it.”
 - An example of cognitive reframing could be, “I’m not just saying no to unprotected sex. I’m being sure to protect my partner and my future children from HIV.”

16. Say to the Facilitator Trainees:

- **Describe assertive behavior and communication. Using assertive behavior and communication is another technique important for abstinence and safer sex negotiation, as well as dealing with negative feelings.**

17. Initiate a discussion on relaxation and visualization.

In this discussion, look for these comments and mention them if the Facilitator Trainees do not bring them up:

- Relaxation and visualization are techniques for bringing down the reading on the Feeling Thermometer.
- Relaxation can be as simple as taking three deep breaths.
- Visualization involves playing out a scene in your imagination so that it turns out just the way you want it to turn out.
- These skills are powerful ways to turn down the dial on a very emotional situation.

10:05 A.M. Break

Time

- 15 minutes

10:20 A.M. End of Unit 8





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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 4—Unit 9:
***Acting Safe* Teach Backs: Sessions Five and Six**

Unit 9: Acting Safe Teach Backs - Sessions Five and Six

Unit Purpose

- To provide a safe environment for Facilitator Trainees to practice facilitating sessions of *Acting Safe*.
- To give constructive feedback to Facilitator Trainees about their teach backs and facilitation skills.

Time

- 6 hours and 35 minutes (includes a one-hour lunch and one 15-minute break)

Agenda for Unit 9

ACTIVITY	TIME	LENGTH	CUMULATIVE
<i>Acting Safe, Session Five</i> Facilitator Trainees Teach Back	10:20 A.M.	120 minutes	120 minutes
Lunch	12:20 P.M.	60 minutes	180 minutes
Facilitator Trainees' Teach Back Feedback	1:20 P.M.	30 minutes	210 minutes
<i>Acting Safe, Session Six</i> Facilitator Trainees Teach Back	1:50 P.M.	125 minutes	335 minutes
BREAK	3:55 P.M.	15 minutes	350 minutes
Facilitator Trainees' Teach Back Feedback	4:10 P.M.	30 minutes	380 minutes
Closing and Evaluation	4:40 P.M.	15 minutes	395 minutes
End of Unit and Day	4:55 P.M.		395 minutes

Required Materials for Unit 9

- Character Cards
- Handout: Session Observation Form
- Highlighters
- Pens
- Required Materials for Session Five (see page 225)
- Required Materials for Session Six (see page 231)
- ***TLC Implementation Manual*** Part 3, *Acting Safe*
- **TLC** Training of Facilitators' Session Evaluation Form
- Wall Chart: Feeling Thermometer

10:20 A.M. *Acting Safe*, Session Five Facilitator Trainees Teach Back

Purpose

- To provide an opportunity for Facilitator Trainees to practice facilitating a session of *Acting Safe* in a safe, supportive environment.
- The aims of Session Five include providing participants with information on the increased negative consequences of using drugs and alcohol for HIV-infected persons, guiding participants in assessing their need to stop or reduce substance use, setting individualized goals to stop, reduce, or maintain low levels of drug and alcohol use, and demonstrating and practicing strategies for monitoring and facilitating progress toward achieving personal drug and alcohol goals.

Time

- 120 minutes

Materials

- Character Cards
- Handout: Session Observation Form
- Required Materials for Session Five (see facing page)
- ***TLC Implementation Manual*** Part 3, *Acting Safe*

Required Materials for Session Five

Handouts to be Reproduced

- Drug and Alcohol Questionnaire
- Drug and Alcohol Resource List
- My Big Goal for Drugs and Alcohol
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Procedure

1. Select a group of Facilitator Trainees to play the role of participants in a **TLC *Acting Safe*** session. Ask them to assume the roles on the Character Cards assigned to them earlier in the training.

If there are additional Facilitator Trainees with no direct role in the teach back, hand them a Session Observation Form and ask them to complete it during the teach back.

2. Ask the Facilitator Trainees who will co-facilitate the following questions:
 - **What are the aims of the session you are facilitating?**
 - **What core elements, skills, and techniques are used in the segment of the session you will facilitate?**
 - **In your own words, how do the activities you are about to facilitate advance the goals of TLC and *Acting Safe*?**
3. Have the Co-Facilitators begin the teach back.
4. Time the teach back. Announce when half the time allotted for the session has elapsed and give a five-minute warning as the end of the time approaches.

Trainers' Tips

If there are enough Facilitator Trainees and appropriate space is available, two groups may be formed with one Trainer facilitating each teach back.

12:20 P.M. Lunch

Time

- 60 minutes

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1:20 P.M. Facilitator Trainees' Teach Back Feedback

Purpose

- To provide Facilitator Trainees constructive criticism about their facilitation skills.

Time

- 30 minutes

Materials

- Handout: Session Observation Form
- Pens

Procedure

1. Hand out the Session Observation Form to Facilitator Trainees who were participants in the teach back session and ask them to complete it.
2. Ask the Co-Facilitators to:
 - **Describe one thing you did well and one thing you could have done better.**
 - **How faithful was the teach back to the core elements and curriculum of TLC and *Acting Safe*?**
3. Give the Co-Facilitators specific feedback mentioning what they did well and how they could improve the next time they facilitate this session.
4. Ask the other Facilitator Trainees to:
 - **Describe one other thing that the Co-Facilitators did well and one other thing they could have done better.**
5. Ask the Facilitator Trainees how this activity could be adapted for the local population they are targeting.

1:50 P.M. *Acting Safe*, Session Six Facilitator Trainees Teach Back

Purpose

- To provide an opportunity for Facilitator Trainees to practice facilitating a session of *Acting Safe* in a safe, supportive environment.
- The aims of Session Six include presenting the Trigger → Thought → Craving → Use model of substance use, guiding participants to identify their external triggers for substance use, becoming familiar with strategies to cope with these, learning how to stop drug and alcohol thoughts, and helping participants review their progress in achieving drug and alcohol “big” goals.

Time

- 125 minutes

Materials

- Character Cards
- Handout: Session Observation Form
- Highlighters
- Required Materials for Session Six (see facing page)
- *TLC Implementation Manual* Part 3, *Acting Safe*

Required Materials for Session Six

Handouts to be Reproduced

- Drug and Alcohol Resource List
- My External Triggers
- SMART Problem-Solving Steps
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Procedure

1. Select a group of Facilitator Trainees to play the role of participants in a **TLC *Acting Safe*** session. Ask them to assume the roles on the Character Cards assigned to them earlier in the training.

If there are additional Facilitator Trainees with no direct role in the teach back, hand them a Session Observation Form and ask them to complete it during the teach back.

2. Ask the Facilitator Trainees who will co-facilitate the following questions:
 - **What are the aims of the session you are facilitating?**
 - **What core elements, skills, and techniques are used in the segment of the session you will facilitate?**
 - **In your own words, how do the activities you are about to facilitate advance the goals of TLC and *Acting Safe*?**
3. Have the Co-Facilitators begin the teach back.
4. Time the teach back. Announce when half the time allotted for the session has elapsed and give a five-minute warning as the end of the time approaches.

Trainers' Tips

If there are enough Facilitator Trainees and appropriate space is available, two groups may be formed with one Trainer facilitating each teach back.

3:55 P.M. Break

Time

- 15 minutes

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4:10 P.M. Facilitator Trainees' Teach Back Feedback

Purpose

- To provide Facilitator Trainees constructive criticism about their facilitation skills.

Time

- 30 minutes

Materials

- Handout: Session Observation Form
- Pens

Procedure

1. Hand out the Session Observation Form to Facilitator Trainees who were participants in the teach back session and ask them to complete it.
2. Ask the Co-Facilitators to:
 - **Describe one thing you did well and one thing you could have done better.**
 - **How faithful was the teach back to the core elements and curriculum of TLC and *Acting Safe*?**
3. Give the Co-Facilitators specific feedback mentioning what they did well and how they could improve the next time they facilitate this session.
4. Ask the other Facilitator Trainees to:
 - **Describe one other thing that the Co-Facilitators did well and one other thing they could have done better.**
5. Ask the Facilitator Trainees how this activity could be adapted for the local population they are targeting.

4:40 P.M. Closing and Evaluation

Purpose

- To close the fourth day of training and conduct a brief evaluation.

Time

- 15 minutes

Materials

- Pens
- **TLC** Training of Facilitators' Session Evaluation Form
- Wall Chart: Feeling Thermometer

Procedure

1. Use the Feeling Thermometer to do a brief check-in with Facilitator Trainees at the end of the fourth day of training.
2. Check the Parking Lot and answer any appropriate questions.
3. Announce the starting time of the fifth day of training.
4. Distribute the Evaluation Form handout.



4:55 P.M. Dismissal — End of Unit 9



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Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 5—Unit 10: Implementing TLC

8:30 A.M. Arrival and Check-In

Purpose

- To check-in with the Facilitator Trainees.
- To give Facilitator Trainees the opportunity to ask questions about topics from Day 4.

Time

- 15 minutes

Materials

- *Acting Safe* Training of Facilitators' Agenda
- Name tags
- Parking Lot questions from Day 4
- Sign-in sheets
- Wall Chart: Feeling Thermometer

Procedure

1. Welcome Facilitator Trainees to Day 5.
2. Use the Feeling Thermometer to get a reading from Facilitator Trainees.
3. Tell Facilitator Trainees that you appreciate their help in staying on schedule on Day 5 and placing their questions on the Parking Lot.
 - **We have reviewed the written questions from the Parking Lot and you may have additional questions. We will address your questions throughout the day.**
4. Say to the Facilitator Trainees:
 - **Now we will answer questions on...**
5. Move through Day 4 topics and ask the Facilitator Trainees for questions and clarifications:
 - Charting progress with big goals.
 - The Trigger→Thought→Craving→Use model.
 - Internal triggers.
 - *Acting Safe*, Session Six
 - *Acting Safe*, Session Seven
 - Parking Lot questions from Day 4
6. Model the use of Thanks Tokens throughout this activity.

Trainers' Tips

Prior to today's session, review the Parking Lot Easel Papers, organize the questions from Day 4 into categories and be prepared to address the questions before the session begins.

Announce that lunch will be 50 minutes today to allow for time to distribute certificates of completion at the end of the day.



Unit 10: Implementing TLC

Unit Purpose

- To introduce Facilitator Trainees to issues that need to be addressed in implementing **TLC**.

Time

- 1 hour (includes one 15-minute break)

Agenda for Unit 10

ACTIVITY	TIME	LENGTH	CUMULATIVE
Getting Ready to Implement TLC	8:45 A.M.	25 minutes	25 minutes
Recruitment, Retention, and Incentives	9:10 A.M.	15 minutes	40 minutes
Adaptation	9:25 A.M.	5 minutes	45 minutes
BREAK	9:30 A.M.	15 minutes	60 minutes
End of Unit	9:45 A.M.		60 minutes

Required Materials for Unit 10

- Easel Paper
- Markers and masking tape

8:45 A.M. Getting Ready to Implement TLC

Purpose

- To learn about getting ready to implement **TLC**.

Time

- 25 minutes

Materials

- Easel Paper
- Markers and masking tape

Procedure

1. Introduce pre-implementation activities.

Say to the Facilitator Trainees:

- **Prior to implementing TLC, agencies, and Facilitators are recommended to have an understanding of how, where, and for whom a new intervention will be implemented and to mobilize the support necessary for smooth implementation.**
- **An agency should learn more about its target population, assess needed resources, develop marketing and evaluation plans, and make any necessary organizational changes that will promote successful implementation.**

2. Ask the Facilitator Trainees:

- **What local resources can assist an agency's understanding of influencing risk behaviors of the target population?**

The following resources should be added if the Facilitator Trainees do not mention them.

- Identify and analyze local epidemiological reports.
- Explore factors that influence risk behaviors of the target population.
- Consult service providers, members of the target population, and other key informants through focus groups or structured interviews.
- Read the local or state prevention plan developed by the appropriate Community Planning Group.

3. Define stakeholders. Say to the Facilitator Trainees:

- **Stakeholders include members of the agency's Board of Directors, management and line staff, financial supporters and members of the target population.**
- **Buy-in from stakeholders is essential for successful implementation of TLC.**

Procedure - *continued*

4. Discuss with the Facilitator Trainees how an agency's strategic plan and mission, budget, experience, and physical space, must be factored into a decision-making process about implementing TLC.
5. Identify an intervention champion. Say to the Facilitator Trainees:
 - **The champion is someone within your agency who advocates to others the benefits of TLC and its impact on the agency's mission. The champion presents the intervention to agency decision-makers to receive their approval to spend the necessary funds to implement the intervention.**
6. Say to the Facilitator Trainees:
 - **After your agency has determined that TLC fits with its mission and that the agency has the capacity and buy-in to implement the intervention, it is time to begin the actual planning of the implementation. One of the first tasks is to identify an appropriate location.**

Define location:

- **Location refers to the neighborhood, building or agency, and room in which the Facilitators will conduct the eight sessions.**
 - **Feedback from the agency's community advisory board and potential participants should be strongly considered when choosing a location in which to conduct the intervention.**
 - **Privacy, comfort, adequate space, and easy accessibility are important considerations when selecting a location.**
7. Discuss the need to plan for the program evaluation during the pre-implementation activities. Say to the Facilitator Trainees:
 - **The *TLC Implementation Manual Part 1, Introduction and Overview* contains sample evaluation forms that could be used in your agency's program. It is also the time to plan methods for data collection and analysis. Program evaluation assistance is a feature of the Technical Assistance support service offered to agency's implementing TLC.**



8. Describe the composition of the **TLC** implementation team and its duties.
Say to the Facilitator Trainees:
- **The intervention team is comprised of staff members and volunteers who are directly responsible for activities related to implementing TLC.**
 - **The intervention team consists of, but is not limited to:**
 - **A Program Manager.**
 - **Two Facilitators who direct the sessions.**
 - **The two Facilitators must coordinate their responsibilities for each session and practice together in advance of the session.**
 - **The two Facilitators need to develop a method of signaling each other if one notes a participant in need of special attention.**
 - **Additional responsibilities include being available after sessions to talk with participants if something is bothering them. The intervention, at any point, could be emotionally moving or life-changing to some participants. Both Facilitators need to be aware of participants' reactions at all times.**

Trainers' Tips

Let the Facilitator Trainees know that in the implementation of **TLC**, agencies that tested the Implementation Package found that the selection of the intervention location was important in establishing group security.

Some **TLC** participants may feel uncomfortable at a location that advertises HIV/AIDS services, even though they are living with HIV/AIDS themselves.

Facilitators Trainees need to be aware of the participants' concerns.

9:10 A.M. Recruitment, Retention, and Incentives

Purpose

- To learn about recruitment, retention, and incentives for implementing TLC.

Time

- 15 minutes

Materials

- Easel Paper
- Markers and masking tape

Procedure

1. Introduce the topics to be discussed: recruitment, retention, and incentives.
2. Divide the Facilitator Trainees into groups of four to six people. If the Facilitator Trainees are sitting in clusters, have them do this exercise in those clusters; otherwise quickly gather them into groups. Give each group a piece of Easel Paper.

Ask each group to briefly brainstorm possible places from which they could recruit participants to take part in **TLC** and some of the means by which they would recruit them. Ask them to list them on their Easel Paper. Give them a maximum of five minutes.

3. Ask the first group to report back their responses. Ask other group(s) to report back by adding areas that have not been discussed.

