

Lesson 1: Volunteers' Movement – Voluntary Choice

Information for Trainers

Volunteer's work on prevention is one of the ways which allows changing the process of training on HIV issues into something more interesting than just providing the information. In a way this is an attempt to change the attitude towards the problem and to motivate people to review their risk behaviour. It can also lead to removing some social barriers. A peer prisoner (volunteer) can become the only person capable of plain conversation with the other prisoners about the routes of HIV transmission and some other diseases. The result of such training is the change in people's behaviour as well as their habits leading to the risk of their health. And the aim of this training is to develop prisoners' understanding of volunteer's work.

Your main aim during the training is to motivate prisoners for volunteer's work.

Training must aim at forming volunteer's understanding of what exactly they must do. And at the same time they should feel how important and valuable their involvement into programme's work is.

The motives can be as follows:

- getting and spreading experience as far as the process of forming practical skills is concerned which are necessary for preserving one's own health and the health of significant people, social environment;
- self-realization, self-improvement, development of one's own organizational and communicative skills;
- specific system of encouragement/motivation;
- possibility of using acquired knowledge and skills in practice.

Objective: participants' informing about volunteer activity, objectives and tasks of volunteer movement, their motivation to safe behaviour.

Tasks:

- to introduce participants to each other and to their trainer, create an atmosphere which enables them to free discussion of suggested problems during the session;
- to provide potential volunteers with the information necessary for acquainting the other prisoners with the contents of the course.

Equipment: flip chart, coloured markers, 4-5 sheets of paper (format A4), forms with the exercises (in accordance with the quantity of participants), demonstrational materials, pens and stickers.

Approximate Time of Duration: 130 min.

Short Contents of the Session

No	Sessions' List	Approximate Time of Duration, min.
1.	Introduction	5
2.	Getting Acquainted: "Snow Ball"	10
3.	Parable "Sea Star"	10
4.	Method "Volunteer"	15

5.	Group Work "Acceptance of the Group's Work Rules"	10
6.	Warming-up "General Rhythm"	5
7.	Brain Storm "What Is Health?"	15
8.	Activity "What Forms Health?"	15
9.	Game "Lessons of Life"	35
10.	Summing up: Activity "Crib"	10

Session's Summary

Session 1. Introduction

Objective: to acquaint participants with the objectives and tasks of the training and training course.

Process:

1. If it's the first time you meet with this group then first introduce yourself to its members: tell them about organization, its missions and objectives and about the project in process (its main activities and deadlines).
2. Provide the participants with the main information about the suggested training course, and to be exact about:
 - objectives and tasks of the course;
 - practical value of work in the following training for participants;
 - meetings' cycle;
 - time of conducting sessions;
 - conditions of participation.

Session 2. Getting Acquainted: Activity "Snow Ball"

Objective: This activity allows the participants to get acquainted with each other, creates positive and at the same time working atmosphere.

Process:

1. Suggest that the first participant should start the procedure with the following phrase: "Hello, my name is ...".
2. Every next participant enumerates the names of all the previous participants and announces one's own name at the very end.

For example:

1-st participant says: Hello, my name is Andrew.

2-nd participant says: Andrew and my name is Peter.

3-d participant says: Andrew, Peter, and my name is Max.

And so you continue practising the activity till the moment when all the participants have introduced themselves.

Session 3. A story "Sea Star"

Objective: to help participants understand the significance of volunteer's work in such global work as fight against HIV transmission.

Process:

1. Tell the participants the story.

Once upon a time a person was walking along the sea beach. He noticed that there were lots of sea stars and shells thrown on the beach. Delighted the person continued walking and walking on the sand, mile by mile.

In the distance he saw someone dancing on the beach. Embarrassed that someone expressed their happiness with life in such a way he came up closer.

When he approached it became clear that the figure wasn't dancing but diligently trying to copy some action. Approaching the small figure still closer he saw that it was a child. A small girl was collecting sea stars on the beach and throwing them back into the sea. Puzzled the person stopped just for a moment and then asked: "Why are you throwing the sea stars into the sea?" The girl answered: "If I leave them on the beach the Sun will dry them and they will die. And I'm throwing them into the sea because I want them to live."

The person thought for a moment puzzled by the words of the girl and then remembering the number of miles he had done he announced: "There are millions of them on the beach. What can you change?"

It took the girl only a minute to think over the person's words and then she slowly bent, picked up one more sea star and threw it into the sea. After that she turned to the person, smiled and said: "You may be right but just for this star I've just changed the life!"

2. Put questions for discussion to the participants:
 - What emotions does this story arise?
 - What conclusions do you arrive at after having listened to it?
 - How can we apply the information we've just heard to us?

Session 4. Method "Volunteer"

Objective: to acquaint the participants with the notion "volunteer" and "volunteering".

Process:

1. Ask the participants the following questions:
 - Do you know what the notion "volunteer" means?
 - What kind of activity can a volunteer be possibly involved into?
2. After you have listened to all the participants' answers provide them with one of the definitions of it.

Volunteer (from French *volontaire* – volunteer) is a person who is eager and tries to solve not only their inner problems but help in solving different problems of other people; a person who gives advice, disseminates information which can be helpful and useful in the future. It's necessary to remember that everyone has got their own way and helping others you mustn't teach you can just offer different variants or just show a person their way. But any way the choice depends on a person.

Volunteer is a person who is kind and helpful.

This movement was founded in the USA where in the XIXth century volunteers supported the functioning of different non-commercial organizations.

In Europe the international volunteer movement appeared in the 20s of the past century on the initiative of young people full of energy and desire to help in recreation and rebuilding of national economy destroyed by the First World War.

Volunteering is a kind of work which doesn't imply payment because it's a reward itself. If you don't get money it doesn't mean that you don't get anything. (Volunteers work is free of charge but not gratuitous).

3. Tell them with the information about the most well-known and famous volunteers and their activity: Angelina Jolie, Brad Pitt, David Beckham, Shakira, Andre Agassi, Edward Bono, Ricky Martin, Daniel Craig, Jackie Chan, Will Smith, Sharon Stone. <http://www.looktothestars.org/>
4. Provide the participants with the opportunity to put their own questions.

To Trainer's Attention!

If the equipment of the room where the training is held allows, it's recommended to show video about the volunteers' work in different colonies/countries. Exactly this thing can become a very strong motive for the group (to be not worse than the neighbouring colony). <http://www.youtube.com/watch?v=w8P13xSZH8s>

Session 5. Group Work "Acceptance of the Work's Rules"

Objective: to work out the rules of the work for this particular group.

Process:

1. Suggest that every participant taking their previous experience into consideration should describe what behaviour helps and what behaviour prevents us from active and fruitful work during the process of communicating within the group.
2. Make up groups of 2-3 people in each depending on the number of people present at the training and give them the following task: to work out general rules which will help to organize active and fruitful work during the training.

To Trainer's Attention

While making up groups trainer can use principle "your favourite fruit": apple – pear – orange etc.

3. Give the participants the opportunity to present their group work. Fix the results.
4. Rank the suggested rules marking out similar.
5. Taking suggested ideas into consideration work out general rules of work in the group (not more than 10 items).

To Trainer's Attention

The rules can be as follows:

- 1) tolerance;
 - 2) following the regulation/time limit;
 - 3) the rule of raised hand (people raise their hands when they want to speak);
 - 4) the rule of two hands (if a person feels that it's too noisy in the room they can raise two hands which means "It's too noisy for me, behave yourself!" The others in their turn should also raise their hands and stop talking);
 - 5) now and here;
 - 6) work in the group from the very beginning and up to the end;
 - 7) discuss the problem not a person;
 - 8) each thought has the right to exist;
 - 9) sense of humour and benevolence in life;
 - 10) to listen to and to hear.
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6. Suggest that the participants should amend and then vote for accepting the rules. Hang the list of the rules on the wall/board and stress that these are the rules which the participants have worked out and accepted themselves; therefore they must obligatorily follow them.

To Trainer's Attention

At the beginning of the work trainer must hang the rules on the wall for each session in order to be able to apply to them when necessary.

Session 6. Warming up exercise "General Rhythm"

Objective: to provide the participants with the opportunity to relax and to train their reaction and memory.

Process:

1. Clap your hands showing the participants the necessary speed.
2. After the group begins to clap together with you change the speed abruptly. The participants must be able to follow your rhythm again.
3. Change the speed several times until the group begins clapping simultaneously with you.

Session 7. Brain Storm “What is health?”

(Method “Brain Storm” see Attachment 2)

Objective: to provide the participants with the definition of the notion “health”.

Process:

1. Make up 2-3 groups (or you may continue working in the same groups) and give the following task: think of as many definitions of the notions “health” and “healthy lifestyle” as possible. The duration of this kind of activity is 5-7 min.
2. Suggest that all the groups should present their definitions.
3. Analyse the suggested variants, choose the most appropriate with the help of all the participants and then provide them with the correct definition of the World Health Organization (WHO).

Health is the state of total physical, psychological and social welfare but not necessary the absence of diseases (WHO, 1976).

4. Find similar moments in participants and WHO’s definitions.

Session 8. Activity “What forms health/what are the components of health? What constitutes health?”

Objective: the participants have the possibility to identify and systematize factors which have the ruinous effect on people’s health as well as ways of its preserving.

Process:

1. Continue working with the same groups or you can change them. The task for groups is to identify and to put down into two columns positive and negative factors which influence people’s health (something that helps people be healthy and those which can be dangerous for health). This activity lasts 7 min.
2. Each group must have the opportunity to present their results.
3. Express your gratitude to the groups and comment on the factors defined by the participants.
4. Present the factors suggested by WHO and analyse which factors are similar and different from those suggested by the participants.

Session 9. Game “Lessons of Life”

(Adapted to the materials “Lessons of Life” by Garry Stanley, 1995)

Objective: help the participants understand the influence of those decisions a person takes during their whole life. If it’s necessary to change variants of your choice in accordance with socio-cultural peculiarities don’t hesitate to do it.

Process:

1. Put the following questions to the participants: How do you want to live your life? What is important for you? How do you usually take vital decisions? Listen to all the answers attentively. Tell them that today you are going to play game “Lessons of Life”, which will surely provide you with all the necessary answers.

2. Provide all the participants with the forms for the game.

Trainer's words: Each of the circles is a part of you and presents your time, resources, interests, identity. All these ten circles present the whole You.

Now you've got the opportunity either "to spend" or "to save". Your circles mean that you either spend or save the part of you depending on the situation. Some of the offers will be on sale. You can buy only one thing or nothing but you can't buy two things at once. As soon as you've run out of circles you can't buy anything. That's all concerning the rules of the game. You are not allowed to ask questions at the moment and in the process of the game. Is everyone ready?

The first pair for sale is

a new house (1 circle) or

a new car (1 circle)

If you are eager to buy one of the suggested goods then be so kind as to put "X" in one of the circles. Put down the title of the thing you've just bought. In the process of buying new things write down their titles somewhere on a sheet of paper.

Our next pair is

Fully paid vacation/leave for you and one of your friends (2 circles) or

Guarantee that you'll marry your beloved person (2 circles)

One more pair is

The most popular person (1 circle) or

One true friend (2 circles)

One more pair is

Prosperous business (2 circles) or

Good education (2 circles)

One more pair is

Happy family (3 circles) or

Worldwide fame (3 circles)

Have you done your choice? If you've chosen happy family then you've got two circles back. Just draw two more circles on your sheet of paper. Let's continue ...

Some more pairs for sale are:

1) Possibility to change something in your appearance (2 circles) or

Feeling of satisfaction throughout the whole of your life (2 circles)

2) The possibility to do everything whenever you want during 5 years (2 circles) or

Love and respect from people dear to you (1 circle)

Those who have chosen 5 years of pleasure and enjoyment must pay one more circle (if they've got it).

3) Clear conscience (2 circles) or

Possibility to do your best in that sphere you want to (2 circles)

4) Miracle for those you love (2 circles) or

Possibility to live through some event in your life once again (2 circles)

5) Extra 7 years of life (3 circles) or

Painless/smooth death when it's time for it (3 circles)

Has anyone got unused circles? Unfortunately we haven't got anything to sell you and the circles left are worthless. Put "X" in each of them please.

3. *Discussion.* Make up groups of 3-5 people in each for discussing the goods you've bought. While discussing be ready to give the answer to the following questions: Do you regret your purchases? What

aspects of the game are you disappointed with? What changes into the rules of the game would you like to introduce and why?

4. In some minutes ask the groups to share their opinions. Put down your comments but don't pronounce them till all have aired their points of view. The list of comments can be as follows:
 - Provide us with all the variants of the choice for us to be able to do a correct choice.
 - Give us the opportunity to change the choice.
 - We need more circles.
 - Don't make us make a choice between two interesting offers.
 - Don't change the number of circles necessary for buying some goods after it has become a fact.

If you've not heard the following answers then ask: What is fair to your opinion...? in order to prompt them the necessary thought and decisions.

5. Say the following:

As the title of the game is "How to Manage One's Own Life" I suggest that we must have a look at those things we'd like to change and whether they coincide with the real life. What is your opinion? Is it possible to introduce these amendments into the game "Life"? Listen to some of the answers and then continue.

Though the suggested changes could simplify the game and make it true to reality but in real life it's impossible. In real life it's:

- *impossible to change your choice or cancel your decision;*
- *impossible to buy everything at once and use every possibility entirely;*
- *impossible to predict all the situations life has in store for you;*
- *a person always feels a lack of resources, time, variants of choice, money and interest;*
- *you always have to pay for your choice and as a rule this payment is more than you expect it to be;*
- *we don't know how long our life will last. If we don't spend our time and strength in the right direction we will leave this world with the unused potential.*

It was just a game but as you are spending your time and resources playing, it's a good indicator of what you value most of all. In other words if you don't always stop to analyse your actions your behaviour and choice show who you are and what you really consider to be valuable. Your choice even if it's not so important influences your present and future greatly.

6. Suggest the following questions for discussion:

- 1) If someone else took a look at the list of things you've chosen what would they think about your values? What would they say about those things you value most of all? To help you musing about it there is a list of universal values which could be mentioned during the game:
 - what others think about you;
 - care for the wellbeing of others;
 - your own wishes;
 - wealth;
 - objectives/plans for future;
 - safety;
 - sense of life understanding;
 - feeling of tranquillity and satisfaction.

- 2) How do those decisions you make in your life reflect your principles of life?

Give the participants several minutes for thinking everything over. Organize a short discussion if there are people eager to air their opinions and there is time left. Motivate them to continue thinking about these questions when they are alone. And continue your work with the help of the next question:

What is your opinion about the right and wrong variants of choice? Why? Explain the reasons? What definition of the word “right” would you suggest?

Session 10. Summing up: Activity “Crib”

Objective: to sum up the session and to give the opportunity to all the participants to air their views.

To Trainer’s Attention

Pay attention to all the participants in order to motivate them for active participation. It’s extremely important as it gives the opportunity to get the feedback even from those participants who were passive during the training.

Process:

1. Tell the group that the session has come to its end and you do really hope that every participant has learnt something useful.
2. Provide all the participants with the stickers and suggest that they should write on them the following information:
 - indicate activities you liked most of all/you were interested in;
 - indicate activities of less importance;
 - share your opinions as for future work.
3. Suggest that all the participants must read their notes aloud in turn and then stick them on a sheet of paper (where it should be drawn a piggy box for those activities they liked, a waste basket for those they found less interesting and a flower or the Sun for their wishes).
4. Share your own impressions with the participants from the session, discuss the date and time for the next session and bid a farewell.

Materials for Session 1

Attachment 1

Activities for dividing the participants into groups

Dividing the participants into groups is a great extra opportunity for influencing the dynamics of the training. Sometimes the way we divide them into groups can function as an activity itself and implies the possibility for discussion.

1. **Dividing using counting “one - two”** etc. depending on the number of groups. You can diversify it by using the names of seasons of a year, vegetables, animals etc. The main thing here is not to confuse, the necessary number of groups not participants in each group must be taken into consideration.
2. **Dividing based on some sign.** One participant is asked to distribute all the participants into groups using some sign for it. Though they can keep this sign for division in secret.
3. **Tossing.** If you are going to use a role-play the parts can be distributed in this way.
4. **Choosing a leader.** Ask the participants on the number of groups to come up to the front. They are the so-called captains and choose participants for their teams in turn.

5. **Threads.** To form pairs trainer has got wool yarns or just some other kind of threads approximately 1meter long in their fists in such a way that there are ends to the right and to the left (their number should be twice less than the number of participants). Each participant takes one of the ends and in such a way they find their partners.
6. **Who is against a newcomer?** This principle implies giving the initiative of making up groups to the participants. Trainer suggests that they should choose those people they have the least interacted with which implies the eye contact, non-verbal communication.

Attachment 2

Method “Brain Storm”

Brainstorming is a way of solving problems with the help of group creative thinking which implies lots of variants in a short period of time (both logical and absurd) without any limits and then after all the ideas have been fixed the participants choose the most appropriate which constitutes 10-15% of those which can be used in practice.

There exists a nice and instructive legend about the torpedo attack connected with the author of this collective thinking method. This legend creates a kind of heroic atmosphere.

During the Second World War a naval officer of the USA Alex Osborn used to be a captain of a merchant vessel which hauled between America and Europe shipping military equipment and provision. Once when the vessel was in the Atlantic Ocean and there wasn't any security there they got the radiogram informing them about possible attack planned by the German submarine. For the well-armed submarine the vessel served a defenceless target for blank practice. By tradition of Great Geographic discoveries period Osborn gathered the whole team on deck and announced that they could become the food for sharks and asked their advice.

One of the members of the team gave a “bright” idea: as soon as they had seen the foamy track of a torpedo all of them must come up to the side of the vessel and blow in the direction of it and it would change its direction like a balloon. (It's a well-known fact that torpedoes break through the panelling of ships and blows inside). Fortunately, their travel had a happy end but that crazy idea resulted in power water pumps which Osborn installed alongside the vessel. And one day they with the help of a strong stream of water to change the direction of a torpedo and in such a way saved the life of the vessel and the whole team. Osborn began thinking and arrived at the conclusion that the crazy idea had saved the lives so it was worth while thinking about it. Has every idea got a solid ground?

Procedure (4 stages)

1. Putting the target. It's necessary to put clear targets. It takes 15 min to present the problem to the group and to make up clear working objectives.
2. Brainstorming the ideas the aim of it is to get as many ideas as it's possible. The main rule is all the ideas (crazy, wrong) are welcome and at the same time criticism (including sceptic smiles) is out of the question.
3. Discussion of the ideas. As soon as the process of brainstorming ideas has come to its end we come over to the next step that is choosing the most perspective one. It's necessary to try to find common sense in each of them.
4. Making a decision. It's important to prepare a list of the brightest ideas and decisions. Judging from the experience there are always such ideas which haven't occur before.

Attachment 3

Basic Notions

Volunteer comes from French and means a person who tries and wants to solve not only their own inner problems but also other people's problems, it's a person who gives advice and distributes information which can be helpful for others.

Volunteering is a kind of work performed free of charge because it's considered to be a reward itself. If you don't get money it doesn't necessarily mean that you don't get anything. (As a rule volunteers work free of charge but with reward).

Health is the state of total physical, psychological and social welfare but not necessary the absence of diseases (WHO, 1976).

Healthy way of life is the way of life of a separate person which aims at prevention and strengthening health.

Attachment 4

Health Factors

Correlation of different factors which influence health:

1. Conditions and way of life – 50%.
2. Genetics and heredity – 20%.
3. Environment and natural conditions – 20%.
4. Health care – 10%.

Some more factors which influence health:

- meals;
- the quality of the environment;
- physical training (going in for sports, physical exercises).

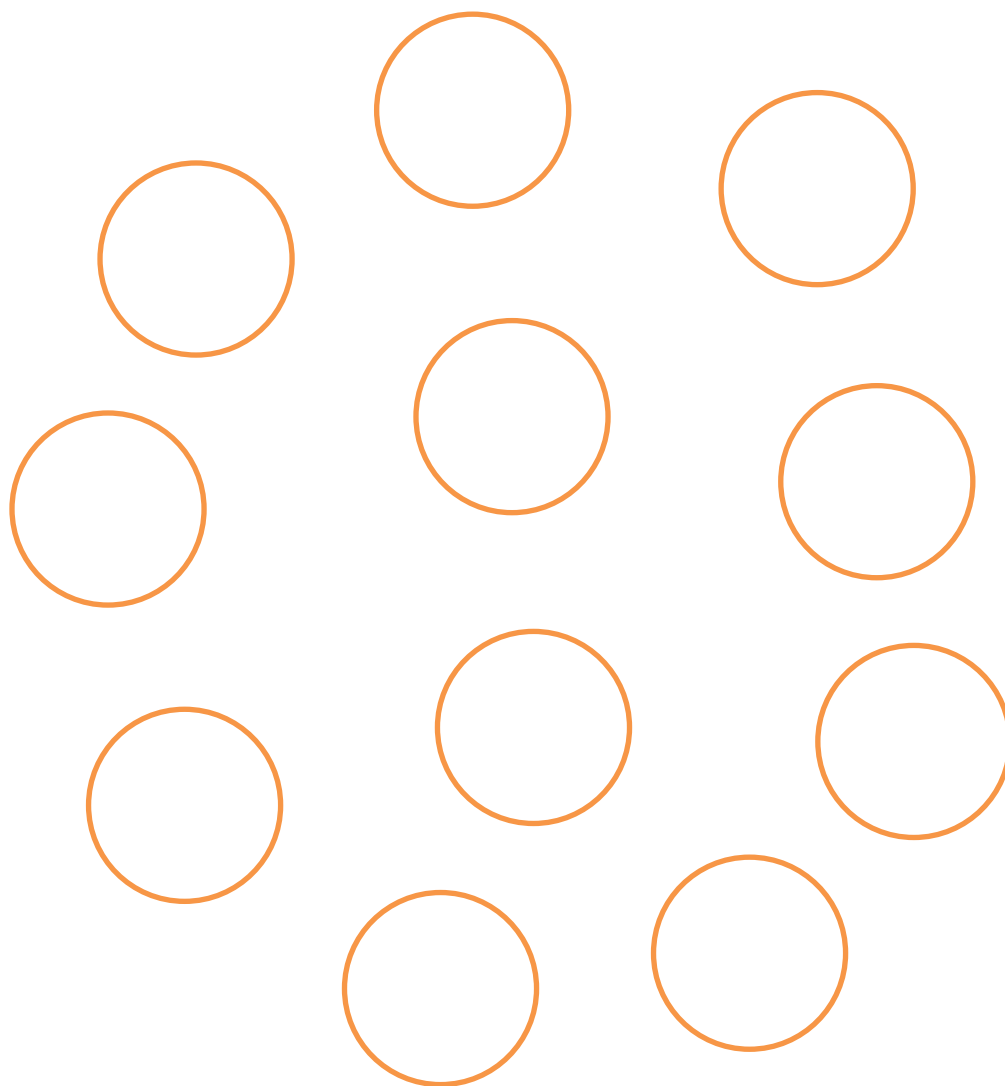
Factors which negatively influence health:

- stress;
- diseases;
- environmental pollution;

- smoking;
- alcohol;
- drugs;
- the process of getting old.

Attachment 5

The form for activity “Lessons of Life”



Attachment 6

Lessons of Life

- impossible to change your choice or cancel your decision;
- impossible to do everything at once and use every possibility;
- impossible to predict all the situations life has in store for you;
- feeling a lack of resources, time, variants of choice, money and interest;
- need to pay for your choice and as a rule this payment is more than you expect it to be.

Attachment 7

Questionnaire

1. **Volunteer is**
 - a) a person devoting the time for some work for free;
 - b) teacher;
 - c) tutor.
2. **What are the motives of volunteering?**
 - a) the will to help other people;
 - b) getting privileges;
 - c) the way of spending one's leisure.
3. **A volunteer can become a person:**
 - a) only with higher education;
 - b) exceptionally young people under 20yo;
 - c) everyone who is eager to help people.
4. **Health means**
 - a) absence of diseases;
 - b) nice figure;
 - c) physical, psychological and social wellbeing.
5. **Is it possible to manage health in your opinion?**
 - a) possible;
 - b) possible but not 100%;
 - c) impossible it's given from birth

Session 1-A: Volunteers' Movement Is a Voluntary Choice (the second variant)

Objective: to inform all the participants about volunteering and its activity, targets and tasks of volunteer movement, motivation to safe behavior.

Tasks:

- to introduce the participants to each other and to the trainer, create an enabling atmosphere for free discussion of the problems planned for a training;
- to provide the would-be volunteers with the necessary information for giving it to other prisoners.

Materials: 2 Whatman paper, 4-5 sheets of paper (format A4), forms of activities in quantity corresponding to the number of participants, questionnaires, demonstrational materials, pens, stickers.

The approximate duration is 160 min.

Session's contents

№	List of Sessions	Approximate Duration, min.
1.	Introduction	5
2.	Getting Acquainted: Activity "My name is I've come ..."	10
3.	Group Work "Group Rules' Acceptance"	15
4.	Short Information about the Fund's Activity	10
5.	Parable "Three Workers"	5
6.	Method "Volunteer"	35
7.	Presentation of Volunteers' Work	15
8.	Warming up "A Wish"	10
9.	Activity "Parts' Distribution"	35
10.	Participants' Knowledge Monitoring	10
11.	Summing up: Activity "Crib"	10

Session 1. Introduction

Objective: to acquaint the participants with the objectives and tasks of the training and the course as the whole.

Process:

Providing the participants with the main information about the course:

- objectives and tasks of the course;
- practical value of work in the following training;
- cycles of meetings;
- the schedule of the meetings;
- conditions of participation in sessions.

Session 2. Getting Acquainted: Activity "My name is I've come ..."

Objective: to introduce the participants to each other, create positive and working atmosphere, give them the opportunity to see the motivation stemming from attending sessions and anticipations.

Process:

1. Suggest that the first participant should start the process of getting acquainted with the following phrase: "Hello, my name is I've come here (the reason for coming and target as well)".

And so continue doing the activity till all the participants have introduced themselves. A volunteer or a trainer can begin doing the activity demonstrating the way it should be done.

Session 3. Group Work “Group Rules’ Acceptance”

Objective: to work out the rules of work appropriate for the group.

Process:

1. Indicate that the work will be done in the group that’s why it’s necessary to accept some rules which will help make work effective.
2. Suggest that every participant taking their previous experience into consideration should describe what behaviour helps and what behaviour prevents us from active and fruitful work during the process of communicating within the group.
3. Make up groups of 2-3 people in each depending on the number of people present at the training and give them the following task: to work out general rules which will help to organize active and fruitful work during the training.
4. Give the participants the opportunity to present their group work. Fix the results.
5. Range the rules singling out similar ones.
6. Based on the presented results suggest that the group should work out general rules of work (not more than 10).
7. Suggest that the participants should amend the suggested rules and accept them/vote. The list of the rules must be on the wall/board and it should be obligatorily fixed that the participants have worked them out themselves. Therefore they must follow them.

Session 4. Short Information about the Organisation’s activity (example from Ukraine)

Objective: to acquaint the participants with the fund’s activity.

Process:

Information about the work of the organization.

Activity:

Organization’s activity within the Harm Reduction project is spread all over Cherkassy and Cherkassy region (Ukraine) which includes three cities (Kaniv, Vatutino, Zvenigorodka).

HIV/AIDS Prevention among vulnerable groups in Cherkassy region:

Work with injection drug users (IDU), female sex workers (FSW).

1. **Information counselling.**
2. **The work of counselling points, syringe exchanges points:**
 - syringe exchange, providing clients with condoms, disinfectants, first aid packages, info materials;
 - outreach routes;
 - express counseling and HIV, syphilis testing of the participants of the project;
 - counseling on the issues of HIV/AIDS and prevention;
 - organization of volunteer movement based on peer education principle the work of volunteers’ school;
 - conducting group sessions on prevention for outreach workers and volunteers;

- regular visits of seriously ill patients at home;
 - providing seriously ill and HIV infected participants of the project with medication, vitamins, bandages (if there are some).
3. **Pharmacy's interventions:**
- distribution of syringes, condoms, alcohol swaps in the pharmacy's;
 - providing counseling.
4. **Work in the prisons of the region:**
- information and prevention work among prisoners of Cherkassy (group work, individual work, radio-lectures, thematic activities/events, forming a group of volunteers among prisoners, health groups and self-development);
 - providing means of personal hygiene;
 - circulation of info materials;
 - providing medical counseling (of infectionist, gynecologist, narcologist) in case it's needed.
5. **Info educational work**
- developing info materials on the issues of safer behavior for youth;
 - conducting lectures, seminars for militia men;
 - conducting sessions and lectures for youth;
 - participation in research.

