WAYSAFE!

Mapping Your Way to a Healthy Future

LEADER'S MANUAL

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What is WaySafe? It is series of 6 group workshops with accompanying participant workbooks that focus on enhancing clients' awareness of HIV and other viral illnesses spread by sex or blood contact. This leader's manual is for counselors and group facilitators working in corrections-affiliated substance abuse treatment. It is intended for clients who are in later phases of treatment and close to community re-entry.

How is this approach to HIV different? The intervention and its ideas for group work are derived from applications of *node-link mapping* and other evidence-based foundations. It is an accessible, brief intervention that engages clients by using mapping-based strategies, along with discussions and activities to focus on HIV risk reduction.

What is contained in the leader's manual? The *WaySafe* leader's manual features user-friendly outlines, step-by-step session guides, suggestions for talking points, and participant handouts for each session.

Facilitator manuals for other treatment issues are available as Adobe PDF® files for free downloads at http://www.ibr.tcu.edu

WAYSAFE!

Mapping Your Way to a Healthy Future

Leader's Guide

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WaySafe Protocol

WaySafe Components

WaySafe invites clients into an active discussion about sexual health, sexual decision making, injection risks, and the importance of being savvy about HIV and other viral infections. In group discussions and for individual assignments, clients are guided in using maps as a strategic and planning tool. During group sessions, counselors are asked to reinforce mapping techniques by using maps to focus group discussions.

The *WaySafe* Leader's Manual contains a curriculum for six weekly one-hour sessions designed to be presented sequentially in closed groups. The material may be used with co-ed groups; however, it is also suitable for gender specific groups for men or women. It also is appropriate for groups made up of sex partners of those with past high risk behaviors. The curriculum is written in an easy-to-follow format and provides group leaders with instructions, scripted ideas for introducing topics, and discussion questions.

The *WaySafe* Participant's Workbooks provide clients with information and mapping assignments, as well as introduce ideas and issues that will be covered in their next group. Your copies of the *Participant Workbooks* are located in the Appendix. Copies of the pre-and posttest evaluation forms also are provided in the Appendix.

Suggested Protocol

Pretest Session: Informed Consent procedure (if required)
……Administer pretest assessment
Assign *Participant Workbook 1*

Group Session 1: Complete activities
Assign *Participant Workbook 2*

Group Session 2: Complete activities
Assign *Participant Workbook 3*

Group Session 3: Complete activities
Assign *Participant Workbook 4*

Group Session 4: Complete activities
Assign *Participant Workbook 5*

Group Session 5: Complete activities
Assign *Participant Workbook 6*

Group Session 6: Complete activities

Posttest Session: Administer posttest assessment
Award *Certificates of Completion*

Mapping
And
HIV Prevention

Introduction

HIV Behind Bars

As we enter the 21st Century, the prevalence of HIV in American jails and prisons is just over twice that of the general population. This higher rate is attributed to the high number of individuals who may have engaged in injection drug use, been the sex partner of an injection user, or who may have worked in the sex trade.

The term of a person's incarceration offers a good opportunity for education and skill development for substance abuse recovery, and it makes sense to add HIV risk reduction to the package. After release, probationers/parolees often face housing, employment, and transportation problems, making health-orientation, in general, and HIV concerns, in specific, low priorities.

Unfortunately, evidence suggests that probationers/parolees may be at high risk for engaging in HIV-risky behaviors such as unprotected sex or needle use. With this in mind, the period immediately preceding release seems a logical time to engage clients in meaningful discussions about HIV risks and to encourage personal planning for risk reduction.

With the exception of those already infected with the virus, substance abuse treatment providers and their CJ clients often don't include issues related to HIV as part of reentry planning. Clients often have low awareness of the importance of including disease risk reduction for HIV, viral hepatitis, and other sexually transmitted infections in the planning process, even though they may have a high awareness of their interest in resuming a normal sex life as soon as possible following incarceration. Providers often believe clients are not capable or motivated enough to put effort into making these kinds of considerations.

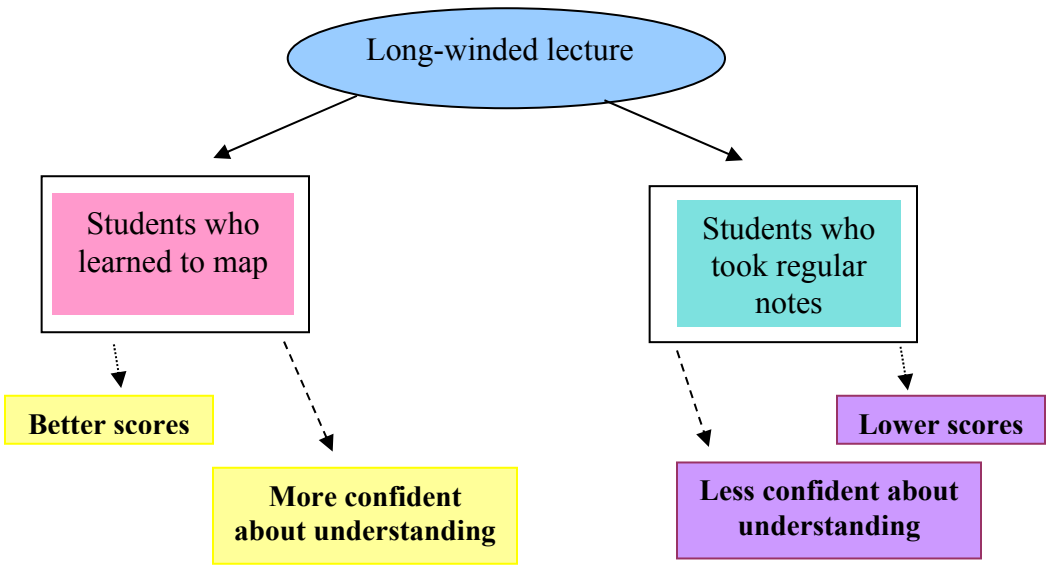
The purpose of this manual is to introduce *mapping* as a new strategy to help bridge this gap. We present an offering of mapping ideas and worksheets for corrections-based treatment providers to use to invite clients into conversations about their overall feelings about health risks, including decision-making around HIV risks.

What do you mean by "mapping"?

Mapping is a cognitive tool that helps organize information and ideas visually and spatially. Most counselors have been exposed to the usefulness of graphically displaying ideas and connections. For example, Genograms use boxes and lines to help clients "see" the links and better understand their family history over several generations.

The type of mapping we use in this manual is more commonly known as "*node-link mapping.*" It was first studied as a handy tool for helping students take better notes during lengthy college lectures. In these studies, some students were taught to take notes by placing key ideas in boxes called "nodes" that were connected to other nodes with lines ("links") representing different types of relationships. The final product often resembled a map or flow chart of the lecture. Other students took notes as they would usually take them. The results showed that students who used this "node-link mapping" system did better on tests and felt more confident about understanding the lecture than did students who took traditional notes (Figure 1.). There seems to be something about visually displaying information that helps us better understand things and recall key ideas (hopefully when we need them).

Figure 1. Simple map of early mapping research



Mapping as a Counseling Tool

Mapping has evolved as a counseling tool over the course of more than 15 years of application and research. A key element – that mapping appears to help foster understanding and support better recall – was seen as potentially beneficial to the counseling relationship both for individual and group applications.

Mapping serves two major functions in the counseling process. First, it provides a communication tool for clarifying information and sharing meaning between counselor and client. It can be used effectively with whatever therapeutic orientation or style a counselor follows. Second, regular use of mapping-based strategies helps with the continuity of care. Mapping worksheets or notes can be placed in the client's file, so that discussions of treatment or reentry issues (around goals, for example) can be picked up where they were left off at the end of the previous session. Clients also may be offered copies of maps they have worked on in session to help with focus and task completion between visits.

Using mapping as a tool assists the counselor in structuring sessions to better address key issues that are important to the client. Mapping can help make treatment conversations more memorable, help clients focus, and give clients confidence in their ability to think through problems and develop solutions.

Another benefit of creating maps with clients is having those maps available for supervision meetings. When mapping is part of the counseling process with clients, this material can be discussed jointly in supervision. Maps placed in the client's file document and efficiently outline the work being done in session. This provides a foundation and focus for supervisors to offer specific feedback and guidance.

Types of Maps

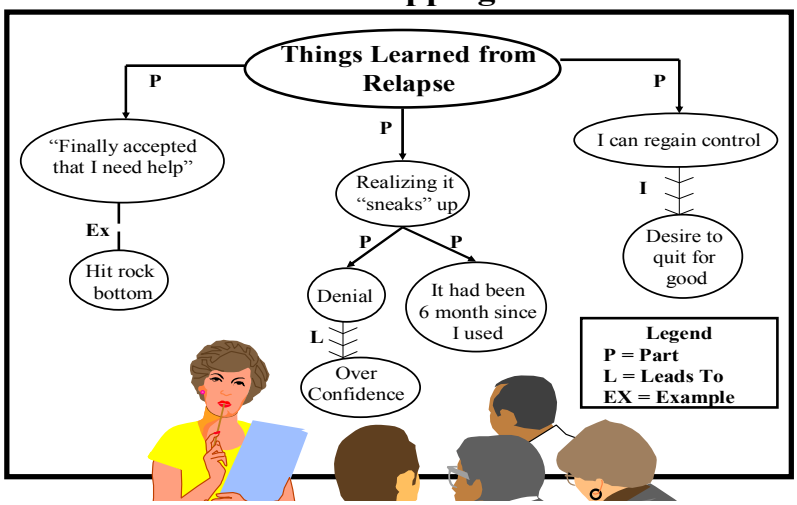
Mapping Categories

It is helpful for the potential user of mapping approaches to have a broad overview of all the ways mapping can be used successfully. As we have discussed, *node-link maps* are tools that can visually portray ideas, feelings, facts, and experiences. There are three broad categories of these maps:

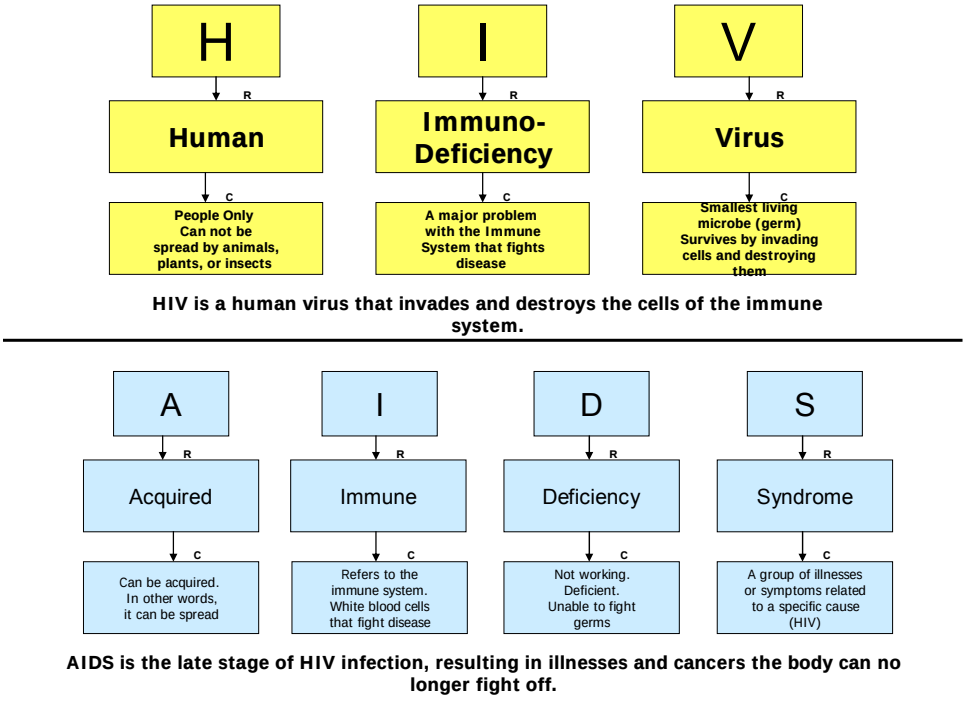
- **Free** or **process** maps
- **Information** maps
- **Guide** maps

Free or process maps: Using an erasable board, flip chart, or paper and pencil, clients and counselor can work together to create a map of the problem or issue under discussion. In groups, the counselor takes the lead in briefly explaining mapping to the clients and provides a starting point for creating a group map. However, free mapping can also be taught to clients for personal analysis of problems and as a tool for decision making. Below is an example of a free map or process map created during a group session on "relapse." In this case, the counselor created the map on an eraser board with group members' input and led a process discussion on the issues raised:

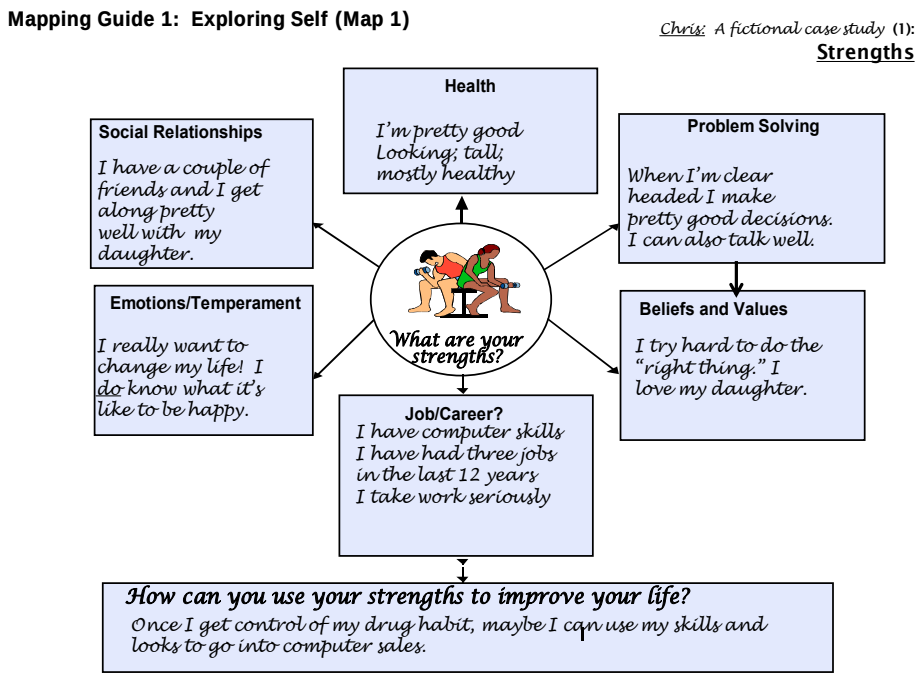
Free Mapping



Information maps: Information maps have been used in a variety of settings to help communicate basic information in a readily understandable way. Information maps are usually prepared ahead of time to serve as handouts or presentation slides. These maps organize facts in a specific content area and present them in an easy-to-remember format. Early mapping studies with clients attending psychoeducational groups on HIV-risk reduction found that information maps were useful in helping clients learn and retain information about HIV transmission and high-risk practices.