The following sources need to be mentioned. If the groups do not mention them, the Trainer should add them.

- Identify persons from an existing support groups. If you recruit from existing support groups, be aware that **TLC** sessions are closed and are not meant for couples.
- Such support groups can be found in AIDS-service organizations, drug treatment facilities, or community-based organizations.
- Request direct referrals from agencies providing services to persons living with HIV/AIDS.
- Encourage Facilitator Trainees to network with other providers and to present the goals of **TLC** in person at the staff meetings of other agencies.
- Provide direct contact by outreach to other agency staff.
- When beginning to implement **TLC**, all agency staff should be briefed about the program and its goals and trained to identify potential participants.

Procedure - *continued*

4. Discuss the need to develop plans to address participant retention. Ask the Facilitator Trainees:

- **What techniques or ideas have you used in the past to retain participants in programs and keep them returning to sessions?**

Facilitate a group discussion of responses.

5. Discuss the need to develop plans to address attendance policy. Ask the Facilitator Trainees:

- **What attendance policy supports the goals of TLC?**

Facilitate a group discussion of responses.

The following points should be brought up in the discussion:

- **TLC** is a closed group. Once the group has started, new participants cannot be added.
- Participants should not miss two consecutive sessions. Each session builds on the previous session. Missing sessions undermines the participant's ability to fully grasp the skills, making it difficult to participate in the other sessions.

6. Discuss the need to develop plans to address incentives. Ask the Facilitator Trainees:

- **What incentives have you used in the past that were effective in recruiting and retaining participants?**

7. Discuss the need to develop plans to address pre-session interviews. Ask the Facilitator Trainees:

- **Some agencies that have implemented TLC have conducted interviews with potential participants. The interview gave Facilitators the opportunity to obtain information about the participants' backgrounds and prior group participation. Background information helped the Facilitators to personalize the session content to the needs of the participants.**

Trainers' Tips

Reiterate with the Facilitator Trainees that **TLC** is a closed, small group level intervention. In one of the sites that tested the package, one participant missed the first session. The site made a decision to allow this person to attend the other sessions because of the extraordinary circumstances that caused the absence. Remember that these participants are dealing with health and other concerns, which need to be taken into consideration. Flexibility has to be at the discretion of the agency. In some cases it may be necessary for Facilitators to reschedule participants with multiple absences for another delivery of the intervention.

Trainers' Options

Trainers can deliver the following information by asking the Facilitator Trainees to work in their small groups and brainstorm on a particular subject, such as, “Write down on Easel Paper all the different items that have been provided as incentives by your agency.” This allows the Facilitator Trainees to work among themselves to generate ideas, instead of listening to the Facilitator lecture.

Another suggestion would be to assign different groups to brainstorm different items, such as recruitment, retention, and incentives.

9:25 A.M. Adaptation

Purpose

- To learn how to adapt **TLC** for specific populations.

Time

- 5 minutes

Materials

- Easel Paper
- Markers and masking tape

Procedure

1. Tell the Facilitator Trainees that now you will be focusing on the major ways that **TLC** can be adapted for specific target populations. Say:
 - **Adapting involves customizing delivery of the intervention to agency circumstances and ensuring that messages are appropriate for target populations without altering, deleting, or adding to the intervention’s core elements. It refers to the “what,” the “how,” and the “when” of the intervention.**
 - **Adapting does not change the intervention’s core elements.**
2. Discuss in your own words the key characteristics of **TLC** that May Be Adapted:
 - Use of incentives
 - We recommend using incentives to encourage participants to return to sessions. However, it is up to your agency to decide whether or not to use incentives, what kind of incentive, and the estimated value of the incentive.
 - The most appropriate incentive strategies are those that the advisory committee and participant pool think will work best to encourage attendance and participation.
 - Intervals between sessions
 - Intervals between sessions can be adapted to the needs and capacity of your agency and population: weekly is preferred, but biweekly also may work for you.
 - We do not recommend monthly sessions except in very unusual situations, because participants forget or lose interest.
 - Similarly, we do not recommend running all sessions in a weekend or single week, because this does not allow sufficient time for homework assignments to be completed.

Procedure - *continued*

- When planning for intervals between sessions, there are several things to be considered:
 - Time for participants to think about what they have experienced.
 - Ability to retain participants.
 - Availability of both participants and Facilitators.
- Time
 - With practice, all sessions can be finished in the time indicated in the ***TLC Implementation Manual***.
 - Agencies that tested the **TLC** Intervention Package extended the length of their sessions as a result of discussions running longer.
 - It is recommended that the sessions be kept to two hours as much as possible.
- Facilitators
 - Two persons are needed to facilitate the sessions. The same two Facilitators will be able to enhance group cohesiveness much better than having different Facilitators for different sessions.
 - While it is preferable to have one Facilitator be male and one female, (for purposes of modeling and providing a gender specific point of view to the participants), that may not be possible in every circumstance. Same gender Facilitators can conduct the sessions. If your group is all of one gender (all male, for instance), one of the Facilitators should be of this gender.
- Group composition
 - Implementing agencies may modify **TLC**, with respect to the age, gender, and sexual orientation of participants.
 - For example, if your agency's potential participants population is sufficiently large, you may wish to consider holding separate groups for younger (e.g., under 18) and older participants.
 - You may not change **TLC** from a group to an individual delivery method, but the composition of the group is flexible.

Unit 10 Implementing TLC

- Group size
 - It is recommended that **TLC** groups be from 4 to 8 participants in size.
 - It is recommended that group size does not exceed 12 participants.
- Build group cohesion
 - Agencies that tested the intervention used a variety of cohesion building activities. Some agencies used introductory sessions; others used meals served before or after the sessions.
 - Other ways to build group cohesion are using “energizers” or “getting to know you” activities before, during, and after the sessions.
- Visual aids
 - The use of the visual aids, like the wall charts supplied in the **TLC** Intervention Package, can help with the comprehension and retention of concepts.
 - We recommend that if visual aids are used that they be simple and universally understood.
 - Visual aids can also help participants who have low literacy skills.
- Food/Snacks
 - Implementing agencies are encouraged to provide refreshments for their participants. This is not a core element but strongly recommended.
- Location
 - **TLC** can be held anywhere there is a private room with enough space to accommodate the participants, the role-plays, and a refreshment table.
 - The venue and room should be handicapped accessible. For some communities, venues that advertise services for people living with HIV/AIDS are not good places to hold **TLC** sessions.
 - Some participants have not disclosed their status and therefore would not attend sessions at a place that would compromise their privacy.

Procedure - *continued*

3. Discuss the merits of forming a community advisory group to advise on adapting TLC. Say to the Facilitator Trainees:
 - **One effective way of adapting TLC is by convening a community advisory group of young adults living with HIV/AIDS. The advisory group could help:**
 - **Suggest different delivery methods to strengthen the intervention for their community.**
 - **Identify possible peer Facilitators.**
 - **Provide appropriate language and terms.**
 - **Suggest questions for the initial interview and assessment of participants.**
4. Recommend that Facilitators implement the curriculum as it is at least 2 times, before determining what works and what does not.
5. Remind Facilitator Trainees that they can adapt the intervention; however, they must maintain fidelity to the core elements.

Trainers' Tips

Let Facilitator Trainees know that **TLC** Facilitators often share that at first they thought certain parts of the intervention did not meet the needs of their population and then when they tried it, they found it to be very effective.

A helpful question for Facilitators to entertain is, “Why is it not working? Is it the curriculum or is it something in the facilitation?”

9:30 A.M. Break

Time

- 15 minutes

10:45 A.M. End of Unit 10



Together Learning Choices

Acting Safe:
Training of Facilitators Curriculum

Day 5—Unit 11:
***Acting Safe* Teach Backs: Sessions Seven and Eight**

Unit 11: *Acting Safe* Teach Backs: Sessions Seven and Eight

Unit Purpose

- To provide a safe environment for Facilitator Trainees to practice facilitating sessions of *Acting Safe*.
- To give constructive feedback to Facilitator Trainees about their teach backs and facilitation skills.

Time

- 6 hours (includes a 50-minute lunch and one 15-minute break)

Agenda for Unit 11

ACTIVITY	TIME	LENGTH	CUMULATIVE
<i>Acting Safe</i> , Session Seven Facilitator Trainees Teach Back	9:45 A.M.	115 minutes	115 minutes
Facilitator Trainees' Teach Back Feedback	11:40 A.M.	30 minutes	145 minutes
Lunch	12:10 P.M.	50 minutes	195 minutes
<i>Acting Safe</i> , Session Eight Facilitator Trainees Teach Back	1:00 P.M.	100 minutes	295 minutes
Break	2:40 P.M.	15 minutes	310 minutes
Facilitator Trainees' Teach Back Feedback	2:55 P.M.	30 minutes	340 minutes
Conclusion: Questions, Discussion, Next Steps	3:25 P.M.	20 minutes	360 minutes
End of Unit and Day	3:45 P.M.		360 minutes

Required Materials for Unit 11

- Certificates of Completion
- Character Cards
- Handout: Session Observation Form
- Pens
- Required Materials for Session Seven (see page 261)
- Required Materials for Session Eight (see page 267)
- ***TLC Implementation Manual*** Part 3, *Acting Safe*
- **TLC** Training of Facilitators' Course Evaluation Form

9:45 A.M. *Acting Safe*, Session Seven Facilitator Trainees Teach Back

Purpose

- To provide an opportunity for Facilitator Trainees to practice facilitating a session of *Acting Safe* in a safe, supportive environment.
- The aims of Session Seven include guiding participants in identifying their internal triggers for substance use, becoming familiar with strategies to reduce negative feelings that may act as triggers for drug and alcohol use, and reviewing participants' progress in achieving their "big" drug or alcohol goals.

Time

- 115 minutes

Materials

- Character Cards
- Handout: Session Observation Form
- Required Materials for Session Seven (see facing page)
- *TLC Implementation Manual* Part 3, *Acting Safe*

Required Materials for Session Seven

Handouts to be Reproduced

- Drug and Alcohol Resource List
- My Internal Triggers
- SMART Problem-Solving Steps
- Weekly Goal Cards
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix E

- Negative-Thought Cards

Appendix B

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Procedure

1. Select a group of Facilitator Trainees to play the role of participants in a **TLC *Acting Safe*** session. Ask them to assume the roles on the Character Cards assigned to them earlier in the training.

If there are additional Facilitator Trainees with no direct role in the teach back, hand them a Session Observation Form and ask them to complete it during the teach back.

2. Ask the Facilitator Trainees who will co-facilitate the following questions:
 - **What are the aims of the session you are facilitating?**
 - **What core elements, skills, and techniques are used in the segment of the session you will facilitate?**
 - **In your own words, how do the activities you are about to facilitate advance the goals of TLC and *Acting Safe*?**
3. Have the Co-Facilitators begin the teach back.
4. Time the teach back. Announce when half the time allotted for the session has elapsed and give a five-minute warning as the end of the time approaches.

Trainers' Tips

If there are enough Facilitator Trainees and appropriate space is available, two groups may be formed with one Trainer facilitating each teach back.

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11:40 A.M. Facilitator Trainees' Teach Back Feedback

Purpose

- To provide Facilitator Trainees constructive criticism about their facilitation skills.

Time

- 30 minutes

Materials

- Handout: Session Observation Form
- Pens

Procedure

1. Hand out the Session Observation Form to Facilitator Trainees who were participants in the teach back session and ask them to complete it.
2. Ask the Co-Facilitators to:
 - **Describe one thing you did well and one thing you could have done better.**
 - **How faithful was the teach back to the core elements and curriculum of TLC and *Acting Safe*?**
3. Give the Co-Facilitators specific feedback mentioning what they did well and how they could improve the next time they facilitate this session.
4. Ask the other Facilitator Trainees to:
 - **Describe one other thing that the Co-Facilitators did well and one other thing they could have done better.**
5. Ask the Facilitator Trainees how this activity could be adapted for the local population they are targeting.

12:10 P.M. Lunch

Time

- 50 minutes

1:00 P.M. *Acting Safe*, Session Eight Facilitator Trainees Teach Back

Purpose

- To provide an opportunity for Facilitator Trainees to practice facilitating a session of *Acting Safe* in a safe, supportive environment.
- The aims of Session Eight include guiding participants in understanding the negative consequences of substance use with sex, developing negotiation skills to avoid mixing drugs and alcohol with sex, and reviewing participants' progress in achieving their "big" drug or alcohol goals and providing practice in solving general life problems.

Time

- 100 minutes

Materials

- Character Cards
- Handout: Session Observation Form
- Required Materials for Session Eight (see facing page)
- ***TLC Implementation Manual*** Part 3, *Acting Safe*

Required Materials for Session Eight

Handouts to be Reproduced

- Drug and Alcohol Resource List
- SMART Problem-Solving Steps
- Weekly Log

Wall Charts

Appendix B

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log

Laminated Cards and Additional Items

Appendix C

- Thanks Tokens (20 per person)

Additional Items

- Highlighters for Weekly Log

Materials Needed in Every Session

- Easel
- Easel Paper
- Lottery prize
- Lottery tickets
- Markers and masking tape
- Pencils
- Pens

Procedure

1. Select a group of Facilitator Trainees to play the role of participants in a **TLC Acting Safe** session. Ask them to assume the roles on the Character Cards assigned to them earlier in the training.

If there are additional Facilitator Trainees with no direct role in the teach back, hand them a Session Observation Form and ask them to complete it during the teach back.

2. Ask the Facilitator Trainees who will co-facilitate the following questions:
 - **What are the aims of the session you are facilitating?**
 - **What core elements, skills, and techniques are used in the segment of the session you will facilitate?**
 - **In your own words, how do the activities you are about to facilitate advance the goals of TLC and Acting Safe?**
3. Have the Co-Facilitators begin the teach back.
4. Time the teach back. Announce when half the time allotted for the session has elapsed and give a five-minute warning as the end of the time approaches.

Trainers' Tips

If there are enough Facilitator Trainees and appropriate space is available, two groups may be formed with one Trainer facilitating each teach back.

2:40 P.M. Break

Time

- 15 minutes

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2:55 P.M. Facilitator Trainees' Teach Back Feedback

Purpose

- To provide Facilitator Trainees constructive criticism about their facilitation skills.

Time

- 30 minutes

Materials

- Handout: Session Observation Form
- Pens

Procedure

1. Hand out the Session Observation Form to Facilitator Trainees who were participants in the teach back session and ask them to complete it.
2. Ask the Co-Facilitators to:
 - **Describe one thing you did well and one thing you could have done better.**
 - **How faithful was the teach back to the core elements and curriculum of TLC and *Acting Safe*?**
3. Give the Co-Facilitators specific feedback mentioning what they did well and how they could improve the next time they facilitate this session.
4. Ask the other Facilitator Trainees to:
 - **Describe one other thing that the Co-Facilitators did well and one other thing they could have done better.**
5. Ask the Facilitator Trainees how this activity could be adapted for the local population they are targeting.

3:25 P.M. Conclusion: Questions, Discussion, Next Steps

Purpose

- To increase Facilitator Trainee knowledge of steps to implement **TLC**.

Time

- 20 minutes

Materials

- Certificates of Completion
- **TLC** Training of Facilitators' Course Evaluation Form

Procedure

1. Ask the Facilitator Trainees:

- **What wrap-up questions do you have about TLC?**

Allow 10 minutes for discussion.