Answers to participants' questions.

Session 5. A story "Three Workers"

Objective: to help participants understand the value and importance of a volunteer's work in such great business as fight against HIV infection spread.

Process:

1. Share the parable with the participants:

Once three workers used to work at the building site. All of them performed the same kind of work in the same place and had the same and equal responsibilities. But when they were asked about the kind of their activity their answers appeared to be quite different. The first said: "I break stones", the second answered "I work for my living", and the answer of the third was as follows: "I help building the temple".

2. Suggest the following questions for a discussion:
 - What emotions has this story arisen?
 - What conclusions can you arrive at after you've listened to the story?
 - How is it possible to apply the information to our work?

Session 6. Method "Volunteer".

Objective: to acquaint the participants with the notion "volunteer, volunteering".

Process:

1. The participants are divided into groups on the basis of a leadership (two volunteers from a group perform the part of a director and they choose actors, lighting designers and sound men for their teams).
2. Ask them whether they are sure in the meaning of the notion “volunteer”.
3. Using sheets of paper of format A4 the participants put down all the possible meanings of this notion they are familiar with.
4. Presentation of groups’ work in turn and the discussion of the results.
5. Summing up: reading aloud all the definitions.
6. Check the participants’ understanding of the notion by repeating the following:

Volunteer (from French *volontaire* – volunteer) is a person who is eager and tries to solve not only their inner problems but help in solving different problems of other people; a person who gives advice, disseminates information which can be helpful and useful in future. It’s necessary to remember that everyone has got their own way and helping others you mustn’t teach you can just offer different variants or just show a person their way. But any way the choice depends on a person.

Volunteer is a person who is kind and helpful.

This movement was founded in the USA where in the XIXth century volunteers supported the functioning of different non-commercial organizations.

In Europe the international volunteer movement appeared in the 20s of the past century on the initiative of young people full of energy and desire to help in recreation and rebuilding of national economy destroyed by the First World War.

Volunteering is a kind of work which doesn’t imply payment because it’s reward itself. If you don’t get money it doesn’t mean that you don’t get anything. (Volunteers work is free of charge but not gratuitous).

The participants must have the opportunity to put questions.

Session 7. Volunteers’ Activity Presentation

Objective: to acquaint the participants with the volunteers’ work in some other prison, demonstrate successful example for bigger motivation to volunteering.

Process: demonstration of volunteers’ presentation.

To discuss impressions and emotions from the demonstration.

Session 8. A warming-up exercise “A Wish”.

Objective: to create a positive atmosphere and unite the team.

Process:

1. Suggest that the participants should get up and make up a circle.
2. Give them the following instructions: close your eyes just for a moment and imagine that your possibilities have already increased and we are able to buy everything we want to. Let’s think what you’d like to present the neighbor on your right with.

3. The participants open their eyes and present each other with presents.
4. Discussion of the results of the warming-up.
5. Summing up: it's great to present people with something good.

Session 9. Activity “Parts’ Distribution”

Objective: to help structure prisoners’ wishes and possibilities in the sphere of volunteering.

Process:

1. Provide the participants with the stickers of two color (yellow and green) and ask them to sign.
2. Yellow sticker should contain the information about the activity a prisoner is eager and will be able to perform (in their points of view) in volunteering.
3. Presentation (they stick their results distributing between “I WISH” and “I WILL”).
4. In green sticker it's written the resources: what exactly they will need for the activity they've chosen (knowledge, experience etc.).
5. Presentation (they stick it on a sheet of paper with the inscription “SUPPORT”).
6. Summing up.

Session 10. Monitoring of the Participants’ Level of Knowledge (questionnaire)

Objective: to check the level of participants’ knowledge.

Process:

1. Providing the participants with the questionnaires.
2. Discussing the results of the questionnaire.

Session 11. Summing up: Activity “Crib”

Objective: to sum up the sessions and give the participants the opportunity to air their views.

Process:

1. Inform the participants that the lesson/session has come to its end and that you do really hope that they managed to learn something useful and helpful from it.
2. Provide the participants with the stickers and suggest that they should write the following:
 - the activities they liked most of all;
 - the activities they liked less;
 - their wishes as for the future work.
3. Suggest that all the participants should read out and stick their wishes (draw a piggy bank for those activities they liked most of all, a dustbin for those they liked less and a flower or the Sun for their wishes).
4. Share your impressions from the sessions, discuss the date and time of the next meeting and bid a farewell.

Lesson 2: Team's forming

Information for Trainer!

Team's forming is one the tools for successful collaboration as it allows to have a close look at the relations in the group, to find out the reasons of the absence of mutual understanding, to introduce some correction into the situation. In this way the group has the opportunity to solve all the hidden conflicts, to analyze them and to arrive at successful solution. The following training helps uniting the team, developing mutual understanding and friendly relations in the volunteers' team. Try to remember the studies at school: what must we begin a new lesson with? It's quite right we must begin with revising the learnt material.

Your main aim at the lesson is effective collaboration within the team.

Objective: uniting the team and building team collaboration.

Tasks:

- to build and strengthen team spirit by uniting volunteers;
- to develop the responsibility and increase the input of each member into solving general tasks;
- to give the participants the possibility to feel themselves a part of a team.

Materials: flip chart, colored markers, 5-6 sheets of paper format A1, A4, glue, sellotape, old newspapers and magazines.

Approximate duration: 2 hours 10 min

Short description of the Lesson

#	List of Sessions	Approximate duration, min
1	Greeting: Activity "Name and Life Motto"	10
2	Warming-up "Unite!"	10
3	Brain storm "The advantages of team work"	10
4	Information "Building a team means strength in unity"	25
5	Activity "Telegram"	10
6	Group work "The reasons for success and failure of team work"	15
7	Activity "The Tower of Babel"	40
8	Summing up	10

Summary

Session 1. Greeting: Activity "Name and Life Motto"

Objective: to create a positive atmosphere within the group, help participants to switch over from everyday activities to work.

Process:

1. Suggest that the participants should begin their greeting with the following phrase: "Hello, my name is ... and my life motto is ..."

E.g. The first participant: "Hello, my name is Sergiy. My life motto is ...".

2. Continue doing the activity till all the participants have introduced themselves.

To Trainer's Attention!

It'd better if trainer introduces themselves in the first place. It will provide the participants with the example to follow and settle to doing the tasks.

Session 2. Warming-up “Unite!”

Objective: to demonstrate to the participants that notwithstanding differences in life values, preferences etc. there is always something that unites different people.

Process:

1. Suggest that the participants should unite into pairs on the basis of a common feature that unites them.
2. After the pairs have been created they must be divided into four, six etc. depending on the quantity of participants on the same basis (as described in the previous example).
3. The activity comes to its end when the whole group has been united on the basis of common features.

Session 3. Brain storm “The advantages of team work”

Objective: to stimulate participants’ activity and help them switch into the topic of the session.

Process:

1. On a big sheet of paper/board/flip chart write down the following phrase “Advantages of team work”.
2. Suggest that the participants should enumerate advantages of this method of work on prevention of disadvantages. In order to make the process to the participants clear provide them with several examples.
3. While the participants air their views put them down.
4. After the list has been made up analyze it and make a focus on advantages of team work before individual work in the sphere of prevention.

To Trainer’s Attention!

Share a story about a father and his sons with the participants:

On deathbed father called his sons and asked them to be friendly. He took a bundle of small twigs tried to break them but failed and then he took each small twig separately and easily broke them one by one.

Here is the strength of a team. Whether a twig is thick, whether a person is strong but sooner or later it can be broken alone. Friend’s shoulder is extremely important for a person as in everyday life so in volunteering.

Session 4. Information “Building a team means strength in unity”

Objective: to acquaint the participants with the notion “team” and make them realize the importance of team work.

Process:

1. Put the following questions to the participants:
 - What is it a team?
 - Why is it important to have a unity in the team?
2. After you’ve listened to all the answers draw their attention to the following:

It’s impossible to do all the work yourself. From time to time you have to ask for help.

“Work in the team means capability to move to common view, capability to manage individual talents in organizational aims. It’s a kind of a fuel which allows ordinary people to achieve extraordinary results”, - Andrew Carnegie.

Before we start talking about the process of forming a team we must work out a common idea as far as the word “team” itself is concerned. In our work this word will imply a group of people united for joint work for reaching common aim and sharing responsibilities for achieved results.

Taking the following definition into consideration it’s possible to single out three typical features of a team:

- *people are united for carrying out some kind of work. The left hand and the right hand according to the proverb should work together;*

- *common aim. All the members of the team work for the same result;*
- *mutual and collective responsibility. It means that all the members of the team are responsible for doing the team task and the level of their responsibility is equal.*

Team is a variety of working groups but not every working group represents a team.

Let's single out the difference between working groups called teams and those which cannot be attributed to a team.

To Trainer's Attention

Ask the participants about the difference between working groups and teams. After the five minute discussion suggest your variant prepared in advance.

Differences between working groups and teams

<i>Working Groups</i>	<i>Teams</i>
Personal responsibility	Personal and reciprocal responsibility
Meetings for information and views exchanging	Often meetings for discussions, decisions acceptance, problems solution and planning
Main activity is directed to completing individual tasks	Main activity is directed to completing team tasks
Getting individual result	Getting team result
Defining individual functions, responsibilities, tasks	Defining individual functions, responsibilities, tasks for achieving team result
Care for the results of individual work and overcoming individual problems	Care for the results of work of each member of a team and the collective overcoming problems
Aims, tasks and the approaches to work are identified by a boss	Aims, tasks and the approaches to work are identified by a head of team together with its members

The next part of the session should be organized in the form of a group discussion (see attachment 1).

Ask the participants the following questions:

1. Are you a team or a group? Explain your choice.
2. Do you need a team for organizing preventive work in the prison?
3. If you want to form a team what are the aims and expected results for it?
4. What kind of knowledge, skills and resources (material and non-material) are necessary for successful work?

The main moments of this discussion should be written on a flip chart. This document will simultaneously function as an agreement about joint activity and a plan of team's development. Save it and appeal to it from time to time when necessary.

To Trainer's Attention

Due to group discussion it will be possible to identify the level of participants' readiness to such kind of work. Clear out personal and specify reciprocal positions of participants to team work. If team members claim that they don't feel the need in forming team then maybe you've started speaking about it too early. One of the ways out is to continue education and come back to the team's issues at the end of the sessions. It's essential that the participants should start realizing the need in group forming themselves. If you continue imposing the idea of working in a team it can eventually lead to participants' resistance and they'll provide you with a hundred of examples which vividly show that it's impossible in prisons.

Session 5. Exercise “A telegram”

Objective: to conduct a warming-up exercise and demonstrate the example of work in a team. It also helps the participants to start practicing after the lecture.

Process:

Divide the members into 2-3 teams depending on the number of participants. Each team gets a pen and a sheet of paper.

To Trainer's Attention

The division into groups can be based on the following principle: “traffic lights”: red-yellow-green etc.

The task is to make up a sensible message using only the first letters of the members' names and surnames. The winner is the team which manages to fulfill the task the first.

Session 6. Group work “Reasons for success and failure of team work”

Objective: to identify factors which can influence achieving some results in the process of team work.

Process:

1. Divide all the participants into two groups.

To Trainer's Attention

It's possible to divide the participants into groups using the following principle “count on one – two” or “day – night”.

2. All the groups must receive colored markers and paper format A1.
3. Each group must be given a task: the first one must write down on a sheet of paper/enumerate all the factors which help achieve success at work, the second group must work at possible failures.
4. In 5-10 min the participants must have the opportunity to present their results of group work. The results must be fixed.
5. The following questions must be offered for discussion with the participants:
 - What are the ways of strengthening and fixing success of team work to your point of view?
 - What are the ways of escaping failures or reducing their negative influence on the results of work?

Session 7. Exercise “The Tower of Babel”

Objective: to work out skills of team collaboration and ability to find a common ground using exceptionally non-verbal communication. It demands mutual understanding and coordinated activities directed to achieving common idea from the participants.

Process:

1. Divide the participants into 2-3 teams 4-6 people in each depending on their number.

To Trainer's Attention

The division into groups can be organized by giving the participants stickers of different colors. Those participants with the same color belong to one group.

2. Each team must get the same set consisting of paper A4, glue, sellotape, old newspaper and magazines.

3. The task for the teams is in 15 minutes to make up a steady tower using only those materials they've got. The main condition is that in the process all the participants must socialize only with the help of mimics and gestures not dropping a single word.
4. The winner is the team the tower of which is higher and can stand at least a minute. It's not allowed to use chairs, tables, other things, and people.
5. Discuss the following questions:
 - Was it easy for you to do the task?
 - Were there any difficulties? Explain.
 - Did you work out any particular concept in the process of building? Explain.
 - Did you try to work as a team? Did you try to distribute the responsibilities or did you prefer to work alone?
 - Did your team feel the lack of anything that prevented you from achieving success? (This is the question to the team that failed).
 - What thing are you obliged to with your victory?

Session 8. Summing-up.

Objective: to sum up the results of the lesson and to give all the participants the opportunity to air their views.

Process:

1. Tell the group that the lesson has come to its end.
2. Suggest that each participant should answer the following questions (in a circle):
 - What conclusions can you arrive at after the training?
 - How are you going (in case you are going) to apply the knowledge and skills you've got in volunteering and everyday life?
 - Share your impressions from the lesson, discuss the date and place of your next meeting and say "Good-bye" to the group.

To Trainer's Attention

Analyze the readiness of the group. In case the group is weak then it's quite possible that this variant of the training is not enough. If your group is stable or you've changed the training into more deep then in the process of the lesson it's recommended to conduct a test on parts' distributing in the group. For this reason use Belbin test.

Belbin Test

It consists of 7 separate sets and 8 questions or statements which you can agree or disagree with. There are 10 points for each set. It's possible to give points for three or four statements in a set. If you completely/100% agree with some statement you can give it 10 points. Meanwhile on statement can get minimum 2 points. The maximum number of points you can award participants for each set is 10 points.

Set 1. What I Can Offer to Team:

The statements of the test can be transformed all the unknown and difficult words for prisoners must be changed into simple ones.

10	I think that I can quickly perceive and use new opportunities.
11	I easily find a common ground with different people.
12	One of my main virtues is to generate new ideas.
13	I can involve people capable of making a great input into reaching group targets to my mind.
14	I can effectively finish projects.
15	I can't imagine even temporary decrease of my popularity even though it can lead to the increase of income.
16	As a rule I feel what it is realistic and functional.
17	I'm capable of suggesting considerable arguments for choosing quite a different tactics without provoking any prejudices and biases.

Set 2. What Can Characterize Me As a Member of a Team:

20	I feel ill at ease at the meetings even though they are clearly structured and logically organized.
21	I'm inclined to rely on other people who can prove their points of view with arguments before it has been widely discussed.
22	When a group is in the process of discussion of a new idea I'm talking a lot.
23	My personal relations prevent me from supporting my colleagues with enthusiasm.
24	When it's necessary to perform some people consider me to be aggressive and authoritarian.
25	I find it difficult to act as a leader and one of the reasons for it may be my sensibility to the feelings and mood of the group.
26	I'm inclined to being carried away with my personal ideas that I sometimes can forget about everything around me.
27	My colleagues think that I'm too interested in minor circumstances and I'm afraid of taking a risk.

Set 3. When I Work With Other People At Some Project:

30	I can influence other people without putting pressure on them.
31	My intuition helps me avoiding mistakes and incidents which can sometimes happen because of negligence.
32	In the name of achieving main targets I'm ready to hasten/quicken the events not wasting time for their discussion.
33	People can anticipate something original from me.
34	I'm always ready to support a good offer which will be profitable for everyone.
35	I'm always interested in new ideas and achievements.
36	I think that my capability to thinking and evaluation can make a great contribution into the process of accepting correct decisions.
37	People can always rely upon me at the final stage.

Set 4. My Attitude and Interest to Group Work:

40	I'm eager to know my colleagues better.
41	I'm not afraid either of disputing other people's points of view or being in the minority.
42	Usually I'm capable of proving the groundlessness of failure.
43	I think that I can perform any function well for the sake of general objective.
44	Often I avoid vivid decisions and instead it I arrive at uncommon problems' solutions.
45	I try to achieve perfection.
46	I'm ready to use the contacts out of the group.
47	Even though I'm open to different points of view I don't experience difficulties while making decisions.

Set 5. I Feel Satisfaction From Work Because:

50	I like to analyze situations and evaluate possible directions of activity.
51	I find it interesting to find practical ways of problems' solutions.
52	It's pleasant to feel that I help developing good relation at work.
53	I often have a great influence at the accepted decisions.
54	I've got a friendly and open attitude to people who can suggest something new.
55	I can convince people in the necessity of some definite tactics.
56	I feel comfortable at home when I can give the maximum of my attention to a task.
57	I like to work with something that stimulates my imagination.

Set 6. When The Task Is Difficult and Unknown:

60	I can put the task for some time away to think it over.
61	I'm ready for collaboration with other people who are more positive and enthusiastic towards the problem.
62	I try to simplify the task searching for those people in the group who can take some part of the problem over them.
63	My inborn sense of time allows me to complete the tasks in correspondence with all the timelines.
64	I think I'll be able to save the clarity of thought and tranquility.
65	Notwithstanding the pressure of external circumstances I don't give up.
66	I'm ready to take the leader responsibilities over me when I've got the feeling that the group doesn't progress.
67	I'd begin the discussion to stimulate the new ideas which could help solve the problem.

Set 7. Problems Appearing in the Result of Group Work:

70	I'm inclined to show my impatience towards people who prevent from progressing.
71	Other people can criticize me because I am too analytical and do not rely on intuition.
72	My desire to be sure that the work has been well performed can lead to delay.
73	I can be quickly bored and I hope that somebody from the group can "hot up" my interest.
74	It's difficult for me to start doing the task if there isn't any clear task.
75	Sometimes I find it difficult to explain and describe the problem in its complex.
76	I know that I demand from people the thing I can't perform myself.
77	I find it difficult to express my point of view when I'm in opposition to the minority.

Points' Calculation

Shift all your points from each set into the table below. Pay attention that the total number of all the points must be 70. If it's not 70 then count one more time. Maybe you have made a mistake somewhere.

	Implementator	Coordinator	Creator	Generator of ideas	Researcher	Expert	Diplomat
Set 1	16	13	15	12	10	17	11
Set 2	20	21	24	26	22	23	25
Set 3	37	30	32	33	35	36	34
Set 4	43	47	41	44	46	42	40
Set 5	51	55	53	57	54	50	52
Set 6	65	62	66	60	67	64	61
Set 7	74	76	70	75	73	71	77
Total							

Implementator

Characteristics. Implementators are characterized with practical common sense and good sense of self-control and discipline. They like hard work and prefer to overcome problems systematically. In most cases Implementators are typical personalities whose interest and loyalty go with the values of the Company. They are less concentrated on pursuing personal interests. Nonetheless they can feel the lack of spontaneity and the can demonstrate severity and inflexibility.

Functionality. They are very useful for their team due to their reliability and intelligibility. They reach success as they are characterized by a high level of industriousness and can clearly identify what can be really done and has the attitude to work. They say that most of performers perform only that kind of work they want to do and neglect those tasks they find to be unpleasant. Implementators vice versa will do everything necessary for the common idea. Often good implementators zoom up the professional ladder due to their good organizational qualities and competence in solving all the important questions.

Coordinator.

Characteristics. Coordinators' distinctive feature is their capability to make others work at the set objectives. Mature, experienced and sure in themselves coordinators willingly distribute the responsibilities. In interpersonal relations they quickly reveal their tendencies and talents and wisely use them for reaching group targets. They are not necessarily the brightest members of the team these are people with wide outlook/horizons and experience and the team has respect for them.

Functionality. They show themselves well, being at the head of the team of people with different skills and characters. They collaborate with their colleagues in the same position better than with those who are lower in position. Their motto may be "counseling with control". They believe that it's possible to solve the problem peacefully. In some companies coordinators can be in conflicts with creators because of the difference in the points of view.

Creator.

Characteristics. These are people with a high level of motivation, boundless energy and a great will to achievements. As a rule they are extraverts characterized with great energy. They like to challenge others their target is victory. They like to lead the other people and push them to some activities. If some obstacles arise on their way they quickly find the way out. Self-willed and obstinate, self-sure and energetic they are inclined to giving emotional answers to any form of disappointment and collapse of plans. They are goal-seeking and like to argue. But very often they feel the lack of human understanding. The most competitive part in the team belongs to them.

Functionality. Usually they become good managers due to that fact that they quickly generate the activity and successfully work under pressure. They can easily inspire the team and extremely useful in groups with different points of view because they can easily tame the passion. Creators are capable of soar over such problems and continue holding the leadership. They can easily introduce the necessary changes and don't refuse the uncommon decisions. Due to their title they try to impose some samples or forms of behavior or activity on their group. They are the most effective team members capable of guaranteeing positive actions.

Generator of ideas.

Characteristics. Generators of ideas are innovators and inventors they can be rather creative. They provide ideas which can serve the basis for new projects and developments in future. As a rule these people prefer working alone apart from the team using their imagination and choosing non-traditional ways. They are mostly introverts and they are sensitive to critics as well praise. Often their ideas are characterized by radicalism/efficacy and they feel the lack of practical efforts. They are independent, wise and original but can be weak in communicating with people of a different level.

Functionality. Their main function is generating new ideas and solution of complex problems. They are very necessary especially at the beginning of projects or when failure can jeopardize the project. Among the

representatives of this kind there are many founders of companies. Nonetheless a large number of generators of ideas can lead to the effect quite opposite to productive because as a rule these people spend much time perfecting them and coming into conflict with each other.

Researcher.

Characteristics. They are often enthusiastic and extroverted. They can socialize with people not only in the company but also outside. They're born for negotiating, researching new possibilities and making contacts. Though they can be not necessarily generators of bright ideas they easily support the ideas of other people and develop them. They easily understand what there is and what is needed. They are usually heartily accepted by the team due to their openness. They are always open and inquisitive and ready to find possibilities in everything new. But if they are not stimulated by others their enthusiasm rapidly decreases.

Functionality. People of this kind react well and respond to new ideas and developments and can find resources out of the group. They are the most appropriate candidates for finding contacts and conducting further negotiations. They are capable of self-thinking getting information from other people.

Expert.

Characteristics. These are very serious and prudent people with the inborn immunity to excessive enthusiasm. Slow in taking decisions they prefer to think everything over carefully. They are capable of critical thinking. They can be prudent in their judgments taking all the factors into consideration. They rarely make mistakes.

Functionality. Experts are the most appropriate people for problems analysis and evaluation of the ideas and suggestions. They clearly understand all the pros and cons of the suggested variants. In comparison with the others experts seem to be callous, dull and excessively critical. Some wonder how they manage to become the heads. Nonetheless many experts occupy the leading strategic positions and are quite successful at high positions. Rarely success or failure depend on hastily accepted decisions. This is the ideal sphere for experts, people who rarely make mistakes and in the end win.

Diplomat.

Characteristics. These are people mostly supported by the team. They are polite, well-mannered and communicative. Diplomats can be flexible and adapt to any situation and different people. Such kind is very diplomatic and sensitive. They can listen to others and empathize, and are very popular with the team. In their work they rely on sensibility but can be faced with some difficulties in the process of accepting decisions in urgent situations.

Functionality. Their part is prevention of intrapersonal problems growing in the team and this helps all its members work effectively. Avoiding different conflicts they will choose a long way in order to leave them aside. They don't often become heads especially their immediate head is directed to creator. It creates the atmosphere when diplomacy and sensibility of people of this kind become a real finding for the team especially under the managerial style when the conflicts can emerge and must be artificially suppressed. These people being at the position of a head don't constitute menace and that's why are always desired by employees. They serve a kind of oiling for the team and people in this condition better collaborate.

Performer.

Characteristics. They possess a great capability to finish work and pay attention to details. They never start doing what they cannot finish. Performers are motivated by their inner anxiety though they can seem to be calm. The representatives of this kind are introverts. They don't usually need to be stimulated or motivated outside. They are intolerant to accidents. They are not inclined to delegations and prefer to carry all the tasks themselves.

Functionality. They are irreplaceable in those situations when the tasks demand great concentration and high level of accuracy. They introduce a sense of urgency into the team and skillfully organize different meetings. They carry management well due to their urge to higher standards, accuracy, precision, attention to details and capability to finish everything they have started.

Specialist.

Characteristics. These are devoted people proud of their acquired skills and knowledge in some specific/narrow sphere. Their priorities constitute provision of professional services, assistance and zooming up in their sphere. Demonstrating professionalism in their sphere they are rarely interested in the business of other people. They can possibly become experts in their sphere following their standards and working at the narrow circle of specific problems. In general the number of people dedicated to their work and who are eager to become professionals in their sphere is limited.

Functionality. Specialists play a special part in the team due to their specific rare skills on which service or the process of production of the company is based. Occupying the position of a manager they are respected because they know much more in their sphere than other people and usually must take a decision relying on their own great experience.

Parts in the team on Belbin

Parts and description of the input of each member into the team's work	Possible weaknesses
Implementator: discipline, reliability, conservatism, practicality. They usually convert ideas into practical activity.	There is a lack of flexibility. They slowly react to new possibilities.
Coordinator: maturity, assurance, capability to manage. They explain the targets; stimulate the process of decision making, delegate authority.	They are often taken as manipulators. They relieve their personal work.
Creator: search, dynamics, pressure overcoming. Forcefulness and courage are always present in overcoming obstacles.	They inclined to provocations. They offend the feelings of other people.
Generator of ideas: creativity, imagination, originality, uncommonness. They solve difficult problems.	They ignore chances. They are extremely busy for effective information exchange.
Researcher: extroversive, enthusiastic, and communicative. They don't miss any opportunities and develop contacts.	Excessive optimism. As soon as the initial enthusiasm has come to its end interest declines.
Expert: discretion, strategy, shrewdness. They see all the opportunities and can precisely evaluate.	They experience the lack of energy and inability to motivate others.
Diplomat: cooperation, gentleness, sensibility, diplomacy. They can listen and prevent conflicts.	They demonstrate indecision in ambiguous situations.
Performer: diligence, conscientiousness, accuracy. They find mistakes and drawbacks and amend everything in time.	They are inclined to excessive anxiety. They are unwilling to delegate power.
Specialist: purposefulness, commitment. They provide knowledge and skills on specific issues.	They contribute to narrow sphere. They are too concentrated on the technical side of business.

Imperfect people can create a perfect team

Notion	Possible position	Personal characteristics	Part in the team and the input into group's effective work	Present drawbacks
Implementator	Distributor (wholesale)	Conservative, disciplined, reliable.	Organized. They convert plans and ideas into practical activity.	There is a lack of flexibility. They slowly react to new possibilities.
Coordinator	Chairman of the Board	Mature, self-confident, confident in the success of business.	They explain targets and priorities motivate colleagues. They zoom up the professional ladder in the process of decision making.	There is the lack of creativity and brain flexibility.
Creator	Middle level manager	Strung up, dynamic, prosperous.	They always doubt and argue, render pressure and search for bypass routes.	They are inclined to provocation and are hot-tempered.
Generator of ideas	Founder of a company	Wise with the developed thinking, extraordinary.	They create extraordinary ideas, solve difficult problems.	They are not flexible enough in communication and management.
Researcher	Head of procurement	Extravert, curious, enthusiast, communicative.	They use new possibilities, develop contacts, and conduct negotiations.	They lose their interest as soon as there is no enthusiasm.
Expert	Expert	Reasonable, wise, reserved.	They can predict all the variants, analyze and clearly and carefully evaluate.	There is a lack of energy and capability to motivate others.
Diplomat	Communication manager	Communicative, benevolent, sensitive.	They can listen, make and prevent conflicts and find a common ground with difficult people.	They are indecisive in ambiguous situations.
Performer	Senior sales agent	Intelligent, accurate, partial.	They can find mistakes, drawbacks, concentrate on targets themselves and help others do the same.	They are inclined to excessive anxiety and unwillingly delegate authority.