Guide maps: Many of the mapping worksheets in this manual use guide maps. Guide maps are pre-structured templates with a "fill-in-the-space" format that help guide the client while also allowing ample freedom for self-expression. As individual assignments, these maps provide a structure for thinking about and talking about goals, personal resources, and specific steps and tasks for arriving at goals. In group work, guide maps can be used as during-session worksheets that are then processed and discussed within the larger group. These mapping activities can provide some assurance that each group member has had a chance to think about issues personally. Similarly, in group settings, guide maps can be used to focus and keep a discussion on track.



Mapping and Collaboration

Collaborative counseling approaches are emerging as effective strategies for improving motivation and goal-setting and for helping clients feel that they were heard and respected during sessions. These are seen as building blocks for a strong therapeutic alliance and for instilling hopefulness and determination as clients begin their reentry journey. A central skill in collaborative approaches is the eliciting and highlighting of the client's perspective. This includes encouraging clients to discuss, with enriched detail, what needs to change in their lives when they reenter the community, how they view the change process, and what steps make sense for what they want to accomplish.

When mapping is used to engage clients in group settings, this type of collaboration is naturally facilitated. Maps are co-created, and the content of a map – the thoughts, ideas, and issues – are those raised and identified by the clients. The map provides a focal point for this work and the clients decide what should be written down, what should be noted in passing, and what should be addressed next. The counselor "leads by following," by summarizing commenting and encouraging.

As part of a collaborative model of reentry planning, counselors help clients develop a clear picture of what they want to be different or improved as they begin life after incarceration. This logically involves a discussion of goals, including health and risk reduction goals. It also involves assisting the client in identifying his or her available resources for tackling those goals. Resources are identified broadly to include a client's strengths, relationships, attitudes, thoughts, skills, behaviors, and perceptions. Within this framework, considerations about HIV prevention are added to reentry planning.

Mapping Considerations

Preparation Stage

Familiarize yourself with the manual, with mapping and with the mapping assignments used in each session. For a more comprehensive review of mapping, download the manual *Mapping: An Introduction* at www.ibr.tcu.edu

Practice using maps ahead of time. This Complete some of the guide maps for yourself or invite a colleague to "role play" with you using free mapping.

Make copies of all guide maps and client materials for each session ahead of time. One easy way to do this is to make a folder for each session to store copies of that session's maps. Clients may want more than one worksheet, so make extras.

Working with Clients

When first introducing the client to creating free maps or completing guide maps, discuss the ways maps can be useful. For example, "maps are tools to help organize your thoughts and better focus on the things that are important to you" or "mapping is a way of looking at how things are linked together," or "some people have found maps are helpful for "seeing" goals or problem situations more clearly and remembering important ideas."

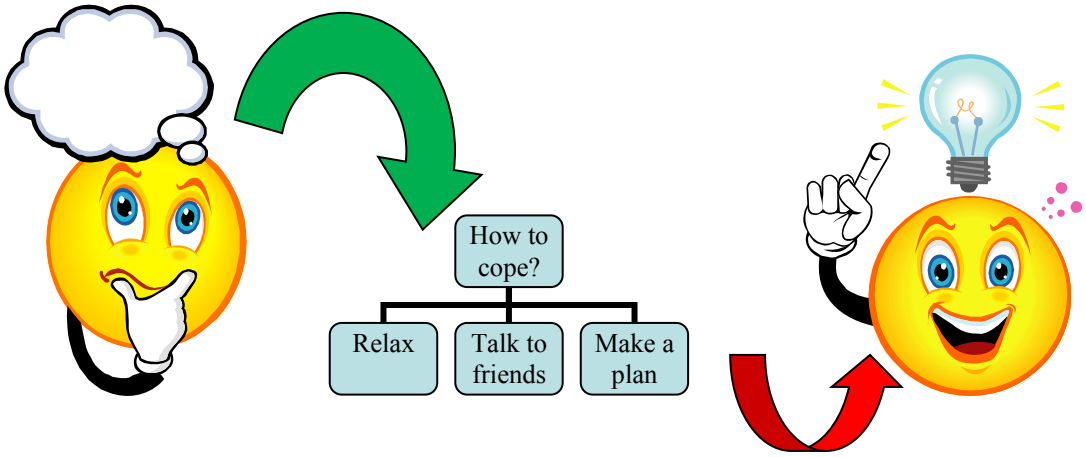
Assure the client that guide maps don't have to be filled up with words. Concise summaries, shorthand, abbreviations, single words, and even pictures can be used to represent the ideas the client wants to focus on. Some areas of a guide map may contain more words/information than others; some boxes may be left blank.

Model ways to do free mapping when you take "group notes" on the eraser board or flip chart. For guide map assignments, remind clients that there are no "right" or "wrong" responses for completing a map; however, maps are the most useful when they are completed based on honest reflection of the issues. In the spirit of collaboration, counselors' responses should most frequently reflect interest and curiosity about the clients' perspectives when reviewing completed mapping assignments.

WaySafe
Session Guides

Session 1

Introduction to Mapping



Group Leader Notes for Session One

Here are the general objectives for participants:

Understand goals of the *WaySafe* program
Learn to create maps and use them as worksheets (free and guide maps)
Practice using mapping to explore personal perceptions of HIV risk

Rationale

This opening session sets the tone for subsequent group meetings by reviewing the goals of the *WaySafe* program. Building on *Participant Workbook 1* that was distributed after the pretest session for completion before this group, clients learn to "map" using free mapping, information maps, and guide map examples. To begin the process of discussing disease risk reduction, clients review mapping tasks from their workbooks on personal HIV risks and risk reduction.

Session Duration 60 minutes

Outline:

Welcome/*WaySafe* goals	15 minutes
Mapping instruction and modeling	25 minutes
Review Workbook 1	15 minutes
Assign Workbook 2	5 minutes

Step 1

Welcome participants. Introduce focus and purpose of the *WaySafe* group. Here are some ideas for what to say to get started:

Welcome to the first *WaySafe* group. It is exciting to be offering these groups because it is sort of breaking new ground for us.

Those of you in this group have been working hard these last few months on your recovery and learning how to stay clean and sober once you leave here. This is hard and important work, and now, with this group, one more piece for your bag of important stuff learned in treatment. Something that maybe you didn't see coming – a group focusing on sexual health and preventing illness, such as HIV and hepatitis.

WaySafe is a sex education group of sorts. But we won't be giving you any long lectures or showing you any boring films.

Instead, in *WaySafe,* you will learn about and practice using a communication and problem solving tool called mapping. During the groups, you will use mapping to help you think and talk about sexual health and risk reduction issues.

You will be assigned a brief workbook, similar to the one you completed for this group, at the end of each group meeting.

Summarize the introduction message:

Forming this group has been motivated by some of the developments you may have seen in the news lately. A lot of it centers on HIV/AIDS and the impact it has been having around the world. Hard hit countries in Africa and Asia have reported skyrocketing numbers of new cases.

But what worries a lot of people is that here in the U. S. we have let our guard down, so to speak. We seem to have developed a dangerous attitude as Americans that we are somehow not really at risk.

Step 2

Introduce mapping as a communication tool by asking for participants to tell you what they learned about making maps from their workbooks.

Ask: *What did you learn about this thing called "mapping" from your workbook assignment?*

After a few volunteers have responded, provide a brief overview on mapping. Here are some ideas on how to get started:

In completing your first workbook, you have gotten a "taste" of mapping. Mapping is a learning tool that helps organize information and ideas. It does this by giving you a system to examine ideas by looking at them – that is, writing down ideas and arranging them in boxes so you can really see how ideas, thoughts, feelings, and behaviors might be connected. Once you learn the simple basics of mapping, you can use it to help you with all kinds of planning.

Use an erasable board or flip chart to map examples as you describe mapping. Be as creative as you like

Mapping is also called "*node-link mapping.*" It was first studied as a way for helping students take better notes during long college lectures. In these studies, some students were taught to take notes by putting key ideas in boxes called "nodes" that were connected to other boxes with lines ("links") representing how things were connected. The final product often resembled a "map" or flow chart of the lecture.

Mapping is kind of like a Swiss Army Knife – you can use it to help you with many things. The main "blades" of mapping are communication and problem-solving. Some maps are designed to help you communicate things about yourself (your personal strengths or your experiences) or communicate with others (how you see a situation). Other maps have a focus on problem-solving (laying out all their pieces of a problem so you can see how they fit together) and decision-making (exploring all of your options and choices).

In ***WaySafe***, we will be working with 3 different types of maps (different, but similar):

- **Information** maps
- **Guide** maps
- **Free-style** or **process** maps

Distribute *Body Fluids of Persons with HIV* information map (located at the end of this session). Allow time for participants to look over the map:

One type of map we will work with is called an **information map.** As you can see, this map is like a fact sheet, in that it provides information. What makes it a bit different is how the information is arranged on the page. We call the boxes with ideas written inside "nodes" and the lines that connect them are "links." This layout can make it easier to remember the information because it creates a mental picture. In this sample information map, you see some information about how HIV can and cannot be transmitted.

Ask a few questions about the map:

Based on this map, what are the body fluids we have to worry about when it comes to HIV?

How do we risk being exposed to those fluids, according to the map?

Is there ever any reason to worry about saliva and HIV?

Distribute *My Personal Strengths* guide map worksheets:

Another type of map is called **a guide map**. As you can see, it has the same arrangement of "node" boxes and "link" lines. However, this is a fill-in-the-boxes types of map. To complete it, you fill in the nodes or boxes based on your own personal information, ideas, thoughts, etc.

As you can see, the example you have is a map about your personal strengths. To work on this map, first, think about your own personal strengths in each of the areas in the node boxes. Think especially about strengths that are helping you in your recovery

efforts here in your treatment program. Then complete the guide map by adding your thoughts and ideas to each of the boxes.

Allow time for participants to complete their maps. Ask a few questions to process the work.

What did you realize about yourself as you completed your map?

What kinds to strengths did you think were most important in recovery?

Distribute example of the free map on "drug abuse and relapse." Review free map features with participants.

The last type of map is called a **free map**. Free maps are what they sound like. Boxes and lines are used to create a map "free form." These maps can be simple, for example, used to explain or break something into its parts. Free maps can also be more complex and show how things related or are linked to each other.

For example, in this free map about "drug abuse and relapse", the person links several things together. For example, that "drug abuse" can lead to "addiction" that can lead to "financial problems" that can lead to "relapse." Then he has some lines leading back to "drug abuse." The mapper sees how "addiction" can become a never-ending cycle.

The map's author also shows a line leading down to "treatment" with links to boxes (or "nodes") that highlight the ways that treatment can break that cycle of addiction.

Use erasable board or flip chart to lead the group in a free-mapping activity. Distribute blank copies of the *Free Style Mapping* template handout. Pick your own topic to work on or try one of these:

What are the major "warning signs" of relapse?

Thoughts and feelings that contribute to relapse

Attitudes that <u>hurt</u> and attitudes that <u>help</u> recovery

Draw a starting node or nodes with key points from the topic. For example, "warning signs of relapse." Here's how to get started:

We are going to work together on a free map about "the warning signs for relapse." As you can see, I have drawn the opening or beginning node. Now I am going to add your ideas, so this free map will reflect the group's thoughts.

Ask: *Based on what you know about relapse risks – what are the "warning signs" for relapse?*

Add nodes to contain the participant's ideas, and link them to the beginning node: Encourage group members to call out their contributions and ideas. Use key words and short-hand to abbreviate contributions to the map.

Point out aspects of mapping as you construct the map. For example:

One thing to remember about making free maps is that you can use whatever type of shape you like to serve as the "nodes" or boxes where you will jot down thoughts and ideas.

The lines that connect the nodes are called "links." They are used to represent how the ideas, thoughts, and feelings described inside the node-boxes might relate to each other. You can use just a basic line or you can invent types of connectors to suit your needs. For example, you might want to label one of your lines as "ex" to mean "for example."

When the map is complete, summarize the contents by reviewing the node ideas to form a brief narrative of what was brought forth. For example:

Let's review the finished product. Under the topic node of "warning signs for relapse" here 's what you had to say as a group. The warning signs include "bad attitudes, "holding on to money," "driving by old neighborhoods," "having lunch with your old dealer," "feeling anxious and tense," and "hanging around people that are using."