2. Ask the Facilitator Trainees:

- **When you get back to work, what will be the next steps for your agency?**

The following points should be addressed:

- Buy-in with agency staff/board.
 - Obtain funding, if needed.
 - Market **TLC**.
 - Conduct Formative Evaluation with people living with HIV/AIDS to increase your agency's level of knowledge of needs for this population.
 - Find a location to conduct the sessions.
 - Recruit the participants.
 - Seek technical assistance.
3. Discuss how to obtain technical assistance and that facilitation skills and legal issues may be important areas in which to seek assistance.
 4. Distribute and collect course evaluations and exchange business cards.
 5. Trainers should express appreciation for the Facilitator Trainee's attention and participation over the past four days. Distribute Certificates of Completion.
 6. Tell Facilitator Trainees that they are very important in the fight against HIV/AIDS. We hope that they have much success implementing **TLC**.

3:45 P.M. Dismissal — End of Unit 11



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Appendix A

Handouts

Handouts to be Reproduced

- Characteristics and Skills of Facilitators
- Commonly Asked Questions About STI's
- Drug and Alcohol Questionnaire
- Drug and Alcohol Resource List
- Effectiveness of Protection Methods for Birth Control
- Effectiveness of Protection Methods for Preventing Sexually Transmitted Infections in People who are HIV-Positive
- Feeling Thermometer
- Feel-Think-Do Framework
- Guidelines for Influencing a New or Casual Partner to Accept Condoms
- Guidelines for Influencing a Steady Partner to Accept Condoms
- HIV Disclosure Law
- My Big Goal for Drugs and Alcohol
- My External Triggers
- My Ideal Self
- My Internal Triggers
- Possible Ideal Self Characteristics
- Preparing for a Great **TLC** Session
- Roles and Responsibilities for a Skilled Facilitator
- Session Observation Form
- SMART Problem-Solving Steps
- SMART Problem-Solving Steps for Facilitators
- Social Action Theory
- Tips for Giving Feedback
- Tips for Telling Your Partner
- Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex
- **TLC** Core Elements



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Characteristics and Skills of Facilitators:

Trustworthy	Flexible	Understanding and non-judgmental
Active listener	Empathetic and supportive	Interested in working with groups
Good knowledge of group process	Not chemically- dependent: sober or in recovery	Creates warm and welcoming environment
Ability to promote communication	Ability to manage and control problems	Respectful of others and their opinions
Maintains eye contact	Follows up on identified needs	Ability to adapt to changing dynamics in the group
Understanding of group dynamics	Uses humor effectively and appropriately	Ability to adjust agenda times to meet needs of the group
Ability to build rapport	Ability to make appropriate referrals to services	Willingness to learn from the group
Dynamic and friendly	Culturally competent	Respect for confidentiality
Good observer	Patient	Ability to work with people where they are; be client centered
Authentic	Knowledge of HIV/AIDS	Aware of own comfort level, skills and limits
Focus on group needs instead of own personal agenda	Share and disclosure personal information appropriately	Knowledge of challenges dealing with vulnerable young people
Experience working with young people	Experience working with young people of various or undecided sexual orientation	



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Commonly Asked Questions About STI's

1

Question: If I have HIV, can I get another STI?

Answer: Yes, people living with HIV can get other STIs

2

Question: What's the relationship between HIV infection and transmitting other STIs?

Answer: People infected with HIV and another STI are more likely to transmit HIV. HIV-negative individuals are more likely to get infected with HIV if they have an STI, especially if it has an open sore.

3

Question: STIs are caused by bacteria or viruses. Name some STIs that are caused by bacteria.

Answer: Sexually transmitted bacterial infections include Gonorrhea, Syphilis, and Chlamydia.

4

Question: Name some STIs that are caused by viruses.

Answer: Sexually transmitted viral infections include HIV, Herpes I, and II, and Human Papillomavirus (HPV).

5

Question: True or false: all STIs can be treated.

Answer: True. There are treatments available for STIs.

6

Question: True or false: all STIs can be cured.

Answer: False. Bacterial STIs can be cured. However, viral STIs can only be treated, not cured.

7

Question: How can STIs be prevented?

Answer: STIs can be prevented by abstaining from sexual activity, being faithful to a single sexual partner who is faithful, or using condoms consistently and correctly. Vaccines which prevent transmission of Hepatitis A and B are available.

8

Question: What are the symptoms of STIs?

Answer: Each STI is a separate disease and has its own symptoms. A sore in the genital area, painful urination, or a strange discharge could be signs of an STI. However, some people are infected with an STI without having any symptoms. Only testing by a health care provider can diagnose an STI.

9

Question: I don't have any symptoms of STIs. Do I need to worry about them?

Answer: Yes. You may be infected and not have symptoms. If you are sexually active, ask your health care provider about how frequently you should be tested for STIs.

10

Question: All this talk of STIs makes my Feeling Thermometer go up. What can I do?

Answer: Being knowledgeable about STIs, talking with your health care provider about STIs, and getting tested can help lower your Feeling Thermometer.

11

Question: What is Herpes?

Answer: Herpes is the common name for infection with the Herpes Simplex Virus (HSV).

There are two types of HSV, and both can cause Genital Herpes. HSV type 1 most commonly infects the lips, causing sores known as fever blisters or cold sores, but it also can infect the genital area and produce sores. HSV type 2 is the usual cause of Genital Herpes, but it also can infect the mouth. A person who has Genital Herpes infection can easily pass or transmit the virus to an uninfected person during sex.

Most people get Genital Herpes by having sex with someone who is having a Herpes “outbreak.” This outbreak means that HSV is active. When active, the virus usually causes visible lesions in the genital area. The lesions shed (cast off) viruses that can infect another person. Sometimes, however, a person can have an outbreak and have no visible sores at all. People often get Genital Herpes by having sexual contact with others who don’t know they are infected or who are having outbreaks of Herpes without any sores.

A person with Genital Herpes also can infect a sexual partner during oral sex. The virus is spread only rarely, if at all, by touching objects such as a toilet seat or hot tub.

12

Question: What are symptoms of Herpes?

Answer: Both HSV-1 and 2 can produce sores (also called lesions) in and around the vaginal area, on the penis, around the anal opening and on the buttocks or thighs. Occasionally, sores also appear on the other parts of the body where the virus has entered through broken skin.

HSV remains in certain nerve cells of the body for life, and can produce symptoms off and on in some infected people.

According to the U.S. Centers for Disease Control and Prevention, 45 million people in the United States ages 12 and older, or 1 out of 5 of the total adolescent and adult population, are infected with HSV-2. Nationwide, since the late 1970s, the number of people with Genital Herpes infection has increased 30 percent. The largest increase is occurring in young teens. HSV-2 infection is more common in three of the youngest age groups which include people aged 12 to 39 years.

13

Question: How is Herpes diagnosed and treated?

Answer: Because the Genital Herpes sores may not be visible to the naked eye, a doctor or other health care worker may have to do several laboratory tests to try to prove that symptoms are caused by the Herpes virus. A person may still have Genital Herpes, however, even if the laboratory tests do not show the virus in the body.

A blood test cannot show whether a person can infect another with the Herpes virus. A blood test, however, can show if a person has been infected at any time with HSV. There are also newer blood tests that can tell whether a person has been infected with HSV-1 and/or 2.

Although there is no cure for Genital Herpes, your health care worker might prescribe one of three medicines to treat it as well as to help prevent future episodes.

- Acyclovir
- Famciclovir (Famvir®)
- Valacyclovir (Valtrex®)

The Food and Drug Administration has approved Valtrex® for use in preventing transmission of Genital Herpes.

14

Question: What causes Genital Warts (HPV)?

Answer: Genital Warts are different from the kinds of warts you may have on your hands or the plantar warts on feet. Genital Warts are soft, fleshy-colored growths that can appear around or inside the vagina and in the opening to the cervix (mouth of the womb) in women, and on the anus (rectum) in both men and women. They are caused by certain types of Human Papillomavirus (HPV), a virus that is spread by direct skin-to-skin contact during sex. Cold sores on the mouth can also be a route to HPV infection.

15

Question: Is there a cure for Genital Warts?

Answer: There is no cure for HPV infection, but treatments are available to destroy the warts in the cervix or anus. Genital Warts can recur. There are many different strains of HPV that can cause genital warts.

16

Question: Is there an association between HPV and cancer?

Answer: Yes. Some types of HPV are linked to cervical or anal cancer. Most of the time, people who have these types of HPV have no symptoms and are only aware that they have HPV when they have an abnormal vaginal or anal Pap smear. Genital infections with HPV are very common and, most of the time, the infection does not cause problems. The best way for sexually active individuals to prevent problems is to have regular vaginal or Pap smears as your health care worker recommends.

Your health care worker may not ask you if you have had anal sex, and therefore may not perform diagnostic tests like an anal Pap smear. To protect your health, talk to your health care worker about the type of sex you have had.

17

Question: What are the symptoms of Chlamydia?

Answer: When symptoms of Chlamydia infection occur, they can include discharge from the penis, vagina, or rectum, pain or burning during sex or with urination or defecation, eye and throat infections, and, in women, lower abdominal pain, fever, or bleeding between periods. But remember, three out of four women and half of all men infected with Chlamydia have no symptoms at all. Most chlamydia is found in people under 25.

18

Question: What harm can Chlamydia do?

Answer: Chlamydia infections can spread up from a woman's cervix into the uterus, tubes and ovaries, causing scarring and sometimes chronic pelvic pain and infection. It can make women unable to have children and cause ectopic pregnancies (pregnancies that grow in the tube rather than the uterus). Women with untreated Chlamydia are more likely to give birth too early. If a pregnant woman passes Chlamydia to her baby, the baby may develop eye or lung infections.

19

Question: How is Chlamydia treated?

Answer: Chlamydia can be cured with antibiotics that are usually taken by mouth. Re-infection is very likely if your sex partner does not get treated at the same time. It's important that sexually active people get tested regularly for this and other STIs.

20

Question: What is Syphilis?

Answer: Syphilis is a sexually transmitted infection (STI). It is caused by a bacterium. Of increasing concern is the fact that Syphilis increases by 3- to 5-fold the risk of transmitting and acquiring HIV (human immunodeficiency virus).

The early signs of Syphilis are painless, red sores, called a chancre ("shan-ker"), on a part of your body that you use for sex (penis, vagina, tongue, rectum), a rash on your body, dark blotches on your hands and feet, or slimy white patches in your mouth. Some people with Syphilis have clumps of their hair fall out.

21

Question: How is Syphilis transmitted?

Answer: The Syphilis bacterium is very fragile, and the infection is almost always transmitted by sexual contact with an infected person. The bacterium spreads from the initial ulcer (sore) of an infected person to the skin or mucous membranes (linings) of the genital area, mouth, or anus of an uninfected sexual partner. It also can pass through broken skin on other parts of the body.

In addition, a pregnant woman with Syphilis can pass the infection to her unborn child, who may be born with serious mental and physical problems as a result of this infection.

22

Question: What are the symptoms of Syphilis?

Answer: Initial infection with Syphilis causes an ulcer at the site of infection. The bacteria, however, move throughout the body, damaging many organs over time. Medical experts describe the course of the disease by dividing it into four stages; primary, secondary, latent, and tertiary (late). An infected person who has not been treated may infect others during the first two stages, which usually last 1 to 2 years. In its late stages, untreated Syphilis, although not contagious, can cause serious heart abnormalities, mental disorders, blindness, other neurologic problems and death.

Primary Syphilis: The first symptom of primary Syphilis is an ulcer called a chancre (“shanker”). The chancre can appear within 10 days to 3 months after exposure, but it generally appears within 2 to 6 weeks. Because the chancre may be painless and may occur inside the body, the infected person might not notice it. It usually is found on the part of the body exposed to the infected partner’s ulcer, such as the penis, vulva, or vagina. A chancre also can develop on the cervix, tongue, lips, or other parts of the body. The chancre disappears within a few weeks whether or not a person is treated. If not treated during the primary stage, about one-third of people will go on to the chronic stages.

Secondary Syphilis: A skin rash, with brown sores about the size of a penny, often marks this chronic stage of Syphilis. The rash appears anywhere from 3 to 6 weeks after the chancre appears. While the rash may cover the whole body or appear only in a few areas, it is almost always on the palms of the hands and soles of the feet.

Because active bacteria are present in the sores, any physical contact, sexual or nonsexual, with the broken skin of an infected person may spread the infection at this stage. The rash usually heals within several weeks or months.

Other symptoms also may occur, such as mild fever, fatigue, headache, sore throat, patchy hair loss and swollen lymph glands throughout the body. These symptoms may be very mild and, like the chancre of primary Syphilis, will disappear without treatment. The signs of secondary Syphilis may come and go over the next 1 to 2 years of the disease.

23

Question: How is Syphilis treated?

Answer: If a person has been infected with Syphilis for less than a year, an injection of penicillin is given. Additional injections are needed if the infection has been going on longer than a year. Some other antibiotics are available if the person cannot take penicillin. No home or over-the counter remedies work with Syphilis.

24

Question: What are the symptoms of Gonorrhea?

Answer: Many men have no symptoms of Gonorrhea at all, but some may experience burning when they urinate, notice a white, green, or yellowish discharge from their penis, or have swollen testicles. Men who have symptoms usually get them within one week of being infected.

Women usually have very mild or no symptoms. Sometimes women may feel they have a bladder or vaginal infection.

A Gonorrhea infection of the throat rarely has symptoms, and in rectal infections there may be discharge, itching, discomfort, or bleeding.

25

Question: What harm can Gonorrhea do?

Answer: Gonorrhea can make it impossible for women and men to have children. It can also cause blood or joint problems, and sometimes be life-threatening. People with Gonorrhea are more likely to contract or transmit HIV. If a pregnant woman gets Gonorrhea, she is more likely to have a miscarriage or to pass it to her baby during birth.

25

Question: How is Gonorrhea treated?

Answer: Several antibiotics can successfully cure Gonorrhea in adolescents and adults. However, drug-resistant strains of Gonorrhea are increasing in the United States. Because many people with Gonorrhea also have Chlamydia, another sexually transmitted disease, antibiotics for both infections are usually given together. Persons with Gonorrhea should get tested for other STIs.

27

Question: Are there special considerations about STIs for men who have sex with men (MSM)?

Answer: Yes, CDC's 2002 STD Treatment Guidelines provide specific recommendations for prevention services that should be provided for all sexually active MSM. These services include: 1) testing for HIV, Syphilis, Gonorrhea and Chlamydia, at least annually; and 2) vaccination against Hepatitis A and Hepatitis B. Go to the health department to get more updated information.

Sexually active men who have sex with men who experience HPV infection in or around the rectum have a higher risk for developing anal cancer. It is important that these men share information about this infection with every health care provider. Some providers may perform an anal Pap smear to help diagnose signs of anal cancer.

28

Question: What is Hepatitis?

Answer: Hepatitis means inflammation of the liver. Most typically, it is caused by infection with one of three viruses; Hepatitis A virus (HAV), Hepatitis B virus (HBV), or Hepatitis C virus (HCV).

29

Question: How do you get Hepatitis B?

Answer: Hepatitis B is caused by a virus that attacks the liver. Hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Only a blood test can tell you if you have Hepatitis B for sure.

HBV is spread when blood or body fluids from an infected person enters the body of a person who is not infected. For example, HBV is spread through having sex with an infected person without using a condom (the effectiveness of latex condoms in preventing infection with HBV is unknown, but their proper use might reduce transmission), by sharing drugs, needles, or “works” when “shooting” drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Hepatitis B is not spread through food or water, sharing eating utensils, breast feeding, hugging, kissing, coughing, sneezing or by casual contact.

