
DAY 2

Session 1: Recap and preliminaries

Objectives:

- To begin the day with a prayer reinforcing one's limitations and courage to change,
- To revise the previous day's session and correct any misperceptions,
- To sharpen one's presentation skills,
- To develop leadership skills.

Material needed: None.

Time: 30 minutes.

Methodology: Group activity followed by a presentation and discussion.

Procedure:

1. Request a volunteer to lead the group in the serenity prayer.
2. Request the participants to hold hands and repeat each line of the serenity prayer after the leader.

Notes for the facilitator:

The facilitator may lead the serenity prayer if no one volunteers to lead the prayer.

Serenity prayer:

Lord,

Grant us the serenity

To accept the things we cannot change

Courage

To change the things we can, and

Wisdom

To know the difference

3. The group members greet each other.
4. The group member who volunteered the previous day to recapitulate the previous day's sessions is requested to make his/her presentation.
5. Members clap in appreciation of the presentation.
6. Group members are encouraged to add what is missed/correct any inaccurate narration.
7. The facilitator corrects any incorrect narration, and requests anyone to ask for clarification.

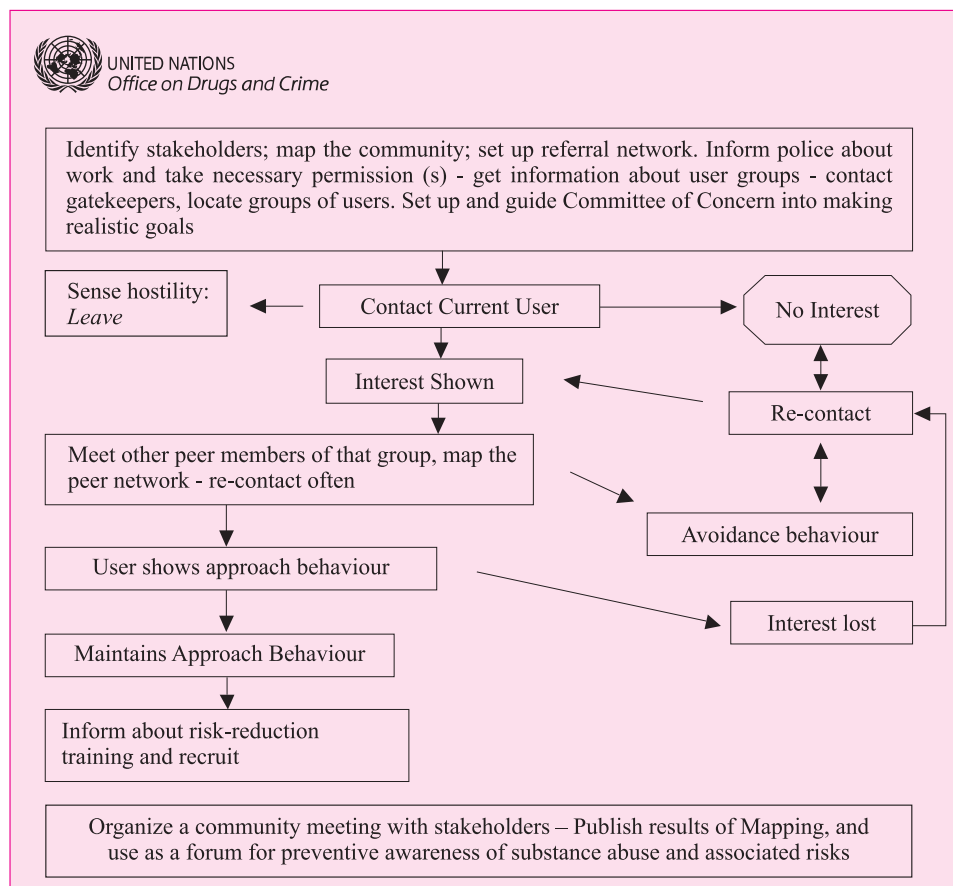
Session 2: Explanation of the peer-led intervention - phase one

Objectives:

- To expose participants to phase one of the intervention,
- Give a detailed explanation of the intervention and roles and responsibilities.

Material needed: White board/ flip chart, markers, flow-chart of activities in phase one drawn on chart-paper/OHP.

Flow chart of activities in Phase One



Time: 45 minutes.

Methodology: Lecture followed by discussion and group work.

Procedure:

1. Give a detailed explanation of phase one of the intervention and responsibilities of staff associated with it (refer to the field manual in the intervention toolkit).
2. Start by examining one site, as an example.

