

TEEN PEER MENTORING TRAINING MANUAL

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MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 1: Changing Selves

Objectives:

1. Participants will be able to define adolescence.
2. Participants will be able to describe physical signs of male and of female adolescence.
3. Participants will be able to name the parts of the male and the female reproductive system.
4. Participants will be able to describe the function of the different parts of the male and female reproductive system.
5. Participants will be able to describe what occurs during ovulation and menstruation.
6. Participants will be able to describe the process of fertilization.
7. Participants will be able to identify contraceptive methods.
8. Participants will be able to describe how each contraceptive method works.

Methods:

Interactive lecture
Small group activity
Large group discussion
Video

Materials:

Newsprint
Markers
Masking tape
Ball of yarn
Previously prepared newsprint with outlines of male and female body
Handouts: Drawing of male reproductive anatomy
 Drawing of external female reproductive anatomy
 Drawing of internal female reproductive anatomy
Video: Things My Mother Never Told Me (Altschul Video)
Methods of Contraception Flip chart (Planned Parenthood or ETR
 Associates)
Male and Female Condom
Demonstration Models
Diaphragm
IUD
Pill Packs
Contraceptive Foams, Creams and Jellies

I. Introduction/Pre-Questionnaire

The facilitator will welcome the group. The facilitator should then explain to the training will always begin each session with an exercise, something fun to bring the group together and loosen up. As this is still early in the program and many of the group still are unknown to each other, the group will go through the exercise "The Spider web," and an introduction to each other.

The Spider Web

The facilitator should ask the group to stand in a circle. He/She will hand to one member a ball of yarn and explain that the yarn will be used to make a spider web among the group. The facilitator will ask the participant with the yarn to state his/her name and his/her favorite song, then he/she should grab one end of the yarn and toss the ball to another person, who should present him/herself in the same way. The facilitator should inform the group that it will be important to pay attention, as no one will know to whom the ball of yarn will be tossed next. After the second person has presented him/herself, he/she should toss the ball to another group member, who will present him/herself and will continue the process of tossing the ball of yarn to another member until all members have presented themselves.

After the last participant has presented him/herself, and the spider web has been formed, the last participant should toss the ball of yarn back to the person who was before him/her, and recall to him/her the information given by this second-to-last person. This person should then toss the ball back to the participant before him/her, doing the same. This will continue until the yarn has been rewound into a ball and all participants have recalled the names and songs of the persons who went prior to themselves.

After the exercise, the facilitator should thank the group members for their participation in the game, and ask everyone to take their seats once again. At that point, he/she should explain that this session is designed to cover some important information with respect to their bodies, and more specifically, with their bodies' changes and reproduction. However, before getting into the specific topic, the facilitator should explain that the participants will be filling out a questionnaire that covers much of the information that will be discussed during the training. Participants should not be concerned about having the right or wrong answers, since the information will all be included as part of the mentor training. The facilitator should explain that the questionnaires really give him/her an idea as to the level of information with which participants are beginning. He/She will explain that they will be repeating the same questionnaire at the end of the training, after 15 sessions, and that hopefully, they will show that they have learned something new, and that the facilitator was effective in teaching all the different topics.

The facilitator should then distribute the questionnaire, allowing participants sufficient time to complete it.

II. Our Changing Bodies

The facilitator should then introduce the next topic, which is basic anatomy of the body, specifically the reproductive systems. He/She should ask the group members what, if anything, has been learned in school regarding the reproductive system. The facilitator should confirm with the group that many people never learn anything about their bodies, and never know where to go with questions. This lesson is designed to give a basic understanding of both male and female bodies, how these bodies change with time and how they are capable of some pretty incredible things.

At this point, the facilitator should tape to the wall the outline of a male and female body. He/She should ask the group what it is that differentiates these two bodies, what is the most noticeable body part. The response should be penis/vagina. The facilitator should ask for a volunteer to draw those parts onto the bodies.

The facilitator can then explain that, as males and females, we have different amounts of different chemicals in our bodies which make us change over time into people who can make babies. The facilitator should ask the group if a five year old can make a baby, or an eight year old. When the group responds, "No," the facilitator should ask how old a person would be when he or she becomes capable of making a baby. When the group responds with answers in the range of early teens, the facilitator should inform them that they are right, and that that age marks the beginning of what is called "adolescence."

"At adolescence, the body goes through changes, changes which are designed to make the body capable of producing a baby. The levels of chemicals which switch on our bodies change, which can also cause all kinds of emotional changes. It's like whenever a person gets a rush of chemicals, they go through changes, like drugs, or sugar. The body responds, but so do the emotions."

Referring back to the outlines of bodies, the facilitator should begin with the male and ask the group to name some of the changes associated with adolescence in guys. As each is mentioned, it should be noted on the outline near the appropriate body part. Changes should include:

- Body and facial hair - legs, arms, chest, pubic area, anus
- Deepening of the voice
- Development of upper body muscles
- Growth spurt
- Growth of penis and testicles
- Oilier skin - pimples
- Wet dreams
- Changes in sweat

The facilitator should explain each change and fill in the changes which were not mentioned.

At that point, the facilitator should refer to the outline of the female and ask the group to name some of the changes associated with adolescence in girls. As each is mentioned, it should be noted on the outline near the appropriate body part. Changes should include:

- Growth of breasts
- Body hair - legs, underarms, pubic area
- Growth spurt
- Development of hips (woman's figure) - redistribution of weight
- Development and growth of uterus and vagina
- Menstruation
- Oilier skin - pimples
- Changes in sweat

Again, the facilitator should explain each change and fill in the changes which were not mentioned. Also, it will be important to note once more the emotional changes, which include mood swings, romantic/sexual feelings, rebellion.

III. Reproductive Systems

The facilitator will explain to the group that, for many people, the body is a mystery, and as a result, it has been traditionally difficult for women to take control of our health concerns. The facilitator will explain that the next exercise to be done by the group will provide an opportunity to begin familiarizing ourselves with the body, and more specifically with the reproductive system. He/She will remind the group that the previous exercise looked at the overall body, but now it will be time to "get down to the nitty-gritty." This will be done through an exercise.

Anatomy Exercise:

The facilitator will give each person two sheets of paper. He/She will ask the group to draw the female genitalia on one sheet, and the male on another. He/She will let the group work for about five minutes.

After the group has finished, the facilitator will ask everyone to put their drawings up on the wall. He/She will then distribute drawings of male and female anatomy, and will compare the drawings. The facilitator should give the basic explanation of the anatomy and its functions:

Male:

- Penis - Shaft in which the tube for passing urine and semen is located
- Glans - Head of penis, most sensitive part
- Urethra - Tube through which urine and semen passes
- Scrotum/Testicles - Sac/gland which produces sperm, which is mixed with sugars, proteins, white blood cells to make up semen (The facilitator should demonstrate the process of mixing semen by following the path from the testicles to the urethra, explaining how the different glands along the way

add to the semen prior to ejaculation.)

Female: Outer/Inner labia - Protection of internal openings
Clitoris - Nerve endings located here for sexual pleasure
Urethra - Opening where urine leaves body
Vagina - Opening to woman's reproductive organs
Anus - Opening where feces leave body

Internal female organs: Vagina - Opening to woman's reproductive organs
Cervix - Protects uterus, relaxes and expands during birth
Uterus - Organ where fetus develops
Fallopian Tubes - Tubes through which egg passes on its way to uterus, fertilization occurs here
Ovaries - Organs where eggs are stored and develop

After going through the explanation, the facilitator should explain the process of menstruation and of fertilization. He/She should refer to a large drawing of the internal female organs, and follow the journey of an ovum (egg) from the ovary to the uterus/vagina. The facilitator should explain what occurs if there is no fertilization, as well as if there is fertilization. Throughout the explanation, the facilitator should ask the group if anyone knows the next step, allowing those group members who have learned about ovulation to share their information. The facilitator should gently correct any misinformation.

"The ovaries, where the eggs are stored, release an egg each month, alternating sides. The egg begins to travel through the Fallopian Tubes, toward the uterus. During this time, the uterus has begun to form a lining of blood which would serve to nourish the fetus if fertilization occurs. Fertilization is when an egg and a sperm meet, to begin to form what would be the fetus, or unborn baby.

"Most of the time, no fertilization occurs. (The facilitator should ask the group why fertilization might not occur. Acceptable answers should include no sex, use of a condom, use of other birth control methods, etc.) When no fertilization occurs, the egg continues its trip through the uterus. The uterus, since it does not have to remain ready to receive the fertilized egg, will shed that lining, along with the unfertilized egg, resulting in..." (The facilitator should ask what it is the result, looking for the answer menstruation, period, etc.)

"If a woman has had sex with a man and his semen has gotten into her vagina, fertilization of her egg could occur. The sperm in the semen will begin to swim up through the vagina, and through the uterus, to meet the egg in the Fallopian Tubes. That's the place where fertilization would occur, because that's where the environment is most appropriate. The sperm would meet up with the egg, and then this now fertilized egg would continue to travel down to the uterus to implant itself in the lining."

The facilitator should allow time for questions at this point, and to question the girls as well to be sure that the information was clear. He/She should explain that the group will be seeing a video which reviews much of this information, and introduces the next important topic, which is

some of the different ways people can have sex and avoid fertilization. These methods are referred to as “birth control” or “family planning.”

IV. Video: Things my Mother Never Told Me

The facilitator should then introduce the next activity, which will be to view the video, “Things My Mother Never Told Me.” He/She should ask the group what they think it might be about and why it’s called by that title. The facilitator should lead the group to understand that often, by not talking about sex, we end up with more of the negative outcomes of sex and miss out on some of the positive. The video will talk about sex in general, then the group will have time to go into more detail and to see how the information may be helpful in each participant’s life.

The facilitator should then show the video, which lasts approximately 15 minutes.

V. Contraception

The facilitator should then move on to the discussion of the different methods of contraception. He/She should remind the group how, in the last session, they had the opportunity to learn how fertilization of an egg takes place. The facilitator should ask someone in the group to briefly explain it, using the diagram from the contraceptive flip chart.

After the participant has explained how fertilization takes place, the facilitator should inform the group that he/she will review all of the different ways that the process of fertilization can be prevented or interrupted. The facilitator should go through the different methods in the following order, grouping the methods under the appropriate classification. As he/she mentions the classification and explains what it means, the facilitator should ask the group which methods they might know of, which belong to that classification. If any participant mentions a method, the facilitator should ask that person to explain how he/she thinks the method works.

The facilitator should use the contraceptive flip chart and the demonstration materials to follow through each of the methods. For each one, where possible, the facilitator should demonstrate its use on the models.

Barrier Methods - These methods keep the sperm from meeting the egg by not allowing the semen to pass into the uterus, or by killing the sperm in the semen.

Male Condom - Worn by male on the penis. Prevents semen from entering the vagina. Also prevents transmission of HIV and most sexually transmitted diseases. Available at pharmacies, clinics, social service agencies.

Female Condom - Worn by female inside her vagina. Penis is inserted into condom during sex. Prevents semen from entering the vagina. Also prevents transmission of HIV and most sexually transmitted diseases. Available at pharmacies, clinics, social service agencies.

Contraceptive Foams, Creams and Jellies - most contain an ingredient called nonoxynol-9, which acts to kill the sperm in the semen so it can't fertilize an egg. Also can provide a barrier, making it more difficult for the sperm to move up into the uterus. Can reduce the transmission of sexually transmitted diseases and HIV, when used together with a condom, but will do little to prevent transmission when used alone. Some people are allergic, and will experience itching, burning or irritation. Often, male condoms come lubricated with nonoxynol-9 as an added protection. These foams, creams and jellies must be inserted into the vagina prior to having sex, and re-applied each time the woman has sex, even if she just recently had it.

Diaphragm - Worn by female inside vagina, up against the cervix. This method is only available through a health care provider. It needs to be fitted for the right size of the cervix so that it forms a tight seal. The diaphragm Prevents semen from entering the uterus and traveling into the Fallopian Tubes. Diaphragms are used together with a contraceptive cream or jelly. The diaphragm must be inserted prior to having sex, and left in place 6-8 hours after having sex. If a woman has had sex, still has the diaphragm in, and wishes to have sex again, she must re-apply more contraceptive cream or jelly, without removing the diaphragm.

Hormonal Methods - These methods affect the woman's ovulatory and menstrual cycle, preventing the process of ovulation through chemical changes in the body.

Pill - The pill is taken daily, for a period of twenty-eight days. For twenty-one of those days, the woman is taking pills which contain a combination of chemicals similar to estrogen and progesterone, the body's hormones which control the menstrual cycle. By taking these chemicals in pill form, the body's own production of the hormones changes. As a result, the woman will still menstruate, but will not ovulate. Since no egg is released, fertilization cannot occur. These pills must be prescribed by a medical provider.

DepoProvera Injections - These injections are given every three months, and contain a chemical similar to progesterone. This can fool the body into thinking it is pregnant, so it will no longer release an egg each month. Some people will stop menstruating altogether using this method. The injections are only given by a medical provider.

Norplant - This product is a series of five small tubes containing a progesterone-like substance and works similar to the injections. However, these tubes let out the chemical slowly, over a period of five years. A medical provider must insert these tubes, as they must be placed under the skin through an incision. They can be taken out at any time when the woman wishes to become pregnant, or after five years, when the woman would need new implants.

Natural Methods - These methods are based on the woman's cycle and can be used alone or one in conjunction with another. Of all the contraceptive methods, these are the least reliable, as most women do not cycle in a 100% predictable manner.

Rhythm - Taking into account that for most women, an egg is released on the 14th day after her period has begun, the rhythm method consists of not having sex from day 11 through day 17. During these days, she is most fertile and is most likely to become pregnant. If she has sex on day 11 and an egg is released on day 14, some semen may still be in her Fallopian Tubes and can

fertilize the egg. If she has sex on day 17, the egg will still most likely be in the Fallopian Tubes, where it can be fertilized. This method only works with women who have very regular periods.

Mucous - All women produce some kind of vaginal liquid, and this liquid changes as a woman's body goes through her monthly cycle. During the time when the woman has ovulated, the mucous changes consistency, from slimy to sticky. A woman can tell by inserting her finger in her vagina and testing the mucous. When it indicates that she has released an egg, she should not have sex for 5 - 7 days.

Basal Temperature - The body's temperature also changes during ovulation, rising about 0.5 to 1.0 degrees. This is most notable with the basal temperature, which is what her body temperature is when she first wakes up in the morning, before getting up or doing any activity. There are certain thermometers which are most precise, and can note this small changes in temperature. A woman using this method will need to take her temperature every single morning, and note it on a chart. When she sees that her temperature has risen, she should not have sex for 5 - 7 days.

Withdrawal - This is commonly called the "I'll pull out" method. This requires that a man pull his penis out of the vagina during sex, just prior to ejaculation. This method is not at all reliable, as men produce a liquid called "pre-ejaculate" or "pre-cum" which comes out of the penis prior to ejaculation and can contain sperm. So, even if a man does pull out (which is not easy to do), the sperm from the pre-ejaculate can fertilize an egg.

Other Methods

IUD - This is a device which is inserted into the uterus by a medical provider. It produces a change in the environment of the uterus and, as such, makes it an "unfriendly" environment in which a fertilized egg can implant itself in the uterine lining. While fertilization may take place, the fertilized egg will not implant itself in the uterus and will therefore not grow into a fetus. An IUD is generally only used on women who have already had a baby. Also, with an IUD, the risk of serious infection in the uterus is increased. The medical provider leaves a small string exposed in the vagina which is attached to the IUD - this is to check that it is still in place and for its eventual removal. However, the string can act as a wick to bacteria and carry it into the uterus.

Sterilization - These are surgical methods which permanently prevent pregnancy. They are only for people who have decided they never want to have any more children.

Tubal Ligation - This method consists of tying off the Fallopian Tubes, so that an egg cannot get past the point at which the tubes are tied. As such, no fertilization can occur.

Vasectomy - This method consists of cutting the Vas Deferens, which are the tubes which carry the sperm out of the testicles into the semen. A man will still produce semen, however it will not contain sperm.

After the facilitator has described each method, he/she should allow time for any questions from the group.

VI. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 2: Making Sex Safer**

Objectives:

1. Participants will be able to identify some positive and negative outcomes of having sex.
2. Participants will be able to demonstrate the ability to argue for and against having sex.
3. Participants will be able to describe a simple chain of transmission.
4. Participants will be able to define a sexually transmitted disease.
5. Participants will be able to describe how a sexually transmitted disease is passed from one person to another.
6. Participants will be able to name some of the more common sexually transmitted diseases.
7. Participants will be able to describe symptoms of some of the more common sexually transmitted diseases.
8. Participants will be able to name which sexually transmitted diseases are most common among their age group.
9. Participants will be able to describe what to do they suspect they have a sexually transmitted disease.

Methods:

- Interactive lecture
- Large group discussion
- Small group work
- Experiential Exercises

Materials:

- Newsprint
- Markers
- Masking Tape
- Handouts: STD Facts (ETR Associates)
 Scenario: Miguel and Patti
- Empty envelopes for each participant
- Small pieces of paper, organized into handfuls - one handful should be marked with "x"s
- STD Dominos as described below

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should then remind the group that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise "The Bridge" to the group, explaining it and then going through it.

The Bridge

The facilitator should line up sturdy chairs in two rows, facing each other. Each row should have as many seats as half the group, plus one. The facilitator should form two teams. The members of the opposing teams should climb onto the chairs, to stand facing each other. The empty chairs should be on the end of each line of chairs.

The object of the exercise is to have the person nearest to the empty chair on each team pass the chair down until it is on the other end of the line of chairs. At that point, the team members should all move down one chair, so that the new empty chair is on the end of the line where the old empty chair was originally located. This chair pass should continue until the chairs reach a certain point marked on the floor. The first team to reach that point with their chairs wins.

After the exercise, the facilitator should thank the group members for their participation in the game, and ask everyone to take their seats once again. At that point, he/she should re-introduce the topic of sex, and ask a few questions from the previous module as a review. For example, the facilitator should ask about some of the methods of contraception.

At this point, the facilitator will explain that today's session will continue with the subject of sex, examine the positive and negative things that can result from sex, and look at how the group can minimize the negative results which can occur from having sex, so that they can maximize the positive.

II. What Could be the Results of Sex

The facilitator will explain that the group will be doing a bit of an exercise together to look more directly at what could be the outcomes or results of sex. In order to do this exercise, he/she will ask the group to brainstorm about some of the possible "outcomes" or "results" of sex, starting with a list of all the good things that can happen as a result of sex. After listing the good, he/she should ask the group to brainstorm about the negative "outcomes." The lists should include some of the following:

POSITIVE OUTCOMES OF SEX

Increased intimacy
Good feelings
Exercise
Stress Reduction
Orgasms
Knowing one's body better

NEGATIVE OUTCOMES OF SEX

Unwanted pregnancy
Sexually Transmitted Diseases
HIV/AIDS
Gossip
Trouble at home/in relationship

The facilitator should allow time for the group to comment on these different outcomes. At that point, he/she should ask the group how they think it would be possible to make sex a positive experience, rather than a negative one. In other words, how is it possible to increase the good and eliminate the bad?

The facilitator should focus on each point of the positive side and ask the group how they think they could maximize that aspect of sex. For example, he/she could ask the group how they could become even more intimate with their partner, looking for the group to respond with increased communication, spending more time touching and talking about how that feels.

The facilitator should then focus on the negative side, asking the group how they think they could minimize those aspects of sex. For example, he/she could ask the group how they might avoid an unwanted pregnancy, looking for the group to respond with contraceptive methods.

III. Decisions about Sex

The facilitator should move the group along to look at how people make decisions about sex - whether or not to have it, with whom, what activities they feel comfortable with and what they don't, etc. In order to do this exercise, the facilitator will explain that the group is going to Court, to let a jury decide whether or not a person should have sex in a given situation.

The facilitator should ask for three or four people to act as "attorneys" for the side which believes the person should have sex. He/She should also ask for three or four people to act as "attorneys" for the side which believes that having sex in this situation wouldn't be a good idea. The rest of the group will serve as the "jury," except for one person who should be the "Judge."

The facilitator should distribute the handout with the scenario to be judged. He/She should allow the group time to read it, then ask the two sides to meet to prepare their "cases." The facilitator should stress that each side should seek to find **reasons** for their positions, looking at what might be the outcomes of choosing to have sex, as well as for choosing not to. He/She should assist the "attorneys" to choose a recorder, to write down the reasons, and someone who will present them.

While the groups are working, the facilitator should meet with the "jury" and "judge" to explain their tasks. The "jury" will need to listen to the presentations of both sides, and decide among themselves whether or not the person in the described scenario should have sex. The "jury" should all agree with the outcome. If there are problems coming to agreement, the "judge" can intervene to help the group find a final decision. The judge should also maintain order, letting the "attorneys" take turns, object, etc. The "judge" should also allow each side an opportunity at the end of their presentations to respond to the other side's concerns.

When the "attorneys" are ready, the facilitator should arrange the room as if it were a courtroom. He/She should remind the group of the different court scenes they've seen, or participated in, and how the attorneys listen to each others cases, and can object at any time. The facilitator will explain that each side will make their presentations, after which each side will be

given an opportunity to respond to any of the reasons presented by the opposing side. When both sides have had a chance to present and to respond, the "jury" will make the final decision.

After the exercise is finished, the facilitator should thank the group for their participation and congratulate them on their hard work. At that point, he/she should ask the group if a person goes through a similar decision-making process in his or her head before he or she has sex. The facilitator should allow the group time to discuss when and if sex is always a conscious decision and what happens when and if it is not.

IV. Transmission Exercise

The facilitator will remind the group that one of the possible outcomes of sex is the transmission of diseases, called sexually transmitted diseases. He/She should introduce the following exercise as a chance to take a look at disease transmission in general. He/She will explain the following:

EXERCISE:

Each participant will be given an empty envelope and a handful of small folded pieces of paper. A number of papers will be marked with small "x's," the rest will be blank. Participants will be asked to circulate around the room and greet different members of the group. As one participant greets another, he/she will exchange one of his/her folded pieces of paper by placing it into the envelope of the other. They will then move on to greet another participant, and continue the process of exchanging papers. After a few minutes, the facilitator will call for everyone to "freeze." He/She will ask the participants to look into their envelopes, and ask who has a piece of paper with an "x" marked on it. Those people are people who are "infected." The facilitator can then explain that, at the start of the exercise, only one person had paper with "x's" on them, and after a few minutes, so many more did. The facilitator can then process the exercise with the group, focusing on what this means in terms of possibilities of getting a disease and the relationship to increasing interchanges with "infected" persons.

VI. Sexually Transmitted Diseases

The facilitator will move the group on to focus specifically on diseases transmitted through sex. He/She should relate this topic to the transmission exercise, asking the group to compare sexually transmitted diseases with a cold, for example. The facilitator should begin by reminding the group that a "sexually transmitted disease" is one which is transmitted by an infected person to another person through oral, anal or vaginal sex. He/She could lead the group with questions such as, "How is a cold transmitted? If I get a cold from someone, could I pass it on to another person?"

How would that work as we saw in the exercise? What's the difference between a cold and a sexually transmitted disease? Could I pass a sexually transmitted disease on to someone else like I could a cold? Why not?"

Through this process, the facilitator should lead the group to understand that there is a certain amount of control over whether or not a person gets a sexually transmitted disease. He/She should help the participants to see that, while catching a cold is not necessarily the result of a conscious decision - it can result from being on a bus with someone who is sneezing and coughing - a sexually transmitted disease results from a specific activity - having sex. Knowing that this transmission is the result of a specific activity, the facilitator should then ask the group what other difference exists between colds and sexually transmitted diseases, leading the participants to understand that sexually transmitted diseases are preventable.

VI. Signs of Sexually Transmitted Diseases

The facilitator should ask the group to describe how a person with a sexually transmitted disease looks. As the group calls out descriptions, the facilitator should draw these symptoms onto a newsprint with an outline of a male and female figure. He/She should ask the group to differentiate between symptoms in males and in females, also asking the group why they think that men and women might show different symptoms. The facilitator should lead the group to understand that for women, since much of the reproductive system is internal, the symptoms often go unnoticed as they are not in plain view. He/She should also ask the group if they think it's always possible to tell if a man has a sexually transmitted disease, and how. The group should conclude that for both men and women, sexually transmitted diseases are not always easily detectable by looking at a person or examining their genitals.

At this point, the facilitator should hand out a copy of ETR Associates' STD Facts brochure. He/She should review each disease with the group, noting on newsprint the symptoms in both men and in women. These newsprints should be developed through an interactive discussion with the group, drawing on the information in the brochure and filling in any gaps. The facilitator should review all the newsprints with the group after finishing, and leave them all in plain view.