Materials to Lesson 2

Attachment 1

Group Discussion as a Method of Group Work

Group discussion in the process of training is a general discussion of some question which helps to clarify (maybe even change) participants' points of view in the process of communication.

Discussion method can be implied in the process of different situations analysis taken from real work or participants' lives and also while analyzing difficult situations of intrapersonal collaboration etc. Classification of forms of group work:

1. Structured discussions. Here you can find the topic for discussion and sometimes the clearly limited way of organizing the discussion (forms based on the principle of "brain storm").
2. Non-structured discussions where the presenter is passive and the topics are chosen by the participants themselves, the time for the discussion is not formally limited.

The advantages of group discussion are:

1. They allow the members of the group to clarify their own position and specify the position of other members of the group.
2. They allow finding out the variety of approaches and points of view to set problems and questions.
3. They provide a comprehensive vision of the object in discussion.

The main stages of the discussion are:

1. Orientation stage when you identify objectives and topics for discussion.
2. Evaluation stage which implies structuring, explanation and common evaluation of the information got.
3. Final stage – summing up – means comparison of results with the objectives.

All the procedural moments represented in the process of each discussion as well as the time of discussion and its intensiveness depend on the topic, objectives and participants (there may be discussions with "the open end"). Achieving agreement isn't always the aim of discussion because first of all social situations of the problem are those that can be interpreted unanimously. There always can be other variants.

Attachment 2.

Main notions.

TEAM is a group of people organized for common work for the sake of reaching common objectives and sharing responsibility for deliverables.

TEAM is when there is mutual understanding.

TEAM is when you accept critics not as a try to get rid of you but as a tool for reaching the objectives quicker and more effectively.

TEAM is when you'll surely get help, support notwithstanding the situation you are in.

TEAM is when everyone supplements each other.

TEAM is when all work for the same result.

TEAM is when you can take the responsibility for the result.

TEAM is the variety of working groups but not every working group is a team.

Features of a team:

- People are united for carrying out some kind of work. All their interests must coincide.
- There is one common objective. All members of the team work for the same result.

- There is always mutual and collective responsibility. That means that each member of the team is equally responsible for fulfilling the team's task.

The main factors of team's work success:

- clear objectives and tasks;
- the staff of the team;
- carefully thought over system for the members of the team;
- the members' capability to joint work.

The main problems of team's work:

- different understanding of targets, ideals and values;
- the absence of skills and desire to put themselves into somebody's shoes;
- inconsistency of personal and professional points of view on this or that problem;
- the lack of collaboration among the members of the team;
- boundless prevalence and tyranny of a leader;
- the absence of creativity in the process of solving problems;
- excessively relaxed atmosphere in the group or just on the contrary there exists a high level of proneness to conflicts in the group;
- the absence of cooperation and parts' distribution in the team.

Attachment 3

Questionnaire

1. A team is:

- a) when all the members work for the same result;
- b) strict discipline;
- c) when all the members supplement each other.

2. Single out two main features identifying the team:

- a) there is a leader accepted by the team;
- b) great attention is paid to some personal needs;
- c) all the members carry the responsibility for the result.

3. From the list below single out those advantages of team work that are necessary for the work of your team.

Team work:

- a) allows to analyze the problem from different points of view and to find different ways of its solution;
- b) gives inner certainty and the feeling of safety to each member of the team;
- c) allows each member of the team to feel that they belong to a group.

4. Underline the possible disadvantages of team work:

- a) there are always many solutions and they choose only one;
- b) a high level of team spirit;
- c) it's difficult to distribute the responsibility.

5. Single out those features that intensify the union of the team:

- a) desire for getting the same result;
- b) existence of one and the same objective;
- c) active joint activity.

Lesson 3: Forms and Methods of Volunteers' Work with Prisoners

Information for Trainer

Before starting work in penitentiary institutions volunteers must make their choice as for methods and forms of work. It goes without saying that prior will be those they possess but you shouldn't refuse innovations. It's important to remember that the choice of methods depend on volunteers' qualification, skills and achievements.

The aim of this training is to acquaint volunteers with methods and forms of prevention work. It will surely help them to choose the most effective models. It will also help to formulate objectives and achieve them.

Your main objective at the session is to develop volunteers' motivation to use effective forms and methods of work.

This session will help to choose the most effective forms and methods of work by volunteers.

This training will help to acquaint volunteers with such methods of work as:

- individual work;
- diagnostic exercises;
- group work;
- mass work;
- volunteers' theatre.

They can use the following methods:

- education;
- consultation.

Objective: to present the effective forms and methods of work with prisoners to volunteers.

Targets:

- to introduce different forms and methods of adult education to participants;
- to clear out when it's appropriate to use group and when to use individual work with prisoners;

- to choose the best methods and forms of prevention activity among prisoners taking the specific of institution (custodial control etc.) into consideration.

Equipment: flipchart, coloured markers, 5-6 sheets of paper A1, pens, schedules for individual plans.

Duration (approximate): 2 hours and 5 min

Short description of the session.

#	Sessions' List	Approximate Duration, min
1	Greeting: Exercise "Who am I and why am I here?"	5
2	Informational Message "Forms and methods of education in prisons"	15
3	Group Work "Advantages and disadvantages of different methods of work with prisoners"	30
4	A warm up "Chinese Whispers"	10
5	Brain Storm "Objectives and functions of volunteers' movement"	10
6	Group Work "Our general objectives"	20
7	Exercise "My deployment plans"	20
8	Summing up "The colour of the mood"	15

Session 1. A warm up exercise "Who Am I and Why Am I Here?"

Objective: creating favourable working atmosphere.

Process of work:

- Suggest the participants to call their names and answer the question why they are participating in this training.
- Discuss the following questions:
 - What do you think in the process of other participants' presentation?
 - What was the aim of this exercise?

Session 2: Informational Message "Forms and Methods of Education in Institutions of Confinement"

Main forms and methods of work can be represented in the following way:

Forms of Work

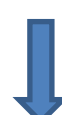
Individual

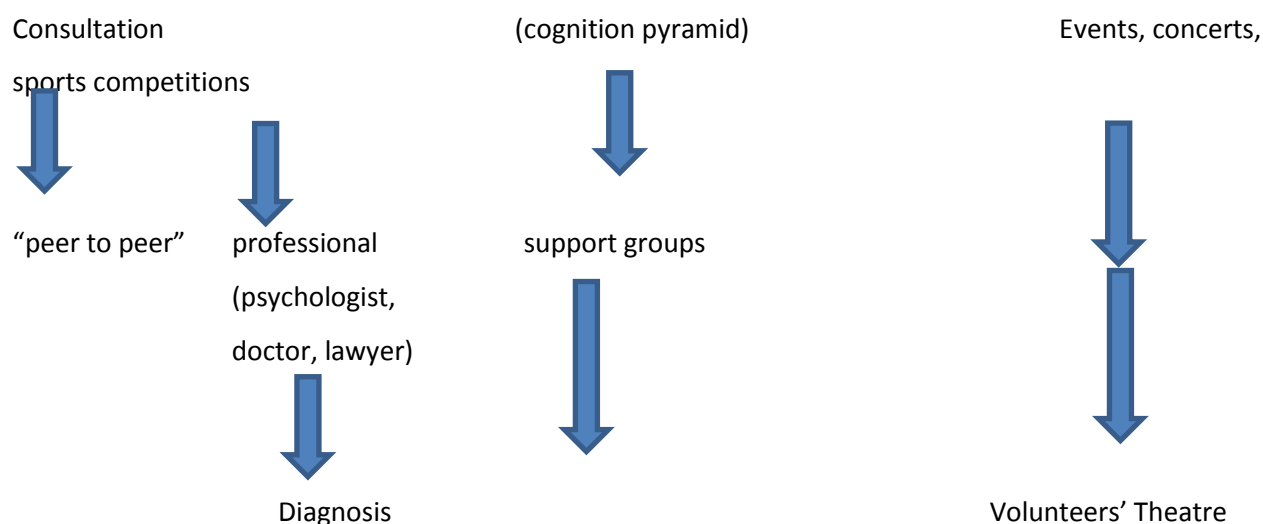


Group



Mass





To Trainer's Attention

This scheme is a complex system. You can improve and add something to it.

Individual Work means mostly consultations for prisoners on questions they are interested in. It can be conducted either by volunteers or consultants "peer to peer" and specialists.

Group Work is implemented in different forms: trainings, informational sessions, video lectures etc.

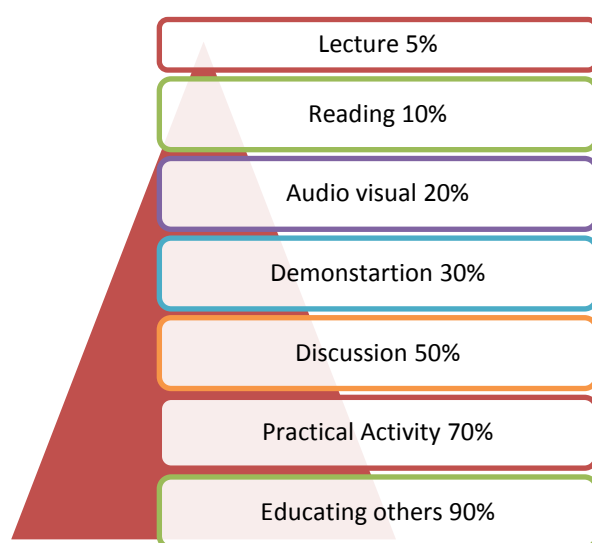
Mass Work is mostly organizing different events, concerts and sports competitions.

Work of Volunteers' Theatre is attributed to both group and mass forms. On the one hand it's the work with a group of actors who are trying to master the elements of acting technique, technique of speech. On the other hand each play is attended by hundreds of spectators.

While choosing forma and methods of work don't forget that individual work is more effective because it demands more attention and more efficiency. But group work is considered to be more reasonable/rational, it implies maximum effect at minimum expenditures. The ideal variant is a combination of forms.

As far as methods are concerned individual work can be represented either by education or by consultations. Consultation depends on the level of your preparation and client's needs at the moment.

Further on we are going to take a closer look at the cognition pyramid. It'll allow you to choose the most convenient method of group work.



Lecture (5% of mastering) is the quickest way of giving necessary information to unlimited number of listeners. The disadvantage of this method is that it puts a participant into a passive position making him yawning, taking a nap, throwing sheets of paper, pushing their neighbours.

Reading (10% of mastering) is a forgotten by many young people kind of work. One can read either independently or in a company, at home or in a train, on a sofa or a chair. But it doesn't necessarily mean that the information is fully mastered. For instance, people can read the information on how to use condoms but never use it.

Audio-visual methods (20% of mastering). As a rule people are fond of watching TV and listening to the radio. That's why listening and watching is a perfect way to achieve emotional experience. So if you've got video relevant to the topic show it.

Usage of visual aids (30% of mastering). Using visual aids helps their participants to remember and master the information by means of all senses of perception: eyesight, hearing, sense of touch and smell. The visual aids for seminars can be different; here we speak about diagrams, slides, layouts, models, hands-out, booklets, posters etc.

Group Discussion (50% of mastering) gives the opportunity to its participants to share their points of view, impressions and feelings within the topic (e.g. "Can HIV positive mother give a birth to a healthy child"). The value of discussions and brain storms lies in the opportunity to think, discuss in details and listen to quite different points of view of other participants.

Practical Activity (70% of mastering) implies role games, discussion of situations, practical sessions, self-surveys. This experience helps master information presented during training. For instance, discussion of the situation "employment" provides participants with the skills of correct conduct during an interview which lasts for 20 minutes.

Taking part of a trainer/education (90% of mastering). If you want to learn and understand something you must be able to explain it to somebody else.

Session 3. Group Work “Advantages and Disadvantages of Different Methods of Work with Prisoners”

Objective: to give the participants the opportunity to understand advantages and disadvantages of different methods of volunteers’ work.

Process:

1. Ask participants what forms and methods among presented they are planning to implement in their work.
2. Divide participants into small groups.
3. Distribute mentioned forms and methods among the groups. Each group should get a task to identify advantages and disadvantages of each method. All the answers must be fixed on a flip chart paper.
4. Participants present their results in turn. Afterwards all variants must be discussed and analysed.
5. Range all the results with the participants. Find out what methods they are ready to use at the moment, usage of what methods needs additional education and knowledge.

Session 4. A warm up “Chinese Whispers”

Objective: understanding by the participants the importance of providing correct information.

Process:

1. Line up all the participants in a column. Whisper any word or phrase to the first one and he is to whisper it to the other participant etc.
2. The last participant in a column must articulate the word or phrase they’ve heard.

To trainers attention

It’s very important to focus participants’ attention on the possibility of information distortion. That’s why in volunteering it’s essential to reliably learn information and then share it correctly with others.

Session 5. Brain Storm “Objectives and Functions of Volunteering Movement”

Objective: participants’ level of knowledge about objectives and functions of volunteering movement identification.

Process:

1. Suggest the participants to enumerate objectives and functions of a volunteering movement they know.
2. Fix all the answers on a flipchart.

Session 6. Group Work “Our General Objectives”

Objective: to help participants understand that the work of each volunteer is significant in achieving general idea that is reduction of HIV, STI and other dangerous diseases level.

Process:

1. This kind of exercise is done individually by each participant.
2. Hand them out forms and ask to fill in a chart depending on the results and set goals in the previous exercise.

	What am I going to do?	What results will it bring? (What exactly? For whom? When?)	What resources will I use?	What are the others doing? (Who? What?)	What results will it bring? (What exactly? For whom? When?)	What resources will I need for it?
Step 1						
Step 2						
Step 3						

Time of completion is 15 min.

3. Suggest discussion of the results in pairs.

Time of completion is 7 min.

4. After the discussion has been finished the participants hang their notes on a wall. In such a way they create the so called “gallery” and all the participants have a chance to get acquainted with it.

Questions for discussion:

- What have you got after the completion of this exercise?
- What goals do you consider to be realistic to achieve?
- What goals need additional discussion?

Session 8. A summing up exercise “The Colour of Your Mood”

Objective: summing up the session. Reflexion.

Process:

Ask the participants to define their mood in colours and find out what new and useful they have learnt today.

Materials for Session 3

Questionnaire

1. Tick the forms of education used in prisons:
 - a) group work;
 - b) individual work;
 - c) distance learning;
 - d) mass work;
 - e) theatre.
2. Choose methods of individual form of education:
 - a) trainings;
 - b) video lectures;
 - c) consultations;
 - d) sports competitions;
 - e) support groups;
 - f) events;
 - g) lectures;
 - h) concerts;

- i) informational sessions.
- 3. Tick methods of group education:
 - a) trainings;
 - b) video lectures;
 - c) consultations;
 - d) sports competitions;
 - e) support groups;
 - f) events;
 - g) lectures;
 - h) concerts;
 - i) informational sessions.
- 4. Choose methods of mass education:
 - a) trainings;
 - b) video lectures;
 - c) consultations;
 - d) sports competitions;
 - e) support groups;
 - f) events;
 - g) lectures;
 - h) concerts;
 - i) informational sessions.

Lesson 4. HIV/AIDS Prevention

Information for Trainers!

HIV prevention in prisons belongs to the type of secondary prevention. Secondary prevention is a set of events directed towards preventing diseases and complications for those people practising risky behaviour from time to time but who don't show symptoms of diseases. This is the way to prevent from repetition of risky situations. That is exactly what our training aims at.

The main objective of your Lesson is to provide the prisoners with the opportunity to understand the proximity of the following problem and as the result to be more responsible for their own lives. Besides volunteers with the high level of awareness can become the source of correct information in prisons.

Objective: the increase of the level of knowledge among prisoners in the sphere of HIV/AIDS, routes of HIV transmission and its prevention.

Tasks:

- to learn about the level of participants' awareness in the sphere of HIV/AIDS;
- to provide them with the correct information about the routes of HIV transmission, HIV testing, safe behavior and about possible ways of infection prevention.

Materials: flip chart, markers, sheets of paper (format A1), pencils, and paints.

To Trainer's Attention!

It's necessary to remember that according to the rules of internal order in Ukrainian prisons, colored pencils, pens and paints belong to forbidden things for the possession by prisoners. Consequently the usage of these things must be discussed with the administration of the prison.

Approximate duration is 1 hour 40 minutes

Summary of the Lesson

#	The List of the Sessions	Approximate Duration, min
1	Greeting: activity "My name is ... + a trait of character beginning with the first letter of your name"	10
2	Informational message "Identification of HIV/AIDS. HIV-infection stages"	15
3	Group work "The portrait of HIV infected person"	20
4	Informational set "Routes of HIV transmission"	10
5	Activity "Dangerous – safe"	20
6	Group work "HIV-infection spread in the prisons and its prevention"	15
7	Summing up	10

Session 1. Greeting: activity "My name is ... + a trait of character beginning with the first letter of your name"

Objective: to provide the participants with identification of the following notions "HIV, AIDS" and to inform them about the stages of HIV replication.

Process:

- Ask the participants the following questions:
 - What is it immune system?
 - How are abbreviations "HIV" and "AIDS deciphered"? What do they mean?
 - Do you know about the stages of HIV development?
- Having listened to all the answers of the participants provide them with the following information:

To Trainer's Attention!

The size and difficulty of the informational message depend on the group. We try to provide you with the maximum of the information.

Immune System of Human Body

Immune system protects the human body from alien agents, such as bacteria, viruses, fungi, proteins, toxins etc. Immune system consisting of different blood cells is capable of distinguishing those cells that belong to the organism from alien cells (causative agents penetrating from outside such as bacteria, viruses). In these cases own cells are safe and in the case alien organisms appear in blood special cells of immune system try to destroy them.

Each kind of cells of immune system has got their own functions and they collaborate in order to jointly neutralize the alien.

HIV-infection and AIDS

HIV as well as **AIDS** belong to abbreviations. In different languages the abbreviations' order will be different. Most people know that HIV is a virus which causes AIDS. The title of the disease speaks for itself.

Human Immunodeficiency Virus means: first of all, the human body is contracted with HIV which automatically means that animals can't be carriers of this virus. Secondly, the virus causes the worsening of the work of immune system destroying that part of the human body which helps the organism fight against diseases. Thirdly, having got into our body the virus stays there for the whole life.

Virus is a parasite which contracts and kills the cells of the human body.

Immunodeficiency means drawbacks in the functioning of immune system.

Human is a person in the organism of which a virus resides.

There exist two types of HIV: HIV-1 (HIV of the first type) and HIV-2 (HIV of the second type). These types are subdivided into subtypes. In Ukraine, Russia, Europe and in the countries of Equatorial Africa one can often meet HIV-1 while in the countries of Eastern Africa HIV-2 is more often. People can be contracted either by one of these types or by two at once.

Acquired Immunodeficiency Syndrome means: remember that HIV doesn't mean AIDS, HIV causes AIDS. While analyzing the notion "AIDS" one can learn a bit more about its meaning. The word "acquired" means that the virus gets into the organism outside. This word also means the damage of immune system which in its turn causes syndrome. Syndrome is a group of symptoms or diseases. A person whose diagnose is AIDS dies from one or several diseases, such as pneumonia, cancer, cytomegalovirus, tuberculosis and many others. So the notion AIDS means that the human body is very weakened in order to be resistant to ordinary diseases. In the result the condition of a sick person becomes chronic that eventually leads to death.

Syndrome is a group of symptoms when each or all of them can become apparent during any disease.

Acquired means inherited not born.

Immunodeficiency is the state in which the immune system is unable to fight infectious diseases.

Stages of HIV-infection replication

The whole process of disease from the moment of contraction to the terminal stage can be divided into 4 periods.

1. Infecting and the beginning of the infectious process (the process of disease development).

Immediately after the virus has got into the human body in most cases nothing special happens. 30-40% of infected people can suffer from ARD (acute respiratory disease or just common cold). It's always accompanied with the following symptoms: temperature, asthenia, headaches and sore throat. Sometimes there is also diarrhea. Such condition can last from 12 to 15 days and then it's over even if a person hasn't been treated. But most infected people don't show any symptoms at all.

At this period the human body experiences the following process: immune system is faced with some unknown infection and can't start fighting it at once. The virus begins the active process of reproduction and its quantity rapidly increases. Different organisms need different period of time for virus's identification and the beginning of the process of necessary antibodies' production. But in most cases the process of production of antibodies to HIV actively begins in 10-12 days after the infecting and it leads to destroying a lot of viruses. In the first turn the viruses fluctuating in the blood and those that haven't managed to penetrate into the cells are destroyed. As the result the level of the virus considerably lowers. Exactly with these processes the appearance and disappearance of the symptoms similar to those that indicate acute respiratory disease are connected.

After the virus has got into the blood the human body needs from 25 days to 3 months (in some cases to 6 months) to produce the necessary number of antibodies in order to be able to identify them in blood analysis. HIV test doesn't identify the virus itself, it identifies antibodies to it. The period when the virus has already got into the body and the antibodies haven't been produced in the necessary number and as the result they are not shown with the help of tests is called "**window period**" (**period of seroconversion**). Examination can show the negative result even if the virus has already got into the body. In "window period" the concentration of the virus in the body of HIV infected person in blood, sperm, and vagina discharge and breast milk reaches the level

enough for infecting other people. For this reason in order to get the correct test results in 3-6 months after the possible virus infecting it's necessary to go through additional test, practicing only safe behavior.

To trainer's Attention!

We recommend you to support information part with relevant videos which will help visually demonstrate the process of viruses' production in the human body. <http://www.youtube.com/watch?v=DeVd5CZQ98Y>
<http://www.youtube.com/watch?v=odRyv7V8LAE>
<http://www.youtube.com/watch?v=nr0whXiYCBM>

2. The period of asymptomatic course of the disease and its minor symptoms.

In comparison if a person gets the flu the disease identifies very quickly and in case of HIV infection a person can feel well for quite a long period of time from 2 to 10-12 years. During the indicated period of time HIV infected person looks and physically feels well. The period when a person has been already HIV infected but they don't show any significant symptoms is called "asymptomatic".

3. Pre-AIDS

In the course of time the level of the virus in the human body rapidly increases. The constant presence of the virus keeps the immune system in strain. All the time the virus affects the new CD4 cells and damages the membranes of other cells. The more viruses appear the more CD4 cells are affected and the more energy and strength is given to the fight against the infection. It looks like prolonged trench warfare when the enemies have chosen the tactics of exhaustion. And it goes without saying that the virus has got more chances.

Each organism has their own resources and potential they are limited. In some time the resources of the body extinguish/decrease and the virus is opposed to less opposition. The process of Immunodeficiency starts its development. To the symptoms of this period belong a constant fever with the temperature more than 38C, diarrhea which lasts more than a month, sweating at night, rapid tiredness, and depression.

4. AIDS

The late stage of the infection is called AIDS. This term is used to describe the most serious stage. AIDS is developed in the body of those people who haven't got any access to treatment and who have been diagnosed when it's too late. In this condition a person becomes prone not only to such common diseases as flu or dysentery but also to bacteria and viruses which earlier couldn't cause diseases because the immune system didn't allow them to be multitude reproduced. AIDS is the last stage of the disease and usually lasts from several months to 2-3 years. At this stage of the disease metabolism is violated which in combination with the affection of different organs with opportunistic infections leads to impossibility of normal digesting. A person experiences utter exhaustion. And it in its turn can cause death.

Session 3. Group work "The Portrait of HIV-Infected Person"

Objective: to identify stereotypes which have been formed to HIV-infected people.

Process:

1. Divide the participants into two groups.

To Trainer's Attention!

The groups can be formed based on the following principles, "the cardinal points": north – south etc.

2. Each team must get a sheet of paper format A1 and a set for painting (markers, pencils, and paints).
3. Suggest that all the teams should paint a free HIV-infected person (at large) and an imprisoned HIV-infected person how they imagine him/her.
4. In 5-10 minutes they must present their portraits.
5. Discuss the following questions with the participants:
 - What emotions and thoughts do you associate with these portraits?

- How do you think, to what extent do the depicted characters reflect the reality?

To Trainer's Attention!

The importance of this task is that simultaneously you can analyze the level of participants' knowledge about the stages of this disease development and the established stereotypes towards HIV-infected people that it's possible to distinguish such people judging from their appearance. Very often in their paintings prisoners depict some features which make it possible to understand the status of a person (especially at the pictures where imprisoned HIV-infected people are depicted). But the problem is that sometimes HIV-infected people even already at the stage of AIDS can look healthy especially on condition that they take ARV therapy. People can infect other people often not even suspecting that they are a real threat to their relatives and families.

If people depicted at the pictures are without any distinguishable features it proves that the level of knowledge about HIV is adequate. It's very important to praise the participants.

Session 4. Informational Set "Routes of HIV transmission"

Objective: to provide the participants with the information about the routes of HIV transmission and factors increasing the risk of infecting.

Process:

1. The participants should be informed about the following:

Since the moment of registration of the first cases of HIV-infection till 2007 the following routes of infecting has prevailed in Ukraine: from using injecting drugs (about 80% of all the registered cases).

Intravenous drug use with sharing the necessary equipment with the partners, usage of unsterile needles, syringes and other equipment in medicine and everyday life, in the process of piercing and tattoos, transfusion of infected blood and transplantation - all these are the routes of HIV transmission and it's called **parenteral way of transmission**, which implies the violation of cutaneous covering integrity.

Since 2008 HIV transmission through sexual contacts has been leading in Ukraine which implies getting sperm, vagina discharges onto the mucous membranes or open wounds on the skin.

The routes of HIV transmission

The highest level of the virus is found in the blood, sperm and vagina discharges, breast milk of HIV-infected person. The infecting is possible in the following cases:

- through blood (used syringes and tools for preparing drugs, for tattoos, piercing and blood transfusion);
- through sperm and vagina discharges (in the process of sexual contacts without condoms);
- from mother to child (in the process of pregnancy, delivery of a child and breast feeding).

That's why the routes of HIV transmission are different but in order infection gets into the body there must be the following conditions:

- virus's getting into the blood of a healthy person;
- the level of the virus must be sufficient for the infection.

Virus's resistance/stability

The virus of immunodeficiency of people is extremely sensitive to external actions/environment/stress. The virus loses its activity when the temperature is higher than 56C within 30 minutes and in the process of boiling it dies very quickly (in 1-3 minutes). HIV dies in the process of using all kinds of disinfectants even in concentration usually used in practice (3% solution of hydrogen peroxide, 3% solution chloramine, 70% ethanol etc.).

At the same time it's important to point out the mistaken belief that HIV dies outside the human body in a flash. In some situations it can survive for rather a long period of time. During the experiment in the process of cell cultures' drying at 23-27 C the virus activity vanished in 3-7 days. In the liquid at 23-27 C HIV continues being

active for 15 days and at 36-37 °C its life continuity is equal to 11 days. It gives the ground to think that that in natural conditions when dried and in liquids containing a high level of the virus like in sperm and blood the virus preserves its vitality for rather a long period of time. Remember that the number of live viral particles in this case (in environment) decreases relatively quickly that's why the number of preserved causative agents can be not enough for infecting healthy people (the same as with any other infection, for AIDS there is "the rule of infecting dose").

Multiple epidemiological researches have shown that in blood meant for transfusion the virus can stay alive for years: once in frozen serum its activity preserved for almost ten years. In frozen sperm HIV preserved for several months.

The simplest way to protect oneself from HIV is to avoid contact with liquids containing HIV.

It's impossible to be infected with HIV in the process of everyday contact as the virus is not exuded with excrements, urine, there isn't any virus in sweat, tear fluid, and it's not exuded in the process of breathing and coughing. As there is a low level of concentration of the virus in the saliva it's unlikely to be infected during kissing. You can't be infected during the joint meals, while talking, in the process of handshaking, in transport etc. Meanwhile because of the ignorance very often people avoid those infected with HIV.

Session 5. Activity "Dangerous-safe"

Objective: to practice knowledge about the routes of HIV transmission, to discuss with the group risk factors, and to work out the ability to evaluate the level of risk of being infected in real situation.

Process:

1. Provide each participant with the card with a real situation on it (see attachment 1).
2. Ask the participants to range them on the level of risk as far as HIV infection is concerned (from the maximum to the absence of risk).
3. After the group has managed the task ask them to provide their explanation as for the succession of cards.
4. Comment on the participants' answers and correct the mistakes.

