

Fall 2003

"REAL MEN" Curriculum

Jessie Daniels
Hunter College

Ronald Shuler
Independent Researcher

Nina Aledort
NYS Office of Children Services

Nicholas Freudenberg
CUNY School of Public Health

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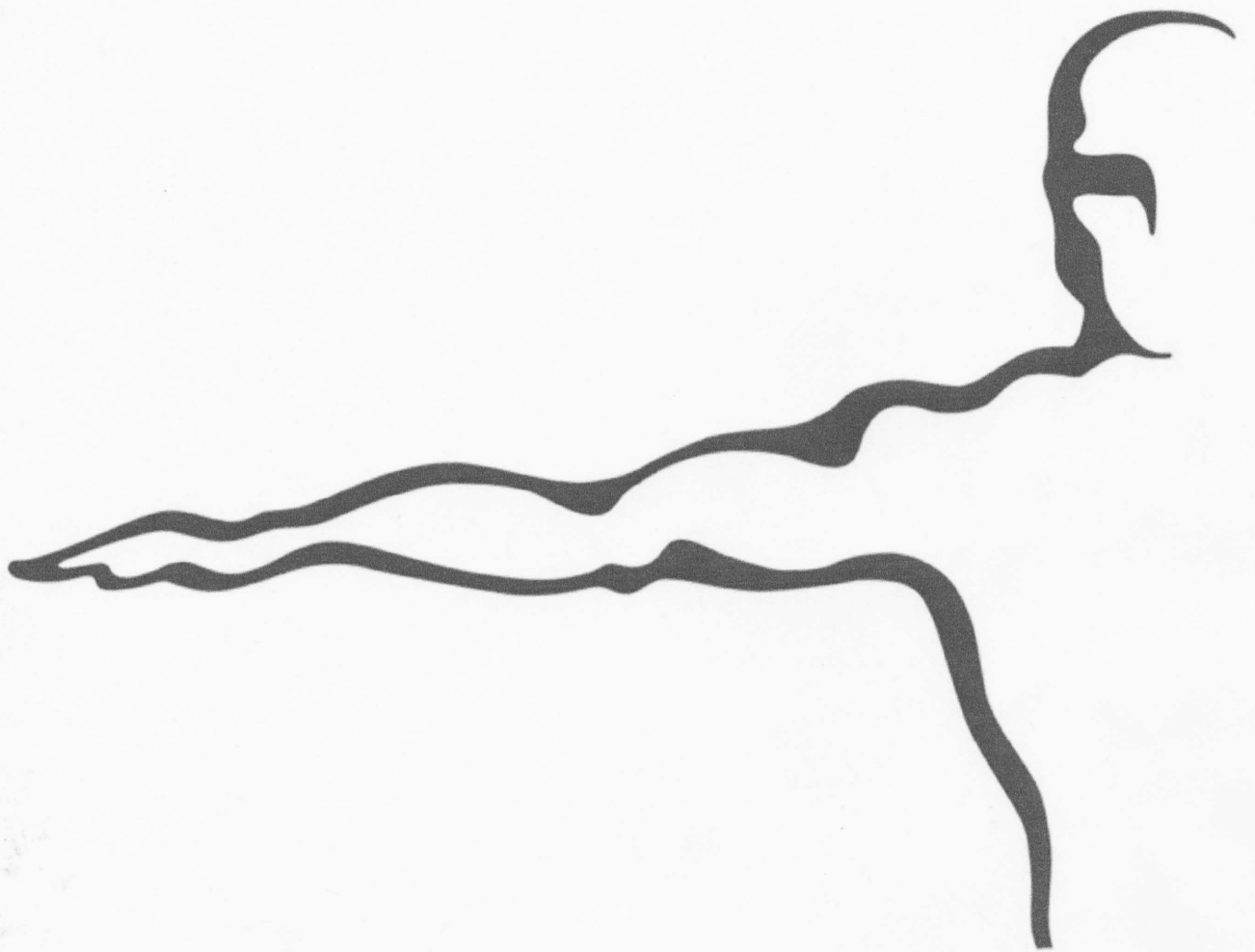
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RETURNING
EDUCATED
AFRICAN AMERICAN
LATINO AND
LOW INCOME
MALES TO
ENRICH
NEIGHBORHOODS

REAL MEN

Staying free. Staying healthy.



REAL MEN

Program Guide

Version 3.0, Released 7/04

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I. OVERVIEW OF *REAL MEN*

INTRODUCTION

Goals

REAL MEN (RETURNING EDUCATED AFRICIAN AMERICAN LATINO AND LOW INCOME MALES TO ENRICH NEIGHBORHOODS) helps incarcerated adolescent young men in New York City to reduce their risk of HIV infection, and the harm from drug or alcohol use, and avoid re-arrest and re-incarceration. Its broad aim is to help young men returning home from jail to stay healthy and free. This guide describes the program, its principles, and the curriculum and protocols that guide our day-to-day practice. The intended audience for this guide is educators, counselors and their supervisors who work with young people returning from jail and public health and correctional officials responsible for planning and implementing jail re-entry programs. Although our work is with 16 to 18 year old young men in adult correctional facilities in New York City, we hope our experiences will also be relevant to those working with young people in juvenile justice systems, community re-entry settings or with young adult (18-24 year olds) in adult jail systems. This guide has been prepared by a team of public health researchers, program directors and frontline staff, the “we” in the following sections.

Background

REAL MEN focuses on adolescents because they are the fastest growing sector of the incarcerated population. (See Box 1 for a summary of data on adolescents in prison or jail in the United States and in New York City.) We also focus on young men because of the potential for prevention. Between the ages of 16 to 18 and 19 to 25, rates of substance abuse, HIV infection, violence and other bad outcomes increase dramatically among men involved in the criminal justice system. By intervening before these negative changes occur, we can improve the lives of young men and the people they care about, their communities, and our society as whole.

Unfortunately, however, evidence suggests that although the potential for prevention is high among young men, few jurisdictions have developed programs for incarcerated young people that (a) have been demonstrated to be effective (b) reach a significant portion of those eligible for and in need of such services and (c) link young men to the post-release community services they need. **REAL MEN** seeks to address these gaps by developing and testing a model program that, should it prove effective, can be replicated in other settings.

Box 1. Facts on Incarcerated Adolescents

In U.S.

- Between 1985 and 1997, number of inmates under age 18 in state prisons in U.S. increased from 2,300 to 5,400, a 235% increase.
- In 1997, 100,510 people under 18 were held in correctional facilities, 5% in prisons, 9% in jails and the remainder in juvenile facilities.
- The incarceration rate for those under 18 was 509 per 100,000 residents age 13 to 17, lower than the adult rate of 864, but the highest national rates in the world
- 92% of prison inmates under 18 were male; 60% were African-American, 13% Hispanic.
- 69% were convicted for violent offenses, 15% for property offenses and 11% for drug offenses

In New York City

- 123,634 individuals were admitted to city jails in 2000; 7.3% --more than 9,000-- were under the age of 19
- 88% of adolescent inmates were males, 12% females
- Of male inmates, 57% were Black, 32% Hispanic, 8.5% white and 3.5% Asian or other.
- 78% were detainees awaiting adjudication, 12% were sentenced to a term of one year or less in the NYC jail, and 9% were sentenced to a state prison.
- For 46% of the male inmates, the highest charge was for a violent crime, for 26% a drug crime and for 12% a property crime.
- On given day, 902 adolescents were incarcerated at Rikers Island Detention Center, the New York facility that holds all jailed adolescents.
- Of these, 26% of the males lived in the Bronx, 17% lived in Manhattan, and (add Bklyn)
- 15% of adolescents have been sentenced to less than a year and serve their sentence at Rikers Island; the rest are detainees awaiting adjudication, parole violators, or sentenced youth awaiting transfer to prisons.
- Each year, about 1,000 city-sentenced adolescents are jailed at Rikers Island

Program Principles

REAL MEN has several characteristics that define its philosophy and practice and distinguish it from other approaches to helping people return from jail and improve their health.

1. ***REAL MEN*** provides short-term, transitional services. We believe that to change the lives of young men leaving jail we need to engage them in the first hours and days after release –a time of vulnerability and perhaps openness to change. Then, programs need to link them to other services and people that can help them to achieve their goals and to provide ongoing services as needed.

2. ***REAL MEN*** challenges traditional beliefs on masculinity and seeks to enlist young men in considering pathways to manhood that lower risk of HIV, violence, drug use and re-incarceration. The program is based on the belief that stereo-typed masculine gender roles can endanger young men of color and that alternative routes to manhood that lead to healthier young men and safer communities are available within African-American and Latino communities.

3. ***REAL MEN*** supports young men's cultural identities as African-Americans and Latinos as a route to positive self-esteem and to foster a sense of personal and community responsibility.

4. ***REAL MEN*** offers non-threatening, non-judgmental guidance to participants to help them make choices that will maintain health and avoid incarceration.

5. ***REAL MEN*** is a partnership between a university-based research team and a community-based organization. Researchers help to develop a theoretical framework and a rigorous evaluation for the program as well as to ensure that it reflects previous lessons from other studies. The community organization contributes a wide range of direct services, linkages to other agencies and roots in specific communities.

6. ***REAL MEN*** addresses risk behavior directly through health education and referrals for health care and also indirectly by connecting participants to job training, education and other services that offer pathways to healthy adulthood. The former is provided through health education, psycho-educational groups and referrals; the latter through participation in job training, school programs, substance abuse treatment and other services.

7. ***REAL MEN*** works with participants both inside the jail and after release. In jail, the primary goal is to develop an ongoing relationship with participants and to help them develop plans for reentry. After release, the goal is to help participants examine the impact of beliefs about manhood on risk behavior and to connect participants to people, services and organizations that promote health and avoid re-incarceration.

8. **REAL MEN works at both the individual and group levels.** At the individual level, the program works to help young men identify their own strengths, learn skills and find the resources they need to protect their health and stay free. The program also works through groups to provide support for healthy behavior and to examine critically the social and political context in which young men of color live.

9. **REAL MEN operates in the cognitive, emotional and socio-political realms.** The program offers knowledge and skills that participants can use to protect their health and avoid reincarceration. It seeks to tap into young men's desire for self-worth, intimacy and feeling connected to others and their fears about isolation, failure, and lack of masculinity. Finally, the program helps participants to analyze their social circumstances and make choices that protect themselves and their communities.

10. **REAL MEN acknowledges that reducing harm from substance abuse is desirable,** both as an end in itself and as a path to abstinence from drug and alcohol abuse.

Theoretical Framework

REAL MEN blends several theoretical frameworks to guide its intervention activities. It uses an empowerment framework based on Paulo Freire's work to help young men critically analyze the social roots of their life choices and to construct alternative pathways out of oppressive circumstances. It uses social learning theories to build peer support for healthier choices. It is based on ecological models that define multiple social levels (e.g. individual, family, community) as both determinants of health and as arenas for intervention to promote health. Feminist and Afrocentric critiques of traditional gender and racial/ethnic roles inform both the diagnosis of the problem and intervention activities. The concept of the intersectionality of race, class and gender also influences the intervention. Finally, the harm reduction model is used to emphasize the value of reducing drug and sexual risk behavior, even if abstinence is not an achievable goal in the short run.

Rationale

REAL MEN is based on our 15 years of experience working with incarcerated young men in New York City, our understanding of the relevant public health and social science literatures, including the literature on the epidemiology of HIV, the literature on racial and ethnic disparities in health, and the social science literatures on racialized masculinity the impact of race, racism, and gender on health.

Our analysis suggests that incarcerated young men are at higher risk for HIV infection for several reasons. First, we believe that some young men engage in risk behavior because they believe that using condoms regularly, reducing the number of partners, or not having sex when high will make them feel less manly, less like "real men". On the other hand, we also note the rapid increase in rates of condom use among African-American young men in the 1990s, suggesting it is possible to bring about short term increases in this behavior.

Second, we hypothesize that some young men engage in sexual and drug risk behavior because they believe their peers will ostracize them for taking action to protect their health and the health of their partners.

Third, we believe that some young men act in "hypermasculine" ways because it makes them feel more adult, and more worthy and because other roads to adulthood like education and employment are often blocked by social conditions such as poverty and racism.

Fourth, some young men engage in risk behavior because popular culture sanctions this behavior as worthy and masculine. Taking risks is promoted through both mainstream and alternative culture as a desirable characteristic of men, including men of color. Responsibility to self and others is often under-valued as a masculine trait.

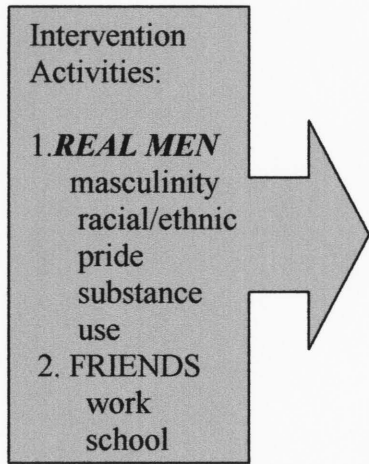
Finally, some young men believe that exerting sexual power over women will make them feel less powerless in their lives.

Each of these beliefs influences the behaviors that put young men at risk of HIV and also the wider health and well-being of low income communities. At the same time, no belief is held by all members of a population and looking for contradictions and fracture lines within dominant belief systems provide important opportunities for interventions. In addition, some of these beliefs are adaptive to the environments in which young men live and changing beliefs has to be coupled with a strategy of changing environments.

REAL MEN addresses these factors hypothesized to contribute to HIV risk by seeking to:

- Challenge prevalent beliefs about masculinity and gender behavior,
- Increase ethnic/racial pride in the face of racism and discrimination,
- Provide knowledge and skills to enable men to better protect themselves against HIV,
- Offer alternative paths to feel good about themselves
- Link them to services and resources that can help them achieve broader life goals
- Provide peer and social support for different conceptions of masculinity and reduced risk behavior
- Offer role models of older men who have chosen different paths.

Logic Model for **REAL MEN**

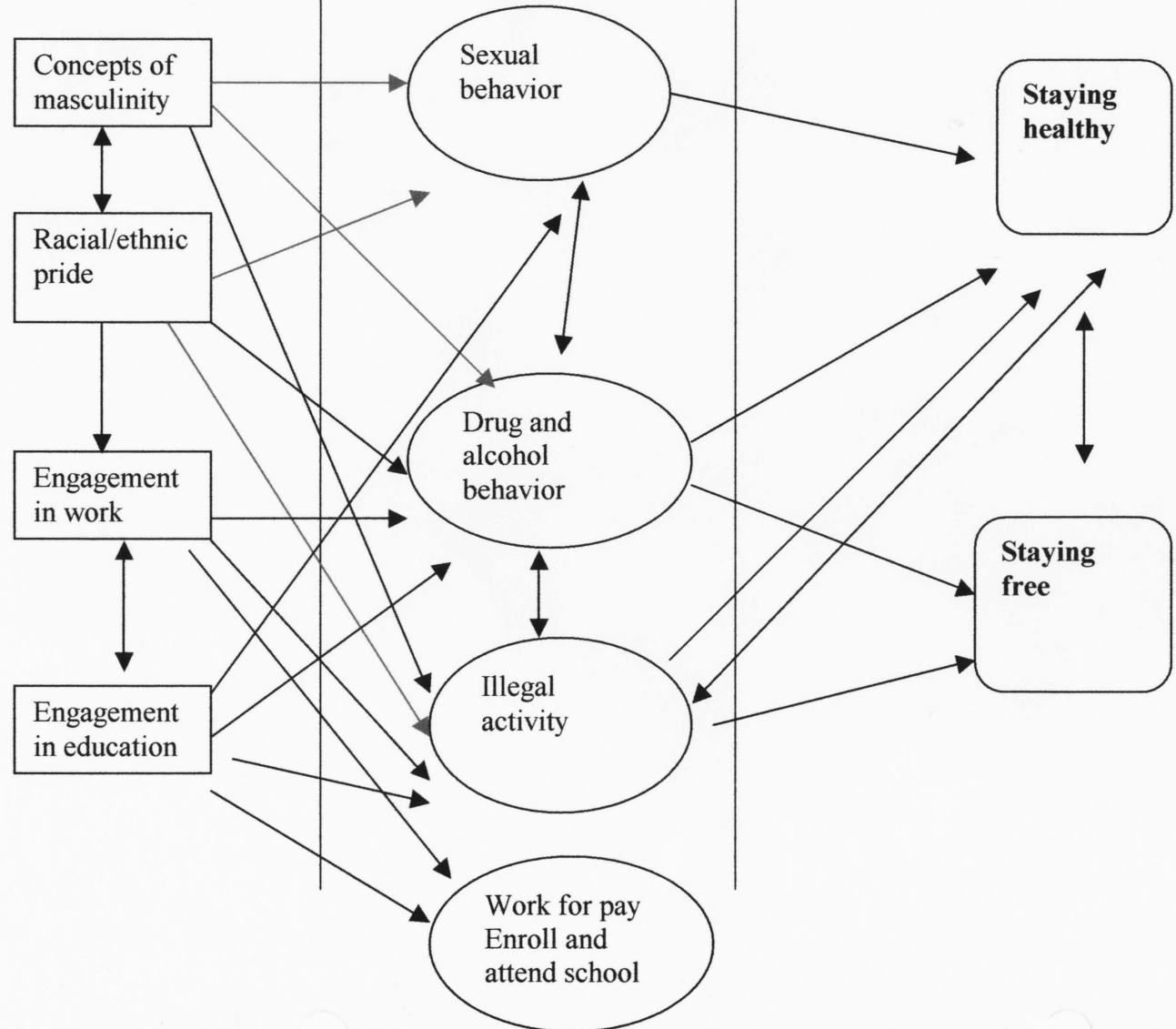


Red arrows show key Intervention activities

Domains for Intervention
Learning Objectives

Intermediate Outcomes
Behavioral Objectives

Program Goals



I. RESEARCH PLAN

Overview of Evaluation (from 12.22.03, needs to be revised)

Design: enrollment of 600 young men in jail, randomization into jail plus community services (J+C) or jail services (J) only followed by intake interview; both groups receive education, support and discharge plan in jail; both groups have opportunity to use regular services of Friends of Island Academy (FOIA); J+C group has opportunity to participate in 30-hour 3 week post-release intervention (**REAL MEN**). Contact interviews at 3,6,9 months; follow-up interview at 12 months post-release.