Hepatitis B is primarily transmitted through blood exchange and unprotected sex. It can be passed from a mother to their unborn baby. There is a vaccine to protect against HBV.

30

Question: How do you get Hepatitis A?

Answer: Hepatitis A is a liver disease caused by the Hepatitis A virus (HAV).

Hepatitis A virus is spread from person to person by putting something in the mouth that has been contaminated with the stool of a person with Hepatitis A. This type of transmission is called “fecal-oral.” For this reason, the virus is more easily spread in areas where there are poor sanitary conditions or where good personal hygiene is not observed. Most infections result from contact with a household member or sex partner who has Hepatitis A. Casual contact, as in the usual office, factory, or school setting, does not spread the virus.

There is a vaccine to protect against Hepatitis A infection.

31

Question: How do you get Hepatitis C?

Answer: Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV), which is found in the blood of persons who have this disease. HCV is spread by contact with the blood of an infected person. There is no vaccine for Hepatitis C infection.

32

Question: What are the symptoms of Hepatitis A, B and C?

Answer: The early symptoms of newly acquired Hepatitis A, B and C are very similar. They include tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, clay-colored bowel movements and/or yellowing of the skin and eyes (jaundice). Symptoms occur more often in adults than in children.



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Drug and Alcohol Questionnaire

Instructions: This questionnaire is designed to help you determine how drugs and alcohol affect your life. Read each statement and decide if it applies to you. If it does apply circle “Yes”, if it does not, circle “No.”

1. I use drugs or alcohol every week.	Yes	No
2. When I am on drugs or alcohol, I lose consciousness and black out.	Yes	No
3. I have been late to school or work, missed school or work, or been kicked out of school or fired from work because of being on drugs or alcohol.	Yes	No
4. I have lost a job because of drugs or alcohol.	Yes	No
5. My boyfriend or girlfriend and I fight a lot or have broken up due to my drug or alcohol use.	Yes	No
6. My drug or alcohol use has caused family fighting and disturbance.	Yes	No
7. My drug or alcohol use takes more money than I have.	Yes	No
8. I have stolen money or goods to pay for drugs or alcohol.	Yes	No
9. I need drugs or alcohol to have sex.	Yes	No
10. After using drugs or alcohol, I have found myself in a strange place next to someone I did not know.	Yes	No
11. I deal drugs in order to pay for my habit.	Yes	No
12. I've tried suicide while on drugs or alcohol.	Yes	No
13. I have been arrested for driving while intoxicated (DUI).	Yes	No
14. I have gotten into a fight while high or drunk.	Yes	No
15. I have gone on drug highs or alcohol binges that lasted several days.	Yes	No
16. I am not comfortable socially unless I take drugs or have some drinks.	Yes	No



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Drug and Alcohol Resource List

List of drug and alcohol resource programs, support groups, and hotlines in local area, to be compiled by implementing agency.



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Effectiveness of Protection Methods for Birth Control

Method	Pregnancy Protection	Cost to use	Comment
Abstinence (not having sex with a partner)	High	Free	Under individual control
Being faithful (to one partner who is faithful to you)	None	Free	Not protective against pregnancy in heterosexual relationships
Male latex condom	Moderate	Low	Male partner must cooperate in using it
Female condom	Moderate	Moderate	Woman controls; it is visible
Early withdrawal of penis	None	None	Male controls
The pill	High	High initial cost	Woman controls; convenient but it must be taken daily
Depo-Provera®	High	High initial cost	Woman controls; injects into arm, thigh or buttock every three months. May cause irregular bleeding or absence of periods.
NuvaRing®	High	High initial cost	Woman inserts into her vagina, leaves it there three weeks, and then removes for her period; she inserts a new ring after one week
The patch (OrthoEvra®)	High	High initial cost	Woman applies to her lower abdomen, buttock, upper arm or upper torso once a week for three weeks and doesn't use the fourth week for her period
IUD	High	High initial cost	Woman controls; inserted by health care provider and can generally remain for three to five years or be removed earlier. Use is discouraged after an episode of pelvic inflammatory disease PID
Cervical cap + spermicide	Moderate	High initial cost	Woman controls; 20% to 40% of women can't be fitted
Diaphragm + spermicide	Moderate	High initial cost	Woman controls; removes after six to 12 hours
Film (spermicide)	Low	Moderate	Woman controls; not messy. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Suppository (spermicide)	Low	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Foam (spermicide)	Low	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Jelly/cream (spermicide)	Low	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea



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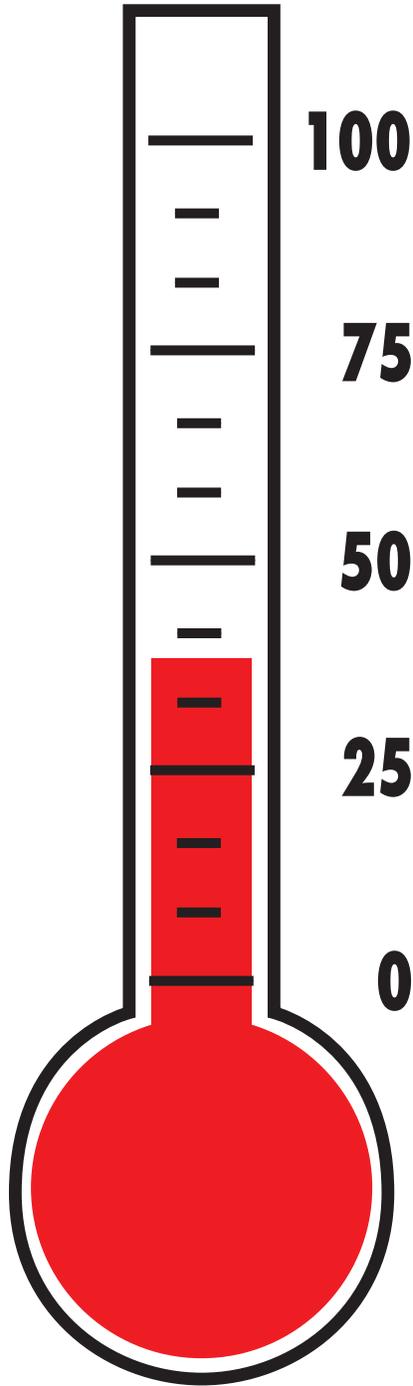
Effectiveness of Protection Methods for Preventing Sexually Transmitted Infections (STIs) in People Who Are HIV-Positive

Method	STI Protection	Cost to use	Comment
Abstinence (not having sex with a partner)	High	Free	Under individual control
Being faithful (to one partner who is faithful to you)	None	Free	Your HIV could be transmitted to your partner; if your partner has HIV, it could be transmitted to you
Male latex condom	High	Low	Male (insertive) partner must use it
Female condom	High	Moderate	Woman controls; it is visible
Early withdrawal of penis	None	None	Male (insertive) partner must do it
The pill	None	High initial cost	Woman controls; convenient but it must be taken daily
Depo-Provera®	None	High initial cost	Woman controls; injects into arm, thigh or buttock every three months. May cause irregular bleeding or absence of periods.
NuvaRing®	None	High initial cost	Woman inserts into her vagina, leaves it there three weeks, and then removes for her period; she inserts a new ring after one week
The patch (OrthoEvra®)	None	High initial cost	Woman applies to her lower abdomen, buttock, upper arm or upper torso once a week for three weeks and doesn't use the fourth week for her period
IUD	None	High initial cost	Woman controls; inserted by health care provider and can generally remain for three to five years or be removed earlier. Carries a risk of pelvic inflammatory disease (PID)
Cervical cap + spermicide	None (and may increase risk for HIV and other infections)	High initial cost	Woman controls; not messy. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Diaphragm + spermicide	None (and may increase risk for HIV and other infections)	High initial cost	Woman controls; not messy. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Film (spermicide)	None (and may increase risk for HIV and other infections)	Moderate	Woman controls; not messy. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
Suppository (spermicide)	None (and may increase risk for HIV and other infections)	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea
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Jelly/cream (spermicide)	None (and may increase risk for HIV and other infections)	Moderate	Woman controls; one hour before. Not recommended because it contains nonoxynol-9, which may increase risk for HIV, Chlamydia and Gonorrhea



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Feeling Thermometer



Extremely Uncomfortable

Very Uncomfortable

Somewhat Uncomfortable

Mildly Uncomfortable

Not at All Uncomfortable



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Feel-Think-Do Framework

Feel

- Awareness and connections of feelings, emotions and physical reactions.
- Use of Feeling Thermometer to state and understand feelings.

Think

- Expectations, beliefs, thoughts and reactions to people, places, situations, things or feelings, and what the participant tells him or herself about it.
- Skills to help participants replace negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions.
- Positive self-talk.
- Reframing.
- Problem-Solving.

Do

- Doing refers to the individual's reaction to an event.
- Goal setting.
- Practicing assertive behaviors.
- Relaxation.
- Stress management.



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Guidelines for Influencing a New or Casual Partner to Accept Condoms

1. Decide when and where to ask.
2. Know your strategy.
3. State your needs.
4. State how you feel.
5. State what you want from the other person.
6. State the other person's point of view.
7. Repeat what you want as often as needed.
8. Stand your ground.



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Guidelines for Influencing a Steady Partner to Accept Condoms

Get Ready

1. Think of a time you got your partner to do something you wanted.
2. Decide the end result you are willing to live with: Is it more important to protect your partner and yourself by insisting on using condoms, no matter what, or to keep your relationship with that partner if he or she is really serious about not using condoms.
3. Think of ways to make your partner feel good about himself or herself.
4. Select a good time and place.

Do's

1. **Do** start with something positive.
2. **Do** tell your partner how you feel and what you want. For example, say how happy you will be if the two of you use protection.
3. **Do** repeat back to your partner what your partner says he or she wants from you.
4. **Do** tell your partner when he or she says or does something that you like.
5. **Do** stop the moment the discussion gets negative.

Don'ts

1. **Don't** put your partner down.
2. **Don't** keep trying to talk to your partner if he or she makes nasty comments about you.
3. **Don't** let your rights be violated.



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HIV Disclosure Law (Optional)

**Local Law Governing
HIV Disclosure
to Sexual Partners**

(To be Prepared by Implementing Agency)



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My Big Goal for Drugs and Alcohol

My big goal is:

The benefits of reaching my goal are:

1.

2.

3.

4.

5.

6.

The challenges I might have in reaching my goal are:

1.

2.

3.

4.

5.

6.



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My External Triggers

1. Mark an X in front of all of the situations and places where you use drugs or alcohol **frequently**. Mark an O in front of those places and situations where you **never** use drugs or alcohol.

- | | | |
|---|--|--|
| <input type="checkbox"/> At parties | <input type="checkbox"/> Before school | <input type="checkbox"/> When I get up |
| <input type="checkbox"/> At sporting events | <input type="checkbox"/> During School | <input type="checkbox"/> At lunch break |
| <input type="checkbox"/> At the movies | <input type="checkbox"/> After school | <input type="checkbox"/> At dinner time |
| <input type="checkbox"/> At bars or clubs | <input type="checkbox"/> Before work | <input type="checkbox"/> On payday |
| <input type="checkbox"/> At the beach | <input type="checkbox"/> During work | <input type="checkbox"/> When I am carrying money |
| <input type="checkbox"/> At concerts | <input type="checkbox"/> After work | <input type="checkbox"/> When I am watching TV |
| <input type="checkbox"/> In parks | <input type="checkbox"/> Before a date | <input type="checkbox"/> When I see a certain person |
| <input type="checkbox"/> In vacant buildings | <input type="checkbox"/> During a date | <input type="checkbox"/> When I talk to a certain person |
| <input type="checkbox"/> In parking lots | <input type="checkbox"/> After a date | <input type="checkbox"/> When I am in a certain neighborhood |
| <input type="checkbox"/> At home | <input type="checkbox"/> Before sex | <input type="checkbox"/> When I am with certain people |
| <input type="checkbox"/> When I am alone | <input type="checkbox"/> During sex | <input type="checkbox"/> When I hear a certain song |
| <input type="checkbox"/> When I am with friends | <input type="checkbox"/> After sex | <input type="checkbox"/> On certain days of the year |

2. List any other situations and places where you frequently use drugs or alcohol.

3. List the people who act as triggers for you to use drugs or alcohol.

4. Of all of the situations and people above, circle those that you believe are most likely to result in your using drugs or alcohol. (Do not circle more than four).



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My Ideal Self

I would like to be the kind of person who is:

1. _____

2. _____

3. _____

4. _____

5. _____



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My Internal Triggers

1. In the list below, mark an X in front of all of the emotions, feelings, and sensations that can trigger drug or alcohol thoughts or cravings for you. If something that is a trigger for you is missing, add it to the list.

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Deprived |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Criticized | <input type="checkbox"/> In pain |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Sexually aroused | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Lonely | <input type="checkbox"/> Sorry for myself |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Worthless | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Frustrated | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Happy | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Jealous | <input type="checkbox"/> Sad | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Insecure | <input type="checkbox"/> Nervous | <input type="checkbox"/> _____ |

2. Which emotions, feelings, or sensations triggered your using drugs or alcohol in the last month?

3. Which emotions, feelings, or sensations are most likely to trigger you to use drugs or alcohol?

4. Was there a time when you were trying to stay away from drugs or alcohol and a feeling, emotion or sensation caused you to use again?

Yes _____ No _____

If Yes, which feeling, emotion or state was it? _____



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Possible Ideal Self Characteristics

Accepting	Non judgmental
Calm	At ease, peaceful
Capable	Being able to do something
Caring	Concerned about others
Cheerful	Lighthearted, joyful
Confident	Self-assured
Creative	Imaginative, inventive
Empathetic	Understanding the feelings of others
Friendly	Sociable, hospitable
Funny	Amusing, entertaining
Gentle	Tender, soft
Helpful	Being of service, useful
Honest	Truthful, reputable
Kind	Thoughtful, benevolent
Loving	Affectionate, tender
Passionate	Having intense feelings
Responsible	Accountable, answerable
Spiritual	Believing in a higher power, seeking meaning
Supportive	Giving strength and comfort
Tolerant	Respecting other people's beliefs and actions
Trustworthy	Can be trusted



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Preparing for a Great TLC Session

Use these 6 tips to ensure a great TLC session!

1. Tailor the session to your target audience.
Describe how to tailor this session for your participants.
2. Prepare the room and materials in advance.
How do you want the room to be set up when participants arrive?
What materials will you need to facilitate the session?
3. Choose a theme, music and food, and set the atmosphere for this session.
What choices will best help to keep the participants interested?
4. Review the core elements and key characteristics used in this session of **TLC**.
5. Identify the Feel-Think-Do skills and learning techniques used in this session of **TLC**.
6. Outline the contents of this session onto an index card.