Session 6. Group work "HIV-infection spread in the penitentiaries and its prevention"

Objective: together with the participants to work out the ways of HIV transmission and its prevention in the penitentiaries.

Process:

1. Divide the participants into two groups.

To Trainer's Attention!

They can be divided on the principle "black and white" etc.

2. Supply each group with a sheet of paper format A1 and a marker.
3. Ask a group of "black" to enumerate the main routes of HIV transmission in prisons, and a group of "white" the ways of its prevention in prisons. Draw their attention to that fact that the routes of transmission should be applicable to penitentiaries, for instance through blood (in the process of tattoos, while fighting etc.).
4. In 5-10 minutes they should present their group work.
5. Together with the participants analyze the results and correct if necessary.

Session 7. Summing up.

Objective: to sum up the lesson and to give each participant the opportunity to air their points of view.

Process:

1. Inform the group that the lesson is over.
2. Suggest that all the participants should answer the following questions in turn:

- What conclusions have you arrived at after our lesson?
 - What of the following information you've got today you will tell to your peers?
3. Share your impressions on the lesson, discuss the date and time of your next meeting and say "Good-bye" to the group.

Materials for Lesson 4.

Attachment 1

Situation	Risk	Comments
Abstinence from sex	No risk	There is no risk of HIV transmission
Masturbation	No risk	There is no risk of HIV transmission on condition that there is no liquids' sharing
Sex with monogamous non-infected partner	No risk	There is no risk in the process of monogamous relations on condition that both partners are non-infected. But very often it's difficult to be sure that the partner is monogamous or isn't involved in some different kinds of unsafe behavior
Usage of common cooking utensils (spoons, plates, etc) with HIV infected	No risk	The research has shown that the level of HIV in the saliva is low and this practice lead to HIV transmission
Handshake with HIV infected	No risk	There is no risk of HIV transmission on condition that there is no liquids' transmission
Sitting on a lavatory pan in public water closet	No risk	There is no risk of HIV transmission on condition that there is no liquids' transmission
Mosquito's sting	No risk	There is no risk of HIV transmission
Massage	No risk	There is no risk of HIV transmission
Hugging of HIV infected person	No risk	There is no risk of HIV transmission
First aid in case of nose bleeding	No risk	There is no risk of HIV transmission on condition that in the process of providing first aid they use individual covers (rubber or latex gloves)
Vaginal sex with condoms	Low risk	If the way of using condoms is correct the risk level is very low. But some sexually transmitted diseases can be acquired through the skin contact
Getting of the other person blood on your hand if there is rash there	Low risk	The risk depends depending on the risk gravity, blood quantity and the virus level in the blood. There are no officially registered cases of such route of HIV transmission.
Anal sex with condoms	Low risk	In this case the risk of condom's rupture is higher than in the process of vaginal sex and it is recommended to use lubricants. Some sexually transmitted diseases can be acquired through the skin contact
	Low or	It can be transmitted during oral sex though the level of risk is very low except for the cases when there are wounds and injuries on the mucous membrane of the mouth cavity. The level of risk is

Oral sex without a condom	medium risk	lower if the sperm/vaginal secret doesn't get into the mouth.
Vaginal sex without condoms without ejaculation	High risk	HIV can be present at pre-ejaculate and consequently the risk level is high though penis extraction can lower the risk. At the same time the decrease of the risk level of other sexually transmitted diseases is unlikely
Vaginal sex without condoms	High risk	The risk level is the highest. The accepting partner is more subjected to risk
Anal sex without condoms	High risk	The risk level reaches its maximum. The accepting partner is more subjected to risk

Attachment 2

HIV is the virus of immunodeficiency of people which causes the viral diseases, HIV infection.

The virus loses its activity at heating to more than 56C during 30 minutes and at boiling it dies very quickly (in 1-3 minutes).

HIV dies in the process of using all kinds of disinfectants even in concentration usually used in practice (3% solution of hydrogen peroxide, 3% solution chloramine, 70% ethanol etc.).

AIDS is acquired immunodeficiency syndrome and is considered to be the final stage of HIV infection.

Immune System is the congregation of the organs and separate cells able to provide the body with the resistance to infections.

Antigen is an alien substance in the process of introduction of which into the human body the immune answer is developed (e.g. infections like viruses or bacteria, transplant etc.).

Antibodies are protein formations worked out by the immune system and identifying the antigen.

"The window period" is the lapse of time from the moment of infection to the moment when tests show the presence of antibodies to the virus.

Main routes of the virus transmission are through the blood, sperm and vaginal discharges, from mother to child.

Attachment 3

Questionnaire

1. What's the difference between HIV and AIDS?

- a) it's the same;
- b) AIDS is the final stage of HIV;
- c) HIV is the virus and AIDS is the disease.

2. In what conditions does HIV die?

- a) when heating at more than 56 C during 30 minutes;
- b) at boiling 3-5 minutes;
- c) in the acetone processing;

3. 100% HIV infection happens in the process:

- a) of blood transfusion;
- b) of unsafe oral sex;
- c) of pregnancy.

4. The negative result of HIV test means that:

- a) a person is healthy;
- b) a person is ill;
- c) a person wasn't infected three months ago.

5. HIV infected person is infectious:

- a) from the moment of infection;
- b) in 3 months after the infection;
- c) only at the stage of AIDS.

Lesson 5. Sexually transmitted infections

Information for Trainer

The training will help the prisoners understand why the epidemics of sexually transmitted infections (STI) are caused by unsafe sexual behavior and know the general symptoms of venereal diseases.

The main aim of the Lesson is to help volunteers intending to provide counseling for prisoners in the sphere of STI feel competent and able to answer all the arising questions, convince people to ask for medical assistance when needed.

Objective: informing the participants about the most popular sexually transmitted infections.

Tasks:

- to provide the information about the routes of transmission and symptoms of different venereal diseases;
- to discuss the most risky factors facilitating STI.

Materials: flip chart, colored markers, paints, pencils, paper format A4 and A1 (4 sheets of whatman paper), whatman with a heart for activity "Love is ...", stickers, cards depending on the number of participants and one of them is flagged with a cross (for activity "Universal virescence"), informational bulletins with the description of STI (syphilis, gonorrhea, trichomoniasis, clamidiosis, genital herpes, viral hepatitis etc.), pieces of crushed paper (about 5 centimeters in diameter) and a book or a magazine (for the activity "Protect yourself").

The approximate duration of the lesson is 2 hours 10 minutes

Summary

#	List of sessions	Approximate duration, min
1.	Greeting: activity "They said about me that ..."	10
2.	Activity "Love is ..."	10
3.	Information about STI	15
4.	Activity "Universal virescence"	15
5.	Brainstorm "The main symptoms of STI"	20
6.	Group work "Peculiarities of the most spread STI"	25
7.	Brainstorm "Methods of STI prevention"	10

8.	Activity “Protect yourself”	15
9.	Summing- up: activity “My mood”	10

Session 1. Greeting: activity “They said about me that ...”

Objective: to create positive atmosphere and to unite the group members.

Process:

- Each member begins their greeting with the following words “Hello, my name is ... and my friend (acquaintance, child, parent, part) would say about me that ...”
E.g. Hello, my name is Nick and I guess that my friend would say about me that I could support in difficulties etc.
- Finish the activity with the following discussion:
 - What does this activity give to the participants?
 - Was it difficult or easy to find in oneself those features you can be loved for?
 - Is it necessary to have love for yourself and what must be included in this notion?

Session 2. Activity “Love is ...”

Objective: to make the participants more active, create motivation for active work at the next stages of the training.

Process:

- Suggest that everybody should write on a sticker associations the word “Love” triggers in them.
E.g. 1st participant – Love is when people understand you ...
2nd participant – Love is pain ...
3^d participant – Love is happiness ...

And so on till all the participants have written their associations.

- Participants come up to the poster with a big heart and stick their associations articulating them.
- Discuss with the participants the following:
 - What are the positive sides of this undiscovered feeling?
 - What negative consequences can love bring?
- Concluding the activity inform the participants that observations of the doctors show that STI is more often found in those cases when there is no love and one of the main parts of its prevention is family. If your family is friendly and firm and based on love, trust and mutual understanding it'll certainly be healthy and happy.

Session 3. Informational set “STI”

- Provide the participants with the background about STI

STI (venereal disease) means sexually transmitted infection. “Venereal diseases” (from Latin Venus – the goddess of love) combine a group of different sexually transmitted infection diseases. STI’ causing agents are viruses, bacteria, the simplest unicellular organisms and bugs/parasites. Viral STI such as hepatitis, genital herpes and antogenital warts triggered by the papilloma virus are not fully cured and only in some cases it can be controllable with the help of different means and methods. Today to curable STI belong the ones triggered by bacteria, the simplest unicellular organisms and parasites: syphilis, gonorrhea, clamidiosis etc.

STIs rarely but can be transmitted in the process of continuous everyday contact. So even if there is no any sexual contact you can transmit the infection to your nearest surroundings.

STI can transmitted in the process of kisses, tight embraces, through the objects of common use (that is the reason

why such things as mules, towels, sponges and underwear should be for individual use).

But this way of infection is very rare. In most cases people with weak immune system are in the process of continuous everyday contact are prone to it.

But nonetheless consulting a doctor and the beginning of treating as early as possible will not only make people healthy quicker but also lowers the risk of multiple complications.

2. All the participants must have the opportunity to ask their questions.

Session 4. Activity “Universal virescence”

Objective: to explain the routes of infecting with STI.

Process:

1. Distribute the cards among the participants. Warn them that all that is signed on them must be kept in secret (see attachment 1). Moving around the room each of them must collect three signatures each on a clean side of the card without any inscriptions.
2. Ask the participant who's got the card with a cross on it to stand up. Apologize and explain that following the rules of the game their analysis proved that they suffer from fatal disease called “virescence” (which means any infectious disease, including STI and HIV).
3. Ask those who've got the name of this participant in their cards to stand up. Say that they've been subjected to the risk of infection. Ask those who've got the names of the participants who are standing now to stand up too. Say that they've been subjected to the risk of being infected too. Continue the process till all the participants have stood up except for those who haven't been in contact with anybody and haven't signed any cards and given their cards for signature.
4. Tell the participants that it's just a game showing the routes of transmitting STI, HIV etc.

To Trainer's Attention!

Discuss the participants' emotions after the activity:

1. What feelings does a person with a cross on the card experience?
2. What are your feelings towards this person?
3. What were the feelings of those people who hadn't been invited to participate in the game?
4. How were your feelings changing in the course of the game?
5. What did the group think at the very beginning of the game about those people who were out of the game?
6. What were your thoughts at the end of the game?
7. Why is it difficult to realize that you are not in the activity with the rest?
8. Sum up that it's impossible to know about other people's diseases from the very beginning. Though it's quite easy to behave and do things differently and exactly this behavior is considered to be the safest.

Session 5. Brainstorm “The main symptoms of STI”

Objective: to find out about the level of participants' knowledge about the symptoms of STI.

Process:

1. Ask the participants about the symptoms of STI: which of them they know, which of them they heard or read about.
2. On the flip chart put down all the thoughts suggested by the participants.
3. Analyze all the variants and choose the correct ones.
4. If necessary add something from the list below.

To Trainer's Attention!

The list of main symptoms of STI can be like that:

- the change of the skin, rash, lumps and warts around the genitals;
 - frequent urination;
 - itching in the process of urination;
 - itching and burning in the area of genitals;
 - pain in the pelvis (for women);
 - genitals' discharges;
 - stink from the genitals;
 - tonsils' inflammation and fever.
5. Inform the group that in this list they can find the main symptoms of STI. It's not necessary to know all the symptoms of all STI but it's vital to know the main ones. If there are any of these symptoms consult a doctor immediately. Some of these symptoms do not necessarily indicate the case of STI. That's why don't be in a hurry to associate them with STI but be sure that a person has consulted a doctor.

Session 6. Group work "Peculiarities of the most spread STI"

Objective: to inform the participants about the most spread STI.

Process:

1. Divide the participants into 2-4 groups (depending on the number of those present).

To Trainer's Attention!

They can be divided into groups on the principle "seasons of a year": winter-summer or winter-summer-spring-autumn.

2. Provide the groups with a sheet of paper format A1 (whatman is more preferable), sets for painting (markers, pencils, paints) and informational bulletins with the description of STI.

To Trainer's Attention!

On each sheet of paper there is a description of one disease to be possible to insert them on a whatman.

3. The groups get the task to create informational bulletin/poster about STI.

Informational bulletins with the description of the most spread STI:

Syphilis

Its causative agent is Treponema pallidum. It can easily get into the human body through the mucous membrane and even through undamaged skin. Depending on the way of sexual activity it can penetrate wherever it means to, any parts of human body (mouth, genitals, fingers, anus etc.). With the help of lymph and blood it's delivered all over the body penetrating all the organs and tissues, including skin, mucous membranes, internals, bones and nervous system. In that place where Treponema pallidum penetrated the body in 3-4 weeks there emerges an ulcer which is called "hard chancre". It's small, round, painless, with dense roots and very infectious as there are lots of causative agents on its surface. So the latent period¹ of Syphilis is 3-4 weeks (sometimes it can be longer up to 3-6 months).

The hard chancre is the first clinical aspects² of syphilis. Then in 6-7 weeks it heals/closes up. On that place there is a very gentle whitish scar. At this time a person begins feeling unwell, there is high temperature, the lymphatic glands increase in the size (but there is no inflammation and pain either). If a person gets treatment in this period of time it leads to complete recovery without any complications.

Starting from the moment of healing of the hard chancre the secondary period of the disease begins. It can continue up to 2 and more years. Further development of the disease depends on the place of the causative

agent's location at the definite time. If it remains in the blood and is not brought into the skin or mucous membranes again syphilis is called "latent" which means hidden. In this case the infection can be transmitted through the blood and from mother to child (fetal respiration) as the causative agent from mother's blood easily gets into the blood of a child through the placenta's issue. If it with the blood again gets onto the skin and mucous membranes there are different kinds of rash, you can also observe pigmentation of the skin and the loss of hair. At this stage the internals, nervous, endocrine and skeletal systems can be damaged. The rash can have the temporary character and can vanish without being treated but it doesn't mean convalescence. If there is no treatment periods of active symptoms can be multiply changed by the periods of rest.

In the course of the secondary period the blood analysis are positive but with each next relapse the number of antibodies in the blood decreases. At the beginning of the tertiary period the results can become either doubtful or weak as in the course of the secondary period the causative agents can get into the spinal cord and brain where they are difficult to reach with the help of antibiotics. After the treatment patient must be observed by a specialist the next 6 months.

If there were no treatment or the treatment wasn't working, syphilis enters its tertiary period which lasts 10 or more years. The tertiary period doesn't necessarily come even if a patient doesn't get treatment. At this stage the causative agents get into the blood and some internals. As a rule the skin, mucous membranes, nervous and endocrine systems, internals (heart, aorta, liver), eyes, sense organs suffer. These changes never pass without any effects/consequences. And the decay of the bones, skin, nervous system, and internals can cause death.

Trichomoniasis and trichomonal infection

It's got its title from the causative agent – the vaginal trichomonad. This is the unicellular simplest organism and it can't exist out of the human body. In most cases (in 70%) trichomoniasis coexists with the other STI (gonorrhea, syphilis, clamidiosis etc.).

The latent (hidden) period lasts for 10 days on average but can be longer (up to 6 months).

Both men and women can suffer from trichomoniasis. Patients complain of foamy stinky discharges, itch or feeling of burning in the genitals, disorder with urination. Recently there have been cases when trichomoniasis is symptomless and can be diagnosed only in the process of examining of the partners of the sick person and while examining patients because of the complications.

The place of trichomoniasis' location is the vagina for women and the prostate and seminal vesicles for men. Urinary routes are damaged in both sexes. Male's cases and symptoms are brighter.

Possible complications:

- Very often men's prostate, testicle and parorchis as well as the urinary bladder are influenced by the infection. It makes treatment more difficult and then it's hard to guarantee 100% recovery. As the result there can be problems with the potency and conception.
- Women have the following consequences of the infection: the damage of the neck and inner issues of womb, tubes, ovaries and sometimes it can cause peritonitis (inflammation of the abdominal cavity). It makes it difficult to diagnose the case (sometimes it can be mistakenly diagnosed as appendicitis). As the

¹ Latent period is the time from the moment of infection up to appearance of the first symptoms.

² Clinical aspects are the symptoms indicating the disease.

- *result it demands longer and more expensive treatment and can lead to sterility (in the result of commissures).*
- *Very often in cases with men and sometimes with women trichomonad together with the clamidiosis cause Reiter's disease (urethra, joints and mucous membranes of the eyes are damaged). In this case the process of treating is very difficult and long/continuous. In most case the disease leads to invalidism/disability especially when been diagnosed at the late stages of its development.*

Gonorrhea

It's one of the most spread venereal diseases. It's caused by the gonococcus which looks like a bean's grain under a microscope. Gonococcus is located exceptionally on the mucous membranes (genitals, bowels, urinary system, mouth and gullet, eyes), and easily spread on their surfaces. The causative agent never gets into the blood, lymph or some other fluids of the body. It's very infectious, coexists with the trichomoniasis, syphilis and other STI.

Gonorrhea's latent period is 3-7 days. Then there appear edema and purulent yellow and green discharges of the urethra, pain and severe colic in the process of urinating as well as burning in the urethra.

The symptoms of gonorrhea in the case with men are brighter than with women. When the causative agent gets on the mucous membranes of the eye, mouth cavity, bowels it also causes gonorrhea.

In case when women suffer from gonorrhea their urethra, vagina and possibly rectum can be damaged. They complain of purulent discharges of the genitals, burning and pain of indistinct locality, frequent urinating, rarer of intensive pain of underbelly. Due to the anatomic peculiarities of the genitals of women the most often cases are gonorrhea of the genitals with the involvement of womb, tubes, ovaries and pelvic peritoneum to the inflammatory process.

Usually, even if a person doesn't get any treatment the active symptoms of the disease disappear or become weaker to the end of the second week and it doesn't mean recovery. This disease can't be cured without any special treatment.

As the result of the disease both women and men can suffer from sterility, sepsis, problems with the joints, rectum, and mucous membrane of the eye. And gonorrhea of the eyes can lead to blindness.

Clamidiosis

It's caused by the bacterium called "chlamydia". Chlamydia is very unstable in the environment.

In the human body they can exist on the mucous membranes where the infection is easily spread. There are no data about the possibility of its getting into the blood, lymph. That's why it's considered that chlamydia damages urethra though it's possible to observe the development of the inflammatory process on the mucous membrane of the eyes, respiratory tracts and joints. Both male and female can suffer from clamidiosis.

The hidden period lasts from 5 to 30 days. Rarely clamidiosis happen to be isolated, more often it coexists with other STI and first of all with trichomoniasis.

As a rule this infection progresses without any symptoms. In 1/3 of all the cases with men the disease is accompanied by the problems with the potency (weakening of the erection, orgasm and premature ejaculation), sterility which can be caused as by the inflammation of the genitals so by the problems with the process of spermatozoon formation. Inflammation of the prostate and testicles is observed in 46% of ill people.

In case with the women in the process of sex chlamydia sticking to the spermatozoon can reach not only the tubes causing their obstruction but also get into the abdominal cavity which can lead to some diseases of the internals: liver, spleen, peritoneum and the development of commissural inflammatory process. Very often this infection is

the cause for pathology of pregnancy and childbirth.

Clamidiosis of the eyes happens in cases with the adults in the process of the infection transfer from the urethra and often serves as the first sign of patient or their sexual partner's disease.

The symptoms of clamidiosis are unpleasant feelings, rarer itch, pain in urethra or vagina, rare discharges of the genitals like glue, possible frequent urinating. All these symptoms are transitory but they can repeat.

Possible complications in the course of this disease are the same as with trichomoniasis.

Genital Herpes

It's caused by the virus of herpes which can be located in the area of genitals as well as on the lips. This infection belongs to highly contagious infections. The infection gets into the human body once in the life. Afterwards the virus stays in the organism for the whole life even after convalescence.

The latent period is 3-7 days. After it in the area of genitals reddening as well as burning and itching especially in the process of urination, washing the lower parts of the body and walking appear. Then small bubbles appear which burst very quickly leaving painful injuries. At this period of time people can feel unwell (ailment, headache, high temperature/fever). Lymph nodes become bigger in size.

Bubbles and unpleasant feelings pass in 1-2 weeks but as the virus stays in the body the disease can return in case of serious weakening of the immunodefences. Treatment of the genital herpes is directed towards relieving pain and relapses' prevention.

Possible complications:

- in case with women herpes can cause spontaneous abortion, premature birth, infection of foetus, and rarer inborn anomaly in the development of a child;*
- the disease can be complicated with herpetic damage of the central nervous system;*
- damage of the mucous membranes of the eyes which can lead to the loss of sight;*
- there is a relationship proved between the following diseases: herpes and cancer of the genitals.*

The virus of papilloma

The disease is caused by the virus of papilloma of a person.

In the body it resides on the surface of the skin and mucous membranes. In the skin it can't go deeper than cancellous layer. That's why a person can't be infected through the blood.

The latent period lasts from 1 to 9 months (3 months on average). The disease manifests itself in the form of warty growth on the mucous membrane of the genitals and the surrounding areas of the skin. These forms of growth called papilloma rapidly grow in size and number gradually getting the color of cauliflower or cock's comb or they can remain flat and almost invisible.

Moving along the surface of the mucous membranes of the genitals the virus can get over the placenta barrier that's why it's dangerous for a child in the womb.

Very often papilloma can be the reason for the development of cancer of the neck of womb and ovary.

It's forbidden to remove papilloma without doctor's assistance.

Mycoplasmosis

It's caused by the microbes of mycoplasma and ureaplasma. In 5-15% of all the cases it's diagnosed in healthy people. In 70% the disease is found together with trichomoniasis, gonorrhea, clamidiosis etc. The only carrier of the disease is a human being. These microbes are unstable in the environment and are located only on the mucous membranes without reaching into the blood, lymph, other fluids of the body and it doesn't come over any tissue

barriers either (including placenta). That's why the infection gets into the body through genital tracts.

Both male and female suffer from this disease though the greatest danger it presents for men. The treacherous character of the disease lies in the following: the most of the patients consider themselves to be healthy (because of the absence of vivid symptoms of the infection) and as the result they lead their usual way of life. The latent period of the infection lasts from 3 days to 5 weeks. It's noted that the more active course of the disease the shorter period is. From time to time there can be complaints about itch in the genitals, insignificant discharges from the genitals, pain of indefinite character and mucous fibers in the urine.

Sometimes the symptomless course of the disease becomes active in the process of pregnancy and child delivery, supercooling, different stress situations and it can become the reason for different complications: sepsis abortion, inflammatory process of the foetus or newborn as well as the inflammatory processes of the urethra. As the result both men and women can suffer from sterility in the future. Women are rarer faced with this kind of complication. Male's sterility can be the result of not only inflammatory processes in the genitals but also the influence of the infection on spermatozoon. Females are more often faced with the inflammation of the genitals and the development of this process happens more often with them because the infection sticks to spermatozoon and in such a way it's transmitted.

The virus hepatitis

It's a severe disease of liver caused by the viruses. Hepatitis A, B, C, D (there are also hepatitis E, F, G but these types haven't been fully researched into) can be conventionally divided into two types: viruses A and E which can be transmitted through the saliva and feces (that is everyday route, the disease of "dirty hands"), and B, C, D are transmitted through the blood, sperm and vaginal discharges.

To Trainer's Attention!

In this training attention is drawn to parenteral hepatitis B, C; it's recommended to conduct separate trainings on the virus hepatitis.

The least dangerous type of the hepatitis is hepatitis A. It's acute viral infection which doesn't usually transform into chronic disease.

Hepatitis B (HBV) *is the most infectious and spread type among those existed. It's considered to be even more infectious, 100 times more infectious than HIV. The main routes of transmission are:*

- *Through infected blood when the probability of infection is 100%. Infection occurs in the process of blood transfusion, organs' transplantation, through unsterile syringes and other medical equipment.*
- *Sexual tracts when the probability of infection in the process of unprotected sex is 40%.*
- *The probability of transmission from mother to child is 20-30%. Infection occurs in the process of pregnancy, child delivery and breast feeding.*
- *Everyday route (through common objects of hygiene) when the probability of infection is low.*

Infection can occur in the process of active course of the disease.

There are 80% of people infected with hepatitis B among those who use injecting drugs.

The virus of hepatitis B is very stable, in favorable environment, e.g. in the syringe with infected blood it is alive for several weeks and only boiling during 45 minutes kills the virus.

The latent period of the disease lasts from 1.5 to 6 months. If at this stage called "seronegative window" analysis is made it'll be impossible to find antibodies in the blood.

The virus's reproduction happens in the cells of liver (hepatocyte) where the surface antibody HBsAG (often called

“Australian antigen” as it was discovered in the blood of the Australian aborigines the carriers of virus B) is developed in huge quantity. The presence of the Australian antigen indicates the infection.

The human body reacts to foreign/alien agents in the following way: for each antigen the immune system works out the corresponding antibody. The virus of hepatitis reproduces itself rapidly damaging new and new cells of liver and as the result the immune system is faced with the problem of fighting the virus itself. In this case when the disease is left without any treatment it acquires the chronic form. And it brings negative consequences for many organs especially for liver. Chronic hepatitis if not cured can cause severe complications including cirrhosis and cancer of the liver. In case patient gets the necessary corresponding treatment the virus of hepatitis B dies and the human body works out a specific immunity for the period of time of nearly 5 years.

In 10-15% cases there are no vivid symptoms and pain. Absolutely being unnoticed it can acquire the status of a chronic disease. Usually half a year from the beginning of the virus’s activity (immediately after the latent period) is quite enough.

The first and most frequent symptoms of hepatitis are the yellowing of the frenulum of tongue, goggles and the yellowish coat on the tongue and darkening of urine.

Hepatitis C (HCV)

The routes of its transmission are the same as in case with hepatitis B. The main route of transmission is through infected blood. That’s why this type of hepatitis is widely spread among people injecting drugs.

The risk of infecting through genital tracts constitutes 5%, from mother to child – 5-6%. The latent period lasts 3-6 months. It’s called “gentle killer” not in vain: its danger lies in the following: 60-70% of all the cases are symptomless (in cases with injection drug users it happens even more often). It’s connected with biological peculiarity of the virus’s development. While the immune system tries to recognize/identify the virus and work out the corresponding antibodies it has already altered its structure and as the result these antibodies can’t influence on it. As the virus continues the process of alteration all the time it doesn’t provide the immune system with the opportunity to defend the body and it also destroys the cells of liver. Hepatitis C has also a tendency to change into chronic disease without being noticed. It acquires the status of the chronic disease in half a year from the moment of infecting.

4. Each group presents their own posters.
5. Participants must have the opportunity to put questions to a presenter.
6. Add the information in case it’s necessary.

Session 7. Brain storm “Methods of STI prevention”

Objective: to find out the level of participants’ knowledge about methods and ways of STI prevention.

Process:

1. Ask the participants what peculiarities of the routes of STI transmission they remember and write them down on the flip chart.
2. Ask which methods of STI prevention are applicable/possible for each route and put them down too.
3. If necessary add the information.
4. Draw participants’ attention to that fact that the whole lesson will be dedicated to methods of STI prevention.

Session 8. Activity “Protect yourself”

Objective: to practice safer behavior skills .

Process:

1. Ask a volunteer to take part in the game.
2. Provide the player with a big notepad or book which will function as a shield.
3. Explain it to them that their task is to defend themselves from the “snowballs/shells”.
4. Ask the second volunteer to come up and provide them with a lot of pieces of jammed sheets of paper (about 5 cm in diameter). They must be in a basket to be convenient to take them.
5. Read them the instruction for each period:

Instruction for the first period:

The first player stays on its place and can use a shield to protect themselves holding it in one or in both hands; the second player at the distance of 2 m one by one throws the paper shells (representing spermatozoon) at the opponent very quickly trying to do it as strong and precisely as it's possible. In the process of the game you can change the distance to make the percentage of hitting the target higher. This variant demonstrates the reliability/safety of condoms as the way of protection against undesirable pregnancy. They really serve as barriers on the spermatozoon way though some of them manage to squeeze.