Outcome measures: sexual behavior (number of partners, use of condoms); drug behavior, involvement in drug treatment, education and employment post-release, arrests, and incarceration post-release.

Other variables of interest: participation in **REAL MEN** and FOIA services; demographics, housing status; social support; motivation; drug use prior to arrest; sexual behavior prior to arrest; medical history.

Data: intake interviews, participation data (**REAL MEN** and FOIA); 3,6, and 9 month contact data; follow-up interview; criminal justice records.

Timeline: Intake interviews for 18 months, July 2003 to December 2004 average 33 per month; last follow up interview December 2005; funding ends March 2006.

Overview of Research Design (from 12.22.03, needs to be revised)

In order to meet the specific aims of the study, the investigators will identify potential study participants in the New York City jail. Case managers will invite eligible inmates to participate in the study. Eligibility will consist of age 16 or older but less than 19, a reported history of heavy alcohol or illicit drug use or drug sales in past 12 months, and male gender. Eligible participants will consent to receive an assessment and referral for services while in jail, and to be randomized to receive either the jail-based discharge planning intervention only or the full jail and post-release intensive intervention. The intervention includes 30 hours of intensive individual and group counseling, health education and referrals in the 2 weeks immediately after release. The assessment will include medical, mental health and legal histories, current and past involvement in education, job training and employment, and an evaluation of alcohol and drug use and HIV risk behavior. The sample size will be 600 young men recruited over 30 months. After release from jail, both groups will be followed separately by an interviewer tracker team. This team will make contact quarterly at 3, 6, and 9 months with a brief phone call or a letter. This will serve to maintain locator information for follow-up. A detailed interview at 12 months will be used to identify outcomes of interest (HIV risk behavior including drug and sex practices, utilization of health and social services, including substance abuse treatment, re-arrest rates, and involvement in employment and education.) The primary analysis will be an intent-to-treat model, but drop out could be

an outcome of interest and therefore inferences will be generated within the appropriate contexts.

While only those in the study group will be able to participate in the intensive 30-hour intervention, male participants in both jail and jail and community groups will be invited to receive the other services at Friends of Island Academy (FOIA), a multi-service organization serving adolescent ex-offenders and the community site for this intervention. A secondary aim of this study is to assess whether those who accept this invitation (acceptors) achieve better outcomes than those who do not (non-acceptors).

Eligibility Criteria (from 12.22.03, needs to be revised)

After inmates express interest in participation, **REAL MEN** case managers will determine eligibility for participation. Criteria are male gender, aged 16 to 19; reported problems associated with alcohol or drug use or drug sales in the past 12 months and/or participation in any type of drug or alcohol treatment within the past 12 months. To ensure that the enrollment process can be completed prior to release, participants must have been incarcerated at Rikers Island for at least three days prior to enrollment, thus excluding the significant proportion released within 72 hours. Detained young men, youth sentenced to less than one year, and parole violators are all eligible. Participants must have lived in the Bronx, Brooklyn, or Manhattan prior to arrest and since **REAL MEN** services are community-based, and must be willing to receive referrals to services in the South Bronx or Harlem after release. Finally, young men must participate in at least one **REAL MEN** group activity (e.g., orientation session, empowerment group, group counseling session) prior to enrollment so as to be familiar with the goals of the program. Case managers will also use a screening instrument designed to exclude inmates who are likely to be sentenced to more than a year of prison. Our current screening instrument is 90% accurate. Inmates who demonstrate disruptive or severely disoriented behavior in the initial interview will be excluded so as not to enroll individuals likely to disrupt group activities. These individuals will be referred for mental health services. Inmates who are not eligible for enrollment may still attend **REAL MEN** educational groups and receive a resource guide listing community resources for ex-offenders.

ORIENTATION GROUP at RIKERS

Introduction

Good morning my name is _____ and I'm from the Hunter College Center on AIDS, Drugs and Community Health. A few of you have seen us around and know us as Health Link, well we are here today to introduce you to our newer program called Health Link NIDA. Before I go into a program description let me ask a few simple questions, and if you don't want to raise your hand that's fine just think about it. (*After each question, facilitator probes for discussion.*)

- How many of you have been here before or arrested before?
 - Or knows someone who has?
- How many of you want to be here or want to come back?
- How many of you have been affected by HIV and AIDS?
 - Self?
 - Friend or family member
- How many of you un-protected sex?
- Who has Children?

(Discussion follows these questions.)

This is a program for young men that helps prepare participants for release to the community. It helps participants find the programs and people they need to protect their health, prevent HIV, STD's, un-planned pregnancies avoid re-arrest and become productive members of the community. In this program, we talk about the ways that your health can affect your ability to be successful in returning to the community and be the person you want to be. If you don't take care of your health, you may not be able to accomplish the goals you have for your life, like getting a job, going on with your education, and taking care of a family. The goals you have for your life are the main priority for this program, that's why we feel the need to heighten awareness around physical, mental and sexual health.

Project Information

“The program is a research study, and all that means is that we want to find out whether or not jail and community services work better to help people once they get out of jail. It's important to do research because then we know what works and what doesn't work for people. This program is open to people who will get out of jail within a year and who will be living in Harlem, the Bronx or Brooklyn after they get out. Once you tell us that you are interested in joining the program and we find that you're eligible, we will schedule the intake interview, which will take about one hour.

“At the end of the interview we will place you into one of two groups. The way we place people in these two groups is through a process called ‘randomization,’ which means that there's nothing personal about you that determines which group you go in. The process is ‘random,’ like the flip of a coin or the roll of dice. Sometimes we refer to these as J and JC groups, and the main difference is that if you're in the JC group, you'll be expected to complete a 30-hour community program.

“Everyone that joins the program is expected to participate in empowerment groups here in Rikers, get discharge planning, and access the services at Friends of Island Academy. There are two empowerment groups here in Rikers that, you’ll be expected to go to. The first group is ‘Why Health is Important and How to Prevent HIV.’ Your health is important to helping you accomplish other goals in your life when you get out, so we’ll talk more in-depth about this in the first group. One of the biggest threats to your health is AIDS. In this first group, we’ll discuss ways to avoid the HIV virus which causes AIDS. In the second group, ‘How to Decide on a Discharge Plan & How to Navigate a Referral,’ where we’ll talk about how you manage your life when you get out and return home to the community. When you get out, you’ll have a lot of referrals to different places that can help you with your discharge plan. We’ll talk about how to use the referrals, and how to advocate for your self on a daily basis.

“A ‘discharge plan’ is simply the steps you need to be successful in your life once you’re released. Everyone has different needs, so everyone’s discharge plan will be a little different, based on that person. In the second empowerment group, we’ll discuss some of the things everyone needs to think about when deciding on a discharge plan. Then, when we meet individually, together we’ll come up with a discharge plan that meets your individual needs. A discharge plan is important because it’s easy to step back into the old ways of doing things, hanging out on the corner or whatever, that might have led to being here. The value of having a discharge plan is that when temptations come up, you can remember what your discharge plan is, and follow it instead of going back to old patterns.

“Everyone leaving Rikers, whether you’re in the study or not, is encouraged to go to Friends of Island Academy when you’re released. Friends is a community-based organization that provides lots of benefits to young people just leaving Rikers. They’re affiliated with Island Academy, so if finishing school is one of your goals, then they can help with that, but Friends does a whole lot more. Friends of Island Academy can also help you with carfare; they can find help for you if you’re having trouble finding a place to live or get something to eat. Friends can help get you hooked up with job training, and finding a job. They can also help if you feel you’re using more drugs than you want to, they can find a substance abuse program for you. If you’re randomly selected to be in the JC-group, then you’ll be visiting Friends to complete the 30-hour program, which is where that will be held. If you’re randomly selected to be in the J-group, then you can go to Friends and have access to all their services even though you won’t be doing the 30-hour program.

“Participation in this study is completely voluntary and you are free to choose not to participate. Knowing that the study is voluntary is called giving ‘consent.’ Your participation is also completely confidential, anything you tell us we will not share with anyone else, unless you specifically give your permission. You’ll be asked to sign two documents which are ‘consent’ and ‘confidentiality’ forms which state that you understand this.”

Pre- and Post-Release Expectations

“The expectations of you are both before your release and after the release. Before release, we expect you to complete the intake interview (one hour) and the two empowerment group (two hours), and provide us with information about the best ways to contact you after you’re released. After you’re released, if you’re in the JC group, we’ll expect you to complete the 30-hour intervention program. For everyone, we’ll want to contact you at three, six, nine and twelve months after your release. We also strongly encourage you to visit Friends and participate in the services they offer there.”

Groups at Rikers

**Group 1. How to Decide on a Discharge Plan
& How to Navigate a Referral**

**Group 2. Why Health is Important to Staying Out of Jail
& How to Prevent HIV**

Group 3. Sex in the Risk Zone

Group 4. How to Be A REAL MAN in Today's World

Group 5. My People/My Pride, *Mi Gente/Mi Orgullo*

My Discharge Plan

Name _____

Release Date _____

What are the most important needs or services I'm going to need when I'm released?

- Housing Substance Abuse Public Assistance Medical
- Dental Mental Health/Counseling Family Child Care
- Legal/Probation/Parole Social/Recreation Education
- Employment Safety Job Training

Now, list these in order of importance.

1. _____
2. _____
3. _____
4. _____
5. _____

Why did you choose this order? What are the barriers?

HOME VISITS
(Pre- and Post-Release)

Goals:

- To secure a connection with guardian/family members and open lines of communication with them.
- To speak face-to face with reluctant or non-active participants. To examine the possible reasons for absence, and persuade them to become active.
- To give RM literature and Welcome Home letter to families in the pre-release phase .

Expected Outcomes:

- Family members assist and encourage youth to participate.
- Youth communicates more effectively with family.
- Youth participates more in RM/FOIA

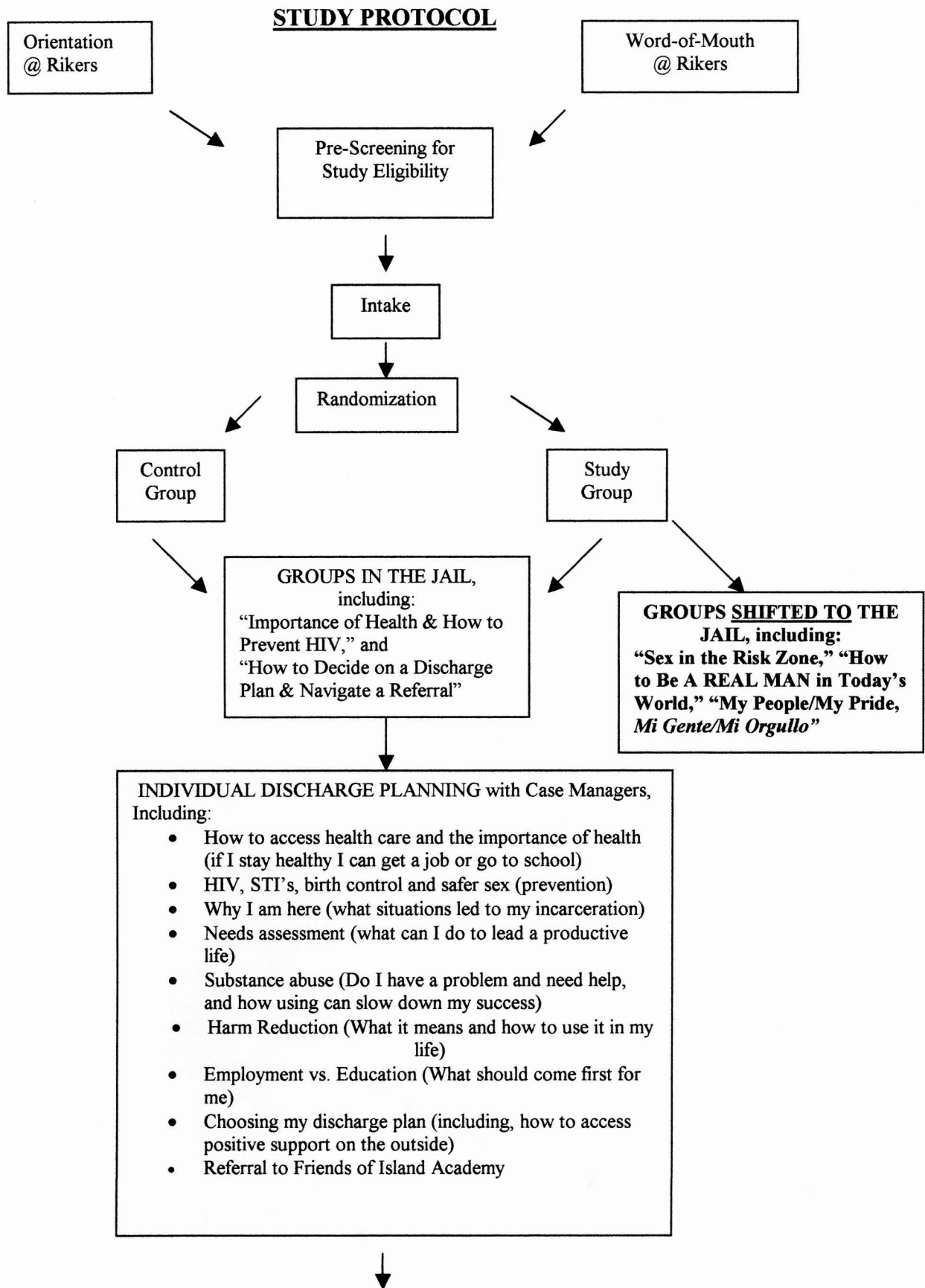
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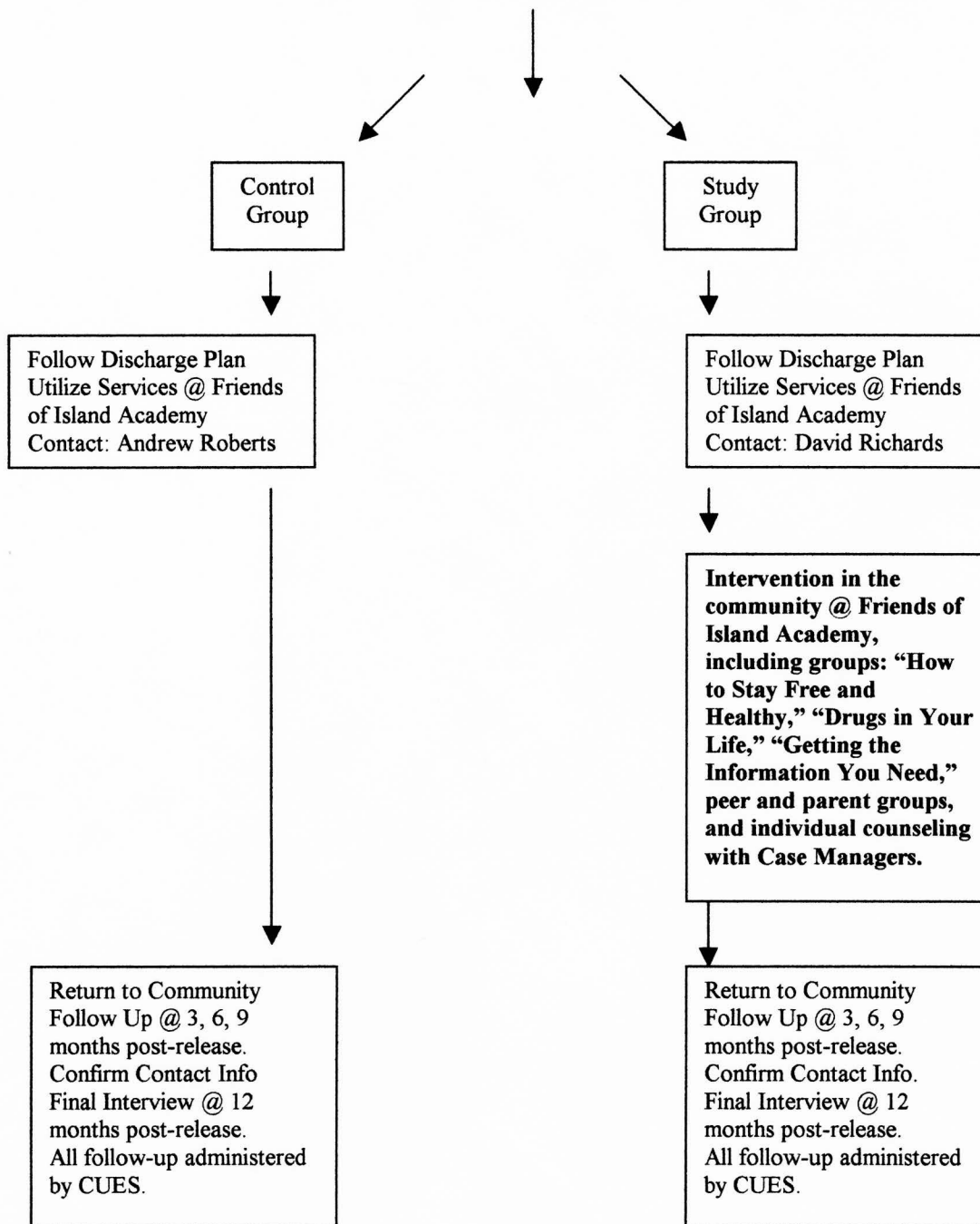
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REAL MEN Program Guide



Friends of Island Academy

PORTRAIT OF A YOUTH COMING FROM JAIL

The average youth coming to Friends from Rikers:

reads below 6th grade level;
is not involved in school;
has no employment history and no
income.