Instruct participants to use their blank copy of the *Free Style Mapping* template to copy down the group map that was created on the board. Summarize the mapping introduction as they work:

We will be using maps to communicate ideas and for worksheets and activities during these groups. We figure since we are going to be dealing with some issues that deserve extra thought, such as HIV prevention and sexual health concerns, we want to teach you how to use the different kinds of maps for planning, problem-solving, and to help weigh decisions.

Step 3

Review assignments from *Participant Workbook 1:*

Ask: *I need a brave volunteer to come forward and draw out one the maps he/she created as part of the Workbook 1 assignment.*

Allow time for the volunteer to state the topic, and draw out the map they created in their workbook. Allow them to explain their thoughts and reasoning.

Invite additions to the map from the rest of the group:

Ask: *"John" did a good job of mapping his thoughts about the Dallas Cowboy's line-up. What would you add to this map?*

Contingency plan: No volunteers!

If no one volunteers or there's a sense that the assignment was not done, ask for a volunteer to come forward and make a map of one of the workbook topics "on the fly."

Encourage the volunteer to proceed in the way you previously modeled. That is, create a starting "node" and invite group input to complete the map.

Summarize the key points about the session and about mapping:

Mapping is basically a tool for thinking and organizing that is handy for helping us "see" ideas and connections that we might otherwise miss if we were just talking about them.

Today we have reviewed and practiced using different types of maps, with a focus on free mapping as a skill you can use for thinking through just about everything.

Next week, we will continue our focus on sexual health and sexual decision-making. As we discussed, even though these are sensitive subjects, they are important to talk about as a part if reentry planning.

Keep the maps you have worked on today. You might want to look back on them later on.

Step 4

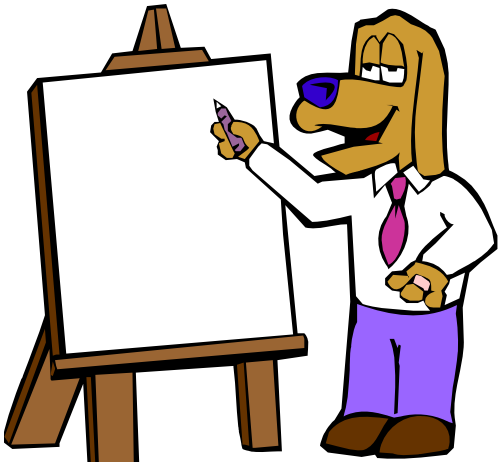
Distribute copies of *Participant Workbook 2* to group members.

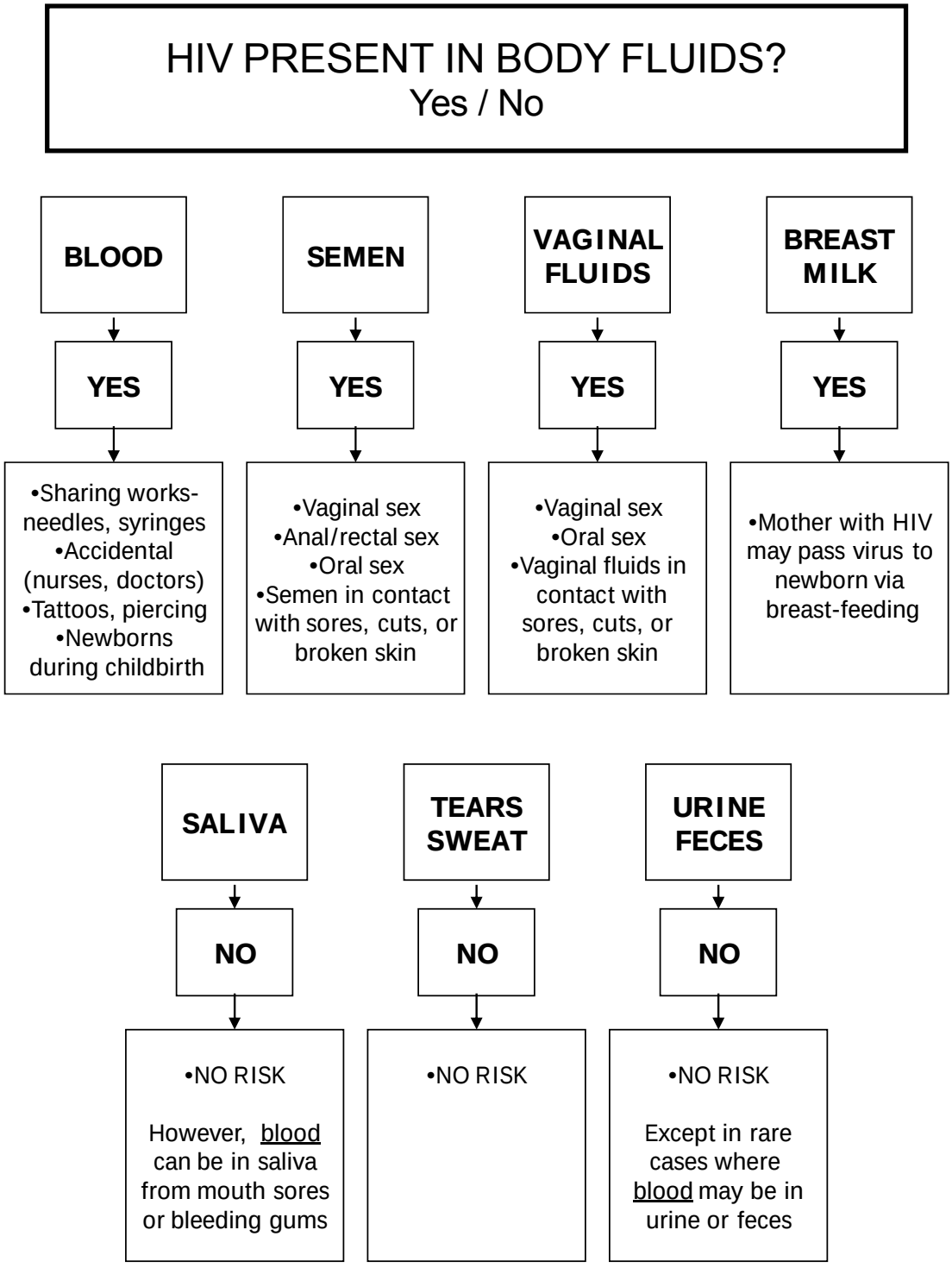
Remind them that they will be called on during the next group to demonstrate their mapping work and talk about some of the ideas in the workbooks.

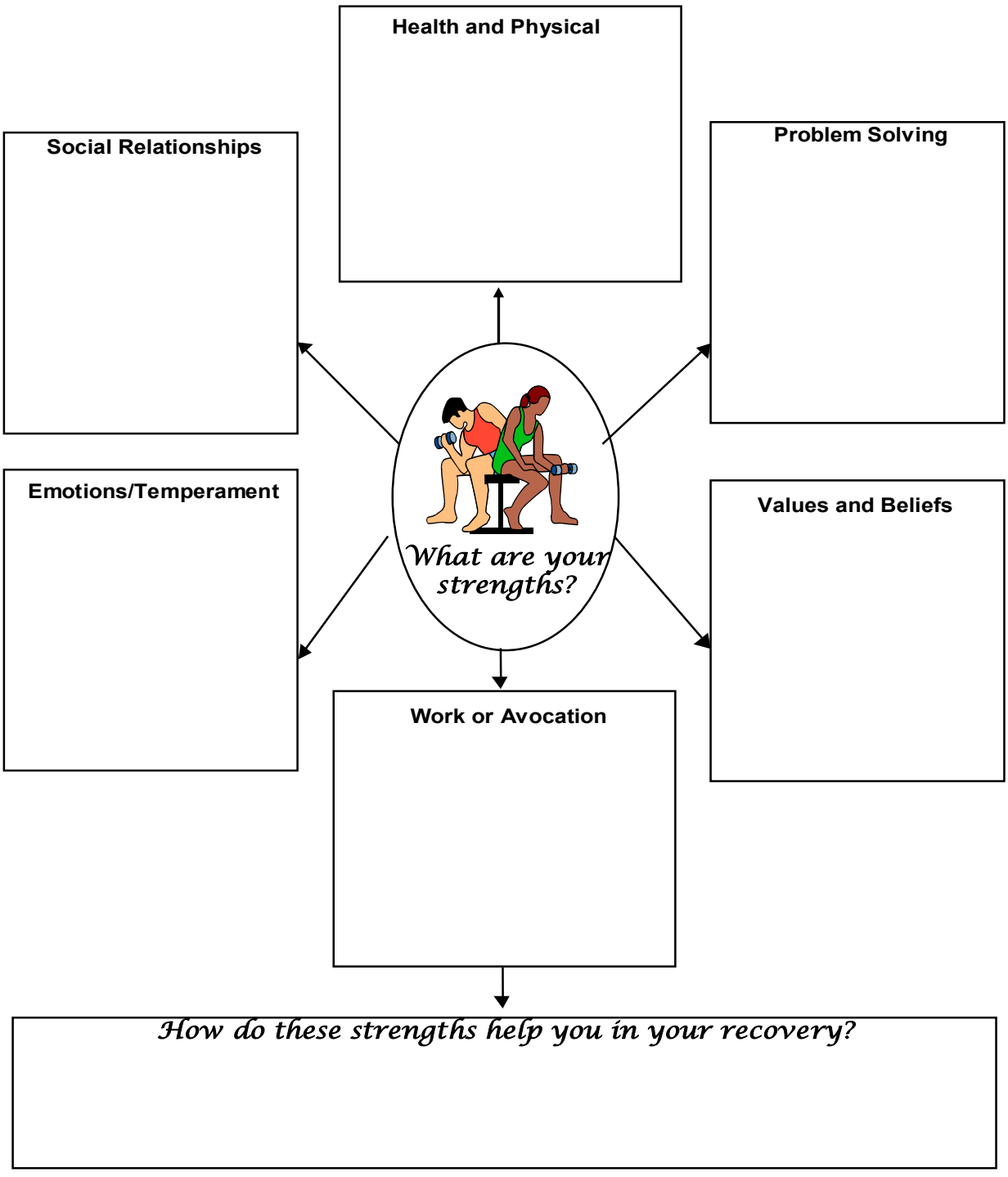
Thank group members for their participation and encourage them to complete their workbooks.

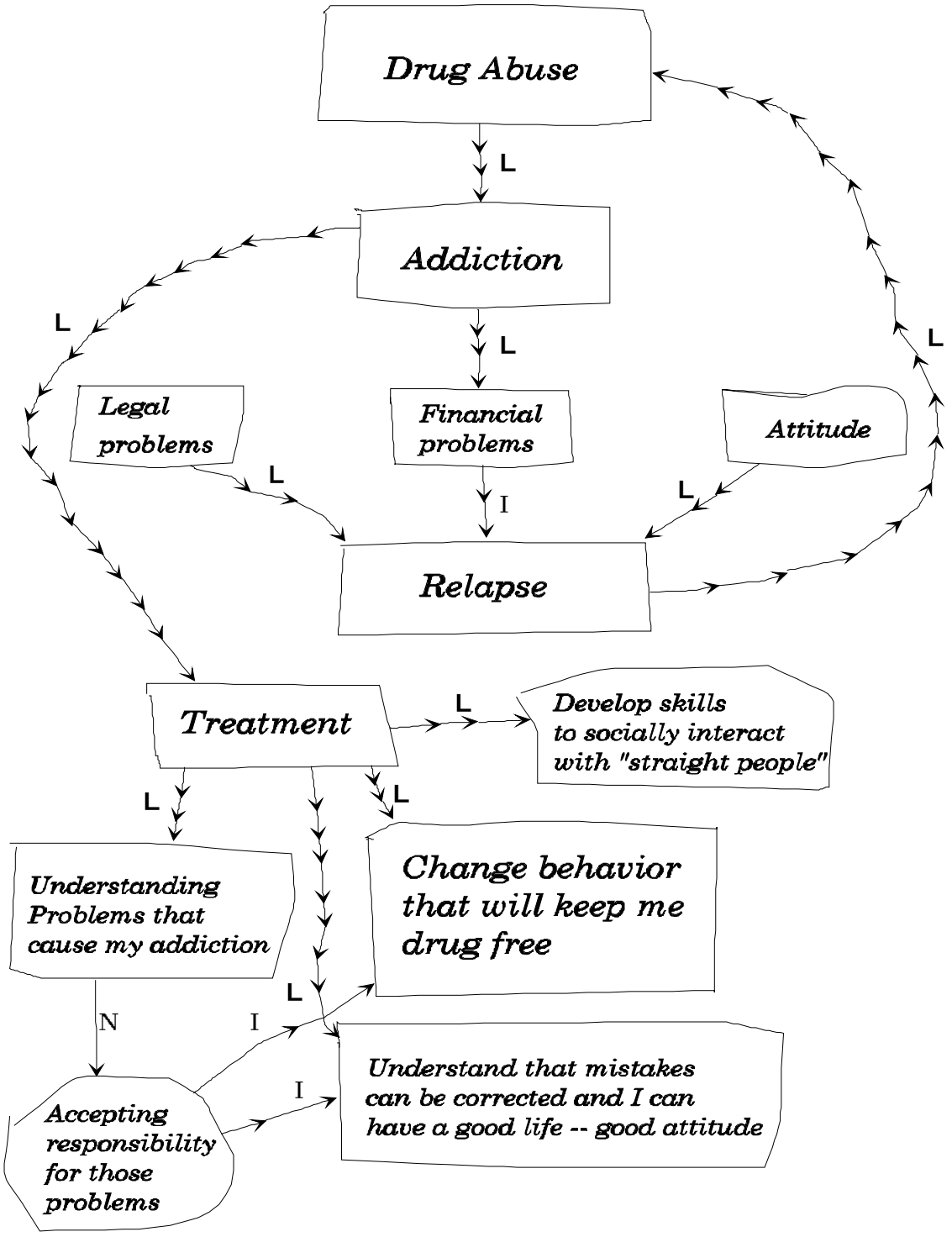
Session 1

Participant Handouts




HIV PRESENT IN BODY FLUIDS?
Yes / No
BLOOD
YES
•Sharing works-needles, syringes
•Accidental (nurses, doctors)
•Tattoos, piercing
•Newborns during childbirth
SEMEN
YES
•Vaginal sex
•Anal/rectal sex
•Oral sex
•Semen in contact with sores, cuts, or broken skin
VAGINAL FLUIDS
YES
•Vaginal sex
•Oral sex
•Vaginal fluids in contact with sores, cuts, or broken skin
BREAST MILK
YES
•Mother with HIV may pass virus to newborn via breast-feeding
SALIVA
NO
•NO RISK
However, blood can be in saliva from mouth sores or bleeding gums
TEARS SWEAT
NO
•NO RISK
URINE FECES
NO
•NO RISK
Except in rare cases where blood may be in urine or feces


Health and Physical
Social Relationships
Problem Solving
Emotions/Temperament
Values and Beliefs
What are your strengths?
Work or Avocation
How do these strengths help you in your recovery?