To Trainer's Attention!

Focus participants' attention on the following:

Risk factor 1

Spermatozoon

As the research in the sphere of family planning shows our shield “condom” provides us with 80-90% guarantee from pregnancy though it demands some practice. Let's see whether the shield is large enough for fulfilling the following task.

Instruction for the second period:

The first player stays on its place and can defend with the help of the “shield” holding it in one or both hands. And the second player will throw shells not one by one but several at a time. The percentage of hitting the target increases considerably.

To Trainer's Attention!

Focus participants' attention on the following:

Risk factor 2

Spermatozoon and venereal diseases

This variant reminds us of that fact that it's necessary to worry not only about getting spermatozoon but also about the possibility of infecting. There exists a wide range of venereal diseases. And one and the same person can be a carrier of several diseases at once. In the first variant we didn't take such mishap as venereal diseases into consideration. Remind the participants of that fact that we are not always sure whether our partners are carriers of HIV or some other STI – maybe in the process of the game it was worth while blindfolding the player defending themselves.

Instruction for the third period:

1. Invite some more volunteers.

2. Provide them with the necessary quantity of “snowballs”.
3. The first player stays on their place holding the “shield” in one or both hands. But this time several participants will simultaneously throw snowballs at him.

Risk factor 3

Spermatozoon, venereal diseases and change of partners

The second variant doesn't include all the dangers people are faced with in reality either. Have you got several partners? Or maybe you are faithful but your partner is not fastidious about accidental relations. In this case the first player is subjected to many sources of infection. This variant is the illustration of the risk increase depending on the number of partners. Remember: the change of partners is one of the risk factors of infecting.

To Trainer's Attention!

Draw participants' attention to the following:

Risk factor 4

AIDS is the fatal factor

Tell the participants the following: “we'll try to make the game close to reality. I've got a box with poisonous darts. If such dart pierces through your skin you will die. Are there any volunteers eager to be in the part of the first player defending with the help of the “shield”? We can surely predict that not all the darts pierce through their skin. Some of them will get into the “shield”. Are there any volunteers? This variant shows that such shield can't protect from danger including mortal danger.” The participants must understand that sooner or later the first player even though they've got the shield will be pierced by the dart. It seems that while speaking about venereal diseases and especially about AIDS condom is one of the solutions.

Summing up of the game:

Tell the participants that the game illustrates that in most cases not only condoms provide us with insufficient defense of our body. There are too many variables in this equation: many kinds of venereal diseases, the number of partners etc.

It's vital to remember about the following rules:

- try to avoid risky sexual contacts;
- use condoms and lubricants which lower the risk of STI transmission from one partner to the other in the process of sexual contact;
- for maximum protection use condoms correctly.

Session 9. Summing up. Activity “My mood”

Objective: getting feedback from the group at the emotional level.

Process:

1. Provide the participants with sheets of paper and materials for drawing.
2. Suggest that the participants should draw their emotional state at the end of the lesson.
3. The participants may comment on their drawings if they want to.
4. Share your impressions from the lesson with the participants, discuss the date and time of your next meeting and bid a farewell.

Materials for Lesson 5

Attachment 1

Cards for the game “Universal virescence”

Sign the cards of only those who have smiled at you. (the front of the card)	Don't sign the card to anybody.	Provide your signature to only those who said “please”.
Sign the cards for people standing nearest to you	Sign the cards of those people whose name begins with a vowel.	Sign the cards of those people who wear shoes.
Sign the cards of all people.	Sign the cards of those who are over 25 years.	Sign the cards of those people you've known for more than half a year.
X		
1. 2. 3. (the reverse side of the card)	1. 2. 3.	1. 2. 3.

Attachment 2

The most spread STIs

The disease	Syphilis	Gonorrhea	Trichomoniasis	Chlamydiosis
Causative agent	Pale treponema	Gonococcus	Vaginal trichomonad	Chlamydia
Latent period (at average)	3-5 weeks	1-21 days	3-11 days	1 – 2 – 3-4 weeks
Routes of transmission	Sexual, everyday, in the process of transfusion	Sexual, everyday	Sexual, everyday	Sexual, everyday
Symptoms	There is a sore in the place of the causative agent's penetration which disappears in several weeks. After that in about two months there appears a rash in the form of pink tiny spots all over the body.	In case with men: there appears itching in urethra and light pain in the process of urinating. First there appear slimy and then purulent discharges from the outlet of penis. In case with women: the symptoms can be less seen as in case with men (slight pain and	In case with men there can be as scanty so considerable discharges from urethra. Sometimes it's followed by itching and unpleasant feelings in urethra. In case with women the symptoms are more indicated than in case with men. There is feeling of	Men feel discomfort.

		scanty discharges). In both cases the disease can get the chronic form without any symptoms but it doesn't mean that such people can't infect others.	burning in genitals and foamy discharges.	
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Attachment 3

Main Notions

STI (venereal diseases) is the infection the routes of transmission of which are in the process of sexual contacts.

Viruses are the tiniest non-cellular parts and they can reproduce themselves only in live cells capturing and destroying them and that leads to different diseases of people.

Bacteria are unicellular microorganisms. Some of them are useful and help the human body stay healthy, the others cause diseases.

The main symptoms of STI:

- the change of cutaneous covering, rash, bumps, warts around genitals;
- often urges to urinating;
- itching (burning) in the process of urinating;
- itching (burning) in the genitals;
- pain in the pelvic of women;
- discharges of the genitals;
- unpleasant smell of genitals;
- inflammation of tonsils and fever.

Hard chancre is a sore in the place where spirochete (the causative agent of syphilis) gets into the body and appears in 3-4 weeks. As a rule it's small in size, round, totally painless, with hard basis and extremely infectious as there are lots of spirochetes on its surface.

Syphilis is attributed to classical sexually transmitted diseases (it's a venereal disease). Its causative agent is pale treponema (*Treponema pallidum*). It's characterized by languid but progressive course. At its late stages it can cause severe injuries of the nervous system and inner organs.

Gonorrhea (from Lat. Gonorrhoea) is the inflammation of the mucous membrane caused by the gram-negative diplococcus – gonococcus. It's attributed to venereal diseases.

Trichomoniasis takes the leading place among the diseases of urethra. It's also a leader among sexually transmitted diseases. Its causative agent is vaginal trichomonad.

Clamidosis is the infectious sexually transmitted disease and is caused by the chlamydia. It's one of the most spread STI.

Parenteral route of transmission of sexual infections is one of the main routes in the process of transmitting HIV (AIDS), syphilis and hepatitis B, C. Some of the STI are transmitted through the so-called parenteral routes when the infection gets directly into the blood, on the mucous etc. escaping the defensive mechanisms of the organism. The most spread parenteral route is intravenous injection with the help of unsterile syringe (the syringe that somebody has already used), in the process of transfusion.

Attachment 4

Questionnaire

1. Decipher abbreviation STI

- a) sexually transmitted infections;
- b) infections transmitted through dust;
- c) infections transmitted through cross routes.

2. Which diseases of the listed below are attributed to venereal diseases in your opinion?

- a) syphilis;
- b) tuberculosis;
- c) gonorrhea.

3. Will you be able to identify the symptoms of venereal diseases?

- a) yes;
- b) no;
- c) it's difficult to answer.

4. In case you've identified the symptoms of venereal diseases what would you do?

- a) doctor;
- b) I'll try to practise self-treatment;
- c) advise with my friends.

5. Are venereal diseases transmitted in everyday life?

- a) I don't know;
- b) no;
- c) yes in case there exists a close everyday contact.

Lesson 6: Methods of STI prevention, safer sexual behavior

Information for Trainer

The aim of the training is to provide the prisoners with the information about the difference in effectiveness of models of risk reduction and elimination in order to protect them against STI as well as to draw their attention to safe sexual behavior in order to avoid the risk of infecting with STI. Safety notwithstanding its simplicity at the first sight can't be provided on its own accord. A person must take steps to achieve it.

The main aim of the lesson is promotion of safer sexual behavior among prisoners, increase of the level of sanitary and hygienic culture, forming skills of safer sexual behavior.

Objective: to assist in forming skills of safer behavior among prisoners.

Process:

- to inform the participants about the main ways of infectious diseases' prevention;
- to discuss the ways of rational behavior in risky situations;
- to discuss the limits/boundaries of safe and unsafe behavior.

Materials: flip chart, colored markers, 5-6 sheets of paper format A1, different kinds of condoms, presentation "Whom to, which and why/what for?", pens, multimedia equipment, and forms for activity "Who must bear the responsibility for safe sex?"

Approximate duration: 1 hour 40 minutes.

Summary of the lesson

#	List of sessions	Approximate duration, min.
1	Greeting: activity "your name + a present to your neighbor to your right"	10
2	Brainstorm "Safe sex is ..."	15
3	Information "Methods of prevention of STI/HIV transmission. Condoms".	10
4	Activity "Who must bear the responsibility for safer sex?"	15
5	Informational set "Methods of prevention of STI/HIV transmission. Lubricants".	15
6	Video presentation "whom to, which and why/what for?"	10
7	Activity "To what extent do we take care of our health?"	15
8	Summing up: activity "The first step"	10

Session 1. Greeting: an activity "Your name + a present to your neighbor"

Objective: to create a positive atmosphere for the training.

Process:

1. Suggest that the first participant should begin introduction with the following phrase "Hello, my name is ... and I want to present you with (the neighbor to the right) ... (the present is shown without a single word with the help of a pantomime)".
2. The participant who's been presented expresses their gratitude and does the same to their neighbor to their right.

E.g. Hello, my name is Oleg and I want to present Andrew with ...

Thank you Oleg, I liked your bunch ...

And so the activity must be continued till all the participants have introduced themselves.

3. Thank the participants for doing the activity.
4. Inform the participants that the topic of your today's meeting is safe sexual behavior.

Session 2. Brainstorm "Safe sex is ..."

Objective: to find out the level of participants' knowledge about safe sexual behavior.

Process:

1. Ask the participants what they understand while speaking about safe behavior.
2. All the answers should be put down on the flip chart.

To Trainer's Attention!

The list can look like that.

Safe sex is:

1. kissing;
2. lying together and hugging;
3. patting and massaging each other;
4. mutual masturbation;
5. practicing sex using condoms;
6. phone sex .

3. Provide them with the definition:

Safer sex is sexual practices using which the risk of getting sexually transmitted diseases is minimized. More often it's associated with the usage of condoms in the process of sex.

Session 3. Information “Methods of prevention of STI/HIV transmission. Condoms”

Objective: to provide the participants with the information about the types of safer sexual behavior and varieties of condoms.

Process:

1. Begin with a preamble:

Once upon a time someone called a glass of water the best way of prevention of sexually transmitted diseases. Drink it instead of sex and be healthy. The other said that there would be time when it's easy to practise sex almost the same as to drink a glass of water. To practice safer sex becomes easier. Sex doesn't mean to be in panic. Sex means to get satisfaction and stay healthy.

2. Tell the participants a mini lecture about the kinds of safer behavior:

Abstinence is a total absence of sexual contacts. It's the most reliable and accessible method especially for adolescents/teenagers.

Non-penetrative sex means kisses, stroking, petting, masturbation, which means practices excluding bringing penis into the vagina, anus or mouth.

Protected sex is a sexual practice which excludes getting sperm, vaginal secretion or blood into partner's body. These practices considerably lower the risk of infection with HIV and STI. Non-penetrative sex (e.g. kisses, mutual masturbation, erotic massage etc.) and sex with the usage of condoms in the process of each penetrating contact. All these kinds of sex (continence, non-penetrative and protected sex) are combined into one notion “safer sex” or “safer sexual behavior”.

Safer sex implies that the contact is based on the mutual agreement. If you see that your partner doesn't respect your wishes and does the actions with your body you disagree with such kind of sex can be hardly called “safe”.

3. Tell the participants about condoms.

Condom is a soft tube with very thin and firm walls made of latex and closed at one of the sides. This is the most famous and often used means of HIV and other sexually transmitted infection's prevention. Condom is attributed to the barrier mean of prevention. It means that it creates a barrier between a human body and those liquids (sperm, vaginal secretion, blood) that can get into the body from a partner in the process of sex.

There are two kinds of condoms: male and female. Male condom is put on an erectical penis before (!) bringing it into the body of sexual partner. Male condom can be used in the process of any kind of penetrating sex – vaginal, anal or oral. There is a special neck/appendix at the end of a male condom that is called “sperm collector” where all the sperm is gathered. If there is no such sperm collector, the risk of breaking condom in the process of ejaculation rises.

*For **vaginal sex** the most spread, ordinary condom is used. There are different variants of condoms: smooth, ribbed and with the spermicidal lubrication neutralizing spermatozoon's activity.*

For **anal sex** condoms with firmer walls are used as it's the most traumatic kind of penetration in the process of which there can be different sores and contact with the blood. For this reason additional guarantees are needed.

For **oral sex** condoms without any sperm collector are used as in the process of this kind of sex friction is considerably lower. Consequently the risk of damaging condoms is lower. These condoms are the lightest versions of condoms made of the thinnest latex in order the slightest vibrations of the tongue and lips are sensed without any losses in quality. They are usually produced either without any lubrication or with aromatized lubrication.

Oral sex is the least infectious in comparison with the other kinds of sex. To make oral sex safer helps observation of the following rules:

- don't clean your teeth for 2 hours before or immediately after oral sex. Even the slightest injury of gums is the way for the infection to get into the organism.
- sperm mustn't get into the mouth. The level of HIV virus in the sperm can be very high. If you avoid getting sperm onto the mucous membranes of the mouth cavity the level of risk of infection is considerably lower.
- regularly have tests on the presence of STI. Many of STI injure the mucous membrane of the mouth cavity. Through such small sores HIV can easily get into the organism.

Female condom is not so widely spread as male condom. It's fully put into the vagina protecting full-depth its whole surface from the contact with sperm and pre-ejaculate and its exterior circle protects vulvar lips.

Occasional and incorrect usage of condoms in the process of penetrating sex increases the risk of HIV infection. That's why it's vital to know and remember the rules of condoms' use. These are the following rules:

- In the process of each new sexual contact one should use new condoms made of latex. Nowadays, such condoms made of latex are considered to be safer and provide better protection against HIV and STI than condoms made of rubber or natural materials. Today the most of condoms are made of latex. In western countries there have already appeared condoms made of polyurethane material which is several times firmer and thinner latex. Though the price of such condoms still remains very high.
- Condoms must be bought exceptionally at the chemist's. It's not recommended to buy condoms in the doubtful places (stalls, market etc.). You cannot be sure in the quality of the product and safety of the storage when buying the condom in such place. While buying condoms you are sure to check the expiry date and the integrity of the package.
- In order not to damage the package it's recommended to tear it with the help of fingers (but not with the help of teeth or scissors).
- Condom is put on the firm penis in the state of erection. Rolled condom is placed on the end of penis. With one hand it's necessary to squeeze out the air and press the sperm collector and with the help of the other hand condom is carefully spread full-length in such a way that the whole penis is covered with it.
- In order the sperm doesn't spill after the sexual contact it's necessary to take penis out (in the state of erection) holding condom with the hand.
- After that condom is put off tied in a knot and thrown into the bin.
- Condom is the most effective together with the lubrication on the water base containing spermicides means killing HIV and limiting spermatozoon's activity.
- It's forbidden to use lubrications containing vegetable or synthetical oil (e.g. vaseline, cosmetic cream etc.). These kinds of lubrication destroy latex.
- Condoms must be stored in dry and cool place. Moisture and high temperature also destroy latex.

4. In the course of your lecture demonstrate different kinds of condoms.

To Trainer's Attention!

Depending on the readiness of the group it's possible either to demonstrate how it's correct to put down a condom (using a plaster cast, a banana etc.) or to do it together with the participants.

Session 4. Activity “Who must bear the responsibility for safer sex?”

Objective: to form motivation of the participants for making crucial decisions as for their behavior.

Process:

1. Divide the participants into 2-4 groups (depending on the number of those present) and provide each group with a form for test.

To Trainer’s Attention!

The participants’ division into groups can be based on the following principle “favorite type of the car”: Mercedes – Audi – BMW etc.

2. Provide each group with the forms for test; give them the task to read statements about the variants of people’s behavior towards safer sex.
3. Read the instruction to the activity.

Instruction:

Together with the group decide who must bear the responsibility for each deed/situation indicated in the questionnaire if the partners are in heterosexual relationship. Try to arrive at common decision for each of the statements and mark the correct variant (tick it) in your opinion (1) a man, (2) a woman, (3) both equally, (4) none of them, (5) the group hasn’t arrived at common decision.

In relations between partners who must ...	M	W	Both	None	Group hasn’t arrived at common decision
1. Begin the conversation on the topic whether to have sexual contact.					
2. Decide on abstinence.					
3. Start the conversation about safer sex.					
4. Find the information about safer sex and STI.					
5. Decide whether to indulge in some other kinds of sexual activity except for sex (e.g. having a love game).					
6. Decide whether to go in for sex if there is no condom.					
7. Plan and buy condoms in advance.					
8. Persuade a partner that there is nothing bad in using condoms.					
9. Pay for condoms.					
10. Check that condoms are used in the process of each sexual contact.					

4. Give the participants the opportunity to air their points of view followed with the argumentation of their choice.
5. Try to reach common group decision for each statement.

Session 5. Information “Methods of prevention of STI/HIV transmission . Lubricants”.

Objective: to inform the participants about types of lubricants and their correct usage.

Process:

1. Provide the participants with the following information:

Lubricant belongs to intimate cosmetic means aimed at moistening, softening and tonic of the mucous membrane

of the vagina and genitals. It's also the means of STI prevention as it lowers the level of traumatism in the process of sex and protects mucous membranes against micro cracks.

They can be water or oil based. Joint usage with condoms prevents from its tearing and lowers the risk of unwanted pregnancy and STI transmission. Water or silicone based lubricants are appropriate to use with condoms. Oil based lubricants (vaseline, lotions etc.) destroys latex, which rises the risk of STI transmission.

As water based lubricants dry in 10-15 minutes it's necessary regularly add it during the long lasting sexual contacts.

Lubricants can be:

Anal which lower feelings of pain and relax muscles of the anus. They can contain some anesthetics which help relieve pain.

Aromatized or gustatory lubricants are those with pleasant aroma and flavor of fruit and other aromatic plants used for oral sex.

Antiseptic which contain spermicide lubrication providing additional protection against venereal diseases.

Those that prolong the process. These are the means aimed at preventing premature ejaculation and prolongation of the contact up to the moment of achieving orgasm by the partner.

Contraceptive which contain ingredients with spermicidal and antiseptic effect.

Medical - those containing extracts of medical plants, most often it's Aloe Vera, rarer camomile, ginseng which prevent from the development of allergy taking the sensibility of the genitals into consideration. It also assists in fast healing of micro cracks and chafing.

2. draw participants' attention to the following:

The reasons for condoms' tearing and slipping off are:

- 1) You use insufficient quantity of lubricants.
 - 2) You don't use lubricants at all.
 - 3) Instead of lubricants you use saliva and it quickly dries.
 - 4) You use lubrication the substitute on the oil base (oil for massage, baby or moistening creams, lotions).
 - 5) First you lubricate your penis and then you put condoms on.
 - 6) First you roll out condoms and then you put them on.
 - 7) While putting on condoms you leave some air between the condom and penis.
 - 8) In the process of putting condom on you don't fully roll it out.
 - 9) You use low-quality condoms or those with the expired date.
3. You must tell the participants that there is a great choice for all the situations. And if your partner has some reasons for disliking condoms or lubricants you'll always be able to reach compromise. There are some methods that can be used immediately after the unprotected sex. At the same time their usage doesn't guarantee essential results. They are:
- washing with soap immediately after the sexual contact.
 - washing out the rectum or bringing some antiseptic substance into the urethra.

Remember that constant usage of these methods (listed above) can negatively affect your health. Besides, often usage of antiseptics leads to misbalance of microflora.

Session 6. Video presentation “whom to, which and why/what for?”

Objective: to inform the participants about the history of condoms’ making, their kinds and quality control.

Process:

1. Demonstrate presentation.
2. Discuss the presentation and answer the participants’ questions.

To Trainer’s Attention!

These two sessions (5 and 6) can be combined and the presentation can be demonstrated during the mini lecture.

Session 7. Activity “How much do we care of our health?”

Objective: to stimulate the participants thinking about that fact that many of us don’t usually behave for the benefit of our health. It will help improve our understanding of human behavior as there is misbalance between what we know and the way we behave.

Process:

1. Read the participants the instruction.

Instruction:

Before starting this activity it’s necessary to stand up. Now I’m going to read some points. If your answer to them is “no” you’ll have to sit down. Till your answer is “yes” you’ll continue standing. But if you take your sit you’ll have to continue sitting even though your answer to the next statement is positive. If you are sitting don’t stand up.

E.g. if the first sentence is as follows “I’m regularly examined” and you are not you’ll have to sit down and continue sitting up to the end.

2. Ask the participants to stand in front of their chairs.
3. Then read aloud and distinctly all the statements listed below.

To Trainer’s Attention!

The list can be added or changed:

- I’m regularly examined.
- I’ve never used drugs.
- I don’t smoke cigarettes.
- I always use condoms.
- I regularly do exercises/gymnastics.
- There are no tattoos on my body.
- I never drink extra.
- I don’t drink very strong tea brew.

To Trainer’s Attention!

When all are seated ask the participants what is common for all the statements. If no one knows mention that all of them are connected with behavior and health. Explain it to them that it’s a well-known fact that we don’t always use this information for the benefit of our health. Sometimes even though we know that it’s harmful and we mustn’t do it, e.g. smoking, we lack will power to stop it.

4. To sum it up say that in reality we are faced with people who have fallen ill by different reasons. It’s quite clear that during some periods we were at risk thinking that we’d be able to avoid infection. But unfortunately it doesn’t always happen.

Session 8. Summing up: activity “The first step”

1. Begin the process of summing up with the following extract (L. Carroll Through the looking-glass and what Alice found there):
 - Tell me please where I must go from here?
 - It greatly depends on where you want to come – answered Cat.
 - I don’t care – began Alice.
 - Then it doesn’t matter where to go – said Cat.
 - Just to get somewhere – explained Alice.
 - Don’t worry you’ll surely get somewhere – answered Cat, - on condition that you don’t stop halfway.
2. Tell the participants that in order to make their lives safer it’s necessary to have a clear understanding of their own problems. In other words to have a clear understanding of what prevents you from taking care of yourself and try to change it.
3. Suggest the following end of the lesson: two participants who are eager and ready will speak about the things they are worried about at the moment. The rest will suggest different ways of finding the way out giving the answer to the following question “What is it possible to start from today?”. The volunteers evaluate the offers choosing that solution they find to be the best. The participants encourage the volunteers to advance into action at once.

Materials for Session 6

Attachment 1

What is it “safer behavior?”

Conversations ...

Flirtation ...

Dances ...

Hugs ...

Kisses ...

Tenderness ...

Massage ...

Patting...

Undressing each other ...

Join reading of erotic literature ...

Masturbation in the presence of a partner ...

Joint masturbation ...

Sexual contact with condoms ...

Attachment 2

Main Notions

Safer sex is sexual practices in the process of which the risk to be infected with sexually transmitted diseases is at its minimum. More often it's associated with the usage of condoms in during sexual contacts.

Abstinence means the total absence of any sexual contacts. It's the safest and available method especially in case with teen agers.

Non-penetrative sex means kisses, caresses, petting, masturbation, and those practices which exclude putting penis into the vagina, anus or mouth.

Protected sex is when sperm, vaginal secretion or blood don't get into the body of a partner and as the result the risk of infection is lowered.

Condom is a barrier type of contraception.

Lubricant is an intimate cosmetic means aimed at moistening, softening and tonic of the mucous membranes of the vagina and genitals.

Attachment 3

Questionnaire

1. What is safer sex?

- a) penetrating sex without condoms;
- b) sex with condoms and lubricants;
- c) abstinence.

2. Do you know how to use condoms?

- a) yes;
- b) no;
- c) I don't use them.

3. What is lubricant?

- a) lubrication on the oil base;
- b) an intimate cosmetic means on the water base;
- c) cream.

4. Do you consider a condom to be able to prevent you from STI?

- a) yes;
- b) no;
- c) I wouldn't know.

5. In case you don't use condoms explain the reasons?

- a) I don't want to change my habits;
- b) I don't always have them at hand;
- c) I'm sure in my partner.

Lesson 7. Prevention of viral hepatitis.

Information for Trainer

Viral hepatitis enters the top ten of the most spread infectious diseases.

This training allows providing volunteers with the necessary information about viral hepatitis which they can share with the other prisoners.

The main aim of the lesson is:

To remember that the training is aimed at making the volunteers understand the whole seriousness of this disease. You should also provide them with the practical guidelines as for lowering the risk of infecting with hepatitis in everyday life and the perspectives of treating such diseases.

Objective: to inform the prisoners about the most spread types of viral hepatitis and the ways of its prevention.

Tasks:

- to provide them with the reliable/authentic information about the epidemics of hepatitis;
- to explain the reasons for the risk increase in prisons.

Materials: flip chart, colored markers, 5-6 sheets of paper format A1, stickers and pens.

To Trainer's Attention!

If there is such an opportunity, be ready to demonstrate some video on the topic.

Approximate duration is 2 hours.

Summary of the training

#	List of sessions	Approximate duration, min
1	Greeting Activity "If I were an animal ..."	10
2	Knowledge update (discussion in the form of question – answer)	15
3	Information about hepatitis, its etiology and pathogenesis	25
4	Activity "The Carpathian rain"	10
5	Information about the routes of transmission of viral hepatitis	20
6	Role playing game "Hospital"	15
7	Group work "Prevention of viral hepatitis in prisons"	15
8	Summing up	10

Session 1. Greeting: Activity "If I were an animal ..."

Objective: improving psycho-emotional climate among the participants.

Process:

Suggest that each participant should start with "Hello, my name is If I were an animal I would be ... because".

E.g. "Hello, my name is Denis and if I were an animal I would be a lion because it's courageous, strong and handsome ...".

Session 2. Knowledge up-date (discussion in the form of question – answer).

Objective: to find out the level of the participants' knowledge on the topic "Viral hepatitis".

Process:

1. Organise a discussion in the form of question – answer based on the knowledge of the participants on the topic.
2. Sum up the information without evaluating it and put it down on the flip chart.

Session 3. Information about hepatitis, its etiology and pathogenesis

Objective: to structure and provide some information to prisoners; raise their knowledge about viral hepatitis.

Tell the participants the following information:

Among one of the most dangerous diseases caused by viruses is viral hepatitis.. At present there are several types of hepatitis caused by different viruses and they are characterized by different mechanisms of development and their course.

The most widespread type of hepatitis is hepatitis A.

The causative agent of hepatitis A is a tiny virus which gets into the human body through the mouth together with dirty water and dirty food or through dirty hands.

Having got into sensitive organism/favorable environment the virus reproduces itself mainly in the liver during 7-50 days (an average 30 days) and doesn't show its activity within the indicated period of time. Then the first symptoms of fever appear. These could be chill, headache, feebleness, ache and pain in muscles and joints. Some days pass and the loss of appetite, nausea, vomiting and sometimes pain in the liver are added to the whole picture of symptoms. These symptoms are typical for some other diseases except for hepatitis. That's the reason why it can be wrongly diagnosed at this stage; it can be mistakenly taken for acute respiratory disease or just food poisoning. But in the course of time there are some additional symptoms typical for viral hepatitis added. They are the darkening of the urine (it acquires the color of brown ale) and the light-colored feces (it's like putty). After that we can also observe the process of goggles and later the skin may turn yellow.

As a rule viral hepatitis A progresses in light and medium forms but sometimes the cases can be severe. Sometimes there can be a symptomless course of the disease and as the result they remain undiagnosed. Meanwhile it's essential to remember that a person infected with the viral hepatitis represents a real threat to the surrounding..

The virus contaminates/infects the surrounding things/objects, soil and water. Due to its resistance to different influences it can be preserved in the environment for a long period of time.

The virus's getting into the water-supply pipeline network or open wells/pools where people can be infected in the process of swimming is extremely dangerous. Besides the virus is well stored in the organisms inhabiting water spaces, e.g. in shellfish. Thereby in the countries of western Europe outbreaks of epidemic of this disease connected with consuming oysters are registered.