Friends' intake assessments show that:

66% experienced prior trauma as chil-
dren;
28% witnessed scenes of domestic
violence;
27% were victimized;
22% experienced homelessness:
and 22% were in the child welfare
system.

**There is an alternative to
incarceration. And it
works.**



**A 501(c)(3) non-profit
organization that works with
incarcerated, newly released,
sentenced and high-risk youth to
keep them alive & free.**

Beth Navon, ACSW
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FRIENDS OF ISLAND ACADEMY
330 West 38th Street, 3rd Floor
New York, NY 10018
212-760-0755
Fax 212-760-0766
www.foiany.org
information@foiany.org

Friends of
Island
Academy

rebuilding young lives



**A genuine transformation that
starts with a connection.**



This year, roughly 5,000
boys and girls between the
ages of 16 and 18 will be
arrested and sent to Rikers
Island. Here is one more
tragedy: 7 out of 10 of
these children will be back
in jail within twelve months
of their release.

Friends of Island Academy
330 West 38th Street, Suite 301
New York, NY 10018
Phone 212-760-0755 Fax 212-760-0766
www.foiany.org
information@foiany.org

**Helping young men and women
break the cycle of
incarceration.**

History and Mission

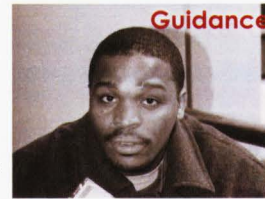
Friends of Island Academy (Friends) was founded in 1990 to work with youth inside Rikers Island and follow up with supportive programming upon release. Our name reflects the Board of Education school located on Rikers—Island Academy. Friends begins its work inside Rikers conducting youth development workshops. These workshops discuss life beyond gang membership, street life, and incarceration. When the youth is released, Friends provides support of education, employment assistance, group work, counseling, legal advocacy and case management at its office in the Times Square vicinity. Friends' places a strong emphasis on education and employment to move forward toward a self-sustaining future. When a youth has moved from crisis to rebuilding and is moving forward with his/her education, s/he has the opportunity to be trained as a youth leader. This is their opportunity to give back to their communities.



SERVICES

INSIDE RIKERS

Friends sends staff, who have succeeded in the program, weekly to Rikers to teach classes at the high schools. They offer support to the youth planning for a future beyond incarceration. The youth are invited to walk into Friends' upon release.



AFTER RIKERS

93% of the youth coming from Rikers have no job skills and over 50% test at or below the 6th grade level. At Friends, there are services to work through these obstacles.

CASE MANAGEMENT

Young Adult case management services, for ages 17-21, includes goals planning, referrals for services, legal advocacy and general support. **Adolescent Link** wrap around case management program for ages 11-17 includes home visits, linking youth to services in home communities, referrals for counseling, advocacy within education and legal systems and family work.

EDUCATION

On-site classes for Literacy, Basic Education, Pre-GED and GED. An education counselor who assists young adults return to high school, inquire about college, or vocational settings.

EMPLOYMENT

Job training, job placement, basic computer training, resume writing, and field trips to trade schools.

COUNSELING SERVICES

On-going men's group, life-skills training, and women's group. Short term groups including poetry, acting, writing. Crisis counseling and referrals to outside agency's for long-term counseling, residential centers, and drug

Saving Tax Dollars

**It costs \$60,000 a year to house
one adolescent on Riker's Island.
Friends services cost \$5,500 per
youth.**

treatment.

RECREATION ACTIVITIES

Thursday night family meeting—members and their families/friends come together for an on-site activity or field trip in the community. Activities include movies, museums, game night, speakers, and plays. Other recreation activities are planned through education or as special events throughout the year.

YOUTH LEADERSHIP

Members are recommended by staff to participate in youth leadership training. Once the training is complete, they go into schools, community based organizations, and public housing to give 'presentations' outlining their life to bring positive peer role models to their communities.

PEER EDUCATION

Advanced young leaders are placed in community schools to teach gang prevention and mediation/conflict resolution, and serve as role models.

FRIENDS TO FATHERS

Working out of three housing projects in the Bronx, Friends staff engages and works with young fathers through case management, certified parenting skills classes, seminars on legal rights and conflict resolution, and recreational events.

REAL MEN Program Guide

Legal Issues:

****Does the youth understand the services offered by this program?
If he/she does not, please take the time to explain the available services before the intake interview.***

Friends of Island Academy
330 W. 38th Street
Third Floor
New York, NY 10018
(212)760-0755

Welcome Letter

Date: _____

Youth Name: _____
(Print)

Address: _____

Telephone #: _____

FOIA Division: _____

Membership Information

- Orientation is mandatory for all members to become Active
- You will not be permitted to receive services until you become an Active member
- As a member, you will receive a membership ID
- Your membership ID will be issued after Orientation
- You must return this letter with your parent/guardian signature at the time of orientation

Appointment for Orientation on _____ at 1pm with _____

Appointment for Goals Planning on _____ at _____ with _____

Staff Signature _____ Date _____

Youth Signature _____ Date _____

--I understand that I have been invited to orientation, but I will not be able to attend (reason optional) _____

Parent Signature _____ Date _____

.....
OFFICE USE ONLY

_____ Youth attended Orientation on _____

_____ *Youth did not attend Orientation

_____ Parent attended Orientation on _____

_____ Parent did not attend Orientation

OUTLINE FOR ORIENTATION

- Introduction of youths and staff
- Ask youths to talk about why they chose to come to FOIA
- History and Mission of FOIA [Alive and Free]
- A current youth member talks about his/her path to FOIA [when a youth member is available]
- Overview of Service Dept. [distribute brochures]
 - Men's and Women's Program
 - Education
 - Employment
 - Counseling
 - Mentoring
 - GIIFT Pack
 - Father to Father Program
- Discuss groups/activities
 - Remind the youths of their tentative schedule made during goals planning with the Director [make appts. for goals planning if a youth did not meet with the Director]
 - Distribute group/activity schedule
 - Youths sign up for groups
- Review Agency Rules
 - Distribute FOIA handbook or Basic Rules [whichever is available]
 - Explain Phone Policy and Computer usage for youths (supervised phone use and computer use)
- Discuss metro cards Policy
- ID Pictures



Basic Rules



RULE INFRACTION

EQUALS

CONSEQUENCE

Stealing

3-6 Months suspension

Acts that may jeopardize Friends' ability to rent space in this building (bringing weapons, drugs, or dangerous materials to FOIA, smoking, graffiti, sexual acts at FOIA)

1-3 months suspension

Physical Violence toward staff with/out a weapon

Termination and police reporting

Initiate physical violence toward peers without a weapon

3-6 months suspension plus referral for Conflict resolution

Responding to provocation with physical violence toward peers without a weapon

1-3 months suspension and intervention

Physical Violence toward peers with a weapon

Termination and police reporting

Responding to provocation with physical violence using a weapon

Termination and police reporting

*Verbal Threats to physically harm peers and/or staff

2-6 weeks suspension plus intervention

*Angry outbursts that includes vulgar language and/or gestures

1-10 days suspension/ intervention (option)

Alcohol or Substance Use at Friends or arriving at Friends under the influence

1-5 days suspension

*Refusal to abide by dress code (do rags, hats, provocative clothing)

1 day suspension

Any Repeated violations of the above stated rules

Suspension and/or termination

*Outward demonstration or expression of gang affiliation

1 day suspension and intervention

Other inappropriate behaviors are subject to disciplinary actions at the discretion of staff

** subject to discretion in administering an initial written or verbal warning prior to administering suspension or termination action*

Friends of Island Academy (FOIA) Informational Sheet

Programs: *Men's (Ages 17-21) → Women's (Ages 17-21) → Link (Ages 10-18) → ATI (Ages 13-21) → Fathering (Ages 16 & Over)*

Process: *Intake (1hr.) → Orientation (1hr.) → Program ID (30 min.) → Goals Planning (30 Min.) → Services (Ongoing)*

Services:

Education

Program 1 (Literacy)
Program 2 (Basic Ed)
Pre-GED
GED
Life Skills Group
Guidance Counseling
College Prep
Trade Schools

Employment

Job Readiness Training
Computer Training
Job Placement
Identification Prep

Counseling

Individual
Group (Life Skills)
Family
Referrals

Youth Leadership

GIIFT Pack Training
a. Youth Leader
*Presentations

Mentoring

Individual
Group (Fathering Program)
3 NYCHA Sites (Bronx)
* Betances
* Soundview
* University

Groups

Men's

1. Street Lore
2. Fathertude
3. Theater Project

Women's

1. Women's Group
2. Folk's Tale

- * Family Meeting (Every Thursday Night)
a. Recreational/Educational Activities

FRIENDS OF ISLAND ACADEMY

Intake Form

FACE SHEET

Program: **Riker's** **Rosewood** **Link/Juvenile Justice**

Referral Source: Adolescent Detention Center Rosewood HS Island Academy Horizon Academy DJJ Aftercare

Intake Date: _____ Interviewer: _____

Limits to Confidentiality Explained: Yes No

Youth Name: _____

Address: _____
Street Apt# City State Zip

Phone #: _____

DOB: _____ Age: _____ Social Security #: _____

Gender: M F Primary Language: _____ Other Language: _____
Race/Ethnicity: _____

List of Identification Documents (SS, school ID, Green card, etc.): _____

Parent/Guardian: _____
Name Relation Home/Work
Phone

Emergency Contact/Phone: _____
Name Telephone No.

Primary Source of Income: _____

School: _____
Name Grade School Contact Person Telephone No.

PCP: _____
Name Street City Telephone No.

ACS: _____
Name of ACS worker Street City Telephone No.

Outpatient Therapist: _____
Name of Facility Name of Therapist Telephone No.

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Legal Issues:

****Does the youth understand the services offered by this program?
If he/she does not, please take the time to explain the available services before the intake interview.***

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CHILDHOOD HISTORY

Developmental History

Where were you born:

What did your mother/relative tell you about your birth:

Were you born on time _____ premature _____ late _____

Were there any problems with your birth or immediately afterward [unusual birth position, illness, etc], describe:

Medical History

Have you ever been hospitalized? Yes _____ No _____ If yes, describe:

As a child or currently, have you had any of the following medical conditions? [indicate age at the time]

Allergies _____ Asthma _____ Cancer _____ Frequent headaches _____
Diabetes _____ Seizure _____ Hearing Problems _____ Speech Problems _____
Lead poisoning _____ Bedwetting _____ Soiling _____ Vision Problems _____
Frequent fevers _____ Frequent ear infections _____ Frequent stomach aches _____
Head Injury [with a loss of consciousness] _____ STD's _____ Other problems or conditions:

Are you getting the care you need for these problems Yes _____ No _____

List any current medication(s) that you are prescribed and why:

When was your last physical _____

When was your last dental check up _____

Where do you go when you need medical attention [clinic, ER, no where] _____

How is your health care paid for [e.g. family's medicaid, cash, personal medicaid]:

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FAMILY HISTORY

The following questions are about your biological mother, father, brother[s], sister[s].

Who did you live with growing up [if siblings, note names and ages]:

—

Who do you live with now:

What type of housing is it: house ___ apartment ___ shelter ___ TL ___ house-to-house ___

Please indicate the problems, if any, that have occurred in your family [note the family member]:

Alzheimer _____	AIDS, HIV _____	Heart Disease _____
Kidney Disease _____	High Blood Pressure _____	Cancer _____
Diabetes _____	Seizure _____	Mental Retardation _____
Neurological Problems _____	Mental Illness [Describe] _____	

(with memory, tremors, etc.)

Have you ever been homeless: yes ___ no ___ If so, how many times? ___

What were the circumstances that led to homelessness:

[financial hardship, domestic violence, housing problems, family conflicts, parental substance abuse, etc.]

Has anyone in your family been incarcerated : Yes ___ No ___ if so explain: _____

Have you ever been involved in child welfare because of your parent(s): Yes ___ No ___ If so, what was the circumstances:

Have you ever been in fostercare/ group home: Yes ___ No ___ If so, what was the circumstances:

—

**Now let's talk about the kinds of relationships that you have with your family and the time that you spend with them:*

Who do you feel closest to in your family and why:

—

What activities do you do with your family [note specific family members]:

—

With regard to your family, do you feel you spend:

Mother Father Sibling (s)

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Enough time with _____
Wished you spend more time with _____
Spend too much time with _____
No contact at all _____

EDUCATION HISTORY
Completed by Education Dept

Current School: _____ Current Grade: _____

Last School Attended: _____ Last Grade Completed: _____

Ever been in special education: Yes/ No If so, reason: _____

EMPLOYMENT HISTORY

What type of jobs have you had:

Date	Type of job	Location	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If currently unemployed, do you plan to get a job: Yes _____ No _____
If yes , what kind of job might you like? _____

Have you ever been in vocational training program: Yes _____ No _____

If so, list name of agency and the kind of program: _____

Did you complete the training Yes _____ No _____
If yes, when: _____

Are you interested in enrolling in a vocational program: Yes _____ No _____

If so, what kind of program: _____

Do you have any special skills [describe]: _____

Now, I will be asking you about some very personal issues. It is up to you if you want to answer any of these questions, now, later, briefly, or in detail. Not answering them will not affect you receiving services from us in any way.

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SEXUAL HISTORY

Are you currently sexually active: Yes ___ No ___ If no, have you ever been: Yes ___ No ___

If so, how old were you when you first had consensual sex: _____

If you are active, how often do you practice safer sex [circle]: always most times sometimes never

Would you like any information about STD's, pregnancy, or sexual health: Yes ___ No ___

Have you ever been tested for HIV: Yes ___ No ___ Would you like to get tested: Yes ___ No ___

Parenting

Have you had any pregnancies/ gotten anyone pregnant? Yes ___ No ___

If so, how many times? _____ Do you have any children: Yes ___ No ___

If so, list first names, ages, gender, and where/with whom they live with:

Name	Age	Gender	Living situation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If the child(ren) lives outside the home, ask about the circumstances [e.g. fostercare, terms of reunification]:

TRAUMA HISTORY

Have you ever been hit in a manner that you felt was too harsh (left bruises, marks): Yes ___ No ___
If so, explain:

While growing up, were there times when you were left unattended, or your needs for food, clothing, or shelter were not met (e.g. no warm clothes for the winter), no food for long periods of time):

Yes ___ No ___

If so, explain:

Have you ever been touched by someone in a manner that made you feel uncomfortable: Yes ___ No ___
If so, explain:

REAL MEN Program Guide

While growing up, did you ever witness the adults in your home fighting: Yes _____ No _____

If so, explain:

Have you ever been involved in a relationship that got violent or abusive: Yes _____ No _____

If so, explain:

LEGAL HISTORY

Ever been arrested or incarcerated: Yes _____ No _____

If yes, list dates of arrest and release/ building at Rikers/ any alias/charges/ result

Date	Charge	Result
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pertaining to your last charge, are you on parole or probation [circle one if apply]:

Name of Officer: _____ telephone no. _____

Length of Probation/Parole: _____ Terms of Probation/Parole: _____

Lawyer's Name and Telephone Number: _____

Do you have any other case pending: Yes _____ No _____ If yes, describe:

What aspects of your most recent offense do you consider to be wrong and why:

If there is a victim involved, how do you feel about the victim: _____

What has been your family's response to your legal trouble[s]: _____

SUBSTANCE USE

Substance	Age first Used	Current Use Yes/ No	Frequency Daily Weekly Less than weekly	Using at the time of the crime	Any Treatment
Alcohol					
Marijuana					
Inhalants					
Speed [crank]					
Ice [amphetamines]					

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Cocaine [snorting]				
Crack, freebase				
Heroin				
Speedball [IV cocaine/heroin]				
Hallucinogenic [acid]				
Opiates				
Methadone				
Others:				

Do you have a substance of choice [past and current]:

Why do you use or drink:

Have people ever annoyed you by criticizing your drinking or drug use:

In the past 3 months, have you found yourself drinking more or using drugs more: _____

Do you find that most of your time is either spent drinking, using drugs, or engaging in activities necessary to get alcohol or drugs: Yes _____ No _____

Have you ever felt you should cut down on your drinking or drug use: Yes _____ No _____

Have you ever tried to cut down on your drinking or drug use but was unable to do so:
Yes _____ No _____

Do you feel your drinking and/or drug use is a problem: Yes _____ No _____ Explain:

Any involvement with self help groups Yes _____ No _____

If so, [circle] AA NA _____

MENTAL HEALTH HISTORY

Have you ever been referred for counseling Yes _____ No _____ If so, why _____

Have you ever received outpatient therapy: Yes _____ No _____ If so, date and reasons for treatment:

Date of initial and last sessions	Place of Treatment	Reason for Treatment	Reason for Termination

Have you ever been hospitalized for emotional or psychiatric problems: Yes _____ No _____

If so, dates and reasons for treatment:

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Date of Admission/Length of Stay	Name of Hospital	Reason for Treatment

- Make sure you follow-up if youth reported an attempt to hurt him/herself or others:

SI: means and situation [past and present]:

HI: means and situation [past and present]:

If youth was prescribed medication-- you are not taking them any more, when did you stop and why

Current Diagnosis by MH:

Previous psychological testing: Yes ____ No ____ If so, when / where:

Any forensic evaluations: Yes ____ No ____

If so, what type/when: _____

SERVICES RECEIVED

Family/Service Providers/Agencies currently involved with youth [include social service, food stamps, WIC, SSI, medicaid, afterschool program, counseling]

Service Provided	Agency/Provider Name	Contact Person/ Telephone No.