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Roles and Responsibilities for a Skilled Facilitator

1. Manage the operation of the session:
 - Provide the knowledge and skills needed.
 - Apply their skill to the session contents and be familiar with the material beforehand.
 - Be on time and stay on time.
 - Manage communications in the session.
 - Be prepared and organized.
 - Have all materials ready for each session organized so that they can be accessed when needed.
 - Provide a safe emotional space.
 - Be enthusiastic and optimistic, and communicate their belief in the intervention.
 - Be a good role model.
 - Be empathic, but stay in role.
2. Recognize and reward positive behavior:
 - Use positive statements to support desired behavior.
 - Use Thanks Tokens to acknowledge participants' positive actions.
 - Support participants' efforts to move their behavior in the desired direction.
3. Challenge disruptive or problematic behavior:
 - Enforce Ground Rules to maintain order and a safe environment.
 - Use group processes to set and reinforce group norms.
4. Elicit participants' assessment of their feelings:
 - Use the Feeling Thermometer to help participants recognize their level of discomfort.
 - Help participants identify the body sensations that accompany their feelings.
5. Encourage participation:
 - Judiciously point out Ground Rules (especially “confidentiality”) to ensure the existence of a safe environment, in order to help participants feel more comfortable addressing sensitive topics.



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Session Observation Form

Acting Safe, Session _____

Co-Facilitators 1. _____ 2. _____

To give constructive feedback:

- Point out the positive as well as areas for improvement.
- Be specific.
- Reinforce each observation with an explanation of why it is important.
- Focus on easier challenges before more difficult ones.

1. Characteristics refer to a Facilitator personality type.

What facilitator characteristics did you observe in Co-Facilitator #1?

What facilitator characteristics did you observe in Co-Facilitator #2?

2. Skills refer to the knowledge and abilities needed to be successful in facilitating a session with young people living with HIV/AIDS.

What facilitator skills did you observe in Co-Facilitator #1?

What facilitator skills did you observe in Co-Facilitator #2?

3. Core elements are the critical features of an intervention's intent and design. They are responsible for its effectiveness and must be maintained without alteration.

What was Co-Facilitator #1's greatest strength in facilitating the **TLC** core elements in this session?

What was Co-Facilitator #2's greatest strength in facilitating the **TLC** core elements in this session?

What was Co-Facilitator #1's greatest challenge in facilitating the **TLC** core elements in this session?

What was Co-Facilitator #2's greatest challenge in facilitating the **TLC** core elements in this session?

4. Area of strength and growth.

Please give a specific example of an effective skill, characteristic, or technique use in the teach back that should be continued during the implementation of **TLC**.

Co-Facilitator # 1

Co-Facilitator # 2

Please give a specific example of a skill, characteristic, or technique that use in the teach back that should be improved during the implementation of **TLC**.

Co-Facilitator # 1

Co-Facilitator # 2

5. Overall evaluation.

Overall, how would you rate's Co-Facilitator #1's overall facilitation of this session?

Needs Work 1 2 3 4 5 6 7 8 9 10 Outstanding

Overall, how would you rate's Co-Facilitator #2's overall facilitation of this session?

Needs Work 1 2 3 4 5 6 7 8 9 10 Outstanding

SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.



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SMART Problem-Solving Steps for Facilitators

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Does the goal agree with the Guidelines for Good Weekly Goals on the wall chart?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the actions you might take to achieve the goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?
- What is going to be your plan for taking the action? What are the specific steps?
- What things can get in the way of taking this action or being successful with it? Is there anything you know for sure that will make it difficult? Is there anything that might go wrong?
- What are your plans for dealing with these barriers?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?
- Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?
- Do you need to make a new plan in order to be successful in taking this action?
- Do you need to find a new action that will move you forward toward achieving your goal?
- OK, now let's start working on our problem. Let's follow the steps and apply them to this problem.



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Social Action Theory

The **TLC** intervention is based on Social Action Theory. Social Action Theory asserts that a person's ability to change behaviors that endanger his or her health is influenced by the individual's cognitive capability as well as environmental factors and social interactions. In other words, a person's ability to successfully change his or her behaviors is dependent on cognitive facility and the social-contextual influences that encourage or discourage the change process. Social Action Theory incorporates the principles that are expressed in traditional social-cognitive models of health-behavior change, including social-cognitive theory, the health belief model and the transtheoretical model (stages of change), and theories related to social context, interpersonal relationships, and environmental influences.

Social Action Theory considers that behaviors, environment, attitudes, and beliefs influence and depend on each other. Therefore, in order for persons to successfully change their behavior, they need:

- **Problem-solving skills** to encourage and facilitate individuals to assess and identify potential barriers (internal and environmental) to self-change and develop appropriate strategies to overcome them.
- **Positive outcome expectancies**, the belief that good things will happen as a result of the new behavior.
- **Self-efficacy**, i.e., one's belief in their ability to control their own motivations, thoughts, emotions, and specific behaviors, and confidence that he or she can persist in the face of temptation.
- **Social interaction skills** within interpersonal relationships (e.g., the ability to communicate effectively, to negotiate, and to resist pressures from others) to promote relationship support.
- **Self-regulating skills** such as abilities to motivate, guide, and encourage oneself and to problem-solve.
- **Rewards** (reinforcement value) produced by attempts at a new behavior.

According to Social Action Theory, these necessary things can be achieved by:

- Assessing the internal or external barriers to self-change.
- Developing strategies to overcome barriers.
- Increasing motivation to change.
- Promoting the expectation that the outcome of change is valuable and desirable.
- Appraising the Pros and Cons of the adopted behavior, highlighting the intrinsic positive aspects of the new behavior, and rewarding the new behavior (incentives).
- Observing other people's behaviors and experiences (modeling).
- Learning from the experiences of others (gathering information, successful strategies, and shaping outcome expectations).
- Having guided practice or rehearsal of new behaviors and skills.
- Receiving corrective feedback on one's performance of the behavior or skill.
- Acquiring personal experience with new behavior and skills.
- Receiving social support for the new behavior.



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Tips for Giving Feedback

- Point out the positive as well as areas of improvement.
- Be specific.
- Reinforce each observation with an explanation of why it is important.
- Focus on easier challenges before more difficult ones.
- Root feedback in specific facilitation techniques and goals.



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Tips For Telling Your Partner

1. Decide when and where you want to tell him or her.
2. Decide how you want to tell: letter, phone, face-to-face, with someone else there.
3. Write out exactly what you want to say and practice saying it to yourself and a friend.
4. Imagine yourself doing it.
5. Think of several ways your partner might react and decide how you will respond to those reactions.
6. Use relaxation techniques before, during, and after disclosing.



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Tips on Using Assertive Behavior and Communication to Refuse Unprotected Sex

1. Give a clear message.

Don't say "no" when you mean "yes." Don't say "maybe."

2. State how you feel.

"I am hurt and angry that you are unwilling to protect me."

3. Show your partner the positive side.

"I wouldn't be making a fuss if I didn't want to be with you."

4. Tell your partner about some other sexual options.

"There are sexy things we can do that don't require intercourse."

5. Tell your partner your point of view.

"I'm not going to put my health at risk."

6. Stay calm.

Tell yourself you can refuse. Take a deep breath and stay focused.

7. Take a deep breath and stay focused.

8. Don't get into name calling, put-downs, or threats.

If you get into insults or yelling, you'll get the same in return.

9. Know what your bottom line is.

Decide ahead of time what you will and won't do.



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TLC Core Elements

1. Development of awareness and identification of feelings, thoughts, and actions through use of a Feeling Thermometer.
2. Teaching, modeling and practicing four essential skills:
 - Personal Problem-Solving.
 - Short- and Long-Term Goal Setting.
 - Emotional Awareness and Regulation.
 - Assertive Behavior and Communication.
3. Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.
4. Identification of Ideal Self to help motivate and personalize behavior change.
5. Sessions delivered in small, highly participatory, interactive groups.



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Appendix B

Wall Charts

Wall Charts

- Feeling Thermometer
- Ground Rules
- Guidelines for Good Weekly Goals
- My Drug and Alcohol Use Check-In
- SMART Problem-Solving Steps
- Using Thanks Tokens
- Weekly Log



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Feeling Thermometer





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GROUND RULES

- Keep Confidentiality.
- Express Your Feelings.
- Ask Questions.
- Participate Actively.
- Accept Other Group Members As They Are.
- Keep An Open Mind.
- Come Sober.
- Use Cell Phones And Pagers Only During Breaks.
- Have Fun.





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GUIDELINES FOR GOOD WEEKLY GOALS

- Important to you, and you are committed to it.
- Realistic. Not too hard or not too easy.
- Brief, specific and clearly stated.
- Easy to tell when you have accomplished it.





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My Drug and Alcohol Use Check-In

- **When did I use?**
(Day and times)
- **What did I use?**
(If drugs, what drugs? If alcohol, what drinks?)
- **How much did I use?**
(Number of hits, number of drinks, etc.)
- **Where did I use?**
(Location, situation)
- **Who did I use with?**
(Friends, partner, etc.)
- **How did I feel about using?**
(Happy, unhappy, calm, upset, etc.)





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SMART

Problem-Solving Steps

S = State the problem.

M = Make a goal.

A = Actions - List the actions you might take.

R = Reach a decision about which actions you could take.

T = Try it and review it.





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USING THANKS TOKENS

- Give tokens to other group members to show you appreciate what they have said or done.
- Hand the token directly to the person you appreciate.
- Tell the person what they did that you appreciate.
- Give away all of your tokens by the end of the session.





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WEEKLY LOG

Star = Met big goal

No. _____

Last Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(Yesterday)

Next Week

	1.	2.	3.	4.	5.	6.	7.
(One week ago)							(One Week From Now)



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Appendix C

Laminated Cards and Additional Items

Laminated Cards and Additional Items

- Laminated Cards: Commonly Asked Questions About STI's
(to be photocopied, cut, folded, and laminated by implementing agency)
- Laminated Card: Facilitator Role Play Script: Sean (Sally) and Grady
(to be photocopied, and laminated by implementing agency)
- Laminated Cards: Negative-Thoughts Cards
(to be photocopied, cut, and laminated by implementing agency; 8 total pieces)
- Laminated Card: Thanks Tokens (20 per person)
- Character Cards
(to be photocopied, and cut by implementing agency)
- Weekly Goal Cards
(to be photocopied by implementing agency)



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CARD 1: SIDE 1

Question:

If I have HIV, can I get another STI?

SIDE 2

Answer:

Yes, people living with HIV can get other STIs.



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CARD 2: SIDE 1

Question:

What's the relationship between HIV infection and transmitting other STIs?

SIDE 2

Answer:

People infected with HIV and another STI are more likely to transmit HIV. HIV-negative individuals are more likely to get infected with HIV if they have an STI, especially if it has an open sore.



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CARD 3: SIDE 1

Question:

STIs are caused by bacteria or viruses. Name some STIs that are caused by bacteria.

SIDE 2

Answer:

Sexually transmitted bacterial infections include Gonorrhea, Syphilis, and Chlamydia.



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CARD 4: SIDE 1

Question:

Name some STIs that are caused by viruses.

SIDE 2

Answer:

Sexually transmitted viral infections include HIV, Herpes I and II, and Human Papillomavirus (HPV).



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CARD 5: SIDE 1

Question:

True or false: all STIs can be treated.

SIDE 2

Answer:

True. There are treatments available for STIs.



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CARD 6: SIDE 1

Question:

True or false: all STIs can be cured.

SIDE 2

Answer:

False. Bacterial STIs can be cured. However, viral STIs can only be treated, not cured.



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CARD 7: SIDE 1

Question:

How can STIs be prevented?

SIDE 2

Answer:

STIs can be prevented by abstaining from sexual activity, being faithful to a single sexual partner who is faithful, or using condoms consistently and correctly. Vaccines which prevent transmission of Hepatitis A and B are available.



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CARD 8: SIDE 1

Question:

What are the symptoms of STIs?

SIDE 2

Answer:

Each STI is a separate disease and has its own symptoms. A sore in the genital area, painful urination, or a strange discharge could be signs of an STI. However, some people are infected with an STI without having any symptoms. Only testing by a health care provider can diagnose an STI.



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CARD 9: SIDE 1

Question:

I don't have any symptoms of STIs. Do I need to worry about them?

SIDE 2

Answer:

Yes. You may be infected and not have symptoms. If you are sexually active, ask your health care provider about how frequently you should be tested for STIs.



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CARD 10: SIDE 1

Question:

All this talk of STIs makes my Feeling Thermometer go up. What can I do?

SIDE 2

Answer:

Being knowledgeable about STIs, talking with your health care provider about STIs, and getting tested can help lower your Feeling Thermometer.



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Facilitator Role Play Script: Sean (Sally) and Grady

Sean (Sally): Wait a minute. Where's the condom?

Grady: Forget it.

Sean (Sally): I told you I wasn't doing it without a condom.

Grady: We don't need one.

Sean (Sally): We agreed we were going to use condoms.

Grady: I didn't.

Sean (Sally): Yes, we did.

Grady: Well, I'm not using one.

Sean (Sally): Look, it's for both of us. If I didn't care about you, I wouldn't be insisting on condoms.

Grady: Let's get on with it.

Sean (Sally): I'm not doing it.

Grady: I'm losing any chance of a hard-on here.

Sean (Sally): Sorry, I can't. I need us to protect each other by using condoms.

Grady: What a lover you turned out to be.

Sean (Sally): I'll be the same lover I've always been as long as we use a condom.

Grady: Let's stop all this crap. Come over here.

Sean (Sally): I've said it before and I'll say it again. I'm not going to let you put it in me without a condom.

Grady: I guess that's it, then. There's nothing more to say.

End



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Nobody loves me.

I can't make it in school.



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I don't have any real friends.

I feel completely overwhelmed.



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I try, but nothing ever works out for me.

Everybody criticizes what I do.



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I won't ever be able to find a job I like.

My roommate is driving me crazy.



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Heterosexual Female, Age: 20, HIV+

- Infected by her boyfriend.
- Found out 1 month ago that she is HIV+.
- First time in an HIV group.
- No drug use.
- Knows little about HIV.

Acting Safe Training of Facilitator: Character Cards

Heterosexual Male, Age: 17, HIV+

- Likes to use drugs, is frequently high.
- Today came to group high on marijuana.
- Has multiple sex partners, never uses a condom.
- Lethargic.