Notes for the facilitator:

Speak about the major tasks to be completed in phase one:

Creating an enabling environment.

Identifying and contacting key stakeholders (primary and secondary).

Establishing a committee consisting of members from an NGO, health department (deaddiction/STD/HIV), community, etc. - this could be called a 'committee of concern'.

Explain avoidance of extreme reactions to finding a solution for substance abuse, like a one-time 'detox' camp or a 'magical cure'.

Explain need for written permission from police/appropriate authorities.

Mapping the community's vulnerability and resources.

Establishing a referral network.

Explain that the key tasks of the trainer are:

Resource and vulnerability mapping,

Forming the committee of concern, setting up a network, resource mapping etc.,

Getting requisite permissions for conducting intervention,

Interviewing community members, stakeholders,

Supervising peer outreach workers, stress on safety of outreach workers,

Baseline assessment - forming groups for training (KAP assessment questionnaire).

Explain that the key tasks of the peer outreach worker (POW) are:

Vulnerability mapping (geographical and social mapping),

Making field notes in a field diary,

Contacting and re-contacting users (follow up and referrals).

At the end of phase one conduct one community meeting (of stakeholders) sharing the findings of resource and vulnerability mapping and mobilising the community to find ways of responding to the problem.

Session 3: Preparing an observation checklist

Objectives:

- To highlight the importance of observation in mapping a community,
- To enable participants to understand the various facets of observation,
- To introduce how to maintain a field notes sheet in a field diary.

Material needed: Flip chart paper and markers.

Time: 30 minutes.

Methodology: Group work.

Procedure:

1. Explain the purpose of this session.
2. Highlight that observation involves active listening and watchful seeing.
3. Divide the participants into three groups.
4. Ask each group to make an observation checklist for observing:
 - a. Group 1: activities in a 'red light' area,
 - b. Group 2: after school activities of children at school,
 - c. Group 3: a group of people consuming alcohol/drugs in a public park.
5. Make each group present their observation checklist.
6. Ask other members to add missing points, if any.
7. Display a sample field notes sheet as shown below.

Field Notes

Date and day of the week:

Time:

- Description of the location (only in the first visit notes).
- Number of people present at the location.
- Brief Description of the activities taking place including any drug use observed.
- Number of drug users engaged in conversation.
- Number of drug users motivated to attend the interview session with the SSP/trainer.
- Number of drug users referred for treatment / helped in seeking treatment.
- Any other significant event, which took place during the day.

Notes for the facilitator:

After sharing, some groups will add information that can only come from asking questions or through conversation.

Session 4: Preparing an interview check list

Objective:

- To prepare an interview check list for interviewing key informants.

Material needed: Flip chart paper and marker pens.

Time: 45 minutes.

Methodology: Group work.

Procedure:

1. Introduce the purpose of this session.
2. Divide the participants into 5 groups.
3. Ask each group to list the questions they would ask the following:
 - Current users - Group 1,
 - Health department officials - Group 2,
 - Law enforcement officials - Group 3,
 - Family members of substance users - Group 4,
 - Community leaders - Group 5.
4. Reassemble the groups. Each group presents their work in a plenary session; participants add suggestions to each interview check list.

Session 5: Effective questioning

Effective questioning is an important tool to facilitate the process of communication. In order to explain the importance and process of effective questioning, the following exercise is conducted:

Objective:

- To highlight the importance of effective and meaningful questioning.

Material needed: None

Time: 45 minutes

Methodology: Role-play followed by debriefing.

Procedure:

1. Divide the participants into 4 groups
2. Take each group aside and ask them to role-play different methods of questioning.
3. Give one group closed-ended questions giving examples to clarify.
4. Request the second group to ask questions in an interrogative manner and the third group to ask open-ended questions and probe slowly, to elicit responses from the client.
5. Ask the fourth group to ask questions in a manner that forces the respondent to answer in a manner that pleases the interviewer.
6. The participants are encouraged to closely observe the interaction between members in the role-play.
7. Conclude by debriefing and explaining the experiential learning cycle.