PERSONAL/SOCIAL HISTORY

Activities/Responsibilities

What is a typical day like for you, beginning from the time you awake in the morning to the time you go to bed at night:

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What types of things do you like to do in your free time:

What kinds of hobbies do you have [include the average time involved with the hobbies]:

What, if any, organizations are you involved in [include dates of initiation]:

What are some of your responsibilities at home:

Perceived Strengths

What activities do you feel you are good at:

What do you feel you are best at:

What do you like best about yourself:

Supports/Social Competency

Do you have lots of friends, a few friends, one close friend, no friends:[circle one]

Do you wish you had more friends, less friends, or you like your current friendships as they are now [circle one]

Do you find your current friendships to be supportive, an annoyance, disruptive [circle one]

Do you find it is difficult to make friends in a new group:

Is it hard for you to ask for help, if so why:

If not, who do you go to when you need help:

Is it hard for you to talk about embarrassing things? If so why:

If not, who do you talk to about embarrassing things:

Is it hard for you to share with others good things that happens to you? If so why:

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If not, who do you share positive or pleasurable things with:

Is it hard for you to talk about family issues? If so why:

If not, who do you go to when there is a family problem:

Who do you go to when you have a problem with a friend:

Are you in a gang or street organization: Y / N

If so, which gang: _____ How long : _____

Plan

What is the thing that you are most concerned with about right now:

Can you tell me two things you would like to change about yourself: _____

Is there anything in your life that you wish was different?

What would you like to get out of this program:

Is there anything else about you that would be important for us to know:

Staff Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

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INTAKE SUMMARY [based on observation, client reports, collateral information]:

	Present	Past [past 5 months]	Never
<i>Symptomatology [Self Report]</i>			
Physical Health Problems	_____	_____	_____
Anxiety	_____	_____	_____
Depression	_____	_____	_____
Substance/Alcohol Use	_____	_____	_____
Psychotic Disturbance	_____	_____	_____
Learning Problems	_____	_____	_____
Impulsivity	_____	_____	_____
Hyperactivity	_____	_____	_____
Inattentive	_____	_____	_____

High Risk Behaviors/Events [Self Report]

Suicide Ideation	_____	_____	_____
Suicide Attempt	_____	_____	_____
Witness Domestic Violence	_____	_____	_____
Physical assaultive towards other	_____	_____	_____
Sexual Assaults towards others	_____	_____	_____
Incidence of being physically assaulted	_____	_____	_____
Incidence of being sexually assaulted	_____	_____	_____

MAYSI [Screening Measure]

	Caution	Warning
Alcohol/Drug Use	_____	_____
Angry/Irritable	_____	_____
Depressed-Anxious	_____	_____
Somatic Complaints	_____	_____
Suicide Ideation	_____	_____
Thought Disturbance	_____	_____
Traumatic Experience	_____	_____

Psychosocial Functioning

	<i>Past 5 mos</i>	<i>Past</i>	<i>Never</i>
Arrested	_____	_____	_____
Incarcerated	_____	_____	_____
Homeless	_____	_____	_____
Problems maintaining employment	_____	_____	_____
Problems in school/vocational training	_____	_____	_____
Problems with Money Management	_____	_____	_____

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Involvement with Social Services _____
Substance Abuse Treatment _____
Frequent arguments/fights with _____
Family and Friends _____
No meaningful hobbies _____
or interests _____
Inpatient psychiatric care _____

History of Non-Compliance

	Non-compliance Past 5 months	Non-Compliance Previous	
Medical Treatment	_____	_____	No
N/A			
Substance abuse treatment	_____	_____	No
N/A			
Counseling	_____	_____	No
N/A			
Psychotropic Medication	_____	_____	No
N/A			
Educational Services	_____	_____	No
N/A			
Vocational Training	_____	_____	No
N/A			

Youth is at **HIGH RISK**: Yes _____ No _____
 [Acute or chronic pattern of 4 or more psychosocial factors, and/or MAYSI warning scores with pattern of non-compliance]

Evaluator:

Date:

MILESTONE CHART

0	<u>Where You Were</u>	<i>Where You Are Now</i>	<u>Where Do You Want To Be</u>
<input type="checkbox"/>	Past Behavior	<input type="checkbox"/>	What are your plans, goals, an
<input type="checkbox"/>	Past Habits	<input type="checkbox"/>	dreams now that you are home
<input type="checkbox"/>	Past Attitude	<input type="checkbox"/>	
<input type="checkbox"/>	Past ways of solving problems	<input type="checkbox"/>	
			<u>3 months</u>

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What is the thing you are most concerned with right now:

Can you tell me two things you would like to change about yourself at the current time, if any:

What plans have you made in effort to make these changes:

What would you most like to get out of this program:

Is there anything else about you that would be important for us to know:

Last updated 7/22/04

(Jail-Based) UNIT 1.
**“How to Decide on a Discharge Plan
& How to Navigate a Referral”**

Rationale

Decades of research (e.g., Arthur, 1974) and experience in the field tell us that there is a lack of pre-release and discharge planning on the part of the criminal justice system. While the shock of release can be a difficult transition for adults, it can be an even harsher period of transition for adolescents who often have more constraints and fewer resources to draw on. Some young adults leaving jail see returning to the free world as a positive opportunity and seek community support for reentry; others fear that they will get in trouble again or have problems they can't handle. This session is designed to provide participants with specific skills and information that will help them to stay free and stay healthy.

Main Messages

- Discharge planning is your armor, insurance policy, and the closest thing to a guarantee for success after release.
- Having a plan let's you choose priorities for what you do every day.
- Finding the people and groups that can help you stay free increases your chances of success and avoiding re-arrest.
- Speaking up for yourself helps you get the services you need.
- A discharge plan is only tool—you have to use it.
- You can have a vision of your future that looks different than coming back to jail.

Materials

- Posted graphs of HIV Rates and recidivism
- Brochure and or information relating to African American and Latino adolescents at risk from HIV infection, drug involvement, and recidivism.
- Hand outs for services.

Learning Objectives

In this unit, participants will:

- Explain what a discharge plan is and why it's important.
- Identify people and groups that can offer them support, barriers to carrying out a discharge plan, and some strategies to overcome these barriers.
- Describe how to gain support from various people and groups and how to navigate a successful referral.

Behavioral Objectives

At the end of this session, each participant should be able to:

- Describe his priorities for a discharge plan (what he will do when he gets out)
- List the specific support and barriers he will encounter in carrying out the discharge plan.
- Explain specific methods for getting the services needed once released back into the community.

Introduction (10 minutes)

✂ **Materials: a poster showing all the group guidelines.**

🗣️ Hi my name is _____. (*Introduce any co-facilitators.*) I'd like to welcome you all to the **REAL MEN'S** jail-based group, "How to Decide on a Discharge Plan & How to Navigate a Referral." In this group we will focus on what a discharge plan is, how to decide on the right discharge plan for you, and how to successfully get the services you need. We feel that a discharge plan is a vital tool that can be used to help you make a successful transition from jail back into your community. That's what **REAL MEN** is all about: helping you to get out, stay out and stay healthy. It's about reducing substance use and the risks associated with it. It's about making decisions about sex that make you and your partner feel good and stay healthy. It's about reducing your chances of getting HIV or other sexually transmitted infections, and breaking the cycle of arrest, jail, release and rearrest. Often when people first come home from jail, they experience what we call "the pink cloud". You're going to be excited to be home, and maybe expect that things are going to go really smoothly once you have been released. All those things you've been dreaming about in here will come true once you get out, right? But then reality sets in, and it can be hard to stay on track. This group will help you plan for that.

Knowledge is power (Statistics) (5 minutes): This doesn't have to be YOU!

✂ **Materials: a poster showing all the statistics.**

🗣️ **Let's talk about some numbers that are directly relevant to your lives:**

🗣️ **REAL MEN** wants you to find the power to control your own future. Knowledge is one part of power. We want you to know some facts so you can better control your destiny. Did you know that:

- 33 out of 100 adolescents released from Rikers Island return within 30 days.
- 7,500 people return to Harlem from jail or prison each year.
- More than 100,000 people return to all 5 boroughs from jail or prison each year.
- More than 50% of those who leave jail are rearrested within a year.
- 43% of people released from prison are rearrested within 3 years.

🗣️ While many individuals and organization provide services to people coming out of jail, there's no system for making sure people get what they need. As a result too many people fall between the cracks and end up back behind bars.

🗣️ Now, the statistics we just showed you are just numbers. This program is here to help you NOT be one of these numbers—for you to be the success story. And if we can make many success stories then maybe we can change the numbers over time so not 33% but 25% or 20% or 10% come back here.

Group Guidelines (5 minutes)

🗣️ In order to get started we need to agree on some guidelines that will help us stay focused and help the group run smoothly.

✂️ **Materials: a poster showing all the group guidelines.**

- **Confidentiality:** In this case confidentiality means that you can share what you learned in the group, but you can't attach anyone's name to any statements made. For example if someone states that they did not follow their discharge plan because of heavy drug use it's ok to pass on that substance abuse can be a barrier to sticking to your discharge plan, and it's not ok to say that John doe didn't follow his discharge plan because he smokes too much weed.
 - Participants should speak from own experience (use "I" statements).
 - One mic, don't interrupt a person while they are speaking.
 - Be respectful, no violence, no threats, encourage positive language.
 - Stay focused on topic. Bring it home.

🗣️ Is there anything someone wants to add, or doesn't agree with?

Ice Breaker (5 minutes)

✂️ **Materials: NONE**

🗣️ To start I'm going to read you two definitions. One is **Recidivism**: Recidivism describes the process of being arrested and jailed AGAIN after you have already been home. The next is **Discharge Plan**: A discharge plan is a piece of paper that describes your specific plans for what you will do when you get out of jail. A discharge plan is created by an inmate and a counselor or case workers. It helps connect you to community services like health care, or job training or drug treatment, whatever a specific individual needs. If you don't know where you're going, it's hard to know whether you're lost or not so a discharge plan sets out your goals and the means to achieve them. It's your map to staying out of jail.

🗣️ OK let's go around the room and everybody state their name or what they want to be known as. Good!

☛ Alright by a show of hands how many of you have been on Rikers Island previously, went home and now find yourself back here waiting to go home again? That's what we mean by **recidivism**. Someone who comes to jail, is released, and comes back again and sometimes again and again. One way to break this cycle is to have a **discharge plan** formulated before you leave jail. When you go back to the community WITH a discharge plan, you'll still have the problems you brought into jail with you and the same barriers will be there in the community, but there will be a difference. Now you'll have the road map, the discharge plan, that will help you find the people and agencies that you need to reduce or even eliminate some of the barriers that you will face. In other words, with a discharge plan in hand before you leave jail you give yourself more of a chance of achieving your goal of not being back behind bars a few weeks or months later.

Activity I. Planning for release (20 minutes)

✂ **Materials: TV/VCR, video queued to the correct place.**

☛ Now we're going to watch a short film clip from HBO's, "The Corner." It will be shown in two parts. In part I, D'Andre is arrested for selling drugs. After his release he decides to get a job, but he has no discharge plan or support systems in the community. In part II, D'Andre succumbs to peer pressure and reverts back to selling drugs. While you're watching these clips, I want you to watch D'Andre and see if you can identify with his experiences.

(FACILITATOR NOTE: Show the video clips. Ask the group to suggest things to each other.)

☛ Who can identify with some or all of that? Which part?

(FACILITATOR NOTE: Elicit responses from participants. You can use the questions below to prompt discussion.)

Possible Questions:

- When you got out of jail did you look for a job and were unprepared?
- Do you feel your peers influenced some of the decisions you made that led you back to jail? Did they have any good influences?
- How might a discharge plan help you make a successful transition back into the community and stay out of jail?

(FACILITATOR NOTE: Because of time constraints move the above section along. Anyone who didn't get a chance to contribute will get a chance in the next section.)

🗣️ Ok great! That was good stuff. So now let's talk about what might have helped you stay out of jail.

Activity II. Navigating a referral (10 minutes)

✂️ **Materials: NONE**

🗣️ OK let's talk about referrals for a few minutes. A referral is the name of a place or agency that can give you something you need. A good referral has five parts, let me tell you what they are:

1. **The name of the organization.**
2. **The address.**
3. **The date and time of your appointment(if you have one)**
4. **The name of a contact person.**
5. **The phone number of the agency.**

🗣️ Good! Now let's go over a few quick situations you might face while trying to navigate/negotiate a referral.

Scenario 1. You get lost (Train is delayed, etc.) on the way to your appointment and you are running late. What do you do?

Scenario 2. You keep your appointment on the right day and time, but when you get there you are told that you don't have the necessary documents and or I.D. What do you do?

Scenario 3. You arrive at an agency on the appointed day and time and, a counselor screens you. This process takes all day so you get a look at how the agency works. At this point you begin to feel that the services offered at this agency does not meet your needs, what do you do?

Sometimes, the plans you made won't work out. So you'll have to change them. That's really normal, and it's important to not get frustrated if things don't happen really smoothly.

Activity III. Discharge planning team (15 minutes)

✂️ **Materials: Small (golf) pencils, blank discharge planning forms, vignette handouts**

🗣️ Great, now we're going to practice some of what we just learned. In your groups, figure out what 2-3 types of referrals this person would need on their discharge plans. Then we'll all come back together to talk about what you decided and why.

(FACILITATORS NOTE: Have group break up into teams and develop a discharge plan, using sample discharge plan form, from each profile on the handouts. Each team will present their completed discharge plan to the group. They should list the top 2-3 types of referrals that this person would need.)

Handout

(FACILITATORS NOTE: Distribute handouts to each participant, read each scenario out loud for everyone.)

Scenario 1. Jose is an 18-year-old Dominican male; he has been on Rikers for 8 months for a direct sale of a controlled substance and will be getting released next month. He admitted that he smokes weed, and drinks every day and has tried cocaine on occasions. He lived with his parents in the Bronx where he also sold drugs and is afraid because people are looking for him because he owes a large drug dept. He really doesn't want to sell drugs any more or return to the block but he doesn't speak good English and the streets are all he knows.

(FACILITATORS NOTE: Elicit discussion within the small groups about Scenario 1.)

☛ In your opinion, which problem or issue is MOST important? Why? Which ones are less important? Why?

Scenario 2. Tyrone is a 16-year-old African American male serving 6 months for 3rd degree robbery (and will be on probation for 5 years), he lost 2 months good time for getting caught with weed in the facility twice. However he insist that he doesn't smoke weed, and was just trying to get in good with a jail weed connection so he can sell weed on the streets. He would stay with his mother who lives in Harlem but she will make him go to school. He doesn't want to go back to school because he's in junior high and can't read.

(FACILITATORS NOTE: Elicit discussion within the small groups about Scenario 2.)

☛ In your opinion, which problem or issue is MOST important? Why? Which ones are less important? Why?

Scenario 3. Juan is a 17-year-old Puerto Rican male who is currently serving 1 year for drug possession and sale for the third time. His mother lives in public housing complex in Brooklyn and won't let him return home because she can lose her apartment due to the new drug housing laws. Juan has two kids by his girlfriend who lives in lower Manhattan who he hasn't seem for 2 month on the street before he got arrested but has been visiting him on Rikers every week. While on the street he was messing around with an older woman who informed

him that she was tested and is HIV positive. Juan got his GED while on Rikers and is set to be released in 60 days.

(FACILITATORS NOTE: *Elicit discussion within the small groups about Scenario 3.)*

☛ In your opinion, which problem or issue is MOST important? Why? Which ones are less important? Why?

(FACILITATORS NOTE: *Each team will have one member present their completed discharge plan to the group for comments. Points that are essential will be listed on a flip chart. After all teams have presented, items listed will be tied together. Summarize the exercise with some final comments.)*

Closing (2 minutes)

☛ A lot of good information came out of this group today. One of the young men we worked with in an earlier group made the statement "Those who fail to plan, plan to fail!" And, a discharge plan isn't any good if you don't use it! And we agree. In order to make a successful transition back into the community, you need help.

☛ You need to know how to find and use the services that are available to you in the community. We know that one way is through the navigation of referrals. Another way is to find people who can help you, a support network of, maybe, a case manager at a community agency, a family member you trust, someone at your church, people who can help you to make good decisions that will help you stay free and healthy. All of these things can be a part of a discharge plan, which can be used as a roadmap to help you find your way to a good path during your first days back in the community.

☛ We thank you for participating in this **REAL MEN** empowerment group on discharge planning, and we look forward to helping you make your plans happen once you get out. Good group!

