

## DAY 5

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### Session 1: Recap and preliminaries

#### Objectives:

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

**Material needed:** None.

**Time:** 30 minutes.

**Methodology:** Group activity followed by a presentation and discussion.

#### Procedure:

1. Request a volunteer to lead the group in the serenity prayer.
2. Request the participants to hold hands and repeat each line of the serenity prayer after the leader.
3. The group members greet each other.
4. The group member who volunteered the previous day to recapitulate the previous day's session is requested to make his/her presentation.
5. Members clap in appreciation of the presentation.
6. Group members are encouraged to add what is missed/correct any inaccurate narration.
7. The facilitator corrects any incorrect narration, and requests anyone to ask for clarification.

### Session 2: Concept of volunteerism

#### Objectives:

- To understand the concept of volunteerism and recognition hunger,
- To clarify doubts if any.

**Material needed:** White/black board, marker pens/chalk.

**Time:** 45 minutes.

**Methodology:** Brainstorming.

**Procedure:**

- Write “volunteer” on the board and ask participants what they understand by that term.
- Keep writing down each answer.
- After all the options seem exhausted, discuss and clear doubts.

**Notes for the facilitator:**

Remember to highlight that the currency or reward for volunteer service is not money but ‘satisfaction’. Most volunteers expect rewards in the form of recognition rather than monetary gain.

### **Session 3: Accessing help**

**Objectives:**

- To recognise different attitudes that are exhibited and feelings that are generated when the family identifies addiction, relapse or positive HIV status among one of its members,
- To participate in a role play situation as an enactor or as an observer.

**Material needed:** Copies of the case situation for role-play.

*Situation- I*

*Rahul’s mother has been noticing some changes in behaviour for the past few months. She receives a letter from the college authorities reporting that Rahul had not paid his term fees. The letter also states that Rahul has not been attending college for the past three months. His mother is shocked because she had given him the money to pay the fees. She shares this letter with Rahul’s brother who tells her that some of his friends had been commenting about the possibility of drug use by Rahul. Rahul’s father enters the room and is informed of this development. Enact the scene when his father, mother and brother confront Rahul.*

*Situation - II*

*Gunjan is pregnant and in an antenatal check-up has just received the blood report stating she is HIV positive. No one had informed her of this test and her doctor is on leave. Recognising that she needs support she confides in her mother whom she is very close*

with. She requests her mother to understand her position and asks for her help to break the news to Gunjan's husband. Enact the scene.

*Situation – III*

*Yuvraj has returned from a rehabilitation centre one month ago and has relapsed. His wife tried everything she could and simply gave up. His brother and a close friend have come home today to convince him to take help. Enact the scene.*

**Time:** 60 minutes.

**Methodology:** Role-play with debriefing using the experiential learning cycle, small group discussion.

**Procedure:**

1. Divide participants into groups of eight.
2. Invite four from each group to participate in the role-play. It is necessary to call forth for volunteers and refrain from nominating particular members.
3. Present instructions to the role-players of the three groups.
  - a) Instruct them about the principles of role-play. Emphasise that the role-play is built around the situation described in the case situation with focus on the drug abuser / alcoholic.
  - b) Provide copies of one case situation to each of the three groups so that each will work with a different situation.
  - c) Ask them to designate roles amongst themselves and discuss an outline about how they intend to proceed. Allow only five minutes for discussion. This will ensure spontaneity in their presentation and permit them to improvise as the role-play progresses.
  - d) Request the role player to wear badges, which says 'mother', 'brother' etc. to identify them.
4. While you are instructing the enactors, ask your co-trainer to brief the observers from the three groups about their role. Emphasise that they are not to look out for the quality of acting displayed. Stress that they must focus on what is being said and done rather than looking for how they could have role-played differently. Direct them to look out for non-verbal cues as well as the clarity with which the messages are given.
5. Reassemble the groups of eight. Direct the observers to sit in a semi-circle and watch without causing any disturbance/distraction to the enactors.
6. The enactors will now enact the situation. If the role-play proceeds to a point where the

expected situation has developed and feelings have been expressed intensely and completely, you may call 'out'. Otherwise permit it to end on its own.