Acting Safe Training of Facilitator: Character Cards



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Male, Age: 16, HIV+ for 2 years

- **Gangster-like attitude, hostile and angry.**
- **Thinks group is a waste of time, came for monetary incentive.**
- **Does seem to understand the consequences of being HIV+.**

Acting Safe Training of Facilitator: Character Cards

Female, Age: 25, HIV+

- **Has a 6 year old daughter, who is not positive.**
- **She found out she was HIV+, when she was pregnant.**
- **She thinks that she is positive because she had anal sex.**
- **Is starting to date again.**

Acting Safe Training of Facilitator: Character Cards



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Gay Male, Age: 23, HIV+ for 4 years

- **He is very comfortable with HIV status.**
- **Attracted to someone in the group and keeps making sexual advances toward him.**
- **He came to group looking for sex.**
- **Not adherent to his antiviral medications.**

Acting Safe Training of Facilitator: Character Cards

Heterosexual Female, Age: 18, HIV+ for 1 year

- **Just broke up with her boyfriend, and that is all she wants to talk about.**
- **Her boyfriend broke up with her because she told him that she is HIV+.**
- **She thinks that you should never tell anyone of your status.**
- **Very vocal in group, talks while others are talking, disruptive.**

Acting Safe Training of Facilitator: Character Cards



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Lesbian Female, Age: 26, HIV+

- **She got HIV from a dirty needle.**
- **In a monogamous relationship.**
- **Shy, quite, not sure how she feels about being in the group.**
- **Has been on antiviral drugs for two years with good adherence.**

Acting Safe Training of Facilitator: Character Cards

Heterosexual Male, Age: 19, HIV+

- **His good looks give him access to many partners.**
- **Struggles with safer sex.**
- **Doesn't know how he got infected.**
- **Appears calm but he is very angry (passive/ aggressive).**
- **He feels that his life has been ruined by HIV.**
- **Has a "don't ask, don't tell" about HIV disclosure.**

Acting Safe Training of Facilitator: Character Cards



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Gay Male: Age: 22, HIV+

- **Monogamous relationship for the last 4 years.**
- **Very comfortable with his status.**
- **Active in the HIV and gay community.**
- **Positive attitude.**

Acting Safe Training of Facilitator: Character Cards

Male who has sex with other males, Age: 17, HIV+

- **Found out that he was HIV+ 6 months ago.**
- **His sexual encounters with other men have all been anonymous.**
- **No gay identity.**
- **Occasional marijuana use.**

Acting Safe Training of Facilitator: Character Cards



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Male, Age: 28, HIV+

- **Married man with a wife and two children.**
- **HIV+ for 1 year.**
- **His wife and children don't know that he is HIV+.**
- **He secretly goes to bathhouses.**
- **Uses ecstasy with his wife and at bathhouses.**
- **Not on antiviral meds.**

Acting Safe Training of Facilitator: Character Cards

Gay Male, Age: 20, HIV+

- **Currently in a relationship with another HIV+ male.**
- **They have an open relationship and use condoms sometimes.**
- **Well-adjusted.**
- **Occasional ecstasy and GHB user.**

Acting Safe Training of Facilitator: Character Cards



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Female, Age: 19, HIV+

- **IDU drug user, still shoots up.**
- **Doesn't care about being positive and doesn't take medication.**
- **Doesn't use condoms and doesn't clean needles.**

Acting Safe Training of Facilitator: Character Cards

Bi-sexual Male, Age: 22, HIV+

- **Has been positive for 3 years.**
- **Takes his medication regularly and loves his doctor.**
- **Works out and eats healthy.**
- **Thinks everyone should be like him and likes to tell others in the group what to do.**

Acting Safe Training of Facilitator: Character Cards



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Male, Age: 24, HIV+

- **Used to take medication but he couldn't handle the side effects.**
- **He won't go to his doctor and won't take meds.**
- **Has had sex with both women and men and is unclear about how he was infected.**
- **He has decided that he will never have sex again.**

Acting Safe Training of Facilitator: Character Cards

Female, Age: 15, HIV+

- **Got HIV from her first sexual encounter with her boyfriend who was 18.**
- **She had thought that it was his first time too.**
- **Has been HIV+ for 3 months and is very scared.**

Acting Safe Training of Facilitator: Character Cards



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Male, Age: 13 HIV+

- **Infected perinatally.**
- **Has known he's HIV+ as long as he can remember and doesn't care one way or the other.**
- **Is being forced to come to the group by his parents.**

Acting Safe Training of Facilitator: Character Cards

Male, Age: 28 HIV+

- **Married his high school sweetheart.**
- **Got HIV on the D.L. (Down Low: Having sex with men but doesn't consider himself as gay).**
- **Wife doesn't know he is HIV+.**

Acting Safe Training of Facilitator: Character Cards



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Male, Age: 22 Heterosexual

- **Raped in jail.**
- **Found out he was HIV positive 6 months ago but ashamed to tell anyone or to talk about it.**
- **Uses marijuana and ecstasy.**

Acting Safe Training of Facilitator: Character Cards

Female, Age: 19 HIV +

- **Ran away from home when she found out she was HIV+.**
- **Was infected by her mom's boyfriend.**
- **Joined the group at the strong urging of her case manager.**
- **Distrustful and scared.**

Acting Safe Training of Facilitator: Character Cards



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Female, Age: 21 HIV+

- **Got drunk at a club and had sex with a guy she met.**
- **Got tested 6 months ago and has been abstinent since.**
- **Has extreme anger at herself and the man who infected her.**

Acting Safe Training of Facilitator: Character Cards

Female, Age: 25 HIV+

- **Had HIV for 6 years.**
- **Is very healthy and on meds.**
- **Is judgmental of people whom she feels do not have their lives together.**

Acting Safe Training of Facilitator: Character Cards



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Female, Age: 23 HIV+

- **Got HIV her freshman year of college.**
- **Was date raped at a party.**
- **She is very angry and very resentful.**
- **Very adherent to antiviral medication.**

Acting Safe Training of Facilitator: Character Cards

Male, Age: 26 HIV+

- **Has had HIV for 3 years.**
- **Thinks that having unprotected sex with other people who are HIV is okay.**
- **Exchanges sex for money or drugs.**
- **Very Friendly.**
- **Has sex with women and men.**

Acting Safe Training of Facilitator: Character Cards



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Female, Age: 18 HIV+

- **Former IDU user.**
- **Got HIV on the streets.**
- **Has been clean and sober for a year.**
- **Has decided to come to group to better herself.**
- **She is studying for the GED.**

Acting Safe Training of Facilitator: Character Cards



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Weekly Goal Cards

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____

MY GOAL FOR NEXT WEEK

Goal: _____

Action Plan and Steps: _____



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Appendix D

Acting Safe Training of Facilitator: Slides



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Training Goals

1. Understand the goals of **TLC** and how **Acting Safe** supports them.
2. Learn and demonstrate **TLC**'s core elements.
3. Observe, teach back, or participate in all 8 **Acting Safe** sessions.
4. Identify and demonstrate the basic requirements of successful facilitation.
5. Identify strategies for implementation of **Acting Safe** in one's own agency.



TLC Intervention Package

- TLC Implementation Manual:
 - *Introduction and Overview.*
 - *Staying Healthy* Module.
 - *Acting Safe* Module.
- Implementation Materials.
- Implementation Plan.
- TLC Marketing DVD



TLC Implementation Manual Part 1, *Introduction and Overview*

- Science behind **TLC**.
- Core elements and key characteristics.
- How to implement **TLC**.
- Handling problem participant behavior.
- Evaluation assistance.
- Implementation materials and CDC guidelines.



TLC Implementation Manual Part 3, *Acting Safe Module*

- Introduction.
- Standard scripts for Opening and Closing.
- Text of eight sessions.
- Appendices.



Overview of TLC: What is TLC?

- **TLC** – Together Learning Choices.
- An evidence-based group level HIV prevention and health promotion intervention.
- Utilizes cognitive-behavioral strategies, such as Social Action Theory, to change behavior.
- Consists of 2 modules of 8 sessions each.
 - Third module is optional and not part of the intervention package.
- Delivered in small groups (4-12 participants) in weekly sessions.



Overview of TLC: Target Participants

- **HIV+ young adults ages 13 to 29:**
 - Diverse functioning levels.
 - Diverse gender and sexual orientation.



Overview of TLC: Delivery Mode

- Delivered in small, closed groups (4 to 12 participants).
- 2 modules, each with 8 sessions.
- Third module is optional and not part of the intervention package.



Overview of TLC: TLC Modules

- ***Staying Healthy***: health maintenance and effective partnerships with health care providers.
- ***Acting Safe***: primary and secondary HIV prevention.
- ***Being Together***: emotional well-being and quality of life (optional)



Overview of TLC

Goals of TLC

- Increase behaviors that promote:
 - Healthy living.
 - Effectively dealing with the challenges of daily living.
 - Positive feelings, thoughts, and actions.
 - Developing daily routines to stay healthy.



Overview of TLC

Acting Safe supports TLC's goals by:

- Reducing the number of unprotected sex acts.
- Reducing the number of sex partners.
- Decreasing the number of uninfected sex partners or partners of unknown status.
- Reducing risky drug use behaviors.



Overview of TLC

Modifications to the Intervention

- ***Being Together*** module – optional.
- New name - **TLC: Together Learning Choices**.
- Extended to include positive young adults (ages 13 to 29).
- ***Staying Healthy*** and ***Acting Safe*** modules reduced to 8 sessions each.



Overview of TLC

Modifications to the Intervention - *continued*

- Elimination of redundant concepts and activities.
- Updated information and integrated a model that treats HIV as a chronic disease.
- Greater emphasis on non-scripted role plays.
- Explicit incorporation of a Feel-Think-Do Framework (F-T-D).



TLC Intervention Trial

Participants and sites

- 310 YPLH participated at baseline
 - 27% Black, 37% Latino; 72% male, 88% gay-bisexual
 - 21 years old on average
 - 55% high school grad/GED, 31% in school/college



TLC Intervention Trial - *continued*

Participants and sites

- Recruited and followed from 1994-1996
- Los Angeles, New York, San Francisco, Miami
- 20+ sites, outreach, advertising, etc.
- Randomized into cohorts
- Delayed-intervention control



Overview of TLC

Acting Safe Outcomes

- 82% fewer unprotected sex acts.
- 45% fewer sex partners.
- 50% fewer HIV-negative sex partners.
- 31% less substance use.



Why Is Theory Important?

- Theories provide explanations for why things happen.
- Theory provides a framework to help investigators:
 - Explain observed events as causal chains.
 - Understand ways to intervene in these causal chains.
- Theory helps plan interventions and activities that are more likely to be effective.



Social Action Theory

- Theoretical Foundation of TLC
- Extension of Social Cognitive Theory (SCT):
 - Health behaviors result from interplay of:
 - Self-change processes (from SCT)
 - Outcome expectations, self-efficacy, and goal setting mediated by/through relationships, problem-solving
 - Contextual influences (environment)
 - Settings, emotions, and biological predisposition
 - Determine success of adopting health behaviors
 - Dynamic, reciprocal relationship between persons and environmental contexts



Social Action Theory - *continued*

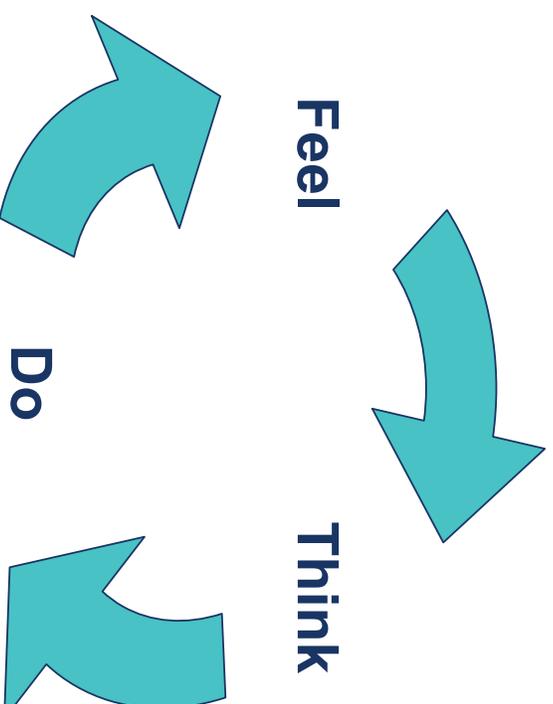
Social Cognitive Theory (Bandura)

- Behavior change results from:
 - Information
 - Self-efficacy
 - Outcome expectancies
 - Social skills
 - Self-regulating skills
 - Rewards (reinforcement value)



Underlying Theory and Principles

Feel → Think → Do Framework:





TLC from Theory to Action

- Emphasizes awareness of one's emotions, thoughts and actions.
- Applies CBT strategies to promote behavioral change:
 - Emotional awareness and regulation.
 - Connection between feelings, thoughts and actions.
 - Positive self-talk.
 - Reframing.
 - Problem-solving.
 - Goal setting.
 - Assertiveness.
 - Relaxation.



Core Element

- Critical feature of an intervention's intent and design.
- Responsible for its effectiveness.
- Must be maintained without alteration.



TLC Core Elements

1. Development of awareness of feelings, thoughts, and actions through use of a Feeling Thermometer and F-T-D.
2. Teaching, modeling, and practicing four essential skills:
 - Personal problem-solving.
 - Short and long-term goal setting.
 - Emotional awareness and regulation.
 - Assertive behavior and communication
3. Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.



TLC Core Elements – *CONTINUED*

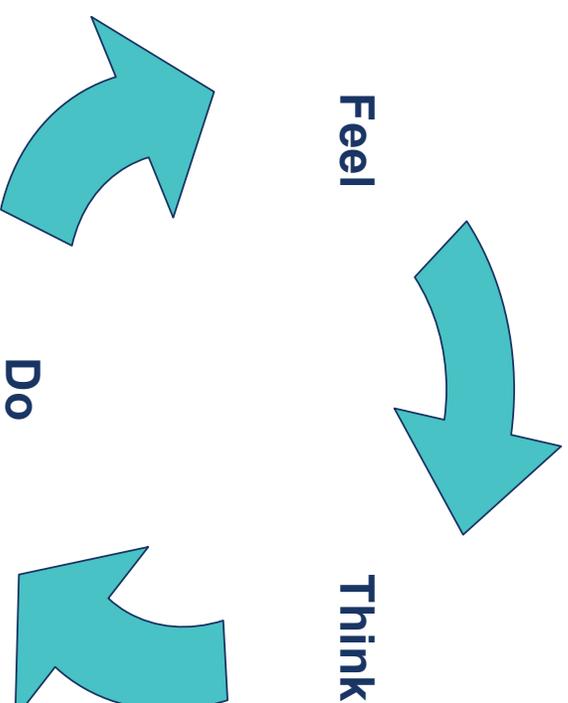
4. Identification of Ideal Self to help motivate and personalize behavior change.
5. Sessions delivered in small highly participatory, interactive groups.