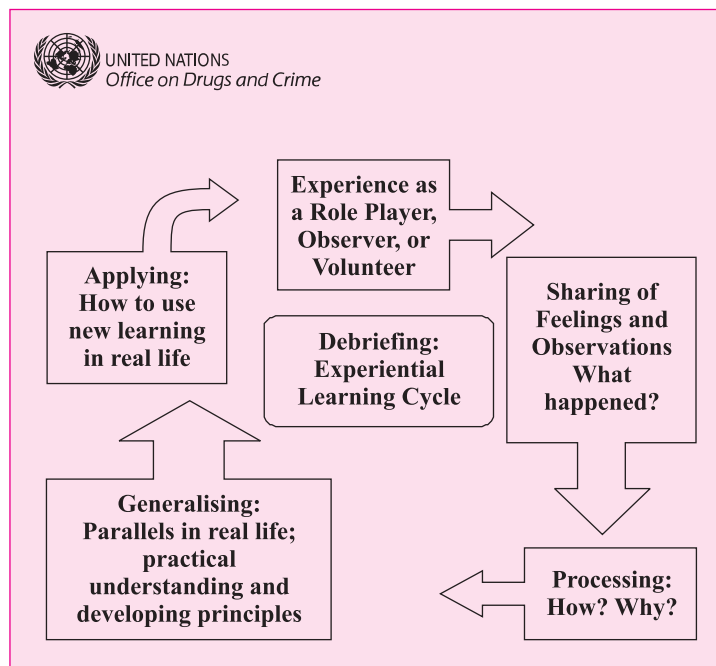
Notes for the facilitator:

- Ensure that debriefing is conducted around the following questions:
 - o What did we observe?
 - o What were the key-factors in the interaction?
 - o What were the differences in the four situations?
 - o Which of these methods of questioning is most effective and why?
- Emphasize that questions should be of more understanding, probing and supportive nature and less interrogative and evaluative. Interrogative and evaluative questions may create discomfort and distrust.
- Open-ended questions leave room for more information to be exchanged
- Closed ended questions restrict the responses to mono-syllables like “yes” or “no”
- Introduce the concept of questions that force suggestive answers, or answers that are intended to please the interviewer.

Notes for the facilitator:

A role play becomes a participatory training exercise only if the debriefing exercise is carried out after the role-play is enacted. To ensure that learning is taking place, follow the sequence for debriefing presented on the next page.

Debriefing : Experiential Learning Cycle



Session 6: Barriers to effective communication

Objectives:

- To demonstrate barriers in communication,
- To discuss methods to minimize or prevent barriers in communication.

Material needed: White board/black board/flip chart, appropriate markers.

Time: 50 minutes.

Method: Group activity: Role-play followed by debriefing.

Procedure:

1. Divide the participants into 4 groups (with at least four in each group).
2. In each group, 2 people will have a discussion on a particular topic suggested by the facilitator.
3. During the course of their discussion, the third person in their group will attempt to disturb their interaction by verbal and non-verbal behaviour. (For instance, loudly pushing back his chair, making a comment, making sounds, whistling etc.).
4. The fourth person in the group will observe and listen to the discussion for statements, which might have created barriers during the conversation.

5. The facilitator should clearly instruct the group on continuing with their discussion in spite of interruptions by the third person.
6. The group is given 10 minutes for this activity. Suggested topics of discussion are:
 - (a) The link between drug abuse and HIV/AIDS;
 - (b) Changing trends in drug abuse;
 - (c) The effects of drugs on young people;
 - (d) Effects of substance abuse on the family.
7. Reassemble the group and debrief; ask role players and observers to share the experience.

Notes for the facilitator:

Debriefing exercise focussing on the following:

What did you experience?

What were your feelings?

Which behaviours are barriers to communication and why?

Which statements have been barriers in the conversation and why?

The facilitator summarises various behaviours, which create barriers in communication.

How can we prevent barriers to communication from occurring?

Maintaining eye contact,

Not interrupting,

Tolerating a silence when the person answering becomes quiet,

Reassuring,

Not asking excessive questions or repeating questions,

Focusing on the topic; bringing conversation back to the topic,

Not being judgmental or entering into arguments.

The facilitator summarises various methods of preventing barriers in communication.

Session 7: Rehearsals by trainers (of peer intervention) on assertiveness skills

Objectives:

- To enable trainers to rehearse conducting a role-play followed by debriefing,
- To understand the difference between submissive, assertive and aggressive behaviour,
- To accept the need to respect one's own as well as others' needs,
- To learn how to express oneself assertively in a situation of conflict,

- To identify emotions of fear, grief and anger,
- To conduct a training session using facilitators' notes.

Material needed: Copies of case situations, copies of facilitator's notes for this session.