Hepatitis A is characterized by the seasonality which means that the most cases are registered in autumn and winter.

A person ill with hepatitis must be taken to the hospital as soon as possible. It's necessary to be able to isolate the person from the other people and prevent the infection spread and also to create the necessary regimen for the ill person. In this case the patient must stay in bed most of the time and avoid nervous tension and physical activity.

The diet mainly consists of dairy and vegetable products. The most useful products are low-fat curds, boiled or baked potatoes, fruits, compotes/stewed fruit. During the whole course of the disease it's recommended to drink rosehip tea.

From the very first days of the disease the patient must get the enough quantity of carbohydrates which are found in sugar, white bread (it's better to use dried bread or dried crust), rice porridge, semolina and oatmeal, honey and fruit.

It's forbidden to drink alcohol including beer.

It's necessary to avoid overcooling and overheating.

All people with the disease must keep to a strict diet. It's forbidden to use any kinds of fried, smoked, pickled products, pork, mutton, meat of geese and ducks, spicy seasoning (mustard, horseradish, pepper and vinegar), radish, onions, garlic, mushrooms, nuts, sorrel, confectionaries, cacao, coffee, ice-cream, beans.

Milk, cultured milk foods, boiled low-fat meat, fish, vegetables, porridges and macaroni food, bread, biscuits etc. are allowed.

In case all the above recommendations are followed the human body restores its functions.

Those who were ill with the viral hepatitis must be supervised by a doctor. If a person feels worse they must immediately consult a doctor because it can be a sign of acute condition or liver complications.

Such relapses and complications can be the result of violation of the recommended way of life for a patient, especially in those cases when a patient starts consuming alcohol immediately after they have left hospital/after their discharge from the hospital.

It must be emphasized that alcohol is fatally dangerous for people with hepatitis. Having the influence on the weakened liver it assists in causing death of the liver cells, and this leads to complications connected with hepatic failure.

Viral hepatitis is an extremely serious disease that's why its prevention is vital.

Prevention of hepatitis:

- *wash your hands thoroughly before each meal, after visiting lavatory, and on coming home;*
- *all fruit and vegetables must be thoroughly washed;*
- *don't drink water from the open wells without its preliminary boiling (not less than 5 minutes);*
- *don't bathe in contaminated pools;*
- *don't eat raw seafood (oysters, mussels);*
- *destroy flies and cockroaches;*
- *if there is a case of viral hepatitis in the family a patient must be immediately taken into the hospital. Before it's possible to take them to hospital, the patient must be sent to bed and they must have separate kitchen utensils that are washed with the help of 2% sodium solution and boiled for 30 minutes.*
- *All the linen and clothes are boiled for 15 minutes in the solution of any means.*
- *all people surrounding patient must thoroughly wash their hands after each contact and before meals.*

Session 4. Activity "The Carpathian rain"

Objective: switching the participants' attention and uniting the team of volunteers.

To Trainer's Attention!

With the help of this activity it's necessary to achieve the effect of the rain in the group.

Process:

1. All are seated in the circle.
2. Trainer is in the middle.

3. Trainer “Now I’m going to demonstrate some movements and your task is to repeat them when I’m passing you”. The following movements change each other: we rub our palms, trigger/jerk fingers, clap our hands against the knees, and stamp our feet and then we repeat clapping hands against the knees and triggering our fingers. It lasts not more than two minutes.
4. Ask about their feelings after this exercise.

Session 5. Information about the routes of transmission of viral hepatitis

Objective: to inform the participants about the routes of transmission and symptoms of the viral hepatitis.

Process:

Provide the participants with the following information:

What are the routes of transmission of hepatitis A and E?

- *through food;*
- *through water;*
- *through contaminated utensils.*

What are the primary/basic symptoms of hepatitis A and E?

- *weakness;*
- *indisposition;*
- *running temperature;*
- *headache.*

Which else symptoms of this disease do you know?

- *sickness;*
- *vomiting;*
- *the feeling of heaviness and pain in the right subcostal area;*
- *bad appetites;*
- *diarrhea;*
- *sometimes the yellowness of the iris and skin.*

If a patient doesn’t get the necessary treatment these types of hepatitis, A and E, can become chronic or cause acute hepatic failure.

The virus of hepatitis B is the most dangerous as it’s very infectious and it dies in the process of boiling which must last for 45 minutes.

The routes of infecting with hepatitis B are:

- *through the sores, injuries and mucous membranes on the body;*
- *in the process of using one and the same syringe or equipment for preparing drugs (dishes, filters etc.);*
- *in the process of injecting infected drugs;*
- *in the process of transfusion;*
- *in the process of tattooing;*
- *in the process of sexual contact without condoms (anal, oral and vaginal);*
- *in everyday life – through shaving sets, toothbrushes, sponges and etc.*

The symptoms of hepatitis B are:

- *the yellow color of the skin and goggles;*
- *the darkening of the urine and the light color of feces;*
- *anorexia, sickness, vomiting and constipations;*

- *headache, rapid fatigability, weakness;*
- *pain in the right coastal area.*

Treatment of this type of hepatitis is realized with the help of drug therapy.

The viral hepatitis C is dangerous due to the absence of symptoms. But in half a year it acquires the chronic form and then it may cause cancer of the liver or its cirrhosis.

The routes of its transmission are the same as hepatitis B. The same are the symptoms of the disease.

Session 6. A role-play “Hospital”

Objective: the revision of theoretical material and working out counseling skills .

Process:

1. Invite two volunteers. One of them will take the part of a doctor and the other that of a patient.
2. The instruction is “All of us have visited doctors and we know how they behave and how patients must behave”. The aim of the game is to create the situation when a patient complains about the symptoms which prove that it’s the case of the viral hepatitis and the doctor with the help of questions finds out the type of hepatitis and the routes of its transmission.

To Trainer’s Attention!

The doctor’s task is to redirect the patient and make them have a thorough examination and also to provide them with the recommendations on the meals and way of life in this case.

Session 7. Group work “Prevention of viral hepatitis in prisons”

Objective: to motivate the participants to practice safer behavior.

Process:

1. Divide the participants into two groups having asked the first two about their favorite kinds of sports. E.g. football – hockey, tennis – swimming etc.
2. Give the following task: one group discusses prevention of enteral viral hepatitis (A, E) and the second is responsible for the discussion of parenteral viral hepatitis (B, D, C) both in prisons and out of them.
3. The groups are given 7 minutes for the fulfillment of the task and then they are to present their work.
4. All the data must be put down on the flip chart and generalized.

Session 8. Summing up.

Objective: to get the feedback from the participants.

Process:

1. Provide the participants with the stickers and pens.
2. Each participant writes what else they would like to learn about hepatitis and to what question they would like to get the answer.
3. Collect all the notes and try to answer all the questions and in case there is something you can’t provide the answer to be ready to prepare the hand-outs for the next meeting.
4. If required, redirect/refer the participants to the medical unit.

Materials for Lesson 7

Attachment 1

Main Notions

Hepatitis A is caused by the virus Picornaviridae. The routes of its transmission belong to communicable. The virus gets into the human body together with the contaminated provision, water and household goods.

Hepatitis B is caused by the virus Hepadnaviridae and is the reason for both acute and chronic forms of hepatitis. Chronic hepatitis is developed in 10% of adults infected with hepatitis B. The routes of its transmission are parenteral (through blood) both naturally and artificially. Among the natural routes of transmission the most spread one is in the process of sexual contacts. Also the transmission is possible in the process of delivering a child from mother to child or in case of transplacental infection of foetus during pregnancy. The artificial route of transmission can be the result of transfusion (when the blood is infected), using unsterile surgical or dental equipment, syringes etc.

Hepatitis C (presently described as a systematic HCV infection) is transmitted in the process of contact with the infected blood. This type of hepatitis can cause the development of chronic form which results in cirrhosis or cancer of the liver. The risk groups are first of all connected with transfusion, surgery, drug injection with the usage of one and the same syringe for all the participants of the process, disordered sexual contacts and with the usage of one and the same equipment for manicure.

Prevention of the Viral Hepatitis:

Wash your hands thoroughly before each meal, after visiting lavatory and coming back home.

Don't eat dirty vegetables and fruit, wash them thoroughly.

Don't drink water from the open wells without preliminary boiling (not less than 5 minutes).

Don't bathe in the dirty/contaminated pools.

Destroy/get rid of flies and cockroaches.

Debride and put the dressing on all the wounds, sores, cuts etc.

Use individual/personal shaving sets, toothbrushes, sponges etc.

Refuse tattoos.

Attachment 2

Questionnaire

1. What types of the viruses are known under the following titles: A, B, C?

- a) the viruses which cause hepatitis
- b) human papilloma viruses;
- c) the virus of human immunodeficiency;

2. What are the main routes of viral hepatitis A transmission ?

- a) fecal-oral;
- b) through water;
- c) hematogenic (through the blood);

3. What are the main routes of viral hepatitis B, C transmission ?

- a) hematogenic (through the blood);
- b) from mother to child;
- c) through water;

4. What are the main symptoms of the viral hepatitis?

- a) kidneys' increase;
- b) the darkening of the urine and decolouration of feces;
- c) weakness/fragility, the yellow color of the skin and goggles.

5. What are the main ways of preserving health in case of viral hepatitis?

- a) exclusion of alcohol;
- b) keeping to a strict diet;
- c) eating high-fat and salty meals.

Lesson 8. Tuberculosis Prevention

Information for Trainers!

A high level tuberculosis (TB) infection in prisons can be determined by the specific characteristics of prisons' population as well as the conditions of their imprisonment which means that often there are too many people in a small closed territory. To achieve success in controlling the spread of TB both in the community and in prisons it's necessary to insure systematic approach to prevention and education of prisoners and general and the community. . The participants must be supplied with the necessary information about TB and the risks of living in a "closed community".

The main aim of the lesson is to make the participants understand the importance of TB prevention in prisons and to motivate them lead a healthy lifestyle.

Objective: to inform the participants about TB prevention.

Tasks:

- to provide them with the authentic information about the size of TB epidemic, its routes of transmission and prevention;
- to explain to the prisoners the reasons for the increased risk of TB infection in prisons.

Materials: a flip chart, colored markers, 5-6 sheets of paper format A1.

Approximate duration of the lesson: 1 hour 40 minutes.

Summary

#	List of Sessions	Approximate Duration, minutes
1	Greeting: activity "Name + wishes to the group for the day"	10
2	Brainstorm: knowledge refreshment/update	10
3	Information "Tuberculosis. Etiology, Pathogeny"	10
4	Warm up "A turnip"	15
5	Information "The routes of TB transmission, its prevention and treatment"	20
6	Brainstorm "Risks of TB infection in prisons"	10
7	Group work "TB prevention in prisons"	15
8	Summing up	10

Session 1. Greeting: activity "Name + wishes to the group for the day"

Objective: to create positive and favorable atmosphere for the work.

Process:

1. Suggest that the first participant should begin with the following phrase “Hello, my name is ... and for the day I want to wish the group ...”.

E.g. Hello, my name is Peter and for the day I want to wish the group to be in a good mood.

2. Continue the activity till all the participants have introduced themselves.

Session 2. Brainstorm: knowledge refreshment/update

Objective: to find out the level of the participants’ knowledge about the symptoms of TB.

Process:

1. Ask the prisoners about the main TB symptoms they know.
2. All the answers should be written.
3. After the list has been prepared, make a detailed analysis and go to the next information.

Session 3. Information “Tuberculosis. Etiology, Pathogeny”

Objective: to increase the level of the participants’ information awareness in the sphere of TB.

Process:

The participants must be supplied with the following information:

To Trainer’s Attention!

Remember that the level of information and the way of its introduction depends on the level of participants’ knowledge.

At the end of the XIXth – at the beginning of the XXth century the level of TB reached the size of the worldwide epidemic. And that undoubtedly urged the active search of means and methods of fight against “white plague”. In 1882 Robert Koch announced about the discovery of TB’ causative agent. In 1890 he invented tuberculin. For this discovery which brought the scientist the worldwide fame he was awarded Nobel Prize.

Etiology and Pathogeny of TB

Mycobacterium which represents the gram-positive acid resisting microorganisms belongs to causative agents of TB. Their authentic title is mycobacteria of tuberculosis (MBT) or Koch’s bacteria but not bacillus. Because the causative agents of TB don’t make any spores and capsules, they are surrounded by the lipidic membrane which together with the mycolic acid provides the acid and alkaline resistance. Mycobacteria are resistant to the influence of different natural, physical and chemical factors.

The most favorable temperature for the growth of MBT is 37-38C. If the temperature is higher than 42C and lower than 29C the growth and reproduction are ceased/suspended. In pure culture MBT dies at 50C in 12 minutes and at 70C in a minute. In the environment they are connected with protein (most often in phlegm) and as a result their resistance is several times increased. In milk MBT survives at 60C during an hour, 70C half an hour and 90-95C up to 5 minutes.

Especially the resistance of MBT increases in dried phlegm. On the pages of books the virus is preserved during 3 months, in the street dust – about 2 weeks and in case phlegm with MBT gets on to the sprinkling bed it preserves its virulence for about 30 days. The most dangerous are dairy products (cottage cheese

and butter) where MBT is preserved during 250 days. The higher level of resistance the causative agent preserves at low temperatures: at -23C it stays alive for 7 years and at -76C – 180 days.

Swine, cats, dogs, cattle are prone to the human kind of MBT. Consequently these animals themselves can be the source of MBT and can be rather dangerous for people.

At pasture contaminated by faeces, urine and phlegm of ill animals MBT preserves its vitality for 19 months and in arable land at the depth of 15 cm deep it stays alive up to 3 years.

The bright direct sunlight kills MBT in 60 minutes in summer and in 2 hours in winter; scattered sunlight needs 40-80 days and ultraviolet rays do the job in 2-3 minutes.

There are three stages in the development of TB:

1. the process of infecting when the causative agent gets into the human body;
2. the spread of MBT;
3. the appearance of the inflammatory process.

The source of TB is an infected person or rarer cattle (up to 55 species). The main epidemiological sources of the spread of this infection are people with the open form of TB (a person discharging bacteria) and cattle infected with TB.

Daily an infected person with the destructive form of TB together with the phlegm discharges from 15 million to 7 milliard mycobacteria. Each person discharging bacteria is able to infect up to 10-15 people per year.

Session 4. Warm-up “A turnip”

Objective: it helps relax.

Process:

1. Ask the participants to make a circle in the middle of the room.
2. Following the plot of the fairy-tale (Turnip) each participant gets the part of some characters (turnip, grandpa, grandma etc.).
3. Start slowly telling them the fairy-tale.
4. The participants' task is to squat when they hear the name of their character.

To Trainer's Attention!

The retelling of the fairy-tale should be organized in such a way that the names of the characters are repeated as often as it's possible.

Grandpa planted a turnip. The turnip grew bigger and bigger.

Grandpa came to pick the turnip, pulled and pulled but couldn't pull it up!

Grandpa called Grandma.

Grandma pulled Grandpa,

Grandpa pulled the turnip.

They pulled and pulled but couldn't pull it up!

Granddaughter came.

Granddaughter pulled Grandma,

Grandma pulled Grandpa,

Grandpa pulled the turnip.

They pulled and pulled but couldn't pull it up!

The doggy came.
Doggy pulled Granddaughter,
Granddaughter pulled Grandma,
Grandma pulled Grandpa,
Grandpa pulled the turnip. They pulled and pulled but couldn't pull it up!
A kitty came.
Kitty pulled doggy,
Doggy pulled Granddaughter,
Granddaughter pulled Grandma,
Grandma pulled Grandpa,
Grandpa pulled the turnip. They pulled and pulled but couldn't pull it up!
A mouse came.
The mouse pulled kitty,
Kitty pulled doggy,
Doggy pulled Granddaughter,
Granddaughter pulled Grandma,
Grandma pulled Grandpa,
Grandpa pulled the turnip.
They pulled and pulled and pulled the turnip up!

Session 5. Information “The routes of TB transmission, its prevention and treatment”

Objective: to increase the level of participants’ knowledge about the routes of TB transmission, its prevention and treatment.

Process:

Provide the participants with the following information:

The routes of TB infection:

1. Aerogenic when in the process of coughing, sneezing and talking an infected person discharges aerosol which speedily dries. Largely dispersed drops settle in the upper airways and from this place they are evacuated outside with the help of ciliated epithelium. That’s why in case the mucous membrane of the bronchus is healthy the route of getting the infection through the dust prevails over the droplet route. The drops of the phlegm dry out and mingle with the dust forming the nucleus which stays in the air for a long period of time and in the process of breathing in the air easily gets into the final branches of the airways called alveoli or bronchiole.

The place through which the infection gets into the human body is called the entry point. More often these are the alveoli deprived of local protection and rarer they are damaged bronchi (e.g. in smokers during the constant inhaling dust). In such cases the causative agent can get into the body through the upper airways including tonsils and lymphatic nodes of the pharynx.

2. Alimentary infection when the infection gets into the body in the process of drinking milk and consuming dairy products from infected with TB cows, first of all.

3. Immediate contamination (which is rarer) when the process of infecting happens in the result of immediate contact through the hands of infected people (during handshakes, kisses, physical contact with infected clothes, linen, towels, utensils). Immediate contamination is possible in the process of damaging the integrity of the mucous membrane or the skin; it happens with people working with infected animals as well with the medical staff of TB clinics.

4. Transplacental when the foetus swallows infected with MBT amniotic fluid or through the blood if the placenta is infected with TB.

5. Some other routes are through books, in the process of tattoo and smoking somebody else's cigarettes. To passive MBT carriers belong flies, cockroaches and mites.

In the process of long-lasting contact with a discharger of bacteria up to 50% of people are infected. But luckily, only 10-15% of all fall ill while the rest acquire the long-life immunity and stay healthy.

After getting of MBT into the human body through the site of entry the bacteria are spread through the hematogenic, lymphogenic and bronchogenic etc. routes.

Already at the site of entry through which the causative agent gets into the human body difficult mechanisms of protecting microorganisms must start working; if these mechanisms don't work the causative agents reproduce themselves discharging harmful and destructive for the cells of the body enzyme, endotoxin and exotoxin.

Tuberculosis is characterized with a great variety of clinic forms. The outcome of the disease depends on its course (progressive or regressive), effectiveness of its treatment and reversibility of the changes.

TB is characterized with gradual beginning. Even in case of acute disease (febrile temperature, blood spitting and pulmonary hemorrhage) it's possible to find out that several weeks (months) before it patients suffered from weakness, sweating, loss of appetite, loss in weight. It's important to know whether the members of the family are ill with TB and whether there have been contacts with infected people.

In Ukraine all people infected with TB (with the primary diagnosis, relapses and intensification of the chronic form) are obligatorily taken to hospital. In hospitals patients get controlled antibacterial therapy up to the moment the mycobacteria of MBT cease to be discharged and to cavern healing. The main course of treatment ends in a sanatorium and then goes outpatient observation.

The crucial part in the overall process of treatment of people ill with TB belongs to antimicrobial therapy.

The main course of antituberculosis therapy consists of two stages. The first is the intensive treatment. Its aim is to stop MBT's reproduction and considerably lower their number in the human body.

The second stage of the treatment is the supportive therapy which is organized to fix the achieved results. Its aim is to provide stable clinic effect and prevent the aggravation of the process.

Patients with the primary diagnosis of TB get the intensive therapy including 4 medicines during 2-3 months. Then goes supportive therapy in combination with 2 medicines which are taken 2-3 times per week during 4-5 months. The duration of the main course of treatment lasts for 6-8 months.

Taking the routes of TB infection (droplet and through dust) into consideration we may say that in everyday life the sanitation and patient's sticking to the rules of individual hygiene play a vital role.

Patient must have separate utensils, towels, linen which is systematically disinfected. Books, note-books and other articles of everyday use must be also individual. All patient's things must be stored/kept separately in order somebody else couldn't accidentally use them.

The most dangerous infectious material is patient's phlegm that's why a special attention must be paid to its disinfection. Patients must be supplied with two pocket spittoons that are at quarter filled with % of chloramine solution: one spittoon is for phlegm while the other is disinfected at that moment. Systematically patients must be reminded of that fact that they must strictly stick to the rules of spitting phlegm and follow them. They mustn't contaminate clothes, linen, shoes, premises they are at the moment,

soil, pools and wells, products and thing for general use with phlegm.

As a rule most of the patients ill with TB while been out of hospital don't use their pocket spittoons. That's why they should be recommended to have unfastening insertable pockets where handkerchieves are put. These pockets together with the handkerchieves are soaked in the 5% of chloramine solution in some enamel tank. The procedure lasts 6 hours.

In prisons patients with TB after it has been diagnosed are treated in special intraregional TB clinics. After having got the necessary treatment prisoners are kept in usual colonies but as a rule they are put on the records and kept in one unit.

Session 6. Brainstorm “Risk of infecting with TB in prisons”

Objective: to make the participants more active and help them understand the topic very well.

Process:

1. On a big sheet of paper put down the following phrase: “Risks of infecting with TB in prisons”.
2. Suggest that the participants should enumerate the situations in prisons which they consider to be risky as far as infecting with TB is concerned.
3. All the ideas should be written.
4. After the list has been made up analyze it and go over to the information.

Session 7. Group work “TB prevention in prisons”

Objective: this activity helps the participants identify the ways of TB prevention in prisons.

Process:

1. Divide the group into 3 teams.
2. The teams must be provided with paper format A1 and colored markers.
3. Divide the routes of TB transmission among the teams:
 - droplet;
 - through the contact in everyday life;
 - alimentary.
4. Ask each group to identify the ways of prevention of their route of TB transmission. Draw the participants' attention to that fact that the ways of prevention must be applicable in the condition of prisons.
5. In 5-7 minutes the participants present their collective works. Fix the results.
6. Discuss everything with the participants and if necessary correct the information.

Session 8. Summing-up.

Objective: to sum up the lesson and to give all the participants the opportunity to air their personal of views.

Process:

1. Inform the group of the end of your meeting.
2. Suggest that each participants should answer the following questions:
 - What conclusions have you made after our meeting?
 - How are you going to apply the knowledge you've got in your volunteering work as well as in everyday life?
 - Share your impressions of the meeting and discuss the date and time of your next meeting.

Materials for Lesson 8

Attachment 1

Main notions

Tuberculosis is the infectious disease of people as well as animals (more often of cattle, swine and chickens) caused by several types of acid resistant mycobacteria (the outdated for bacillus Kochii).

Routes of TB infecting

1. Aerogenic which is realized in the process of coughing, sneezing and talking when a patient gives out fast dried aerosol. Largely dispersed drops reside in the upper airways and from there through the ciliated epithelium of the bronchi they are evacuated outside. That's why in case the mucous membrane of the bronchi is healthy droplet route of infecting with MBT gives way to dust route. The drops of phlegm dry out and are mingled with dust forming the nucleus. For a long time they stay in suspension in the air and in the process of breathing/inhaling easily get into the final branches of the airways (bronchi, alveoli).

2. Alimentary infection happens in the process of consuming milk (and dairy products) produce by ill with TB cows.

3. Contact which happens rarer in the result of contact through the hands of an infected person (in the process of handshaking, kisses, touching infected clothes, linen, towels and utensils). It's possible when the integrity of the mucous membrane and skin is damaged. It happens with people working with infected animals as well as with medical staff of TB clinics.

4. Transplacental when the foetus swallows infected with MBT amniotic fluid or through the blood when the placenta is infected with TB.

5. Some other routes of infection which happen even rarer through books, in the process of tattoo and finishing smoking somebody else's cigarettes. To passive carriers of MBT belong flies, cockroaches and mites.

The symptoms of TB. When the bacillus Kochii gets into the lungs (or any other organ) the initial nidus of inflammation is developed with the symptoms of ordinary pneumonia. But in contrast with the ordinary infection the inflammatory process in case of TB develops very slowly (this is a chronic infection lasting in years) and is inclined to necrosis of the initial inflammatory nidus. Conventionally the symptoms are divided into non-specific (ailment, weakness, low grade fever, bad appetite, weight loss, paleness etc.) and specific (which are characteristic of TB): sweating at night and morning hours (as manifestation of intoxication exhausting patients), the difference in temperature between that in the morning and in the evening which constitutes not more than 0.5 degrees, the obtrusive long-lasting cough etc.

Attachment 2

Questionnaire

1. What are the main routs of TB transmission?

- a) droplet and through the dust;
- b) in the process of consuming meals infected with mycobacteria of TB;
- c) I don't know.

2. What are the symptoms of TB at its early stage?

- a) general weakness;
- b) easily tired;
- c) I don't know.

3. What are the main symptoms of TB?

- a) sweating (especially at night);
- b) cough;
- c) the loss of appetite.

4. Does the risk of infecting with TB increase in case of lowering people's immunity?

- a) yes;
- b) no;
- c) I don't know.

5. What is it necessary to do after the appearance of the first symptoms of the disease?

- a) to consult a doctor;
- b) to be X-rayed;
- c) I wouldn't know.

6. Under which conditions dose the mycobacteria of TB die?

- a) while processing with the help of quartz lamp during 20 minutes;
- b) phlegm's processing with 2% of chloride lime;
- c) I don't know.

Lesson 9. Types of Addiction. Harm Reduction Program.

Information for Trainer!

In penitentiary system there are people with different types/kinds of addiction. Among prisoners there may be a great variety of addictions – from alcoholic, drugs, gambling. Drug addiction is one of the most wide spread addictions which is difficult to overcome it also includes support to a person eager to get rid of addiction. Harm reduction is a pragmatic approach to minimizing harmful consequences connected with drug use and especially with the risk of HIV, hepatitis C and sexually transmitted infections for individuals as well as for the whole society.

The main aim of the lesson is to motivate the prisoners to give up taking psychoactive substances and to minimize risk behavior connected with addictions. Work with the risk group to which prisoners are attributed includes providing adequate help in overcoming problems which can result in drug addiction.

Objective: to inform the participants about the kinds of addiction and about harm reduction program.

Tasks:

- to form the understanding about “addiction” in general;
- to present the main principles of the strategy “harm reduction”;
- to practice disinfecting the equipment.

Materials: flip chart, colored markers, 5-6 sheets of paper format A1, imitations of different disinfectants (bactosin, 96% alcohol, hydrogen peroxide, hydroperitum, chlorhexidinum etc.), water in plastic bottle.

Approximate duration: 1 hour 45 minutes

#	List of Sessions	Approximate duration, min
1	Greeting: activity “The positive/negative quality beginning with the first letter of the name”	10
2	Activity “Rules’ demonstration”	10
3	Group work “Harmful habits. Addiction”	15
4	Information “Addiction. Its characteristics and types. “Difficult” types of addiction”	15
5	Warming up “Ovations”	5
6	Information “Harm reduction concept”	30
7	Practical work “Equipment’s disinfection”	15
8	Summing up: activity “My mood”	5

Session 1. Greeting: activity “The positive/negative quality beginning with the first letter of the name”

Objective: the activity gives the opportunity to learn each other better and to create the working atmosphere.

Process:

1. Suggest that the first participant should begin the process of getting acquainted with the following phrase “Hello, my name is ..., my positive quality is ..., my negative quality is ...”. It’s desirable that the qualities should begin with the first letter of a person’s name.

E.g. Hello, my name is Alex, my positive quality is activity and my negative quality is abstractedness.

2. Ask the participants the following questions:
 - What does this activity give to its participants?
 - Was it difficult or easy to find something good or bad in you?
 - What exactly was it easier to find?

Session 2. Activity “Rules’ demonstration”

Objective: revision of the group’s rules necessary for favorable atmosphere.

Process:

Each participant chooses one of the rules previously selected during one of such meetings and demonstrates it with the help of pantomime.

Session 3. Group work “Harmful habits. Addiction”

Objective: to form the clear understanding of the notion “addiction” and to provide the participants with the information about drug addiction.

Process:

1. Divide the group into 2 teams and ask them to prepare a list of harmful habits.
2. After the teams have presents their work, discuss the difference between harmful habit and addiction and what items among the suggested belong to addiction and harmful habits.
3. Provide the participants with the information about the kinds of addiction.

Kinds of addiction

Chemical addiction:

- ❖ alcohol;
- ❖ caffeine;
- ❖ nicotine;
- ❖ marijuana;
- ❖ heroine;
- ❖ antidepressants;
- ❖ analgetic.