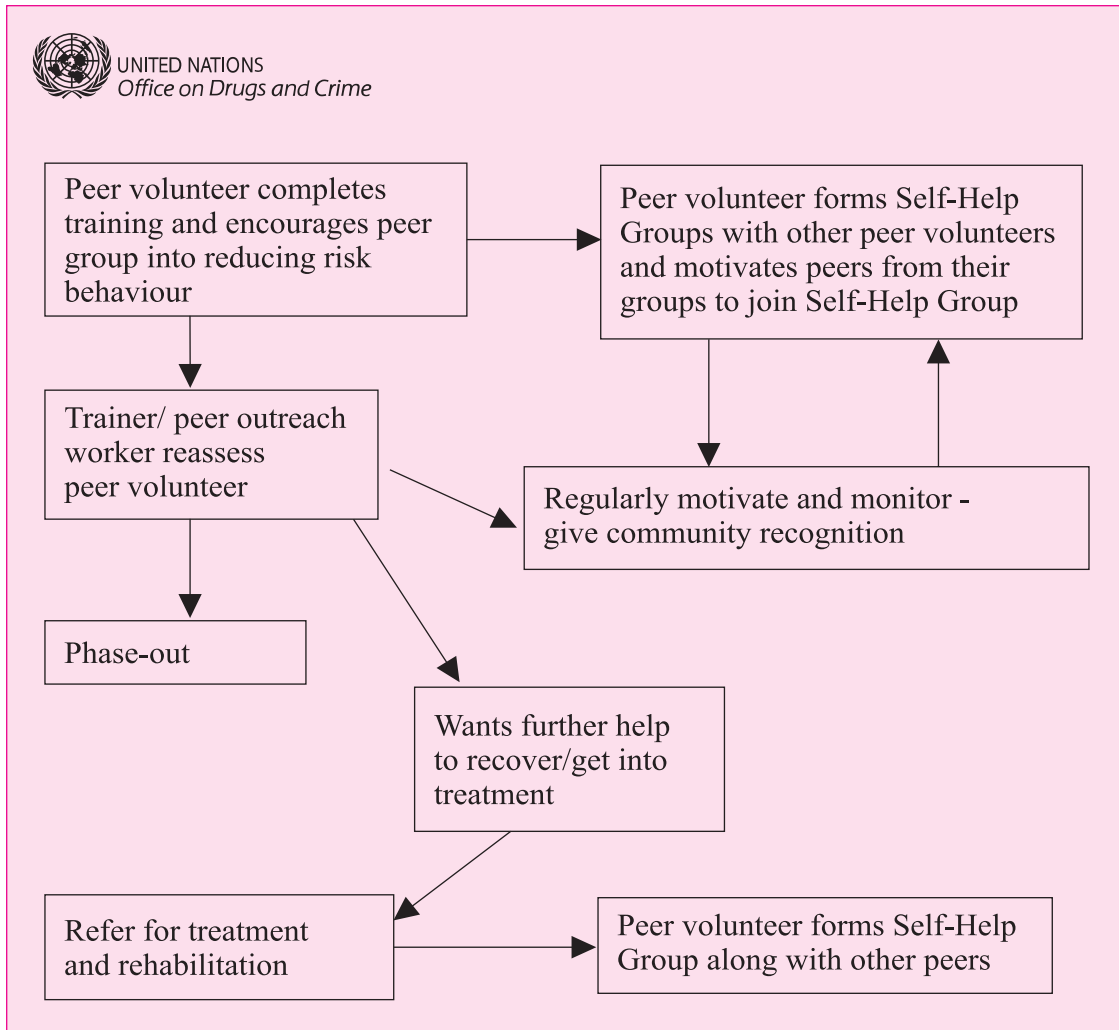
7. Ask the enactors to remove their badges that define their roles to signify that they are now stepping out of the role. Tell the enactors that the role-play is over and that the debriefing will be done now.
8. Ask the enactors one by one about how they felt. Help them focus on:
  - (a) Their feelings during the session,
  - (b) The elements that triggered their response and recognise what made them feel or act in a particular way,
  - (c) Their feelings now, after the session.
9. Proceed to ask the observers what they observed in the session. Help them focus on the:
  - (a) Sequence of events,
  - (b) The manner, in which each person in the role-play influenced, supported or resisted the other,
  - (c) Feelings generated in the observer,
  - (d) Make sure that each and every group member shares. Help participants recognise the common issues in all the three case situations with focus on the 'drug user'/ person affected by HIV/AIDS.
9. Move on to see if the role-play observations match real- life situations. Ask the group if this situation happens in reality in the lives of clients whom they work with.
10. Help them relate the messages at three levels:
  - (a) Knowledge level – contextualise the role play situation to the theoretical inputs provided;
  - (b) Attitudinal shift - recognise the intensity of problems faced, feelings involved and examining the value of the present treatment interventions in helping clients deal with these real issues;
  - (c) Skill development – focus on the ability of the trainer to build on the role-play situation and making the experience meaningful.