Last updated 7/22/04

(Jail-Based) UNIT 2.
**“Why Health is Important to Staying Out of Jail
& How to Prevent HIV”**

Rationale

Young people of color face serious health problems which can stop them from achieving other life goals. Most adolescents in jail, are Black and Latino and they face higher risks of HIV than other young people. Taking an active role in protecting their health means being able to take specific actions to improve their health. In order to prevent the spread of HIV, other sexually transmitted infections and unwanted pregnancies, it is important to talk with young men about sex and sexuality, relationships, and protecting their health. These discussions are the foundation for behavior change. This group is designed to heighten awareness around physical, mental and sexual health and to introduce the concept of redefining masculinity to better protect individual, family and community health.

Main Messages

- Being healthy is an important part of staying free and planning for the future.
- Healthier sex=better sex
- If you're sick or dead you won't be able to pursue other life goals.
- Risks are fun and part of being a real man, but there are ways to take risks that will keep you, your loved ones and your community safe.

Learning Objectives

In this unit, participants will:

- Understand the difference between “good” and “bad” sex.
- Understand the concept of reducing risks in order to protect health (this includes understanding/admitting that what you are doing may have negative consequences, and trying to plan for that).

Behavioral Objectives

At the end of this session participant should be able to:

- Explain how health is important to their lives.
- Describe specific actions they can take to have “good sex”(have a list with specifics).
- Describe actions they can take to reduce the harm of the risks they choose to take(have a list with specifics).

Introduction (10 minutes)

✂ Materials: a poster showing all the group guidelines.

🗣 Hi my name is _____. (*Introduce any co-facilitators.*) I'd like to welcome you all to the **REAL MEN** group "Why Health is Important to Staying Out of Jail & How to Prevent HIV." Today's group focuses on helping you make better decisions about your health and staying out of jail and how they both play an important role in our daily lives. Remember, the purpose of **REAL MEN** is to help you stay free of HIV, STD's, unintended pregnancies, stay out of jail, and reduce the harm of substances in your life.

🗣 In this group we will discuss some of the health issues you are at risk for and suggest ways you can protect your health. When we say "you" we mean, African-American, Latino and low-income young men who expect to leave jail soon in order to return to your communities. Also we will look at information on how to prevent getting the HIV virus. We feel that health is a top priority if you want to stop coming to jail, take care of your family, and become a voice in your community. If you make good decisions concerning your health, it will lead to an upward spiral--one good thing leading to another. Working towards goals you choose is possible.

Knowledge is power (Statistics) (5 minutes): This doesn't have to be YOU!

✂ Materials: a poster showing all the statistics.

🗣 Let's talk about some numbers that are directly relevant to your lives:

- Young people living in neighborhoods in Manhattan, Brooklyn and the Bronx have higher rates of HIV, and STI infections than young people in other NYC neighborhoods.
- A survey of 1,801 young adults at 39 jails throughout the United States found that both male and female detainees have sex at younger ages and have higher rates of sexually transmitted infections (like gonorrhea and syphilis) than those not detained.
- In New York City Blacks account for 25% of the population and Latinos for 24% of the population yet these groups account for 41% and 31% of reported AIDS cases. This means that while comprising less than 50% of the total population Blacks and Latinos account for over 70% of all AIDS cases.
- There are approx. 20 million youths between 10 and 19 who engage in behaviors that present serious health threats. These behaviors include unprotected sex, violence, alcohol and drug abuse and cigarette smoking. (Lerner, Tufts University).

- In the early 1990s, men in Harlem were less likely to live to age 65 than men in Bangladesh, a poor country in Asia.

🗨️ Remember, these are only statistics. We believe that you have the power to NOT be one of those numbers, and this program is here to help you with that. In this session, we want to help you avoid becoming one of these statistics; we want to help you beat the odds.

Group Guidelines (5 minutes)

🗨️ In order to get started we need to agree on some guidelines that will help us stay focused and help the group run smoothly.

✂️ **Materials: a poster showing all the group guidelines.**

- **Confidentiality:** In this case confidentiality means that you can share what you learned in the group, but you can't attach anyone's name to any statements made. For example if someone states that they did not follow their discharge plan because of heavy drug use it's ok to pass on that substance abuse can be a barrier to sticking to your discharge plan, and it's not ok to say that John doe didn't follow his discharge plan because he smokes too much weed.
 - Participants should speak from own experience (use "I" statements).
 - One mic, don't interrupt a person while they are speaking.
 - Be respectful, no violence, no threats, encourage positive language.
 - Stay focused on topic. Bring it home.

🗨️ Is there anything someone wants to add, or doesn't agree with?

Icebreaker (5 minutes)

🗨️ Ok let's do an Icebreaker so everyone can get loose and we can get some names.

(FACILITATORS NOTE: Elicit discussion from group. Use the following questions as a guide.)

Possible questions: Why would health be important to you? What are some of your goals that depend on good health? (make sure group mentions: finding a job, being a good athlete, having a family, living to old age, not feeling sick.)

(FACILITATORS NOTE: Write down responses on the board. Explain that health is about not just being "not sick," it's about taking care of yourself so that you can live and do things you want to do. It is hard to achieve your goals or even have fun if you are sick or dead. And there are things you can do to really reduce the risk of getting STI's, hepatitis, HIV or of ending up dead or incarcerated for life.)

Activity I. Good risk, bad risk (15 minutes)

☛ Every man takes risks in his life. It's part of being a man. Some risks are more fun than others, some more dangerous. There are ways of taking risks that are smarter than other ways. For example, driving a motorcycle is always risky to your health. But driving one without a helmet increases the risk of harm without increasing the fun of the activity. What's the sense in that?

☛ One of the things that gets in the way of being able to enjoy the risk with less danger is that it's hard to admit or see that some activities can have a negative outcome. We all believe that we're not going to be the one that gets caught, or hurt, but there's no guarantees on anything. So, in order to do what you want and come out the other end healthy and alive, you have to be able to think about what *could* happen to you.

☛ Now, everyone in here has taken risks. Some came out really well, others didn't. I want you to tell me some risks that you took that worked out really well for you, and what you did to make that happen, and then some risks you took that ended up hurting you, and what went wrong.

(FACILITATORS NOTE: Write these down on a piece of paper with a line down the middle. Summarize the main take home lessons of this activity.)

Activity II. Good sex, Bad sex (20 minutes)

☛ Ok, now we're going to talk about sex. A lot of people talk about "good sex" and "bad sex." What do those terms mean to you, anything?

(FACILITATOR NOTE: *Elicit responses from participants.*)

☛ Great, that's one way of thinking about it. But there's another way to think about "good sex" and "bad sex," in terms of staying healthy **and** having FUN! By sex we mean any erotic experiences with men, women or yourself. Being a **real man** has nothing to do with *WHO* you have sex with, but being a **real man** means you're having "good sex," not "bad sex." So, let's think about that definition of "good sex," staying healthy and having fun, and see if we can come up with a list!

(FACILITATOR NOTE: *Elicit responses from participants. Use the following list as a guide.*)

🗨️ **Having “Good Sex” means:**

- Sex you want to be having
- Sex that your partner wants to be having
- Sex that you and your partner are sober enough to do and remember
- Sex that feels good when you’re having it and afterwards
- Sex that feels good to your partner while your having it and afterwards
- Sex that doesn’t make you or your partner sick
- Sometimes sex is fun, and hot and fast and furious.
- Sometimes sex is fun, hot, slow, intimate, and caring.
- Sex that you have by yourself
- Sex that you can talk about
- Sex that you can laugh with your partner about
- Anything else you want to add to this list?

🗨️ Ok, so we’re all clear on what “good sex” is! Great! So can you have “bad sex”? What are your definitions of “bad sex”?

(FACILITATOR NOTE: Elicit responses from participants. Use the following list as a guide.)

🗨️ **Having “Bad Sex” means:**

- Sex that is not pleasurable to you
- Sex that is not pleasurable to your partner
- Sex that makes you sick
- Sex that makes your partner sick
- Sex that ends up with a baby you and your partner didn’t plan
- Sex that you or your partner don’t want to be having, or haven’t agreed to
- Sex you or your partner are not in control of,
or not sober enough to remember
- Sex that leaves you or your partner feeling bad for some reason
- Sex that you regret later
- Anything else you want to add to this list?

Activity III: Role-Play (15 minutes)

🗨️ Ok, now we’re going to do a “role-play.” Does everyone know what that means? *(Explain, if necessary.)* I need a couple of volunteers for this, who wants to help me out?

(FACILITATOR NOTE: Let participants practice identifying risks in activities, making smart choices about how to reduce the risk. One sexual, and one non-sexual risk.)

Role-Play #1. You and your boy are at the club and you spot shorty who is a dime. You tell your boy that you are going to holla at shorty. Shorty has a rep of being loose and your boy knows that you will hit something raw. Before you step to shorty your boy asks you to take this condom with you in case something does jump off.

(FACILITATOR NOTE: Thank the participants. Elicit responses from the group that watched. Use the following questions.)

• What are the risks in this situation? What are the benefits? How could you plan for them? What would good sex be like in this situation?

Role-Play #2. Jamal and Malcolm are in a strange neighborhood where they are hanging out with some fine girls who they just met. They want to smoke some weed but they don't have any. The girls tell them that they think some boys sell weed a few blocks over. Malcolm wants to go and cop some weed, but Jamal wants to cop from their regular dealer and catch up with the girls another time instead of copping and getting high in a strange place.

(FACILITATOR NOTE: Thank the participants. Elicit responses from the group that watched. Use the following questions.)

• What are the risks in this situation? What are the benefits? How could you plan for them?

Closing (5 minutes)

• Great, so today we've really focused on a couple of things. We've talked about the fact that we don't expect you to not take risks, but to be real about what's worth your health and freedom. Maybe you got a new way of thinking about the sex you want to be having with your partners, and how to make it better and smarter. Remember, you have it in your power to be who you want to be—a **REAL MAN!**

(Jail-Based) Unit 3.
“Being a Real Man in Today’s World”

Rationale

A number of studies have pointed to the fact that cultural, sexual and gender roles contribute to the spread of HIV (cf., Kaiser Network publication, XIV International AIDS Conference, International Center for Research on Women). While it is important to inform women about sexual health, it is vital to address the norms of sexuality associated with masculinity that help shape young men’s behavior in relationships.

Equation

- Man feels good about himself (as a **man**) → makes better decisions → keeps himself free, healthy, and strong.
- A man who keeps himself free, healthy and strong → is a Real Man
- A Real Man → is someone who protects himself, loved ones and community from HIV, recidivism, and harmful involvement with drugs and violence.

Main Messages

A REAL MAN:

- Respects women and treats them as equals
- Protects himself, friends, family, lovers and community from HIV, recidivism, and harmful involvement with drugs and violence.

Materials

- Posted graphs of statistics.
- Brochure and information relating to African American and Latino adolescents at risk from HIV infection, drug involvement, and recidivism.
- Boombox, song (CD) and lyrics to the Styles P. song, “Gangsta & a Gentleman”
- Pencils and paper for notes.

Learning Objectives

In this unit, participants will:

- Learn the difference between real manhood and immaturity
- Gain an understanding of the connection between self and community

Behavioral Objectives

After completing this unit, participants should be able to:

- Articulate what it means to be “a real man,” in a way that is respectful of self and others.
- Describe possible traps and pitfalls in the road to making better decisions and how to avoid these.
- Recognize their own behaviors as either mature or immature.
- Take responsibility for their decisions to be real men or not.

Introduction (10 minutes)

✂ Materials: a poster showing all the group guidelines.

🗣 Hi my name is _____. (*Introduce any co-facilitators.*) I'd like to welcome you all to the **REAL MEN** program. Remember, the purpose of **REAL MEN** is to help you stay free of HIV, stay out of jail, and reduce the harm of substances in your life. Today's group is called, "Being a *Real Man* in Today's World." The group focuses on manhood, responsible decision-making and misconceptions about what a *real man* is. Before we get started let me go over a few housekeeping and facility rules and go over the group rules again. Can someone go over those? (*Refer to the poster on the wall.*)

Knowledge is Power (Statistics) (5 minutes): This doesn't have to be YOU!

✂ Materials: a poster showing all the statistics.

🗣 Let's talk about some numbers that are directly relevant to your lives:

- Over 4,000 of these family-related arrests were for violations of Orders of Protection, more than double the amount of such arrests since Fiscal Year 1994. (*Mayor's Management Report, Fiscal Year 2001.*)
- Approximately 10% of the identified domestic violence victims treated at New York City Public Hospitals are under the age of 20. (*New York City Department of Health, "1996 Domestic Violence Data Summary."*)
- 49% of all female homicide victims in New York City are killed in intimate partner homicides. (*Wilt, Susan, Susan Illman and Maia Brodyfield, "Female Homicide Victims in New York City, 1990-1994," New York City Department of Health, 1996*)
- The City's domestic violence hotline currently receives an average of 570 calls a month from teenagers involved in abusive relationships. (*Mayor's Management Report, Fiscal Year 2001.*)

🗣 Remember, these are only statistics. We believe that you have the power to NOT be one of those numbers, and this program is here to help you with that.

Icebreaker: (15 minutes)

✂ Materials: Boombox, song and lyrics to “A Gangster and a Gentleman” by Styles P, poster with ground rules

🔊 Now, we’re going to listen to the song “A Gangster and a Gentleman” by Styles P. So, think about today’s topics -- manhood, responsible decisions making and misconceptions about what a *real man* is – as you listen to this song. You can read the lyrics from the poster as the music plays.

(FACILITATOR NOTE: Put up poster with lyrics for the group, play song at a volume everyone can hear.)

“A Gangster and a Gentleman” by Styles P

[Styles - Verse One]

My pops came from Bed Stuy, my mom came from Africa
I'm more a nigga if you know what I mean
They hooked up in the '70's when liquor and weed was heavy
and had me in Corona, Queens
By the time I was seven my mom left my pop
Then we moved to the south side of Yonkers, New York
Then my mom remarried, had my little brother Gary
My sister a year later, let me gather my thoughts
By the time I was nine I was outta my mind
My step pops didn't like me beat me outta my mind
Ten and eleven the same I never would change
He still had to hit me, aggravate a little nigga
Still wearin' Skippys
Bob had Adidas and Pumas, I could a had a pair
My mommy said wait 'til Christmas but I needed 'em sooner
If you heard I was broke dawg it wasn't a rumor

[Chorus (repeat 2x) - Styles]

I said Gangstas ride (Ride with me)
Gentlemen live your life (Live it up)
Cause Gangstas die (We all gon die)
It's only a matter of time (The clock tickin)

[Styles - Verse Two]

It was 1986 and I was twelve years old
That's right around the time when crack came out
It was the best thing that happened to me
I swear to God cause I was getting' everything that I was askin' about
First we started off baggin' up, me and golf

Then shit start addin' up, we gettin' smart
Now we on Broadway, coppin' our own base
Bring it home and put it in bottles, send us a rottle
Drink an OE and scramble like it wasn't tomorrow
I'm gettin kicked out of Junior High, thinkin' I'm grown
God bust with the yellow rabbit
And I had every color dealt we was gettin' it on
I was out robbin' Mexicans six in the morn'
Mom said I'd had to ep again, rip it I'm gone
Nigga get a little loony and grown, soup in the dome
Bump me up worst when I went to the group home

[Chorus (repeat 2x) - Styles]

I said Gangstas ride (Ride with me)
Gentlemen live your life (Live it up)
Cause Gangstas die (We all gon die)
It's only a matter of time (The clock tickin)

[Styles - Verse Three]

I'm leavin out a lotta shit, nigga it's too real
My alcoholic background, the welfare motels
Abuse that I had to take struggle at my mom's recruit
How the fuck I'm gon bomb wit you
And the cases I got up to date told you that I bust a eight
My niggas I can't name, outta state (My niggas fuck with weight)
Little brother gone but I got a baby angel
You fuckin with a dirty name, don't let these niggas change you
The present's what you get
And the past is what make the man future
I can't tell you I ain't God or lil' Superman
No there ain't a 'S' on my chest, but it's a 'D' on my block (D Blok)
And said life the deepest lesson is death
I'm determined and I'm disciplined and destined to rest
I'm a Gangsta and a Gentleman, Panero the best
When I pass I'm like gas, motherfuckers
Cause I'm a leave a stain that you'll never forget

[Chorus (repeat 2x) - Styles]

I said Gangstas ride (Ride with me)
Gentlemen live your life (Live it up)
Cause Gangstas die (We all gon die)
It's only a matter of time (The clock tickin)

☛ We just were listening to the song “A Gangster and a Gentleman” by Styles P. So, thinking about today’s topics -- manhood, responsible decision-making and misconceptions about what a *real man* is – now, I want you to think about these questions.

(FACILITATOR NOTE: Ask the group the next three questions.)

1. What do you think is the message in this song? What does “gangsta” refer to? What about “gentleman”?
2. What statements in this song do you identify with?

☛ That was great. Thanks for your input. It’s hard to do the right thing as a man if you aren’t clear about what you’re supposed to be doing. We think that these lyrics are one example of what it takes to be a real man in today’s world.

☛ Now, we’re going to switch to a different activity that might give us some more to think about being a real man within our communities.

Activity I: “Pyramid of Manhood” (10 minutes)

☛ **Materials: Poster of the pyramid**

(FACILITATOR NOTE: Will discuss the main purpose, stated below, the drawing of the pyramid should be on wall and should be made reference to.)