A COPY OF THIS MAP IS INCLUDED IN *SESSION ONE* PARTICIPANT WORKBOOK

TCU Node-Link Mapping

FREESTYLE MAPPING SHEET

WEBSITE: ibr.tcu.edu

LINK TYPES

Action

Leads to
L
—>—>—>

Next
N
—>—>—>

Influences
I
—>—>—>

Description

Part
P
————

Type
T
————

Characteristics
C
————

Elaboration

Example
E
— — — —

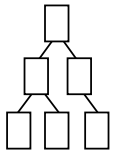
Comment
Co
— — — —

Analogy
An
— — — —

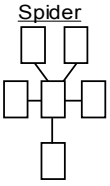
PERSONAL

STRUCTURE TYPES

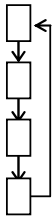
Hierarchy



Spider



Chain



PERSONAL

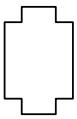
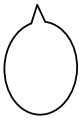
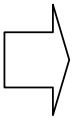
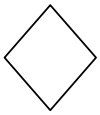
HINTS

- Draw pictures in nodes
- Use colors and highlighters
- Make mini-maps
- Put numbers in nodes to make continuation maps
- Use "Thought Team" quotes, etc., to aid mapping

IDENTIFICATION INFORMATION

NODE TYPES

GENERAL

GENERAL PURPOSE	POSITIVE ITEM	AGITATING ITEM	DEPRESSING ITEM	ACTION ITEM	DECISION ITEMS
					

PERSONAL

COMMENTS ABOUT MAP

Session 2

Risks and Reasons

Group Leader Notes for Session Two

Here are the general objectives for participants:

Identify risk factors for making impulsive decisions
Explore personal beliefs about risk-taking
Articulate beliefs about ways to avoid risk taking

Rationale

This session uses a group activity that helps clients conceptualize and explore the idea of hidden risks in daily life, with a focus on health and safety issues. Clients are encouraged to explore their personal beliefs about taking risks and to begin articulating their own ideas about how people can avoid risky behaviors and situations.

Session Duration 60 minutes

Outline:

Review Workbook 2	15-minutes
Hidden Risk activity	25 minutes
Feelings and Risks Map	10 minutes
Participant Workbook 3	10 minutes

Preparation note:

Before the group meeting, create small squares of paper that can be folded in half, and folded over again. Make enough of these so that you can give one piece of folded paper to each participant. On one of the pieces of paper, make a large red dot in the center before folding it. These folded papers will be distributed to participants at the beginning of the session.

Step 1

Welcome participants. Tell them that today's session will focus on risks and reasons.

Distribute folded slips of paper to participants. Instruct participants:

> Do not unfold or look at your paper right now!
> Simply place it in your pocket or otherwise hold on to it.

Give no further explanation, except to hold on to the paper until the end of group.

Tell them you want to make a free map, based on the group's ideas from the guide map assignment in their workbooks.

Use erasable board or flip chart to create central nodes reflecting "reasons people take risks" and "reasons people don't take risks."

Ask for volunteers to call out their ideas. Add these to the map by creating and linking nodes.

Review and summarize the finished product.

Briefly discuss the whole group's reactions to mapping, based on the material from the previous session:

Ask: *Now that you have had a chance to practice, what do you like best about mapping?*

Step 2

Lead the group in a discussion about risk-taking. Use some of the following ideas to help build the opening discussion:

Today we will spend a little time thinking about the concept of "risk." What risk means. So let's start there: *What is a "risk?" How would you define it?*

Use free mapping to record the participant's ideas by creating a general "spider" map defining risk. See example below:

Summarize the discussion by reviewing the map defining risk:

So, the answer to the question, "what is a risk," might include some of these things: *something dangerous; it's a chance something might go wrong; bad odds; stupid people tricks; the cards are stacked against you; chancy; maybe okay but it might turn out bad.*

The dictionary definition of "risk" is: *possibility of loss or injury.* Another is: *someone or something that creates or has the potential to create a hazard, danger, or peril."*

Step 3

Invite participants to stand and to "number off" in order to create 4 groups. Have each group gather around a work table.

Give each group a large piece of flip chart paper and a wide-tipped marker. (A box of colored markers would be great, if allowed.) Tell them they are going to work together to create a "group map" based on the topic they are assigned.

Walk around the room, and give each group one of the different mapping assignments below. A handout for making strips of paper of the assignments to give each group is provided at the end of the session. Encourage participants to be creative!

Group 1: All the reasons you can think of as a group about why people don't use condoms.

Group 2: All the arguments that someone could make to another person to insist that condoms be used.

Group 3: Make an advertisement map for condoms, listing all of the condom's positive selling points.

Group 4: Advice you would give to a teenager or your younger brother or sister about safe sex.

Set the groups to work on their tasks. Walk around and visit each group as they work to help keep them on task, and to answer questions or help if a group gets stuck. Allow time for the maps to be completed.

Once maps are completed, explain to the groups that they will now get feedback on their maps from the other groups.

Instruct groups to pass their map to the group to their left. Instruct groups to review the map they have received and to add "feedback" nodes.

Each person in the group should add at least one comment to the map they are reviewing.

When your group is handed a map to review, everyone needs to add at least one comment by writing on the map. This can be a simple comment like "great" or "well done."

You can also add nodes with other ideas to the map, if you see something that the creating group did not think of. You can add whatever type of feedback you want – as long as it is positive or adds something new to the map.

When the first round of feedback additions is complete, once again, instruct the groups to pass the map they reviewed to another group for review.

Follow the same process. The next group then reviews and adds feedback.

The maps are passed again to the last group for comments.

In the final pass, maps are returned to the group that created it with comments and feedback from the other 3 group now included.

Allow time for the groups to read the feedback and additions that were made to their maps.

Process the activity by returning to the topic of risk:

Ask: *Considering our original topic – Risk. Was there anything terribly risky about the activity we just completed?*

Why or why not?

Reflect and briefly discuss their answers.

Next, draw a scale from 1 – 10 on the flip chart or erasable board. Ask the group for an overall rating of the activity's riskiness.

On this scale, let's say that "1" represents "NO RISK" and "10" represents "VERY HIGH RISK," for example, like lying down on the freeway to take a nap.

How would you rate the riskiness of the group mapping activity?

Reflect and briefly discuss their answers.

Ask participants to stand, and to take out the folded piece of paper they collected at the beginning of the session. Give these instructions:

Please take out the folded piece of paper you were given at the beginning of the session. Unfold it and examine it.

One, and only one of you, has a piece of paper with a large RED DOT on it.

Can I see the hand of the person who has the RED DOT?

Ask for the person who has the "red dot" in the center of their paper to come forward. Explain:

I'm going to use you as a volunteer to explain the point of all of this. Is that okay with you?

Our volunteer just happened to get the red dot by the luck of the draw. So what we are going to talk about has nothing to do with him/her personally. He/she is simply a volunteer.

Engage participants by asking them to imagine that the red dot represents that this person is carrying a potentially fatal illness:

So let's say that the red dot means that this person is carrying a fatal illness that can be spread by some type of contact – like, say hepatitis or HIV.

And let's imagine that this fatal illness is spread ONLY ONE WAY. The way this imaginary illness is spread is by TOUCHING A PIECE OF PAPER THAT THE INFECTED PERSON ALSO HAS TOUCHED.

Address the person with the RED DOT:

Sir (or Madam): Can you identify any pieces of paper in this room that you have touched? Oh, so you touched all four of these large pieces of paper? I see.

To the group as a whole:

My goodness! We may have to call for the quarantine officer and begin an immediate lock down. How many of you have touched a piece of paper that also was touched by Mr. (Ms.) RED DOT?

Draw another scale from 1 – 10 on the flip chart or erasable board. Ask group for an overall rating of the activity's riskiness.

Ask: *Based on this new information about touching paper and red dots – How would you rate the riskiness of the group mapping activity? What has changed?*

Reflect and briefly discuss their answers. Thank the volunteer who had the red dot.

Summarize the key points about the activity and about risk:

First, just to be perfectly clear, HIV and hepatitis C <u>are not</u> spread by casual contact, such as handling paper or shaking hands.

The point of the demonstration is to emphasize that risk is sometimes hard to see coming. That's how it is in real life. For example, in terms of protecting your recovery, the risk

could be a chance run-in with an old friend who is still dealing. You go to his house for a beer, there's suddenly as bust, and here comes your revoked probation or parole. A risk you just didn't see coming.

Likewise –that decision to hop on into bed with someone, and not use protection – bingo! You have herpes, HIV, HepC. In ten minutes (that's the official U.S. average for duration of intercourse/sex), your whole life is changed and maybe that of your family, too. Another kind of risk you just didn't see coming.

Step 4:

Transition by asking participants to tell you what they learned from the material in the workbook they completed:

Ask: *The short article you read in your workbook talked about "tweaked" feelings. What does that mean?*

What did you learn about the impact of "tweaked" feelings on our ability to make good decisions about risky situations?

Use a mapping format to log their comments on the flip chart or erasable board.

Ask: *What is the solution? What needs to happen to avoid risky decisions being made in the "heat of passion" so to speak?*

Again, use a mapping format to log their comments on the flip chart or erasable board. Review and summarize their answers.

Summarize the key points about the activity and about risk:

The science fiction writer Ray Bradbury once said "Living at risk is like jumping off a cliff, and building your wings on the way down."

In terms of your recovery – you've learned during treatment that "people, places, situations, and feelings" can be risk factors in terms of relapse. You also have been learning skills and ideas for avoiding these risks in the future – how to identify them and how to walk away or keep yourself safe.

Likewise, you learned in an earlier group in this program about the risks of hepatitis and HIV – how these illnesses are passed from person to person, and what you have to do to keep yourself (and your loved ones) safe.

So remember, living without carefully thinking about risks is like jumping off a cliff, and trying to build yourself some wings on the way down. Good luck with that.

Step 5

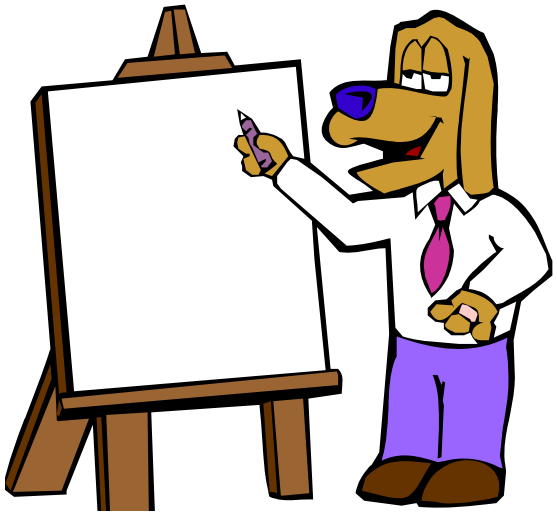
Distribute copies of *Participant Workbook 3* to group members.

Remind them that they will be called on during the next group to demonstrate their mapping work and talk about some of the ideas in the workbooks.

Thank group members for their participation and encourage them to complete their workbooks.

Session 2

Participant Handouts



Group Assignments

✂.....

Group 1:
All the reasons you can think of as a group about why people don't use condoms.

✂.....

Group 2:
All of the arguments that someone could make to another person to insist that condoms be used.

✂.....

Group 3:
Make an advertisement map for condoms, listing all of the condom's positive selling points.

✂.....

Group 4:
Advice you would give to a teenager or your younger brother or sister about safe sex.

✂.....

Session 3

The Game

Group Leader Notes for Session Three

Here are the general objectives for participants:

Review information about HIV/hepatitis C transmission and prevention
Explore each other's knowledge and beliefs about HIV/hepatitis C
Examine misconceptions and myths about HIV/hepatitis C

Rationale

This session uses small groups as teams to play an HIV & hepatitis knowledge game based on TV game shows like **Family Feud®**. Teams are allowed to talk among themselves to offer the correct answer to questions. This provides an engaging format for reviewing basic information about HIV prevention and testing, clarifying misconceptions, and heightening risk awareness. Clients review their

own information maps based on what they have learned about preventing viral illnesses.

