

SHARP

Sexual Health and Adolescent Risk Prevention

FACILITATOR'S MANUAL

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SHARP

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Program Objectives & Materials

Program Objectives:

- Understand how HIV and STIs are transmitted.
- Identify incorrect HIV understandings and information.
- Identify behaviors that place people at risk for HIV/STIs.
- Improve individual condom use.
- Develop sexual risk reduction strategies.
- Learn how to successfully negotiate condom use.
- Understand the risks of alcohol use.
- Improve attitudes for and about the future.
- Develop long-term sexual risk and alcohol use reduction goals.
- Understand how decisions about engaging in risk behaviors today can affect life tomorrow and further down the road.

Time Schedule:

- 3 ½ hours to 4 hours including one break.
- 5 sections (and work during the break).

Materials:

In this PASHA program package:

- Student Workbooks (1 for each student and Facilitator's Reference Copy)
- AIDS Flashcards
- Safer Sex Sequence Cards
- Risky Behavior computer video game (should be loaded onto each laptop)
- "Your Move" video
- "Under the Influence" video
- National and Group Alcohol Use Profile worksheet
- Personal Feedback Reports (one per participant)
- "Wheel of the Future" spinner

In addition you will need:

- Laptops (if possible, enough for every 1-2 people. If you do not have multiple laptops, the alternative would be to use one laptop computer and project the computer video game onto the wall or a screen using a LCD projector)
- DVD/CD-Rom player for videos
- Internet access (desirable)
- Penis models or equivalent (one per participant)
- Condoms
- Paper towels and/or hand wipes
- Chalk or dry erase board and markers
- 5"x 8" Blank Index cards
- Calculator
- Pens, paper
- Trash can

Note about staffing:

The *SHARP* program can be conducted by one program facilitator. However, it is highly suggested that each facilitator have an assistant to provide support. In particular, the assistant can generate the Personal Feedback Reports (one per participant) and National and Group Alcohol Use Profile (to be presented to the group) as the program facilitator is conducting *SHARP* or can work concurrently with the facilitator during the break to generate these feedback materials.

If it is not possible to have an assistant, it is recommended that the break time is increased to 50 minutes to allow for enough time for the facilitator to develop these feedback materials.

Advance Preparation for the SHARP Program

Before you begin the SHARP program, you should take some time to read through this Facilitator's Manual to familiarize yourself with the five different sections, including the background and objectives of each, the execution and sequencing of the activities, and the pace of the program. In addition, you should familiarize yourself with the work you must undertake during the Break Work section on page 27 (optional: you might want to bring an assistant to help you). You should also, in advance, prepare the following materials.

Advance Preparation for Section 1 (Knowledge).

Steps:

- 1. Develop an HIV/AIDS Resources List for your area and include in the Student Workbook.**

In the original implementation of SHARP, the student workbook contained an HIV/AIDS Resources List for the Albuquerque area, as seen on page 4 of the Student Workbook. You should create a list of resources specific to your area, and replace the current page 4 of the Student Workbook on Albuquerque Resources with the Resources for your area.

Advance Preparation for Section 4 (Alcohol-Related Risk Reduction Group Motivational Interview).

Steps:

- 1. Check to see if you will have internet access for the BAC (Blood Alcohol Content) on-line calculator to complete the individual Personal Feedback Reports (found in the blue envelope) during the Break Work section of this Manual. If you will not have internet access, be sure to bring a calculator. There are instructions for how to calculate BAC using a calculator in the blue envelope provided in this program package.**
- 2. Review "Overall Guidelines for the Motivational Enhancement Therapy Session" below.**

These guidelines will help you feel comfortable when discussing the participants' views about alcohol use. It is particularly helpful in providing examples for how to handle a resistant person or group.

Overall Guidelines for the Motivational Enhancement Therapy Session

Roll with resistance! Do not meet it head-on, but roll with it, and try to shift participants' perceptions in the process. How the facilitator responds to resistance is crucial.

Signs of resistance: Interrupting, Arguing, Side-tracking (changing the subject, not responding, not paying attention), Defensiveness.

REMEMBER: NEVER ARGUE WITH OR CHALLENGE ANY OF THE PARTICIPANTS. If there is a very difficult and resistant person in the group who gets angry, say, “*You feel strongly about.....*” If you have someone in the group who is dominating the discussion, you could point to others, or call out to others, “*Excellent, what do the rest of you think?*”

Strategies for deflecting resistance:

Simple reflection: Reflect what the client is saying.

Participant: *If I quit drinking, what am I supposed to do for friends?*

Facilitator: *You wouldn't have any friends if you quit drinking.*

Reflect with amplification: Exaggerate what the participant is saying to the point where he/she may disavow it. (But be careful not to elicit hostility).

Participant: *But I don't think I'm an alcoholic or anything.*

Facilitator: *You don't see any problems with your drinking.*

Use double-sided reflection: Reflect a resistant statement back with the other side (based on what may have been said previously).

Participant: *But I don't think I'm an alcoholic or anything.*

Facilitator: *You're not that bad off. At the same time, you do wonder if maybe you're overdoing it and getting into some risky situations.*

Shifting focus: Shift attention away from the problematic issue.

Participant: *"I'm not going to quit drinking—all of my friends do it."*

Facilitator: *"That's absolutely fine. You're the chooser in your own life. Right now, let's stick with this part. Later we can worry about what, if anything, you want to do about it."*

Rolling with it: This is particularly useful with clients who seem to reject every idea and suggestion.

Facilitator: *"You live your life every day and we're not here to make decisions for you. You get to choose what may work the best for you in terms of drinking."*

OR

"Reducing your drinking may be too tough for you."

Summarize: This can be done periodically (with brief summaries) throughout the session, particularly before you change tasks. Hit big points and to summarize both sides of ambivalence.

3. Personal Feedback Reports and the National and Group Alcohol Use Profile.

Each participant will receive a Personal Feedback Report (found in the blue envelope) based on the responses to their Alcohol Use Questionnaire (found in yellow envelope) during Session 4.. The participants should fill out the Alcohol Use Questionnaire prior to the beginning of SHARP and if the facilitator has an assistant, the assistant can either generate the Personal Feedback Reports and the National and Group Alcohol Use Profile while the program is being

implemented and before Session 4 (when the forms will be distributed and the profile read) or the assistant can work concurrently with the facilitator during the break (before Session 4) to develop these feedback materials. Instructions for scoring the Alcohol Use Questionnaire and for generating the Personal Feedback Reports can be found in the blue envelope. More instructions for how to pull the National and Group Alcohol Use Profile together can be found in the Break Work session on page 27 of this manual. Also noted above, if an assistant isn't available, the break time should be increased 50 minutes to allow enough time for the facilitator to complete these feedback materials. Familiarize yourself with the steps to generate these documents prior to the start of the SHARP program.

*The 2009 national data has been already pre-populated into the National and Group Alcohol Use Profile (found in the blue envelope). As you continue to use SHARP, you might want to update those numbers yearly. The most current national statistics on drug and alcohol use can be found at www.oas.samhsa.gov/nsduhLatest.htm, the website of the Substance Abuse and Mental Health Services Administration's Office of Applied Science. Each year since 1971, thousands of people have completed the **National Household Survey on Drug and Alcohol Abuse**; in particular the section entitled "Underage Alcohol Abuse". In this survey, thousands of individuals aged 12 and above complete a computer-assisted interview on topics related to tobacco, alcohol, and illicit drug use and treatment.*

Advance Preparation for Section 5 (Condom & Alcohol Use Intentions and Future Orientation).

1. Put together the "Wheel of the Future" (master copies are available in the green envelope).

Welcome & Introduction to the Program

(5 Minutes)

Note: For the script below, and other scripts in this manual, feel free to substitute your own words, as long as you cover the same points. Ensure that everyone has a personal copy of the Student Workbook.

- **“Good morning. Before we get started, I’d like you each to fill out a questionnaire that will become part of this program after the break.”**

Have each participant fill out the “Alcohol Use Questionnaire” (found in yellow envelope). If you have an assistant, you may choose to have the assistant begin to generate the Personal Feedback Forms (one per participant, found in the blue envelope) and develop the National and Group Alcohol Use Profile (worksheet found in the blue envelope) during the first sessions of SHARP or you both can develop these feedback materials concurrently during the break time. If you do not have an assistant, you should increase the break time to 50 minutes to allow enough time to complete these materials. Instructions for the break time activities can be found on page 27 of this manual.