☛ Part of being a real man, and not a child, is that men are concerned with others, not only with themselves. **A REAL MAN** cares about the health and welfare of his family, however he defines it, whether that’s friends, lovers, or the community as a whole. Have you heard the saying (from an African proverb) “*it takes a village to raise a child*”? Well, it takes healthy, strong concerned individuals to make a strong community.

We all come from a family and a community, and we all have a role in making one. One way to think about a man’s role is as bedrock, the base of a pyramid. He makes responsible decisions relating to his health, his family and his community. A strong self is a support system for family. His mental and physical presence and health are a source of strength. If a man is in jail, prison, addicted to drugs, is sick with HIV or STI’s and passes them to others, or has children he can’t take care of—how healthy will his community be?

- A mentally, physically, and spiritually *strong* person (self) will enhance the community.
- A free and healthy self supports family and accepts supports, which in turn builds up the community.

We live in a world that gives us a lot of conflicting messages about how to be a man, how to have fun, what's important really in our lives. What are some of the ideas about what makes a real man that you have heard?

(FACILITATOR NOTE: You will need to elicit responses here. **Prompt:** *real men are in control of their women? Only straight men are real men? Being responsible and going to school makes you a girl? Real men are to be feared rather than respected?*)

☛ Great, so now we're going to spend some time looking at two different ideas we may have about how to be a real man, the options that we have, and the consequences making certain decisions.

Activity II: "The Road to Manhood" (20 minutes)

☛ Materials: 2 Posters of the "Road to Manhood," 2 sets of words, images

☛ In a lot of cultures, there is something called a *rite of passage*. Does anyone here know what that is? Usually, a community decides on certain things a man or woman must go through to move from being a child, or immature, to an adult member of the society. These rites usually involve some sort of journey, test of strength, bravery, skill or courage, and resistance to temptation. At the end, you come out transformed, and are welcomed by the community. Think about things like finishing school, getting your first legit paycheck, moving out on your own, and letting go of childish things.

There aren't so many rituals like that anymore in the US, but the streets often offer you that—like what you need to do to get into a gang, or the sense that once you went to jail, or having a baby. NOW you're a real man. There's a real downside to that kind of rite of passage. The *kind* of manhood it ushers you into is filled with incarceration, death and illness. Free of charge. It's an easy, fast road, and one many people in the world would be happy to see you all take.

But we're talking about another road—a road to sustained manhood, manhood that you, your family and your community deserve. These two roads, we call the high road and the low road. The low road you're all familiar with. It ends with prison, drugs, illness, community violence, and death. The high road you may not be as familiar with, but you can ALL reach it. It leads to freedom, clarity, respect, and life.

(FACILITATOR NOTE: Refer to poster, "Roads to Manhood.")

- **LOW ROAD:** prison + drugs + sex = transformation and community. Glamorized by the media.
- What are the barriers on this road?
- What are the RESULTS of being on this road?
- What are the tests/temptations/choices on this road?
- What's the transformation like?
- Which community are you accepted into?
- Is this the community you want to be involved in?

- **HIGH ROAD:** freedom + clarity/control + love/respect = transformation and community. **NOT** glamorized by the media.
- What are the barriers on this road?
- What are the RESULTS of being on this road?
- What are the tests/temptations/choices on this road?
- What's the transformation like?
- Which community are you accepted into?
- Is this the community you want to be involved in?

(FACILITATORS NOTE: Break the group up into 2 groups if there are more than 8 guys in the room. Tell each group that they are to place each of the images or words on the right road. Facilitators will give the groups about 7-10 minutes to do this on their own. Then, they will come together and tell the facilitator and the other group why they chose which road to put the item on, and discuss the pros and cons of each road, why it's hard to choose the high road, why the low road looks so great. Make sure to include the idea of delayed gratification as essential for manhood.)

☛ Remember we talked about good risk and bad risk? How can you use that to help you take the right road? What specific plans do you have to walk the road? What obstacles do you see ahead for yourselves? Who can you name that looks like they're having fun but are on the high road?

(FACILITATORS NOTE: Elicit responses here. You may want to prompt, using names such as: Savion Glover, Will Smith, Wynton Marsalis...others)

Closing (5 minutes)

☛ So, today we really looked at your ideas about being a man, and hopefully offered some new ways of thinking about it. We talked about being a source of strength to yourself and others, about making a decision to be a man instead of staying immature. We talked about the fact that the road to being a real man may look duller, less fun, and more difficult, but that that isn't necessarily true.

💡 Before we go, we'd like you to each name one thing that they heard in this room that is powerful and important to them, and tell us what you plan to do with it, because knowing and doing are two different things.

(FACILITATORS NOTE: Elicit responses here from each participant.)

💡 Remember what being a **REAL MAN** is all about:

- A **REAL MAN** respects women and treats them as equals.
- A **REAL MAN** is not a bully.
- A **REAL MAN** protects himself, his family, his lovers, and his community from HIV.
- A **REAL MAN** stands up for his beliefs and walks away from childish conflicts.
- A **REAL MAN** stays out of jail and stays healthy.
- A **REAL MAN** uses a condom.
- A **REAL MAN** only makes babies when he is ready (and able) to be a good father.
- A **REAL MAN** takes care of himself, the people he cares about, and his community.

💡 Okay, great job everybody! Go out and be a **REAL MAN** in today's world!

Last updated 7/22/04

**(Jail-Based) Unit 4.
"Sex in the Risk Zone"**

Rationale

HIV risk is a result of specific decision young men make in specific situations. By helping young men understand the HIV risks in specific sexual behaviors, and by increasing their ability to communicate with their partners in different types of sexual situations, this session seeks to help participants to protect themselves and their partners against HIV, other STIs and unintended pregnancy.

Equation

- Understanding the sexual risks in different types of relationships and settings → reduce risky sexual behavior

Main Messages

- Each sexual encounter/opportunity is another opportunity to assess risk and take action to protect self and partner
- Different situations and people have different risk
- You can make good decisions if you can be honest about the situation.

Materials

- Group guidelines, statistics
- List of Sexual Relationships, Places to Have Sex
- Role Play Scenarios
- Resources to Hand Out

Learning Objectives

In this unit, participants will:

- Understand that each sexual situation presents a new opportunity to make a decision about risk-behaviors.
- Understand that there are decisions to be made about sexual risks.
- Explore how masculinity, especially myths and stereotypes about masculinity and sexuality, influence relationships, feelings about self, and sexual choices.

Behavioral Objectives

After completing this unit, participants should be able to:

- Explain what "context" means and how it relates to risk
- Articulate some of the stereotypes about men and sex
- Make better decisions about when, where, and with whom to have sex

Introduction (10 minutes)

✂ **Materials: a poster showing all the group guidelines.**

🗣️ Hi my name is _____. (*Introduce any co-facilitators.*) I'd like to welcome you all to the **REAL MEN'S** "Being a *Real Man* in Today's World." Did anyone just get home? (*If yes, then welcome them.*) Ok let's ask ourselves how do you take risk? And what's worth taking a risk for? This group will focus on how to make better, smarter sexual choices, and give you a way to assess the risk of new and old sexual relationships and settings. Before we get started let me go over a few housekeeping and facility rules (*Add any important Friends' rules, bathroom location, etc.*), and go over the group rules again. Can someone go over those? (*Refer to the poster on the wall.*)

Knowledge is Power (Statistics) (5 minutes): This doesn't have to be YOU!

✂ **Materials: a poster showing all the statistics.**

🗣️ Let's talk about some numbers that are directly relevant to your lives.

Are you at risk? (**FACILITATOR NOTE:** *Hand out statistics.*)

Our goal today is to make sure you don't become one of these statistics. We want to give you the tools and knowledge you'll need to protect yourself.

- Young people living in neighborhoods in Manhattan, Brooklyn and the Bronx have higher rates of HIV, and STI infections than young people in other NYC neighborhoods.
- A survey of 1,801 young adults at 39 jails throughout the United States found that both male and female detainees have sex at younger ages and have higher rates of sexually transmissible infections than those not detained.
- Since the beginning of the epidemic, more than 2,600 adolescent men aged 13 to 19 years and more than 20,000 men aged 20 to 24 years have been reported with AIDS.

🗣️ Remember, these are only statistics. We believe that you have the power to NOT be one of those numbers, and this program is here to help you with that.

Icebreaker: "Sexual Risk" (15 minutes)

☛ OK, Today we're going to talk a lot about sex. We're going to go around the room. I'm going to ask you to say two things: 1) say your name, and 2) say one sexual act that you think puts you at risk for infection with HIV, or for infecting someone else with HIV if you were to have it. Now, before we get started, we all know that the easiest, most fool-proof way to protect yourself against HIV, STI's or unwanted pregnancy is to not have sex at all. The next best thing is to have sex only with one person that you know is healthy, and to use condoms 100% of the time. But we also know that very few people make those choices. Our goal in doing this is to give you smarter ways to make decisions about when, how and who to have sex with, so that you and your partner can stay healthy. First, let's go around the room!

(FACILITATOR NOTE: Pick someone in the group to start, remind them what they're supposed to do. Elicit responses from everyone in the group.)

☛ Great job, thanks! It's good for everyone to see that each sexual situation, whether you're with your "shorty" or someone you just met, gives you an opportunity to make a decision. **How** we make those decisions is what we want to focus on here.

☛ Next, we're going to see a clip from a movie called "Mi Vida Loca" In this clip you will see a guy named Ernesto talk about how he decides what kind of sex he is willing to have with women that he thinks are high risk. As you watch the clip, pay attention to how he evaluates his risk, and makes decisions based on that evaluation.

(FACILITATOR NOTE: Play video clip from "Mi Vida Loca.")

☛ Ok, so...Ernesto is in a very specific situation, and is being offered sex by certain women because he has drugs that they want. In some ways, he's exploiting the women because they want drugs and he can use that to get sex. Now, we're not saying that engaging in exploitative sex is a good thing—but Ernesto has a decision-making process that's really interesting, and worth talking about.

(FACILITATOR NOTE: Use the following questions to guide group discussion of the film clip.)

- What evaluation did Ernesto make?

- What choices? (**Prompt:** choices re: HIV/health vs. choices re: feeling good about who he is as a sexual person)
- Why do you think he made that choice?
- Were they good choices? Why or why not?
- Can you think of any better choices?
- What would be worse choices?

🗨️ Remember the group in jail when we talked about “good sex” and “bad sex”?

(FACILITATOR NOTE: Get someone in the group to remind everyone what the difference is.)

🗨️ That’s right. And, sometimes it’s the **context** of sex ~ who you’re doing it with and where it happens ~ can make the difference between “good sex” and “bad sex.” But what **is** a sexual relationship? Let’s talk about that in this next activity.

Activity I: “Context, Part I: What is a Sexual Relationship?”

✂ **Materials:** Flip chart/poster with possible sexual relationships and locations

🗨️ So, the purpose of this group, remember, is to learn about making healthy decisions about **relationships** and **sex** as a young Black or Latino man. And, if we’re going to understand how to make healthy decisions about relationships and sex, we need to define what we mean by a “sexual relationship,” because this can mean different things to different people. Like, for example, in this group I’ll bet we could get lots of different answers to the question “what is a sexual relationship?” Let’s see how many we can name.

(FACILITATOR NOTE: Go around the group and get some people to suggest types of sexual experiences or relationships that you can have with people. Use the list below to prompt, if needed.)

🗨️ Okay, so check this out...all sex happens in a relationship with someone, whether you’ve been together for 5 years or you just met them 5 minutes ago. Remember Ernesto? Well, he had a particular kind of relationship to the women he was getting oral sex from. They were having a ‘commercial’ relationship, right? So, here’s a list of all the relationships we could think of. Who wants to read this out loud?

(FACILITATOR NOTE: Put the “Who Can You Have Sexual Experiences With?” list up and choose someone from the group to read this list.)

“Who Can You Have Sexual Experiences With?”

1. Yourself
2. Life partner/husband/wife
3. Romantic partner
4. Someone you are dating
5. Sex buddy
6. One-night stand
7. Long-distance (phone/internet)
8. Peep show, strippers, lap dancers
9. Anonymous partners (don't know them)
10. Someone you pay for sex (with drugs, food, shelter or money)
11. Someone who pays you for sex
12. Someone you force/coerce to have sex with you
13. Someone who forces/coerces you to have sex with them
14. Three-way (*ménage*, *ménage a trois*)
15. Group sex
16. Gang sex
17. Running train

☛ Okay, does this list help you think of any other possible types of sexual relationships that people can have?

(FACILITATOR NOTE: Add people's suggestions on the flip chart.)

Activity II: “Context, Part 2: Where do people have sex?” (10 minutes)

☛ So **who** you have sex with is part of **context**, another part of it is **where** you have sex. So, where are all the places you can have sex?

(FACILITATOR NOTE: Go around the group and get some people to suggest places where people have sex. Use the list below to prompt, if needed.)

“Where Do People Have Sex?”

1. Park
2. Rooftop
3. Party
4. Hotel
5. Apartment – (parent's vs. own)
6. Car
7. Stairwell
8. Subway
9. What else?

(FACILITATOR NOTE: Put the “Where Do People Have Sex?” list up and choose someone from the group to read this list. Add people’s suggestions on the flip chart.)

☛ Ok, so let’s break this down. In these two activities, we’ve just seen that you can have a “sexual relationship” with lots of different people, and in lots of different places for all kinds of different reasons. Each sexual situation, or each **context**, gives you an opportunity to make a decision. Most of the time, people don’t consciously think about making decisions when it comes to sex, they just have sex without thinking. This sort of sex can be riskier for lots of reasons.

☛ Sex is something that “just happens” for most people. But, when sex is just something that “happens,” you put yourself and the people you care about, at risk for HIV, and that’s not a risk worth taking.

☛ If you can learn to be honest with yourself about what you want from sex and why you are having it, you can **DECIDE** who to have sex with, when and where. Real men make good decisions about sex. And, real men decide to act in ways that protect themselves, their loved ones and their communities.

☛ Once you decide to have sex, rather than just ‘letting it happen’ you can decide how best to protect yourself and your partners in all situations. Make sense? Ok, let’s see if we can put this into practice by doing a couple of role plays.

Activity III: “Sexual Decision-Making: Role Play”

✂ **Materials:** scenarios, flipchart

☛ Now, I’m going to ask for volunteers to act out some scenarios and then discuss how risks differ by type of partner and setting. In one role play, a volunteer has to play a woman and with another man. I know you guys can do this. I’m going to give you a script but ask the group to consider what each is thinking. Then ask group to suggest ideas how in that situation, you could make it less risky.

(FACILITATOR NOTE: Ask for volunteers. Hand the volunteers a copy of the role play, and read it to them.)

Scenario #1

Joe and Maria are at a party. They've both had a few drinks. Maria is older than Joe, and she starts to make sexual advances. Joe is really excited that an older woman is coming on to him.

Maria then asks Joe, "You want to go to the back room and get busy?"

Joe says, "Yes, but do you have any condoms?"

Maria says, "Don't worry, I'm on the pill. And, besides, I'm really careful about who I sleep with."

Let's see what Joe and Maria decide.

(FACILITATOR NOTE: Thank the volunteers, and elicit responses from the group.)

- So, what do you think about Joe and Maria?
 - What's the context here? (**Prompt:** Who? Where?)
 - Assess the risk?
 - What are some possible choices?

*(FACILITATOR NOTE: Get the group to talk about the factors relating to the risk for Joe and Maria here, i.e., just met, at a party, maybe drinking/using, lack of condoms. Have them assess how these affect decision-making about sex. Reinforce the idea of **context** here.)*

Scenario#2

Mark just got off the bus at Queensboro Plaza after spending a year on Rikers Island. He has three dollars, a metro card and no idea of what his next steps are. He runs into David, who sells drugs and is looking good. David approaches Mark about selling drugs for him.

Mark tells David, "Yo man, I just got home and I want to do the right thing for once."

David says, "Yo fuck that, take this money!" David hits him off with a few hundred. "Let's go upstairs and party with these ho's I got in the house."

Let's see what Mark decides.

(FACILITATOR NOTE: Thank the volunteers, and elicit responses from the group.)

☛ So, what do you think about Mark? Do you think he'll decide to have sex? Sell drugs?

- What's the context here? (**Prompt:** Who? Where?)
- Assess the risk?
- What are some possible choices?

*(FACILITATOR NOTE: Get the group to talk about the factors relating to the risk for Mark here, i.e., just got out, not home yet, peer-pressure of seeing David, maybe wants to drink/use, invited to party with "ho's." Have them assess how all these affect decision-making about sex. Reinforce the idea of **context** once again.)*

☛ You know, some people call men "dogs," have you heard that? Partly, this comes from the idea that a man never says "no," to sex. Well, that's a myth. The truth is, "men as dogs" is a stereotype that gets applied to Black and Latino men a lot more often than to white guys. It's like saying we're like animals, because we'll have sex whenever we get the chance. In reality, it's not so simple—turns out we're not the same as dogs. Like a lot of stereotypes, it's not true. Men, **real men**, say "no" to sex all the time. Real men say "no" to sex whenever having sex isn't a good decision.

Closing: (2-5 minutes)

✂ Materials: Resources and information needed to hand out
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☛ Today, we've talked about making decisions about **when** to have sex and **who** to have sex with that keep you and your partner safest. The safest way to protect yourself is: be abstinent (don't have sex at all). We know that's not very appealing decision for most of you. Another way to be safe is to only have sex with one person you **know** is HIV-negative (because of a medical test) **and** both of you be completely faithful to each other. That might work for some people, but for a lot of people, that's not very realistic. If you're not going to decide to be safe because of either one of those, then you have to **only** have sex when you use a condom.