Session Duration 60 minutes

Outline:

Review Workbook 3	15-minutes
What Do You Know Game	25 minutes
Process game activity	10 minutes
Assign Workbook 4	10 minutes

Step 1

Welcome participants. Tell them that today's session will focus on increasing their understanding of illnesses passed through sex or blood contact, such as HIV and hepatitis.

Tell them you have the answers to the puzzle and quiz they completed in the workbook homework.

Review the crossword puzzle and quiz by going through each of the items and asking for members to volunteer what they answered.

Encourage discussion about the correct answers. Provide clarification and additional information as needed, in response to groups' answers.

Review and summarize the puzzle activities:

Critical thinking is useful for a variety of life's dilemmas. We have to develop our own "tips" for fine-tuning our antenna to be more aware of risks – of stopping to think for a minute about risks, before jumping.

These critical thinking tips are a component of making better decisions about things – like taking care of our health. Another piece or component is information, knowledge, know-how, savvy, smarts, brains.

Ask: *How many of you believe that you are well-informed about HIV, AIDS, and hepatitis C?*

Acknowledge responses. Announce that the group's knowledge will be put to the test in today's session with *The Game.*

Step 2

Introduce participants to playing *The Game:*

A good way to start learning more is to get an idea of what we already know. To help with that, we are going to divide into teams and play a rendition of the old *Family Feud*® game from T.V. If you don't remember – the rules are simple.

I'll be asking questions about sexual health, HIV, and hepatitis, and you will work together as a team to come up with the right answer. You will do this quietly, because you don't want the other teams to overhear you and steal your answers.

Once each team has had a chance to decide on their answer, I will go around and write down each team's answer. After that, I'll give you the correct answer.

We will play 2 rounds – the first one for 5 points per question. The final "heat" round questions will count 10 points each. The group with the most points wins a "get of jail free" card. Okay, okay – just joking!

Preparation note:

The easiest way to facilitate playing the game is with a Power Point projector. Slides can be created with the question and with the correct answers. The second easiest is to use overhead transparencies with the questions and answers. You can then circle the correct answer with a dry erase pen and read the information tidbit included with each answer aloud..

If audio-visual equipment is not available, you can make hand-made posters of each of the questions using a tablet of flip chart paper (this would be reusable). After each question is asked, you can point to the correct answer, and read aloud the information tidbit included with each answer.

Begin the game by dividing participants into teams of 5-6 players (depending on group size and room size).

Encourage each team to pick a team name. Create a "scoreboard" on erasable board or flip chart in order to record each team's scores.

Start game by asking a practice question, as suggested below

We'll start with a practice question, then we'll play the game. May the best team win.

Remember these strategies: Talk quietly among yourselves so an opposing team can't "steal your answer." Huddle and use your collective brain power as a team to pick the best answer. Decide on your answer, and then sit on it! Don't just yell it out. Wait until we go around so I can record your answer. Once you've declared your team's answer, it's final.

After all teams' answers are recorded, I'll reveal the correct answer.

Here's a practice question to get started. It won't count for the game round – talk among yourselves and come up with the best answer.

Show practice question, read it aloud, and allow groups to give their answers.

*This is a PRACTICE question. What does HIV stand for? That is, what does the **H** stand for, what does the **I** stand for, and what does the **V** stand for? Is it **A**: Human Injury Virus or **B**. Human Immunodeficiency Virus or **C**. Hepatitis Invasive Virus or **D**. Health Internal Virus? Good luck.*

What does HIV stand for?
A. Human Injury Virus
B. Human Immunodeficiency Virus
C. Hepatitis Invasive Virus
D. Health Internal Virus

Allow a minute or so for teams to rally. The go around and record their answers.

Once all team answers have been recorded, reveal the correct answer and read it aloud. All teams with the correct answer are awarded points.

Correct answer is B.
HIV stands for Human Immunodeficiency Virus. It is considered to be the virus that causes AIDS. It's named describes the damage to the human immune system that is caused by the virus.

Use practice question to assure that all members are participating. Coach and encourage as needed.

Ask a second "practice" question if needed should it seem the group needs more time to get into it.

Use the included questions to play 2 rounds of the game.

Include 5 questions per round.

First round correct answers earn 5 points.

Second round answers earn 10 points.

A total of 15 questions have been included. This gives 5 extra questions that can be used as practice questions or can serve as "tie breakers" when needed.

If possible within guidelines of the facility, arrange a small prize or incentive for the winning team. Something as simple as handing out a life saver candy can have a good impact.

Research suggests that a lighter tone and a touch of humor are useful cognitive approaches for communicating about these topics. Feel free to take the role of a mock game show host/hostess in order to inject excitement and facilitate participant's engagement in this activity.

How many people have died of AIDS in the U.S. to date?

A. 10 million
B. Only about 500
C. About 600,000
D. Between 50,000 and 60,000

Correct Answer is C.

As of 2005, close to 600,000 Americans have died from the complications of AIDS, such as cancers and pneumonia. Early diagnosis helps extend life expectancy for those with the HIV virus.

The male gland responsible for the production of semen (cum) is called:

A. Testicles

B. Prostate gland

C. Seminal vesicles

D. Bladder

Correct Answer is C.

About 70% of the fluid in a man's ejaculation is produced in the seminal vesicle. The purpose is to provide nutrients for the sperm cells as they travel to fertilize the female's egg cell.

How many Americans are believed to have HIV?

A. Over 50 million

B. About 1.5 million

C. Only about 10,000 since most die

D. 5 million

Correct Answer is B

About one and a half million Americans are known to have the HIV virus. In addition it is estimated that another 170,000 may be infected and not know it. This is why testing is important.

Women confined in state prisons in the U.S. are more likely to be infected with HIV than are men.

TRUE
Or
FALSE

Correct Answer is TRUE

In looking a 2002 figures for state prison, 3% of females versus 1.9% of males were known to have HIV. Texas is one of the states with the highest numbers of HIV positive inmates.

<u>Where</u> is the human egg cell fertilized by sperm inside the woman's body?

A. In the woman's ovary

B. In the womb (uterus)

C. In the Fallopian tube

D. It varies by time of month

Correct Answer is C

The Fallopian Tube carries the egg out of the woman's ovary to be fertilized. Some sexual infections like Gonorrhea or Chlamydia can damage a woman's tubes making pregnancy difficult or impossible.

Most people who become infected with HIV can tell because they become very ill very fast.

TRUE
Or
FALSE

Correct Answer is FALSE

This is why we should all be worried about HIV, especially with new sex partners or injection acquaintances. Most people with HIV don't look sick and

How accurate is the HIV antibody test (the "AIDS Test")?

A. Less than 50% accurate

B. Less effective for men than women

C. It detects 8 out of 10 cases

D. The HIV test is 99.7% accurate

Correct Answer is D.

The HIV antibody test detects the body's response to the HIV virus. These tests are very accurate. All positive HIV tests are double-tested again to help assure that results reported to people are correct.

Which STI (sexually transmitted infection) is most prevalent in the U.S.?

A. HIV

B. Herpes

C. Hepatitis C

D. HPV (Papilloma warts)

Correct Answer is B

Over 45 million Americans live with the Herpes virus (about 1 in every 5 people). It causes painful sores and blisters to appear every few months. There is no cure for Herpes once infected.

The AIDS rate in U.S. jails and prisons is 3 times greater than for the general population.

TRUE
Or
FALSE

Correct Answer is TRUE

Since 1991 the rate of actual AIDS cases inside jails and prisons has been greater than for the general public. 51 of every 10,000 inmates have AIDS compared to 15 in 10,000 people who are not in jail.

Despite growing concerns, only about 30,000 cases of Hepatitis C have been reported among inmates in the U.S.

TRUE
Or
FALSE

Correct Answer is FALSE

There are about 330,000 cases of Hepatitis C (HepC) among U.S. jail and prison inmates - 10 times higher than among people not in jail. HepC is transmitted by the same means as HIV.

A man infected with HIV can transmit the virus during sex even if he does not ejaculate (cum).

TRUE
Or
FALSE

Correct Answer is TRUE

HIV can be transmitted even if the man doesn't ejaculate because the virus can be hidden in the clear drops of fluid that a man secretes when he becomes aroused. This is why condoms are so important.

Which group has the highest number of HIV cases due to injection drug use?

A. Adult women
B. Adult men
C. Teenagers
D. Elderly people over age 60

Correct Answer is A

Since 1985, 57% of HIV cases in women were related to injection drug use or to having a male sex partner who injected drugs. Cleaning injection equipment is an important part of prevention.

Latex condoms for men are the only condoms available to prevent HIV transmission

TRUE
Or
FALSE

Correct Answer is FALSE

Latex condoms for men offer excellent protection against HIV and other infections. However, the female condom made out of polyurethane is another good choice for protection

The HIV virus attacks what kind of cell in the human immune system? A. The blackadder cells B. The human T-cells C. Hemoglobin cells D. Fat cells in the lymph system	**Correct Answer is B** The human T-cell is the body's first line of defense against infection. HIV pirates or takes over these T-cells and uses them to manufacture more HIV, eventually shutting down the immune system.
HIV can be present in which of the following body fluids of an infected person? A. Sweat B. Tears C. Urine D. Breast milk	**Correct Answer is D** HIV is found most often in blood, semen, and vaginal fluids, but it can also be in the breast milk of an infected mother. Women should be tested in order to prevent passing the virus to their babies. Sweat, tears, and waste products do not spread HIV.

Announce the winners. Allow time for cheers, and then lead a brief discussion:

Ask: *What is one thing that <u>you learned</u> from the game that you didn't know before?*

What's one thing you <u>thought you knew</u>, but were surprised to learn different?

What's the most important piece of information for young people to remember?

Summarize the key points about the session and about the game:

It is good to see that we have a wide range of information about serious illnesses like HIV and hepatitis in the group. And, as a bonus, we all know more now than we did at the beginning of the game.

Good information is a centerpiece of making good decisions.

For example, I doubt anyone would set out to buy a car or a truck without knowing a little bit of information – what's the vehicle's history, who's been driving it, have they kept up with the maintenance, what kind of mileage does it get, how much do you want for it? Etc.

Seems odd – some people put that much thought and information-gathering into buying a ride, and yet they put hardly any thought/information-gathering into having sex with someone or other risky behaviors.

Step 3

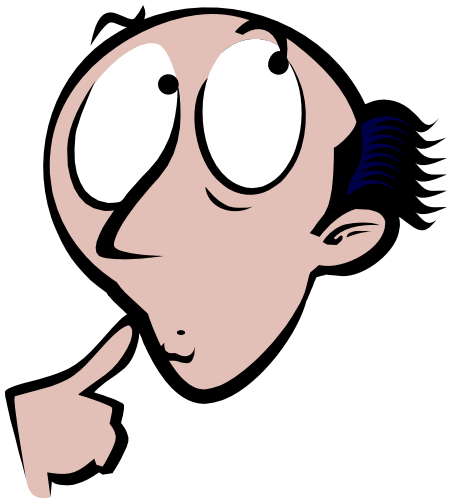
Distribute copies of *Participant Workbook 4* to group members.

Remind them that they will be called on during the next group to demonstrate their mapping work and talk about some of the ideas in the workbooks.

Thank group members for their participation and encourage them to complete their workbooks.

Session 4:

The "Want-to" "Should-do" Problem



Group Leader Notes for Session Four

Here are the general objectives for participants:

Understand the nature of "should/want" conflicts
Explore ways "should/want" conflicts affect decision making
Create maps to explore how "should/want" relates to sexual decisions
Practice articulating their understanding of "should/want" conflicts

Rationale

It is unlikely that individuals making decisions about safer sex and other HIV risk reduction behaviors follow the logic of a traditional decision-making model. Research has sought to examine the nature of decisions that involve the struggle between impulse ("want") and responsible choice ("should"). This session invites clients into discussions of this human phenomenon and its impact on making decisions about risk reduction. Guide maps are used to help participant teams prepare for a mock debate between the "should" and "want" in safer sex choices, allowing for articulation and synthesis.

Session Duration 60 minutes

Session Outline

Review Workbook 4	15-minutes
The "should/want" dilemma	10 minutes
The Great Should versus Want Debate	30 minutes
Assign Workbook 5	5 minutes

Step 1

Welcome participants. Tell them that today's session will focus on something called the "want to" versus "should do" problem.

Use erasable board or flip chart to create central nodes reflecting "want to" and "should do."

Ask for volunteers to define each of these ideas using their own words. Add their definitions to the map and link them to the central nodes.

Review and summarize the definitions:

Ask group for examples of potential "want to versus should do" situations in life. Add these to the map on the board.

Summarize using some of the following ideas:

The conflict between *want-to* and *should-do* lives inside of everyone. Me, you, the people down the street – everyone faces this in some way. It's a human condition that has been considered through-out history. The Want-To and the Should-Do pull us in different directions. It's like having two selves with very different goals and interests.

Mr. Want-To wants immediate satisfaction, enjoyment, fulfillment and reward. He doesn't think very much about other people, about risks, or about consequences. Mr. Want-To will eat the double cheeseburger with a side of chili-cheese French fries, even though the doctor has told him he'll likely have another heart attack and leave his children fatherless unless he goes on a diet.

Mr. Should-Do also wants satisfaction, enjoyment, fulfillment, and reward. But Mr. Should-Do weights these things against the risks, the consequences, and the impact on other people. He has the same wants; he just balances things, uses critical thinking, and then acts. Mr. Should-Do wears his seat belt. He is able to think about the long-term benefits and risks, and behave accordingly.