- **“For the next couple of hours we’re going to be talking about HIV/AIDS and other sexually transmitted infections (STIs).**
- **Almost everyone knows that AIDS is a deadly illness, caused by the HIV virus. Most people also know that there are other STIs that can’t be cured. HIV and STIs are spread by sex, when people don’t protect themselves by wearing condoms, and by sharing drug needles and works.**
- **However, many of us are still not convinced that AIDS and STIs are something that could actually happen to us, personally.**
- **Today we will learn about HIV/AIDS and other STIs, and about how to avoid getting infected. This program is based upon the latest information that science has to offer as well as information we have gathered from teenagers like yourselves about the problems that they face today.”**

When you’re done with this program:

- **You will know what you need to know about AIDS and STI prevention.**
- **You will have learned skills you need to keep safe from HIV and other STIs.**

Talking About Sexual Issues

Briefly Cover the Following Points:

1. We're going to be talking about sexual issues during this program. Although we'd like everyone to participate in the entire program, if you feel uncomfortable and would rather not participate in some part of it, that's OK.
2. We don't assume that everyone here is having sex, or that everyone is planning on having sex soon. Most people will be sexually active someday, so this program will be useful for everyone.
3. We don't assume that everyone here is heterosexual. We're here to talk about how people can protect themselves from HIV and other STIs, and everyone is welcome to participate, whether they are heterosexual, gay, or bisexual.
4. Your choices about abstinence or safer sex should be based on the beliefs and values that you have learned. People have different values about sex, and that's OK. We want to hear everyone's point of view, and we don't expect everyone to agree.
5. It is very important to keep in mind the beliefs and values you have learned from your family and other respected people, such as religious advisors or other teachers. It is also important to go to those people whenever you think you could use advice.
6. You don't have to tell the group any personal information such as whether or not you have had sex, or about your relationships. If you tell us, we cannot guarantee that people will not tell others what you have said. We do ask that everything that is said in this room be kept confidential.

Section 1

Knowledge

(15 Minutes)

HIV/STI Transmission Knowledge:

- Promote awareness about how HIV and STIs are transmitted.
- Promote awareness about how to protect one's self from HIV/STI infection.

Overview

Learning Objectives:

At the end of this session participants should be able to...

- Understand how HIV/STIs are transmitted.
- Identify behaviors that place people at risk for HIV/STIs.
- Understand the relative risk of different sexual behaviors.
- Identify local AIDS prevention resources that are personally available to them.

Time Schedule:

AIDS Flashcards Activity	10 minutes
Area Resources List Review	5 minutes
	Total=15 minutes

Materials:

AIDS Flashcards (found in the green envelope)

Definitions Factsheet—page 1 in Student Workbook

Which Body Fluids Can Transmit HIV? Worksheet—page 2 in Student Workbook

Reality Check Worksheet—page 3 in Student Workbook

Area Resources List for your area —page 4 in Student Workbook shows sample for Albuquerque

Section I Activities & Procedures

1. Distribute AIDS Flashcards. Tell the participants to consult page 1 of their workbooks, the Definitions Factsheet, if they are ever unaware of what a term means.
2. Using the AIDS Flashcards, the Body Fluids Checklist, and the *Reality Check* Worksheet, as your references, conduct a group discussion of the important topics covered, i.e. testing, and misinformation such as the belief that close relationship partners are not a source of HIV/STI risk.
3. Tell the participants that their workbook contains an *Area Resources* Worksheet to help them to identify local prevention resources.

Invite the participants to turn to page 1 in their workbooks, the Definitions Factsheet. Throughout the entire session; they can look at this page if they are unsure of what a word/term means. Also if they have any questions about these definitions they should feel free to ask.

AIDS Flashcards

The purpose of conducting the flashcard activity is to make sure that all of the participants are aware of basic transmission facts related to AIDS and STIs, and that they learn that many AIDS prevention decision rules that people have regarding who they need to practice safer sex with may actually be incorrect.

- **“What are the three ways in which HIV can be transmitted from one person to another?”**

Make sure the participants list these three ways:

1. Unprotected sexual intercourse (oral, vaginal, anal).
 2. Sharing of needles or works (drug preparation materials).
 3. From mother to baby during pregnancy, birth, or breastfeeding.
- **“In terms of sex, we know that if you use latex condoms correctly each and every time you have intercourse, condoms are highly effective at stopping HIV/AIDS. Researchers have looked at couples where one person has HIV and the other one doesn’t have it. They found that if the couple uses condoms properly and consistently, the person who doesn’t have HIV rarely, if ever, gets infected. But, if the couple doesn’t use condoms each and every time they have sex, the person who doesn’t have HIV often becomes infected.”**

Allow the participants to respond. Allow the participants to ask questions and allow other participants to help answer the questions before you answer the question or elaborate on the participants' responses.

- **“You see, everybody here already knows something about HIV/AIDS. But I’d like to remind you that teenagers have the highest rate of sexually transmitted diseases of any age group.**
- **Now if there are no more questions, we’ll use some flashcards to see how much you know.”**

Distribute AIDS Flashcards. Tell the participants to consult page 1 of their Student Workbooks for the Definitions Factsheet.

Using the AIDS Flashcards, the Which Body Fluids Can Transmit HIV? Worksheet, and the Reality Check Worksheet, as your references, conduct a group discussion of the important topics covered, i.e., testing, and misinformation such as the belief that close relationship partners are not a source of AIDS/HIV/STI risk.

Have the participant who is holding the flashcard read the question, and then ask the group for their answers. Use the discussion guide below to generate dialogue and get to the desired results for this activity. Repeat until all flashcards have been read and answered.

Note: The flashcards may have more than one answer. Continue to prompt the participants for further answers until all of the answers listed below the flashcard in this manual are given. If participants do not list all of the answers, list any remaining answers yourself.

Do not accept the simple answer “Yes” or “No” as an adequate response for any flashcard that involves a “yes” or “no” answer, without having the participant explain WHY the answer is Yes or No.

<p>Flashcard 1: What are the different body fluids that people have? Which of these body fluids can transmit HIV?</p>
--

After participants have answered the question, have them turn to page 2 in their workbooks, to the Which Body Fluids Can Transmit HIV? worksheet.

- **“Now let’s decide which of these fluids can transmit HIV.”**

Have the participants take turns indicating whether each fluid can transmit HIV. Make sure that the participants have correctly indicated whether or not they can transmit HIV.

Which Body Fluids Can Transmit HIV?

<u>Fluid</u>	<u>Can it Transmit HIV?</u>
Blood	YES NO
Semen	YES NO
Tears	YES NO
Vomit	YES NO
Vaginal Secretions	YES NO
Breast Milk	YES NO
Urine	YES NO
Sweat	YES NO
Saliva	YES NO
Mucous (from the nose)	YES NO

NOTE: Correct answers are indicated in ***bold italics***.

Flashcard 2: How can you tell if a person is infected with HIV?

After participants have answered the question, make sure the following points are made during the discussion:

- You can't tell if a person is infected with HIV or any other sexually transmitted disease by looking at them or talking to them.
- Most people who have HIV or another STI don't have visible symptoms.
- Many teenagers who are infected with HIV will not show any sign of being infected, because it takes years for HIV to cause symptoms. And there are many other STIs you can have without having any symptoms at all.
- You can only tell for sure if a person is HIV infected by looking at their HIV test results, if the test was given at least six months after a person's last risky behavior, and the person has been safe since. And there's really no way to know for sure if a person you have sex with has been safe after their HIV test. It's the same with STIs, unless they have visible symptom (like herpes sores) the only way to know for sure if someone has an STI is to see their test results.

Flashcard 3: What are high risk, low risk, and no risk sexual behaviors for transmitting HIV?

After participants have answered the question, have participants turn to the Reality Check Worksheet on page 3 in their workbooks.

Have each one rate the level of risk for one of the behaviors on the worksheet, making sure each of the behaviors is rated by each participant.

Reality Check Answers

Check how risky each behavior is for getting HIV.

Think how you can lower the risk for each of the behaviors that are risky.

NOTE: Correct answers are indicated in *bold italics*.