Time: 55 minutes

Methodology: Rehearsal of role-play (based on assertiveness skills)

Procedure:

1. Introduce the purpose of the session to the participants.
2. Circulate copies of one of the following situations to each group of 4-5. (Alternate situations are provided to suit the group being trained. Culturally appropriate situations are to be encouraged):

Situation I

Your former drug-using peer approaches you asking for some money to buy food. He is still using drugs and you are sure that by giving him this money you will be indirectly helping him to buy drugs. What are your possible responses?

Situation II

Your neighbour asks you to lend him your motorcycle for an hour. You have seen him drive recklessly and are unsure if he will keep his word. Yet, you have known each other for long and you respect his mother a lot too. What are the possible ways in which one can respond to this situation?

Situation III

Raja's former drug using friends invite him for a party at their old joint. He knows that he would be called 'names' and accused of abandoning/ insulting them if he refused. He also knows that going there may trigger a relapse as in the past. Previously this was a difficult situation for him to handle. This time with life skills training, he clearly turned it down. What were his possible answers?

Situation IV

Four of his friends tease Ratan for not agreeing to try a cigarette. They call him a "sissy" and other such names. They keep bullying him. How can Ratan get out of the situation? What are his possible responses?

3. Ask the trainers to come forward and take copies of the facilitator's notes for this session.

4. Invite each group member to voluntarily participate in the role-play. It is necessary to call forth for volunteers and refrain from nominating particular members.
5. While one group enacts the role-play, the other group observes. While briefing the groups on observation emphasise that they are not to focus on the quality of acting displayed. Stress that the focus should be on what is being said and done.
6. Present instructions to the groups of role-players:
 - (a) Instruct them about the principles of role-play. Emphasise that the role-play is built around the case situation of the drug abuser / alcoholic with a focus on the emotions being felt by the role-players in the situation and appropriate ways of handling emotions.
 - (b) Provide copies of one case situation to each of the groups so that each will work with a different situation.
 - (c) Request them to designate roles amongst themselves and discuss an outline about how they intend to proceed. Allow only five minutes for discussion. This will ensure spontaneity in their presentation and permit them to improvise as the role-play progresses.
 - (d) Request the role player to wear badges, which says 'Raja', 'neighbour' etc. for easy identification by the observers.
7. Request the observers to sit in a semi-circle and watch the role-play without causing any disturbance/distraction to the enactors.
8. The role-players will now enact the situation. If the role-play proceeds to a point where the expected situation has developed and feelings have been expressed intensely and completely, you may stop the role-play. Otherwise permit it to end on its own.
9. Ask the role-players to remove their badges that define their roles to signify that they are now stepping out of the role. Declare that the role-play is over and that the debriefing will follow the experiential learning cycle.
10. Ask the role-players one by one about how they felt. Help them focus on:
 - (a) Their feelings during the session;
 - (b) The elements that triggered their response and recognise what made them feel or act in a particular way;
 - (c) Ask if the role-players played a submissive, assertive or aggressive role;
 - (d) Their feelings now, after the session
11. Proceed to ask the observers what they observed in the session. Help them focus on the:
 - (a) Sequence of events;
 - (b) The manner, in which each person in the role-play influenced, supported or resisted the other;

- (c) Feelings generated in the observer;
- (d) Did the observers see any such emotion portrayed in the enactment?
- (e) Make sure that each and every group member shares. Help participants recognise emotions in all the case situations;
- (f) Ask if the participants recognised submissive, assertive or aggressive responses.

Notes for the facilitator:

Self-awareness: Recognising one's emotions as they occur and the ability to monitor emotions from moment to moment is key to psychological insight and self-understanding. Being aware of one's emotions makes one more confident when making important personal decisions.

- 13. Identify common emotions such as fear, grief and anger.
- 14. Move on to see if the role-play observations match real-life situations. Ask the group if this situation happens in reality in the lives of clients whom they work with.
- 15. Help them relate the messages at three levels:
 - (a) Knowledge level – contextualise the role play situation to the theoretical inputs provided;
 - (b) Attitudinal shift – recognise the intensity of problems faced, feelings involved and examining the value of the present treatment interventions in helping clients deal with these real issues;
 - (c) Skill development – focus on the ability of the trainer to build on the role-play situation and making the experience meaningful.

Outreach

Session 8: What is outreach? Types of outreach

Objectives:

- To understand the meaning and importance of outreach,
- To explore the different types of outreach,
- To explore how to 'talk to strangers' (especially about sensitive issues).

Material needed: White board, flip-chart paper, and markers.

Time: 60 minutes.

Methodology: Brainstorming followed by role-play.