After reviewing this information, the facilitator should ask the group if they think they might know anyone who has or has had a sexually transmitted disease. He/She should then review with the group recent statistics on sexually transmitted diseases in adolescents in New York City.

VII. Diseases and their Symptoms: STD Dominos

The facilitator should explain to the group that he/she is aware that there is a lot of information on the newsprints, and that it may be hard to absorb. He/She should inform the group that, in order for the information to stay with us longer, the group will be playing a short game to

review it all. The game is called STD Dominos and the group will be matching the diseases with their symptoms.

STD Dominos

The facilitator will distribute large cards to the participants, one to each person. The cards will look like dominos, but rather than having numbers on either half of the cards, one half will have the name of an STD on it and the other half will have the symptoms of a different STD written on it. One "domino" will be taped to the wall and will have the combination "STD Dominos/Gonorrhea (Clap)" written on it. The facilitator will then ask which participant believes she has the domino with the symptoms of gonorrhea on it, referring back to the newsprint if anyone is unsure. That domino will be placed on the wall, touching the side of the first, saying "Gonorrhea" to the side of the second, with the symptoms. The other side of the second domino will have a different disease on it, and the facilitator will move the game along, matching diseases with symptoms. The exercise will continue in this manner until all dominos are placed on the wall. The different dominos will be prepared as follows.

1. STD Dominos/Gonorrhea (Clap)
2. Male: Burning on urination, white or yellow discharge; Female: Perhaps some tenderness in abdomen, usually no symptoms/Syphilis
3. Early signs: small red swelling or bump (chancere), open and encrusted; Secondary Stage: rash or pimple-like sores on palms or soles, large, flat bumps on moist parts of body, swollen lymph glands; Late stage: blindness, heart disease, insanity, death/Herpes
4. Active: small, painful blisters in mouth or on genitals, itching, burning and tingling sensations; Inactive: no symptoms/Chlamydia
5. Male: Burning or pain on urination, cloudy urine in morning; Female: No symptoms, can lead to Pelvic Inflammatory Disease/Pelvic Inflammatory Disease (PID)
6. Female: Lower abdominal pain or cramps, fever, nausea, vomiting, discharge, pain during sex, can lead to infertility/Yeast Infections
7. Female: Thick, white vaginal discharge, itching and swelling; Male: Itching, burning and redness on penis/Trichomoniasis (Trich)
8. Female: Foamy, yellow vaginal discharge with bad odor, itching and swelling; Male: Burning or itching on urination/Lice or Crabs
9. Itching, appearance of very small insect-like animals or white eggs attached to body hair/Genital Warts
10. Small, bumpy warts on genitals, usually painless, appear 1-3 months after contact, itching or burning/Hepatitis
11. Flu-like symptoms, tiredness, nausea, fever, loss of appetite/HIV
12. First Stage: No symptoms; Second Stage: weight loss, skin rashes, diarrhea, weakness, Third Stage: AIDS/Now what?

The facilitator should follow up the game with the question, "Now what?" He/She should ask the group what they think is important for a person to do if that person thinks he or she has an STD. The facilitator should lead the group to understand the importance of seeing a medical provider immediately if suspecting an STD, or every six months if sexually active, as so many STD's do not produce visible symptoms. He/She should explain that most STD's are treatable with

antibiotics, if detected early. Also, the facilitator should discuss the importance of informing one's partner, so he/she can be treated too, to avoid re-infection. Lastly, the facilitator should ask the group how they think they could avoid getting an STD, leading the group to respond with the importance of condom use if sexually active.

VIII. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

SCENARIO

Miguel and Patti

Miguel and Patti have been going out for about three months, and get along really well. Miguel is 17 years old and Patti is 13 years old. They met at a party in the neighborhood. He was there with his girlfriend, but while she was off with her friends, Miguel spotted Patti and started hitting on her. He called her up that week, and they began to go out together. He told her he broke it off with his girlfriend because he likes Patti more.

Miguel has his own car, and he usually picks Patti up from school. Her mom works, so she's not around when they get out of school. Miguel usually takes Patti back to her house, where they hang out for a while until it's time for Patti's mom to come home. Often, they smoke some weed while they're there together - Miguel always has some on hand.

Miguel and Patti have done a lot of kissing and touching, but haven't had sex yet. Today, on their three month anniversary, Miguel picks Patti up with some flowers to celebrate. They go back to Patti's house, and smoke some weed, and start to kiss and touch. Things get really heated up, and soon, their clothes are all over the floor. Miguel wants to have sex, but Patti isn't sure if she's ready. Neither of them have condoms, and since Patti hasn't had sex before, she's not on the pill or anything. But today's really a special day, and she wants it to be something they won't forget.

Should Patti have sex with Miguel today or not?

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 3: HIV/AIDS and Transmission**

Objectives:

1. Participants will be able to describe an immune response.
2. Participants will be able to identify some co-factors to disease progression.
3. Participants will be able to identify the three major routes of transmission of HIV.
4. Participants will be able to identify activities which are completely safe, activities which are defined as "safer," and activities which are unsafe, in relation to the transmission of HIV.
5. Participants will be able to identify ways to prevent sexual transmission of HIV.
6. Participants will be able to describe the proper use of a condom in preventing HIV transmission.
7. Participants will be able to demonstrate how to put on a condom properly.
8. Participants will be able to identify barriers to condom use.
9. Participants will be able to identify ways to overcome some of these barriers.
10. Participants will be able to demonstrate the ability to respond to common excuses for not using condoms.

Methods:

- Interactive lecture
- Large group discussion
- Small group work
- Experiential Exercises

Materials:

- Newsprint
- Markers
- Masking Tape
- Handouts: HIV Disease Progression
- "Fish" prepared as described
- Strings with paper clip "hooks"
- Condom - male and female
- Condom display
- Demonstration Models
- Previously prepared inflated condoms with "excuses" inside

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise "Fruit Basket" to the group, explaining it and then going through it for approximately ten minutes.

Fruit Basket

The facilitator should arrange the participants on chairs in a circle. He/She will explain that this game is one in which the group will need to think fast. The facilitator will stand in the middle, and will explain that he/she will be pointing to different participants. If he/she points to a participant and says "Orange," that participant must respond quickly with the name of the person on her left. If the facilitator points to a participant and says, "Apple," the participant must respond quickly with the name of the person on her right.

The facilitator should guarantee a rapid pace to the game. He/She will explain that if the participant responds incorrectly, or too slowly, that participant exchanges places with the person in the middle and continues the game, pointing out different participants.

At any time in the game, the person in the middle can call out "Fruit Basket," and all participants must change their seats quickly. The person in the middle can take advantage of this exchange to grab a seat, so that the participant who is left without a chair becomes the new person in the middle.

After the exercise, the facilitator should thank the group members for their participation in the game, and ask everyone to take their seats once again. At that point, he/she should re-introduce the topic of sexually transmitted diseases, and ask a few questions from the previous module as a review. For example, the facilitator should ask about how these diseases are passed from one person to another, and what to do if a person suspects he/she is infected.

At this point, the facilitator will explain that today's session will continue with the subject of sexually transmitted diseases, but this time, the group will concentrate specifically on one disease, and that disease will be HIV.

II. HIV and Disease Progression

The facilitator will introduce the following topic by explaining that many people interchange the terms HIV and AIDS, and that while these terms are very much connected, the group is going to start by taking a look at how these terms are somewhat different. He/She should begin by asking the group to describe how a person with AIDS looks, noting responses on the newsprint.

After the group has finished describing a person with AIDS, the facilitator should request that the group describe what a person with HIV looks like, noting responses on newsprint. The facilitator should be looking for responses that indicate an understanding that it is impossible to tell who has HIV by just looks, that a person with HIV can look as healthy, if not healthier than anyone else. The facilitator should ask the group, then, what is the difference between HIV and AIDS? At that point, he/she should provide the following explanation.

"HIV, the human immunodeficiency virus, is the virus which gets into your body and could produce AIDS. The virus lives in your immune system, which is your body's defense system

against the germs we come in contact with every day. Your immune system is very much like your body's army. The first line of defense we have is our skin, which keeps most germs from getting into your body. If some germs should happen to crack that line of defense, we have this army to combat them. The scouts, which are the T cells (also called the CD4 cells), are on a mission to find any of these enemy germs. When they do, they go back to the base to let the army know to send out its troops. The B-cells, which are like the generals, then go to where the enemy is and make antibodies, or weapons, which work on these enemies. These weapons have to be real specific, designed just for the type of enemy, or germ, that the T cells found. While the antibodies kill of the germs, another group of cells, called macrophages, come and dispose of them.

"Now what happens with HIV is that this is a sneaky enemy, and it knows how to get over on the army. Your body does mount a defense response to the HIV virus, but the response doesn't work. What happens is, the scouts, or T cells do find the virus, and send their messages back to the base, so that the B-cells can make the antibodies. But in the time that the base can respond, the HIV virus can get inside the T-cell, and disguise itself to look like your army, rather than the enemy. The B-cells and macrophages arrive, and what they find is just T-cells, but these T-cells are already infected. Now the weapons don't work, because the enemy no longer looks like an enemy.

"The body is always making more T-cells, so that for a while, even though the HIV can be killing off cells, the body can replace them. So that the body remains healthy - even though it's infected. As a result, many people don't know they're infected, and can spend years and years without knowing that they have the HIV virus."

"The body can progress with this disease from being healthy, to being sick, to being healthy again, depending on the person, his/her lifestyle and the care he/she receives. A person can have certain control over the speed with which the virus moves through the body, slowing things down and even keeping the virus somewhat stagnant, if he/she avoids those things that makes the body weak in general, and by following care guidelines designed by the doctor, together with the patient.

"Some of the care a person provides to his/her body can keep that person healthy, while ignoring some of this care can act like a wake-up call that might make that virus move more quickly through the body. What do you think a person might do which would make his/her body weaker, and make it easier to get sick?"

Facilitator should allow the group to brainstorm, and notes responses on easel pad. The final list of wake-up calls, or co-factors should include:

- Re-infection
- Lack of rest
- Poor nutrition
- Stress
- Misuse of drugs, such as prescribed medications not taken as they should be
- Use of drugs in general, and most specifically alcohol and cocaine
- STD's
- Genetics

- Concurrent infections, such as hepatitis, TB

III. HIV Transmission

The facilitator will go on to explain about transmission of HIV, focusing initially on the term "bodily fluids." He/She will explain that, since this disease began, discussion has focused on the risk involved with exchanging bodily fluids, but that not too many people understood what that meant. The facilitator should begin by asking the group to define bodily fluids and to give examples, noting the responses on newsprint. Responses should include:

Blood
Semen
Vaginal Secretions
Saliva
Tears
Sweat
Urine
Breast Milk

After that list has been developed, the facilitator should ask the group what they think is meant by "exchanging" these fluids. The facilitator should clarify that the "exchange" is made when certain ones of these "fluids" from one person actually enter the body of another person. "Since HIV is a weak virus, it's not passed on just by having certain fluids touch your body - they must enter into the body."

The facilitator should then go back to the list of "bodily fluids" and explain that, when a person is infected with HIV, only some of these fluids would actually have enough virus to transmit. The facilitator should ask the group if they know which ones, and clarify with them by marking off: Blood, semen, vaginal secretions and breast milk.

At that point, the facilitator should explain that it isn't always easy to get someone's fluids into another person's body, and that this only occurs through certain activities. In order to look at the activities, the facilitator will explain that the group is going to do an exercise to look at all of these activities and which might transmit HIV if a person is infected. The exercise is called "Gone Fishin'."

Gone Fishin'

The facilitator should create a "pond" by marking off on the floor a large circle using masking tape. Within the circle, the facilitator should place previously prepared "fish," on each which are written one of each of the activities listed below. The "fish" should be cut out of oaktag, the activity written on one side, and a "hook" put into its "mouth" by partially bending a paper clip.

The facilitator will distribute to each of the girls a "fishing pole," which will consist of a string with an opened paper clip in the shape of a hook. He/She will explain to the group that they should all position themselves around the "pond" with their "fishing poles." The participants will be "going

fishing," using their hooks to catch the fish in the pond. The facilitator should explain that no one is to set foot in the pond, or bend over. The participants must remain standing straight, and keep their feet outside the line of masking tape. If they are seen bending or "wading," they will have to put all the fish they have caught back into the pond. The person with the most fish at the end of the exercise will win.

The facilitator should start everyone off at the same time, and allow the group to "fish" until the pond is empty. At that point, the facilitator will ask the participants to sit back down in their seats. He/She will go on to explain that each fish caught has different activities written on its back. These activities may or may not represent a risk of transmission of HIV if done with someone who is infected. The next step in the exercise will be to classify these activities as to how safe they are.

The facilitator should mark off areas on the wall with the words, "Risky," "Safer," "100% Safe." He/She should explain each category - Risky meaning if done with someone infected, this activity will likely transmit the HIV; Safer meaning if done with someone infected, there is a very low risk that this activity would transmit HIV; and 100% Safe means that, if done with someone infected, there is no risk that this activity would transmit HIV. The facilitator should go around the group and have each girls place her activities, one by one, under the appropriate category. He/She should check with the group for each activity, to see if they agree with the placement and to ask why that activity belongs under that particular category. The facilitator should refer back to the list of fluids, and ask what is being "exchanged."

The list of activities and their categories are as follows:

SAFEST

- masturbating alone
- no sex at all (abstinence)
- no drugs at all (abstinence)
- not sharing works/injection equipment
- not injecting drugs
- dry kissing on the mouth
- an adult sucking breasts sexually (not nursing)
- dry humping
- showering together
- massage
- ear piercing with disposable needle
- tattoos with disposable needles
- sharing eating utensils, plates, cups

SAFER

- oral sex on a man with a condom
- deep kissing
- mutual masturbation
- monogamy (two uninfected partners who don't have sex with anyone else)
- vaginal sex with a condom

oral sex on a woman with a dental dam or saran wrap
vaginal sex with a condom and nonoxynol-9
anal sex with a condom
cleaning works/injection equipment with bleach or alcohol
sharing crack stems

UNSAFE

anal sex without a condom
using new works/injection equipment from the street without cleaning them first
vaginal sex without a condom
sharing sex toys
sharing works/injection equipment without cleaning them first
sharing cookers
oral sex without protection
oral sex on a woman with her period
withdrawal before cumming, no condom
no condom - douching after sex
no condom - urinating after sex
sharing tattoo needles
sharing needle/thread to pierce ears
sharing razors and toothbrushes
breast feeding a baby

The facilitator should congratulate the group for their understanding of the information and thank them for their participation in the activity. He/She will explain to the group that, for most of us, we tend to fall in the "Safer" category with our activities, as none of us are so perfect as to stay in the "100% Safe" zone. The facilitator will then inform the group that there are many ways to increase the safety in the "Safer" activities, by knowing how to do these things correctly. In the next session, the group will be looking at how to increase safety and prevent transmission of HIV, as well as the other sexually transmitted diseases which have been discussed.

IV. Perinatal Transmission

The facilitator will remind the group that there is one more method of transmission of this virus which was not mentioned in the exercise, and will ask the group what they think it is. He/She will then go on to discuss the issue of perinatal transmission, emphasizing the fact that this does not always occur and that the statistics reflect that only 25% of the babies born to infected women will actually be born with the virus. He/She will also explain the results of the research regarding the use of AZT during pregnancy, informing the group that early treatment of HIV during a pregnancy can cut the risk of passing the virus on to a baby to 8%. The facilitator should make the idea of percentages more accessible by explaining that, out of 100 pregnant women infected with HIV, that only 8 would actually give birth to an HIV-infected baby, and that 92 babies would be born healthy. He/She should help the group to process this information with regard to the need for HIV testing during pregnancy.

The facilitator would go on to discuss transmission through breast milk, as well as the difference in adult intake of breast milk with regard to risk as compared to infant intake.

V. HIV Prevention: Sexual Transmission

The facilitator will remind the group that HIV and most STD's are completely preventable, since we know exactly how they're being passed from person to person. He/She will remind the group that these diseases are not like a cold, which you can catch just by being around someone who is sick with a cold. The facilitator will explain that HIV is what is termed a "behavior-bound" disease, meaning it is the result of what we do.

The facilitator should inform the group at the start that the behaviors related to HIV are not easy behaviors to change, and that often it takes many tries to reach the goals we might set to prevent transmission. He/She should let the group know that the group will examine what would be the ideal ways to prevent transmission, but that each participant will then have to figure out how this information fits into his/her life. Some of the questions about how to fit the information in will be looked at in future sessions, but the possibility of making some kind of plan can also be discussed with each other, with the facilitator or with the mentors.

The facilitator will ask the group what they've heard about prevention of sexual transmission of HIV and other sexually transmitted diseases, and ask the group to recall some of the activities which were identified as 100% Safe or Safer in the exercise from the previous session. The participants should identify such activities as:

- No sex
- Non-penetrative sex
- Sex with a latex condom or barrier

At this point, the facilitator should explain that no sex at all or non-penetrative sex were identified as alternatives which run no risk of HIV transmission. However, the facilitator should point out that these alternatives are not necessarily ones which a person might choose as a lifetime decision. "Some people may choose to pass up sex for periods in their lives, or in certain circumstances, like if the partner is someone that person doesn't trust, or doesn't feel is worth having sex with. That doesn't mean that the person chooses not to have sex ever." At this point, the facilitator should refer to the question of latex barriers, and how to use them correctly. He/She should show the group the condom display, utilizing it to demonstrate all of the different options, as well as the existence of natural skin condoms and why they are not effective in prevention of STD's and HIV.

The facilitator should demonstrate the proper use of a condom, making sure to address all of the following points:

- 1) The condom must be made of latex or polyurethane. The brand name is not as important as the material with which the condom is made. Each individual will decide which brand he or she prefers.
- 2) Every condom must have an expiration date stamped on the package. If the date has passed, the condom will not be effective, as old latex can get dried out and brittle.
- 3) The package should be intact, without any air holes. Storage of the condom is important, as well. Heat can damage a condom, such as the heat of the body when a condom is kept close to the body (like in a wallet) for long periods of time. Also, if condoms are in a purse with other objects, like keys or pencils, this can puncture the package and damage the condom.
- 4) Care should be used in opening the package, so as not to tear the condom with fingernails.
- 5) The condom should be used from start to finish - it should be placed on an erect penis prior to penetration.
- 6) The condom should be put on by pinching off the tip with two fingers in order to leave an empty pocket in the tip for the semen. The condom should be rolled down to the base of the penis.
- 7) If lubricants are used, they must be water-based. Oil-based lubricants can destroy a condom. (The facilitator can demonstrate the use of a lubricant inside the tip of the condom, to increase sensitivity for the man.)
- 8) Nonoxynol-9 is also a lubricant, as well as a spermicide. Spermicides help to kill the sperm in the semen, to prevent pregnancy. They also can kill off some of the HIV or STD germs, although they are not effective enough to be used alone in transmission prevention. Many condoms are lubricated with nonoxynol-9. Some people may be allergic to nonoxynol-9, and experience itching or burning during sex when using it. This does not necessarily mean the person cannot use condoms; he or she simply must use a condom with a different lubricant which does not contain nonoxynol-9.
- 9) After a man cums, he cannot remain inside his partner with the condom on. When his penis returns to its normal size, the condom will be too big on him and may slip off inside his partner. After cumming, he or she should reach down to hold on to the base of the condom and pull out, so that the condom and the penis come out together.

The facilitator should demonstrate the correct use of the condom, and have each participant demonstrate as well. Models should be used for these demonstrations.

After explaining the correct use of a condom, the facilitator should demonstrate the correct use of a dental dam, saran wrap, a cut condom or a cut latex glove for oral sex on a woman and for rimming. He/She can demonstrate how to cut the condom or glove and how to place the barrier. The facilitator should also discuss the use of water-based lubricants with these barriers.

The facilitator should also demonstrate the proper use of the female condom, using the demonstration model and explaining how to insert the condom. He/She should also demonstrate how the penis must be inserted inside the condom, and not outside the rim.

VI. Difficulties in Condom Use

The facilitator will go on to explain that a lot of people do not use condoms, even though they know how important they are, where to get them and how to use them. He/She should ask the group members why they think people are not using condoms, and note on newsprint the different responses. The facilitator should continue to ask the group to elaborate a list of reasons why condoms are not being used, until the list reaches approximately ten reasons. These reasons can be grouped into categories, such as:

Personal barriers (includes a dislike of condoms, a desire to get pregnant, allergic reactions, problems with where to keep them)

Couple-based barriers (includes issues of trust, communication)

Societal barriers (includes double standards, genocide beliefs, access to information for youth)

When the list has been generated, the facilitator should break the group into smaller groups of 4 - 5 people, and give each group a piece of newsprint and a marker. He/She should ask each group to select a recorder, and then explain that the groups are going to do some brainstorming, or generating of ideas as to how to overcome some of these difficulties in using condoms. At first, the groups should just name as many solutions as come to mind, without censoring or criticizing. The recorder should note every idea. The facilitator should allow about ten minutes for this process.

Afterwards, the facilitator should ask each group to discuss the different solutions they identified and to select the three most reasonable ideas for overcoming some of these barriers. These ideas should be the result of a group process, and will be presented to the group as a whole.

When the groups have completed their discussions and identified their most reasonable ideas for overcoming barriers to condom use, they should reassemble as one group. The facilitator should allow each group to present their ideas, and promote general discussion of the solutions.

VII. Excuses Practice Negotiations

The facilitator will remind the group that information is important, but it's even more important to help people find ways to integrate that information into their lives. He/She will introduce the concept of negotiation techniques, as the ways that we try to convince those people in our lives to start reducing the risks they take around HIV. The facilitator will remind people that there are lots of excuses that people use not to use condoms, and he/she should briefly ask the group for examples.

The facilitator will then explain to the group that they are going to do an exercise to see how we might respond to some of the more common excuses.

Exercise:

The facilitator will ask participants to begin by closing their eyes and visualizing themselves in a room with candles, soft music and their fantasy partner. That partner could be anyone, a person they love, their sexiest actor, etc. You've just had a great night out, and are back

home, together, and dancing slowly to the music. Things begin to heat up, and as one thing leads to another, you need to talk to that partner about condoms. You REALLY are ready to have sex with this person – you can barely stay on your feet, your knees are so weak. But now he/she comes out with some of these excuses why he/she doesn't want to use a condom.

The facilitator should then distribute previously prepared inflated condoms, one to each participant. Each condom should contain a piece of paper on which is written one of the excuses mentioned below. The task is that each participant break open the condom using any part of the body, except for the hands or feet. Once the condom has been broken, the participant should take out the piece of paper, read the excuse out loud and say how he/she would respond to that. . The facilitator should remind people to try to imagine themselves with that sexual fantasy partner, all hot and ready to go. As each person responds to his/her excuse, the facilitator will ask the group if they think that response would work, and if not, what would. The group should continue until all participants have read their slips of paper. The excuses will include:

CONDOMS DON'T FEEL THE SAME AS THE REAL THING.

WHILE PUTTING ON THE CONDOM, I GET SOFT.

WE'VE NEVER USED CONDOMS BEFORE - I'M NOT GONNA START NOW.

YOU DON'T NEED A CONDOM FOR A BLOW JOB.

I DON'T HAVE A CONDOM NOW. I'LL USE ONE NEXT TIME.

CONDOMS BUST.

I DON'T WANT A PIECE OF RUBBER TO COME BETWEEN US.

I DON'T WANT TO USE A CONDOM - I WANT TO HAVE A BABY WITH YOU.

I'M NOT GAY. I DON'T USE NEEDLES. SO WHY SHOULD I USE A CONDOM?

THIS AIDS STUFF IS OVERRATED, SO I'M NOT GOING TO USE A CONDOM.

CONDOMS DON'T FIT ME, BABY. THEY'RE TOO TIGHT.

BUT CONDOMS INTERRUPT THE MOMENT - THEY'RE NOT ROMANTIC.

After the exercise is completed, the facilitator should review the following rules of engagement with respect to condom negotiations.

1. Don't expect the other person to protect you.
2. Always be prepared with what you need.
3. Make negotiation sound like you're taking care of your partner, like you're watching out for him/her.
4. Practice, practice, practice, practice...

V. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 4: Drugs**

Objectives:

1. Participants will be able to define a mood-altering substance.
2. Participants will be able to identify common mood-altering substances.
3. Participants will be able to list the major classifications of drugs.
4. Participants will be able to identify drugs from each of the major classifications.
5. Participants will be able to list reasons why people use drugs.
6. Participants will be able to describe the effects of each classification of drug.
7. Participants will be able to elaborate a harm reduction plan for a young girl using non-injected drugs.
8. Participants will be able to identify harm reduction strategies for a person injecting drugs.
9. Participants will be able to describe the process for sterilizing drug injection equipment.