#### **Session 4: Overview of phase three of the peer-led intervention**

##### **Objectives:**

- To 'walk' the participants through phase three of the protocol,
- To clarify doubts if any.

### Flow Chart of activities in Phase Three



**Material needed:** Flow-chart of the phase three of intervention drawn on chart paper/OHP/ PowerPoint presentation, handouts of terms of reference and monitoring mechanisms of the protocol.

**Time:** 45 minutes.

**Methodology:** Lecture with audio-visual presentation.

**Procedure:**

1. 'Walk' through phase three of the protocol and then through each step in the peer-led intervention protocol, phase by phase.
2. Clarify doubts. Discuss the set-up of support groups, and possible agenda/problems.
3. Intervene where necessary.

**Notes for the facilitator:**

- Questions about sampling may arise but emphasise that the method of sampling is not so useful since hidden population needs to be tapped.
- Talk of ‘hidden populations’ like prisons, hostels, bars, parks, slums, brothels, ports etc.
- In such populations, the rapid situation methodology highlights vulnerabilities in the area.
- The snowball method (whereby one person gives more information about his/her peers, when contacted) is useful in gathering information.

**Notes for the facilitator:**

**Support groups or self help groups**

*Support or self help groups is a felt need*

Maintaining abstinence is an important component of drug demand reduction strategy for communities. After discharge from de-addiction cum rehabilitation centers (DRCs), it has been observed that there is virtually no follow-up or support for the recovering drug users. Left to themselves, they do not reintegrate back into their community or society. They are looked upon with suspicion regarding the genuineness of their abstinence by their spouse or other family members. The non-using peers do not want to associate with them, and they are stigmatized as outcasts. They have no assistance to deal with their shame and guilt for having lived a life of drug dependence. Very often, even the support from their religious leaders or church is not forthcoming. Left lonely and friendless, they are welcomed by drug using peers and having received acceptance, they rejoin the drug using sub-culture and relapse.

The need for support groups or self help groups is felt by recovering drug users. Some recovering drug users readily offer their services to set-up such a service in their community and motivate drug users to seek treatment. Such support coming from peers with whom drug users identify themselves is often seen as a strong motivating factor for seeking recovery. A universal need for support / self-help groups has resulted in formation of groups like Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, etc.

**Support groups in this intervention**

Two types of support groups are envisaged in this peer-led intervention design. The first is of peer volunteers who are practicing risk-reduction behaviour. The second is of those who have been successfully discharged from DRCs and want to maintain abstinence.

**Suggested agenda for support groups**

1. “Awareness of change” – Recovering users reporting self-awareness of change acts as both a motivating factor for sustaining change when appreciated by the fellow group members as well as acts as a motivator for others in the group to change;

2. Sharing ones recovery from drug dependence serves both as a motivating factor for continuing abstinence and self revelation in front of a group helps in “breaking the secret” which is a factor for continuing drug use;
3. Following the twelve-step program of Alcohol Anonymous/Narcotics Anonymous brings about spiritual healing, and has been found to be self-supporting.