☛ **Bottom line:** **REAL MEN** think before they have sex. **REAL MEN** make good decisions. **REAL MEN** use condoms.

☛ OK everyone, I would like to thank all of you for participating in today's group, and we hope that you all walk away with understand that we all take risks but the question is what risk is worth taking. We have a lot of literature and resources available so please take them, and don't forget that we are here if you have any questions. Thank you.

Last updated 7/22/04

**(Community- Based) UNIT 1.
“Staying Free, Staying Healthy”**

Rationale

We believe that staying out of jail and staying healthy are connected; making positive choices about your health (staying healthy) can lead to making better decisions about your life (staying free).

Equation

- Staying out of jail = Staying healthy
- Making positive choices about your health (staying healthy) → decisions about your life (staying free).

Main Messages

A real man:

- Makes choices that help keep him out of jail
- Makes choices to protect his health

Materials

- Posted graphs of HIV Rates and recidivism
- Brochure and or information relating to African American and Latino adolescents at risk from HIV infection, drug involvement, and recidivism.
- Hand outs for services.
- Pencils and paper for notes

Learning Objectives

In this unit, participants will:

- Critically assess their current situation against their plans
- Learn how to strategize for future obstacles
- Be re-introduced to the concept of Harm Reduction.

Behavioral Objectives

At the end of this unit, participants should be able to:

- Develop and revise own discharge plan.
- Articulate possible barriers to implementing discharge plan and suggest strategies for overcoming obstacles.
- Explain principles of “harm reduction” and give an example of how it could help keep them out of jail and healthy.

Introduction (10 minutes)

✂ Materials: a poster showing all the group guidelines.

🗣 Hi my name is _____. (*Introduce any co-facilitators.*) I'd like to welcome you all to the **REAL MEN'S** "Staying Free and Staying Healthy." Did anyone just get home? (*If yes, then welcome them.*) Today's group focuses on helping you make better decisions about your health and staying out of jail and how they both play an important role in our daily lives. Remember, the purpose of REAL MEN is to help you stay free of HIV, STD's, unintended pregnancies, stay out of jail, and reduce the harm of substances in your life. Before we get started let me go over a few housekeeping and facility rules (*Add any important Friends' rules, bathroom location, etc.*), and go over the group rules again. Can someone go over those? (*Refer to the poster on the wall.*)

Knowledge is power (Statistics) (5 minutes): This doesn't have to be YOU!

✂ Materials: a poster showing all the statistics.

🗣 Let's talk about some numbers that are directly relevant to your lives:

- Up to one-quarter (25%) of the estimated 40,000 new cases of HIV infection that occur in the United States each year may be among young people under age 22. (CDC).
- In 2002, it was estimated that there were 3.2 million teens under 15 living with HIV. (CDC).
- There are nearly 20 million youths between 10 and 19 today who engage behaviors that present serious health threats. These behaviors include unprotected sex, violence, alcohol and drug abuse, and cigarette smoking. (Lerner, Tufts University).
- Re-entering the community from jail or prison can create its own health risks. A study of Latino inmates in a California prison found that 51% reported having sex in the first 12 hours after release. Those recently released from incarceration also indicated a desire for "pure" sex (without condoms). In addition, 11% reported injecting drugs in the first day after release. (Morales T, Gomez CA, Presented at the 103rd American Psychological Association Convention, NY, NY; 1995).

🗣 Remember, these are only statistics. We believe that you have the power to NOT be one of those numbers, and this program is here to help you with that.

Icebreaker (5 minutes)

☛ Okay, we're going to start so we can get to know each other. I'm going to ask you to say your name, as you'd like to be known, and say one of the first things you did when you got home, and how you felt about that choice.

☛ I would like to thank all of you for participating and for your honesty. Feel free to use some of your answers during the next activity.

Activity I: "Where are you now?" (20 minutes)

✂ **Materials: flipchart, markers**

☛ So, who remembers the group we had in jail, where we talked about the feeling of being on a pink cloud when you first get released? *(If someone does, ask him to tell the group about it.) If no one does, say:*

It's the excitement of being home and the expectation that things are going to go really smoothly once you have been released. All those things you were dreaming about in jail will come true once you get out, right? But then reality sets in, and it can be hard to stay on track. Sometimes that cloud can turn black. But the discharge plan, and following through with it can be a blue parachute to help you get your feet back on the ground.

Ok, so, now you've been home for a little bit. I'm going to ask you to tell us what some of the goals were on your discharge plan, what you did to meet them, and what worked and didn't work about these strategies.

This isn't to judge anyone, but to give you an opportunity to look at your plans, and help each other with ideas of how to stay on track.

(FACILITATOR NOTE: Flipchart should be divided into 3 sections—goal, action, and then worked/didn't work. Ask the group to suggest things to each other.)

Activity II: “Your World, Your Choice” (20 minutes)

✂ Materials: flipchart, markers, index cards, pens for participants, hat or bowl for cards, extra paper for members who want to take notes.

🗨 Okay, so now that we have a sense of where you are now, we’re going to look down the road a little bit to where you are going, and what possible obstacles may be in the way of you getting to where you can and want to be. I’m going to ask you all to write down a couple of behaviors or situations or problems that you think are likely to come up for you in the next 2 months or so that would stop you from doing what you want to do. One of them should be health-related. That can mean an obstacle to sexual health, or a problem with your teeth, or with getting high. It can be that you are worried that about old beef on your block. Don’t put your names on them. Then we’re all going to brainstorm on ways you might be able to overcome those obstacles. One example might be “I smoke weed every night and wake up late in the morning” or “I sell my metro cards and sneak onto the train”

(FACILITATOR NOTE: Pass out cards, give people 3-5 minutes to write on them. Then, collect the cards and put them in a bowl. Facilitator will read them aloud and write them one at a time on the board (or flipchart) and engage the group in a discussion about how to reduce that risk (harm reduction). Make sure to ask people to get specific about their plans, not just “stop smoking weed” or “get a job” don’t let the group stay too superficial. If you need to, remind them that a discharge plan should be flexible enough to meet unexpected needs.)

🗨 Remember that we talked about reducing your risk, and not necessarily having to stop the behavior totally if you know that that plan won’t work for you. That’s called Harm Reduction. You have it within your power to stay free and healthy if you make choices that you think you can stick with for a while.

(FACILITATOR NOTE: At the end of the activity, have people write down the next steps that they will take to either change their plan, or to follow through on one goal they already had and still think is important.)

Closing (2-5 minutes)

✂ Materials: Resources and information to hand out

🗣 OK everyone I would like to thank all of you for participating in today's group! We hope that you walk away with some skills that help you think about your future, and what might lie in the road ahead that could be an obstacle. We also hope that you start to think about your health—you only get one body in this lifetime. You can make positive choices about health (staying healthy) that can lead to making better decisions about your life (staying free). We have a lot of literature and resources available so please take them, and don't forget that we are here if you have any questions.

🗣 Stay Free! Stay Healthy!

Last updated 7/22/04

**(Community- Based) UNIT 2.
“Getting the Information You Need to
Stay Free & Stay Healthy”**

Rationale

Much of what young people face re-entering the community involves dealing with social service agencies and an overload of information. In order to successfully re-enter the community, returning community-members must learn to navigate seemingly hostile social service agencies and community-based organizations.

Equation

Knowing how to access info/services for yourself → a better chance of not going back to jail, not getting involved with drugs, and not getting HIV

Main Messages

- If you know how to access info/services for yourself, you will have a better chance of not going back to jail, not getting involved with drugs, and not getting HIV.

Materials

- Video, TV/VCR
- Planners
- Pens
- Scenarios (Hand outs)

Learning Objectives:

In this unit, participants will

- Learn how to use an appointment book
- Learn how to organize their personal information
- Understand how to present themselves for an appointment

Behavioral Objectives:

After this unit, participants will be able to:

- Make choices of how to present themselves in an interview/appointment
- Keep track of appointments
- Use their planners to organize their time better
- Navigate difficult service interactions

Introduction

✂ **Materials: a poster showing all the group guidelines.**

🗣️ Hi my name is _____. (Introduce any co-facilitators.) I'd like to welcome you all to the **REAL MEN'S** "Getting the Information and Services You need to Stay Free and Healthy." Did anyone just get home? (*If yes, then welcome them.*) Today's group focuses on how to get information, services and entitlements from government agencies and seemingly hostile social service agencies. Also go over how to utilize community-based organizations so they can help you achieve your goal, which is to stay free and healthy. If you are out here free and healthy it means you are making informed decisions. Remember, the purpose of REAL MEN is to help you stay free of HIV, STD's, unintended pregnancies, stay out of jail, and reduce the harm of substances in your life. Before we get started let me go over a few housekeeping and facility rules (*Add any important Friends' rules, bathroom location, etc.*), and go over the group rules again. Can someone go over those? (*Refer to the poster on the wall.*)

Knowledge is power (Statistics) (5 minutes): This doesn't have to be YOU!

✂ **Materials: Poster showing all the statistics.**

🗣️ Let's talk about some numbers that are directly relevant to your lives:

- Young people living in neighborhoods in Manhattan, Brooklyn, and the Bronx have higher rates of HIV and STI's than young people in other NYC neighborhood.
- Re-entering the community from jail or prison can create its own health risks. A study of Latino inmates in a California prison found that 51% reported having sex in the first 12 hours after release. Those recently released from incarceration also indicated a desire for "pure" sex (without condoms). In addition, 11% reported injecting drugs in the first day after release. (Morales T, Gomez CA, Presented at the 103rd American Psychological Association Convention, NY, NY; 1995).

🗣️ Remember, these are just statistics. We believe that you have the power to NOT be one of those numbers, and this program is here to help you with that. Many times, having the **right information** and knowing how to use it can help you avoid being one of these statistics. That's what we're going to focus on in this group today.

Icebreaker: “The Corner” (video clip) (15 minutes)

✂ Materials: TV, VCR, video “The Corner,” queued to the correct place.

🗣️ The video clip you’re going to see is from the HBO series, “The Corner.” D’Andre’s mother seeks to enter a drug rehab facility. Think about some of the barriers you might face while trying to access services from a social service or government agency.

(FACILITATOR NOTE: Elicit discussion about the film clip. If none emerges, use the following questions to prompt.)

Possible questions for discussion about film clip:

1. What would you do in this situation?
2. Is this a typical barrier you might face while trying to access services?
3. What would you do if you were not able to access services from an agency?

🗣️ OK That’s was good information. Good stuff! Now we are going to do an exercise, a *role-play*.

Activity I: "Role Play"

✂ Materials: Handout, with description of role-play scenarios.

(FACILITATOR NOTE: *Explain what "role play" means, as you hand out copies of the scenarios to everyone in the group.*)

☛ Everyone take a look at the handout. I need one volunteer to help me out. Thanks for your help. Ok, we are going to role-play the first scenario on the sheet. You are the Service Provider and I am the client. Let me get in character!

Role Play 1. Participant plays Service Provider/Parole Officer. (*Facilitator plays client. Negative encounter.*)

David is an 18-year-old male who has been home from Rikers for several weeks and is at his scheduled appointment to meet with Mr. Johnson to interview for a slot at the "Dare to Dream" program. David is a nice shy kid and wants to change. The program offers him a paid educational internship where if he completes it he will have his GED, go to college, or possibly be hired as a full time staff member. David who arrived 20 min late reeking of weed, announced himself to the receptionist, and informed her that he had a 9:30 a.m. appointment to meet with some dude about some kind of program. Mr. Johnson who is already a hard ass points out that David was late, then attempts to put him through a tough interviewing process, however mid-way into the interview David tells Mr. Johnson that he knows the program is not going to accept him so he can kiss his ass.

(FACILITATOR NOTE: *Elicit responses from participants about the role-play. If no one responds, use the following questions to start discussion.*)

Possible questions for brief discussion of role-play:

1. Can you see some of your past behaviors in this scenario when you went on an interview or tried to access services?
2. What would you do differently?

🗨️ OK, who wants to do the next exercise with me? All right let's go right into it. I'll play the client again and you will play the Service Provider.

Role Play 2. Participant Plays Service Provider/Parole Officer. (*Facilitator plays client. Positive encounter.*)

Derrick is an 18-year-old male who has been home from Rikers for several weeks and is at his scheduled appointment to meet with Mr. Johnson to interview for a slot at the "Dare to Dream" program. Derrick doesn't read well because he never participated in school but has a very good attitude and wants to change. The program offers him a paid educational internship where if he completes it he will have his GED, go to college, or possibly be hired as a full time staff member. Derrick arrived on time, announced himself to the receptionist, and informed her that he had a 9:30 a.m. appointment to meet with Mr. Johnson. Mr. Johnson who is a hard ass puts Derrick through a tough interviewing process and Derrick maintains his composure and is accepted into the program.

(FACILITATOR NOTE: *Elicit responses from participants about the role-play. If no one responds, use the following questions to start discussion.*)

Possible questions for brief discussion of role-play:

1. Name something different that the client did to help himself access services or sell himself.
2. If you do everything correctly (To the best of your ability.) does that guarantee you access to service or getting a job, etc.?

🗨️ That was great! Now, let's take a look at those Planners/Appointment Books that we passed out. How many of you know what a planner is for and how to use one?

Activity II: "Using a Planner"

✂ **Materials: Handout "Week-at-a-Glance" Pocket Planners.**

(FACILITATOR NOTE: At this point you should facilitate a discussion centering on how to use a Planer/Appointment Book.)

🗨 **Key points:**

- Why a planner is important for time management
 - Make sure you look at it the night before
 - Write full information down in it, not just "appointment, 9 am" (because you may not remember where or what the appt was for)
 - Remember to write things down in it, not on different scraps of paper.
- What information should you have in your book for an appointment?
 - Name address and time of appt
 - Phone number
 - Reason for the appt
 - Any information/paperwork you may need to bring
- How can a planner be used as a source of information and a point of reference?
 - Plan your time out appropriately

Closing (5 minutes)

🗨 Ok this was a good group. A lot of useful information came out of it. Remember in order to stay free and healthy you need all the help you can get. You need services, information, and you need the tools to help you navigate through the system. A very useful tool is a Planner/Appointment Book. If utilized properly, it can enhance your ability to get the information you need. An appointment book can let you know where and when you need to be somewhere to access services. And also if you are like me a planner can help keep you organized instead of being all over the place. My final words to you about your Planner/Appointment books are: **Don't leave home without it!**

**(Community- Based) Unit 3.
“Drugs in Your Life”**

Rationale

Many of the young people in this program have used or sold drugs; some may still be involved with drugs. Involvement with drugs is a significant risk factor for returning to Rikers and for riskier sexual behavior that can lead to HIV. In addition, anyone who injects drugs is at higher risk for HIV. In this unit, we attempt to introduce ways for participants to reduce drug use and its negative consequences, incorporating a spectrum of strategies from safer use, to managed use, to abstinence.

Equation

- Awareness of the risk of drug involvement (either using or selling) → less vulnerable to recidivism and HIV-risk.

Main Messages

- You can reduce the harm of drugs in your life.
- Harm from drugs is greater for Black and Latino young people.
- Some risks are not worth taking.

Materials

- Poster showing all the group guidelines,
- “Drop the Rock” poster with statistics.
- Boombox, song “*I Get High*,” by Afroman, lyric sheet.
- Fact Sheet, “*Drugs and Your Health*”
- Drug Trade Organizational Chart

Learning objectives

In this unit, participants will be able to:

- Describe the reasons they use drugs.
- Describe specific ways they can reduce the harm to themselves from drug use.
- Describe the harmful effects of commonly used drugs including alcohol, marijuana, cocaine, crack and heroin.
- Describe how involvement in the drug trade affects young people and their families.

Behavioral objectives

After this unit, participants will:

- Reduce involvement in drug selling
- Take specific action to reduce the adverse impact of drug use on their daily lives e.g. avoid getting high before sex, reduce drug use that affects work, etc.
- For youth who continue to use substances, they will be able to use in a manner that is less likely to lead to incarceration.

Introduction (10 minutes)

✂ **Materials: a poster showing all the group guidelines.**

🗣️ Hi my name is _____. (*Introduce any co-facilitators.*) I'd like to welcome you all to the *REAL MEN'S* "Drugs in Your Life." Did anyone just get home? (*If yes, then welcome them.*) Today's group focuses on drugs, and how to reduce the harm of drugs in your life. This is going to be relevant for everyone, even if you don't use or sell, because drugs affect us all. Before we get started let me go over a few housekeeping and facility rules (*Add any important Friends' rules, bathroom location, etc.*), and go over the group rules again. Can someone go over those? (*Refer to the poster on the wall.*)

Knowledge is Power (Statistics) (5 minutes): This doesn't have to be YOU!

✂ **Materials: "Drop the Rock" poster, showing all the statistics.**

🗣️ Let's talk about some numbers that are directly relevant to your lives:

🗣️ So, here is some information that we think you ought to know. Who here has heard of the Rockefeller Drug Laws?

- Rockefeller Drug Laws (RDL) – In May 1973, "RDL" was a new drug law imposing sentences of 15-years-to-Life in prison for anyone convicted of selling two ounces or possessing four ounces of a narcotic drug (typically cocaine and heroin).
- Although studies such as the Health and Human Services National Household Survey show that the majority of people who use and sell drugs are white, **African-Americans and Latinos comprise about 94% of the drug offenders in New York State prisons:** African Americans, **51.2%**; Latinos, **42.5%**; whites, **5.4%**.
- **Nearly 65 % of New York State prisoners are from New York City-** almost all from poor communities of color. However, two-thirds of all prisons are located more than three hours by car from New York City, cutting many inmates off from family and community ties.