Methods:

- Interactive lecture
- Large group discussion
- Small group work
- Case Study

Materials:

- Newsprint
- Markers
- Masking Tape
- Syringe
- Spoon
- Cotton ball
- Water/Water glass
- Bleach
- Handout: Mood-Altering Substances
 Case Study

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise "The Assassin" to the group, explaining it and then going through.

The Assassin:

The facilitator should explain to the group that there will be an assassin among the group, and that the group must discover who that assassin is. He/She will explain that the group is to circulate around the room, and that at any point in time, the assassin may "kill" anyone. The "killing" is done by the assassin winking at another person. At that point, the person who has been "assassinated" must count silently to five, and then, with much drama, fall down "dead." This will continue until all are "assassinated," or until someone discovers the assassin. When that person thinks she knows who the assassin is, she should call over the "judge," and present her charges as to why she thinks that person is the assassin. If she is correct, the assassin should admit to the charges and the person who guessed correctly would be the winner of the exercise.

The facilitator should ask for a volunteer to be the "judge." To choose the assassin, the facilitator should ask that all participants close their eyes, and he/she will quietly tap one participant on her head. After he/she does so, the facilitator will ask that all participants open their eyes and begin to circulate, looking around and trying to guess who the assassin is without being "killed off" first.

The facilitator should keep the exercise animated by calling out the numbers of "casualties," and encouraging those who have been "assassinated" to fall with as much drama as possible.

After the exercise, the facilitator should thank the girls for their participation in the game, and ask everyone to take their seats once again. At that point, he/she should re-introduce the topic of HIV transmission from the previous module as a review. For example, the facilitator should ask about how HIV is transmitted.

At this point, the facilitator will explain that today's session will continue with the subject of HIV, but this time, the group will look at how to prevent its transmission.

II. Drugs: What are They?

The facilitator will introduce the topic of drugs by asking people who in the group has had drugs today? He/She should process this question by going through some of the socially accepted drugs, like caffeine, nicotine and white sugar. At that point, the facilitator should define a drug as a mood-altering substance:

Mood-Altering Substance:

Any substance which alters the mood of an individual, changes feelings.

The facilitator will explain that not all "mood altering substances" are illegal, and that many of them have medical uses. He/She should lead the group to understand that the primary problem with these drugs is their misuse. The facilitator should explain that people use drugs for a lot of reasons, and it is these reasons which become problematic for the person who is using drugs. He/She will focus on the problem of misuse, which is when a drug or psychoactive substance is not being used as it is medically prescribed.

The facilitator will explain that the group, with this expanded definition of a drug, will be doing an exercise together. The group will split into three teams, and each team will have a short period of time to list all of the mood altering substances they know, as well as all the different names for that drug. The facilitator will give each group a marker and a piece of newsprint, and call out when to start. After a short time, the facilitator should call "time," and go over the list with the group. The group with the most names for drugs will "win."

The facilitator should then explain to the group that different drugs have different effects, but that the effects of drugs can be grouped into six separate classes of effects. He/She should explain that the group will go over each of the different classes of drugs and their effects, then the group will have a second round of the contest.

Stimulants:

Drugs which speed everything up in the body - like heart rate, pulse, breathing. Make muscles stronger, eliminate fatigue and hunger and give feelings of competence and self-esteem. (The facilitator can give the example of adrenaline and how a person in crisis, with increased adrenaline, can respond.)

Depressants:

Drugs which slow everything down in the body - like heart rate, pulse, breathing. Calm people down and relax muscles, alleviate tension and impart feelings of well-being. (The facilitator can give the example of endorphines, and how a person with too much stress produces endorphines and can feel less stress.)

Hallucinogens:

Drugs which cross sensory messages, so that people claim to "hear" colors or "see" music.

Inhalants:

Drugs which have effects similar to anesthetics, but are taken by inhaling them. Bring on feelings of euphoria.

Narcotics:

Drugs made from the poppy plant, containing a class of substances called opiates. Reduce pain and anxiety, relax muscles. Highly addictive.

Cannabis:

Drugs containing the substance, cannabis, which is found in marijuana. This drug is considered in a class by itself, as it is found in a plant and its effects are the result of a combination of substances, some of which have depressant effects, some have stimulant effects and some have hallucinogenic effects.

After explaining the effects of each class of drug, the facilitator should ask the participants to go back into their teams. After giving them another piece of newsprint, he/she should explain that each group is to take the list of drugs they developed and organize the drugs into the classes they think each drug belongs. The correct classifications are listed below. The facilitator should review the correct responses with the group on newsprint, after each small group has presented their responses.

CONTROLLED SUBSTANCES:

DEPRESSANTS

CHLORAL HYDRATE (Green, Jelly Beans)
BARBITURATES (Phenobarbital, Tuinal, Amytal, Nembutal, Seconal)
BENZODIAZEPINES ((Ativan, Dalmane, Diazepam, Librium, Xanax, Valium, Halcion, Restoril)
METHAQUALONE (Quaalude)
GLUTETHIMIDE (Doriden, often referred to as CIBAS)
OTHERS (Equanil, Miltown, Placidyl)

STIMULANTS

COCAINE (Including crack, rock, blow, snow)
AMPHETAMINES (Biphphetamine, Desoxyn, Dexedrine)
PHENMETRAZINE (Preludin, Diet pills)
METHYLPHENIDATE (Ritalin)
METHAMPHETAMINE (Ice, Crank)

INHALANTS

NITROUS OXIDE (Laughing Gas)

UNCONTROLLED SUBSTANCES:

DEPRESSANTS

ALCOHOL (all forms: beer, wine, hard liquor)

STIMULANTS

CAFFEINE (Coffee, tea, chocolate, cola)
NICOTINE (Cigarettes)
SUGAR (White, processed)

NARCOTICS

OPIUM
MORPHINE
CODEINE (Cough syrups)
HYDROMORPHONE (Dilaudid)
HEROIN (Dope, Smack, Manteca)
MEPERIDINE (Demerol)
METHADONE (Dolophine) (Juice, Biscuits, Meth, Tang)

HALLUCINOGENS

LSD (Acid)
MESCALINE AND PEYOTE (Buttons, Cactus)
AMPHETAMINE VARIANTS (DMA, STP, MDMA, also called XTC)
PHENCYCLIDINE (PCP, Angel Dust, Hog)
OTHERS (Psilocybin, Magic Mushrooms, DMT)

CANNABIS

MARIJUANA (Pot, Reefer, Grass, Blunts, Mota, Hierba)
TETRAHYDROCANNABINOL (THC, also now prescribed as Marinol)
HASHISH / HASH OIL

INHALANTS

GLUE
GASOLINE
PAINT THINNER
LIQUID PAPER
AMYL NITRATE (Poppers, Locker Room, Rush)

III. Why Do People Use Drugs

The facilitator should return to the topic that drug misuse occurs whenever a person is using a drug for any reason other than it being medically prescribed. He/She should review the list of drugs with the group, and ask if there are any drugs on the list which are never medically prescribed. The group should be able to point out specific drugs ranging from alcohol and nicotine, to crack.

The facilitator should then ask the group to brainstorm on different reasons they think people have for using drugs. He/She should note responses on newsprint; responses should include:

- Feel good
- Calm down
- Fit in with a group
- Escape problems
- Take away pain
- Curiosity
- Forget

The facilitator should encourage discussion about the validity of these responses, questioning the group as to if there is any really “good” or “acceptable” reason for using drugs.

At the same time, the facilitator should point out that many people do use drugs, and that drugs are not all that difficult to find. He/She should ask the group members how many have been offered drugs, how many know where they could get drugs if they wanted to, and how many know people who use some of the drugs on the list.

The facilitator will go on to ask the group if they see all drugs as being the same, or if some drugs are worse than others. He/She should ask the participants to explain their responses – which drugs are worse than others, and why. What do participants think of a person who smokes cigarettes? What do they think of a person who drinks alcohol? What do they think of a person who smokes crack? What do they think of a person who injects heroin?

IV. Relative Harmfulness of Drugs

The facilitator should then explain that there is a great deal of misinformation available about drugs, and that we get our information from so many different sources, it's sometimes hard to know who or what to believe. The facilitator will ask the group where they might have heard information about drugs. Responses will include friends, parents, teachers, counselors, tv, etc.

The facilitator will then explain that it is often the combination of messages which confuses the reality with many drugs, so that the information heard about a drug is not always fact, but the result of the mix of these factors. The facilitator will explain that this group will be learning some basic facts about drugs, without all the hype, the confusion of other factors or the scare tactics used by TV. The facilitator

will ask the group why they think they will be discussing these facts during this session, looking for the participants to respond that it will help people to make choices about what they want to do, and that the choices will be based on knowing about something, rather than just following the crowd.

The facilitator will refer back to the newsprint sheets, with each class of drug and the drugs which belong to that class. He/She will look at the effects of each drug without judgment, the good things that may draw someone to that drug in the first place, and the down side, which may bring about problems with continued use of the drug. The facilitator will explain that the drugs themselves are all used medically, so that they do often produce desirable results. But people who self-medicate, or take these drugs without a physician's advice can develop bad relationships with the drugs and end up with what was called misuse of the drug, or a dependency on the drug, using it despite the negative consequences it might produce. The facilitator should ask the group what might be some of the negative consequences of drug use in general, without looking at any drug in particular. Responses should include:

- Economic problems
- Health problems due to impurities in the drugs
- Legal problems
- Relationship problems
- Family problems

The facilitator should review each class of drug and the effects that class can produce:

Stimulants:

These drugs can speed up thinking, give strength and reduce hunger and exhaustion. They often give feelings of confidence and self-esteem.

On the down side, stimulants can upset digestion, affect sexual feelings, cause paranoia (with too much cocaine or crack use, people can experience hallucinations, feeling like bugs are crawling all over them), restlessness, impulsiveness and psychosis (pacing, grinding teeth, repetitive behaviors). When people do stop using stimulants, they may not be able to feel pleasure for a long time, until the body repairs itself and can produce these feelings naturally once again.

People who use stimulants over a long period of time can become malnourished and dehydrated. Their hands can shake, and sometimes they can even have convulsions.

Very high doses of cocaine can produce heart attacks, respiratory failure, stroke or hyperthermia (the body gets too hot and cannot cool itself off.)

Depending on how these drugs are used, they can also produce other damage. Smoking crack, for example, can damage lungs. Snorters can get holes in their noses as cocaine is highly toxic to the tissue inside. Injectors can get abscesses from bad injections.

Depressants:

Depressants can be looked at on several levels. Many depressants are pills, some of which are much stronger than others. All will calm people down, reduce anxiety, relax muscles and produce drowsiness and sleep. They also improve mood and reduce inhibitions, increasing social interactions.

The stronger of the pills, the barbiturates, such as tuinol, phenobarbitol, nembutol, etc., are extremely dangerous as they rapidly produce a tolerance, which means that the longer a person uses them, the more they need in order to produce the same effects. The tolerance in itself is not dangerous,

but with barbiturates, as a tolerant person increases his or her dosage, the person approaches a toxic dose of the drug and can overdose easily.

Depressants also include alcohol, which can cause extensive damage to the body. They can damage the liver, brain, the reproductive system, the digestive system and the immune system - all of this damage is irreversible, so that even when a person stops using, he or she cannot repair the damage done.

As these drugs do reduce inhibitions, often people under their influence can become very aggressive or violent. They can also cause "blackouts," where a person loses memory of a stretch of time.

All depressants are physically addictive, meaning that a person who is addicted to their use can go into convulsions or shock when denied that drug. An alcoholic who wants to stop drinking must do so under medical supervision, so as to reduce these risks. The other danger with depressants is their combined use - using alcohol together with depressant pills produces effects which are greater than the sum of the two drugs, and can easily result in death.

Inhalants:

These drugs produce effects similar to anesthesia, along with feelings of euphoria, heat and dizziness. They are easy to obtain and cheap.

Inhalants can result in a loss of consciousness, often to do inhalation during a long period of time accompanied with the loss of oxygen. They can damage the liver and the respiratory system, as well as completely depressing breathing. Fumes from some of the inhalants can irritate the membranes of the nose, as well as the skin on the face.

Narcotics:

These drugs are the strongest pain killers made. They are used in hospitals after surgery. They also reduce anxiety, relax muscles and produce drowsiness and sleep. Pure narcotics have few destructive side effects, but on the street, these drugs are often mixed with other substances, which can be very harmful to the body.

Side effects do include constipation, nausea, decrease in sexual feelings or an inability to perform sexually. They also are highly addictive, and are hard to kick once addicted. Narcotics are often injected, which can result in infections and abscesses.

Hallucinogens:

These drugs are generally not drugs of addiction, as a person using hallucinogens is unable to do anything else while under their influence. Hallucinogens tend to be used occasionally, rather than chronically. As all hallucinogens are produced in home labs, they are often not pure and can contain substances which are harmful. These impurities can result in a "bad trip," which can be frightening or dangerous.

Cannabis:

As a substance, cannabis does relatively little harm to the body. Some of the effects include slightly increased heart rate, dryness of mouth and eyes and an increase in appetite. Some people experience memory loss while smoking it and sometimes even afterwards. Regular smoking of cannabis can irritate the respiratory tract and produce a chronic, drug cough. Marijuana can contain more tars than tobacco smoke and can produce lung and bronchial disease in some individuals.

V. Drugs and Self-Image

The facilitator should point out to the group that for many people, using drugs makes them feel a part of a group, makes them feel like they belong. However, he/she should also stress that, in terms of the larger picture, a person who uses drugs can be seen as that and nothing more. The drug use can become what defines who that person is.

The facilitator should ask the group to think of a substance user the way society would look at someone who always is high or drunk, asking them to call out all the words used to refer to a person like that. The facilitator should note these words on newsprint, calling attention to the negative words like "junkie," "derelict," "dirty," etc. The facilitator should then add to that how a woman who uses drugs and has kids might be seen by society, adding those words to the newsprint. He/She then should ask the group how they think that substance user might see him or herself, noting that, over time, that person begins to see him or herself the same way society does, or he or she isolates him/herself from society and stays with others doing the same. The facilitator should then ask the group to think of words to describe the people they admire most, their characteristics, noting these words on a new sheet of newsprint. He/She should leave the first newsprint visible. After the group has finished brainstorming the two lists, the facilitator should ask participants to think about each list as a mirror. Which one would they like to have reflecting back at them?

VI. Minimizing Harm

The facilitator will explain to the group that the fact is that many young people do use drugs, and while they may not experience the physical harm that comes from prolonged use, they do experience some of the general harms mentioned, such as problems in school and at home, negative self-image and other risky behaviors. As such, it is important for people who do feel curious about drugs and do try them, to find ways to minimize the harm that can occur.

The facilitator will explain that the group will have a chance to look at a case of someone who is committed to substance use, and to find areas of that person's life in which there can be some reduction of harm. He/She should then split the group into three smaller groups (about four people per group) and hand out the substance user case study. The facilitator should explain that the groups will have a chance to look at the situation in which this person is living, and design some ways for that person to cut down risk in her life. He/She should allow the small groups approximately 15 minutes to analyze the case study and suggest harm reduction strategies.

After the time is finished, the facilitator should assemble the group once again, and ask each group to report their harm reduction strategies. The facilitator should note each strategy on newsprint, encouraging the participants to look at why that strategy might result in reduced harm. Some possible alternatives should include:

1. She could stop using drugs.
2. She could stop using one or two of the substances.

3. She could think about who she is getting high with, and where they do it, being sure that the people with whom one is getting high are people who will not take advantage of "blackouts" or clouded judgment.
4. She could limit the times to get high to weekends, rather than school nights.
5. She could try to find ways to help at home, to take some of the pressure off about negative behavior. She could look where she can improve communication at home.
6. She could stay over night where she plans on getting high, so as not to be on the streets late at night.
7. She could abstain from getting high prior to having to meet with Probation officials.
8. She could limit getting high to after school, rather than before school.
9. She could try to put it off until after completing other responsibilities.

The facilitator should emphasize what that person might be improving by taking some control in each of the areas, such as family relationships, performance in school, problems with the legal system, dangers of drunken driving, etc.

VII. Drugs and HIV: The Connections

The facilitator should go on to examine the connections between HIV and substance use, explaining that while many of the problems associated with substance use can be remedied, getting infected with HIV is one problem where there's no going back. He/She should explain to the group that the connection between HIV and drugs is a complex one, and that often, since the most heard message is limited to sharing needles, many people who use drugs never consider any of the other connections in an attempt to put together harm reduction strategies. The facilitator should then review the following connections, noting each one on newsprint and explaining it fully.

- Sharing of injection equipment, not just needles, may lead to transmission of HIV from one person to another through blood left in the equipment. When a person shoots up, he/she uses a needle, syringe, bottle top or spoon to cook the drug, cotton to filter the drug, and water to dissolve the drug. All of these things can have contact with blood and transmit HIV if one of the person sharing this equipment is infected.
- Exchanging sex for drugs is high risk, as the person who is doing it has little to no control over the transaction. This can also occur if a person is in a relationship with someone because he or she supplies drugs, as the person supplying drugs has all the control of the relationship. The person receiving drugs may have unprotected sex if the other person insists, just to be sure to get the drugs.
- When a person is high or drunk, he/she is not thinking clearly and may do things that he/she wouldn't do when straight, such as unprotected sex or trying injected drugs.
- Injecting drugs exposes a person to infections, by breaking the skin which is the primary barrier to diseases. Each time the skin is broken, the body's defense system has to switch into high gear to kill off any bacteria which might enter through that hole, causing the defense system to weaken over time.
- Certain drugs attack the immune system, such as cocaine, alcohol, speed and steroids. This would make a person more susceptible to HIV if exposed.

- The majority of cases of HIV infection in babies are due to substance use. Either the mother was injecting drugs and got infected, or the father was injecting, got infected and transmitted it sexually to the mother.

The facilitator should then ask the group what steps a person could take to reduce the risk of HIV infection from substance use, noting the responses on newsprint and reviewing why each of the responses might result in reduced harm. Some possible answers could include:

1. A person could stop doing drugs.
2. A person could avoid injecting drugs.
3. A person could avoid drugs which damage the immune system.
4. A person could never share injection equipment.
5. If a person is getting drunk or high with others, he or she could make sure he or she is with others who will not take advantage of cloudy judgment.
6. If a person wants to have a baby, she and her partner could get tested before trying to get pregnant.

The facilitator should then explain to the group the proper method for cleaning works, which is described below. He/She should demonstrate as explaining.

1. Rinse the syringe three times with clean water, squirting out into a waste container.
2. Rinse the syringe three times with bleach, shaking the syringe with the bleach inside for thirty seconds each time and squirting out into a waste container.
3. Rinse the syringe three times with clean water from a new container, squirting out into a waste container.
4. Soak the bottle top or spoon in bleach then rinse it.
5. Change the water used for dissolving the drug.
6. Throw the cotton filter away.

VIII. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

MOOD-ALTERING SUBSTANCES

CONTROLLED SUBSTANCES:

DEPRESSANTS

CHLORAL HYDRATE (Green, Jelly Beans)
BARBITURATES (Phenobarbitol, Tuinal, Amytal, Nembutal, Seconal)
BENZODIAZEPINES ((Ativan, Dalmane, Diazepam, Librium, Xanax, Valium, Halcion, Restoril)
METHAQUALONE (Quaalude)
GLUTETHIMIDE(Doriden, often referred to as CIBAS)
OTHERS (Equanil, Miltown, Placidyl)

STIMULANTS

COCAINE (Including crack, rock, blow, snow)
AMPHETAMINES (Biphetamine, Desoxyn, Dexedrine)
PHENMETRAZINE (Preludin, Diet pills)
METHYLPHENIDATE (Ritalin)
METHAMPHETAMINE (Ice, Crank)

INHALANTS

NITROUS OXIDE (Laughing Gas)

UNCONTROLLED SUBSTANCES:

DEPRESSANTS

ALCOHOL (all forms: beer, wine, hard liquor)

STIMULANTS

CAFFEINE (Coffee, tea, chocolate, cola)
NICOTINE (Cigarettes)
SUGAR (White, processed)

NARCOTICS

OPIUM
MORPHINE
CODEINE (Cough syrups)
HYDROMORPHONE (Dilaudid)
HEROIN (Dope, Smack, Manteca)
MEPERIDINE (Demerol)
METHADONE (Dolophine) (Juice, Biscuits, Meth, Tang)

HALLUCINOGENS

LSD (Acid)
MESCALINE AND PEYOTE (Buttons, Cactus)
AMPHETAMINE VARIANTS (DMA, STP, MDMA, also called XTC)
PHENCYCLIDINE (PCP, Angel Dust, Hog)
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CANNABIS

MARIJUANA (Pot, Reefer, Grass, Blunts, Mota, Hierba)
TETRAHYDROCANNABINOL (THC, also now prescribed as Marinol)
HASHISH / HASH OIL

INHALANTS

GLUE
GASOLINE
PAINT THINNER
LIQUID PAPER
AMYL NITRATE (Poppers, Locker Room, Rush)

CASE STUDY

Joanna

Joanna is a 14 year old, going to school and in 8th grade. She cuts school at least twice a week to go to her friends' houses. All of her friends have parents who work, so that no one is home during the day. There's a core group of girls who hang out together, and some of their boyfriends, but there are also always other people who show up, who are friends of some of the friends. Almost every time, there's a group of strangers there, who came invited by one or another of the friends.

During these days, the group gets together and listens to music and gets high. They always smoke weed, but sometimes there's a lot of alcohol, too. Joanna does okay with the weed, but has gotten so drunk sometimes that she's passed out. One time when she passed out, she woke up without her clothes with some guy she'd never met before.

Now, Joanna is getting into trouble all the time. Her parents are furious with her because she's never in school, hangs out until all hours of the night and is failing in all her classes. They've threatened to take away the telephone and to keep her at home when she's not in school.

In school, when she goes, she spends many days in detention. She's been suspended twice this past month, and has been caught getting high in school. Her parents were called in that time, and she caught hell at home.

Joanna is at the point of being expelled from school, being put on Probation and being sent to a drug rehab program. She doesn't want to do this, as she's afraid she won't be able to see her friends any more.

What can Joanna do?

MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 5: Interpersonal Skills

Objectives:

1. Participants will be able to identify five characteristics which make people easy to get along with.
2. Each participant will be able to identify two of the above-mentioned characteristics he/she has, as well as two which he/she would like to develop.
3. Participants will be able to demonstrate effective listening skills.
4. Participants will be able to identify feelings associated with being listened to.
5. Participants will be able to identify body language indicative of listening.
6. Participants will be able to identify three additional skills to indicate listening.
7. Participants will be able to demonstrate body language indicative of not listening.
8. Participants will be able to define non-verbal communication
9. Participants will be able to identify behaviors which would violate their boundaries as mentor.
10. Participants will be able to demonstrate through role play effective responses to situations which could potentially violate boundaries

Methods:

- Interactive lecture
- Large group discussion
- Experiential Exercise
- Role plays

Materials:

- Newsprint
- Markers
- Masking Tape
- Uncooked macaroni
- Small bowls
- Four foot lengths of string
- Notebooks
- Role Play handout

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise, "Macaroni Necklace," to the group, explaining it and then going through.

Macaroni Necklace:

The facilitator should have all participants sit around a table or on the floor. Each participant should receive a bowl full of uncooked macaroni and a four foot length of string.

The facilitator should explain to the group that they will have five minutes to make a "macaroni necklace," stringing as many pieces of macaroni onto their necklace as possible. He/She should ask each participant to knot one end of their string, so that the macaroni will not slide off. When everyone is ready, the facilitator should call for the time to begin. At the end of the five minutes, the person with the most macaroni on her "necklace," wins.

After the exercise, the facilitator should thank the group for their participation in the game, and ask everyone to take their seats once again.

II. Interpersonal Skills

The facilitator will introduce the topic of interpersonal skills. He/She should ask the group what they think interpersonal skills are. He/She should then define for the group that these are the skills which make a person easy to get along with, easy to talk to, someone people want to get to know and get close to.