Part of each of us is a Mr. Want-To, and part is a Mr. Should-Do. No wonder we're crazy. The Want-To self is all about the immediate feeling. The Should-Do is about both thinking and feeling.

Adding to the confusion, research has shown that when we are making a decision about something that will happen in the future; we tend to listen to our Mr. Should-Do self more often. But when the decision is immediate, in the here and now, and involves a strong temptation (something very much desired), then our Mr. Want-To self more easily gets the upper hand.

Step 2

Introduce participants to the *Want-To/Should/Do* "debate" activity:

Coming to terms with the "wants" and "shoulds" that we all face is a life-long struggle. "I want to spend money, but I know I should save," "I want to have a cigarette, but I should think more about my health," "I want to watch TV, but I should work on my assignments."

Today we will make group maps that can give us some clues about how to handle shoulds and wants more easily. Let's break into groups:

Break members into groups of 4 or 5 participants. Have each group gather around a table they can work on.

Give each group with several pieces of flip chart paper or butcher paper.

Provide each group with a box of assorted colored pencils, markers, and crayons to work with, if allowed. At the minimum, each group will need a marker to help make their map legible.

Once groups are assembled, divide them so that half of the groups work on the "should" side of the problem, and the other half works on the "want" side.

Tell them you are going to read them a short "case study" that involves a common, but serious "want-should" dilemma.

Tell them that the "want" groups and the "should" groups will make a group map to line up the arguments for their "side."

Read the case study aloud. There is a copy at the end of the session if you want to provide each group with a copy as a reminder.

Explain that each group member should make a contribution to the group map. Here's the case study:

> Marvin has just completed his stay at his transitional residential program and is finally back in his home town. His friends invite him to a party and there he runs into a girl he knew way back when. He had always thought she was hot! Naturally, he starts asking questions about whether she is hooked up with someone or not. He learns she has been with lots of guys in the neighborhood. Before he can make his move, however, she approaches him. With a flirty voice she throws out an invitation. "I used to have a big crush on you. If you leave with me right now, we will party all night and I will make all of your wildest wishes come true."

Walk among the groups as they work, to answer questions or clarify instructions.

When group maps are completed, pair a "should" group with a "want" group.

Ask these paired groups to present their maps to each other, "debate" style, while the other groups watch.

Reread the "case study" to refresh the group before beginning the cross presentations.

When all of the paired groups have presented their arguments to each other, create a free map on flip chart or erasable board to capture the arguments.

Do this in "free mapping style" by asking group members to call out their "should" and "want" arguments from the maps.

Lead a brief discussion with the group at large:

Ask: *Regardless of the position you represented, what decision would be in Martin's best interest?*

What advice would you give him?

If he told you that your advice was a "crock," how would you respond?

Of all the critical situations you can think of, what would be <u>one</u> where you would say that the "should" argument ought to definitely win over the "want" argument?

Summarize the key points of the session using some of the following ideas:

The Want to, Should-do Problem is an internal conflict experienced by most people in choosing between indulgence/impulsivity and responsible/best interest behavior.

An example would be sneaking a cigarette after vowing to quit. This conflict is part of the human struggle – something all people must deal with in some way.

Mapping is one tool that can be used to help us think about all the details and consequences involved. This can make it easier to avoid the "wants" when the need to choose the "should" is important. Avoiding risks, staying safe, and protecting ourselves in sexual situations are some examples of when the "should" ought to take the winning hand over the "want."

Step 3

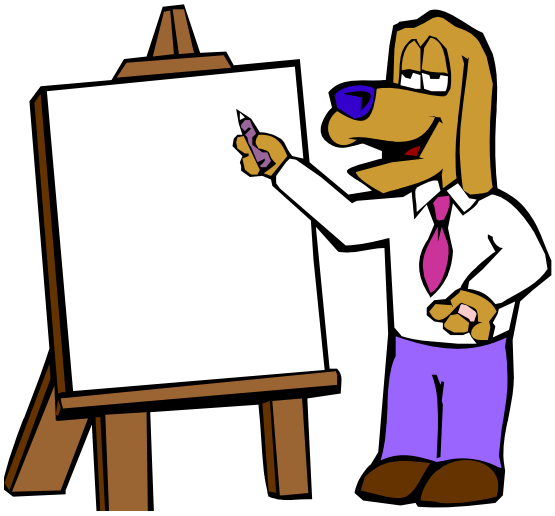
Distribute copies of *Participant Workbook 5* to group members.

Remind them that they will be called on during the next group to demonstrate their mapping work and talk about some of the ideas in the workbooks.

Thank group members for their participation and encourage them to complete their workbooks.

Session 4

Participant Handouts



Marvin – Case Study

Marvin has just completed his stay at his transitional residential program and is finally back in his home town.

His friends invite him to a party and there he runs into a girl he knew way back when. He had always thought she was hot!

Naturally, he starts asking questions about whether she is hooked up with someone or not. He learns she has been with lots of guys in the neighborhood.

Before he can make his move, however, she approaches him. With a flirty voice she throws out an invitation.

"I used to have a big crush on you. If you leave with me right now, we will party all night and I will make all of your wildest wishes come true."

Session 5:

Risk Scenes

Group Leader Notes for Session Five

Here are the general objectives for participants:

Understand how intentions influence behavior
Explore ways to strengthen intentions to avoid HIV risks
Recognize how situational cues can override good decision making
Practice developing intentional plans for disease risk reduction

Rationale

The intention to behave in a certain way, known as implementation intentions, appears to be influenced by people's attitudes about the behavior, their values and social norms surrounding the behavior, and their perception of self-efficacy in carrying out the behavior. This session introduces clients to these concepts and invites them to participate in making plans to reinforce their intentions to avoid risky sex and drug use behaviors and rehearsing those plans using mapping activities.

Session Duration 60 minutes

Session Outline

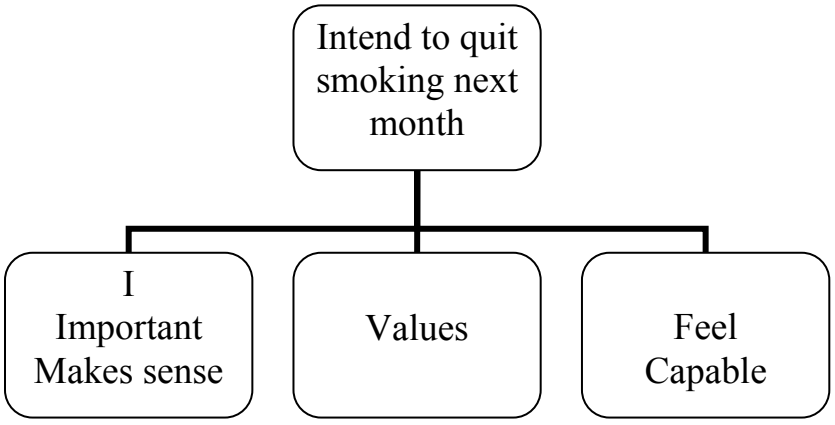
Review Workbook 5	15-minutes
Understanding intentions	10 minutes
TPR: Thinking, planning, rehearsing	30 minutes
Assign Workbook 6	5 minutes

Step 1

Welcome participants. Tell them that today's session will focus on intentions. And what causes use to go against our best intentions sometimes.

Use erasable board or flip chart to create central node reflecting "I intend to quit smoking cigarettes next month."

Linked to this node, create 3 more nodes labeled: "Important/makes sense;" "values;" and "feel capable." Something similar to this:



Ask for group input:

Let's say I want to quit smoking cigarettes. Let's say I wake up one morning and say that I intend to quit smoking next month.

There are these 3 parts that influence whether or not I will carry through with my intentions. These are: (1) My attitude about how important it is to quit or how much it makes sense to me; (2) My values and my culture; (3) How capable I feel of doing it. What are some examples for each one of these parts of strong intentions?

Ask: *What kinds of thoughts or ideas should I be having for each one of these components, in order to strengthen and follow through with my good intentions?*

Add participants' ideas and thoughts under the appropriate node.

Review and summarize the completed map.

Summarize using some of the following ideas about intentions:

Our intentions are the seeds of what we end up doing. Most people have good intentions, yet many of us sometimes fall short of what we intend to do. From simple things, like intending to mow the lawn last weekend, but going swimming instead, to more important things, like fully intending to never drink again, but waking up drunk the next day.

Intentions most usually fall short when there is a heavy emotional pull away from them. We often underplay just how much impact a strong "want to" can have on our intentions. Being aware when this is happening, when our feelings, impulses, and urges are taking over, is the first step in staying on track with our intentions.

However, scientists have also discovered that thinking about, planning and rehearsing our intentions can make it much more likely that we will do what we intend to do. This is worth repeating – the more time we spend thinking, planning, and rehearsing what we intend to do, the more likely it is that we will do it.

Of course, this is something that coaches and athletic trainers have known for years. How do the Dallas Cowboys get to the Super Bowl? They spend most of their days thinking, planning, and rehearsing their intentions to hang on to the ball and out maneuver the other team's defense. How do golfers get on the PGA Tours? You got it! Thinking, planning, and rehearsing what they intend to do on the links.

It seems crazy that we would short-change our own health and safety, and maybe that of our loved ones, by failing to apply this formula to our intentions to avoid risky injection practices or our intentions to practice safer sex.

Step 2

Introduce participants to *TPR.* Write "Thinking," "Planning," and Rehearsing on erasable board or flip chart, and circle the first letter of each word.

Thinking, planning, rehearsing – TPR. TPR for your intentions.

Let's review. My intention to do something is supported by my attitude about it – does it make sense? Is doing it important? My intention also is supported by my values and culture. And finally, my intention is supported by my belief that I can carry it out, that I am capable of doing what I intend.

Add to this the TPR factor. If I think about, plan, and rehearse my intention to do something, I stand a greater chance of actually doing it.

In thinking and planning, it seems logical to be specific about how, where, and when I will turn my intention into action. Also how I will avoid or resolve things that might get in my way.

Today we will spend some time working on maps that will guide us in using this formula.

Distribute a copy of the *TPR-Thinking Map* guide map to each participant (included at the end of this session).

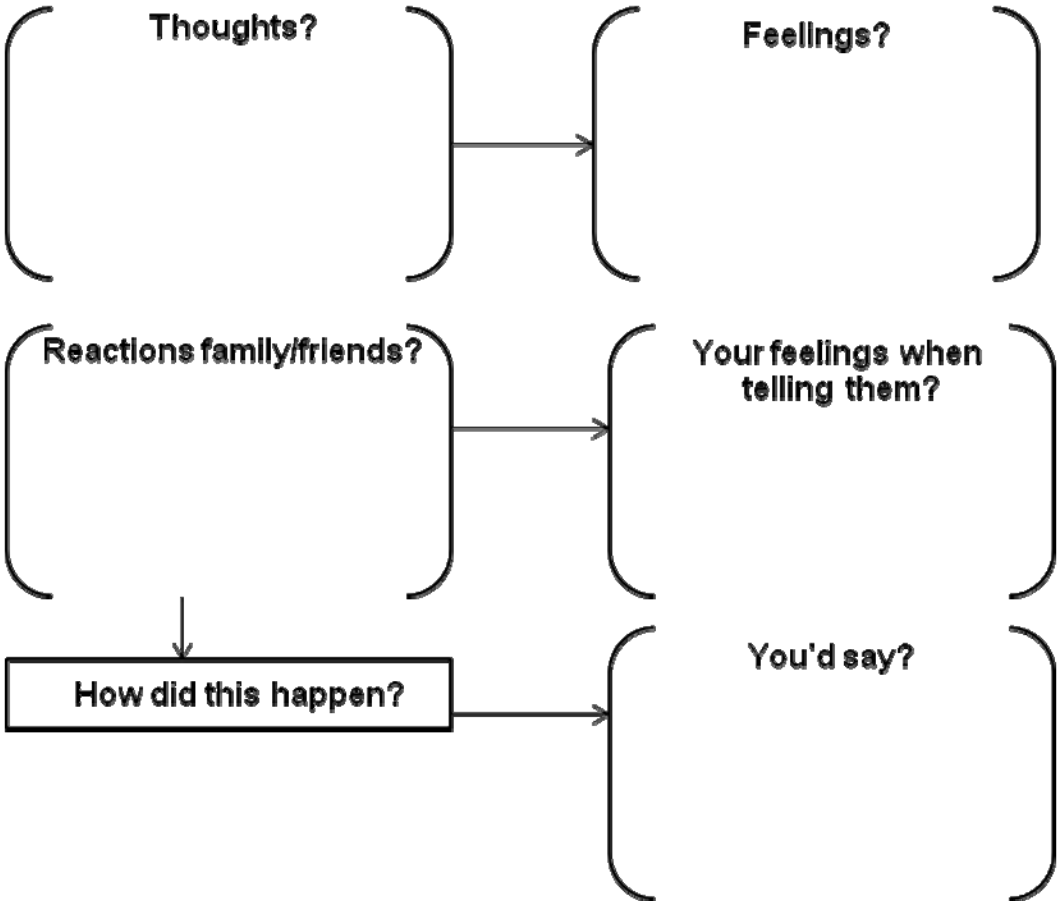
Leader note:

There are gender-specific versions of this particular map. They are labeled *Thinking Map –F* and *Thinking Map-M*; however, when you read over them, it will be obvious who gets the male and who gets the female versions.

Read the scenario and map aloud to the group. Ask them to fill in the nodes by answering questions with their thoughts and feelings.

Allow time for participants to complete their maps.

Create a rough version of the guide map template on flip chart or erasable board. For example:



Ask volunteers to call out their answers in a few words for the questions in the map:

Ask: *Based on the case situation, what did you write in the box about what you would be thinking?*

What kinds of feelings went in your "feelings" node?