1. French kissing

High Risk ☐

Low Risk ☐

No Risk ☐

2. Masturbating yourself

High Risk ☐

Low Risk ☐

No Risk ☐

3. Masturbating someone else

High Risk ☐

Low Risk ☐

No Risk ☐

4. Oral sex, using a condom or latex barrier

High Risk ☐

Low Risk ☐

No Risk ☐

5. Oral sex without using a condom or latex barrier

High Risk ☐

Low Risk ☐

No Risk ☐

6. Vaginal or anal intercourse, always using a condom properly

High Risk ☐

Low Risk ☐

No Risk ☐

7. Vaginal or anal intercourse, without using a condom

High Risk ☐

Low Risk ☐

No Risk ☐

8. Sharing needles or works to shoot up drugs (including steroids)

High Risk ☐

Low Risk ☐

No Risk ☐

Make sure the following happens during the review of the Reality Check worksheet:

- As each behavior is listed, have participants say why it is a high, low, or no risk behavior.
- As each behavior is listed, if it is defined as a high-risk behavior, have participants describe how to make it a low risk behavior.

- Have the remaining participants follow along on the Reality Check Worksheet and fill out the correct answers.
- At the end of the Reality Check Worksheet, emphasize to participants that if they themselves engage in any of the high-risk behaviors, they should think about how to change it into a low risk behavior.

Facilitator's Note:

Also note that students may ask about other STIs and how they would be ranked. In general, condom use protects against most STIs with the exception of those that involve sores that are outside of the area covered by a condom (e.g., herpes, genital warts [HPV]). If they don't ask specific questions, don't delve into detail about the myriad of other STIs as the goal here is to promote condom use for those who are sexually active, not make them doubt their overall efficacy.

Review of Area Resources List

- **“Now I would like to go over a list of places in our area where you can go to ask questions and go to for help with sexual health issues. Please turn to page 4 in your workbooks where it reads ‘[INSERT YOUR GEOGRAPHIC AREA OR CITY NAME] Area Resources.’ Listed here are some of the places where you can receive free condoms, and where you can get tested for HIV and STIs. There are also some toll-free hotlines listed here, so can have your questions answered anonymously over the phone. Let's briefly go down the list, and feel free to ask me any questions about these types of places.”**

Section 2

Self-Efficacy and Benefits

(40 Minutes)

Condom Self-Efficacy and Decision Making Skills:

- Understand the series of steps and decisions involved with having safer sex.
- Increase individual condom self-efficacy.
- Increase individual ability to communicate regarding sexual decisions and desires.

Background

Teenagers who are aware of the causes of HIV and STI infection, and who make the decision to protect themselves, still must acquire behavioral skills that are necessary to engage in preventive behavior. AIDS/STI prevention behavioral skills involve possessing the actual ability, and the confidence, to abstain from sexual intercourse, or to obtain and carry condoms, negotiate condom use with a partner, and protect oneself through consistent condom use.

This section of the intervention focuses on increasing behavioral skills and self-efficacy associated with the acquisition and use of condoms, while the next section addresses increasing communication skills necessary for insisting on abstinence or consistent condom use with a partner.

To understand that there is a series of decisions that should be made before deciding to abstain from sex or to engage in sexual intercourse, and to understand the steps that are essential if safer sex is to be possible, participants participate in Risky Behavior Game. In this activity, the participants will make a series of choices in an interactive choose-your-own-adventure video computer game.

Possessing STI/HIV prevention communication skills involves the ability to tell a partner that one has decided to abstain from sexual intercourse, or to always use condoms if one is going to have sex. Many adolescents engage in HIV risk behaviors long before they have developed the communications skills necessary to make it clear to a partner that they want to practice prevention. The lack of HIV/STI prevention communication skills is likely to lead to sexual risk behavior among adolescents who find themselves in risky situations and don't know how to say "No—let's be safer." This section presents the basics of effective HIV prevention communication skills, and gives participants the opportunity to apply these skills in small-group discussions. To further familiarize participants with the characteristics of condoms, and to increase their condom use skills, the leader demonstrates and participants practice putting condoms on penis proxies.

Overview

Learning Objectives:

At the end of this session participants should be able to...

- Understand the decisions involved in having safer sex.
- Know where to obtain condoms locally.
- Know how to carry condoms correctly.
- Effectively communicate with a partner about condoms.
- Effectively communicate their intentions to use condoms by learning how to successfully negotiate a sexual encounter.
- Effectively communicate their intentions to protect themselves from HIV/STIs, either by abstaining from sexual intercourse, or by consistently using condoms.
- Be familiar with the characteristics of condoms.
- Know how to use condoms correctly.

Time Schedule:

Risky Behavior Game (with discussion)	10 minutes
Benefits of Condom Use & Obtaining/Carrying Condoms	10 minutes
Safer Sex Sequence Cards	10 minutes
Condom Familiarization Activity and the Right Way to Use Condoms Exercise	10 minutes
	Total=40 minutes

Materials:

Risky Behavior Computer Video Game on Laptops

Condoms

Paper towels and/or hand wipes

Trash can

Dry erase or chalk board and markers or chalk

Penis models to be used in condom demonstration

Safer Sex Sequence Cards (found in green envelope)

Right Way to Use Condoms worksheet (pages 5-6 in workbooks)

Section II Activities and Procedures

1. Have participants play the Risky Behavior computer video game on laptops (1-2 participants per laptop.) Conduct a group discussion around the contents of the video game, including decision making about sex, alcohol and condom use.
2. Develop a discussion about condom use (using participant interaction) including the benefits, how to obtain them and the correct way to carry them.
3. Have participants learn about how to walk through a sequence of events that promote positive decision making and effective safer sex practices through the Safer Sex Sequence Card activity.
4. The facilitator will demonstrate, using a penis model, how to appropriately use a condom. Following the demonstration, the participants will have an opportunity to practice on penis models.

Risky Behavior Video Computer Game

Set up laptops so participants are all able to play the Risky Behavior video game.

Discuss different steps of "typical" sexual encounters.

- **"Now I'd like each of you to play the Risky Behavior computer video game on your laptops. Then we will discuss how people make decisions in sexual encounters."**

Discuss the main steps and decisions prompted by the game, and how those decisions later affected what they did:

- 1) Go out to party, or stay home with friends, including boyfriend/girlfriend.
- 2) Deciding to carry/get condoms.
- 3) Decide to drink alcohol.
- 4) Stay at party/with friends, or go with possible sexual partner to private place.
- 5) Decide to have sex or not.
- 6) Talk to partner about condoms or not.
- 7) Decide to use condoms or not.

Questions to stimulate discussion:

- What different decisions did you have to make at the different steps in the game?
- How do you think it might have gone differently if you had made a different decision at the beginning, middle, or end?
- What might you do differently in "real life"?

Benefits of Condom Use & Obtaining/Carrying Condoms

- “One strategy that teenagers who decide to have sex use to keep themselves safe is to use condoms consistently, every time they have sex. What reasons can you think of that people might choose to always use condoms when they have sex?”

Write the following list on the board as participants come up with positive reasons people might choose to use condoms. The goal is to concentrate on the BENEFITS of using condoms.

- Obvious examples are to protect against pregnancy and STIs.
- Try to elicit as many benefits as possible including emotional benefits such as:
 - Won't feel guilty the next day.
 - Will feel safe and be able to relax.
 - Shows respect for yourself.
 - Shows respect and care about your partner.
- “In the computer game, we saw how one of the decisions involved in using condoms and being safe is getting and carrying condoms. Let's talk about that a little more.”

Briefly discuss obtaining condoms, covering the following topics:

How hard and/or embarrassing is it to purchase condoms?

- *Make sure the participants conclude that it is not too difficult to get condoms.*

Where can teenagers get condoms?

- *Have participants discuss where to get condoms in their area.*

What are the pros and cons of getting condoms at the different places mentioned?

- *Have participants discuss differences in costs, privacy, and any other concerns.*

Briefly discuss carrying condoms, covering the following topics:

Where can teenagers carry condoms?

- *In a backpack, but be careful of sharp pens and pencils.*
- *In pants pockets, but only for short time periods, as body heat can damage condoms.*

Can you think of other places where teenagers carry condoms?

Have participants discuss other places to carry condoms, making sure to address heat issues (i.e., don't leave condom in glove box of car on hot day) and puncture damage (i.e., don't carry in purse with pens, pencils or other sharp objects)

Safer Sex Sequence Cards

In this activity, the group is given the Safer Sex Sequence cards (except for the “STOP and TALK” card, which is kept by the facilitator). Each card is one essential step in the sequence from deciding whether or not to have intercourse, to effectively practicing safer sex, if the decision is made to have intercourse.