The facilitator should ask the group what kinds of skills or characteristics make people easy to get along with, noting the responses on newsprint. Some of the skills mentioned should include:

- X Being a good listener
- X Being a clear communicator
- X Leadership skills
- X Ability to organize others
- X Non-judgmental
- X Empathetic (Being able to step into other people's shoes and feel what they feel)
- X Objective (Keeping your own shit out of things and seeing the situation without your own prejudices)
- X Paying attention to other people's needs
- X Being sensitive to what's going on with the people around you
- X Caring
- X Open, honest
- X Sharing oneself and one's experiences with others
- X Direct (not beating around the bush), but tactful
- X Making decisions
- X Patient
- X Understanding

Exercise:

The facilitator will ask the group to take a look at the list on newsprint and to write in their notebooks which of the skills they each feel they already have. Afterwards, they should write down skills they would like to improve on or learn. The facilitator should explain to the group that this information is for personal use, and does not have to be shared in the group. It can be discussed over time in future meetings, to refer back to as mentors gain experience. In this way, each person will be able to monitor his or her own strengthening of talents and skills and learning of new ones.

At this point, the facilitator should distribute the handout, "The Role of a Mentor," and review it with the group.

III. Communication and Listening

The facilitator will explain that while many of us think that we are always listening to what goes on around us, the fact is that most of the time we listen through our own filters and miss much of what is being said. "Messages which we wish to share with others actually consist of three pieces: the words themselves, the meaning that the speaker wishes to convey and the meaning that the listener puts into those words."

The facilitator can give an example of someone who says, "I really like you." The words themselves are clear, however, the person who said them could mean that he/she likes this person as a friend. The person listening may think that the person speaking was saying that he/she would like to be more than friends. People hear what they want to, even though sometimes it's not what is really meant. The skill in listening is to hear the words, and to check with the person that what is being heard is the same as what is meant by the speaker.

IV. Listening Skills

The facilitator will explain to the group that listening skills require some practice, but that they can be learned. Very few of us ever really feel that we're being listened to, so that the group is going to practice giving full attention to what another person is saying. The facilitator should explain that full attention means not thinking about what you'd like to say, not giving advice, not sharing your own experiences with the other person, but just listening. He/She should give examples of times when something someone says triggers a memory of a similar experience that a listener may have had, and so the listener might respond by saying, "I know what you mean. That happened to me last week and I..." The facilitator should explain that a response like that refocuses the attention away from the speaker, rather than simply allows him or her to speak and to be listened to. To be a good listener, it's necessary to keep focused on the speaker, and the message he or she is trying to convey.

Exercise:

The facilitator will ask split the group up into dyads, and as each dyad to designate one person as "Person A," and the other as "Person B." He/She will then explain that Person A will have five minutes to talk to Person B. Person A should talk about her best characteristics. Person B is to listen to Person A without interrupting, only speaking in order to clarify what is being heard.

At the end of the five minutes, Person B is to repeat back to Person A everything she can remember about what was said. Person A can correct any misinformation afterwards.

After this round is completed, it should be repeated with Person B talking, and Person A listening. Person B should talk about her best characteristics, then Person A should repeat back everything she can remember about what was said.

When both rounds are completed, the facilitator should help the group to process the exercise by asking:

1. How did it feel to listen, without being able to speak?

The facilitator should look for participants to say how difficult it really is to listen to someone without interrupting and to focus on just what was being said. He/She should validate that this is not an easy skill, but that with practice, it can be learned.

2. How did it feel to be listened to?

The facilitator should look for participants to comment on the feelings of support which come from being listened to. He/She should encourage participants to talk about the positive aspects of having a person to talk with, and how that listening can serve to help people to work out their own problems. When a person works out his/her own problem, he/she begins to feel empowered.

V. Non Verbal Indicators of Listening

The facilitator will ask the group how it is that a person knows that he/she is being listened to. He/She will ask the group to think back on the exercise just completed and try to remember what their partners did or didn't do which made them feel that they were being listened to. The facilitator should focus on non-verbal behaviors, noting the responses on newsprint, specifically looking for such responses as:

- Eye contact
- Leaning forward
- Nodding or shaking one's head
- Touching
- Smiling, laughing or facial reactions to what was being said
- Not being busy doing something else, like writing, biting fingernails, picking lint off clothes, etc.

The facilitator should fill in with these responses if the participants have not mentioned some of them. He/She should explain that all of these responses, which never require the listener to say a single word, are referred to as "Attending behavior." Attending behavior is the non-verbal cues we give to others to let them know that we're with them, that we're following what they're saying, that we're interested and that we care. The facilitator should ask participants to think of times when they went to others to talk, and can recall seeing some of these behaviors. He/She should explain to the group that, for some people, these behaviors are done without thinking, that

most people don't stop to think, "I'll nod my head here," but rather that the body automatically does that if the person is really listening. The facilitator should remind the group how supportive it felt to be listened to, and how we can all learn to listen by just keeping quiet and depending largely on these non-verbal cues.

VI. Verbal Listening Indicators

The facilitator will then explain that there are other cues that we can give to people to indicate that we're listening, without refocusing the conversation on our own experiences or needs. He/She should introduce some of the verbal indicators of listening, as listed below. The facilitator should note each one on newsprint, explain what it is and give an example.

- Minimal encouragers - These are sounds and partial sentences that encourage people to continue talking. Minimal encouragers are also often done without thinking. Sounds like "uh huh...," or phrases such as "go on...," "and then?" or "and?..." can let someone know that you're following them and are anxious for them to continue with their story.
- Repetition - A listener can repeat back sentences or parts of sentences to a speaker. One shouldn't repeat every word or sentence, but can occasionally repeat the final word of a sentence when the speaker pauses, or repeat back a statement which was not heard well, questioning to see if what was heard was actually correct.
- Paraphrasing - The listener rewords what was said, rather than repeating back word for word. This is less repetitive, yet is a good way to "check in" with a speaker to be sure that the message that is heard is the same message that the speaker is trying to convey.
- Summarizing - After a speaker finishes explaining what he/she would like to say, the listener can sum things up to be sure that he/she understood the main points of the message.

VII. Non-Listening Exercise

The facilitator will then introduce the problem of not being heard, so that the group can see what happens when some of these verbal and non-verbal cues are not being used. He/She will explain that, just as the group did a listening exercise in the last session, this time they will do a non-listening exercise. The facilitator will organize the group into dyads again, seating them so that there is enough distance between them to be able to talk to each other without interrupting the other dyads. The facilitator will then explain that the dyads will be doing a "role play," which means that each person will take on the role of the character described on the sheet of paper. The facilitator should make clear that this is just pretending to be someone else, so that each person should put aside who she is for the time being and play at being the character in the role play. The facilitator will explain that the idea is to read the character description and to think for a few minutes of how that character would act and feel. When the role play begins, each participant will take on her character, and act as she believes the character would act in the situation described. The facilitator should check that everyone is clear on the role play process.

The facilitator will then hand out the role play descriptions, asking each dyad to decide who will play the role of the client and who will play the role of the case worker. The dyads should have a few minutes to study their roles, then the facilitator should begin the role plays all at the same time. He/She should go around to be sure that the participants are **not** listening to each other. When the facilitator feels that the group is experiencing maximum frustration (usually indicated by a sharp, sustained increase in noise), he/she should end the exercise.

The facilitator should process the exercise by asking the following questions:

1. How did it feel not to listen?
2. How did it feel not being listened to?
3. What were some of the indicators that the other person was not listening?

The facilitator should note on newsprint the list of the feelings of not being listened to. He/She should then ask some of the to recall some of the feelings of being listened to, noting their responses on another list. Both lists should be visible at the same time. The facilitator can then contrast the different feelings provoked by being listened to and by not being listened to.

The facilitator should allow the participants to process some of the frustration prior to addressing the question of non-listening indicators. When the participants have discussed the frustration, they should be able to list some of the indicators, such as:

1. Changing topics
2. Not answering questions
3. Aggressive body language - leaning in, facial expressions, standing up, etc.
4. Raising voices

VIII. Boundaries

The facilitator will then move on to discuss boundaries, asking the group what they feel is meant by boundaries. He/She assists the group in coming to some general definition, which should include the work "limits," so that boundaries are seen as the lines between things that separate and distinguish them and show where the limits are. The facilitator should then explain the following.

"In the time we are serving in our "mentor" role, we must be clear on the boundaries, or lines between our personal and our work lives. This does not mean we are not real with the people we are helping. It just means that in our role as mentor, we focus on their needs, not our own. Everything we do with the people we help should help us move towards the goals of supporting our mentees. We do not try to meet our personal needs through the people we reach. To make it more clear, we need to be aware of our own limitations and work together as a team towards one common goal. This unity is a key part of our program. If we don't begin with our own team, and give ourselves as an example, then we have no right to ask others to work together in a way we can't. That's the foundation for our being real with the people we work with: we need to be models with

our own behavior, or else we're all liars. If I ask someone to do something I'm not willing to do, what does that say about me?"

At this point, the facilitator should ask the group to brainstorm on some of the "No-no's" with mentees. He/She should ask the group what kind of things could we do in our roles as mentors which might confuse others about our role with the program, noting the responses on an easel pad. Some of the responses should include:

- Smoking in front of mentees
- Bad language
- Kissing/Hugging
- Sitting in each other's laps
- Holding hands
- Play fighting or hitting
- Real hitting

The facilitator should explain that these "no-no's" are even more important for the mentors, since it is possible that the mentors may know their mentees from the neighborhood, and that this can be confusing. He/She should also remind the group that none of us is any better than anyone that we may help, and that we should not set ourselves apart from the mentees. Rather we should stand with them in a non-judgmental, caring way and show them some healthier ways to deal with the difficulties in their lives. The facilitator should recognize with the group that these "no-no's" may be stressful for the group. He/She will remind the group that stress will be discussed in meetings with the Program Supervisor, so that alternatives can always be sought out.

Role Plays:

The facilitator should lead the group in carrying out the following role plays, and process each role play after it is finished.

- X Your mentee tells you that his/her sister wants to hook up with you.
- X You're hanging out in the park with some of your friends, and your mentee comes along. Your friends start picking on him/her.
- X Your mentee sees that you have cigarettes in your pocket and asks you for one.
- X You and another mentor have an argument on an outing, which starts getting heated up. Your mentees are getting into it, as well.

IX. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

Our role as a mentor

Boundaries are limits or lines that should not be crossed. Most relationships have boundaries, including the relationship between a mentor and a mentee.

In the time we are serving in our "mentor" role, we must be clear on the boundaries, or lines between our personal and our work lives. It just means that in our role as mentor, we focus on their needs, not our own. Everything we do with the people we help should help us move towards the goals of supporting our mentees. We do not try to meet our personal needs through the people we reach. To make it clearer, we need to be aware of our own limitations and work together as a team towards one common goal. This unity is a key part of our program. If we don't begin with our own team, and give ourselves as an example, then we have no right to ask others to work together in a way that we can't. That's the foundation for our being real with the people we work with. We need to be models with our own behavior, or else we're not setting a positive example. If I ask someone to do something I'm not willing to do, what does that say about me?

There are some things that we might do in our roles as mentors that might confuse others about our role with the program. Some examples are:

- Smoking in front of mentees
- Bad language
- Kissing/Hugging
- Sitting in each other's laps
- Holding hands
- Play fighting or hitting
- Real hitting

These "no-no's" are even more important for the mentors, since it is possible that the mentors may know their mentees from the neighborhood, and that this can be confusing. None of us is any better than anyone that we may help, and we should not set ourselves apart from the mentees. Rather, we should stand with them in a non-judgmental, caring way and show them some healthier ways to deal with the difficulties in their lives.

MENTORING PROGRAM

Module 6: Dealing with Feelings

Objectives:

1. Participants will be able to state the four basic feelings.
2. Participants will be able to state different words which describe the four basic feelings.
3. Participants will be able to differentiate intensity indicated by different vocabulary.
4. Participants will be able to identify incidents which provoke strong feelings.
5. Participants will be able to describe alternative responses to feelings.
6. Participants will be able to identify adaptive ways of addressing strong feelings.

Materials:

- Newsprint
- Markers
- Tape
- Handout: Feelings Vocabulary
- Brown lunch bags
- Colored paper
- Crayons
- Glue
- Scissors
- Previously constructed bag puppet
- Feelings Response Cards, as described below

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise to the group, explaining that this exercise will actually introduce the topic for today's session, which is spoken communication

Objective Descriptions

The facilitator should explain that the group will have a chance to see the effects of how our own interpretations of what we hear can affect our understanding of a situation. He/She will inform the group that, in this exercise, an object will be described and the group will need to guess what it is. The facilitator should ask for three volunteers to be the "describers," and explain that the rest of the group will try to figure out what is being described.

The facilitator should take the three volunteers aside and give them a book, without the rest of the group seeing what the object is. He/She should explain that each person should make an objective description of the object, describing only **one** part of that object. The volunteers should each choose which part of the object they will describe, but should not discuss with each other what they will say about their chosen parts. The facilitator should make clear that the volunteers should not describe what the object is, what it is used for, or what they think of it. For example, if the object is a book, one person can choose to describe the front cover, another the

back and the third, the spine of the book. From there, each individual should think to him/herself what will be said to the group.

While the volunteers think about their descriptions, the facilitator will explain to the rest of the group that the three volunteers will be describing an object to the group and that they will have to guess what the object really is.

After, each volunteer will describe his/her part of the book, one at a time, while the other volunteers wait out of listening distance. After each volunteer has finished, the group should discuss among themselves what they think the object really is. The facilitator should allow a limited time for the group to decide, and then, if they don't guess, show the object to the group.

The facilitator will then process the exercise with the group, focusing on the different interpretations that can be given to one object, depending on the point of view from which it is seen. He/She should explain that partial knowledge or communication can lead to misunderstandings. The facilitator should make the connection to some real life situations in which partial understanding could lead to problems. He/She should ask the participants to think of some examples from their own lives, and to share these examples with the group. If no one offers clear examples, the facilitator can offer an example such as, "Someone tells you that he saw your boyfriend with his arm around some girl, even though he swears he's only with you. You go look for him, furious, only to find out that that girl was his cousin and that she'd fallen down and he was giving her a hand in getting up."

The facilitator should ask how it would have been easier to guess that the object described was really a book. This question should lead the group to conclude that a more complete description would have been necessary to identify the object. The facilitator will explain that it is important to understand what's going on in a situation before responding, and that the skills covered in the last session, listening skills, are important to do that.

The facilitator should ask for examples from the group of how hearing only "half the story" has created problems in other situations for them. He/She should process these stories with the group. The facilitator can then lead the group to conclude that it is important in communication to have a full idea of a situation prior to choosing to respond.

After the exercise, the facilitator should thank the girls for their participation. At that point, he/she should explain that the session today is going to look at feelings and dealing with feelings. One of the most important part of dealing with feelings is learning to communicate them. This session will provide a chance to practice expressing oneself, most specifically where our feelings are concerned.

II. Four Basic Feelings

The facilitator will explain to the group that, as human beings, while we may think we go through hundreds of different feelings a day, the fact is that most of the feelings can be classified into four basic groups. These groups are:

- 1) JOY
- 2) ANGER
- 3) FEAR
- 4) SADNESS

The facilitator should explain that the feelings we have tend to fall into these categories. He/She should divide the group into four smaller groups and ask each group to brainstorm on one of these four feelings. Giving each group a piece of newsprint and a marker, and assigning one of the four feelings, the facilitator should have the participants write down all the words they can think of which reflect that feeling. He/She should give the groups about 5-10 minutes for the exercise.

When the groups are finished, the facilitator should ask each group to choose a reporter who will report back on their list. Each reporter should present his/her group's list. The facilitator can ask the rest of the participants if they would like to add any other words. This should continue until all groups have presented their lists.

III. Meanings Behind the Words

The facilitator will ask the group what they feel is the difference among the words on any one list. He/She can choose a list, and ask for participants to attempt to describe the difference between one word and another. This can continue with each list, while the facilitator guides the group to identify that the difference in the vocabulary is in the strength or intensity of the feeling. A person may be sad to hear that a date is canceled, but that same word wouldn't be used to describe how that person would feel to hear that his or her mother had passed away. By the same token, a person might be furious that someone robbed his home, but he might only be annoyed at missing a train.

The facilitator should remind the group that the intensity of a feeling is also communicated through our body language and our tone of voice. He/She can ask someone who attended the previous lesson group to demonstrate this difference.

The facilitator should ask the group why it would be important to use the whole range of words in expressing one's feelings to another person. This question should lead into a discussion of the importance of putting feelings into perspective in our interactions with others. Additionally, the facilitator should lead the group to examine how a limited feeling vocabulary can lead to misunderstandings, asking the group how a person might feel if this should occur.

The facilitator should distribute the "Feeling Vocabulary" handout at the conclusion of the discussion. He/She should explain that these are just some of the many words which can communicate the basic four feelings. The facilitator can point out that some space has been left for the participants to add their own words.

IV. Feelings and Events

The facilitator should explain that many times, people can confuse feelings, mixing up one with another, never taking the time to identify what it is they are feeling in order to deal with those feelings. The most commonly confused feelings are sadness and anger. The facilitator should help the group identify the different and the similar physical and emotional reactions to events which make us sad versus events which make us angry. The levels of physical energy generated could be one clear example of the differences, while crying might be indicative of both anger/frustration and sadness.

The facilitator should explain that many people tend to ignore, or run from their feelings, which doesn't resolve that feeling, or help move past it. The facilitator should draw comparisons from the group of a physical wound they have gotten, and what they've done to heal it. Responses may include putting on a bandage, washing it out, putting on some kind of cream, leaving it alone for a time, etc. He/She should bring the group to understand that while physical wounds are often treated, or at the very least, protected from further injury, people tend not to do the same for emotions.

The facilitator will explain that the first step in treating any injury is to understand it, where it is and what caused it. As a group, the participants will have a chance to do that today with some of their emotions - to think about the kinds of things that have brought about some strong feelings. The facilitator will explain to the group that, rather than talk about these things, they will have the task of demonstrating things recreating those incidents, through the use of puppets.

V. Incident Development

The facilitator will explain that the group will have a chance to look more closely at specific incidents, by acting them out, both how they took place and how they would have liked them to take place. In order to do this, the facilitator should form smaller groups of four or five people, and ask the groups to spend some time discussing their different incidents and to choose one with which the majority of their group can identify.

Once an incident has been decided on by each group, the facilitator will explain that the group will be making puppets to act out these incidents to the group. They will make as many puppets as necessary to act out the event. The facilitator should distribute lunch bags, crayons, scissors, glue and colored paper to construct the puppets. He/She should show the group a puppet which has been previously constructed so that they understand how the puppets can be made.

The facilitator should allow 20 minutes for the construction of the puppets and the staging of the incident. He/She should make clear to the group that they will be "performing" in front of the group, so that the events around the incident should be understandable to everyone watching. The facilitator should remind the groups that they will be playing out not only how the incident took place, but what other way they could have dealt with it.

Once the groups have finished constructing their puppets and staging their scenes, the facilitator should bring the participants together in one large group. At this point, each of the smaller groups should present their incident, acting it out with the puppets.

After each incident, the facilitator should ask the group about how they worked out an alternative way for the incident to take place. He/She should process with the group the pros and cons of both the way the incident occurred and the alternative. In the processing of the alternative responses, the facilitator should focus on the question of the manner in which the feelings were addressed. The facilitator should press the group to look at what the responses indicate about themselves and their ways of dealing with feelings. He/She might ask how the situation could have been handled differently, or what else could have been done to diffuse or respond to the feelings.

VI. Attending to Feelings

The facilitator should explain to the group that some of the ways we deal with feelings can help the “wound” heal, while others can make it worse. He/She should return to the comparison of a physical wound, asking the group what kinds of things would make a physical wound worsen, rather than heal.

The facilitator should divide the group into smaller groups of four or five people, and give each group a packet of cards. On each card will be written one of various ways people deal with feelings. He/She should ask the groups to discuss these alternatives and to choose no more than three of these ways they **currently** deal with feelings. While the groups discuss the alternatives, the facilitator should distribute a piece of newsprint to each group, with the words written on top of each piece “Dealing with Feelings.” He/She should explain to each group that they will tape the three choices they agree upon to the newsprint to present to the group. The alternatives should include:

- Cry
- Yell
- Fight
- Be alone in room
- Be alone in some special place
- Get high
- Get drunk
- Call friends
- Write
- Listen to music
- Go out with friends to forget
- Eat
- Read
- Blank cards for participants to write their own ideas

When the groups have finished discussing their alternatives and have chosen three, the facilitator should ask each group to present to the rest of the participants. The facilitator should promote discussion among the group as to which of the alternatives might help healing, and which will make matters more difficult. The more adaptive responses, such as seeking support, finding special ways to treat oneself and expressing feelings should be stressed. The facilitator should guide the discussion around the reasons why some of the responses will not help to heal the wound in the long run, but rather prolong or worsen it.

VII. Conclusion

The facilitator should allow the group any final comments they feel they would like to make and thank the group for their efforts and remind them of the next session.

FEELINGS VOCABULARY

HAPPY	SAD	ANGRY	AFRAID
Cheerful Content Delighted Glad Pleased Lighthearted Optimistic Complacent Satisfied Elated Exhilarated Joyful Bright Joyous Enraptured Enthralled Exhilarated Cheery Smiling Sunny Gleeful Jubilant	Dejected Depressed Melancholy Sorrowful Unhappy Despondent Gloomy Blue Discouraged Disheartened Downcast Woeful Disconsolate Cheerless Somber Dismal Heavy-hearted Joyless Spiritless Mournful Down in the mouth In the dumps Glum Discontented	Enraged Furious irate Mad Wrathful Infuriated Raging Seething Incensed Indignant Livid Pissed off Irritated Annoyed Bothered Bugged Sore Sullen Wrathful Cross Bitter Fuming Rabid	Scared Shaky Apprehensive Nervous Frightened Petrified Terrified Hesitant Indisposed Loath Anxious Fearful Concerned Distressed Worried Alarmed Troubled Upset Timid Uneasy Wary Spooked Panic-stricken

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 7: Power and Control**

Objectives:

1. Participants will be able to define power.
2. Participants will be able to describe societal distributions of power.
3. Participants will be able to discuss the impact of these distributions on their own lives.
4. Participants will be able to identify feelings associated with limited power.
5. Participants will be able to identify feelings associated with having a lot of power.
6. Participants will be able to identify methods for redistributing power balances.

Methods:

- Interactive lecture
- Large group discussion
- Small group discussion
- Experiential Exercise

Materials:

- Newsprint
- Markers
- Masking Tape
- Difference Bingo Cards (see attached)
- Pens
- Societal Power Exercise Cards (see below)

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together/her as a group. The facilitator should then introduce the exercise to the group, "Differences Bingo," explaining to the group that this exercise will continue with the process of self-understanding, which has been going on in the last few sessions.

Differences Bingo:

The facilitator should explain that the group will have a chance to play "Bingo," and in doing so, discover more about each other. The facilitator should distribute a "Bingo" card to each participant, and explain that each square on the card represents some characteristic about different people. When the facilitator signals that the game is to begin, each participant should begin to circulate the room, asking each other if they fit into any of the "Bingo" categories on his/her card.

When a participant finds someone who fits into that category, she/he should write that person's name in that square and continue to circulate to fill more squares.

The facilitator should demonstrate with an example. For example, if one of the squares on the card says "Has a sister," the participant should find another participant who has a sister and write his/her name into that square.

The game continues until someone has filled in his/her card on a straight horizontal or vertical line, or on a diagonal, as in any "Bingo" game. At that point, the participant should call out "Bingo." The facilitator should check the card, and if all checks out, that participant is declared the winner.

After the exercise, the facilitator should thank the group members for their participation. At that point, he/she should explain that the session today is going to build on the understandings gained through the last sessions with regard to differences, and how those differences relate to power in our society. Additionally, this session will examine power in the lives of each one of the group, and how that power can be utilized

II. Definition of Power

The facilitator will explain to the group that this session is designed to look at power and how that relates to who we are and the choices we make in our lives. He/She will explain that, in order to begin, it's necessary to define what we mean by "power." The facilitator will ask the group to define the word, "power," noting responses on the easel pad. After the group has had a chance to define the word, the facilitator will provide the definition from the dictionary:

Power: Ability to act or do, strength, influence, command, authority, a mechanical advantage or effect. (New Webster's Expanded Dictionary)

The facilitator should then explain that power is something that can be earned, but it is also something that can be distributed based on who a person is and how one defines oneself. The facilitator should then explain that the group will be doing an exercise to look at power in society, in order to begin to understand how this affects each one of us, and what we can do in response.

Exercise:

The facilitator should place cards on a table, facing up, describing different cultural groups, gender, sexual identity, educational levels and ages. At that point, the facilitator should explain that the group will be working together to look at who has power in this society, and what can be changed about these power relationships.