Procedure:

1. Write the word 'outreach' in the centre of the board/ flip chart.
2. Generate responses from the participants and note them.
3. Follow up with a discussion about doing outreach (discussion questions are given below).
4. Give instances to highlight the various types of out-reach asking 'is this out-reach?':
 - o A mother talking to her children at the dining table about the dangers of substance abuse;
 - o A wife telling her husband in the bed-room about STI and how using a condom can prevent transmission of STI;
 - o A counsellor making a home-visit contact with a HIV positive person (domiciliary outreach).
5. Emphasize that an out-reach contact is made in a person's natural setting. Not all out-reach is street out-reach (detached outreach). Peripatetic outreach means moving or travelling from place to place to reach drug users (e.g., NSEP sites, detoxification centres, etc). The focus may also be on organisations rather than just drug users.

Notes for the facilitator:

- Highlight the importance of communication and the role it plays in effective and positive interactions between people (also refer to the introduction exercise).
- Explain that as future leaders in their community, they may need the knowledge, skills, and resources that they have gathered here.
- Explain how these real-life encounters will allow them to affect positive interactions not only in their outreach efforts, but also in their everyday lives.
- After brainstorming, move on to talk about talking to strangers about condoms.
- Encourage the role play to have these elements and use these elements in debriefing to situation role-played (alternate scenario):
 - o *Situation* – e.g., meeting two drug users.
 - o *Setting* – place/time – e.g., at the corner of a market-place at 10 am in the morning.
 - o *Dynamics* – e.g., the drug users are in a state of withdrawal and are in a hurry to buy and use the drug.
 - o *Approach and initial opening sentence* – e.g., approach may be formal or casual; the initial opening sentence maybe a greeting and information about the outreach worker/programme/purpose of making the contact.
 - o *Risk-reduction message* – e.g., use of sterile injecting equipment and to reduce indirect sharing.

6. Divide the participants into three groups. Call a few volunteers from each group to do a short role play
 - Tell them the scenario: A team of two outreach workers approaches a couple of drug users on the street and wants to inform them about their NGO's work on prevention of drug abuse and HIV/AIDS and talk about safer sex using condoms.
 - The dynamics are different for the three groups – the couple in the first group is in a hurry to get the next dose of drugs, the couple in the second group is attentive, the couple in the third group is hostile.
 - Give the participants space in the middle so that they are standing and one physically approaches the other.
7. Debrief the situation separately for each group.
8. Reassemble the groups and list the different dynamics and the method adopted by the outreach team to deal with the situation.

Discussion questions:

- Reflect on whether we can talk to people we know about using condoms?
- How would you approach someone you don't know – not a potential sex partner – about using condoms?
- It is important to bring up this issue in an effective way so that people can listen because condoms can mean a whole lot of things to folks – including trust, honesty etc.
- How can we talk to people about their (and their partners') sexual behaviour in a non-judgemental way, moving away from a focus on individuals?

Session 9: Practice session on outreach

Objectives:

- To allow participants to understand and experience outreach through practice,
- To enhance communication and outreach skills,
- To record the record the experience of the outreach session in an interview sheet.

Material needed: Paper and pencil for each participant.

Time: 45 minutes.

Methodology: Mock session/ practice session.

Procedure:

1. Explain the purpose of this session. Recap the interview checklist made for interviewing a current user.
2. Encourage each group to make up a situation wherein outreach workers meet drug users to conduct outreach. Each group would plan the setting and dynamics of the outreach meeting, the approach and the initial introduction, what risk-reduction message to give, and the services available.
3. Brief the participants about “GATHER”.

Notes for the facilitator:

Present ‘GATHER’ as a simple way to structure an outreach session-

GATHER stands for:

Greet the substance user and introduce one self.

Ask substance user information required. (Refer to the interview checklist made)

Tell the user about risks related to drug use and service(s) available.

Help the user choose the service(s) they wish to use.

Explain how to access and use the service(s)

Return for follow-up.

The outreach situation selected must be associated with drug use and HIV/AIDS.

4. Divide participants into four groups with at least four persons in each group.
5. Ask two persons to become drug users and two to do outreach with them.
6. Ensure that each pair practices outreach.
7. Ask each participant to record the experience of the outreach session in an interview sheet.
8. After completion, encourage discussion between all participants.

Session 10: Winding up and feedback

- Request a participant to volunteer to recap the day’s session the next morning.
- Show the feedback sheet drawn on chart paper and request each participant to fill it and submit.
- Give Handout: Professional boundaries of ‘acceptable’ outreach work, and request participants to read it. There would be discussion in the post-lunch session of Day Three.