Emotional addiction

It demonstrates itself in reducing self-respect and can be accompanied by chemical addiction.

To emotional addiction we attribute the following:

- desire to spend too much money;
- workaholism;
- excessive enthusiasm about sports;
- excessive enthusiasm about health improving systems;
- affairs with “bastards”;
- excessive care about somebody;
- eagerness to gnaw at the nails;
- tendency to mishaps;
- constantly working TV;
- tendency to phantasies;
- passion for serials;
- feeling of a victim;
- games (video, board);
- wish to call somebody;
- incomprehensibleness in reading;
- feeling of been reserved;
- savings;
- desire to listen to the radio for a long time.

*The other kind of addiction which is less dangerous in comparison with the previous one **is food addiction**. Food is considered to be one of the most accessible objects of abuse. Systematic overeating or vice versa the haunting idea to losing weight, weird taste, exhausting fight against “excessive weight”, infatuation for new diets all the time, etc. are wide spread nowadays.*

Difficult addiction

Most of us have difficult addiction. We need coffee or tea to wake up. We need sweet breakfast to stimulate ourselves and continue work again. We waste money to feel better and more confident. We use alcohol, sleeping draughts, constantly watch TV, etc. to “blow the cobwebs away” or just smother some feelings.

4. Divide the group again and give them the following task: the first team should write not less than 5-6 negative consequences addiction can cause and the second team works at the advantages (5-6) people get from harmful habits.
5. Ask the participants the following questions:
 - What harmful habits, addiction have you got?
 - How do you profit from them?
 - Discussion “Do you control addiction or does it control you?”

Session 4. Information “Addiction. Its characteristics and types. “Difficult” types of addiction”

Addiction is a peculiarity of your character or behavior which can be described in the following way:

- You don't control This rather This takes control of you. You feel that you haven't any choice except for doing This. As soon as harmful habit has been formed you immediately get under its influence.
- This habit roots itself in your life to such extent that it becomes unnoticeable for you. Your surroundings interpret This as your defense, irritability and your been reserved.
- You do This more often trying to get stronger influence.
- You regularly start doing This especially when having a foreboding such as boredom, loneliness, physical pain.
- You feel that you are unable to cope with the life problems without This.
- You can waste the most of your life fighting This (even if This has lightly touched you).
- You can spend precious energy of your soul suffering from This and trying to fight This.
- This demands part of your money, time, and energy to the detriment of something more useful and as a result you hate yourself even more for such pointless wastes.
- You lose self-respect, vitality; there exists the threat of destroying your whole life mode (family, career, and friends), physical and emotional health.

Some people are eventually killed by this.

Remember that addiction:

- is based on the low self-esteem and the loss of self-respect;
- for some time takes us out of the numbness and stupefy the feelings of discomfort, fear and pain;
- distorts the reality and create the illusion of been cared about;
- damages you physically, psychologically and emotionally;
- limits your individual, professional and social opportunities;
- triggers “the syndrome of nice feeling” that disguises the real emotions;
- supports your isolation.

Addiction provides us with the false feeling of happiness, satisfaction, euphoria but in some time they lead to sharpening of your feelings (boredom, melancholy, loneliness). Depression, irritability, anxiety and exhaustion this is what everyone feels when the addiction's effect comes to its end. Meanwhile you feel the necessity to be subordinated to the harmful habit again in order to be able “to soar”. Afterwards comes another inevitable “failure”.

The feelings of “escaping the reality” constitute the basis of this process. In fact as soon as the effect of the corresponding doping/drug stops negative emotions will only increase and the problems will stay unsolved and the

feeling of loneliness will envelop you because your returning will be even much more distressful after your “soaring”.

The development course of addiction:

1. You feel bad. You are bored, lonely and worried. In order to escape all these unpleasant emotions you apply to your favorite addiction.

2. After that comes some relief. You feel better for some time (it may be minutes, hours or even days). It seems to you that it's not difficult to cope with something and relax because addiction has taken you out of numbness and subdued your anxiety, uncertainty and dissatisfaction. You start thinking that you've got only one life and should live it fully indulging yourself.

3. As a rule it's rather painful to fall from such a height. All the troubles and difficulties you were trying to get rid of are still with you. Grief, sorrow, boredom, irritability, self-contempt and disappointment with the life prevail. You feel especially miserable and are eager to find the guilty. Deep in your soul you are frightened but would never confess. You hate all these feelings and you want to “feel well” again.

4. Addiction starts working bit this time you need the bigger dose to exceed your initial feelings added negative feelings after the previous concession to bad habits added the knowledge about that fact the effect of addiction will lead to their increase.

Consequently you are captured by addiction. Its effect increases until it captures you fully. In order to be able to tear yourself away from addiction it's necessary to sort out the feeling. It's necessary to accept them and to learn how to manage them instead of trying to hide from them in vain.

Session 5. Warming up “Ovations”

Objective: to switch over the participants' attention and to create favorable atmosphere.

Process:

1. All the participants take their seats in a circle.
2. Ask those of them who possess some particular qualities and skills to stand up (e.g. “Stand up those of you who can drive a car well, dance, skate, likes to watch serials, dreams ...”).
3. When people stand up the rest applaud them.

To Trainer's Attention!

If the group has been already formed quite a different variant of this activity can be used:

1. All the participants occupy their places in a circle and you are in the center of it. You are the leader. Ask those to stand up who can be united by some signs, e.g. “Stand up those people who cleaned their teeth in the morning”.
2. All the participants from the category mentioned above must stand up and exchange their seats. Your task is to manage to occupy somebody else's place. In this case the participant who's deprived of their own seat takes the responsibilities of the leader and finds some other sign.

Session 6. Information ““Harm reduction concept””

Objective: to inform the participants about the strategy of “Harm reduction”.

Process:

In most countries the spread of HIV/AIDS and other infections transmitted through the blood among the prisoners considerably exceeds the same indicators among general population. Possibly such forms of risk behavior as tattoos, unprotected sex and drug use with joint equipment/tools come across more often exactly in prisons.

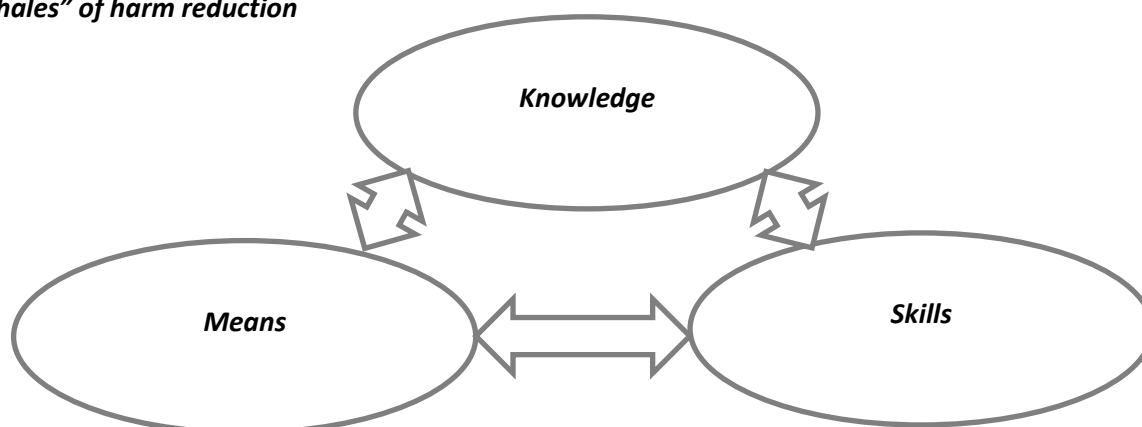
Harm reduction is a pragmatic and humane approach aimed at reducing individual and public harms associated with drug use and especially with the risk of HIV. Harm reduction implies a wide range of services for drug users including syringes and needles' exchange, substitution therapy, information about health, referrals to doctors, as well as social and legal help. Unfortunately such services as syringe exchange and substitution therapy are available out of prisons).

Harm reduction is prevention/reduction of those negative medical and social (including criminal) consequences for a person, which inevitably occur in the process of drug use.

The history of the "Harm reduction" movement comes back to the 80s of the previous century. It's connected with the beginning of the epidemic of hepatitis and AIDS among injection drug users in the USA, Western Europe and other countries. This epidemic arouse the question directly to drug users – how to protect themselves and their friends.

In Holland and later in other countries self-help groups for drug users started to appear. Their aim was dissemination of disposable syringes as means of prevention.

Three "whales" of harm reduction



The principles of harm reduction are as following:

1. Don't use drugs and if you've already started doing it stop it.
2. If you use drugs don't do inject them.
3. If you inject drugs use a new syringe all the time.
4. If there isn't such a chance as to use a new syringe in the process of each injection at least don't use somebody else's syringe.
5. If you use somebody else's syringe always disinfect it.

To Trainer's Attention!

All the principles of harm reduction can be worked out together with the participants with the help of a trainer. The following activity can help do it:

1. Print the principles without any numeration.
2. Cut the sheet of paper in such a way that on each part there is a part of the principle. So you must have 10 cards.
3. Provide the participants with the cards.
4. Ask them to arrange the cards logically.
5. If the participants can't do it help them with questions but don't give the correct variant.

6. *Read out the result. Draw the participants' attention to that fact that all the principles result from each other.*

The Tools of the Harm Reduction Program in Prisons

Information

The first step in behavior change is information for this reason the educational programs are the main and central part of prevention. The forms of such activity are different; they are individual counseling, workshops, publications, "peer-to-peer" education.

Provision of Means of Protection

Taking that fact into consideration that sex is not rare in prisons more and more prisons provide their prisoners with condoms, lubricants as a part of prevention programs.

Provision of Disinfectants

Disinfection of the equipment for injections and tattoos reduces the risk of the spread of infections transmitted through the blood. This is the reason for provision disinfectants (bactosin, etc.) in the prisons of Canada, Australia, Ukraine and many other countries of the European Union.

The tools of the harm reduction program

Substitution Therapy

It implies the drug users' transfer from consuming illegal drugs to medicines which support their physical and psychological state and that are prescribed and controlled by medical staff.

Notwithstanding that fact that addiction remains substitution therapy reduce the risk of HIV.

Medicines/drugs:

Methadone *is a drug (in tablets or syrup) for relieving pain founded in 1943. It subdues an urge for heroin and helps the functions of the human body (who belong to those dependable on drugs of thebaic group) come to normal.*

Buprenorphine *is a synthetic drug for relieving pain (mostly in tablets). It partially combines the qualities of the agonist (subdues the urge for opiate) and that of the antagonist (blocks particular receptors of the brain and as a result the drug doesn't bring the anticipated effect).*

Syringe Exchange

The first project of needles' exchange was run in the male top security prison in Switzerland in 1992. By 2000 such programs of syringe exchange had also been functioning in Spain, Moldova and Belarus. All the research in this sphere has shown the improvement of the male health among prisoners, the absence of newly registered cases of HIV and hepatitis C, reduction of the number of abscesses, the absence of the increase in the drug use as well as cases of using syringes as weapon or containers for smuggling. Nonetheless exactly those programs that are the most effective in preventing HIV/AIDS and infections transmitted through the blood present a serious challenge for a traditional way of thinking and can contradict the usual routine of penitentiaries. Such difficulties are solved differently in different countries, e.g. what is acceptable for Switzerland is not always appropriate for Ukraine.

To Trainer's Attention!

Draw the participants' attention to that fact that principles prisons administration don't always allow implementation of all harm reduction methods because of the existing laws. That's why in prisons the accent must be brought to safer behavior, means of protection and disinfectants.

Disinfection of the Equipment/Tools

In order the equipment doesn't become the source of infection it must be systematically disinfected. Disinfection is

the process of destroying bacteria with the help of special solutions, disinfectants.

In prisons for disinfecting needles and syringes the following disinfectants can be used:

- *5% chlorinated lime. In the process of the contact with the oxygen it loses its disinfecting qualities inn 3-4 weeks.*
- *Ready solutions (bactosin, etc.).*

And out of prisons for disinfection it's also possible to use the following solutions:

- *70% alcohol. It can be made with the help of 3 parts of water and 7 parts of 96% medical alcohol. 96% alcohol hasn't got any disinfecting qualities.*
- *6% hydrogen peroxide which can be made from the tablets of hydropericarditis 1.5 gr each. Preliminary it's necessary to crush 6 tablets of it at once in the packing and then dissolve them in a quarter of a glass (50 ml) of hot water (because cold water is bad at dissolving).*

Session 7. Practical work "Equipment's disinfection"

Objective: to teach the skills of disinfecting in prisons.

Process:

1. Prepare a conventionally used syringe as well as different components for disinfection: chlorine, bactosin, 96% medical alcohol, tablets of hydropericarditis, water etc.

To Trainer's Attention!

You are to warn the administration of prison about your intention to use a syringe during your meeting with the prisoners. You are sure to take the syringe away with you after the meeting and throw it out of the prison. For alcohol you can use an ordinary bottle with the sticker on it "96% alcohol".

2. Ask the participants about which disinfectants must be used to kill different causative agents.
3. Ask some volunteers to demonstrate the ways of disinfectant preparation.
4. Discuss whether the way of preparation is correct. Inform them that in prisons when the access to different disinfectants is limited it's possible to use method 2x2x2 (2 parts of water, 2 parts of different antiseptic, and then 2 parts of water again) and meanwhile water and disinfectant must be taken with the help of a syringe through the needle.
5. Demonstrate the above mentioned method, 2x2x2.
6. Draw the participants' attention to that fact that there are many myths among prisoners-drug users. Tell them the most popular.

Myths and Legends (the most spread wrong beliefs)

- 1) *Many drug addicts think that pumping blood through a syringe immediately after the injection (and the needle is in the vein) leads to getting solutions without any remains. In fact it leads to thrombi occurrence.*
- 2) *There is a belief that the process of boiling the drug solution (e.g. heroin) leads to its loss which means that heroin evaporates during it. You must remember that it's a myth.*
- 3) *If the drug was bought in the form of solution boiling can destroy HIV virus and the viruses of hepatitis die after boiling during 45 minutes.*
- 4) *Washing of the used syringe with the help of urine, boiled water, heating needles at the fire, using a new syringe with somebody's old needle or vice versa don't protect you against the infection.*

Session 8. Summing up “My Mood”

Objective: to sum up the meeting and to find out the participants’ emotional state.

Process:

1. Inform the group that your meeting has come to its end.
2. Provide the participants with the stickers and suggest that they should schematically show their emotional state after the meeting.
3. Share your own impressions from the meeting.

Materials for Lesson 9

Attachment 1

Main notions

Addiction is an obsessional uncontrolled necessity a person feels and that prompts some activities.

Chemical addiction is an addiction caused by the usage of any psychoactive substances which are subdivided into legal (tobacco, alcohol, medication) and illegal drugs (cocaine, hemp’s derivatives, opiates etc.).

Emotional addiction is an obsessional necessity of a person to perform some activities.

Harm reduction is prevention/reduction of those negative medical and social (including criminal) consequences for a person that inevitably occur in the process of using drugs. Harm reduction implies a wide range of services for drug users including syringe and needles exchange, substitution therapy, necessary information, referrals to doctors, as well as legal and social help. Unfortunately such services as syringe exchange and substitution therapy are available out of prisons.

Disinfection is the process of the equipment’s disinfecting for injections, in the process of tattoo, etc. in order to exclude the risk of the most dangerous infections.

Disinfectants are special solutions with the help of which the process of disinfection is implemented. They are e.g. chloramine, alcohol, peroxide, and ready solutions (bactosin, etc.).

Substitution therapy is the process of addict’s transfer from consuming illegal drugs to medicines which support their physical and psychological state and that are prescribed and controlled by medical staff. Notwithstanding that fact that addiction remains substitution therapy considerably reduces the risk of HIV infection and other infectious diseases.

Syringe exchange is a program of harm reduction which allows drug addicts exchange syringes free of charge and in such a way lowering the risk of infectious diseases.

Attachment 2

Questionnaire

1. What is addiction?

- a) dangerous infectious disease;
- b) obsessional uncontrolled necessity of a person that makes them perform some activities;
- c) constant depression;
- d) person's inability to achieve desired result.

2. What kinds of addiction do you know?

- a) chemical;
- b) periodical;
- c) emotional;
- d) specific.

3. Harm reduction programs are ...

- a) events targeted at prevention of environmental pollution with hazardous industrious wastes;
- b) events aimed at prevention of infecting people with TB, STI and other infectious diseases;
- c) events targeted at reducing those negative consequences for people which inevitably occur in the process of using drugs;
- d) events aimed at prevention of using alcohol among youth.

4. What is disinfectant?

- a) medication for TB treatment;
- b) medication for vaccination against hepatitis B;
- c) medical equipment for intravenous injections;
- d) special solutions used in the process of disinfection;

5. What measures belong to harm reduction strategy as far as drug use is concerned?

- a) substitution therapy;
- b) trainings on HIV prevention;
- c) syringe exchange;
- d) dissemination of condoms and lubricants.

Lesson 10. Positive Prevention

Information for Trainer!

The conception of positive prevention gives the opportunity to single out the necessity in prevention for people who know about their positive serological status. It's like a magnifying glass which allows understand important connection among prevention, treatment, care and support.

People who live with HIV (PLWH) have always played a crucial part in prevention of new cases of infection. As the experience in this sphere shows preventive activity among positive people at equal investments, time and resources can have a greater influence on the epidemic than preventive activity targeted at HIV negative people.

The main aim of the lesson is to make the participants understand that the work in HIV prevention is the task of the whole society. PLWH play an important role in the fight with the epidemics.

Objective: to train the participants in using approaches of positive prevention in the process of counseling the clients.

Tasks:

- to explain them the meaning of the concept “positive prevention”, its objectives and tasks;
- to reveal all the peculiarities of positive prevention;
- to identify the role of positive prevention in the work in overcoming HIV epidemic ;
- to provide the participants with the understanding of peculiarities of life with HIV;
- to discuss the possibilities of having a full value life with the following diagnosis and improving the quality of life with HIV.

Materials: flip chart, colored markers, 5-6 sheets of paper format A1.

Approximate duration: 1 hour 45 minutes.

#	List of Sessions	Approximate duration, min
1	Greeting: activity “I feel happy when ...”	10
2	Brainstorm “The difference of positive prevention and HIV prevention”	15
3	Information “What is positive prevention? Objectives and tasks”	15
4	Group work “Protect yourself and your close surroundings”	20
5	Information “Life with HIV. Forming tolerant attitude to people living with HIV”	15
6	Activity “Whom should we help?”	20
7	Summing up	10

Session 1. Greeting: activity “I feel happy when ...”

Objective: it helps create positive atmosphere in the group as well as switch over the participants’ attention from daily routine and start working.

Process:

Suggest that the first participant should start their greeting from the following phrase “Hello, my name is I feel happy when ...”

E.g. Hello, my name is Vick. I feel happy when my relatives come over to my place.

The activity is continued up to the moment all the participants have introduced themselves.

Session 2. Brainstorm “The difference of positive prevention from prevention HIV”

Objective: to remind the participants of the main aspects of HIV prevention, to differentiate the meanings “positive prevention” and “HIV prevention”. And to draw the participants’ attention to the following topic.

Process:

1. Suggest that the participants should try to remember the meaning of the concept “prevention”.
2. Fold a sheet of paper. On one half of paper put down “Prevention” and on the other – “Positive prevention”.
3. Ask the participants to single out the difference between these two notions;
4. All the thoughts must be put down.

5. After the list has been made analyze it and go over to the information.

Session 3. Information “What is positive prevention? Objectives and tasks”

Objective: to acquaint the participants with the notions “positive prevention”, make them understand the importance of PLWH’s participation in the fight against HIV.

Process:

Provide the participants with the following information

Positive prevention is the work target at prevention among people with the exact diagnosis.

The aim of the positive prevention is providing support to HIV positive people to help them live a healthy life. In order to achieve this aim the work within positive prevention means providing the necessary information, education and support to HIV positive people as well as work with those who influence or limit their behavior, choice and possibilities.

Positive prevention is the approach successfully implemented by HIV services organizations throughout the world. Positive prevention is the model of providing services for HIV positive people.

Since the moment when at the very beginning of the epidemic methods of HIV testing were developed the role of PLWH in HIV prevention has been an essential component of the counteraction to the epidemic. With the coming of the combined antiretroviral therapy into action which considerably prolongs the life and improves the quality of life of PLWH more often there have been appearing slogans to include the events called “positive prevention” into active multiple programs and prevention services.

For quite a long period of time we haven’t practically paid the necessary attention to the most important issue that is satisfying the needs of PLWH in prevention. HIV prevention used to be targeted first of all at HIV negative people and its main aim was preserving their negative status while the main role of people living with HIV/AIDS in the following process wasn’t taken into consideration.

People living with HIV must be involved into the process of implementing successful strategies of prevention of new cases of infection as partners because HIV epidemic can be stopped only on condition when each HIV positive person prevents transmitting the infection.

Session 4. Group work “Protect yourself and your close surroundings”

Objective: to help the participants identify and define the ways of infection transmitting for PLWH and their close surroundings.

Process:

1. Divide the participants into two groups.

To Trainer’s Attention!

To divide the participants into two groups is possible by providing them with the cut into pieces two postcards. Having gathered the postcards the participants will be able to join their groups.

2. Provide the groups with paper format A1 and colored markers.
3. One group is given the task to think and generate all the ideas about methods which keep PLWH from infections at work or in everyday life; and the other group is responsible for putting down all the methods which prevent PLWH from transmitting HIV to their surroundings.

4. In 5-10 minutes the participants present their results.
5. Discuss it with the participants the importance of PLWH in prevention of infection transmitting.

Session 5. Information “Life with HIV. Forming tolerant attitude towards people living with HIV”

Objective: to acquaint the participants with some aspects of life with HIV and to form tolerant attitude to PLWH.

Process:

Provide the participants with the following information:

Life with HIV

With the appearance of treatment PLWH got the opportunity to live as long as the other people. But until the medication capable of the total curing from this disease is found out, starting from a particular moment people will have to take some particular medicines constantly.

In all the countries where ARV therapy is available (including Ukraine) there has been registered a considerable decrease of deaths from HIV.

Medical practise has proved that the life of HIV infected people can last long in case of using substitution therapy. What does it show? It really shows that HIV infection can be not transformed into its fatal stage – AIDS and can stay in the form of the chronic disease. Such as diabetes or hypertension, for instance. And all know it for sure that it's not a “lethal verdict”. HIV is also a chronic infection which needs a constant keeping to medioprophyllactic and medical way of life.

As in case with other chronic diseases sometimes some acute infections and conditions can interfere with the course of HIV/AIDS. E.g. an HIV person can suffer from the symptoms of chronic fatigue which have a tendency either appearing or disappearing. Because of this feeling they aren't able of doing and performing those functions they used to do easily. Meanwhile the absence of physical activity and the lack of confidence in the nearest future create the feeling of feebleness which prevents people from influencing the situation.

From the very first day this diagnosis of “HIV infection” is accompanied with the acute/sharp worries/anxieties. Most PLWH happen to be faced with difficult emotional periods when they experience such symptoms as depression, anxiety, fear, troubles with sleep, nightmares, difficulties with the concentration of attention, the feeling of guilt or helplessness, despair and thoughts about death. Very often this is a complex of combined reasons that form a vicious circle when one symptom triggers the other intensifying discomfort and new problems. Sometimes it's not that easy to treat these symptoms and the related problems with the help of medicines. It's necessary to look for some other ways to be able to destroy this circle and to cope with the cycle of physical condition worsening and the appearance of such feeling as helplessness. It goes without saying that if people don't believe that something is possible to be done then nothing will be done. And this in its turn will only increase the feeling of helplessness and close the circle.

There is no such opportunity as to return to the initial state. It's like lump sugar that has been already dissolved and therefore won't be able to take its initial form even under condition that it's singled out in the process of experiment. The same we can be observed with people living wuth HIV who can't get rid of the virus (in any case at the moment).

But changes for better are still possible. Though they can't be a specular reflection of the travel. All the changes are quite different and they surely need the time.

The optimal time for taking ARVT is identified by a doctor. For this reason examinations (blood and urine analysis, X-ray) are organized and if necessary special examination takes place (identification of the viral loading and the

immune status). In the process of evaluating all the mentioned indicators in their complex doctor identifies whether it's necessary to start the therapy or it's worth while waiting and continuing the observation.

Behavior peculiarities and drug use do not formally present the contraindication to treatment. At the same time doctor can postpone the beginning of treatment in order to identify whether you'll be able to follow all the recommendations.

Starting the process of treatment HIV positive people undertake a range of responsibilities:

- *to have medical examination following the schedule;*
- *to take medicines strictly following all the doctor's recommendations;*
- *to warn a doctor immediately about some violations in the process of taking medicines;*
- *not to take any other medicines without having got the preliminary advice of a doctor.*

First of all the effect of the therapy depends on the accuracy you follow your doctor's advice and recommendations. It's called adherence to treatment and includes the following four points:

- 1. All the medicines must be taken on time.*
- 2. All the medicines must be taken in the dose prescribed by a doctor.*
- 3. It's necessary to follow the recommendations on the diet.*
- 4. It's forbidden to take some other medicines without a preliminary consultation with a doctor.*

As a rule a scheme of therapy consists of three medicines and each of them must be taken twice or thrice a day which takes place every day and lasts for a long period of time.

The procedure of taking some medicines includes taking some tablets at a time and this creates some discomfort. Some medicines must be taken together with meals (sometimes together with definite products) or vice versa on an empty stomach. Sure thing that all this needs following dietary habits.

Following all the recommendations is essential and it influences the effectiveness of treatment. If you forget taking each twentieth dose of medicines (or you take it incorrectly) treatment won't bring the expected improvement.

Session 6. Activity "Whom should we help?"

Objective: the activity gives the participants the opportunity to understand that all the infected people are as valuable as healthy ones and there isn't any right to blame HIV infected people and to control their life.

Process:

1. There are several descriptions of people on the flip chart:

- a young lady of 17;
- a man at the age of 50;
- a half-year old child;
- a young 25-year-old guy;
- a woman at the age of 35.

2. At the very beginning of the game provide the participants with the following explanation:

"Imagine that you are a doctor scientists who has been working at discovering medicines for AIDS for a long time. Eventually you managed to discover it but you made up only a couple of doses. Your computer has suffered from the virus attack which destroyed all the information about the process of preparation of this medicine. It's impossible to restore the process and prepare medicine without these data. You've got the last dose of medicine which can save the life of only one person infected with HIV".

3. Gradually/step by step describe the characteristics of some HIV infected people (see **Attachment 1**) and the participants' task is to decide whose life it's better to save relying on the information provided.

4. After each next set of new information participants vote for saving one of the people. Each participant has got only one vote on each stage. You as the judge of the game count the number of votes and put down the results into the chart opposite each of the characters.
5. As soon as the participants have done their last choice discuss and analyze the results.
6. Ask the following questions:
 - How did your attitude to the characters change with each next stage?
 - Was it easy to choose?
 - What factors from the life of characters influenced your choice most of all?

To Trainer's Attention!

With each new stage the participants' attitude to different HIV infected people changes. Those who were blamed from the beginning are pitied at the end of the game and vice versa. The participants realize that at the beginning of the game they convicted people because of the lack of information about them.

7. Finish doing the activity drawing attention to that fact that all the infected people have the same value as healthy people and they haven't get the right to blame them or to manage their life.

Session 7. Summing up.

Objective: to sum up the meeting and to provide all the participants with the opportunity to air their points of view. It's very important as it allows getting the feedback even from those participants who were passive during the meeting.

Process:

1. Tell the group that the meeting has come to its end.
2. Suggest that all the participants should in turn answer the following questions:
 - What new, interesting and useful have you got during this meeting?
 - What were you thinking about and what were your feelings during the meeting?

Materials for Lesson 10

Attachment 1

Activity "Whom should we help?"

Stage 1

Who are they?

1. a young lady of 17;
2. a man at the age of 50;
3. a half-year old child;
4. a young 25-year-old guy;
5. a woman at the age of 35.

Stage 2

How were they infected?

1. The lady was raped at the age of 15 and in such a way she was infected.
2. The man was infected due to homosexual relations.
3. The child was infected in the process of birth from its ill mother.