The cards should say, as follows:

- 1) Woman
- 2) Man
- 3) Asian-American

- 4) Latino/a
- 5) African-American
- 6) White
- 7) Heterosexual
- 8) Gay
- 9) Lesbian
- 10) Bisexual
- 11) Infant
- 12) Adolescent
- 13) Adult
- 14) Senior Citizen
- 15) High School Dropout
- 16) College Graduate
- 17) Person with Doctoral Degree

The facilitator should ask the participants to work together as a group, and to line up the cards on the table in order of who they believe has most power, descending to who has least power. When the group has finished, the facilitator should discuss with the participants the following questions:

- 1) Why did you choose the order you did?
- 2) Does everyone agree with this order?
- 3) If anyone disagrees, why?
- 4) Where do the participants see themselves in this order?
- 5) What does that mean to the participants?

III. Power Exercise

The facilitator will explain to the group that, understanding power in the larger sense, this next exercise will be an opportunity to study "power" in our own lives, and how it can affect each one of us in both positive and negative ways. He/She will remind the group that being aware of and believing in our own power can affect a situation, so this exercise will be an opportunity to see how.

The facilitator will divide the group into smaller groups of four people each. Each group should get four slips of paper numbered one through four, and folded over so the numbers are not visible. The facilitator should explain to the group that the slips of paper have numbers on them, from one to four. When the exercise begins, each group member should choose one slip, without looking at the number on it.

The facilitator will explain that, in this exercise, they are to imagine that they have \$10,000 to distribute among themselves. To do this, they must create a partnership which will determine just how the money will be split up. Members of the partnership will make this decision. A partnership can only be formed, however, by having slips of paper whose numbers total six points or more. So a partnership could be formed by a member with a number four and a member with a number two, or a member with a number four and a member with a number three, or members with

numbers one, two and three. Or a partnership could include all four members, because the total should be six, *or more*.

Participants should choose their slips, open them and begin. The facilitator should ask the participants to note how they feel when they first open their individual slips, as this will be important later. Participants should begin to decide who will form the partnership, then the partnership should decide how to divide the money among the group members. When the distribution of the money is complete, the facilitator should ask the participants to note their feelings, strategies and behaviors, and the effects of others on them.

The facilitator should allow the groups no more than ten minutes to complete the distribution. At that time, he/she should ask the groups to come back together to process the exercise.

IV. Exercise Discussion

The facilitator should ask the groups to discuss their feelings first, on opening their slips and on how the money was distributed. While some groups may want to focus on the distribution, the facilitator should also be careful to have the discussion address the feelings associated. He/She should ask participants to relate some of these feelings to situations in their lives in which they had more or less power.

The facilitator should hang two sheets of newsprint, with one headed "1,2 - Less Power" and the other headed "3, 4 - More Power." He/She should have the participants brainstorm feelings and behaviors associated with each of these groups, recalling both initial reactions and later feelings and behaviors. The discussion should focus on the implications of the two lists. The facilitator should note how those with less power were or were not able to influence in the decisions to distribute the money, how those with the power of decision did or did not include others in the distribution, etc. He/She/He/he should find ways to relate the exercise to daily life, so that the group can see that, while the 3's and 4's in life tend to gang up, so can the 1's and 2's and they can find ways to change decisions. Some of these ways include persuasion, awareness, responsibilities, reason and working together.

The facilitator should also address how easy it is to get angry over power and allow the group to discuss the implications of this anger.

The facilitator should follow up this discussion with a talk adapted from the following:

A better way to look at this exercise and how we redirect power is to think about the concept of "transforming power." Transforming power is the power to dominate a situation and resolve a conflict through the application of inner strength and creativity, rather than violence. It depends on gaining the self-confidence and faith in your inner power to prevail over the wrong actions of others without resorting to physical violence. To do this, you must be absolutely convinced that you are morally right in your stand.

Non-violence is often seen as giving in to those who have power, which is not true. It has been also been wrongfully used to describe situations where threats and other violent language are employed provided that the no physical action has taken place. This ignores the fact that psychological violence can be just as devastating as physical violence.

One can look at the example of Jim Peck, a freedom rider who was thrown into jail in the South in the 1960's. Peck was a small man physically, and was marked as a "punk" by a very large prisoner with a reputation for rapes and assaults on other prisoners. He began to bully Jim: "Hey, kid, get me a glass of water." Jim replied, "Get your own glass of water." The big prisoner clenched his fists and let out a torrent of curses, threatening to beat Jim up if he didn't get the water. Jim stepped up to him, his face exposed, and said, "Well, then, you'll just have to beat me. But no matter how much you beat me, I'm not going to fetch water for you." The man could see that Jim could take it, and could not be made a punk. He backed off and never molested him again. Jim felt the power and cool courage that goes with it, something the other guy couldn't deal with.

A second step for opening the gates is to not carry a weapon. As long as you know you have a weapon to fall back on, you won't rely on your own creativity and it probably won't come. Moreover, your adversary may also have a weapon and may be better able to use it. He/She is much less likely to do so if you don't have one.

At all times, one must keep aware of, and open to, creative transformation of power. When a situation arises, rely on your "gut reaction." If you feel in your gut that the situation is not going your way, don't risk your life but find a way to get out of the situation. While it is important to maintain an image of a strong and courageous person, there are ways to do so without violence. Does anybody think that Jim Peck came off as a punk because he offered to let the other prisoner beat him up rather than get him a glass of water? Participants in the civil rights marches were not regarded as weak because they suffered attacks of mobs and police dogs without fighting back. Their courage and determination drew supporters from all of the country, and finally forced the authorities to summon the National Guard to protect them.

Transforming power takes lots of practice. But the steps to achieve it are not unreasonable. Next time someone gets in your face and is yelling, let him or her finish getting his or her emotions out and talk without arguing back. Don't threaten, don't curse back, don't insult - let that person know you can respect him or her by listening. And if you see his or her position has some validity, be willing to change your own stand a bit and reach agreement that way. People respect a person who can admit he or she was wrong. Sometimes it takes a great deal of patience and persistence to get the prejudice and hatred out of another person. You may have to confront that person again and again, but transforming power is like the constant dripping of water which can wear away a stone.

If time allows, the facilitator can ask the participants to share experiences in their lives when they felt that they had power, and were able to turn a conflict around without resorting to violence.

V. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

DIFFERENCES BINGO #1

Find someone who....

Is taller than 5 feet	Goes to Church	Wears contact lenses	Was born in the Bronx	Knows how to roller blade
Has a sister	Can speak more than one language	Is afraid of heights	Is left-handed	Has fewer than two fillings
Last Name begins with letter "S"	Owens a pet	FREE SPACE	Carries a lucky charm	Is wearing something red
Lives in the South Bronx	Is the first born in his/her family	Has a tattoo	Went to school today	Has never been hospitalized
Can Whistle	Lives with Grand-parent	Has a birthday in winter	Has four or more brothers and sisters	Can dance salsa

DIFFERENCES BINGO #2

Find someone who....

Went to the doctor this month	Can stand on his/her head	Has never been to the zoo	Is allergic to cats	Has no brothers
Is left-handed	Knows how to sew	Has eaten pizza this week	Is taller than 5 feet	Has a birthday in spring
Can speak more than one language	Has a brother	FREE SPACE	Was born in Puerto Rico	First Name begins with letter "M"
Is the youngest in his/her family	Is wearing something striped	Owens a dog	Goes to Middle School	Is wearing sneakers
Went to the movies this month	Has pierced ears	Has on a watch	Can change a flat tire	Has never milked a cow

DIFFERENCES BINGO #3

Find someone who....

Is a Scorpio	Has a girlfriend or boyfriend the same age as him/her	Goes to Middle School	Is a middle child in the family	Has pierced ears
Wears glasses	Is wearing jeans	Is taking a math class	Has on nail polish	First name begins with letter "R"
Can dance the Macarena	Has traveled outside of New York	FREE SPACE	Is wearing a ring	Cannot ride a bicycle
Is left-handed	Shares his/her bedroom with a sister	Has a tattoo	Smokes cigarettes	Has been to the movies this month
Can drive a car	Has moved at least once in his/her life	Carries a lucky charm	Has a VCR at home	Can knit

DIFFERENCES BINGO #4

Find someone who....

Got up before 7:30 this morning	Wears contact lenses	Is the oldest child in the family	Is wearing something black	Has a beeper
Goes to Middle School	Can whistle	Can drive a car	Knows how to roller blade	Lives with a Grand-parent
Has a dog	Was born in New York	FREE SPACE	Has pierced ears	Is a Gemini
Can change a flat tire	Has an older brother	Has been in the hospital	Is wearing sneakers	Can speak more than one language
Last name begins with letter "S"	Has a birthday in the spring	Has never smoked a cigarette	Came by subway today	Is taller than 5 feet

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 8: Conflict Resolution**

Objectives:

1. Participants will be able to identify the positive and negative outcomes of conflict.
2. Participants will be able to identify three basic kinds of conflict and their roots.
3. Participants will be able to classify how conflict is handled in their families.
4. Participants will be able to identify five styles of dealing with conflict.
5. Participants will be able to identify which style of dealing with conflict they most commonly use.
6. Participants will be able to demonstrate the ability to assess the effectiveness of their style of dealing with conflict.
7. Participants will practice other styles of dealing with conflict.

Methods:

- Interactive lecture
- Large group discussion
- Small group discussion
- Experiential Exercise

Materials:

- Newsprint
- Markers
- Masking Tape
- Handout: Positive and Negative Outcomes of Conflict
- Types of Conflict
- Conflict Styles

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise to the group, "Grin and Bear It."

Grin and Bear It:

The facilitator should arrange the participants into two teams; if there is an odd number of participants, one person can serve as a judge. The facilitator should instruct the groups to stand and line up so that all members of one team are directly across from the members of the other team. A toss of a coin determines which team plays first.

The facilitator then explains that the members facing each other, referred to as the "opponents," take turns trying to make each other smile. The first two opponents are to make

faces or use body actions as they attempt to make one another smile. They may not, however, use verbal communication. The person who smiles or grins first must remove herself from the group and sit down. A draw is declared if neither smiles after two minutes, and the two opponents remain on their respective teams.

The second set of opponents then repeats the process until a winner or a draw is declared. The facilitator (and judge) will watch closely to determine who has or has not smiled. After all of the team members have completed, the team with the larger number of members still standing is declared the winner.

After the exercise, the facilitator should thank the group members for their participation. At that point, he/she should explain that this session will explore the issues of violence and conflict, stating that conflict is a normal part of life. "No one's life is without some kind of conflict. Since conflict is inevitable, learning how to deal with it is an important skill to have. Learning how to handle conflict positively can help you get along better with people, and keep problems from growing too big."

II. Defining Conflict

The facilitator should begin the exercise by writing the word conflict on a newsprint page, and then ask the group to brainstorm what they think of when they hear the word "conflict." As the participants call out their responses, the facilitator should record them on the newsprint. The facilitator should encourage the group to keep going until they have completely exhausted their ideas. The facilitator should ask the participants if the listed words/responses are mostly negative or positive. (The participants will probably have brainstormed negative words.) The facilitator should point out that conflict has positive aspects as well as negative. He/She should ask the group to brainstorm on some of these aspects. Some of the positive aspects are: people can share different ideas and opinions and know each other better, there is more creativity if people have different ideas, and if people can talk about their differences then they hopefully can clear them up.

The facilitator should distribute the Positive and Negative Outcomes of Conflict handout, explaining that although conflict can have some positive outcomes, the problem is that people usually don't know how to deal effectively with conflict. Often how well we deal with conflict is determined by what we learned about conflict at home. The facilitator should say that in the next part of the session participants will be discussing what they learn about conflict within our families. The facilitator should ask the participants to form groups of four for the next exercise.

III. Conflict in the Family

Once the facilitator has the participants organized into their small groups of four, he/she should ask the participants to answer the following questions. The facilitator should plenty of time for the discussions in the small groups. The facilitator should remind the participants that each person should get a chance to talk and answer the questions.

- What kinds of conflict do you see in your family?
- Who is involved in the conflicts?
- How do people handle these conflicts?
- What do you think you learn by watching these conflicts happening, or by being part of them?

The facilitator should then ask the participants to come back to the large group. The facilitator should open a discussion by asking the participants what they experienced in the small groups. Do they see the same kinds of conflicts in their families? Do they think they learn that conflict can have any good outcomes? Do they think they react to conflict with others the way they are learning in their families?

The facilitator should introduce the ideas that there are basically three kinds of conflict that people experience. "This is important to know, because if you can identify what kind of conflict you are having you will have a better idea what to do about it. If you can understand what is causing the conflict it may be easier to solve it."

The facilitator can begin by describing personality conflicts. "This can be a clash of styles. People have different ways of going through life. Some people move fast, while some are slow and careful. Some people are loud and some are quiet. Differences in personality can sometimes lead to power struggles."

The facilitator should say next that there are also conflicts about information and opinions. "People can interpret information differently, come up with different opinions. When people get different stories about the same thing, or only hear part of what happened they can come up with different conclusions and get into a conflict over who is right."

The facilitator should tell the participants that the last kind of conflict is the hardest to solve. "This conflict is called conflict of interest. This is when people don't agree on basic values and beliefs, or have very different goals or things they want. An example of a conflict of interest might be a conflict between a wife who believes that drinking is always wrong because her mother was an alcoholic and it killed her, and a husband who sees nothing wrong with having a couple of beers at night."

The facilitator should distribute the Types of Conflict handout, and ask the participants if any of the three kinds of conflict sound like the conflict they witness in their families. The facilitator should ask the participants which kind of conflict they think they have experienced most recently. The facilitator can ask participants what they think might be effective strategies for dealing with each of the three kinds of conflict. "Identifying the kind of conflict you are having is the best first step to solving it."

IV. Responding to Conflict

The facilitator should remind the participants that conflict is a normal part of everyday life. "Everyone confronts conflicts, and each person has developed their own style of dealing with

conflict. Some styles are more effective than others, and different styles are more or less effective in different situations." The facilitator will then explain that the next exercise is designed to look at and understand the four basic ways that people have of dealing with conflict, and to identify which one each participant usually uses. He/She should explain that the group members will get a chance to think about how effective their way of responding to conflict is, and they will practice different ways of handling conflict by role playing real life conflicts they have experienced

The facilitator should ask the participants to divide into groups of three. Once the participants are in their small groups, he/she should ask them to think of a conflict they have experienced with another person. "Each person should think of a conflict. It could be a conflict that got resolved well or one that was never resolved. It could be a conflict with a girlfriend or a boyfriend, a friend, a conflict in school or a conflict with someone in the street." The facilitator can provide an example from his/her life to start the participants thinking. Once each participant has thought of a conflict situation she has experienced, the facilitator should ask the participants to share these conflicts in their small groups. Each person should get a turn to share, describing what happened and what she did about it. The participants should have a discussion about the conflicts they shared, focusing on such questions as: Was the conflict resolved? How effective was the participant's way of dealing with the conflict situation she experienced? Could he/she have tried anything different?

The facilitator should invite the participants back to the large group, and tell them that he/she would like to describe to them the five basic ways that people respond to conflict. The facilitator should tell the participants that while he/she is describing these four ways, they should be thinking about which one they used in the conflicts they talked about in the small groups and which one they think they usually use in their life.

The facilitator should begin by describing "avoiding." "Avoiding is when you choose not to deal. You may decide it's not worth worrying about or that no solution is possible. You might avoid the person you have the conflict with or tell them you'll talk to them later and then never do."

The facilitator should continue by describing "accommodating." "Accommodating is when you basically give in to someone else. You don't get what you want. You might think its easier to let the other person get their way because they have more power than you, or its not worth the hassle of going for what you want."

The facilitator should go on and describe "compromising." "Compromising is when both people in the conflict give in a little and reach a middle ground. Neither one gets what they really want, but they don't have to give in completely either. They might think this is the quickest way to get the problem over with. They might not feel very satisfied."

The facilitator should now describe "collaborating." "Collaborating is when the people in the conflict cooperate to find a way for both to get what they want. They may decide it's worth the time and effort to find a solution to the conflict that will leave everyone feeling satisfied. They dig deep into the issue and are willing to keep going until they come up with a good solution."

The facilitator should finish by describing "competing." "Competing is when you go for what you want even if the other person loses in the deal. You use whatever you have, power, money, etc. to get your way. You think you are right, and trying to win."

After describing the five conflict styles, the facilitator should distribute the Conflict Style handout and ask the participants to think about which style they used in the conflict situation they talked about in the small groups. The facilitator should give the participants several minutes to look at the handout and decide which style they used. Then the facilitator should draw a long line horizontally across the middle of a sheet of newsprint on the wall, and starting at one end of the line space along it the words "avoiding," "accommodating," "compromising," "collaborating" and "competing." This will create a continuum of conflict response styles along the line. The facilitator should then ask the participants to come up to the newsprint and write their first name near the style they used in the conflict they talked about earlier, or which style they use most frequently. They should write their name above the style if they think it has been an effective style for them and its gotten them what they wanted, or below the style if its been ineffective and hasn't resolved things well.

After all the participants have written their names on the newsprint, the facilitator should ask a few people to explain why they put their names where they did. He/She should then ask someone who felt their style was not so effective to be a volunteer for a role play. The volunteer should come to the front of the room, and describe the conflict he/she chose earlier. That participant should then role play the conflict with the facilitator playing the part of the other person in the conflict. The participant should play him/herself. First the facilitator and the participant will act out the conflict as it actually happened. The facilitator should ask the rest of the group to comment on what they see happening, what conflict style the participant is using and give suggestions for how the conflict could be handled better. The role play should be run again, this time incorporating the suggestions from the group.

The facilitator should close the role play, reviewing any important learning that happened. He/She should explain to the group that, while it appears that compromise and collaboration are generally the most effective ways to resolve conflict, they are not necessarily the only ones which can be effective in a given situation. Using the conflicts discussed in the group, the facilitator should give examples of effective use of some of the other styles of conflict resolution.

V. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

POSITIVE AND NEGATIVE OUTCOMES OF CONFLICT

Perceptions of Conflict:

Conflict is usually perceived **negatively** -- Because it is rarely dealt with positively or effectively, we do not have good models or mechanisms for dealing with conflict.

Conflict has a **positive** side, if dealt with effectively.

NEGATIVE OUTCOMES OF CONFLICT:

Increased frustration
Increased hostility
Poor or no decisions
Win/lose orientation

POSITIVE OUTCOMES OF CONFLICT:

Better decisions
Information is generated
Increased communication and listening
Clarification of issues

TYPES OF CONFLICT

Personality Conflicts

This can be a clash of styles. People have different ways of going through life. Some people move fast, while some are slow and careful. Some people are loud and some are quiet. Differences in personality can sometimes lead to power struggles.

Information and Opinion Conflicts

People can interpret information differently, come up with different opinions. When people get different stories about the same thing, or only hear part of what happened they can come up with different conclusions and get into a conflict over who is right.

Conflicts of Interest

This is when people don't agree on basic values and beliefs, or have very different goals or things they want. An example of a conflict of interest might be a conflict between a wife who believes that drinking is always wrong because her mother was an alcoholic and it killed her, and a husband who sees nothing wrong with having a couple of beers at night.

STYLES OF CONFLICT

- **AVOIDING**

Avoiding is when you choose not to deal. You may decide it's not worth worrying about or that no solution is possible. You might avoid the person you have the conflict with or tell them you'll talk to them later and then never do.

- **ACCOMMODATING**

Accommodating is when you basically give in to someone else. You don't get what you want. You might think it's easier to let the other person get their way because they have more power than you, or it's not worth the hassle of going for what you want.

- **COMPROMISING**

Compromising is when both people in the conflict give in a little and reach a middle ground. Neither one gets what they really want, but they don't have to give in completely either. They might think this is the quickest way to get the problem over with. They might not feel very satisfied.

- **COLLABORATING**

Collaborating is when the people in the conflict cooperate to find a way for both to get what they want. They may decide it's worth the time and effort to find a solution to the conflict that will leave everyone feeling satisfied. They dig deep into the issue and are willing to keep going until they come up with a good solution.

- **COMPETING**

Competing is when you go for what you want even if the other person loses in the deal. You use whatever you have, power, money, etc. to get your way. You think you are right, and trying to win.

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 9: Violence and Alternatives**

Objectives:

1. Participants will be able to define violence.
2. Participants will be able to give examples of different forms of violence.
3. Participants will be able to identify reasons for violence.
4. Participants will be able to state initial steps in controlling violent feelings.

Methods:

Interactive lecture
Large group discussion
Case Study
Small group discussion
Experiential Exercise

Materials:

Newsprint
Markers
Masking Tape
Handout: Case Study: Lorenzo
Newspapers
Small scissors (4 - 5)

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise to the group, "Knots."

Knots:

The facilitator will request one or two volunteers to be problem-solvers for the next exercise. He/She should ask those two people to leave the room.

Once the volunteers have left the room, the facilitator should ask the rest of the group to stand in a circle and to join hands. When the group members are in position, the facilitator will explain that they will be taking part in an exercise in which they must cooperate with one another and follow one person's instructions carefully.

The facilitator should then ask the participants to walk over and/or under one another's joined hands so that the group becomes tightly entangled. At no time during this activity are the participants to let go of one another's hands.

When the participants are completely entangled, the facilitator should call the volunteers back into the room. He/She should explain that the volunteers are to untangle this "knot" by directing the participants to move, but that at no time can anyone release hands. The exercise continues until the group members, with their hands still joined, are again standing in a large circle.

After the exercise, the facilitator should thank the group members for their participation. At that point, he/she should explain that this session will explore the issue of violence and how it affects us as individuals, as a community and as a society. "People say we live in a very violent world - what is the evidence of violence in our communities?"

II. Types and Causes of Violence

The facilitator will explain that the group will begin by looking at violence and abuse in our city on a given day, by starting with looking at the day's newspaper. The facilitator should divide the group into four smaller groups, and each group should get a newspaper and a small scissors. The facilitator should explain that each group will have ten minutes to cut out as many articles on violence and abuse as they can in the given time period. Each group should choose a reporter who will present the summaries of three of the articles.

When the time is up, the facilitator should ask each group reporter for a brief summary of their three articles. As the summaries are presented, the facilitator will note on newsprint some key words to identify that case. After all the groups have presented their articles, the facilitator will ask the group to classify some of the different kinds of violence mentioned. Some of the possibilities can include:

- spousal violence
- child abuse
- crime in the streets:
 - mugging
 - rape
 - murder
 - drug dealing and distribution violence
 - gangs
- violence between friends, street buddies
- emotional abuse and violence
- violence toward the elderly
- verbal abuse and violence
- war

The facilitator should also guide the participants to recognize some of the kinds of violence they may not have mentioned in their articles, so that the newsprint list can be as representative as possible.

III. Reasons for Violence

The facilitator should then focus on a few of the articles mentioned and question the group as a whole on why they think that incident may have occurred. The facilitator will help the group sum up with some of the causes of violence and abuse. These general conclusions will be noted on the newsprint. Some of these may include:

- Frustration with one's life
- Feelings of powerlessness
- Anger
- Displacement of anger
- Drug Misuse, particularly alcohol
- Poverty
- Lack of ability to verbalize feelings, win arguments, express oneself
- Hatred towards people who are different or seen as inferior (gays, women, children, elderly, people of different ethnic groups, languages, etc.)
- Learned behavior
- Mental illness

The facilitator should explain that many people blame their violent behavior on the person they've been violent to. "She doesn't listen to me unless I hit her." "My son won't mind me if I don't yell at him." They are saying the other person is responsible for the violence. The facilitator should ask the group what they think of that, drawing out the group's opinions about responsibility for violence. If the group has difficulty in recognizing that each of us is responsible for our own behaviors, the facilitator should ask participants to recall situations in which they were the victims of violence, and help them to realize that they were not responsible for what happened. He/She may need to draw a distinction between being responsible for the violence versus not taking action to avert the violence. The facilitator will guide the group to conclude that each person is responsible for his or her behavior, regardless of what others may do or the feelings others may trigger in them.

The facilitator should ask the group, if each of us is responsible for our own behavior, how might we be able to deal with triggers and feelings and people who piss us off or frustrate us without resorting to physical or verbal abuse or violence? He/She might ask the group to share examples from the participants' experiences, whether they were the perpetrators or the victims of the violence.

III. Violent/Angry Feelings

The facilitator should explain to the group that the first step in dealing with these violent feelings is the recognize that we have them. "Try to locate where in the body the anger is located; for example, a knot in the stomach, the start of a headache, a tense, tight feeling in the neck and shoulders, grinding teeth, etc. At that point, one should identify the feeling and state it, as was learned in earlier sessions: 'I am angry, frustrated, sad, nervous, whatever...'. Then identify the

source of the feeling. "What is making me angry, frustrated, etc.?" Then take a deep breath and try to put the feeling aside for a minute and use the head to lay out some alternatives to deal with the situation. The facilitator should solicit from participants what some of these ways could be (ie. "time out," "putting limits on worry time," etc.) The facilitator can also mention that in some situations, we will need to accept that we can't change them, no matter how angry we get. He/She should ask someone who can to recite the "Serenity Prayer." If no one can, the facilitator should do so.