🗣️ Remember, these are only statistics. We believe that you have the power to NOT be one of those numbers, and this program is here to help you with that. Here's some more information for you, because you know, knowledge can lead to power.

Icebreaker: "Drugs and Their Effects" (10 minutes)

✂ Materials: Boombox, song (CD), lyrics.

👤 Now, we're going to listen to the song "*I Get High*," by Afroman. So, think about today's topics – drugs, and how to reduce the harm of drugs in your life – as you listen to this song. You can read the lyrics from the poster as the music plays.

(FACILITATOR NOTE: Put up poster with lyrics for the group, play song at a volume everyone can hear.)

**"I Get High," by Afroman,
(from the album, "The Good Times")**

I was gonna clean my room until I got high
I gonna get up and find the broom but then I got high
my room is still messed up and I know why
- cause I got high [repeat 3X]

I was gonna go to class before I got high
I coulda cheated and I coulda passed but I got high
I am taking it next semester and I know why
- cause I got high [repeat 3X]

I was gonna go to work but then I got high
I just got a new promotion but I got high
now I'm selling dope and I know why
- cause I got high [repeat 3X]

I was gonna go to court before I got high
I was gonna pay my child support but then I got high
they took my whole paycheck and I know why
- cause I got high [repeat 3X]

I wasn't gonna run from the cops but I was high
I was gonna pull right over and stop but I was high
Now I am a paraplegic - because I got high [repeat 3X]

I was gonna pay my car note until I got high
I was gonna gamble on the boat but then I got high
now the tow truck is pulling away and I know why
- because I got high [repeat 3X]

I was gonna make love to you but then I got high
I was gonna eat yo pussy too but then I got high
now I'm jacking off and I know why
- cause I got high [repeat 3X]

I messed up my entire life because I got high
I lost my kids and wife because I got high
now I'm sleeping on the sidewalk and I know why
- cause I got high [repeat 3X]

I'm gonna stop singing this song because I'm high
I'm singing this whole thing wrong because I'm high
and if I don't sell one copy I know why
- cause I'm high [repeat 3X]

🗣️ Great...now, we were just listening to the song, “*I Get High*,” ...now, that’s a funny song. But what’s he saying? Is there anything in there that resonates for you? Now, we’re going to go around the room, say your name, and say one thing the song made you think about.

(FACILITATOR NOTE: Go to each person in the group, get them to say their name, and one thing the song made them think about.)

🗣️ Ok, good, thanks. So, let’s be real. Most of us in this room have either used or know someone who’s used, whether its smoking weed, drinking alcohol, taking e, using heroin, or smoking cigarettes. Some of you have sold drugs. Almost everybody knows someone who is using or who has used drugs. So we’re not going to just stand up here and tell you “don’t use drugs,” although that’s a great choice. If you don’t use drugs at all, lots of things in your life are much easier (you don’t have to worry about getting money to buy drugs, and you don’t have to worry about getting arrested getting the money, or the drugs, or and you don’t have to worry about getting arrested if you’re selling.) But, we know that just staying away from drugs is not realistic for everybody right now.

🗣️ So, today we’re going to look at the real risks of drug use and sales, and give you information about how to make smarter, better choices even if you are still using. That’s called Harm Reduction. But you can’t make good choices if you don’t know what the reality is. A lot of adults lie to young people about the dangers of drugs—that they’ll kill you or you’ll become addicted immediately. We’re not going to do that. But we are going to give you some very real facts about the drugs that you might be using or selling. The point of these facts is to help you make smart choices.

🗨️ Lots of times adults exaggerate the bad effects of drugs in order to scare kids “straight,” (e.g., marijuana turns your brains into fried eggs). As a result young people have trouble making decisions based on facts because on the one hand they have the “facts” from authorities trying to scare them and on the other the “facts” of dealers trying to persuade them to use. To help sort through this, we summarize what we as public health folks know about drugs;

(FACILITATOR NOTE: Hand out the fact sheet - “Drugs and Your Health”)

✂️ **Materials: FACT SHEET, “Drugs and Your Health”**

Activity I: “Young People, Using Drugs”

🗨️ Young people use drugs for many different reasons. These vary from drug to drug, person to person, and from situation to situation. A person may start using a drug for one reason but may continue using for quite another reason. Not all young people experiment with alcohol and other drugs, and only a small percentage will develop a serious problem.

🗨️ **What do you think are some reasons people start using drugs? What are the risk factors for using drugs?**

🗨️ **Risk Factors** – “Young people may use drugs for many reasons that are related to factors such as their self-esteem, how they get along with others, and their environment. No single reason determines who will use drugs and who won't, but there are common risk factors to be aware of. ”

🗨️ **What are some reasons people try drugs/alcohol?**

(FACILITATOR NOTE: Elicit responses from participants, write lists on flipchart or whiteboard.)

- They are fun/pleasurable
- Experimentation/curiosity
- Escape
- Because others you hang out with are doing it
- Lack of adequate support or supervision
- History of drug use by parents, siblings or friends
- Increases/intensifies sexual or other sensory experiences (music sounds different, food, etc.)
- Its cool

🗨️ **What are some reasons people KEEP using drugs, or move on to “harder” drugs?**

(FACILITATOR NOTE: Elicit responses from participants, write lists on flipchart or whiteboard.)

- Addiction or need
- Self-medication
- Habit
- Pleasure/fun
- They can't get the high they want from what they are currently using

🗨️ **What are some of the possible negative consequences of trying, using and abusing drugs?**

(FACILITATOR NOTE: Elicit responses from participants, write lists on flipchart or whiteboard.)

- Infection with HIV or HCV (sharing works, straws)
- Can land you in jail/prison again
- Increased risk of depression (weed, alcohol, ecstasy)
- Can interfere with sexual pleasure
- Addiction
- Health Issues:
 1. Physical and mental problems later in life (memory, liver, cancer, HIV, etc.)
 2. Anxiety
 3. Memory and Learning problem
 4. Difficulty with thinking
 5. Increased heart rate
 6. Possible increased risk of cancer
 7. Increased risk of pneumonia
 8. Coughing, wheezing and other breathing problems
 9. Increased risk of colds and infections
- In some cases, death (for example, OD)
- Costs a lot of money
- Can interfere with relationships, work and school
- Can become the sole focus of your life (getting and using)

☛ From what we just discussed, it's clear that people use drugs for a lot of reasons. No single explanation is going to work for everybody. While in some different story book world it might be enough to say "Just say no", in America, that doesn't seem to work very well. It doesn't work for the businessman who takes two martinis for lunch or snorts coke in the bathroom, for the housewife who pops pills, or for guys like you who like to chill with a 40 and a blunt. But the reality is while some people can figure out a way to fit drugs in their lives and still take care of business, most of can't. Most of us sometimes get sick, fired, or busted if we keep using drugs. And if we're young and poor and Black or Latino, the odds of getting in trouble are that much higher. That's not fair or right, but unfortunately, you know that's the truth. Our goal today is to help you think through your pattern of drug and alcohol use and to help you make choices that will keep you out of trouble.

HARM REDUCTION

☛ So, let's say despite the risks we have discussed you decide you *still* want to smoke weed, or drink, or use ecstasy. What are some of the ways that you can reduce your risk of the negative consequences?

- Smoke less
- Smoke only indoors
- Don't mix drugs
- Don't use/buy drugs from an unknown source
- Pace yourself—don't get greedy and use too much at once—its hard to dose that way
- Don't buy in areas where you know the cops are likely to bust you
- Don't carry more than a blunt at a time
- Don't use alone
- Make choices about when is the best time to use—right before school? A job interview? Coming to group?
- Make choices about what days are best times to use—Sunday nite at 1 am?

Good, so, see, if you're a real man in your life, you think about the consequences for you, for the people you care about and for your people.—No one is saying you can't have any fun. Or that you need to become a poindexter to stay alive and healthy and free.

Activity II: “Wheeling and Dealing”

🔍 A few years ago, two researchers studied the finances and risk of a drug selling gang. They interviewed current and former gang members, both in jail and on the streets, and they were given the gangs detailed financial records for four years by a former leader who wanted to help young people understand the nature of the job.

🔍 Here’s what the researchers found:

Over the four years, the average monthly wage for a foot soldier, the 16-24 year old guys who sold on the streets and acted as runners, lookouts, and packagers was about \$250. The average hourly wage was \$4.15 an hour, below minimum wage. For leaders, the average hourly wage was about \$61 an hour. For every 1 leader, there were about 25 foot soldiers so for every 25 guys selling only one was likely to move up to the higher level.

🔍 The researcher also looked at the job hazards in the drug selling industry. Gang member who were selling for all four years had about a one in four chance of being killed during this period. This compares to a death rate of 2 in a thousand a year for all African-American males aged 14 to 17 in the United States and a yearly 1 in 200 death rate for gang members not involved in selling drugs. So selling drugs increases your risk of death by more than 50 times compared to gang members who don’t sell drugs and about 250 times compared to other African-American teenage guys. During this same four-year period, each gang member had on the average two non-fatal injuries (from gunshots or knife-wounds) and six arrests. (Source: Levitt, SD, Venkatesh, SA. “An economic analysis of a drug-selling gangs’ finances.” Quarterly Journal of Economics, 2000; (August) 755-788).

So now, let’s talk about these facts:

- Do you think if young people like you knew the risks and rewards of drug selling they would still do it? Why or why not?
- Some young people enter the drug trade because they think it’s the path to getting rich. Why do so many people believe this is a way to get rich? How do the findings of the researchers affect your thinking about the likelihood of getting rich by selling drugs?
- What are the alternatives to selling drugs?

(FACILITATOR NOTE: Elicit responses from participants and list these on flipchart.)

- What are the pros and cons of each of these alternatives?

(FACILITATOR NOTE: Elicit responses from participants and list these on flipchart.)

Freedom: How much is it worth to you?

✂ Materials: Drug Trade Organizational Chart

💡 Let's look at the structure of the drug dealing business:



💡 You guys are on the bottom, taking the hits for the bigger fish. How many of them end up doing time? How many of you will make it to that top rung? How many of the top rung stays there for more than a few years?

And what are some of the risks to you of selling?

- Being put in jail.
- Being hurt by suppliers, customers, other dealers and gang members.
- Being killed by suppliers, customers, other drug dealers and gang members.
- Becoming addicted to the product you sell.
- Losing your money
- Losing your freedom
- Making your neighborhood a dangerous place
- Getting you/your family kicked out of public housing (if you get caught)
- Ruining your chances of getting college loans (if you get caught)
- Missing a chance to help your family and you community get stronger and freer.

Activity III: “Role Play”

🗨️ Ok, so you know the facts don't show that selling is gonna take you to the big time. But the ahrd part is making the right decision when the choice is right in front of you.

🗨️ Let's look at this story:

🗨️ **Story 1:** You've been home for 6 weeks, and everyday, the guy you used to sell to has been saying hello, and asking if you want to come back to work. You've been trying really hard to stay cool. One day, he tells you that he's doing one last deal cause the area's getting too hot, but this promises to pay big-time. He's wondering if you would be willing to help him move it. Its crack, not weed, what you used to sell. Your gf is 8 months pregnant, and you don't have a steady job yet, and you need some bucks big time. Here are three choices. Let's discuss the pros and cons of each.

1. You tell your friend to get lost.
2. You say yes, bring it on.
3. You tell your friend to check back with you in 2 days, after the job interview set for tomorrow.

(FACILITATOR NOTE: Go to Story 2 only if you have time)

🗨️ **Story 2:** You and your boys are hanging out. Everyone wants to get high, and no one is holding. It's Monday night, around 9 pm. You have some \$ in your hands cause you just got paid the \$100 from completing this program. One of your boys says—Let's go to Brooklyn and score, then we can hang out and party. Everyone knows you have cash. What do you do?

Close (1 minute)

🗨️ Ok, great job everyone! Remember, you **can** reduce the harm of drugs in your life. Go out there and be strong!

PARENT GROUP

Objectives:

- To allow both parents and youth to voice their needs, desires, frustrations and teach strategies for better communication.
- To create a better understanding between parents and youth.

Introduction:

Hi, my name is _____ and I would like to welcome you to the REAL MEN parent group. In this group we will discuss the challenges facing us and some possible strategies we can use to better support one another. It is normal for teenagers and parents to have a difficult time communicating, but maybe we can start out by trying to better understand one another. We believe that having a good support system is crucial for every person, and obviously, those of you who are here today are supporting your teenagers.

Group Guidelines

- Confidentiality
- Participants should speak from own experience (use “I” statements)
- One mic, don’t interrupt a person while they are speaking
- Be respectful, no violence, no threats, encourage positive language.
- Stay focused on the topic. Bring it home.
- If at sometime there is anything someone wants to add, or doesn’t agree with? please raise your hand and the floor is yours.

Ice Breaker

Can everyone go around the room and state your name, and who you are here with?

Activity 1- Listening

OK, I am going to give everyone paper and pens. I want you to write one thing that you appreciate that your parents did/does and one thing you wish your parent could understand about you. I also want you to think about how you feel when you are misunderstood? Everyone has 5 minutes.

Great, now we are going to go around the room and share the things we wrote.

That was good, it is really important to notice the nice things we do for each other. When we don’t feel appreciated, it may make us feel that the other person doesn’t notice the good things we are trying to do. Now, in the next part I want everyone to remember the rule about one mic and try to just listen

to each other. No responses please, until everyone has stated their complaint.

Excellent job everybody! Great listening skills! Now we are going to use this information to better understand each other.

Activity 2 –Role Play

We are going to take turns role playing. During this exercise we are going to act out the various things that may bother us as a parent as well as being a teenager. To add a twist to this session guys, you are going to act like your parents and then your parents are going to act like you. I want everyone to have a chance to see things from a different perspective.

Activity 3-Respect

Alright! Thank you, everyone did a good job. It is not always easy to listen when someone has a complaint about you, but no one is perfect, and a good tool to use sometimes is simply being silent and listening when a person is telling you something, instead of interrupting or leaving the room.

Listening is a sign that you respect the person who is speaking, and we all want to be respected right? Let's talk about the different ways we like to be shown respect. In this exercise we are going to talk about the ways in which we want respect, how we feel when we are disrespected? Do we always show our parents respect? And in each case are the responses realistic expectations?

Conclusion

Well, I think everyone did a good job today and I want to thank you all for coming and participating. The things we talked about and learned today were appreciating, listening and respecting each other. If we try to use these strategies when we communicate, it will help us to understand where the other person is coming from.

PEER/PARTNER GROUP

Objectives:

- To allow youth to voice their opinions and discuss the primary issues around intimacy, sexuality, HIV, violence, and family planning.
- To provide positive social structure for relationship building and decision making

Introduction:

Hi, my name is _____ and I would like to welcome you to the REAL MEN peer/ partner group. In this group we will be discussing how we can make healthy choices on issues revolved around sex and relationships and the different strategies we can use to better support one another on these topics. We believe that having a good support system is crucial for every person, and obviously, those of you who are here today are supporting your friends.

Group Guidelines

- Confidentiality
- Participants should speak from own experience (use "I" statements)
- One mic, don't interrupt a person while they are speaking
- Be respectful, no violence, no threats, encourage positive language.
- Stay focused on topic. Bring it home.
- If at sometime there is anything someone wants to add, or doesn't agree with? please raise your hand and the floor is yours.

Ice Breaker

Can everyone go around the room and state your name, and who you are here with?

Activity 1

So, the purpose of this group, remember, is to learn about making healthy decisions about relationships and sex. If we're going to understand how to make healthy decisions about relationships and sex, we need to define what we mean by a "sexual relationship," because this can mean different things to different people. I am going to give everyone paper and pens and I want you to think of what a sexual relationship means to you? Everyone has 5 minutes.

Great, now we are going to read what we wrote and generate a list.

Excellent job everybody! Now we are going to use this information to better understand the different risks revolved around sex.

Activity 2

We are going to take turns role- playing and discussing how risks can differ by type of partner or setting. I know you guys can do this. After each scenario we are going to suggest ideas on how we can make each situation less risky and improve our decision-making skills. Also in this session we will touch on how violence and planning a family can be difficult or even risky.

Activity 3

Alright! Thank you, everyone did a good job. Now we are going to discuss positive and negative ways in which our actions can affect our relationships. It is not always easy to be in a relationship so, let's talk about some of those hardships. In this discussion I also want everyone to think about the different ways in which we can improve these problems. Listening is a sign that you respect the person who is speaking, and we all want to be respected right? So, lets follow the rules, one mic.

Conclusion

Well, I think everyone did a good job today and I want to thank you all for coming and participating. The things we talked about and learned today involved the different risks revolved around a sexual relationship, and improving our decision-making skills. If we try to use some of these strategies when involved in these various situations, we not only improve communication between each one another, but we also improve our chances of "Staying Free and Staying Health."

SPECIAL EVENTS

Objectives:

- To allow our clients to become culturally aware of the different events that takes place within the Tri state area.
- Allow clients and staff to bond and have discussions on relevant topics.

LUNCH EVENTS

Objectives:

- Provide support and structure in a safe place
- Allow clients to feel comfortable in there new surroundings.
- Allow clients to speak with FOIA staff and active FIOA members.