#### **Activities and problems faced in setting-up support/self-help groups**

1. *Finding a safe place for a meeting* - Several recovering users leaving DRCs have complained that the police view the collection of drug users as an opportunity to collect funds and disrupt meetings on the pretext of stopping drug use or other illegal activities. Acceptance of a meeting of support or self groups as an activity towards sobriety by community leaders, youth organizations, police, church and other religious institutions, educational institutions, etc. helps prevent such disruptions and reduces stigma. Convinced positively about the need for such groups, community halls, youth centres, church/mosque/temple youth centres and youth centres in educational institutions can become available for holding support / self help group meetings. In this regard, the influence of members of COC assumes importance. During field trails of this intervention, in Bangladesh, an Imam had offered the mosque for a support group meeting, in India a police-official who was a COC member had offered the police station while in Sri Lanka at one site a Buddhist priest had offered the temple premises while at another site a school had offered space for support group meetings. NGOs also offered their premises for holding support group meetings.
2. *Location / Catchment area for support / self help groups* - Attendance in group meetings increases when meetings are held in areas where drug users reside or collect. Time spent in travelling to meetings and problems of transportation are minimized in this manner.
3. *Timings of support / self help meetings* - To find a suitable timing for a meeting convenient for all is a problem. Alcoholics Anonymous, for example, has selected evening timings (when drinking starts) on weekdays, and midmornings on Sundays as an appropriate time. Groups would have to select a time suitable to the majority of members of support / self help groups. In Sri Lanka, evenings after a day’s work were found suitable for most peers.
4. *Informing concerned local support group of discharge of recovering drug abuser from rehabilitation centres* – During networking meetings with DRCs, key personnel would need to informed of the support group situated near the residence of the person discharged from the DRC for necessary follow-up by members of the support group.

## Session 5: Monitoring mechanisms for peer-led intervention

### Objective:

- To discuss monitoring mechanisms in the peer-led intervention.

**Material needed:** Monitoring mechanisms for the three phases drawn on chart paper..

**Time:** 45 minutes.

**Methodology:** Lecture

### Notes for the facilitator:

#### Monitoring mechanisms

##### Phase one

##### *Monitoring and outcome indicators*

1. Names, designations and contact details of key informants/ COC members
2. Key Informant interview reports
3. Minutes of the meeting documents
4. Resource and vulnerability map, documenting
  - Profile of drug users in the community
  - Localities where drugs are sold / used
  - Localities where risk behaviours take place
  - Names and contact details of treatment services available
5. Document showing permission from the local administration for the project activities
6. Daily record of field visits by the POWs and their observation, including number of drug users contacted, number of drug users who showed interest and recruited and / or referred for the treatment including the type of services they are referred to.
7. *Supervision:* Supervising daily fieldwork diaries on outreach contacts and documents showing Observations of outreach work and project monitoring focusing on
  - a. How outreach contacts are made
  - b. How services are provided
  - c. Clients' retaining interest
  - d. Randomly conducted Interviews with clients contacted by outreach staff

##### Phase two

##### *Monitoring and outcome Indicators*

1. KAP Assessment record (questionnaire)

2. Record of training sessions (attendance sheets)
3. Documentation of incentives receipt by the peer volunteers

### **Phase three**

#### *Monitoring and outcome indicators*

1. KAP reassessment record
2. Record of field visits of the POWs including daily observations and observation of interaction between a peer volunteer and his drug using peers (at least two such sessions per peer volunteer will be observed and recorded)
3. Numbers of self help groups formed with numbers of members in each group
4. Number of new drug users contacted by peer volunteers
5. Number of peer volunteers and new drug users referred for treatment

### **Process evaluation**

Besides the above, the project shall also attempt to evaluate, at the end:

1. The factors influencing how outreach contacts are made
2. The factors influencing how services are provided
3. The factors influencing clients' retaining interest
4. The factors influencing overall project performance and management

### **Procedure:**

1. 'Walk' the participants through the monitoring mechanisms through the three phases.
2. Clarify doubts of participants

### **Session 6: Problem solving**

#### **Objective:**

- To introduce a problem and discuss problem solving.