IV. Alternative Responses

The facilitator will then explain that the group will continue to explore the issue of violence, but will now look to analyze a potentially violent situation in order to find solutions. The idea of this exercise is to brainstorm on as many different alternatives as the participants can identify, to solve a conflict without resorting to violence.

Small Group Analysis

The facilitator will divide the group into smaller groups with 4-5 participants in each group. He/She will distribute the Case Study of Lorenzo and will read the study aloud. The facilitator will explain that the group should address the questions at the end of the Case Study and to write their responses on newsprint. The groups will have twenty minutes to discuss the case and answer the questions.

At the end of the twenty minutes, the facilitator should ask each group to present the answers to their questions. A discussion should follow regarding the justification of the violence, and if this solution was the only possible solution. The facilitator should lead the group to see that the solutions are never simple, and that the outcome of the solution did not necessarily eliminate problems, but may have created new ones.

The facilitator should ask the group to brainstorm on alternative solutions which Lorenzo could have implemented. Each solution should be analyzed with regard to the other problems it might create, and how big those problems might be. Possible solutions could include:

- 1) Pulling his daughter out of the situation.
- 2) Getting in between the couple.
- 3) Distracting the boyfriend by firing into the air.

V. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

CASE STUDY

LORENZO

Lorenzo lives with his wife and his teenage daughter. One night, when he was home with his daughter, her boyfriend came to visit. Lorenzo let the boy in, and left the young couple in the living room, watching TV. Suddenly, he heard the couple begin to argue. He tried not to interfere, but ran in to the living room when he heard the fight start to get physical. Lorenzo saw the two of them in a violent fight and his daughter was on the floor, covering her face while her boyfriend was bending over her, kicking and stomping on her.

Lorenzo was furious and tried to break them apart. When the boyfriend sent him flying with a shove, Lorenzo ran to a drawer in the living room, pulled out a gun and shot the boyfriend. He fired a total of five shots, two of which struck the boyfriend: one in the chest and the other in the throat. The boyfriend fell on the floor, falling on top of the unconscious body of the daughter.

When police arrived, the couple was taken to the hospital. Lorenzo was arrested by the police for wounding the boyfriend with intent to commit murder.

1. Did Lorenzo do the right thing in defending his daughter?
2. Should he have done it even if it had been his son and a girlfriend, and the son was beating the girlfriend?
3. Suppose it was a friend he was defending? Suppose it was a stranger?
4. What should the law be about in a situation like this? Why?
5. What restrictions should there be on a person's right to defend someone else? What could happen if there were no restrictions?

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 10: Gender and Power**

Objectives:

1. Participants will be able to describe trends in gender-related violence.
2. Participants will be able to identify stages of the sexual abuse continuum.
3. Participants will be able to define molestation, incest and rape.
4. Participants will be able to identify some feelings related to sexual abuse.
5. Participants will be able to describe steps to take in case of rape, sexual abuse and/or domestic violence.

Methods:

Interactive lecture
Large group discussion
Video

Materials:

Newsprint
Markers
Masking Tape
Blindfolds
Video Clips: "Friends Raping Friends" (HRM Video)
Handouts: Literature from Rape Crisis Center
Literature from Domestic Violence Program

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise to the group, "Pruee."

Pruee:

The facilitator should explain that this next exercise will be one in which they will need to find the "Pruee," or the indicated person - but that they will be doing it blindfolded. Everyone should put on their blindfolds and stand up in a cleared space.

The facilitator will explain that he/she will be touching someone on the shoulder, and that that person becomes "Pruee." After that person is indicated, the facilitator should instruct the group to mill around the cleared space, and on coming across another participant, reach out to shake her hand. They should ask each other the question, "Pruee?" to see if the other person is the "Pruee." If both people ask the question, the pair should understand that neither is the "Pruee." The "Pruee," when someone shakes her hand, is not to say anything, so that if a participant shakes someone's hand and that person remains silent, she has found the "Pruee." At that point, she

should hang on to that hand and she then becomes part of the "Pruee," so that if someone reaches out to shake her hand, she remains silent as well.

The exercise continues until everyone has joined hands, and all are part of the "Pruee."

After the exercise, the facilitator should thank the group members for their participation. At that point, he/she will remind the group that, up until this session, they have discussed power in a general sense, and how it affects communities and society in general. The facilitator will explain that in this session, the group will have the chance to look more closely at that generalized violence and power issues, and how they impact each one of us as males and females, and the roles we have at home.

II. Gender-Related Abuse of Power

The facilitator should explain to the group that they are going to focus on one specific type of abuse of power, that of gender-related abuse of power. This type of abuse is usually directed by males against females. The facilitator should ask the group to call out all the words they can think of which put girls or women down, noting responses on a newsprint. After noting these responses, he/she should ask the group to think about whether or not they've ever used these words and in what situations.

The facilitator should ask the group to think about what effect this kind of language has on a female. The facilitator should note the following statistics on a newsprint, asking the group to comment on them.

- Every 15 seconds, a woman is battered. Between 15% and 25% of pregnant women are battered.
- In 1991, 28% of all female murder victims were slain by their husbands.
- Every minute, 1.3 women are forcibly raped.
- According to the FBI, 1 out of every three females will be sexually assaulted during her lifetime. One out of every six males will be sexually assaulted.
- Of these women, 32.3% will be assaulted between 11 and 17 years of age. 29.3% will be assaulted under the age of 11 years old. 22.2% will be assaulted between 18 - 24 years of age.
- Approximately 1,155,600 adult women have been victims of one or more forcible rapes by their husbands.

The facilitator will ask the group to discuss the following:

- 1) Why do you think so many women are battered?
- 2) Why do they think females are sexually assaulted more often than men?
- 3) Why do they think that more than half the assaults happen to people under the age of 17?

The facilitator should lead the group to understand the relationship between assault and power, and how those groups with more power, such as men or adults, are less vulnerable to assault than those who have less power.

III. Sexual Assault Continuum

The facilitator should draw a long line on newsprint, and explain to the group that they will be discussing sexual assault in a very broad sense, and that the group will look at all the different ways the power imbalances are played out.

The facilitator should begin on the extreme left of the line and note "Wolf Whistle" on the line. He/She should ask the group to define what a wolf whistle is, asking if anyone in the group has ever experienced that. The facilitator should ask the following questions:

- 1) How does/did it feel when someone did it to you?
- 2) Would it feel different in different situations - in school, in your neighborhood, when you're with a group of friends, when you're alone?
- 3) Could it ever feel threatening? If so, when?

After this discussion, the facilitator should write on the line, next to "Wolf Whistle," the words "Verbal Contact." He/She should give a few examples, one blatant and one not so blatant. For example, "Your tits look delicious in that sweater. I'd love to eat them." After saying that, the facilitator should ask the group how it would make them feel. Then he/she can give the example, "You look so sexy today." The facilitator should follow with these questions:

- 1) How would the second comment make you feel?
- 2) What would make it okay for someone to say that? Would it be okay if it came from a boyfriend? Would it be okay if it came from a teacher? What would be the difference?

The facilitator should lead the group to identify the factors of "who, where, how" as some of the factors which differentiate between when a comment like that is okay and not okay. At that point, the issue of power balances should be brought up, and how those balances differ with a boyfriend versus a teacher.

After this category, the facilitator should note on the continuum the words, "Obscene Phone Calls." He/She should ask the group if it has ever happened to anyone, and if someone responds, how it made her feel. He/She should continue with the same questions, of what makes it not okay, and how that relates to power balances. If it is anonymous but the person knows your name, or pretends to know you, that person has more power due to more knowledge and control.

The next category to be noted on the continuum is "Flasher." The facilitator should ask the group what image comes to mind when they think of a flasher - usually it will be an older man with a trenchcoat. The facilitator should provide other examples, such as family members or parents of friends walking around undressed, or a sibling. He/She should lead the group to understand that it can happen in the home. The facilitator should ask the group what make this action not all right - leading the group to the concept of "AGREEMENT." He/She should help the group to see how the need for consent is necessary to maintain an equal power balance.

After covering the topic of “flashers,” the facilitator should move on to address the next category of “Peepers.” Once again, the facilitator should ask what image comes to mind, attempting to dispel the myth of a peeper being a stranger. He/She can give examples of someone in the family coming into the bathroom every time a person is in the shower. The facilitator should address how that makes a person feel, addressing the issues of powerlessness or helplessness.

The next category, “Feeling up over clothes,” is one which should get special attention, as the facilitator should mention how this is common in school. He/She can give examples of brushing up against someone in crowded hallways, or dancing, or someone touching your butt in the hall. The facilitator should return to the questions:

- 1) How would that make a person feel?
- 2) When is it okay and when is it not okay?

The facilitator should return to the idea of agreement and the equal balance of power in making decisions about what occurs between two people. He/She should allow some time for discussion around this topic.

The next three categories are “Molestation,” “Incest” and “Rape.” The facilitator should define each one:

Rape: Criminal, sexual penetration of any opening with any object

Incest: Sexual abuse by a family member or anyone who feels like a family member (i.e. close friend of family who has been around all one’s life and is referred to as “Uncle”)

Molestation: Sexual abuse under clothes without penetration

The facilitator should refer back to the statistics, and explain that these statistics do not include any of the types of sexual assault mentioned prior to these last three categories. He/She should also ask the group what would differentiate between sex and rape - leading the group back to the questions of agreement and power balances. The facilitator should explain that, in the case of people under the age of 13, any of these acts cannot be considered part of an agreement under law, because the law doesn’t consider that a young person can give consent. He/She should also note the special problem of incest, as it not only address issues of power, but also of trust, as there is a strong aspect of betrayal.

The facilitator should take enough time with the continuum to allow the group to comment and process each step along the line and the feelings associated.

IV. Vulnerability versus Power

The facilitator should explain to the group that they will be seeing a couple of scenes in which sexual assault in a couple becomes an issue. He/She should explain that in 70 - 85% of the cases of rape, the person knows her/his assaulter. The facilitator put on the video, “Friends Raping Friends,” and should show the scene of Allison and Charlie.

The facilitator should then ask the following questions:

- 1) What do you think Charlie thought about what had happened? Did he have the right to push for sex? What made him think he had that right?
- 2) What could Allison have done to get out of her situation? At what points in the date could she have avoided the rape?
- 3) Was this anyone's fault? If so, whose fault?

The facilitator should address the question of "fault" and ask the question with several different alternatives:

- 1) If Allison had dressed differently, would Charlie have thought he had the right to sex?
- 2) If Allison had not had any champagne, would Charlie have thought he had the right to sex?
- 3) Allison had paid for her own dinner, would Charlie have thought he had the right to sex?
- 4) If Allison had refused to go back to Charlie's house after dinner, would Charlie have thought he had the right to sex?
- 5) If Allison had not had any drinks with Charlie, would he thought he had the right to sex?
- 6) If Allison had not cuddled up to Charlie, would he thought he had the right to sex?

The facilitator should then ask the question, "What would give Charlie the right to have sex with Allison?" The facilitator should allow some discussion of this question, challenging the group to understand that no one has "rights" over the body of another person.

The facilitator should next show the scene of David and Kim. After the scene, the facilitator should ask the group to discuss what Kim did to protect herself. He/She should lead the group to see the areas in which Kim took power and control of the situation:

- 1) She fought back.
- 2) She got away.
- 3) She called for her friends.

V. Increasing Power in a Dangerous Situation

The facilitator should build on the scene with David and Kim to ask the group how they might increase their own power in a situation. He/She should lead the group to understand the importance of three concepts:

- 1) PREVENT
- 2) MAINTAIN YOUR POWER/CONTROL.
- 3) PROTECT

The facilitator should ask the group for some suggestions in the case of Kim of what were the warning signs she might have picked up on to prevent the situation, noting responses on newsprint. Some responses might include:

- Didn't listen to her
- Was in her face
- Drinks/drugs and pushes drinks/drugs on her
- Gets pissed off
- Locked door

The facilitator should then ask how Kim, or anyone else, might keep control and power in a situation like theirs. He/She should note responses on newsprint, which might include:

- Don't drink/drug with others who can't be trusted
- Don't be alone with someone you can't trust
- Remember your value as a person
- Be aware of your surroundings
- Date people your age, rather than much older
- SPEAK UP!
- If you feel uncomfortable, get out.
- Trust your instincts.
- You can be rude.
- Know your strengths and weaknesses.

The facilitator should ask the group what they think should be done if a person has been abused or raped, and what they could do as friends if something should occur. He/She should note responses on newsprint, and fill in where some responses do not get mentioned. Responses should include:

- Take care of yourself.
- Talk to someone you can trust. If your friend comes to you, listen.
- Get support.
- After being raped, a person should remember that this is a trauma. Whatever was done to survive, it was the right thing. IT'S NOT YOUR FAULT!!!!
- Get medical attention - the sooner, the better.
- In cases of domestic violence, a person should make a plan as to how to get away if things get out of hand. Leave keys, money, a change of clothes with someone.
- Call Rape Crisis Center - 24 hour number 212-267-7273.

The facilitator should hand out some literature on Rape Crisis Center and the Domestic Violence Hotline at the end of this discussion.

VI. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

NON-LISTENING EXERCISE ROLE PLAYS

PERSON A:

You are talking to your best friend, who is four months pregnant. The baby's dad is your older brother. Both she and your brother really want to have this baby, and is all excited about it. But she's not taking care of herself and is doing a lot of things you think are really stupid.

You've decided that you want to talk to her about these things, like the fact that she's getting high every single day, and drinking as well. She's been sniffing spray paint every day, before school and again at night. She's also been partying hard on the weekends, drinking from Fridays to Sundays, often to the point of passing out completely.

You are very worried about her and her baby, and afraid if your brother finds out about how your friend is acting, he'll get all pissed off at her and maybe will hit her. It wouldn't be the first time he's done that, but now that she's pregnant, you don't want to see him get violent. You want to get your friend to lay off the drugs and alcohol and take care of herself and her pregnancy, and you want her to understand how serious this is.

PERSON B:

You're four months pregnant, and the baby's dad is your best friend's brother. You and she are always hanging out together, and she's been your partner in ditching and spending the day getting high and just hanging out. You and she have gone through all kinds of things together, and you count on her to back you up in whatever you do.

While you really want to have this baby, you also don't want to be held back by the pregnancy. You want to continue to have fun, hang out, get high, fight and do whatever you please. The baby's father wants you to have the baby, even though the two of you aren't together anymore. You broke it off with him because he was always telling you how to act, whom to hang out with, and when you didn't, he'd get all furious and sometimes even hit you. So you sent him packing and now you feel like you can do what you want and don't want anyone telling you otherwise.

You want your friend to hang out with you today - you want to ditch and go to her house to party. You're feeling like you need to get away from things, since your parents just found out about your pregnancy and came down hard on you. You want to forget about it all for a while, and you want your best friend with you.

MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 11: Planning and Managing Time /Money

Objectives:

1. Participants will be able to describe the steps necessary in planning an activity.
2. Participants will be able to describe how those steps relate to reaching their goals for their own lives.
3. Participants will be able to demonstrate application of these steps in planning how to spend money.
4. Participants will be able to demonstrate application of these steps in planning how to manage time.

Methods:

- Interactive lecture
- Small group discussion
- Large group discussion
- Experiential exercise

Materials:

- Newsprint
- Markers
- Masking Tape
- 6 Bottles
- Bucket of dried beans
- 40 large cards, prepared as described below in Planning Exercise
- Handouts: Money Management
 Time Management

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise to the group, "The Bottles."

The Bottles:

The facilitator will explain to the participants that they will have a chance to look at the question of getting a task completed in this exercise. The task at hand will be to fill up the bottles with the dried beans.

The facilitator should ask for a first group of six volunteers, and give each volunteer an empty. At one end of the room, the facilitator should place a bucket filled with dried beans. The volunteers should line up across the room from the bucket, each holding her bottle.

When the facilitator calls to start, the participants should be instructed to go to their buckets and fill their bottles. The person which fills her bottle most quickly and gets back to her starting point first will win.

When the group has finished, the facilitator should ask each volunteer to hold up her bottle and to see how filled it is or if any beans spilled out. After this review, all volunteers should place their beans back in the bucket.

Next, the facilitator should have another group of six participants repeat the exercise. Prior to starting, however, the facilitator should ask the group first what they saw happened among the first group and discuss/evaluate their performance.

After the second group has finished, the facilitator should lead a discussion regarding the outcome of a spontaneous, uncoordinated action and a planned, coordinated action. He/She should ask the group:

- 1) What happened with the first group? How did they work?
- 2) Why do they think the outcome was as it was?
- 3) What changed with the second group?
- 4) Why do they think these changes occurred?

After the exercise, the facilitator should thank the group members for their participation. At that point, he/she should explain that this session will look at the effect of planning one's actions, and how that relates to the outcomes that a person is seeking. The facilitator should explain how goal-setting can serve as the basis for thinking about how we can get where we need to be. "Goal setting helps people get clear on what they want to do with their lives, and helps them to plan to get what they want and need. People can set goals for making money, finding a good career, having good relationships, staying clean, raising kids, learning new things, etc. If you don't know where you want to go with you life, or even next week, it can be hard to figure out what you should be doing now. And if you keep doing what you have always done you will keep getting what you have always gotten. Change takes work. Goal setting is part of that work."

II. Planning Process Exercise

The facilitator should explain to the group that, once a person has decided that he/she wants to accomplish something, that person needs to begin to think about what steps are necessary in order to get there. He/She should refer back to the opening exercise, reminding the group of the importance of thinking ahead and figuring out the best route to get to where one wants to be. The facilitator will explain that, in most planning exercises, there are steps to be taken in order to reach a goal, and that the group will be going through an exercise to look at and order those steps.

Planning Card Game:

The facilitator should split the group into four teams, and sit the teams together in a circle. The deck of "cards" should consist of a total of five sets of cards, prepared in the following manner.

- 1) 5 cards which say "Determine what the needs are."
- 2) 5 cards which say "Define the goals."
- 3) 5 cards which say "Determine what resources are available."
- 4) 5 cards which say "Decide which activities need to be done."
- 5) 5 cards which say "Distribute the activities to different people."
- 6) 5 cards which say "Decide how long each activity should take."
- 7) 5 cards which say "Carry out the activities."
- 8) 5 cards which say "Evaluate the progress."

When the participants are in their teams, the facilitator will explain that each team must get one of each of the 8 different cards. He/She should shuffle the deck, and deal out 8 cards to each team. The game is played like any card game, in which each team can discard one card and pick up another, either from the pile of cards face down, or from the top of the discard pile (face up). The teams take turns, discarding cards of which they have more than one, and trying to complete their set.

When one team has all eight different cards, the members should work together to order the cards in the order for carrying out a planned activity. (The correct order is written above.) When they believe they have the order correct, the facilitator should ask the group if they all agree, and if they do not, ask what the correct order should be and why.

When the correct order is determined, the facilitator should encourage a discussion of why these steps are necessary and why they should be done in that order. He/She should ask the group to give an example of something they wanted to accomplish – it should be something simple like asking a girl/boy for a date, or buying a new pair of sneakers. With that example, the facilitator should review the steps necessary to reach that particular goal.

III. Reaching Goals

The facilitator should explain that these steps of planning are essential in order to reach certain goals for ourselves. Those goals can be as big as deciding what you want to do with your future, or as small as how you're going to get your homework done or buy yourself those boots and jacket you want. The facilitator should summarize the steps of planning by noting them on newsprint.

The facilitator should then explain that the group will start with some of the shorter term goals, like getting homework done or buying something, and will use the guidelines of the steps in planning to do a couple of exercises. He/She should divide the group into smaller groups and distribute to each group the two handouts on time and money management.

- Determine what the needs are.

- Define the goals.
- Determine what resources are available.
- Decide which activities need to be done.
- Distribute the activities to different people.
- Decide how long each activity should take.
- Carry out the activities.
- Evaluate the progress.

The facilitator should explain to the group that they should note what each step would look like in order to accomplish the task described in each handout. Each small group should choose a facilitator, a note-taker and a presenter. The facilitator should explain that each group will be expected to present their plan and it will be discussed.

After the groups have finished with their exercises (allow approximately 30 minutes for the small group work.), the facilitator should bring the participants back together to present. He/She should process each presentation, based on the steps, and if it would actually accomplish the goal. The facilitator should process the money management exercise by focusing on the differing goals, as well as the role of looking ahead and saving. He/She should process the time management exercise with an eye towards the day to day planning of how time will be spent.

VI. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

MONEY MANAGEMENT

After school each day, you work at a local store, helping behind the counter, and earning about \$75 a week. Since things are tight at home, you usually help your mom out with some of the groceries. You need to continue to do this, but you also know that you want to buy yourself a new jacket and a new pair of boots. Usually, you give your mom about half of your earnings each week. You also spend about \$25 each weekend when you hang out with your friends – maybe a movie, maybe going out to McDonald's. It depends on your mood.

You need to figure out how to get yourself the boots and jacket. Mom has told you that money is tight, so you can't count on any help from her, and you can't stop helping her with the grocery costs. You have some choices about the things you want to buy, but they do need to be the right brands. The Avirex boots are going for about \$100, the A-Solos for about \$150 and the Dolomites are about \$130. The Avirex jacket is about \$275, the Northface is \$120 and the Phat Farm is on sale for \$180.

What steps do you need to take to get what you want?

TIME MANAGEMENT

It's Tuesday, and you have a big report due at school on Monday next week. You also know that you're going to need about ten hours of work to get this report ready. You usually don't get home from school until about dinner time, since you have a part-time job after school on Mondays, Wednesdays and Fridays. Usually, you would get most of this report done over the weekend, but you know that there's a big party on Saturday night. You need to go shopping on Saturday to get something to wear to the party.

You can't afford to get a bad grade on this report, since you haven't been doing all that well in this class. You're going to have to spend some time in the library at school to get the information you need for the report. The library is not open at night, nor on the weekends. It is open for a while after school, however.

What do you need to do to be able to dedicate enough time to getting this report done well?

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 12: Stress Management**

Objectives:

1. Participants will be able to define stress.
2. Participants will be able to identify internal demands, external demands, internal resources and external resources.
3. Participants will be able to state positive aspects of stress.
4. Participants will be able to identify several common errors of thinking and give examples of each.
5. Participants will be able to identify at least one method to change harmful thoughts.
6. Participants will be able to demonstrate stress reduction breathing.
7. Participants will be able to participate in progressive muscle relaxation.
8. Participants will be able to create an individualized stress reduction plan.

Methods:

- Interactive lecture
- Large group discussion
- Guided relaxation techniques
- Individual work

Materials:

- Newsprint
- Markers
- Masking Tape
- Pencils/Paper for each participant
- Handouts -
 - Demands and Resources
 - Common Errors of Thought
 - Ways to Change Harmful Thoughts
 - Progressive Muscle Relaxation
 - An Individualized Stress Reduction Program

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise to the group, "Mixing Batter."

Mixing Batter:

The facilitator will ask the participants to stand in a circle, forming pairs by holding hands with one other person. One of the pairs should remain outside the circle.

The pair outside the circle should begin to walk around the circle in a clockwise direction. They can walk around the circle as many times as they feel necessary, at which point they will tap one of the other pairs on the shoulder.

When the tap has occurred, the pair who tapped should begin to run, always in a clockwise direction. The other pair should also begin to run, however, they run in a counterclockwise direction. The pairs are racing to get back to the spot in the circle left empty by the tapped pair. Whichever pair arrives first takes that place, and the other pair continues to circle until they decide to tap a new pair. The same race begins, with both pairs running in opposite directions to take the open space in the circle.

The facilitator should keep watch so that the pace is as fast as possible. This game can continue in this manner for about 10 minutes.

After the exercise, the facilitator should thank the group members for their participation. At that point, he/she should explain that this session will explore the issue of stress. The facilitator will explain that stress is pretty much a part of life, although we can learn to control what it does to us and what we do with it. "This session will deal with stress, and will teach us how to keep it from becoming a barrier to getting things done. Stress is necessary in life, because it can give us energy and motivate us to change things. This kind of stress is good, and is referred to as "eustress." When stress becomes too much, or is negative and prevents us from making changes, it is referred to as bad stress, or 'distress.'"

The facilitator will explain that stress does have some positive aspects. These aspects include the following. The facilitator should ask for examples in which stress provided each of the following.