TLC Core Element 1

1. Awareness of feeling, thoughts and actions through use of a Feeling Thermometer and F-T-D Framework.

F-T-D Framework

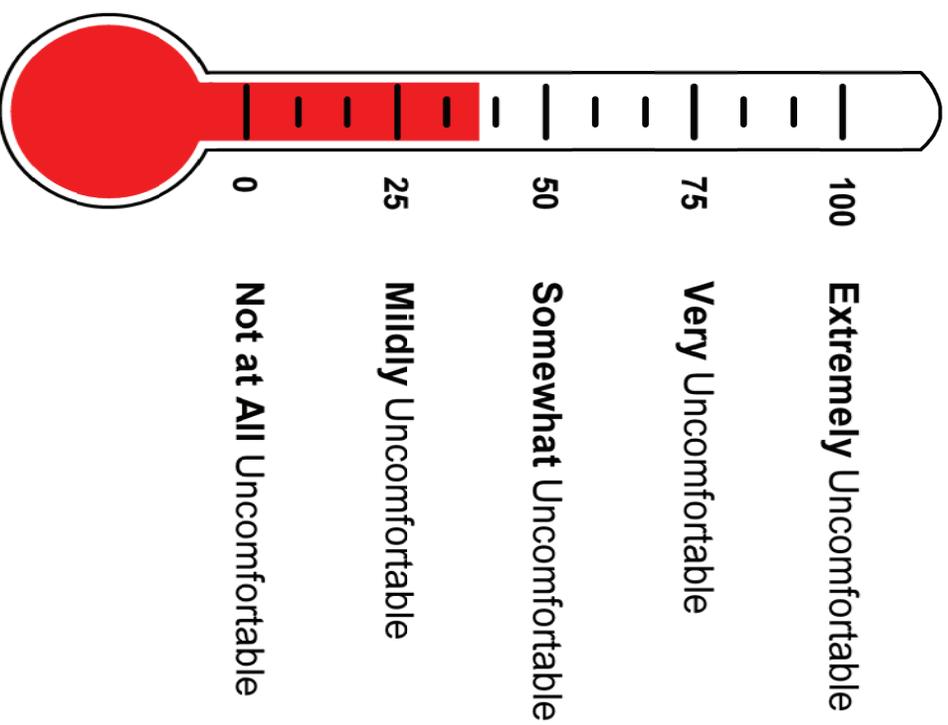




F-T-D: Feel

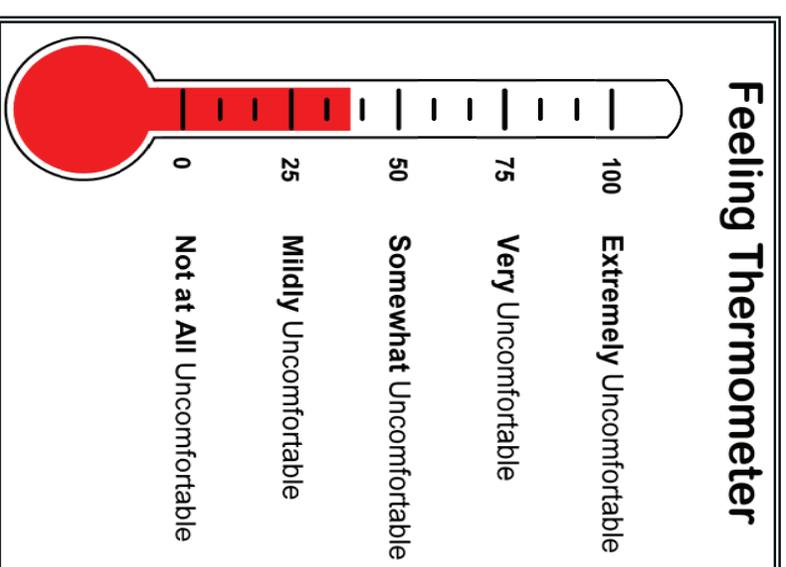
- Physical or body reactions (e.g., sweaty palms, a flushed face, trembling knees, etc.) in response to a situation.
- Feeling Thermometer rating in response to a situation.

Feeling Thermometer



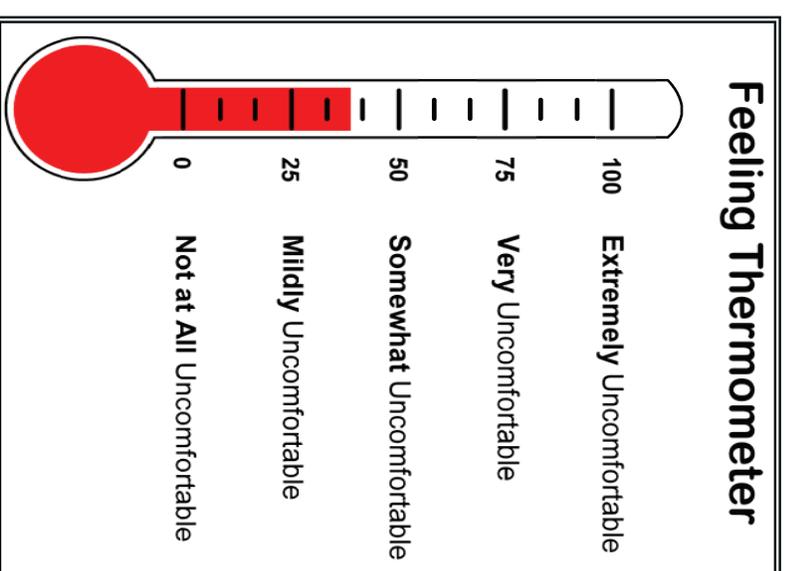
Feeling Thermometer

- Rank or order a hierarchy of comfortable vs. uncomfortable events.



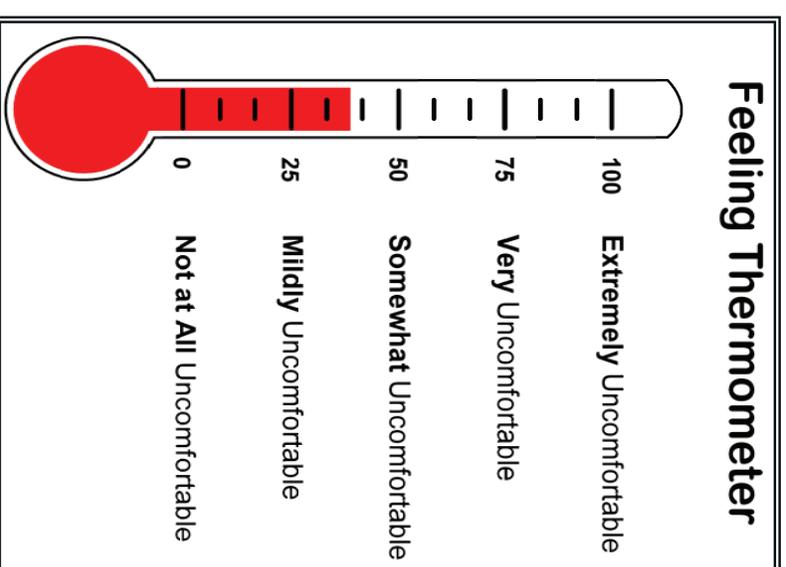
Feeling Thermometer

- Promote awareness of escalating discomfort by linking our comfort level to body reactions.



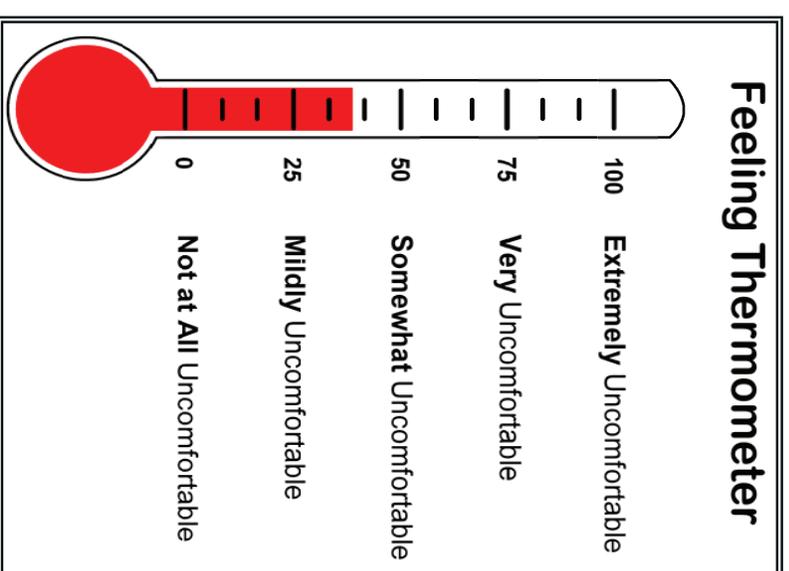
Feeling Thermometer

- Establish a rate of optimal performance.



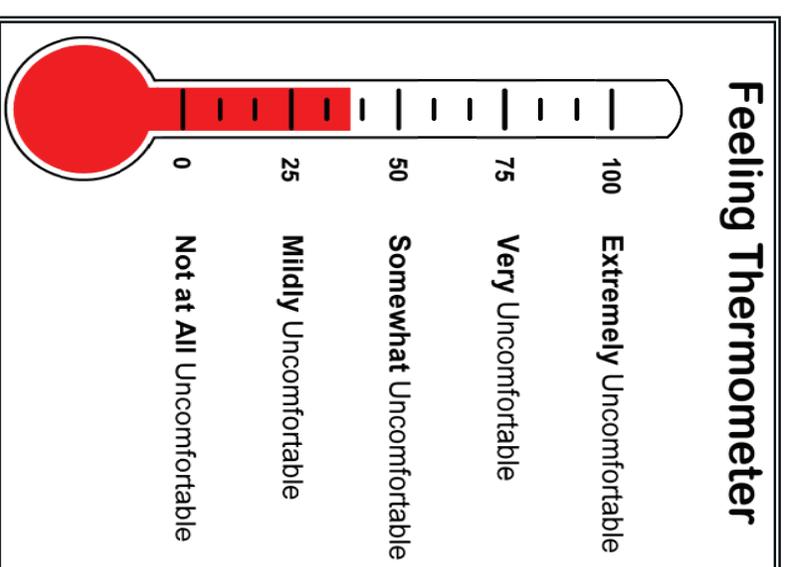
Feeling Thermometer

- Slow down the F-T-D process.



Feeling Thermometer

- Act as a group facilitation tool.





F-T-D: Think

- What we say to ourselves in response to situations.
- Expectations and beliefs about people, places, situations, things, or feelings.
- Thoughts may be automatic and distorted, increasing Feeling Thermometer reading.



F-T-D: Do

- Doing refers to the individual's reaction to an event
- These actions may include:
 - Problem-solving.
 - Short- & long-term goal setting.
 - Assertive behavior and communication.
 - Relaxation.



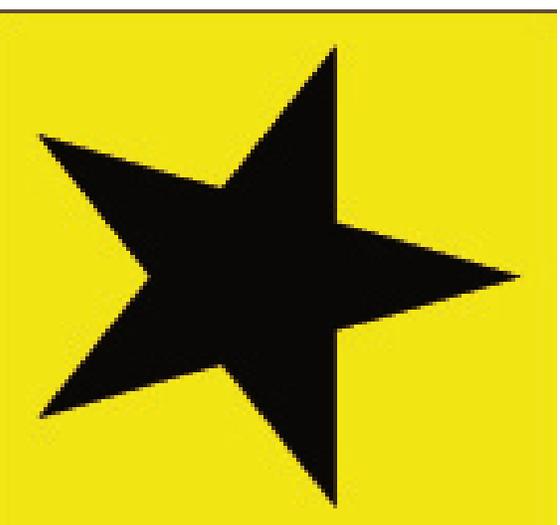
TLC Core Element 2

- Teaching, modeling and practicing four essential skills:
 - Personal problem-solving.
 - Short and long-term goal setting.
 - Emotional awareness and regulation.
 - Assertive behavior and communication.



TLC Core Element 3

- Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.





TLC Core Element 4

- Identification of Ideal Self to help motivate and personalize behavior change.



Ideal Self

- Image we have of ourselves as we would like to be.
- Helps participants pinpoint their values regarding how they would like to see themselves behave.
- Serves as a framework for behavioral decision making.



TLC Core Element 5

- Sessions delivered in small highly participatory, interactive groups.



TLC Core Elements

1. Development of awareness of feelings, thoughts and actions through use of a Feeling Thermometer and F-T-D.
2. Teaching, modeling and practicing four essential skills:
 - Personal problem-solving.
 - Short and long-term goal setting.
 - Emotional awareness and regulation.
 - Assertive behavior and communication.
3. Consistent appreciation and reinforcement of positive participant behavior through the use of Thanks Tokens.



TLC Core Elements - *continued*

4. Identification of Ideal Self to help motivate and personalize behavior change.
5. Sessions delivered in small highly participatory, interactive groups.



Personal Problem-Solving

- Slows down automatic decision making by thinking and solving problems in a systematic manner.
- SMART Problem-Solving Steps are taught
 - S** = State the problem.
 - M** = Make a goal.
 - A** = Achieve a list of all possible actions.
 - R** = Reach a decision.
 - T** = Try it and review it.



Personal Problem-Solving - *continued*

- Based on the decisional balancing model:
 - Often, people are in a state of conflict about a situation.
 - Evaluation of pros and cons responds to the state of conflict.



Short- and Long-Term Goal Setting

- How Goals are used
 - Set at conclusion of each session.
 - Relate to session activities.
 - Weekly goal card.
 - Reviewed during check-in.
- Crucial to making behavior changes.



Emotional Awareness and Regulation

- Skills used in **TLC** to control or stop self-defeating thoughts:
 - Positive self-talk.
 - When a situation can't be changed, we can cope with it based on what we say to ourselves about the situation.



Emotional Awareness and Regulation

- *continued*

- Reframing
 - Re-describes the experience in positive terms.
 - Changes the way in which the problem is understood.
 - Problems can be framed as disasters, or opportunities to grow and learn.

- Relaxation
 - In order to replace negative thoughts that inhibit safe behavior with positive thoughts that facilitate healthy actions, one needs to be able to relax in difficult situations.



Assertive Behavior and Communication

- Assertiveness - standing up for your own needs while also being concerned and respectful of the needs of the other person.
- Related to:
 - Condom and safer sex negotiation.
 - Negative thoughts that trigger drug and alcohol thoughts.
- Verbal: making clear requests, refusals and statements of feelings.



Assertive Behavior and Communication

- *continued*

- Non-verbal: facial expressions, voice tone and loudness, eye contact, posture, gestures and interpersonal space.
- Heightened discomfort and distorted thoughts challenge assertiveness.
- Practiced in role plays.



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Appendix E

CDC Information and Guidelines

CDC Information and Guidelines

- The ABCs of Smart Behavior to Avoid or Reduce the Risk for HIV
- CDC Content and Review Guidelines for HIV Programs
- Male Latex Condoms and Sexually Transmitted Diseases
- CDC Statement on Study Results of Product Containing Nonoxynol-9



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The ABCs of Smart Behavior

To Avoid or Reduce the Risk for HIV

A Stands for abstinence.

B Stands for being faithful to a single sexual partner.

C Stands for using condoms consistently and correctly.



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CDC Content and Review Guidelines

for HIV Programs

Centers for Disease Control and Prevention

Revised Interim HIV Content Guidelines for AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments and Educational Sessions for CDC Assistance Programs

I. Basic Principles

Controlling the spread of HIV infection and the occurrence of AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can protect themselves from acquiring the virus. These methods include abstinence from illegal use of IV drugs as well as from sexual intercourse except in a mutually monogamous relationship with an uninfected partner.

For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages are often controversial. The principles contained in this document are intended to provide guidance for the development and use of HIV/AIDS-related educational materials developed or acquired in whole or in part using CDC HIV prevention funds and to require the establishment of at least one Program Review Panel by state and local health departments, to consider the appropriateness of messages designed to communicate with various groups. State and local health departments may, if they deem it appropriate, establish multiple Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

A. Written materials (e.g., pamphlets, brochures, curricula, fliers), audiovisual materials (e.g., motion pictures and videotapes), pictorials (e.g., posters and similar educational materials using photographs, slides, drawings or paintings) and marketing, advertising, Web site-based HIV/AIDS educational materials, questionnaires or survey instruments should use terms, descriptors or displays necessary for the intended audience to understand dangerous behaviors and explain practices that eliminate or reduce the risk of HIV transmission.

B. Written materials, audiovisual materials, pictorials and marketing, advertising, Web site-based HIV/AIDS educational materials, questionnaires or survey instruments should be reviewed by a Program Review Panel established by a state or local health department, consistent with the provisions of section 2500(b), (c) and (d) of the Public Health Service Act, 42 U.S.C. Section 300ee(b), (c) and (d), as follows:

SEC. 2500. USE OF FUNDS.

(b) Contents of Programs.--All programs of education and

information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse and the benefits of abstaining from such activities.

(c) Limitation.--None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.

(d) Construction.--Subsection (c) may not be construed to restrict the ability of an educational program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to or to transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials used are not obscene.

C. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

D. Program Review Panels must ensure that the title of materials developed and submitted for review reflects the content of the activity or program.