**Material needed:** None.

**Time:** 45 minutes.

**Methodology:** Game.

#### **Procedure:**

1. Divide the participants into two groups.
2. Ask one group to leave the hall- these will be called the small fish.

### **Notes for the facilitator:**

An effective problem solving procedure is:

- Clearly define the problem: find out what appears deeper as different from what appears at the surface.
- Thoroughly explore and understand the causes behind the problem.
- Collect additional information (from elsewhere if needed) and analyse it to understand the problem better.
- Solutions: think or look for them; try to evaluate logically, then try wild ideas which may seem irrelevant. Use creativity and imagination to look for new patterns within the same set of facts. Ask the group to suspend judgement and criticism for a while and combine each other's ideas or add on improvements. This is called "brainstorming" (lateral thinking).
- Think of all possible options and consequences of each option. Choose the appropriate and viable option or alternative. Collaborative and consensus based resolution is preferable to forcing a choice. Considerable discussion is needed to analyse the various alternative solutions on the basis of constraints and available resources.

Act on the viable option/solution selected. Implement the solution through a planned set of activities, and evaluate how the problem is solved. Mid-course assessment may be necessary and mid-course corrections may need to be instituted.

3. The group that stays in the training hall are large fish.
4. Brief the large fish about their role - they have to 'eat' the small fish by hitting them on the head if they jump high or stop moving. The big fish 'die' when they are pushed out of the 'pond'.
5. The small fish have to jump on their toes while in a sitting position for survival and have to keep moving to prevent themselves from being eaten (being hit on the head by big fish). They have to find a way to push the big fish out of the water.
6. The game ends when there are either all small fish or all big fish left in the 'pond'. Repeating the game finally allows the small fish and the big fish to use problem solving and decision-making skills to achieve their goals.

## **Session 7: Empathy**

### **Objective:**

- To introduce the concept of empathy,
- To introduce the importance of empathy.

**Material needed:** None.

**Time:** 45 minutes.

**Methodology:** Interactive lecture.

**Procedure:**

1. Ask the participants why it is important to understand body language.
2. Ask the participants what is ‘emotion’, and why it is important to be aware of one’s own emotions as they occur.
3. Ask the participants whether they could pick up the emotions of the role players when they were the observers.
4. What is empathy?
5. How does empathy in the person helping contribute to improving the relationship with the one being helped?

**Notes for the facilitator:**

Empathy refers to the capacity to understand emotionally the experiences of another person - understanding what others are feeling, recognising emotions of others. An empathetic counsellor may anticipate what is felt before it is spoken and can often help others articulate what they are feeling. Non-verbal cues such as body posture and facial expressions are noted. Empathy can be evaluated by testing an individual’s accuracy at interpreting another’s feelings from their facial expressions.

Empathy is fundamental in interpersonal effectiveness. Those who are well attuned to subtle social cues that indicate what others feel are more successful in personal and professional relationships.

Throughout the session, the facilitator adds any information not forthcoming from the participants.

**Session 8: Winding up and feedback:**

Show the feedback sheet drawn on chart paper and request each participant to fill it and submit.

## **Session 9: Post-training exercise**

### **Objective:**

- To explore the knowledge levels of participants after completion of training,
- To record each participant's opinion about the Training of Trainers' Programme

**Material needed:** The Post-training questionnaire and the Training of Trainers' Programme Evaluation Sheet (annexed).

**Time:** 30 minutes.

**Methodology:** Individual exercise by each participant.

### **Procedure:**

1. Distribute the Post-training questionnaire and Training of Trainers' Programme Evaluation Sheet to each participant and request each participant to fill it individually.
2. Entertain questions.
3. Collect the sheets after completion of exercise.