How would family and friends react to the news your child had HIV?

Ask: *What would it feel like to tell them?*

How would you explain it? What would you say?

Summarize the activity:

This map helps you get an understanding of the thinking part of the TPR formula. We can think about certain issues in different ways. For example, if I really hate the idea of passing HIV to someone I care about or to an innocent baby, then I want to think about how I would prevent that from ever happening. In preparation, I also want to make myself think about how I would feel and react if I were responsible for spreading HIV to someone else.

The next step is the planning step.

Distribute a copy of the *TPR-Planning Map* guide map to each participant (included at the end of this session). These maps are not gender specific and are appropriate for both males and females.

Read over the map aloud to the group. Ask them fill in the nodes by answering the questions based on something that would be realistic for them, based on the past.

Allow time for participants to complete their maps.

Ask: *How easy or hard was if for you to identify a realistic risk situation for yourself?*

What types of roadblocks did you identify, in general?

Summarize the activity:

This map opens up some of the types of things to think about when making a plan. Like Michael Jordan, you have to always be thinking ahead about what could get in your way.

Clear thinking about possible roadblocks is a key part of planning. It is also important to plan out how we will avoid those roadblocks and what we can tell ourselves to stay motivated.

The next step is to look at rehearsing. We can rehearse inside out own heads, by thinking and planning and imagining different scenes and how we might respond.

Another way is to talk about our thinking and planning. There is some benefit in simply saying things aloud. Turning ideas into words and letting them out helps make our thoughts and plans more "real."

We are going to use the next few minutes to say our plans for staying safe out loud.

Ask participants to pair up with each other. Provide any logistics help necessary to move people around so everyone has a partner. Place any "spare" member with one of the pairs, creating one triad.

Instruct them to take turns summarizing their maps to each other:

Take a few minutes to practice the idea of rehearsing by saying your intentions out loud to someone. In this case, summarize your planning map to the person you have been paired with.

Begin by stating what might be a possible risk for you, then summarize what your best options would be, what roadblocks might be there, how you would deal with the roadblocks, and what you need to think about to make sure you stay safe.

Once the first person is finished, the second person repeats the same formula by stating their possible risky situation and summarizing each of the nodes. If there are 3 in the group, then the 3rd person gets a turn.

After the participant pairs have had an opportunity to rehearse their intentions and plans, ask for reactions:

Ask: *How easy or hard was it for you to talk about your risks and intentions?*

Were there any similarities between your ideas and the ideas of the person you were paired with?

Summarize the session:

You have done some important work today. You have had the chance to practice a technique known to help people reach their goals. That would be TPR – Thinking, Planning, and Rehearsing. It is a formula for turning intentions into reality.

WaySafe is focused on HIV and risk reduction for illnesses spread by sex or blood contact. However, the TPR idea can be applied to any issue. Intentions to other things can be strengthened through thinking, planning, and rehearsing. Remember that rehearsing can be as simple as telling someone else about your intentions and your plans.

Step 3

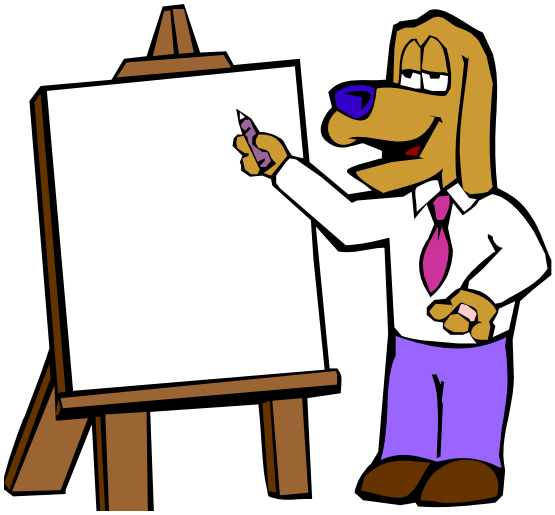
Distribute copies of *Participant Workbook 6* to group members.

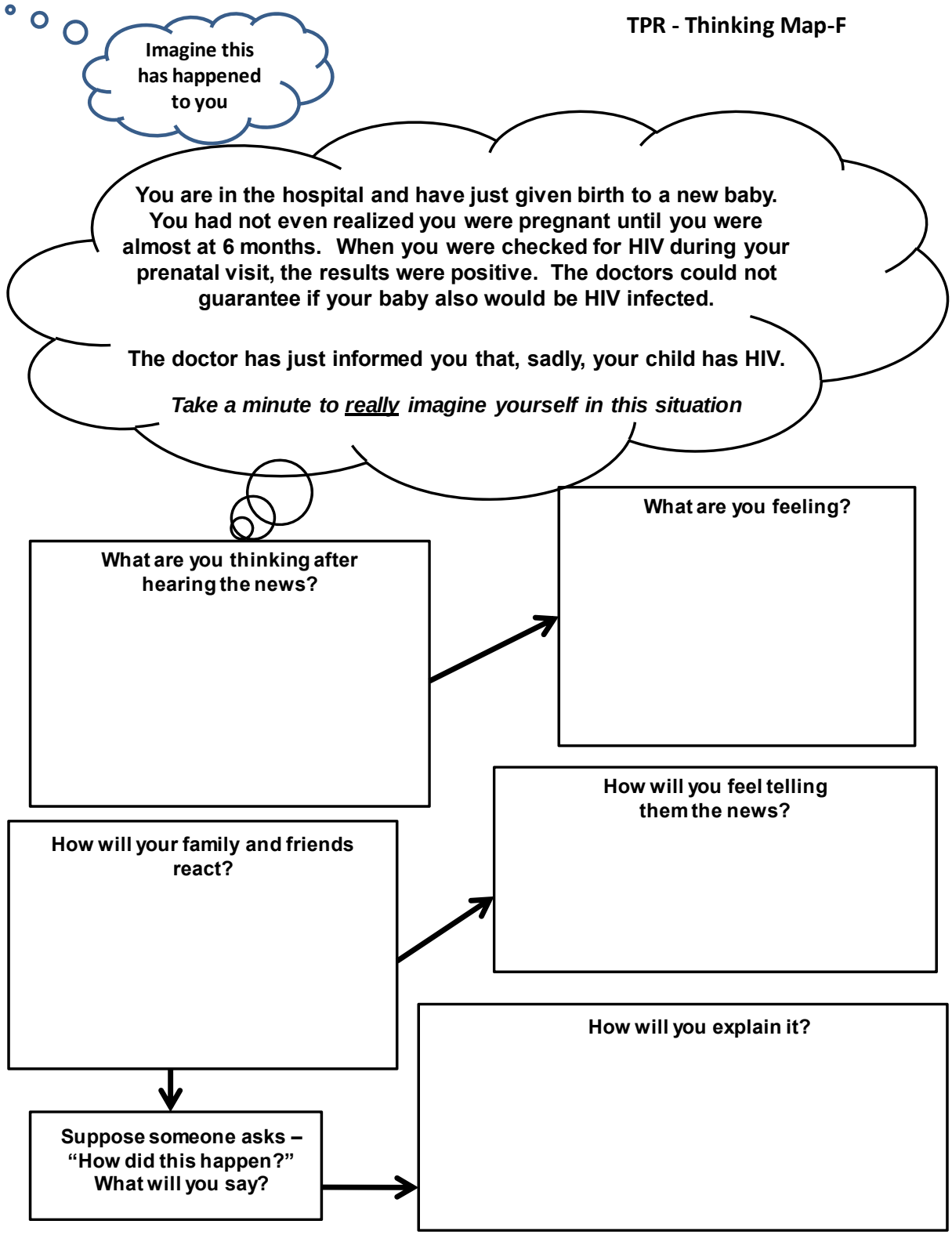
Remind them that they will be called on during the next group to demonstrate their mapping work and talk about some of the ideas in the workbooks.

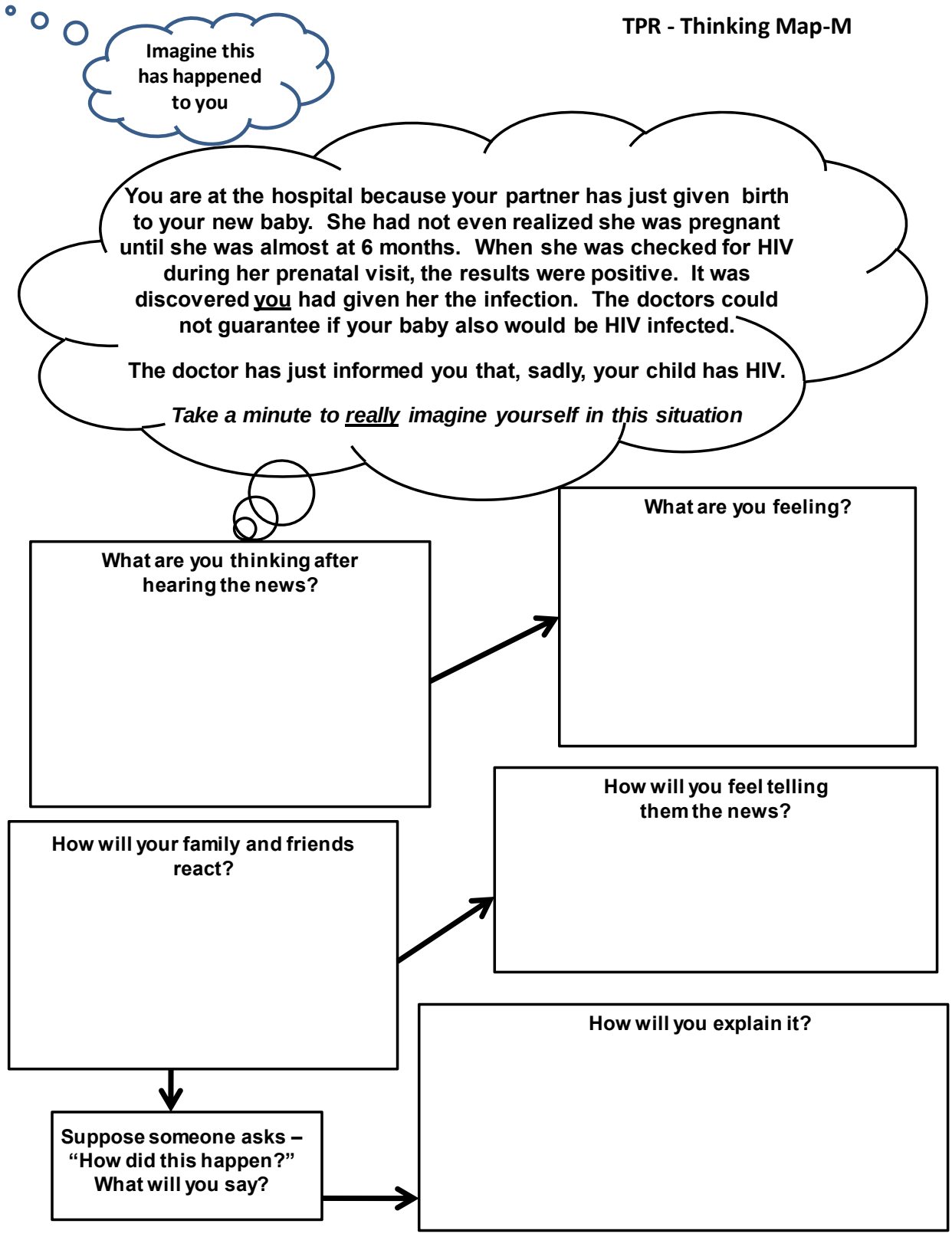
Thank group members for their participation and encourage them to complete their workbooks.

Session 5

Participant Handouts




TPR - Thinking Map-F
Imagine this has happened to you
You are in the hospital and have just given birth to a new baby. You had not even realized you were pregnant until you were almost at 6 months. When you were checked for HIV during your prenatal visit, the results were positive. The doctors could not guarantee if your baby also would be HIV infected.
The doctor has just informed you that, sadly, your child has HIV.
Take a minute to really imagine yourself in this situation
What are you thinking after hearing the news?
What are you feeling?
How will your family and friends react?
How will you feel telling them the news?
Suppose someone asks – "How did this happen?" What will you say?
How will you explain it?


TPR - Thinking Map-M
Imagine this has happened to you
You are at the hospital because your partner has just given birth to your new baby. She had not even realized she was pregnant until she was almost at 6 months. When she was checked for HIV during her prenatal visit, the results were positive. It was discovered you had given her the infection. The doctors could not guarantee if your baby also would be HIV infected.
The doctor has just informed you that, sadly, your child has HIV.
Take a minute to really imagine yourself in this situation
What are you thinking after hearing the news?
What are you feeling?
How will your family and friends react?
How will you feel telling them the news?
Suppose someone asks – "How did this happen?" What will you say?
How will you explain it?

TPR – Planning Map

Describe a <u>possible</u> risk situation that you might have to deal with in the future that could expose you to HIV?

Personal Planning List

What are my best options for keeping safe in this situation?	
What are the possible "roadblocks" that might prevent me from protecting myself?	
How can I plan ahead for these roadblocks? (Be specific)	
What do I need to <u>think</u> and <u>do</u> to make sure that I protect myself?	

Session 6:

Planning for Risks

Group Leader Notes for Session Six

Here are the general objectives for participants:

Review key points related to intentions and decision-making
Review planning to avoid HIV risks
Develop future-oriented plan for disease risk reduction

Rationale

The last session is designed to review concepts from the group and reinforce the use of planning tools to maintain a focus on safety. Participants are encouraged to assume a future-oriented position in describing their behavioral intentions for reducing HIV and other viral risks. As part of group closure, clients are asked to complete a map that describes what they found most helpful about the *WaySafe* groups.