The goal is for the participants to work together to arrange their cards in the correct order (on the chalkboard, the table or wherever they will fit), from the first step to last step. Ultimately, what is produced is a line of cards in a sequence that is the same as the sequence shown below.

It is likely that this activity will generate a great deal of debate among the participants. The role of the facilitator in this activity is to assist with the participants' discussions, and to make sure that the correct sequence is finally generated.

NOTE: Because this activity may generate a great deal of discussion, it is very important that the facilitator monitor the amount of time used for this activity, so that there is time for the condom demonstration and familiarization activity that follows.

**Remember:
Allow Only 10 Minutes for This Activity**

A few items to remember:

- The order for the first two cards is not especially important, as long as the importance of each step is discussed.
- Beginning with Deciding to Use Condoms, the order of the steps is very important.
- One card (Stop and Talk—the facilitator's card) can fit into any point in the sequence until sexual intercourse is completed.
- Participants should understand that stopping to talk, and stopping the sexual sequence, is always a possibility, up to the point that intercourse is finished.

This activity provides an overview of the skills needed to protect oneself from HIV and STIs. After this activity, participants should be able to:

- *understand the steps that people need to take when deciding whether or not to have sexual intercourse.*
- *know the sequence of behaviors that need to be carried out prior to intercourse, if the participant decides to have intercourse (such as obtaining condoms, and making sure that the partner knows that the participant intends to practice safer sex).*
- *know the correct sequence for putting on, using, and removing a condom, to maximize the effectiveness of condoms for HIV/STI prevention.*

- *understand that it is always possible to stop and talk about what one is doing with a partner, and that one can always change one's mind about engaging in sexual activity.*
- **“Now, there's a lot more to practicing HIV and STI prevention than just buying a condom. Let's talk about all of the skills to protect yourself and how they fit together.**
- **“I'm going to put some cards out on the table here. I'd like you to work together to arrange the cards in the correct order. When you think you have the next card in the sequence, come up to the board and add it to the end of the line of cards.”**

Once participants have arranged the cards in the correct sequence, the facilitator should introduce a discussion covering two or three important points to consider for each card. Possible points to discuss are listed below after each card title.

DECISION TO HAVE INTERCOURSE
(Card #1)

Points to discuss:

- *Do both partners really want to have intercourse, or is someone being pressured?*
- *Do both partners realize the consequences of having intercourse, both social (it may have implications for their relationship) and physical (in terms of a possibly unwanted pregnancy or STIs)?*

DISCUSS METHODS OF BIRTH CONTROL and STI/HIV PROTECTION
(Card #2)

Points to discuss:

- *If the decision not to have a child is made, an effective method of birth control must be chosen.*
- *Birth control pills are effective against pregnancy, but do not protect from HIV or other STIs.*
- *Withdrawal or “rhythm” methods (waiting until the woman is less likely to get pregnant) are not effective against pregnancy, and also not effective against HIV and other STIs.*
- *Only condoms are effective against both pregnancy and HIV. They must be used properly, as we illustrate in the later steps in this sequence.*

STOP AND TALK
(Facilitator's Card)

NOTE: This card can actually go ANYWHERE in the sequence.

Points to discuss:

- *At any point, either partner should feel that they can stop what they are doing and talk about what they're thinking about.*
- *Either partner can change their mind about whether or not to have sex, at any point.*

DECIDE TO USE CONDOMS
(Card #3)

Points to discuss:

- *As we've already said, only condoms are effective in preventing HIV for people who have sexual intercourse.*
- *If you do decide to have sex, make sure you use a condom every time with every partner.*

GET CONDOMS
(Card #4)

Point to discuss:

- *You don't want to surprise your partner at the last minute by saying you want to use condoms, and then not have any handy. So, you have to either buy condoms or get them free somewhere.*

FOREPLAY/GETTING EXCITED
(Card #5)

Points to discuss:

- *The condom won't work if you don't put it on in time. So you have to keep in mind when to put it on.*
- *During foreplay/getting excited, as soon as the clothes come off, and as soon as the penis is erect.*

OPEN THE CONDOM PACKAGE and TAKE CONDOM OUT OF PACKAGE
(Card #6)

Points to discuss:

- *Most condoms come in square envelopes made out of plastic. They're usually pretty easy to open, but you need to be careful not to damage the condom when you open it.*
- *Before you tear the package open, push the condom to the side in the package, so you don't tear the condom, too.*
- *Be careful of your fingernails and rings, because they could damage the condom.*
- *Remember: be careful not to tear it when you take it out of the package. Condoms are pretty tough, but you should keep your fingernails, rings, or other sharp objects away from them.*
- *When you get it out of the package, take a look at it to make sure which side of the condom is the side that unrolls. You don't want to try to unroll it from the wrong side, because it won't go down the penis.*
- *You can also push into it with your finger, if you don't have long fingernails, to find out which end rolls on.*

UNROLL CONDOM ON ERECT PENIS
(Card #7)

Points to discuss:

- *Find the side that rolls down and put that on top.*
- *Pinch the tip of the condom to keep out air.*
- *Roll the condom down the shaft, being careful of rings & fingernails.*
- *Roll the condom all the way down - don't stop halfway.*

INSERT PENIS, INTERCOURSE, EJACULATION
(Card #8)

REMOVE PENIS FROM PARTNER. HOLD CONDOM ON BASE OF PENIS
(Card #9)

Points to discuss:

- *Remember: you should remove the penis immediately after you ejaculate. If you wait until the penis is soft, the condom may fall off, or it may leak around the base of the penis.*
- *While you're taking the penis out, make sure the condom doesn't slip off of you and get left behind.*
- *The best thing to do is to hold onto the condom at the base of the penis and pull it out, holding onto the condom at the base until it's away from your partner's body.*

TAKE CONDOM OFF PENIS and THROW CONDOM AWAY
(Card #10)

Points to discuss:

- *Unroll the condom from the penis.*
- *Remove condom carefully to avoid spilling.*
- *Tie the open end of the condom to avoid spillage.*
- *Throw away tied condom in trash—never reuse a condom or flush it down the toilet.*

Have participants turn to The Right Way to Use Condoms worksheet, on pages 5-6 of their workbooks.

- **“In the next activity, we’ll familiarize ourselves with condoms some more.”**

Condom Familiarization and Right Way to Use a Condom

Perform a condom demonstration at this point, using the Right Way to Use Condoms sheet as a set of points to cover while doing the demonstration.

The Right Way to Use Condoms

What to look for in a condom to make sure it will work right:

1. It should be made from latex.
2. The date on the condom package should not have expired.

4. The condom should be in good condition, not torn, dried out, or yellowed.
5. It's best to buy condoms that are already lubricated.

The steps to correctly putting on a condom are (Workbook page 5):

1. Before you open the condom package, move the condom inside the package to the side, so you don't tear the condom when you open the package.
2. The condom is put on the man's penis at the start, as soon as the clothes come off and the penis is erect.
3. Find the side that rolls down by putting your fingers inside the condom, and put that side on top.
4. Pinch the tip of the condom to keep out air.
5. Roll the condom down the shaft, being careful of rings and fingernails.
6. Roll the condom all the way down—don't stop half way.

The steps to correctly taking off a condom are (Workbook page 6):

1. Take the condom off as soon as ejaculation has occurred, while the penis is still erect.
2. Hold the condom on the base of your penis until you are away from your partner's body, so that the condom doesn't end up being left inside your partner.
3. Remove the condom carefully, to avoid spilling the semen that's inside.
4. Tie the open end of the condom, to avoid spilling the semen that's inside.
5. Throw away the tied condom in the trash—never reuse a condom or flush it down the toilet.

• **“Practice this in advance!”**

After the condom demonstration, the participants will be ready to practice putting on, and removing, a condom using one of the penis models.

Distribute one condom and one penis model to each participant in the group. If you do not have one penis model per participant, you could use other similarly shaped items as a penis proxy such as a carrot or banana.

• **“Now it's your chance to practice the right way to use condoms”**

Go through the Right Way to Use Condoms sequence with the participants. Have them follow all of the steps taken in the condom demonstration using the penis model.

Distribute paper towels or hand wipes to each participant, and make sure ALL condoms are thrown away after the demonstration. Walk around to each participant with a waste basket to make sure all condoms are disposed of.

Section 3

Attitudes and Norms

(30 Minutes)

Attitudes and Norms

- Develop more positive attitudes towards condoms and their use.
- Develop a sense of the benefits of condom use for preventing negative outcomes.
- Develop positive social norms supportive of condom use.