- Excitement
- Stimulus for change
- Keeping you alive - keeping you out of the way of danger
- Knowing you are alive

II. Stress

The facilitator will ask the group to define stress, noting responses on newsprint. After the group has completed the discussion, the facilitator will write that stress can be defined as

"a perceived imbalance between demands and the resources available to meet those demands."

III. Resources and Demands

The facilitator will then explain that we all have a lot of demands made on us, which we need to meet. They may be to help our parents, to do our homework, or to go to school. We can look at these demands as "internal," or coming from within ourselves, and "external," or coming from other people.

The same way we have demands, we also have resources, or things we can count on, such as our friends, our skills and our knowledge. Again, these resources can be seen as "internal," such as our innate abilities, such as being athletic, our learned skills, such as being good at fixing things, and our attitudes. We also have "external" resources, such as our friends or social support, a job, and our "equipment," or environment.

The facilitator should hand out the Demand/Resources Table and explain that it is the balance between our demands and resources which can create or eliminate negative stress. For example, if I need to buy new shoes, which would be an external demand, and I don't have the money, which is an external resource, then the demands are greater than the resources, and I'm going to feel stressed out.

The facilitator should review the chart with the group and ask for examples of each of the different areas. He/She should ask the group if they feel that this explanation of what produces stress makes sense.

IV. Stressful Thoughts

The facilitator should explain that the way we think can also increase or decrease our stress. He/She should present the idea of thoughts as "sentences we tell ourselves." "Thoughts are always with us, however, we have a fair amount of control over what we think. Our thought process is a private one - others cannot know what we think unless we choose to tell them. However, thoughts can both create and relieve our levels of stress." The facilitator can give the example that one could look at a problem, thinking, "This situation is just too much for me to handle." At the same time, one can see the same problem and think, "I've managed to deal with problems before, and I can deal with this one, too." The facilitator should go back to some of the stressors mentioned by the participants and ask the group to suggest positive thoughts which could reduce the stress of these problems.

V. Common Errors of Thinking

The facilitator will discuss the following errors of thinking with the group, and ask for examples of each one. He/She will explain that many of these thought patterns tend to be automatic, and unreasonable - but that they appear true and believable when we are under a lot of stress. The more a person accepts them, the worse he or she will feel. The facilitator should write the word describing the thought type on the newsprint, explain what it is, then request examples. At the end of the discussion, the facilitator should distribute the handout.

- Exaggerating - Exaggerating problems and the possible harm they could cause, and underestimating one's ability to deal with them.
- Overgeneralizing - Making a broad, general statement that emphasizes the negative, such as "Nobody likes me." (Watch out for words like "always," "never" and "completely.")
- Ignoring the Positive - Being impressed by and remembering only negative events. For example, dwelling on the people who do not come to visit you, rather than being happy with those who come.
- Pessimism - Believing that negative things are more likely to happen and that positive things are less likely to happen.
- Blaming oneself - Thinking that negative things that happen are always and entirely one's fault.
- Not Giving oneself Credit - Thinking that positive things that happen are always either just luck, or somebody else's doing, and never the result of one's own efforts.

VI. WAYS TO CHANGE HARMFUL THOUGHTS

The facilitator will explain that there are many ways we can change these harmful thought patterns, and that these are skills which can be learned by everyone. He/She will write each of the skills on newsprint, and explain what it is. The handout summarizing these skills should also be distributed.

Priming: A way to get yourself to think about your good points.

The facilitator should explain that, to get a water pump going, sometimes you have to prime it by putting some water in from the top. When you start feeling down, sometimes it is hard to begin thinking positive thoughts. You can write down a list of positive things about yourself, put each thought on an index card, and take one card out at different times during the day to get used to remembering that you have nice qualities and that there are good things in life. This technique helps to increase the number of positive thoughts you have during your day. After a few days, you can put some blank cards into the stack, and when you pull one out, think of a new positive quality about yourself and add it to the card. Eventually, you can train yourself to think this way without the use of props.

Self-reward: Self-reinforcement

The facilitator should explain that one of the nicest things that people can do for us is to compliment us on things we do well. Hearing such rewarding things can help us feel better. Since we often do things that no one notices, it can also help us to feel better if we ourselves notice what we have done and compliment ourselves. Mental self-rewards can be saying things to

yourself like, "That was tough, but I did it." Or "I'm a good friend, I'm there for my friends when they need me." Or "I'm learning to get more control over my life."

Thought interruption: Breaking disturbing chains of thought

The facilitator will explain that there are times when we get into a rut with a certain thought which keeps bothering us throughout the day and makes us feel bad. It would be good to learn how to stop such thoughts from ruining our mood. There are a number of techniques that have been used: One is to yell (in your mind) the word "STOP!", and focus on whatever else you're doing. Another is to tell yourself to move on to a new thought. A third is to write it down and think about it later.

Worrying time: Limit setting

The facilitator should explain that there may be thoughts that are necessary and that you wouldn't want to ignore altogether. On the other hand, thinking and thinking about a problem does not generally take care of it. This insistent thinking can use up all of your time and energy so that you begin to create problems in other areas of your life by ignoring them or being in such a bad mood as to pick fights with others. In this way, rather than having one problem, you end up having two or more. One way to avoid this is to begin to practice "worry time" during which you will do nothing else but try to work out the particular problem which is bothering you. Find a place and set a time limit (10 - 30 minutes a day is about as long as one can think of any problem productively anyway). Just consider the problem and try to come up with a solution. At other times in the day, practice your "thought interruption" to put off your worrying until you can give it your full attention.

"The worst that could happen..."

The facilitator will explain that this technique involves thinking about the worst that will happen if your fears come true. Sometimes, a person gets so caught up in fearing the worst thing that this gets in the way of actually solving the problem. If you put into perspective the worst outcome and find that it isn't too bad, then the fear can be reduced enough to be able to give attention to finding solutions.

Time projection: Looking forward to a different situation

The facilitator can explain that sometimes, when we get depressed, it seems that the bad things going on will always be going on and nothing will ever change. We lose sight of any kind of future. It is helpful to break this pattern by imagining ourselves moving forward in time to a period when things will be better. This is not just "kidding ourselves." All of us can remember times in our lives when we thought we wouldn't be able to make it, that we would never get over some hurt or pain, and yet we have gotten through these bad times.

The Pause: Time out

The facilitator will explain that there are times when the best thing to do is to "hold everything" and let our thoughts and worries flow by without getting involved in them. This is a kind

of mini-meditation, in which you let your mind rest even for a few seconds and allow yourself to feel the experience of being relaxed and at peace. This is particularly helpful when you are feeling overwhelmed. This little "break" can re-energize you.

VII. Stress Management Techniques

The facilitator will then explain that there are other ways of managing stress, and that the group will now have a chance to practice some of the tools to relax, as well as to plan their own stress management programs.

The facilitator will explain that often, when we are stressed out, we begin to breathe less deeply. "Ideally, a person should use his or her full lung capacity to breathe, which should not just inflate the chest, but also the abdomen as the muscle below the lungs moves down to make space for more air. When a person is under a lot of stress, one of the first things that happens is that he or she limits the amount of lung space used for breathing. This increases our stress, because in order to think clearly, we need more oxygen in the brain, not less. We can begin to put things into perspective by learning to stop ourselves and take time out to breathe right."

The facilitator should ask the group to get comfortable in their chairs and will guide the participants in the following breathing exercise. He/She should be aware that some people will not close their eyes during this and other exercises, and that this will be all right. The facilitator should also be careful to modulate his/her voice, to keep it steady and calm, throughout the breathing and relaxation exercises.

"Take in several deep, gentle breaths as you get your body comfortable. When you feel comfortable, close your eyes and place your hand on your abdomen. Take in a deep, gentle breath and hold it for a count of 5; then release the breath again over the count of 5. Hold for a count of 5 before taking the next breath, again counting to 5 inhaling, counting to five exhaling and counting to 5 holding. Do this several times, feeling that your abdomen expands when you breathe in. (The facilitator should allow time for the group to do this seven or eight times.)

"Resume gentle breathing again, without counting. No, begin to count your exhalations to yourself. Count up to ten, then begin again at one. Focus on your exhalations and on the number of your count. When your mind wanders to other things, notice that you've wandered, then return your focus to your exhalations and the number of your count. Do this several time. (The facilitator should allow time to do so.)

"When you are ready to stop, take a few more gentle, deep breaths, gradually open your eyes and allow yourself to return more relaxed than when you began."

The facilitator will follow this with another relaxation exercise. He/She will ask the group to get themselves comfortable in their chairs, and will begin. This exercise will combine progressive muscle relaxation with some visualization. At the end of the exercise, the facilitator should bring the group back together gently, and distribute copies of the instructions for these exercises. He/She can remind the group that they can do this individually, or tape themselves reading the exercise and listen to the tape when they feel stressed out. As the facilitator reads the exercise,

he/she should modulate his/her voice, keeping it calm and speaking slowly, taking pauses as needed in the exercise.

"Sit in your relaxation position, feet flat on the floor, spine erect and supporting itself, hands folded gently in your lap or facing up on your thighs.

"Bring your focus to your breathing, and then to your exhalations, allowing yourself to release tension and negativity as you exhale.

"Begin the special breathing pattern by taking in a deep, gentle breath and holding it for a count of five; then release the breath slowly over a count of five; then hold without breathing for a count of five. Repeat this sequence several times to yourself.

"Now I'd like you to resume normal, relaxed breathing.

"I'd like you to imagine a feeling of warmth around your feet, beginning with your toes...then over the top of your feet and under your feet...up around your heels and up to your ankles...Continue to imagine that warm, relaxing sensation as it travels up your legs, over shins, calves, up to your knees...If you are having any trouble feeling the warm sensation, just make it up...pretend that you can feel it or imagine yourself in warm water. The warmth continues to travel over and under your knees, into your thighs, along up to your rear end, your abdomen and your inner organs...Now imagine that warm sensation coming into your lungs with each breath you take, so that your body is filled with a sense of warm, gentle relaxation...entering your bloodstream...moving all through your body...The warmth continues up to your shoulders and up along your spine, then down your arms, upper arms, forearms, down to your hands until you can feel the warmth all the way to the tips of your fingers...Then let the warmth move up along your neck, over the top of your head, and over your forehead and face. So that now you have a sense of your entire body, inside and out, begin surrounded by a warm, calming, relaxing sensation.

"Let yourself sit for a few moments simply enjoying this calm, relaxed state.

"Now I'd like you to imagine a deep, cool, clear pool of water. In the pool of water, a small pebble slowly, calmly drifts towards the bottom of the pool. Watch it as it moves, against the force of the water, making its way along whatever path is easiest... As the pebble continues to descend, you find yourself feeling more deeply relaxed...The pebble moves deeper...your relaxation is deeper...

"You can see the bottom of the pool now. A clean, calm, sandy bottom. Watch the pebble as it approaches the bottom of the pool, drifting slowly, and at the point at which it softly touches and becomes still, you find yourself at a point of total, deep, comfortable relaxation...

"Just enjoy this calm, quiet, comfortable moment...

"Now, I'm going to count from one to five. With each ascending count, you'll find yourself growing more aware of your surroundings, more alert and energized. One...two...three...feeling more alert...four...more energized...and five. Keeping your eyes closed for a moment, remember the people around you, the people on either side of you, and when you are ready, open your eyes."

VIII. A Stress Management Plan

The facilitator will explain to the group that, since each person reacts differently to stress, and is often stressed by different things, a stress management plan must be individualized. "For example, for some people, music can be calming, and others might need complete silence to relax. Many of us have our own stress management plans in place, although we may not think of them in these terms. We have some kind of system we've developed through our lives which we use when we feel we can't take it anymore. "

The facilitator should distribute the Stress Management Program handout, and ask each person to think about the questions and respond to them. In doing so, each person will really identify what the stress management program we may already have in place really is, and can begin to use it more regularly and more consciously. The facilitator should leave about 10 -15 minutes for individuals to fill out their programs.

After the group is through, the facilitator should allow some time for discussion of individual ideas for stress reduction. He/She should also give attention to those people who could not identify activities which were rewarding or enjoyable and ask the group to assist those people in finding options.

IX. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

DEMANDS AND RESOURCES

	DEMANDS	RESOURCES
INTERNAL	History Needs Expectations	Abilities (innate) Skills (learned) Attitudes
EXTERNAL	Environment Other's Needs Other's expectations	Friends / Social Supports Money "Equipment"/ Environment

COMMON ERRORS OF THINKING

Exaggerating

Exaggerating problems and the possible harm they could cause, and underestimating one's ability to deal with them.

Overgeneralizing

Making a broad, general statement that emphasizes the negative, such as "Nobody likes me." (Watch out for words like "always," "never" and "completely.")

Ignoring the Positive

Being impressed by and remembering only negative events. For example, dwelling on the people who do not come to visit you, rather than being happy with those who come.

Pessimism

Believing that negative things are more likely to happen and that positive things are less likely to happen.

Blaming oneself

Thinking that negative things that happen are always and entirely one's fault.

Not Giving oneself Credit

Thinking that positive things that happen are always either just luck, or somebody else's doing, and never the result of one's own efforts.

WAYS TO CHANGE HARMFUL THOUGHTS

Priming: A way to get yourself to think about your good points.

To get a water pump going, sometimes you have to prime it by putting some water in from the top. When you start feeling down, sometimes it is hard to begin thinking positive thoughts. You can write down a list of positive things about yourself, put each thought on an index card, and take one card out at different times during the day to get used to remembering that you have nice qualities and that there are good things in life. This technique helps to increase the number of positive thoughts you have during your day. After a few days, you can put some blank cards into the stack, and when you pull one out, think of a new positive quality about yourself and add it to the card. Eventually, you can train yourself to think this way without the use of props.

Self-reward: Self-reinforcement

One of the nicest things that people can do for us is to compliment us on things we do well. Hearing such rewarding things can help us feel better. Since we often do things that no one notices, it can also help us to feel better if we ourselves notice what we have done and compliment ourselves. Mental self-rewards can be saying things to yourself like, "That was tough, but I did it." Or "I'm a good friend, I'm there for my friends when they need me." Or "I'm learning to get more control over my life."

Thought interruption: Breaking disturbing chains of thought

There are times when we get into a rut with a certain thought which keeps bothering us throughout the day and makes us feel bad. It would be good to learn how to stop such thoughts from ruining our mood. There are a number of techniques that have been used: One is to yell (in your mind) the word "STOP!", and focus on whatever else you're doing. Another is to tell yourself to move on to a new thought. A third is to write it down and think about it later.

Worrying time: Limit setting

There may be thoughts that are necessary and that you wouldn't want to ignore altogether. On the other hand, thinking and thinking about a problem does not generally take care of it. This insistent thinking can use up all of your time and energy so that you begin to create problems in other areas of your life by ignoring them or being in such a bad mood as to pick fights with others. In this way, rather than having one problem, you end up having two or more. One way to avoid this is to begin to practice "worry time" during which you will do nothing else but try to work out the particular problem which is bothering you. Find a place and set a time limit (10 - 30 minutes a day is about as long as one can think of any problem productively anyway). Just consider the problem and try to come up with a solution. At other times in the day, practice your "thought interruption" to put off your worrying until you can give it your full attention.

"The worst that could happen..."

This technique involves thinking about the worst that will happen if your fears come true. Sometimes, a person gets so caught up in fearing the worst thing that this gets in the way of actually solving the problem. If you put into perspective the worst outcome and find that it isn't too bad, then the fear can be reduced enough to be able to give attention to finding solutions.

Time projection: Looking forward to a different situation

Sometimes, when we get depressed, it seems that the bad things going on will always be going on and nothing will ever change. We lose sight of any kind of future. It is helpful to break this pattern by imagining ourselves moving forward in time to a period when things will be better. This is not just "kidding ourselves." All of us can remember times in our lives when we thought we wouldn't be able to make it, that we would never get over some hurt or pain, and yet we have gotten through these bad times.

The Pause: Time out

There are times when the best thing to do is to "hold everything" and let our thoughts and worries flow by without getting involved in them. This is a kind of mini-meditation, in which you let your mind rest even for a few seconds and allow yourself to feel the experience of being relaxed and at peace. This is particularly helpful when you are feeling overwhelmed. This little "break" can re-energize you.

PROGRESSIVE MUSCLE RELAXATION

Sit in your relaxation position, feet flat on the floor, spine erect and supporting itself, hands folded gently in your lap or facing up on your thighs.

Bring your focus to your breathing, and then to your exhalations, allowing yourself to release tension and negativity as you exhale.

Begin the special breathing pattern by taking in a deep, gentle breath and holding it for a count of five; then release the breath slowly over a count of five; then hold without breathing for a count of five. Repeat this sequence several times to yourself.

Now I'd like you to resume normal, relaxed breathing.

I'd like you to imagine a feeling of warmth around your feet, beginning with your toes...then over the top of your feet and under your feet...up around your heels and up to your ankles...Continue to imagine that warm, relaxing sensation as it travels up your legs, over shins, calves, up to your knees...If you are having any trouble feeling the warm sensation, just make it up...pretend that you can feel it or imagine yourself in warm water. The warmth continues to travel over and under your knees, into your thighs, along up to your rear end, your abdomen and your inner organs...Now imagine that warm sensation coming into your lungs with each breath you take, so that your body is filled with a sense of warm, gentle relaxation...entering your bloodstream...moving all through your body...The warmth continues up to your shoulders and up along your spine, then down your arms, upper arms, forearms, down to your hands until you can feel the warmth all the way to the tips of your fingers...Then let the warmth move up along your neck, over the top of your head, and over your forehead and face. So that now you have a sense of your entire body, inside and out, begin surrounded by a warm, calming, relaxing sensation.

Let yourself sit for a few moments simply enjoying this calm, relaxed state.

Now I'd like you to imagine a deep, cool, clear pool of water. In the pool of water, a small pebble slowly, calmly drifts towards the bottom of the pool. Watch it as it moves, against the force of the water, making its way along whatever path is easiest... As the pebble continues to descend, you find yourself feeling more deeply relaxed...The pebble moves deeper...your relaxation is deeper...

You can see the bottom of the pool now. A clean, calm, sandy bottom. Watch the pebble as it approaches the bottom of the pool, drifting slowly, and at the point at which it softly touches and becomes still, you find yourself at a point of total, deep, comfortable relaxation...

Just enjoy this calm, quiet, comfortable moment...

Now, I'm going to count from one to five. With each ascending count, you'll find yourself growing more aware of your surroundings, more alert and energized. One...two...three...feeling more alert...four...more energized...and five. Keeping your eyes closed for a moment, remember the people around you, the people on either side of you, and when you are ready, open your eyes.

A STRESS MANAGEMENT PROGRAM: A BEGINNING

This worksheet helps you look at some aspects of your stress management program and assists you in considering changes you might want to make.

1. List three areas in you life in which you feel the greatest amount of stress. These can be general or quite specific - it's up to you.

A. _____

B. _____

C. _____

2. List the three areas of your life in which you find the greatest personal reward (because they are fun, fulfilling, exciting, give you a sense of accomplishment or meaning, or for any other reason.)

D. _____

E. _____

F. _____

3. List the five activities in which you find the greatest relaxation.

G. _____

H. _____

I. _____

J. _____

K. _____

4. Prioritize your sources of stress (Items A, B and C) in the following manners:

1. Most stressful _____

2. Medium stress _____

3. Least stressful _____

1. Easiest to change _____

2. Medium difficulty to change _____

3. Hardest to change _____

1. Most immediate concern _____

2. Medium concern _____

3. Most distant concern _____

5. Look at your areas of personal reward (Items D, E and F) and compare them with your areas of stress (Items A, B and C). Is there any overlap? Does the overlap or lack of it seem significant in any way?

6. Prioritize your relaxing activities (Items G, H, I, J and K) in the following manners:

1. Provides greatest relaxation _____

2. Second greatest _____

3. Third _____

4. Fourth _____

5. Fifth _____

Most amount of time spent in this activity (about how much per week?): _____

Second most time (how much?) _____

Medium amount (how much?) _____

Second least amount (how much) _____

Least amount of time (how much?) _____

7. List your three stress areas (Items A, B and C) and then indicate which of your relaxing activities (G, H, I, J, K) seem to counter the stress in these areas:

The stress of A. _____ is affected by activities__
_____.

The stress of B. _____ is affected by activities__
_____.

The stress of C. _____ is affected by activities__
_____.

Do you need more or different stress reduction techniques to deal with your areas of stress? If so, what do you think might be useful? Consider each of your areas of stress separately, then think about all of them together.

8. Looking over your worksheet, what changes would you like to make in your current stress management program?

What change(es) can you make this week?

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 13: Values Clarification**

Objectives:

1. Participants will be able to define the concept of "values."
2. Participants will be able to identify from where one's values come.
3. Participants will be able to identify three strongly held values.
4. Participants will be able to identify three strongly rejected values.
5. Participants will be able to relate values to specific decisions made.
6. Participants will be able to identify their personal styles of cooperation.
7. Participants will be able to identify some of their own barriers to cooperating with others.
8. Participants will practice trusting others.
9. Participants will be able to identify their own feelings about how safe it is to trust other people.

Methods:

- Interactive lecture
- Experiential exercise
- Large group discussion
- Large group activity

Materials:

- Newsprint
- Markers
- Masking Tape
- Handout: Values and Decisions Worksheet
- Sets of instructions for Observers
- Sets of Group instructions
- Envelopes with broken squares (one full set per group of 6 people) - see instructions
- Blindfolds made out of soft cloth

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise to the group, "Letter Carrier."

Letter Carrier:

The facilitator will arrange the group so that the participants are sitting in a circle with just enough chairs for the number of people (minus the facilitator). The facilitator should stand in the middle and explain that he/she will be the "Letter Carrier." He/She will be bringing letters for certain groups of people, and when that group of people is called, anyone who fits the description must get up and change her seat, grabbing any of the seats which become empty. The facilitator should give an example: "I've got a letter for anyone who is wearing glasses." Those participants with glasses should all get up and try to grab another seat.

After the example, the facilitator will explain that, while he/she calls out which group is getting a letter, he/she will also try to grab one of the empty seats. Whoever is left standing will become the new "Letter Carrier," and will have to call out the next group to get a "letter." That person should then try to grab an empty seat. This can continue for about 10 minutes.

After the exercise, the facilitator should thank the group members for their participation. At that point, he/she should explain that this session will look our values and how they impact on our lives.

II. What are Values?

The facilitator should begin by asking the group what they think values are, forming a group definition based on the responses of the participants. The facilitator should note each response on newsprint, as well as the final definition. The definition should incorporate the concept of something being important to a person, that is held in high esteem.

At that point, the facilitator should ask the group from where they think a person gets his or her values, noting responses on the newsprint. Responses should include:

Family
School
Peers
Mass media
Religion

III. Values Clarification: An Exercise

The facilitator should explain to the group that they will be doing an exercise to think about how their values affect their decisions, as well as taking a look at what it is we value. To begin, the facilitator should ask each participant to think about something they do which is very important to them. He/She should give each participant a slip of paper on which they are to write their names and three things they do which are very important to them. The facilitator should collect these slips of paper.

After collecting all the slips of paper, the facilitator should ask the group to clear a space in the room, moving chairs and tables out of the way. At this point, the facilitator should explain that he/she will be reading off a number of statements about different values. After each statement is

read, the participants should respond by moving to different parts of the room to indicate how much that statement is related to why they chose the particular things they wrote on the slip of paper as being important. The facilitator should explain that one end of the room is for all those people who believe this statement is key to why they chose the things they wrote on the paper. At the other end of the room is for all those people who don't think that statement has anything at all to do with why they chose the things they wrote on the paper. All the spaces in between are for different degrees of beliefs, with the center being neutral.

Prior to beginning, the facilitator should make clear certain rules for this exercise. These rules are:

- A value is something very personal, and it is not considered right or wrong.
- Every person has the right to her own opinion regarding the importance of each statement.
- No one can put down or question the values of another person.

The facilitator should make sure everyone is clear with the rules. He/She should read one statement as an example to practice. At that point, the facilitator should read off each statement, allowing the participants to move where they choose. When everyone has chosen where to stand, the facilitator should ask participants why they chose the different positions they did, reminding the group to respect each other's values.

The statements are as follows:

- Get ahead.
- Be honest.
- Participate in government.
- Work hard.
- Honor one's parents.
- Be happy.
- Get money.
- Get educated.
- Be religious.
- Help others.
- Accept others.
- Win.
- Look out for oneself.
- Obey the law.
- Know one's culture.
- Save time.
- Beat the system.
- Stand up for what you think is right.