E. When HIV materials include a discussion of condoms, the materials must comply with Section 317P of the Public Health Service Act, 42 U.S.C. Section 247b-17, which states in pertinent part:

“educational materials . . . that are specifically designed to address STDs . . . shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address.”

II. Program Review Panel

Each recipient will be required to identify at least one Program Review Panel, established by a state or local health department from the jurisdiction of the recipient. These Program Review Panels will review and approve all written materials, pictorials, audiovisuals, marketing, advertising and Web site materials, questionnaires or survey instruments (except questionnaires or survey instruments previously reviewed by an Institutional Review Board--these questionnaires or survey instruments are limited to use in the designated research project). The requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization(s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Materials developed by the U.S. Department of Health and Human Services do not need to be reviewed by a panel. Members of a Program Review Panel should understand how HIV is and is not transmitted and understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.

A. The Program Review Panel will be guided by the CDC Basic Principles (see Section I above) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any internal review panel or procedure of the recipient organization or local governmental jurisdiction.

B. Applicants for CDC assistance will be required to include in their applications the following:

1. Identification of at least one panel, established by a state or local health department, of no less than five persons who represent a reasonable cross-section of the jurisdiction in which the program is based. Since Program Review Panels review materials for many intended audiences, no single intended audience shall dominate the composition of the Program Review Panel, except as provided in subsection d below.

In addition:

a. Panels that review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience, either through representation on the panel or as consultants to the panels.

b. Panels must ensure that the title of materials developed and submitted for review reflect the content of the activity or program.

c. The composition of Program Review Panels must include an employee of a state or local health department with appropriate expertise in the area under consideration, who is designated by the health department to represent the department on the panel.

d. Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of a-c above. However, membership of the Program Review Panel may be drawn predominantly from such racial and ethnic populations.

2. A letter or memorandum to the applicant from the state or local health department, which includes:

a. Concurrence with this guidance and assurance that its provisions will be observed.

b. The identity of members of the Program Review Panel, including their names, occupations and any organizational affiliations that were considered in their selection for the panel.

C. When a cooperative agreement/grant is awarded and periodically thereafter, the recipient will:

1. Present for the assessment of the appropriately identified Program Review Panel(s) established by a state or local health department, copies of written materials, pictorials, audiovisuals and marketing, advertising, Web site HIV/AIDS educational materials, questionnaires and surveys proposed to be used. The Program Review Panel shall pay particular attention to ensure that none of the above materials violate the provisions of Sections 2500 and 317P of the Public Health Service Act.

2. Provide for assessment by the appropriately identified Program Review Panel(s) established by a state or local health department, the text, scripts or detailed descriptions for written materials, pictorials, audiovisuals and marketing, advertising and Web site materials that are under development.

3. Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement(s) signed by the chairperson of the appropriately identified

Program Review Panel(s) established by a state or local health department, specifying the vote for approval or disapproval for each proposed item submitted to the panel.

4. Include a certification that accountable state or local health officials have independently reviewed written materials, pictorials, audiovisuals and marketing, advertising and Web site materials for compliance with Section 2500 and 317P of the Public Health Service Act and approved the use of such materials in their jurisdiction for directly and indirectly funded community-based organizations.

5. As required in the notice of grant award, provide to CDC in regular progress reports, signed statement(s) of the chairperson of the Program Review Panel(s) specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

D. CDC-funded organizations, which are national or regional (multi-state) in scope or that plan to distribute materials as described above to other organizations on a national or regional basis, must identify a single Program Review Panel to fulfill this requirement. Those guidelines identified in Sections I.A. through I.D. and II.A. through II.C. outlined above also apply. In addition, such national/regional panels must include, as a member, an employee of a state or local health department.

[Federal Register Doc. 04-13553, Filed 6-15-04, 8:45 am]



For more information
CDC's National Prevention Information Network
800) 458-5231 or www.cdcnpin.org

CDC National STD/HIV Hotline
(800) 227-8922 or (800) 342-2437
En Español (800) 344-7432
www.cdc.gov/std

Fact Sheet for Public Health Personnel:

Male Latex Condoms and Sexually Transmitted Diseases

In June 2000, the National Institutes of Health (NIH), in collaboration with the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the United States Agency for International Development (USAID), convened a workshop to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing STDs, including HIV. A summary report from that workshop was completed in July 2001 (<http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>). This fact sheet is based on the NIH workshop report and additional studies that were not reviewed in that report or were published subsequent to the workshop (see "Condom Effectiveness" for additional references). Most epidemiologic studies comparing rates of STD transmission between condom users and non-users focus on penile-vaginal intercourse.

Recommendations concerning the male latex condom and the prevention of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies of condom use and STD risk.

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer.

Sexually Transmitted Diseases, Including HIV

Sexually transmitted diseases, including HIV

Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs), including discharge and genital ulcer diseases. While the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

There are two primary ways that STDs can be transmitted. Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis – the discharge diseases – are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix). In contrast, genital ulcer diseases – genital herpes, syphilis, and chancroid – and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the genital ulcer diseases or HPV because these infections may be transmitted by exposure to areas, e.g., infected skin or mucosal surfaces, that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing rates of STDs between condom users and nonusers in real-life settings. Developing such measures of condom effectiveness is challenging. Because these studies involve private behaviors that investigators cannot observe directly, it is difficult to determine accurately whether an individual is a condom user or whether condoms are used consistently and correctly. Likewise, it can be difficult to determine the level of exposure to STDs among study participants. These problems are often compounded in studies that employ a “retrospective” design, e.g., studies that measure behaviors and risks in the past.

As a result, observed measures of condom effectiveness may be inaccurate. Most epidemiologic studies of STDs, other than HIV, are characterized by these methodological limitations, and thus, the results across them vary widely--ranging from demonstrating no protection to demonstrating substantial protection associated with condom use. This inconclusiveness of epidemiologic data about condom effectiveness indicates that more research is needed--not that latex condoms do not work. For HIV infection, unlike other STDs, a number of carefully conducted studies, employing more rigorous methods and measures, have demonstrated that consistent condom use is a highly effective means of preventing HIV transmission.

Another type of epidemiologic study involves examination of STD rates in populations rather than individuals. Such studies have demonstrated that when condom use increases within population groups, rates of STDs decline in these groups. Other studies have examined the relationship between condom use and the complications of sexually transmitted infections. For example, condom use has been associated with a decreased risk of cervical cancer – an HPV associated disease.

The following includes specific information for HIV, discharge diseases, genital ulcer diseases and human papillomavirus, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

HIV / AIDS

HIV, the virus that causes AIDS

Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in “real-life” studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.

Discharge Diseases, Including Gonorrhea, Chlamydia, and Trichomoniasis.

Discharge diseases, other than HIV

Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Gonorrhea, chlamydia, and trichomoniasis are termed discharge diseases because they are sexually transmitted by genital secretions, such as semen or vaginal fluids. HIV is also transmitted by genital secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of chlamydia, gonorrhea and trichomoniasis. However, some other epidemiologic studies show little or no protection against these infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the discharge diseases. More research is needed to assess the degree of protection latex condoms provide for discharge diseases, other than HIV.

Genital Ulcer Diseases and Human Papillomavirus

Genital ulcer diseases and HPV infections

Genital ulcer diseases and HPV infections can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through “skin-to-skin” contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/fluids. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are, or are not, covered (protected by the condom).

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of syphilis and genital herpes. However, some other epidemiologic studies show little or no protection. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the genital ulcer diseases. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers in settings where chancroid is a leading cause of genital ulcers. More research is needed to assess the degree of protection latex condoms provide for the genital ulcer disease.

While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

A number of studies, however, do show an association between condom use and a reduced risk of HPV-associated diseases, including genital warts, cervical dysplasia and cervical cancer. The reason for lower rates of cervical cancer among condom users observed in some studies is unknown. HPV infection is believed to be required, but not by itself sufficient, for cervical cancer to occur. Co-infections with other STDs may be a factor in increasing the likelihood that HPV infection will lead to cervical cancer. More research is needed to assess the degree of protection latex condoms provide for both HPV infection and HPV-associated disease, such as cervical cancer.

Department of Health and Human Services

For additional information on condom effectiveness, contact
CDC's National Prevention Information Network
(800) 458-5231 or www.cdcnpin.org

Nonoxynol-9 Spermicide Contraception Use—United States, 1999

MMWR, May 10, 2002 (Vol. 51, No. 18).

Most women in the United States with human immunodeficiency virus (HIV) become infected through sexual transmission and a woman's choice of contraception can affect her risk for HIV transmission during sexual contact with an infected partner. Most contraceptives do not protect against transmission of HIV and other sexually transmitted diseases (STDs) (1) and the use of some contraceptives containing nonoxynol-9 (N-9) might increase the risk for HIV sexual transmission. Three randomized, controlled trials of the use of N-9 contraceptives by commercial sex workers (CSWs) in Africa failed to demonstrate any protection against HIV infection (2--4); one trial showed an increased risk (3). N-9 contraceptives also failed to protect against infection with *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in two randomized trials (5,6), one among African CSWs and one among U.S. women recruited from an STD clinic. Because most women in the African studies had frequent sexual activity, had high-level exposure to N-9 and probably were exposed to a population of men with a high prevalence of HIV/STDs, the implications of these studies for U.S. women are uncertain. To determine the extent of N-9 contraceptive use among U.S. women, CDC assessed data provided by U.S. family planning clinics for 1999. This report summarizes the results of that assessment, which indicate that some U.S. women are using N-9 contraceptives. Sexually active women should consider their individual HIV/STD infection risk when choosing a method of contraception. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections.

CDC collected information on types of N-9 contraceptives purchased and family planning program (FPP) guidelines for N-9 contraceptive use. The national FPP, authorized by Title X of the Public Health Service Act, serves approximately 4.5 million predominantly low-income women each year. Program data for 1999 were obtained from all 10 U.S. Department of Health and Human Services (HHS) regions on the number of female clients and the number of female clients who reported use of N-9 contraceptives or condoms as their primary method of contraception. CDC obtained limited purchase data for 1999 for specific N-9 contraceptives and program guidelines from eight state/territorial FPPs within six HHS regions. State health departments, family planning grantees and family planning councils were contacted to request assistance in collecting data on purchasing patterns of the 91 Title X grantees; of the 12 FPPs that responded, eight provided sufficient data for analysis.

In 1999, a total of 7%--18% of women attending Title X clinics reported using condoms as their primary method of contraception. Data on the percentage of condoms lubricated with N-9 were not available. A total of 1%--5% of all women attending Title X clinics reported using N-9 contraceptives (other than condoms) as their primary method of contraception ([Table 1](#)). Among the eight FPPs that provided purchase data, most (87%)

condoms were N-9--lubricated ([Table 2](#)). All eight FPPs purchased N-9 contraceptives (i.e., vaginal films and suppositories, jellies, creams and foams) to be used either alone or in combination with diaphragms or other contraceptive products. Four of the eight clinics had protocols or program guidance stating that N-9--containing foam should be dispensed routinely with condoms; two additional programs reported that despite the absence of a clinic protocol, the practice was common. Data for the other two programs were not available.

Reported by: *The Alan Guttmacher Institute, New York, New York. Office of Population Affairs, U.S. Dept of Health and Human Services, Bethesda, Maryland. A Duerr, MD, C Beck-Sague, MD, Div Reproductive Health, National Center Chronic Disease and Public Health Promotion; Div of HIV and AIDS Prevention, National Center HIV/AIDS, STDs and TB Prevention; B Carlton-Tohill, EIS Officer, CDC.*

Editorial Note:

The findings in this report indicate that in 1999, before the release of recent publications on N-9 and HIV/STDs ([4,6,7](#)), Title X family planning clinics in the U.S. purchased and distributed N-9 contraceptives. Among at least eight family planning clinics, most of the condoms purchased were N-9--lubricated; this is consistent with trends in condom purchases among the general public ([8](#)). The 2002 STD treatment guidelines state that condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV infection and other STDs ([7](#)). CDC recommends that previously purchased condoms lubricated with N-9 spermicide continue to be distributed provided the condoms have not passed their expiration date. The amount of N-9 on a spermicide-lubricated condom is small relative to the doses tested in the studies in Africa and the use of N-9--lubricated condoms is preferable to using no condom at all. In the future, purchase of condoms lubricated with N-9 is not recommended because of their increased cost, shorter shelf life, association with urinary tract infections in young women and lack of apparent benefit compared with other lubricated condoms ([7](#)).

Spermicidal gel is used in conjunction with diaphragms ([1](#)); only diaphragms combined with the use of spermicide are approved as contraceptives. The respective contributions of the physical barrier (diaphragm) and chemical barrier (spermicide) are unknown, but the combined use prevents approximately 460,000 pregnancies in the United States each year ([1](#)).

The findings in this report are subject to at least two limitations. First, data on specific products and patterns of contraceptive use were limited; CDC used a nonrepresentative sample of regions and states that voluntarily provided data and specific use patterns of the contraceptives could not be extrapolated from these data. Second, data correlating use of N-9 contraceptives with individual HIV risk were not available.

Prevention of both unintended pregnancy and HIV/STD infection among U.S. women is needed. In 1994, a total of 49% of all pregnancies were unintended ([9](#)). Furthermore, 26%

of women experience an unintended pregnancy during the first year of typical use of spermicide products (1). In 1999, a total of 10,780 AIDS cases, 537,003 chlamydia cases and 179,534 gonorrhea cases were reported among U.S. women. Contraceptive options should provide both effective fertility control and protection from HIV/STDs; however, the optimal choice is probably not the same for every woman.

N-9 alone is not an effective means to prevent infection with HIV or cervical gonorrhea and chlamydia (2,7). Sexually active women and their health-care providers should consider risk for infection with HIV and other STDs and risk for unintended pregnancy when considering contraceptive options. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections. In addition, women seeking a family planning method should be informed that latex condoms, when used consistently and correctly, are effective in preventing transmission of HIV and can reduce the risk for other STDs.

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Appendix F

Evaluation Forms

- **TLC** Training of Facilitators' Course Evaluation Form
- **TLC** Training of Facilitators' Session Evaluation Form



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TLC Training of Facilitators' Course Evaluation Form

	Poor	Fair	Good	Very Good	Excellent
1. Presentation Quality	1	2	3	4	5
2. Explanation of TLC	1	2	3	4	5
3. Training Materials Quality	1	2	3	4	5
4. Organization of Training Sessions	1	2	3	4	5
5. Usefulness of Training Activities	1	2	3	4	5
6. Usefulness of Training Materials	1	2	3	4	5
7. Training Manual Content	1	2	3	4	5
8. Training Manual Organization	1	2	3	4	5
9. Effectiveness of Trainer	1	2	3	4	5
10. Effectiveness of Trainer	1	2	3	4	5
11. Effectiveness of Trainer	1	2	3	4	5

Provide specific answers to the following:

12. What three things you liked the most about the training.

13. What three things you liked the least about the training.

14. What, if any, would you change about the content, presentation, or organization of the training:

15. Any questions or comments about **TLC**:

16. Any comments for the Trainer:

17. Any comments for the Trainer:

18. Any comments for the Trainer:

TLC Training of Facilitators' Session Evaluation Form

Day: 1 2 3 4 Date: _____

1. Please tell us 3 things you liked about today's sessions:

2. Please tell us 3 things you would like to see improved about today's session:

3. Please provide specific feedback on the training materials:

4. Additional comments:



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