Background

Theories of health behavior, and specifically condom use, state that positive attitudes and norms positively affect the likelihood that one will engage in condom use. Research also shows that teenagers who think about how their actions can affect their future are more likely to consider health protective behaviors. In this section, the group watches a video clip that encourages participants to consider how young people's sexual decision-making can affect their lives later. Showing the negative consequences of not using condoms as well as the positive consequences of using them increases participants' positive attitudes towards condoms. The video also models safer sexual behavior, bolsters normative support for condom use, and gives specific ways to deal with partner resistance to condom use. Additionally, group discussion bolsters the participants' perceptions of norms of condom use. Increasing positive affective attitudes, benefits of condom use, and supportive norms for condom use leads to the development of positive intentions to use condoms in the future.

Overview

Learning Objectives:

At the end of this session participants should be able to...

- Increase their awareness about consequences of condom decisions.
- Increase their perceptions of the benefits of condom use.
- Increase positive attitudes about condoms and their use.
- Have increased normative support for condom use.
- Have well formed condom use intentions.

Time Schedule:

"Your Move" Video & Discussion	20 minutes
Decision-Making: Sexual Behavior & Condoms	5 minutes
	Total=25 minutes

Materials:

"Your Move" Video

"Your Move" cast of characters list—page 7 in Student Workbook

Talking about Condoms Worksheet—page 8 in Student Workbook

Flipchart and markers, or equivalent

Alcohol Use Questionnaire—one copy per participant (to be completed and turned in before the break)

Section III Activities & Procedures

1. View the "Your Move" video, pausing after each segment to discuss the issues (using discussion questions below) as they happen. When the video is over, begin a discussion about the outcomes for some of the characters in the video to discuss safer sexual practices and different romantic relationship scenarios.
2. Once the discussion of the video is completed, begin a discussion about how to discuss condom use with a romantic partner.

"Your Move" Video & Discussion

Have participants turn to page 7 of their workbooks, the "Your Move" Cast of Characters list.

- **"In the Risky Behavior Video Computer Game, you went through one series of decisions, and you saw that the decisions you make could have had a big effect on your life. Now we're going to watch a video that shows three different couples who make choices about their sexual behavior, and what kind of impact the choices had on them.**
- **In your workbooks you will find a list and descriptions of the characters in the video we are about to see. Later, when we discuss the film, you can refer to this list to help you remember them. Please feel free to ask questions if you can't remember them."**

Start the video. There will be pause frames to prompt you to stop the film for discussion.

Pause #1: after the girls are at convenience store/after boys' scene at Isaac's apartment:

- **“What do you think so far of the three girlfriends? Brianna is the only one who goes into the store to buy condoms, and says it is ‘only natural’ to take care of yourself. Do you agree?”**
- **In the boys' scene, we see that Isaac is very prepared and adamant about using condoms when he has sex. Nolo on the other hand, thinks that the girl is ‘taking care of herself’ if she's having sex, and claims that you can't feel anything with a condom on. Who has a healthier attitude here? Do you think Nolo's attitude about condoms will get him in trouble?”**

Start video again. Pause #2: after girls' parking lot scene/condom discussion:

- **“Alexis is hesitant to accept the condoms that the two other girls are offering her. She says she is not planning on having sex with Nolo, even though Brianna and Sharee warn Alexis about him. What do you think about Alexis tossing the box of condoms, compared to her friends' knowledge of protecting themselves and knowing which kinds of condoms to use?”**

Start video again. Pause #3: after Brianna's condom demonstration:

- **“Here we see that despite her friends' warnings about Nolo, Alexis still thinks she does not need condoms because she is not planning on having sex with him. What do you think is going to happen to Alexis?”**
- **Sharee thinks the guy should be the one to carry condoms *and* that he should be the one who put the condoms on. Brianna not only has experience with putting condoms on her partners, but also says it's ‘like foreplay.’ What do you think of their attitudes, especially Brianna's?”**

Start video again. Pause #4: after the couples pair off at Isaac's place:

- **“Brianna reminds Alexis to wear a condom when she is going into the kitchen with Nolo. Do you think Alexis will protect herself? Why or why not?”**
- **We saw before that Sharee expected the boy to be the one responsible for carrying condoms. Now we see that she carries them herself, and wants to use the ‘trick’ she has learned from Brianna. What do you think of her change in thinking? Is Brianna a good influence on her friends?”**

Start video again. After video is over:

- **“We have seen what has happened between Nolo and Alexis; neither of them is happy with their situation. Why aren't they happy? What could they have done to prevent this from happening?”**

NOTE: Get the participants to say that Nolo and Alexis should have engaged in safer, alternative sexual activities, i.e., kissing; or using condoms when they had sex.

- **“Now that we’ve seen the outcomes of ALL of the couples’ actions, we’re going to talk about how couples make decisions about whether to have sex and whether to use condoms.”**

Generate discussion around the following topics:

- Often when people get in long-term relationships they think they don’t need to use condoms anymore. Do you agree?
- What should a couple do before they discontinue using condoms?
- What do you think about the couples in the video who decided to stay safe?
- How would you tell someone that you have had unprotected sex with before that you want to start using condoms?
- How do you think Nolo and Alexis’ lives have been changed?
- What could they have done differently?
- Why is it a good idea to prepare for sex before you’re in “the heat of the moment”?
- Which strategy is best when you’re making sexual decisions?

The goal here is have the group come to the conclusion that you have to think about these things BEFORE you’re in the heat of the moment and always be prepared. Also, foster positive attitudes regarding the benefits of condom use (both emotionally and physically) and get the group to identify with the two couples who DID use condoms and want to emulate them (positive social norms, role models).

Decision-Making: Sexual Behavior & Condoms

- **“As we saw in the video, once you make the decision to have sex and use condoms, you also have to be able to talk to your partner about it to make sure that your wishes to have safe sex are met. Next we’re going to talk about the kinds of things you would say to your partner if you wanted to let them know you wanted to use a condom when you have sex.”**

Have participants turn to Talking about Using Condoms worksheet, on page 8 of their Workbooks.

- **“In the activity we did at the beginning of this section, you might have been asked to answer how you would talk to your partner about using condoms. Let’s look at a situation where you’ve decided to have sexual intercourse, and you want to use condoms every time you have sexual intercourse.**
- **Your partner doesn’t want to use condoms. You want your partner to know that you want to use condoms every time you have sexual intercourse.**
- **How would you tell them this?”**

Have participants write down their answers in their workbooks. Talk about each person's response and discuss the PROs and CONs of each one, giving participants a number of different strategies.

- **“That's good. How would you feel, saying this to a boyfriend or girlfriend?**
- **How would you feel saying this to a casual partner, like if you had just recently met them?**
- **Can any of you see a problem with saying this?**
- **How might we say it even better?”**

Cover important points about communication about condoms:

- It is OK to demand using condoms or to say NO if your partner won't use them.
 - It is OK to be assertive.
 - Even in the heat of the moment, you can take a moment to protect yourself.
 - You have to take responsibility for your own health.
 - Acknowledge what your partner is saying—the point isn't to make them feel bad or stupid.
 - Be specific about what you will and won't do.
 - Offer alternatives to having intercourse.
 - Use your eyes and voice when talking to your partner.
1. And, do NOT forget that saying “NO” is OK.

BREAK
30 MINUTES

BREAK WORK

Facilitator Preparation for Alcohol-Related Risk Reduction Group Motivational Interview (30 Minutes)

If your assistant has not already completed the Personal Feedback Reports or the National and Group Alcohol Use Profile, you will need to generate these materials during the break. You (and your assistant, if you have one) should take their Alcohol Use Questionnaires and tally up the responses to each of the questions using the scoring tables in the Personal Feedback Report & Scoring Packet (blue envelope). From these responses, you will also be able to generate the National and Group Alcohol Use Profile (also found in the blue envelope)). Having a calculator during this section might be very helpful.

Generate Personal Feedback Report for Each Participant.

During the break, fill out a Personal Feedback Report for each participant to hand out to them during the next section. Be sure to put their nickname of the Feedback Report (The blue envelope contains instructions for scoring the "Alcohol Use Questionnaire," and completing the "Personal Feedback Report.")

Generate National and Group Alcohol Use Profile.

Using the answers to the Alcohol Use Questionnaires and the National and Group Alcohol Use Profile worksheet (also in the blue envelope), generate a group profile of the participants' alcohol use and risk to share with them during the next section.