IV. Values and Decisions

The facilitator should ask the group to take their seats once again, and should distribute to each of the participants the "Values and Decisions" worksheet. He/She should ask each person to look over the sheet and to put a check mark beside each value he/she personally accepts and an "X" next to those values he/she personally rejects. The facilitator should leave some time for this activity.

When all the participants have finished, the facilitator should ask each person to rank the three values he/she holds most strongly, writing the number "1" next to the most strongly held value, then "2," then "3."

After the group has finished, the facilitator should ask each participant to rank the three values he/she most strongly rejects, writing "A" next to the most strongly rejected, then "B," then "C."

At this point, the facilitator should return to each participant the slips of paper on which they wrote the three things they do which are important to them. He/She should facilitate a discussion of how those activities relate to the values held, and the values rejected. The facilitator should ask some of the following questions:

- 1) What happens when a person makes decisions that have no relation to his or her values?
- 2) What happens when a person makes decisions which go against his or her values?
- 3) What would that mean with regard to re-examining one's values?
- 4) What would that mean with regard to making future decisions?
- 5) What can a person do to make sure his or her decisions follow with his or her values?

V. Broken Squares

The facilitator will explain that the group will now look at cooperation, and that this will be done through a process of solving a puzzle, which will be done in small groups. The facilitator should explain that this exercise may be difficult, and that participants should expect some frustration. The facilitator will divide the group into smaller groups of six people each. Any extra people should be incorporated into the groups and can serve as second observers. Groups should have space on a table or on the floor to work out the problem. The actual time limit for solving the puzzles should not exceed twenty minutes.

Each group should choose a person to be the observer (or if there are seven people, choose two observers). The observers should be given their instructions. The others in the groups are each given one of the set of five closed envelopes with their pieces of the puzzle. They should be instructed not to open their envelopes until the signal is given to begin.

The facilitator should then distribute the group instructions, one to each group. At the same time, he/she should read the instructions aloud, and ask if there are any questions.

When the signal is given to begin, the facilitator should circulate around the room to observe, and to assist the group observers. When the time limit has been reached, the facilitator should call time.

VI. Group Discussion

The facilitator will begin to process the exercise by asking the group observers to report back what they have seen. After, he/she should open the discussion to comments from all participants. The facilitator should solicit responses and observations about feelings, rather than observations on the technical aspects of the game. He/She might want to explore if it was helpful for the group to be told ahead of time to expect some level of frustration. The facilitator should make connections between the comments of the group members, and experiences with similar life events.

Some points which might come out in the discussion include:

- 1) Each person must understand a problem to participate in its solution.
- 2) Each person should understand how he or she can contribute toward solving the problem.
- 3) Each person should be aware of the potential contributions that others can make.
- 4) People need to recognize the problems of others to help them make their maximum contribution.

VII. Trust

The facilitator should next explain to the participants that they will begin to look and the question of trust, and will do so by doing a very unusual activity called a "trust walk." This activity will be a very effective way to understand what trust is and why being able to trust others (and be trustworthy) is an important thing to do. The activity will seem strange, but it is completely safe. The facilitator should tell the participants that they will discuss the activity after it is over.

Trust Walk Exercise

The facilitator should begin the exercise by asking the participants to count off by two. After the counting off, the facilitator should explain that the ones will have the experience of being blind for the next five minutes. They will be wearing blindfolds over their eyes. They will be led around the room by the twos who will be taking complete care of them, making sure nothing happens to them. They won't run into any walls or trip over anything. The twos will take total care of the ones. (The facilitator should let the participants know that later the roles will switch and the ones will lead the blindfolded twos.) The ones should sit while the facilitator hands out a blindfold to each two. The facilitator should tell the twos to stand behind the ones. Now each two should tie a blindfold completely but not tightly over the eyes of the one seated in front of him. (If there are an odd number of participants, one two can have two ones to blindfold and lead in the exercise.) As the twos are blindfolding the ones, the facilitator should remind the twos that they are responsible for the person in

their care. They are to lead the ones carefully around the room, making sure they don't bump into anything. From time to time the twos should stop the ones and have them explore an object (a door, a book, etc.). The twos and their ones can talk quietly while they walk if this helps them to move safely around the room. The facilitator should tell the twos to now begin the exercise by leading the ones away from their chairs and walk them around the room for the next five minutes.

When the five minutes have passed, the twos should lead the ones back to their chairs and remove the blindfolds. The twos and ones should trade places, the twos sitting in the chairs and the ones putting the blindfolds on the twos. The facilitator should repeat the directions, directing the ones to lead the twos around the room on the "trust walk," stopping to explore objects. When another five minutes have passed, the facilitator should instruct the twos to bring the ones back to their chairs and remove the blindfolds. All participants should be seated to begin a discussion about the trust walk.

The facilitator should begin the discussion by thanking everyone for participating in the activity given that it's difficult to be led around not knowing where you are going and not being able to see anything. The facilitator should ask the participants what the experience was like. What was the hardest part of being led blindfolded? Did they truly trust their leader to take care of them? Was it hard to trust the leader? Have you ever had to trust someone to do something for you in real life? How do you feel about depending on other people? How did it feel during the trust walk to be a leader and have someone completely in your care? Was it easy? Have you ever had to take care of someone in real life, a child, an older person? What does it take to win someone's trust? Can the participants think of situations where it's best not to trust, and situations where it might be O.K. to trust someone?

The facilitator should not lecture to the participants about the need for trust. He/She should let them draw their own conclusions and express what they truly feel. "Trusting can be a hard thing to do, especially when the world seems dangerous a lot of the time. Trust is often broken, but it is also often kept." The facilitator should encourage the participants to describe at least a few positive experiences they have when they trusted someone.

V. Conclusion

The facilitator should thank the group for their interest and participation, remind them of the time and place for the next session and tell them how he/she is looking forward to seeing them.

VALUES AND DECISIONS WORKSHEET

- Get ahead. _____
- Be honest. _____
- Participate in government. _____
- Work hard. _____
- Honor one's parents. _____
- Be happy. _____
- Get money. _____
- Get educated. _____
- Be religious. _____
- Help others. _____
- Accept others. _____
- Win. _____
- Look out for oneself. _____
- Obey the law. _____
- Know one's culture. _____
- Save time. _____
- Beat the system. _____
- Stand up for what you think is right. _____

BROKEN SQUARES

INSTRUCTIONS TO THE GROUP

In this packet, there are five envelopes, each of which contains pieces of cardboard for forming squares. When you get the signal to begin, the task of your group is to form five squares of equal size. The task will not be completed until each individual has a perfect square of the same size as all the others in front of him or her.

Specific limitations imposed on your group during the exercise are:

- 1) No member of the group may speak.
- 2) No member of the group may ask another for a piece from his or her envelope or in any way signal that a person is to give him or her a piece or to grab a piece from another person's envelope.
- 3) Members may, however, give pieces to other members. No member, however, can simply leave a piece in the middle of the group. He or she must give the piece directly to the person to whom he or she chooses.

Do you understand all the directions?

BROKEN SQUARES

INSTRUCTIONS TO THE OBSERVER

Your job is part observer and part judge. Make sure each participant observes the rules:

- 1) No talking, pointing or any other kind of communicating in the group.
- 2) Participants may give pieces to others, but may not take pieces from each other.
- 3) Participants may not simply throw pieces into the center for others to take; they must give the pieces to another individual directly.
- 4) A participant may give away all the pieces to his or her puzzle, even if he or she has already formed a square.

Do your best to strictly enforce these rules.

As an observer, watch for the following:

- 1) Who is willing to give away pieces of the puzzle?
- 2) Did anyone finish his or her puzzle and then somewhat divorce himself or herself from the struggles of the rest of the group?
- 3) Is there anyone who continuously struggles with his or her pieces yet is unwilling to give any or all of them away?
- 4) How many people are actively engaged in mentally putting the pieces together?
- 5) Periodically check the level of frustration and tension... who's pulling his or her hair out over this?
- 6) Was there any critical turning point when the group began to cooperate?
- 7) Did anyone try to violate the rules by talking or pointing to other participants?

BROKEN SQUARES

MAKING THE SQUARES

A complete set of squares consists of five envelopes containing pieces of cardboard which have been cut into different patterns and which, when properly assembled, form five squares of equal size. One set is provided for each group.

To make each set, cut out five cardboard squares of equal size (about six by six inches). Mark the squares as below. Write the letters in very light pencil. They will be erased later.

The lines should be drawn so that all pieces with the same letter will be exactly the same size. After drawing the lines, cut each square into the smaller pieces that will make up the puzzle. Mark five envelopes with the letters A, B, C, D and E. Distribute the puzzle pieces in the envelopes as follows:

Envelope A has pieces: i, h, e

Envelope B has pieces: a, a, a, c

Envelope C has pieces: c, j, a

Envelope D has pieces: d, f

Envelope E has pieces: g, b, f

Erase the penciled letter from each piece and write, instead, the appropriate envelope letter. This will make it simpler to return the pieces to the proper envelope when the exercise is completed.

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 14: Self-Esteem**

Objectives:

1. Participants will practice giving and receiving positive feedback.
2. Participants will be able to identify feelings provoked by giving and receiving positive feedback.
3. Participants will be able to define self-esteem.
4. Participants will be able to identify factors which impact on self-esteem.
5. Participants will be able to describe different sources of messages given to young people about looks, thoughts and behavior.
6. Participants will be able to explain how these messages impact self-image and self-esteem.
7. Participants will be able to identify one aspect of who they are or what they've done which makes them proud.
8. Participants will be able to identify feelings associated with positive achievements.
9. Participants will be able to create one way to celebrate achievements.

Methods:

- Interactive lecture
- Large group discussion
- Small group discussion
- Crafts

Materials:

- Newsprint
- Markers
- Masking Tape
- "Post-its"
- Small slips of paper
- Pens
- Newspaper
- Folding boxes
- Crayons
- Glue
- Scissors
- Magazines
- Lace, buttons, small patches of fabric, etc.

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should

then introduce the exercise to the group, explaining that this exercise will actually introduce the topic for today's session, which is self-esteem.

The facilitator should begin by describing the importance of positive feedback to our growth and development as people. "We get lots of negative feedback all the time. We get put down at home, at school - even by people who claim to be our friends. The sitcoms on TV are mostly about people dissing each other. We laugh at it (and it can be funny), but if all we ever get are put down, how can we ever feel good about ourselves or anybody else? 'Positive feedback' means telling people what you like about them or what they do well."

Post-it Appreciation Exercise:

The facilitator should explain that this session will be an exercise in giving and receiving positive feedback. Participants will get the chance to appreciate each other and to receive appreciation. "This can feel strange, because we are not used to it, but how is someone supposed to know what you like about them if you never tell them? Hearing positive feedback from someone else makes you feel better about yourself, and can help you to keep going when you feel down."

The facilitator should have the participants break into small groups of four. Each participant should be given six Post-it note papers. The facilitator should tell the participants that they are to use two post-its for each of the other three people in their group. On each the Post-its, the participants will write one piece of positive feedback for the other people in their group, two for each of the other people. They can write something they like about that person, something good they saw that person do in any of the other session of this course, or some strength they see in that person. The facilitator should remind the participants to do their writing in silence. There will be a particular way later of sharing these observations.

When the participants have finished their writing, the facilitator should ask them to hold onto all the Post-its they have written and form a circle in the middle of the room. The facilitator should then guide the participants in sharing their observations in the following way. Focusing on one person, the facilitator should ask anyone who has a Post-it for that person to move to him or her, read the Post-it out loud and stick it on him or her. The facilitator should remind participants that they should receive the positive feedback without making jokes about it or rejecting it. The facilitator should tell everyone who has an appreciation for that person to come forward before going on to the next person in the circle.

When the activity has gone around the entire circle, the facilitator can close the process by asking the participants how it felt to be appreciated. Was it harder to give or receive the positive feedback? Was it an uncomfortable exercise? Did they learn anything new about how they are seen by others?

II. What is Self-Esteem?

The facilitator will ask the participants if they've heard the term "self-esteem," and what they think it means. He/She should note their responses on newsprint, then provide them with the dictionary definition of self-esteem.

Self-esteem:

The esteem or good opinion of oneself.

The facilitator should ask the group how they think a person forms one's opinion of oneself, what are the influences which affect this opinion, or self-image. He/She should allow the participants time to discuss this question, facilitating the groups towards the following understanding.

- 1) We know who we are by what others tell us - others act like mirrors for ourselves, sending messages of who we are. Messages can be both spoken or unspoken.
- 2) We know who we are by comparing ourselves to others - sometimes we compare ourselves to others who are like us, and sometimes we compare ourselves to others who are not, who may be a different gender, different culture, different age, etc.
- 3) We know who we are by thinking about what we do and how these things turn out, then making judgments about these outcomes - sometimes, if what we do doesn't turn out as we hoped or expected, we use these outcomes to define who we are or what we may or may not be good at doing.
- 4) We know who we are by putting more or less value on different characteristics - we decide what we like or don't like, and how much of these things we see in ourselves.

The facilitator should help the group to understand that all of these factors can contribute to a person having good self-esteem, or low self-esteem. He/She should refer back to each factor, asking participants to provide both positive and negative examples for each factor and how they might affect self-esteem.

III. Where do we get our Images?

The facilitator will explain to the group that our self-image is the result of images we are fed from the time we are small. He/She should ask the group where they think we get these messages about how we're supposed to act, to look, to think, etc., noting responses on newsprint. Responses should include:

- Parents
- Brothers/Sisters
- Friends
- Television
- Fashion
- Music
- Magazines
- Church

The facilitator should then proceed with each of these sources, asking the group to describe what the messages are from each source with respect to:

1. What does this source say about how a girl should look? And about how a boy should look?
2. What does this source say about how a girl should act in school? And about how a boy should act in school?
3. What does this source say about how a girl should act at home? And about how a boy should act at home?
4. What does this source say about how a girl should act with males her own age? And about how a boy should act with females his own age?

The facilitator should then ask the group to discuss the impact of these messages with regard to our actions. He/She should process this discussion with some of the following questions.

1. What is the impact when the messages we get conflict?
2. How do we choose which messages we want to pay attention to?
3. How do our choices affect our interactions at home? With friends? In school?

IV. Celebrations of Pride

The facilitator should ask the group to brainstorm on how they feel when someone recognizes something positive in them. He/She should note on newsprint the responses, noting words such as:

Happy
Pleased
Good
Optimistic
Secure
Confident
Excited

The facilitator will ask the group how often they recognize their own achievements and the things which make them proud, as well as how often they feel that their parents, teachers, friends, community recognize these achievements. He/She will explain how important it is that we recognize and celebrate these achievements - our own and those of the people around us. The facilitator will explain that the group will be constructing "celebration boxes" today, to keep reminders of the positive things we see in ourselves or that we've done.

The facilitator will distribute the folding boxes and explain to the group how to construct them. He/She should then distribute materials, such as markers, crayons, glue, scissors, magazines, lace, and other objects and allow the participants to create boxes which represent for them a celebration of pride and happiness. The group can work for about 30 to 40 minutes on their boxes, leaving time to show the finished boxes to the group.

VI. Conclusion

The facilitator should ask each group member to put the slip of paper on which they wrote the one thing that makes them proud into his/her box to start off his/her collection. He/She should then thank the group for their efforts and remind them of the next session.

**MENTORING PROGRAM
EDUCATIONAL CURRICULUM
Module 15: Group Facilitation Skills**

Objectives:

1. Participants will be able to describe the difference between group process and group content.
2. Participants will be able to describe different indicators of group process.
3. Participants will be able to describe different techniques for improving group dynamics.
4. Participants will be able to give examples of techniques for active listening.
5. Participants will be able to describe different types of problem participants as well as ways of dealing with each type.
6. Participants will be able to demonstrate techniques for opening up a group.

Methods:

Interactive lecture
Large group discussion
Role plays

Materials:

Newsprint
Markers
Masking Tape
Two tissues
Straws for each participant
Handout: Problem Participants

I. Introduction

The facilitator will welcome the group back, asking about their week and if any questions have come up for them. The facilitator should remind the group once again that they will go through an exercise once again loosen up and to come together as a group. The facilitator should then introduce the exercise to the group, "Hot Air Specialist."

Hot Air Specialist:

The facilitator will explain to the participants that they will be competing against each other in teams with a relay race involving a tissue, straws and their own hot air. The facilitator should hold up a straw and a piece of facial tissue and tell the participants that they will be using these objects for their race.

The facilitator should divide the group into two teams, with an equal number of participants in each team. Next, the teams are to form two parallel lines with the members of one team facing the members of the other team.

When the lines have been formed, the facilitator gives each participant a straw and explains that the object of the game is to suck the tissue into the end of the straw and to pass it to the next person in line who must then suck the tissue into his or her straw - No hands may be used. If the tissue drops, the team member who is to receive it must, without using her hands, suck the tissue off the floor.

The facilitator then hand a tissue to the first person in each team's line. At a signal from the facilitator, the game begins. The exercise continues until all of the members in each line have had an opportunity to receive and pass the tissue. The members of the team which finishes first are declared the "Hot Air Specialists."

After the exercise, the facilitator should thank the group members for their participation. At that point, he/she should explain that this session will focus on group skills. The facilitator should recognize that a part of the mentors work will be in group, and as such, it is important to discuss some group skills to apply with their mentees.

II. Process vs. Content

As a basis for understanding group dynamics, the facilitator should explain the two major ingredients in group interactions. The first ingredient is the question of content, and refers to the subject matter or the task with which the group is working. In other words, what is being discussed – is it the weather, sex, a problem, etc. The other ingredient is process, which is focused on what is happening between and to group members while the group is working or involved in any activity. In other words, how is the discussion taking place – are voices raised, are people cuddling up together, are there smiles or tears.

The facilitator should explain that often, process is the more important thing to watch for during a group session – process indicators can tell us a lot about what people really think and feel, because it's a lot harder to lie with your body language and facial expressions than it is to lie with words.

The facilitator should then ask different participants to demonstrate the following process indicators, although their words will all be the same. He/She should explain that different participants will be asked to say the sentence, "I'm glad to see you," but expressing it in different ways. The facilitator should point to a group member, give him/her the feeling or situation and ask him/her to say the sentence and express that feeling. The feelings/situations are:

- Happy to see a friend
- Thrilled to run into an old boyfriend/girlfriend
- Seeing one of your enemies, but you're in church
- A friend shows up after you've been waiting for him/her for over an hour
- Seeing a family member who just got out of the hospital

The facilitator should ask the group members what were some of the things that indicated the different situations. Responses should include tone of voice, facial expression, level of energy, etc.

The facilitator should then present the following areas of process, explaining each area and asking the participants to provide an example for each area of process.

Atmosphere

Atmosphere refers to the general tone of the group interaction, which can range from warm and accepting to hostile and rejecting.

Participation

Level of participation is a concept which refers to the number of participants who are actively involved in the group and to indicate the intensity of the involvement. The group leader should look at who talks and who doesn't, to whom, how long they talk, whether or not they are interrupted.

Decision-Making Process

All groups make decisions, sometimes explicitly and sometimes without awareness that decisions are made at all, such as when a group ignores members who talk about a certain topic. Because group decision-making is hard to undo, effective group leaders should be aware of when and how decisions are made.

Influence

Influence and participation are not the same. Some people may speak very little yet they capture the attention of the whole group. Others may talk a lot but generally are not listened to by the other members.

Membership

A major concern for group members is the degree to which they are accepted by the group. Different patterns of interaction may develop that give clues to the degree and kind of membership. Are there sub-groups? Do some people appear to be "outside" the group? How are they treated?

Feelings

During any group discussion, feelings are frequently generated by the interactions between members. Although these feelings are rarely discussed, the tone of voices, facial expressions, gestures and many other forms of nonverbal cues can help the observer understand what participants are feeling.

III. Improving Group Dynamics

The facilitator should ask the group to review some of the different skills that were discussed in talking about interpersonal skills. He/She should point out that some of these skills, such as listening, communication, paying attention to people's needs, etc. are the same skills that help to improve group dynamics by setting an example for how the group will work. The facilitator should point out that one of the most important of those skills is what is called "active listening." He/She should ask the group to try to describe what they think that term means, bringing them to understand that active listening is listening in a way that expresses to the speaker that you are involved in the conversation without turning the topic around to something else.

The facilitator should explain the following skills indicative of active listening. He/She should ask participants to provide an example of each skill as it is presented.

1. Open-ended questions: these are questions that cannot be answered with a yes/no or a/b response. "Are you feeling well?" or "Would you prefer chicken or fish?" are not examples of open-ended questions. "How are you feeling?" and "What would you like to eat?" are open-ended questions.
2. Prompts: these are minimal words or sounds that encourage a person to continue talking. Examples might be "Um-humm" or "Then?" or "Oh?" or "Go on."
3. Paraphrasing and reflection: these are techniques of repeating back to the speaker what was being said, sometimes using the same words, or parts of the phrases, or the same idea but with different words.
4. Summarizing: this technique brings together different ideas that were said over a period of time, tying one idea to another.
5. Non-verbal communication: these skills bring together such techniques as attending behavior (leaning towards the person speaking and maintaining eye contact) and other body language (touch, facial expressions, etc).

The facilitator should explain that these skills are helpful in setting a positive and respectful tone for the group, as well as expressing support to each group member.

IV. Group Exercises

The facilitator should explain that exercises are also very helpful in group dynamics, and can help to get participants involved who are more quiet, or help to convert information into practice. He/She should ask the group for examples of some of the exercises they've done in this training that have helped to bring about a group atmosphere, provided opportunity to practice new skills or brought about fuller group participation.

The facilitator can then offer another type of exercise which brings people into a discussion, by using sentences that participants can finish individually then bring into a fuller group discussion. Examples could be:

- One thing I learned...
- I hate when people...
- Someone I admire is...
- If I could change anything, I would change....

The facilitator should ask the group members to write down one of these sentences that could be used as a group opener. He/She should explain that they will have an opportunity to use these openers later in the session.

V. Problem Participants

The facilitator should explain that sometimes a group facilitator will have a group member, or more than one member, who appears to create problems for the group. He/She should explain that this person is often not setting out to create problems, but is actually seeking some kind of attention. The facilitator should review some of the following types of problem participants and possible ways of dealing with them.

- **Terry Talkalot** – He/She feels the need to react to each person's contributions with his/her own lengthy comments.

Solution: Affirm this person's contributions and say, "Perhaps we might hear from someone else." or "That's an interesting point. Maybe we can talk about it after group."

- **Carl Cause** – This person insists on manipulating the discussion in order to address his/her own pet peeve.

Solution: Remind the participant of the purpose of the group, and review group ground rules with respect to being non-judgemental.

- **Pompous Professor** – He/She lectures using information that has little to do with what's being discussed.

Solution: Again, affirm this person's knowledge and experience while reminding him/her that it is important to hear everyone's ideas. If he/she is wandering from the point, ask "How does your point relate to the topic we were discussing?"

- **Nora Nega Tiv** – He/She always is seeing the negative side of everything.

Solution: Be supportive, taking into account that this person may really have had too many problems to deal with. At the same time, encourage him/her to recognize the

value of new or different approaches.

- **Sammy Silence** – He/She may think a lot, but says little.

Solution: Using activities in which each person responds in turn such as the exercises previously described. Also, maintain eye contact with this person and affirm any contribution made.

- **Pat Picker** – He/She pulls out small topics and nit-picks about them, throwing the discussion off track.

Solution: Thank him/her for the input and move on. If this person insists, facilitate by saying, "Let's see if we can get back to the main issue."

- **Bell E. Laugh** – This person can lend a touch of humor to the session, but left to his/her own devices, can ruin a serious discussion.

Solution: Take this person aside and explain that while you appreciate the humor, you want to be sure that participants' concerns are addressed with sensitivity.

VI. Group Role Play

The facilitator will ask each participant to demonstrate opening up a group session. Each participant should practice some of the following steps:

- Welcoming the group members
- Checking in
- Opening exercise (Sentences, short game, etc.)

The facilitator should then explain that each participant will have a chance to practice. The other participants will "role play" group members who are coming to group. The "Practice Facilitator" should decide prior to starting if he/she is going to practice a first group, or a group further into a program (when group members already know each other). Each participant will have 5 –10 minutes for his/her practice opener.

After each participant, the facilitator should ask that participant what he/she liked about his/her opening, and what he/she would like to change. If time allows, the facilitator can ask the rest of the group members the same questions prior to passing on to the next participant and his/her practice.

VII. Conclusion

The facilitator should explain that this is the final session of the training, and as such, the group will be repeating the questionnaire they filled out in the first session. He/She should distribute the questionnaire, allowing sufficient time for participants to complete it.

After the participants have completed their questionnaires, the facilitator should thank them all for their participation, recognizing the contribution each has made to the program, and the contributions they will continue to make as mentors.