Session Duration 60 minutes

Session Outline

Review Workbook 6	15-minutes
Review of key points from groups	10 minutes
Future Planning maps	20 minutes
Closure; feedback map	15 minutes

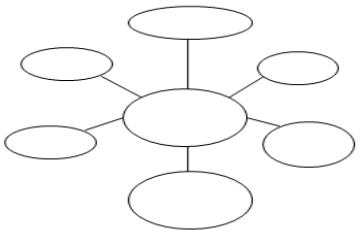
Step 1

Welcome participants. Tell them that today's session will review the major points of the group and give time for planning and feedback maps.

Tell them you want to make a group free map, based on the ideas from their workbooks.

Divide group into smaller groups of 4-5 participants and give each group a bland piece of flip chart paper and a marker.

Use erasable board or flip chart to draw an illustration of a basic "spider" map. See below:



Instruct groups to label the center node as "important ideas from this group."

Ask them to work together to add as many connecting nodes as they can, based on their collective thoughts as a group. Encourage them to be creative. Tell them they will be showing their map to the whole group when they are finished.

Allow time for groups to complete their maps.

Ask: *How many connecting nodes did you add? Which group has the most connecting nodes?*

Have each group to appoint a spokesperson to stand and review the map they created.

Summarize the activity:

As your maps show, we have covered a lot of ideas and information in the past few weeks.

One key issue that has been covered is planning. Thinking ahead. Not waiting until the very last minute, when emotion and "want to" have taken over, to think about safer sex or not shooting up. Think about it now. Plan for it now. Rehearse it in your mind. Talk about it.

Another point in this workshop has been about preventing the spread of viruses that are passed by sex and blood contact. We are not going to apologize for hitting this nail on the head over and over. HIV and hepatitis are serious. They are out there. People's lives are forever changed by these diseases, and so are the lives of the people around them. People's lives are shortened because of these diseases and they suffer. We won't hide our heads in the sand and we invite you to get yours out of the sand, too..

Step 2

Distribute copies of *Future-Focused Planner Map* to each participant.

Read over the nodes aloud to the participants. Emphasize the future-focused aspect of the map:

This map asks you to take an imaginary time travel experience. You are to imagine yourself 20 years in the future. For whatever reason, blame it on global warming or

whatever, HIV has reached the state of world-wide epidemic. There is still no vaccine and the HIV virus seems to have grown more resistant to the drugs we have to treat it. Many people have therefore died. Many people you know have died – friends, family members, neighbors.

The way HIV is spread has NOT changed. It is still spread only by sex and blood contact.

For the purposes of this map, the "you" of 20 years from now has managed to avoid becoming infected. You have managed to be a survivor, not a victim.

So how did you do it, and what advice would you send back to the "you" of today, if you could?

Allow time for groups to complete their maps.

Process activity by asking for volunteers to tell you about their challenges and how they overcame the challenges. Use flip chart or erasable board to map their responses.

Ask: *What were the challenges that you had to overcome to survive?*

How did you overcome the challenges? What specifically did you do?

What advice would you send back to yourself? What would the older, wiser "you" of 20 years from now say to the "you" of today about staying safe?

Summarize the activity:

In the thinking, planning, and rehearsing arena, this exercise has helped us practice all three. Thinking about ourselves in the future, about how we want to be, how we see ourselves living can help us set plans in the here and now.

In the maps, you identified a couple of the key parts of planning – thinking ahead about the obstacles and roadblocks, and thinking ahead about how to get around them.

Then we spent a few minutes talking about the plan and that helps make it more real. More likely that we can turn the intention into action.

Step 3

Tell participants that you want them to give some feedback as a part of this being the last group meeting.

Before we end our *WaySafe* meetings, I would like for you to spend a few moments thinking about the mapping materials and the groups. This *Feedback Map* is a chance for you to talk about what you learned, what you liked, and what you think would help improve the material in the future.

Distribute copies of the *Feedback Map* and ask participants to complete them. Allow time, then collect the maps and place them in an envelope.

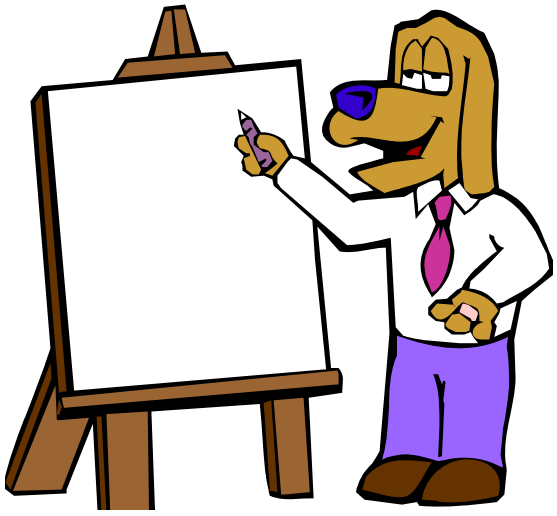
Step 4

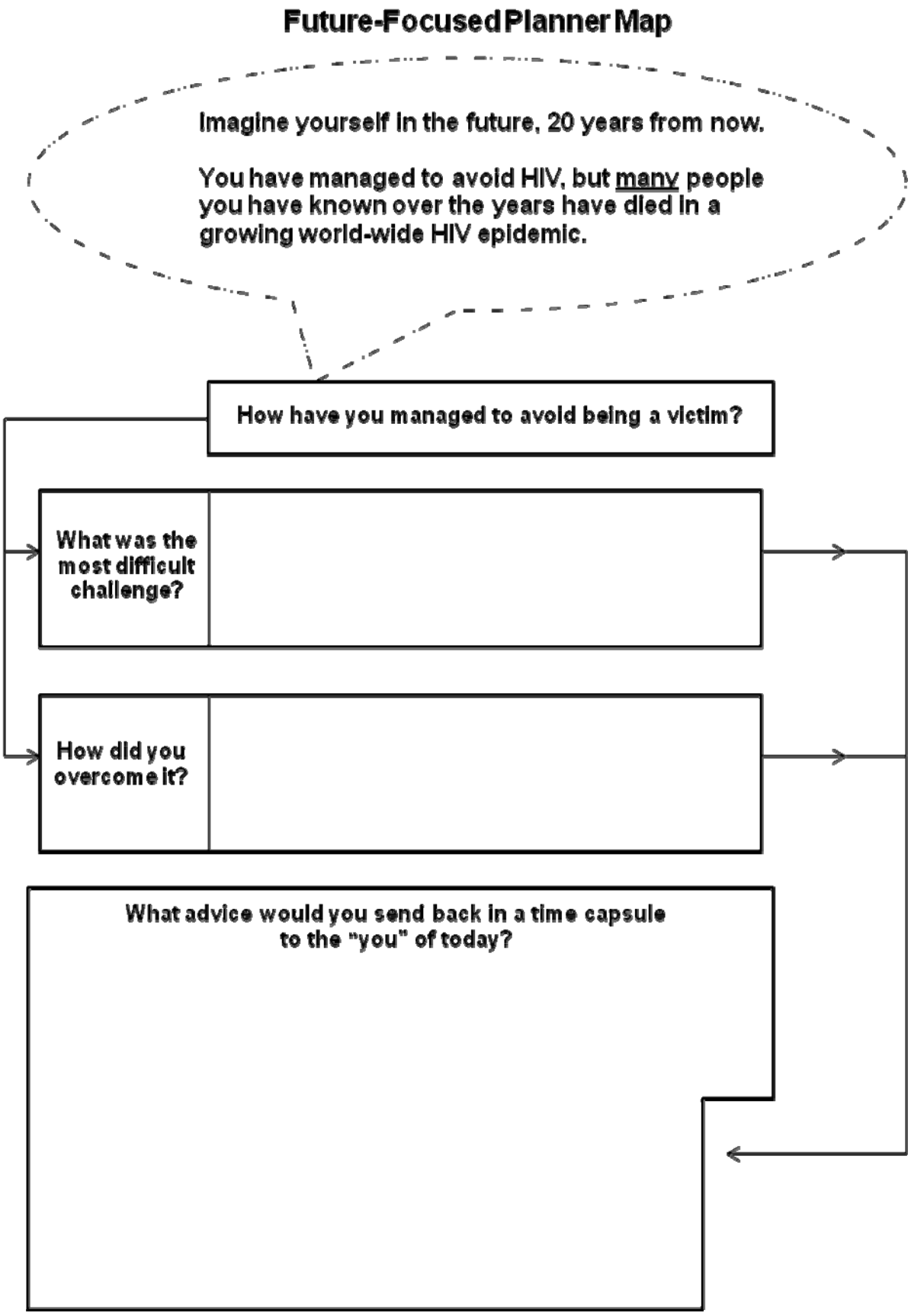
Thank group members for their participation and encourage them to look back over their *WaySafe* workbooks from time to time.

If you are not doing a separate Posttest Session, then give each participant a Certification of Completion. There is an example provided at the end of this session.

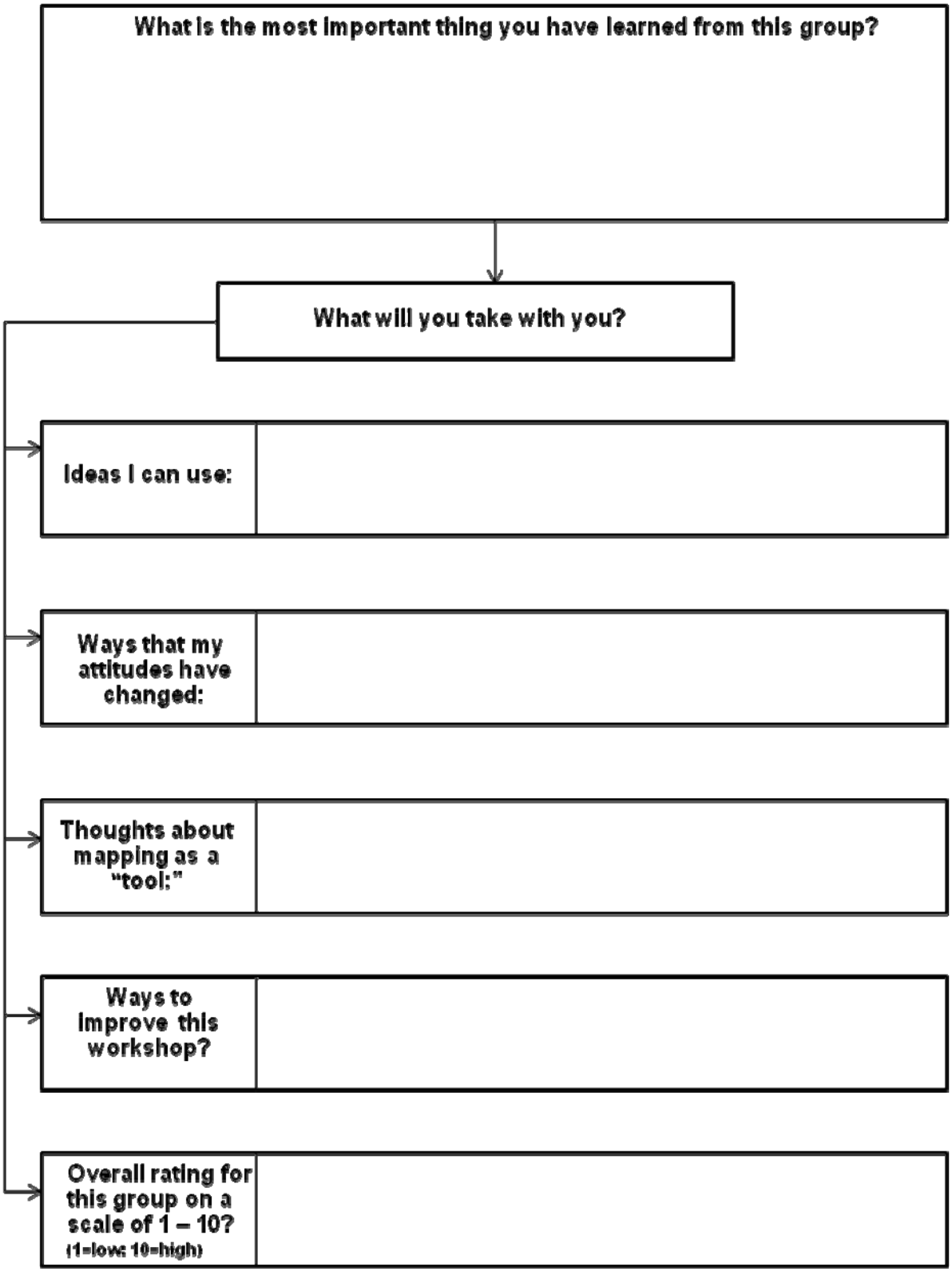
Session 6

Participant Handouts




Future-Focused Planner Map
Imagine yourself in the future, 20 years from now.
You have managed to avoid HIV, but many people you have known over the years have died in a growing world-wide HIV epidemic.
How have you managed to avoid being a victim?
What was the most difficult challenge?
How did you overcome it?
What advice would you send back in a time capsule to the "you" of today?

Feedback Map



Certificate of Completion

Be It Known That

_____

has successfully completed **6** hours of

Health Awareness training entitled "Way Safe"

Developed by the Institute of Behavioral Research

Texas Christian University, Fort Worth, Texas

Presented by _____

AWARDED_____, _____ at _____

_____ _____

Training Coordinator Program Director

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Appendix

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