Steps:

1. Use the National and Group Alcohol Use Profile worksheet found in the blue envelope.

National and Group Alcohol Use Profile

"The most recent National Household Survey on Drug Abuse in 2009 (year) found the following:

How many kids your age drink? What do you think? It turns out that 27.2% of teens drink alcohol.

We also have some information on binge drinking. Who knows what "binge drinking" means? (Collect their answers, if they get it, affirm their responses. If not, you can say, "I have some definitions that I'd like to share with you. Would that be okay?")

We define binge drinking as five or more drinks per sitting for teenage boys and three or more drinks per sitting for teenage girls. How many kids do you guys think had at least one binge episode last month?

Our information says that 18.1% (or 9 out of 50) 12-20-year-olds who drank last month had at least one binge drinking episode last month. That is about 6.9 million kids.

How would you guys define “heavy drinkers?” (*Solicit responses.*) Would you like to hear what the official definition is? Heavy use is defined as ‘at least one binge drinking episode on at least 5 different days in the past month.’

How many kids do you think fit into that category of heavy users?

Among kids your age who had at least one binge episode last month, approximately 54% of them had a binge episode on 5 or more days last month. That comes to about 2.1 million kids.

How do you think you guys did? As a group, you drank _____ times in the last month. And when you drank, you had _____ drinks.

How many of these drinking episodes do you think get kids your age in trouble? I mean, trouble enough to have to go to the ER?” In 2009, for example, we know that about 150,000 kids went to the emergency room because of alcohol use.

2. Taking calculations from the Personal Feedback and Scoring Packet (page 2 of the Scoring Packet), fill in the two remaining blanks in this worksheet.

From the Personal Feedback Report & Scoring Packet, fill in the following:

As a group, you drank _____ times in the last month. And when you drank, you had _____ drinks.

Use this worksheet to report the comparison of the group’s alcohol use and national level statistics (see page 32).

3. Record the group level AUDIT Score (directions are found in the *Personal Feedback Report & Scoring Packet*, which is in the blue envelope).

Insert this score into the space provided on page 35 of this manual (highlighted).

Section 4

Alcohol-Related Risk Reduction Group Motivational Interview (60 Minutes)

Alcohol Use and Alcohol Related Sexual Risk Behavior Reduction:

- Increase their awareness about levels of alcohol consumption.
- Understand their drinking behavior in relationship to other adolescents.
- Understand potential consequences of alcohol use.
- Be able to develop alcohol use reduction strategies.
- Have long term alcohol and sexual risk reduction goals.
- Establish strategies for reducing alcohol use, and for reducing risky sexual behavior while intoxicated.

Background

Alcohol use has been linked to increased levels of sexual risk behavior. Not only does alcohol consumption place adolescents at great health risk, it also increases the likelihood that they will engage in unsafe sex. Reducing alcohol use and developing strategies to be safe when using alcohol are important to help protect adolescents. This intervention material is based on a highly successful method of brief behavioral change interventions in the domain of alcohol use called “motivational interviewing.” The goal of this approach is increase participants’ ambivalence around drinking behaviors, with the ultimate goal of moving them towards change. This approach also provides an avenue to approach practical and attainable ways for them to exact that change.

Overview

Learning Objectives:

At the end of this section participants will...

- Understand their drinking behavior in relationship to other adolescents.
- Understand potential consequences of alcohol use.
- Be aware of alcohol use harm reduction strategies.
- Be able to approach problem solving around their own drinking risk situations.

Time Schedule:

Group Alcohol Use Feedback and National Comparison	20 minutes
“Under the Influence” Video & Discussion	30 minutes
Alcohol risk behavior reduction strategizing	10 minutes
	Total=60 minutes

Materials:

From Break Work Section:

1. *Completed Personal Feedback Reports (one per participant)*
2. *National and Group Alcohol Use Profile Worksheet*

“Under the Influence” Video

“Under the Influence” Cast of Characters list—page 9 of Student Workbook

Section IV Activities & Procedures

1. Transition the group from sexual safety-based portion of the program to the Alcohol Use and Alcohol Related Sexual Risk Behavior Reduction portion of the program.
2. Pass out individual Personal Feedback Reports.
3. Discuss alcohol use (group level); make sure to have available the National and Group Alcohol Use Profile worksheet.
4. Show “Under the Influence” video.
5. Discuss video and develop strategies to reduce alcohol use and related risk behaviors.

Group Alcohol Use Feedback and National Comparison

Before you begin discussing the National and Group Alcohol Use Profile Worksheet, hand out the Personal Feedback Reports.

1. **“So we have discussed ways in which we can all protect ourselves from contracting HIV and STIs. Each one of us has demonstrated the correct way to use condoms. However, outside of this room, outside of our program being conducted today, each one of you should make sure you carry these sexual safety skills with you, in your everyday life. Can you think of certain situations / conditions in which your safety skills and /or sexual decision-making skills may become compromised or impaired?”**

Generate alcohol-related responses, have participants talk briefly about what could happen when they drink and party.

If they don't provide party or social related situations, ask the group,

2. **“I have some ideas of other times in which your safety skills may be compromised. Can I share them with you? You can start by saying, ‘Lots of kids I know talk about how it's harder to remember to use condoms when they've been drinking.’ How does this fit with your experiences?”**
3. **I'd like to spend some time now talking about the drinking experiences of others your age across the country and your peers, and how those might compare with your experiences.”**

NOTE:

Use the following **REDS** format to guide this section:

1. **Reflections;**
2. **Empathy:** development of accurate empathy;
3. **Development of discrepancy;**
4. **Supporting self-efficacy.**

Present the National and Group Alcohol Use Profile worksheet in an empathic, non-judgmental way. This is not a punishment, but is information for them to use to help themselves live healthy lifestyles and promote risk reduction strategies.

Stress to the group that it is up to each individual there to take responsibility for their own change; help them to develop discrepancy for themselves. Let the participants know that changing risky behaviors and adopting lifestyle changes is desirable and will help the participants to meet their goals and stay healthy.

Use reflections of what the group says to give them ownership of the group process.

- **“Today we had you fill out some questions about your drinking. I'd like to start with what we know about the drinking habits of other people your age across the country,**

and then see how it fits with your experiences. We have summarized some of your answers in the form of a National and Group Alcohol Use Profile.”

Report the comparisons between the national levels of adolescent alcohol use and the group’s stated use. It is okay to read the National and Group Alcohol Use Profile worksheet out to the group word for word.

- “Please keep in mind that what we discuss today is completely confidential. What I mean by that is that what we discuss today will not leave this room.”

Keep in mind:

1. **Observe participants** as you provide feedback; allow them to respond verbally.
2. **Check for good variability** in the group

Encourage them to generate on their own discussion about how they compare to others their age. After they talk for a bit, you can summarize with:

- “We can see that for this group here today, that (*depending on the outcome of the feedback sheets*) you drink substantially more/about the same/substantially less (*select one based on their results*) than other people your age. (*USE SPECIFIC EXAMPLE*) For example, the average teenager drinks once a month and the average drinking frequency in this group was three times a week!
- How does your drinking compare to others around your age? How about with kids you hang out with?”

If there are very few verbal reactions to the feedback, but some other nonverbal cues (a sigh, frown, snort, etc.), respond with a reflection of the apparent feeling:

- “What do you make of this?”
- “This doesn’t make sense to you.”
- “This is surprising. Tell me more about that.”

Reflect the emotions of the group.

- “Boy, it’s surprising to see how much more you’re drinking than other kids your age.”
- “These data don’t make much sense to you. You think that the kids from the statistics can’t possibly be real. It’s not at all like your experiences with alcohol.”

If you have a group in which one or two of the participants drink very heavily, i.e. 20-30 drinks/week, the other participants who drink maybe 12-15/week may think that they're not doing so bad after all. Reflect the discrepancy and the variety of experiences in the group.

- **“So the drinking experiences of the group go from about 12-15 drinks to about 20-30 drinks per week. Compared with the kids that we talked about earlier, what parts of the spectrum are missing?”** (*You're pulling for kids who drink even less than the kids in the group, so that they know that most kids aren't drinking that much.*)

If they don't volunteer it, you can query the base rates—in a very curious, open, non-judgmental way.

- **“Every kid in [YOUR LOCATION] drinks at least 12-15 drinks per week?”**

If they agree, you invite them to reflect back on the data from before.

- **“What did we see about the rates of kids drinking in general? They show us that at least a good percentage of kids aren't drinking at all.”**

If the group as a whole are heavy drinkers, you could compare their data to a lower drinking group, so they don't think, Hey, everyone else here drinks just as much as I do, so I'm not doing bad. Again, feel free to query the spectrum.

Most will react with: “I don't drink much more than other people.” In response, say:

- **“Your experiences are that you're drinking way less than the people you know. And, you don't know anyone who is drinking less than you. Alright, so who might these mysterious low-drinkers be?”** (*You're aiming for them being kids like the kids in the room, but just not drinking.*)

VERBALIZING PROS AND CONS OF DRINKING

Keep in mind:

1. **Develop *ambivalence*** in the group. Figure out who is where in the group. Remember that we want participants to generate their own examples of the pros and cons of drinking. Try to get everyone in the group to participate.
2. **Use *reflective listening***: This simply means reflecting what the participant(s) is saying. Examples are:

“You don't think alcohol is seriously harming you now, and at the same time, you are concerned that it might get out of hand for you later.”

“You'd hate to give up alcohol, but you can also see it is causing serious problems for your family, your job...”
3. You can make the reflection even a little bit richer by adding in some emotional components.

“You’re scared that you’re boyfriend wouldn’t stay with you if you stopped drinking around him and his friends.”

“Sex seems a little scary without the help of a forty beforehand.”

Ask participants about Pros of drinking:

- **“All kids we know drink and use other substances for good reasons. What are some of the reasons that you LIKE drinking?”**

Possible answers here could be fitting in with friends, relaxing, taking stress away, escaping from problems in life, having fun/partying, etc.

4. Use *amplified reflection*: Reflect but exaggerate or amplify what the participant is saying to the point where the participant is likely to disavow it—do not overdo the amplification. Be very careful to ensure this does not come off as sarcasm. An example of amplified reflection:

Participant: *“I drink because it’s fun and all of my friends do it. It doesn’t mean I’m an alcoholic, or that I have a drinking problem.”*

Facilitator: *“Drinking hasn’t caused any problems for you.”*

Participant: *“Well, I wouldn’t say that... there was this one time where it was a problem...”*

Facilitator: *“Tell me about that.”*

The best way to know that this is working is if the participants are talking more than you. Really stick with reflections, open questions, and summary statements to support the participants’ input. Affirm their sharing tough experiences and their success within those experiences.

Participant: *“My mom is an alcoholic so I know what it is. It’s not me. I don’t have any problems with it. But, when I drink, I stop after 5 and I don’t drive home.”*

Facilitator: *“You have found some excellent strategies to keep your drinking safe—like setting a stopping point and not driving after drinking. Excellent. What else?”*

As the participants are generating the PROs of drinking, the use the tactic of reflecting, using the participant’s own views, words, and perceptions about drinking.

- **“Your life is hard. Absolutely. And the only reward that you’re aware of is to drink.”**
(The idea here is that there are alternative ways to reward oneself, which the facilitator may build upon later.)

If the participant(s) boasts of having high tolerance, being able to ‘hold their liquor,’ use this time as a “teachable moment” about tolerance and family risk factors.

- **“What do you guys know about family risk factors?”** *(Talk about how tolerance is the body’s natural signal for alerting the person that they’ve had too much to drink, and how kids who have positive family histories of alcohol dependence—parents and grandparents*

with alcohol dependence—may not have this natural, protective system. Then find out how that fits with adolescents’ experiences.)

Ask participants about Cons of drinking:

Affirm their work with the pros, summarize their main, collective pros, and move onto cons.

- **“Great job with the reasons that you like drinking. It sounds like the main things that you like about drinking is that it’s fun to do at parties—you can’t imagine going without drinking, it helps you relax, and it makes it easier to hang out with your girlfriends and boyfriends. What are some of the things that you don’t like as much about drinking?”**

Participants may use the ‘beer goggles’ or ‘coyote date’ examples: Sleeping with someone who seems appealing when one is intoxicated, but realizing the opposite is true “the morning after.” Present these examples if participants do not.

Once the group stops volunteering cons, summarize what was stated and offer to give some additional feedback based on their responses to the Alcohol Use Questionnaire.

- **“In addition to what you have said here, in your questionnaires you also shared some additional experiences. Can I share them with you? The group, as a whole, scored [INSERT AUDIT SCORE FROM PAGE 8 OF THE SCORING PACKET] on the Alcohol Use and Dependency Test.”**

Compare this score to the normal score of 7 for most adolescents. A higher score means greater risk for problems with alcohol or future alcoholism. Use the following legend for interpreting the group AUDIT score comparatively to the average adolescent population.

<u>Audit Score</u>	<u>Risk</u>
0-7	Low
8-15	Medium
16-25	High
26-40	Very High

- **“How does that score seem to you?”**
- *After their responses,* **“According to national level data, a normal score for most adolescents is 7 and as a group, you scored [INSERT AUDIT SCORE AGAIN] which means you [SELECT LEVEL OF RISK THAT CORRESPONDS TO THEIR AVERAGE NUMBER]”**
- **“How does drinking fit with your decision making in a sexual situation?”**
- **“How might it impact your decisions regarding protection?”**

Summarize the cons & ask participants about harm reduction steps.

- **“You have said that drinking frequently leaves you feeling bad, makes it hard to do your job, makes your mom mad at you, makes you sleep with people you wouldn’t have slept with otherwise, and leaves you forgetting whether or not you used a condom. So, in a situation where you might want to drink less, what could you do?”**

*Adolescents are not the best problem solvers. Emphasize self efficacy. Remind adolescents that they are the experts in their own lives. Work through basic problem solving skills (i.e., identifying a potential solution, determining the potential barriers to that solution’s effectiveness, and refining the solution). Help the participants generate examples of possible changes in behavior, specifically, reducing alcohol intake among them. The idea is that the participants should feel that **it IS entirely possible to do just that, AND that it is completely up to them** as individuals to decide to change, and put that decision into action.*

- **“You guys are the experts in your own lives. I’m not there when you’re at the party and deciding whether or not to drink. [PULL AN EXAMPLE FROM THE PREVIOUS DISCUSSION] For example, Dani has mentioned that if she’s not holding a full cup, her friends will keep pouring alcohol in it. What’s something that Dani can do?” (Pull for keeping glass full of non-alcohol beverages like Coke or water).**

OR

- **“Jenny said that she got really scared last week because one of her friends got drunk and went off to a bedroom with a guy who was about 10 years older and no one could get her out. You guys are the experts here. What’s something that you guys could do so that wouldn’t happen to you or your friends?”**

Pull additional effective, practical strategies to reduce drinking, particularly in harmful situations. It is important to think of potential alternatives (i.e., if they are drinking for relaxation—what else could they do that would be fun and relaxing—and rewarding? If they are drinking for courage in social situations—what are other ways to feel comfortable in social situations?).

Transition out of this activity and show the “Under the Influence” video. The video will highlight alternative ways to deal with and reduce alcohol use and its related risk behaviors. The video will also demonstrate a number of different risk reduction strategies and how to go about developing a risk reduction strategy. These exercises help to develop self-efficacy for making behavioral changes.

“Under the Influence” Video & Discussion

Have participants turn to pages 9-10 in their workbooks, to the “Under the Influence” Cast of Characters list. Make sure they understand which characters the group is discussing for each question.

- **“Please turn to pages 9-10 in your workbooks, where you will find a list and description of each of the characters in the video “Under the Influence.” Please ask questions if you don’t remember who we’re talking about for each discussion question.”**

Show the video, stopping at the pause points for discussion as noted below.

Pause #1: after girls’ bedroom scene:

- **“We’ve seen so far that some of these girls are planning to drink and have sex at Ariell’s party. Jackie, however, seems like she’s determined not to drink and, instead, save herself for a “man who’s going to remember her in the morning.” What do you think she will do once she is at the party, especially since her friends don’t feel the same way she does?**
- **Ariell and Simone are prepared for what may happen at the party, i.e. more drinking and sex with their boyfriends—they are making sure that they have condoms on them before the party and before they become intoxicated. Do you think this a good idea? Why?**
- **Laryssa seems like she is not planning on having sex at the party, but she will be drinking heavily. What do you think will happen to her once she is at the party? Why?”**

Start video again. Pause #2: after boys’ convenience store scene:

- **“Now we’ve seen the boys talk about what they want to do when they get to the party. Antoine is planning on playing it safe by bringing condoms to the party. Dwayne seems to agree with that, but does not prepare himself for what may happen once they get to Ariell’s house. Charles’ attitude is ‘whatever happens, happens’ and is more concerned with getting drunk than protecting himself. He also thinks he can stop himself from having sex if he wants to. Rick does not say anything about what his intentions are. What do you think will happen to the boys at the party? Do you think Charles will be able to really stop himself from having sex, even if he is intoxicated? Who do you think is best prepared to handle a sexual encounter, especially if he is under the influence of alcohol?”**

Start video again. Pause #3: party scene, after Jackie tells Duane she does not want to have sex:

- **“We see a few situations happening so far:**
 - **Rick and Simone are drinking and have left to go to a bedroom. Will they protect themselves by using condoms?**
 - **Antoine is telling Ariell that he’s concerned that Charles will not protect himself. Antoine has condoms on him, so do you think he should have approached Charles and given him some?**
 - **Dwayne sees Antoine and Ariell proceeding to one of the bedrooms, and makes sure that Antoine has his condoms on him. Do you think it’s a good idea to have a friend look out for another in a situation like this?**
 - **Jackie and Dwayne start getting physical and Jackie wants to wait before they go any further—*despite* the fact that Dwayne has protection. What do you think about the way she handled herself?”**

Start video again. Pause #4: party scene, after Laryssa and Charles proceed to have sex while drunk:

- **“We saw in the beginning of the video that Laryssa had no intention of having sex with anyone at the party, but she was planning on getting drunk. Now she is at the party with Charles, and they’ve proceeded to one of the bedrooms. Do you think this would have happened had she not been intoxicated? Do you think either one of them is prepared to protect themselves?”**

Alcohol Risk Reduction Behavior Strategizing

After the video is over, tell participants: (After reminding them that the Cast of Characters list is on page 9 of their workbooks)

- **“So we saw in the video different ways of handling a situation in which one is drinking with the potential of having sex with another person. We saw two couples (Rick & Simone, and Antoine & Ariell) protect themselves by using condoms. We saw Jackie effectively communicate to Dwayne that she did not want to have sex with him at that time. We also saw Laryssa and Charles become completely intoxicated and not take any precautions at all regarding their health.**
- **What do you think is the most effective strategy when you are drinking with the possibility of having sex?”**

Elicit various strategies here. Make sure that these strategies include participants making a plan for themselves the next time they are in a potentially risky situation, i.e., having a friend look out for them. Mention (if not already mentioned) Dwayne looking out for Antoine by making sure he had condoms on him before he had sex.

- **“How could the potentially dangerous and (now) stressful situation between Laryssa and Charles been avoided? What were these two doing/not doing that got them into what could be big trouble?”**

Ensure the following points are emphasized as the participants are answering the question: Charles and Laryssa should have curbed their drinking; if not, then they should have had one of the others look out for them. The couple also could have made sure they carried condoms with them before the party and before they started drinking.

- **“What was Laryssa’s intention at the beginning of the video in terms of having sex with any of the boys there? How well would she have abstained from sex if she had been drinking? What are some potential results of being unprepared for a situation like this?”**

Emphasize again the importance of being prepared, even if a person is not planning on having sex.

Section 5

Condom & Alcohol Use Intentions and Future Orientation

(30 Minutes)

Condom and Alcohol Use Intentions/Future Orientation:

- Increase individual intentions to use condoms.
- Increase individual intentions not to drink heavily in conjunction with sexual activity.
- Increase awareness about consequences of condom decisions.
- Increase awareness about using condoms and achieving future goals.
- Establish condom use and alcohol use goals.

Background

Increasing young people's intentions to use condoms and reduce alcohol use helps them think ahead about the things they have to do to make sure they use condoms and develop safer alternatives to alcohol use. There is research that suggests that positive condom-use intentions are one of the best predictors of who will actually use condoms. In thinking about intentions, it's important to frame the dialogue with an orientation toward the future, both near-term and long-term. Young people who think about, have positive attitudes about, and plan for the future engage in less risky behavior, including less risky sex. Believing that you have a good future to look forward to, and that what you do now can affect that future are important steps to engaging in protective behaviors like condom use. Alcohol use in conjunction with sexual activity makes condom use much less likely, so a primary goal of this section is to increase the participants' intentions NOT to drink heavily when they know sexual activity is likely.

Overview

Learning Objectives:

At the end of this section participants will...

- Have well-formed condom use and alcohol use intentions.
- Understand potential consequences of condom use decisions.
- Increase future orientation.
- Have long-term condom use or abstinence goals.

Time Schedule:

“Wheel of Future” Game	25 minutes
Safer Sex & Alcohol Use Goal Setting	5 minutes

Total=30
minutes

Materials:

5” X 8” Index Cards

Wheel of Future (found in green envelope)

Safe Sex Goal/Alcohol Use Goal worksheets (pages 11 thru 14 of workbooks).

Section V Activities & Procedures

1. Introduce participants to new section and explain the importance of having well-informed condom use and alcohol use intentions.
2. Play “Wheel of Future” game.
3. Fill out Safe Sex/Alcohol Use Goals.

“Wheel of the Future” Game

- **“One of the best ways to protect yourself from STIs and alcohol-related risk behaviors is to have good intentions and a specific plan to keep safe. Now that you have learned how to effectively use condoms, communicate to boyfriends or girlfriends your intentions to always use condoms or remain abstinent, and have learned strategies to deal with alcohol in a safer manner, you can begin to take responsibility for your decisions. By creating your own goals and trying to achieve those goals, you develop more control over your life. For the next half of an hour we are going to examine our intentions to practice safer sex and reduce alcohol use and develop long term goals for staying healthy.”**

Pass out the blank 5” x 8” index cards.

- **“Now I want you to come up with at least one goal you want to achieve in the next 3 years. But assume that you are on the outside and not in detention. It can be anything you’d like to achieve, like graduating from high school, or going to college, or joining**

the army, or becoming a mechanic. Basically, come up with a goal that is important to you. Once you have decided on at least one goal, write it/then down on your card."

Allow a minute or two for participants to write down their goals on the index card.

- **"Now, let's spin the "Wheel of Future" which has a lot of different things that happen to people on it."**

Have participants spin the Wheel of Future. Note that there are two versions of the game. In the first version, the outcomes are clearly printed so that participants see the outcomes immediately. In the second version, the outcome text is replaced with a number, thereby concealing the outcomes from the participants. In this latter version, read aloud the text corresponding with the number.

Have each participant read their goal(s), then have them spin the wheel and read what it says. Then ask them how the decision they spun affects their goal.

Discuss with the group how the participant's outcome will affect his or her goals. Discuss with participants ways to prevent these negative occurrences.

Facilitator's Note:

As an example, assume a participant says their goal is to go to college in two years, and they receive an outcome such as having unprotected sex and then being HIV positive. Have the participant and the group discuss how this would affect the goal to go to college, and suggest things that the participant could do to make sure this DOESN'T happen.

Questions to stimulate discussion if a quiet group:

- **"Why would it be a good idea to be abstinent until you're older?"**
- **"How important do you think it is to use condoms every time you have sex? Why?"**
- **"What are the benefits of using condoms?"**
- **"What are the risks of NOT using condoms?"**
- **"How concerned are you about getting an STI or getting pregnant or getting someone pregnant?"**
- **"How concerned are you about achieving your goals?"**
- **"How concerned are you about getting an STI or getting pregnant or getting someone pregnant?"**

Ensure that all participants have an opportunity to spin at least once.

Safer Sex & Alcohol Use Goal Setting

Have participants come up with one or two goal(s) about their sexual behavior/condom use and their alcohol use they want to work on in the next three months. Let participants know that these goals are for them, not for you. In no way does achieving their goals affect their involvement with the juvenile justice system.

Have participants fill out the prevention goals in their workbooks (pages 11 thru 14).

- **“We’ve come to the end of the program, and now it’s time to come up with your own Safer Sex and (safer) Alcohol Use goals for the next three months. These goals are for you; it can be a safer sex goal that is important to you, like always wearing a condom during sex or remaining abstinent until you are older, and an alcohol use reduction goal, like when I go to a party I will only drink one beer. It can also be something small like that you’re going to buy condoms or remember to carry them with you.**
- **There are two copies of each goal in your workbook. The safe sex goal sheet is on pages 11 & 12, and the alcohol use goal is on pages 13 & 14. Make at least one goal for each but try to make two goals for each!**
- **I hope you’ve learned something of value here today, and have thought about how the decisions you make today can have a big impact on your future. Be safe and be healthy!”**