4. The young man used to take drugs and was infected because of the usage of somebody else's syringe.
5. The woman is a nurse and was infected accidentally through the needle in the process of making an injection to an HIV positive patient.

Stage 3

More information about them:

1. The young lady is a prostitute who practically doesn't use condoms and has been certainly infecting other men.
2. The man is a doctor and he has got a wife and two children who consider him to be a good father.
3. The child also suffers from the inborn heart disease and in a year he should be operated on and this gives him a 50% chance to survive. He can die during the operation on the heart notwithstanding that fact that he will be cured of HIV.
4. The former drug user successfully got the rehabilitation through and leads a healthy way of life.
5. The woman divorced her husband and now she is dating with a man whom she is afraid to confide and reveal her status.

Stage 4

The last piece of information about these people:

1. The lady is engaged in prostitution and this brings her money to support her younger under age brother and sister who became orphans after their parents had died in the traffic accident. If she dies there won't be anybody to help and support them. They are fully dependent on her.
2. The doctor is a great specialist and my colleague with whom we've discovered this medicine for AIDS. Without his help it will be more difficult for me to restore all its elements and make the medicine once again which in future will save the life of many people. If he stays alive there is a great possibility that together we'll be able to restore the medicine.
3. It's the only child as his mother couldn't become pregnant for a long time and probably won't be able to have children in future.
4. The guy has been helping other drug users to quit and has been involved into HIV prevention among youth.
5. The woman divorced her husband who drank a lot long ago and she is alone bringing up three children. If she dies they'll become orphans.

Attachment 2

Main Notions

Prevention is complex of activities targeted at preventing serious infections particularly HIV.

Positive prevention is preventive work among people with the exact diagnosis.

The aim of the positive prevention is to support HIV positive people in improving the quality of their lives. So it includes providing them with the necessary information, education and support of HIV positive people as well as the work with those who have the influence on them limiting their behavior, choice and possibilities.

Antiretroviral therapy (ARVT) is treatment slowing down the process of the immunodeficiency virus's reproduction. It extends the life expectancy of those with HIV as well as to stop the development of AIDS.

Adherence to treatment is a strict observation by a patient of all the rules of taking medicines. It includes four points:

- All the medicines must be taken on time.
- They must be taken in the dose prescribed by a doctor.
- The dietary recommendations must be strictly followed.
- It's forbidden to take some other medicines without a preliminary counseling with a doctor.

Attachment 3

Questionnaire

1. What is "positive prevention"?

- a) positive emotions prevention;
- b) negative emotions prevention;
- c) HIV prevention with the help of positive emotions;
- d) prevention of infectious diseases among HIV positive people.

2. What does abbreviation ARVT mean?

- a) antiretroviral tablets;
- b) autoretroviral therapy;
- c) antiretroviral therapy;
- d) analogical retroviral therapy.

3. What is ARVT?

- a) medicines preventing from HIV infecting;
- b) medicines which totally cure of HIV;
- c) medicines slowing down the development of HIV;
- d) medicines for TB.

4. What is "adherence to treatment"?

- a) satisfaction from treatment;
- b) getting the expected results from treatment;
- c) curing some diseases simultaneously;
- d) strict observation of the rules of taking medicines.

Lesson 11. Communication. Conflicts and methods to overcome them.

Information for Trainer!

Conflict is a collision of counter actions, views, interests, aspirations, plans of different people or their motives. They constitute the natural and integral part of our life. Moreover they have pretensions to be called the locomotive of the public life. Conflicts are really necessary for the development of situations and relations, for the personal growth. Otherwise we start going around and then inevitably comes stagnation. However notwithstanding this fact people are used to think about conflicts as negative situations. It's due to that fact that not always we are able to take control of the conflict and use it for peaceful purposes. It's like the principle of a controllable nuclear reaction. This training will help you solve such situations.

The main aim of the Lesson is to create a favorable and friendly atmosphere in the group of volunteers. After the training volunteers must clearly understand that it's possible to benefit from any conflict and therefore they must know how to cope with the conflict situations. The training will help create the working atmosphere and friendly relationships in the group of volunteers and that is very important for fruitful activity.

Objective: to inform the participants about the ways of collaboration in different situations.

Tasks:

- to acquaint the participants with the main possible strategies of behavior in conflict situations;
- to identify the best variants of behavior for the constructive solution of the conflict situations;
- to analyze real life situations.

Materials: flip chart, colored markers, 5-6 sheets of paper format A1, forms for test depending on the number of participants.

Approximate duration: 1 hour 30 minutes.

#	List of Sessions	Approximate duration, min
1	Greeting: activity "What do you usually do if ...?"	10
2	Activity "Associations"	10
3	Information "Conflict. Constructive and destructive conflicts"	15
4	Activity "Lemon"	15
5	Information "Conflicts and the modes of behavior in conflict situations"	20
6	Activity "Clip"	10
7	Summing up	10

Session 1. Greeting: activity "What do you usually do if ...?"

Objective: to create positive atmosphere in the group.

Process:

1. Suggest that the participants should introduce themselves and answer the following question "What do you usually do if ...?"
2. You can choose questions either concerning the topic of your training or just any question you wish (e.g. "What do you do if your doctor forbids you smoking, eating spicy food etc.?" or "What do you do if you promised somebody to do something and now you don't want to do it?")

Session 2. Activity "Associations"

Objective: to refresh the participants' emotional experience, to present particular notions of "conflict", to identify the emotional loading the notion "conflict" brings, to demonstrate variety of the participants' emotional experience.

Process:

1. On flip chart write the word "Conflict" and suggest brainstorming all the words/associations that dawn on them while hearing this word. To help the participants understand the task you can provide them with your own examples (malice, fight, victory, strain).
2. Put down all the associations given by the participants.

3. After the list has been made up (not more than 20-25 words) organize the discussion and evaluate the emotional loading of each association (positive, negative, neutral) putting the following signs opposite each association "+", "-", "+/-".
4. Analyze which emotions prevail.

Session 3. Information “Conflict. Constructive and destructive conflicts”

Objective: to provide the participants information about the conflicts and the ways of coping with the conflict situations.

Process:

Provide the participants with the following information:

Conflict is an essential constituent of human relationships. Life is impossible without any conflicts. All people are different and their interests are different. Contradiction among their interests is the eternal source of conflicts.

Conflict is such a condition in the human relationships when one of them is furious or hostile towards the other criticizing them which results in stopping the productive work and misbalance of emotional stability.

The source of any conflict (whether this is the conflict between two people or among groups and countries) is inside individuality and is the continuation of perception of reality.

Notwithstanding multiple meanings of this notion it has acquired quite a particular meaning which is found in most of its definitions. First of all conflict must be accepted by all its participants. Most situations which could be qualified as conflict in fact are not, as people involved in them don't apprehend their relationships as conflict.

Secondly, contradiction in interests, motives, and values etc. from both sides is needed to call the situation “a conflict”. Intrapersonal conflict is the exception, but there are also some contradictions between the real and anticipated situations.

Thirdly, conflict is always a struggle for resources, money, work, prestige, power, time which should be distributed between the parties interested in getting them.

There are different types of conflicts depending on the number of its participants involved in it:

Intrapersonal conflict is a contradiction difficult to resolve and provoked by a collision among approximately equal in strength but opposed in interests, needs and likings etc. of a person. It's usually accompanied by strong emotional anxieties. E.g. the necessity to work at the week-end and the desire to go to the countryside together with the family.

Interpersonal conflict is a conflict between two or more people. It's closely connected with intrapersonal conflict. There is always a collision of personal motives in the basis of confrontation among people.

Intragroup conflict is a conflict inside a set group. E.g. a struggle for leadership between two members of the group.

Intergroup conflict is a conflict between two or more groups. The warring parties are groups (small, middle and micro groups). The basis for such conflicts always constitutes a collision of opposed group motives.

Conflicts can also be divided into the following types:

Latent conflict is a conflict which is hidden and is not realized by the conflict parties.

Imaginary conflict is a conflict which is the objective as it is at least for one of the opponents. Its consequence is relieving emotional strain but not solving the objective contradiction.

Role conflict is a situation when a person is opposed to two or even more demands and if a person performs one of the roles it automatically makes it impossible to perform the other roles.

Manifest conflict is a conflict which is open and not hidden and realized by its opponents.

Depending on the outcomes we differentiate two kinds of conflict and they are destructive and constructive.

Signs of a destructive conflict are:

- it takes time and strength and prevents from solving more important tasks;
- it stimulates behavior contradicting the moral norms and results in low self-esteem;
- the positions of people in the group become poles apart and this prevents from intragroup understanding;
- it stresses the differences in values;
- it provokes unacceptable actions and behavior.

Signs of a constructive conflict are:

- it helps solving problems;
- it increases the degree of inclusion into the topic under discussion;
- it provides the emotional relaxation;
- it allows people learn more about each other;
- it assists personal growth, knowledge and skills acquiring in professional communication.

One more essential thing for understanding the essence of conflict is its interdependence on the notion of contest/rivalry.

These two notions of conflict and contest are very often unfairly confused. Meanwhile not every contest is a conflict, for instance when we speak about some sport competition. On the other hand, not every conflict implies contest. E.g. a manager having explained the objectives and tasks of the future work can provoke a conflict by asking to air some other even opposite points of view on the suggested plan. Though it's not necessarily that collaboration will end in victory one point of view over the other. There are conflicts without any competition and there also can be a competition without any conflicts.

Session 4. Activity “Lemon”

Objective: to use the information about conflicts in practice.

Process:

1. Choose three volunteers to play the roles of a son, daughter and father.

To Trainer's Attention!

Have a close look at your group. It can happen that your participants won't be ready to play female roles. In this case this role can be performed by the second trainer or you can perform it yourself or in the last resort this role can be changed for the role of the second son.

2. Acquaint them with the instruction to the game:

Instruction

Father brought one lemon. A son needs the whole lemon for some experiments and a daughter also needs the whole lemon to bake a cake.

The task is to model the situation and to cope with the conflict. The other participants can also take part in solving the problem in the role of a neighbor.

3. Together with the group model the situation and all the participants must have the opportunity to air their points of view on the problem. In the process of the game it's possible to substitute the participants and introduce additional roles.
4. Discuss the situation with the group drawing their attention to the participants' behavior. Identify the type of a conflict.

Session 5. Information "Conflicts and the modes of behavior in conflict situations"

Objective: to inform the participants about the types of behavior in conflict situations.

Process:

Conflict Situations

Unfortunately, more often conflict situations trigger negative emotions and this leads to such behavior which only worsens the situation. Below you'll find the forms of behavior typical for those who either haven't possess the necessary skills in managing conflict situations or can't cope with the negative emotions. And as a rule these "heroes":

- *attack their opponents and substitute discussion by quarrel;*
- *introduce new contents of conflict without touching the essence of contradiction;*
- *grow frustrated, give up but only outwardly and inside they stick to their own point of view;*
- *use strength and power for victory or lose support;*
- *get offended, use psychological defense showing too much of self-confidence;*
- *discuss the conflict or their opponents' drawbacks with strangers;*
- *look for semidecisions: compromises that don't fully satisfy the parties' interests.*

Such negative emotions as malice, fear, guilt, hopelessness, spiritual exhaustion, abstinence etc. must be minimized before the try to cope with conflict otherwise precious time in solution of visible problems which can often serve as a veil hiding the real contents of the collision will be missed. Strangely but during the emotional reload questions which seemed to be difficult and comprehensive lose their acuteness. What is left can be regulated with the help of the process of solving problems or compromises.

The reasons and sources of conflicts identify people's behavior involved in them. Below you'll find the possible ways of behavior in conflicts. Here two dimensions are used. Forcefulness which means the degree of personal interests' orientation and cooperation which is the degree of opponents' interests involved into the conflict.

*As a result there are 5 behavior orientations: **rivalry, collaboration, avoidance, adaptation and compromise.***

Rivalry *is when one person tends to achieve their own targets and realize own interests without taking the targets and interests of the other party into consideration and they take part in the rivalry and use pressure. In organizations such rivalry is often guided with the help of adventures got in the result of formal authority possession.*

Collaboration *is when participants of conflict are oriented to possible complete and mutual satisfaction of their interests and thus they begin the process of collaboration. Such behavior aims at solving problems and clarification of the differences in their views. People use the while set of alternatives and are eager to find out the real reasons and sources of conflicts. The result of such collaboration is mutual victory.*

Avoidance is when a person agrees with that fact that there is a conflict and at the same time he tends to avoid or escape it. Avoidance can acquire physical forms when people spatially separate each other in order to avoid contacts. In case it's impossible the increase of psychological distance takes place. In working groups the second variant is more often.

Adaptation is when the opponents' interests prevail over own interests. More often such sacrifice is done for the sake of saving the relations.

Compromise is used when it's better to give a part than to lose everything. Compromise doesn't imply either failure or success. It's something like interests' averaging. Compromise's obligatory feature is flexibility in one's own interests.

None of the orientations suggested above can be more preferable for all the situations.

How is it possible to use orientations of behavior in conflicts?

Rivalry is acceptable when:

- quick and resolute actions are needed;
- it's necessary to accept the decision on important issues which contradicts most of the views;
- there is confidence in the correctness of chosen important decision;
- opponents use the advantages of their own attitude to manipulate the others.

Collaboration is acceptable when:

- it's necessary to find the solution of the problem and different attitudes are so important that compromise is out of the question;
- it's necessary to use creative potential of the staff;
- it's necessary to ensure adherence to some general objectives;
- it's necessary to overcome negative emotions arisen from the experience of communication.

Avoidance is acceptable when:

- the issue is not essential and there are other more important things to do;
- there is no opportunity to satisfy one's own interests;
- the probability of destroying relations is higher than improving them;
- it's necessary to give people the time to calm down;
- the others can find the way out of the conflict more effectively;
- it's necessary to gather information before taking any decisions.

Adaptation is acceptable when:

- there is necessity to listen to some other point of view and to show flexibility;
- the issue is more important for the others;
- it's necessary to gain faith and ensure firm position for future;
- it's worth while minimizing the loss when the position is weak;
- harmony and stability in relations are important.

Compromise is acceptable when:

- the targets are important but they are not worth using drastic measures for achieving them;
- the opponents are equal in their strength but tend to achieve important targets;
- it's necessary to arrive at temporary agreement on important issues;
- it's necessary to take a good enough solution when there is a lack of time;
- it's necessary to make "a step backwards" in case collaboration and rivalry don't help in achieving the targets.

Session 6. Activity “Clip”

Objective: to demonstrate the participants the impossibility to change the consequences of their actions.

Process:

1. Choose three volunteers and give each of them a clipper.
2. Tell them that they are going to participate in the competition and their task is to make the clip they've got as straight as it's possible without the help of some other objects.
3. When the time is up ask the participants to demonstrate their results. Organize the voting to find out whose clip the straightest is.
4. Tell the participants that it's not the end of the game. And now they've got some more ten seconds to return the clip to its initial form.
5. In ten seconds demonstrate the results to the group. And again organize the voting to find the winner.
6. Sum up the activity drawing their attention to that fact that accepting some decisions changes us and afterwards we become different. Some of our decisions make our life richer, e.g. decision to take part in the training or to get married to a beloved person. And some of the decisions bring negative consequences and there isn't any possibility to return. Maybe you'll have to put up with some disease, broken relations or something else but remember that each our decision has their own results which change us.

Session 7. Summing up

Objective: to sum up the training and to provide all the participants with the opportunity to air their views.

Process:

1. Tell the participants that your meeting has come to its end and ask them to air their views.
2. All the participants share their ideas in turn about what information during the training they find to be the most useful and with what types of conflicts they come across in their everyday life more often.

Materials for Lesson 11

Attachment 1

Main Notions

Conflict is such a condition in the human relationships when one person is furious or hostile towards the others criticizing them which results in stopping the productive work and misbalance of emotional stability.

Types of Conflicts

Intrapersonal conflict is a contradiction difficult to resolve and provoked by a collision among approximately equal in strength but opposed in interests, needs and likings etc. of a person. It's usually accompanied by strong

emotional anxieties. E.g. the necessity to work at the week-end and the desire to go to the country together with the whole family.

Interpersonal conflict is a conflict between two or more people. It's closely connected with intrapersonal conflict. There is always a collision of personal motives in the basis of confrontation among people.

Intragroup conflict is a conflict inside a set group. E.g. a struggle for leadership between two members of the group.

Intergroup conflict is a conflict between two or more groups. The warring parties are groups (small, middle and micro groups). The basis for such conflicts always constitutes a collision of opposed group motives.

Latent conflict is a conflict which is hidden and is not realized by the conflict parties.

Imaginary conflict is a conflict which is the end in itself at least for one of the opponents. Its consequence is relieving emotional strain but not solving the objective contradiction.

Rivalry is when one person tends to achieve their own targets and realize own interests without taking the targets and interests of the other party into consideration and they take part in the rivalry and use pressure.

Collaboration is when participants of a conflict are oriented to possible complete and mutual satisfaction of their interests and thus they begin the process of collaboration. Such behavior aims at solving problems and clarification of the differences in their views.

Avoidance is when a person agrees with that fact that there is a conflict and at the same time he tends to avoid or escape it. Avoidance can acquire physical forms when people spatially separate each other in order to avoid contacts.

Adaptation is when the opponents' interests prevail over own interests. More often such sacrifice is done for the sake of saving the relations.

Compromise is used when it's better to give a part than to lose everything. Compromise doesn't imply either failure or success. It's something like interests' averaging. Compromise's obligatory feature is flexibility in one's own interests.

Attachment 2

Questionnaire

1. Provide the definition for the notion "conflict".

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2. Enumerate all the kinds of conflicts you know.

3. Enumerate all the types of conflicts you know.

4. Enumerate all the ways of solving conflicts you know.

Lesson 12. The Basics of Peer-to-Peer Counseling

Information for Trainer!

As moving around the colony/prison is strictly limited and besides the project's team consists of only several people it's necessary to enlist the inner support for organizing the effective work of the project. The most suitable program for the work in prisons is peer-to-peer approach which means preparation of trainers among the prisoners as one of the components of harm reduction strategy.

Peer education in the sphere of infectious diseases' prevention in prisons means the process of educating prisoners by some other prisoners/their peers and it's recommended as the most effective method of education in the following conditions.

It's not just giving the information; this principle is targeted at forming stimuli towards behavior change connected with the risk of infection among prisoners.

The main aim of the lesson is to draw the volunteers' attention to that fact that the process of education must imply something different from just providing the necessary information. This is an attempt to change the volunteers' attitude to the problem and make them reconsider risk behavior. This method can also assist in removing some social barriers. Support of a peer possessing enough information can help prisoners in taking positive decisions as far as preservation of their own health is concerned.

Objective: to provide volunteers with the possibility of getting skills in peer-to-peer counseling as well as forming volunteers' team among prisoners.

Tasks:

- to form understanding of peer-to-peer counseling;
- to acquaint consultants with the necessary skills;
- to practice listening skills;
- to prevent the most spread mistakes in counseling.

Material: flip chart, colored markers, 5-6 sheets of paper A1.

Approximate duration: 2 hours.

#	List of Sessions	Approximate duration, min
1	Greeting “I’m proud of ...”.	5
2	Information “Peculiarities of peer-to-peer counseling”	20
3	Group work “Advantages and disadvantages of peer-to-peer counseling”	20
4	Brain storm “What prevents from finding a common ground with a client?”	15
5	Information “Methods of active listening”	20
6	Role playing “You’ve been asked for a help”	20
7	Information “The most spread mistakes of a consultant”	10
8	Summing up: story “A priest and a groom”	10

Session 1. Greeting “I’m proud of ...”.

Objective: to greet the participants and to create a favorable atmosphere.

Process:

1. Suggest that each participant should start their greeting with the following words: “Hello, my name is I’m proud of ...”.

E.g. Hello, my name is Alex and I’m proud of my volunteering activity. Or Hello, my name is Dennis and I’m proud of that fact that I can play the guitar. Or Hello, My name is Dmitriy and I’m proud of having three brothers and a sister.

2. Provide all the participants with the opportunity to air their views. And it’s preferable that they should give different ideas.

Session 2. Information “Peculiarities of peer-to-peer counseling”

Objective: to inform the prisoners about peer-to-peer counseling.

Process:

Provide the participants with the following information:

Peer-to-peer counseling is a talk with a peer belonging to the same social group as a client. People belong to the same social group if they possess the same common peculiarities: age, sex, activity, socio-economic situation, health’s status, sexual orientation, the way of life etc. And it should be kept in mind that people can be united and belong to the same group having only one or several common peculiarities.

As a rule a peer consultant experiences the same problem or life situation as a client. Except for theoretical material they can provide a client with their own practical experience, tell them about the way they managed to cope with different situations. This is the only way of work when such approach is applicable.

The issues of HIV/AIDS prevention in the process of discussing personal problems such as drug use or sexual behavior demand a high level of trust on the client’s behalf.

Specialists are inclined to think that exactly peer consultants are capable of helping people quit using drugs as well as help HIV positive people not to experience problems in the society. Such categories of people rarely trust doctors. It’s much easier for them to accept help from their peers. High level of trust to a consultant, common interest, common ground, comparable life experience make this method so effective.

Peer-to-peer counseling on the issues of HIV/AIDS is a confidential dialogue between an HIV positive client and a consultant who’s got their own experience of life with HIV, hepatitis and drug addiction as well as the experience

of coping with all these situations and problems. This form of work is targeted at creating comfort and confidential atmosphere during counseling. Who can do it better than a person who has been faced with the problem of HIV infection?

Peer-to-peer education is one of the methods allowing change the educating process on the issues of HIV into something different from just providing the information. This is an attempt to change the attitude to the problem itself and make people reconsider their risk behavior. This method can also assist in removing some of the social barriers which in some way is impossible without peers' support possessing enough information and capable of helping in taking positive decisions as far as health is concerned.

The advantages of peer-to-peer counseling:

- *very often transmission of different infections in prisons happens because of illegal behavior and a prisoner-volunteer can be the only person capable of having a frank conversation with the other prisoners about HIV and other diseases;*
- *prisoners are not so suspicious to the process of education organized by other prisoners than if it were organized by administration of a prison;*
- *it's possible to have a more frank conversation about the possible alternatives to risk behavior with such prisoners-consultants as they understand the problems of other prisoners;*
- *volunteers' reaction on the problems and issues can be prompt and not only during the lessons;*
- *volunteers can identify what method is the best for the prisoners of their prison and combine counseling on the issues of HIV/AIDS and other infections with the existing culture and informal hierarchy structure of their prison.*

The result of such education is the change from risk behavior.

It means that in the process of peer-to-peer education prisoners with risk behavior change it to safer; besides such kind of work lowers discrimination of HIV positive prisoners.

Session 3. Group work “Advantages and disadvantages of peer-to-peer counseling”

Objective: to find out the participants' point of view on the effectiveness of this method of work.

Process:

1. Divide the participants into 2 groups.
2. Provide the groups with the colored markers and a sheet of paper A1.
3. One group is to think and put down all the advantages of peer-to-peer counseling and the other group is responsible for providing all the disadvantages of this method.
4. In 10-15 minutes the groups present their results.
5. Discuss the results and answer all the questions.

Session 4. Brain storm “What prevents from finding a common ground with a client?”

Objective: to discuss all the main barriers in communication between a consultant and a client.

Process:

1. Suggest that the participants should brainstorm the reasons for ineffective collaboration between a consultant and a client. Suggest that they can imagine the situation when they come to receive counseling but are dissatisfied with the work of a consultant.
2. Put down all the ideas. To help the participants understand the task, provide them with the examples (indifference, the lack of knowledge etc.).
3. Organize a discussion and together with the participants try to single out the main problems of communication in the following sphere.

Session 5. Information “Methods of active listening”

Objective: to provide participants with the definition of the notion “active listening”, its main principles and components.

What does active listener mean? *This is a person who completely accepts all the messages – facts and emotions, verbal and non-verbal components. Active listening means an attentive and respectful listening as well as accepting the information of the interlocutor. Active listening (which is also called sensitive/perceptive or reflective listening) is the only kind of listening which helps find out the sense of speech/talk and the interlocutor’s point of view without any critics and evaluation. Such kind of professionalism in communication is called empathy. Active listener provides their interlocutor with verbal feedback explaining and confirming the understanding of everything that has been told.*

Active listening is the technique which should be acquired by your team and you and it should be used for effective interpersonal communication.

There exist five mechanisms of active listening. They are:

- *openness;*
- *specification;*
- *reflection of the interlocutor’s feelings;*
- *paraphrasing;*
- *reflective paraphrasing.*

Openness. *First of all readiness for benevolent talk is vital for the active listener. With the help of particular activities you can either verbally or non-verbally signal your interlocutor about your readiness to pay them attention. With the help of mimics show the signs of openness and readiness for talk:*

- *put off all of your business and seat with your face to the interlocutor;*
- *have an eye contact with the interlocutor;*
- *demonstrate your interest and attention;*
- *shake your head;*
- *your face must express attentiveness and tolerance;*
- *bend easily to the interlocutor;*
- *your movements must be calm but at the same time “alive”.*

The signs of openness must be demonstrated verbally:

- *“Yes-yes” or “Well-well”.*
- *“I understand”.*
- *“I’m all ears”.*
- *“Really?”*
- *“Certainly”.*
- *“Oh, yes”.*
- *“Well-done!”*

Specification. Specification will help you involve the interlocutor into conversation and understand their ideas deeper. Asking open questions you'll be able to get exhaustive answers and consequently more detailed information about the subject of your conversation.

As a rule open questions begin with the question words "What? Which? How? Tell me Describe and explain". The examples of such questions are:

- What are the main conclusions from this situation?
- How have you arrived at these conclusions?
- Tell me please more details about the plan which will help the team in your opinion.
- Prove your point of view with the example.
- Explain all your thoughts about the following recommendation.

Asking the following questions (using specification) you involve the interlocutor into frank conversation as there are no correct or wrong answers to open questions.

While specifying some answers try just to show your interest but not interrogation.

Reflection of the interlocutor's feelings. In the process of reflecting the interlocutor's emotions and feelings which are got from a message (usually they are showed non-verbally with the help of intonation, timbre and the body language) you act as a mirror. You describe the emotion you got and check whether you got and understood it correctly with the help of the following phrases:

- "As far as I can make it out you were delighted by what was going on?"
- "It seems that the situation was rather sad, wasn't it?"
- "I feel that you've started worrying, haven't you?"
- "You seem to have a good time, haven't you?"

Your reflection is based on questions; you ask your interlocutor to confirm or clarify the thing you've heard. This is the shortest way to mutual understanding. Reflection is not interrogation! That's why phrases must be "soft", calm and comprehensible.

Paraphrasing. Paraphrase means to retell the main idea of the message with your words to check your understanding of it. As well as reflection paraphrasing is usually one sentence which ends with the phrase "Is it right?" and in such a way you ask the interlocutor to prove the idea that has been just said. Often paraphrasing begins with the introductory phrases such as "In other words you say that (the meaning of the message) is important for you, isn't it?" There are some variants of the introductory phrases :

- "So, you mean ..."
- "In other words ..."
- "Am I right to believe ..."

Reflective paraphrasing means the contents and emotions' check. Reflective paraphrasing is a combination of two above described mechanisms of active listening. As it follows from the title it combines the reflection of the emotions and paraphrasing when sense loading of the message is given with the help of words as well as emotions.

Reflective paraphrasing is usually expressed by one sentence such as:

- "You seem to be disappointed with that fact that your chief hasn't provided any comments to one of your suggestions, don't you?"
- "You seem to be proud by that fact that you managed to get the necessary information very quickly. Is it right?"

1. Ask the participants whether they've got any questions.

Session 6. Role playing “You’ve been asked for a help”

Objective: to practice theoretical material.

Process:

1. Suggest that 2-3 pairs from the group should participate in the activity.
2. Provide each pair with their roles: one of them is a consultant and the other is a prisoner who has asked for a help.
3. Give them the time for preparation (2-3 minutes). Afterwards the participants should model the process of counseling.

To Trainer’s Attention!

Examples of topics for counseling:

“I’ve found out that my friend is HIV infected”;

“Ways of hepatitis prevention”;

“Processing of the equipment for tattoos”.

4. After this demonstration organize the discussion of all the failures and success of the counseling.

Session 7. Information “The most spread mistakes of a consultant”

Objective: to analyze the main mistakes consultants make together with the participants.

Process:

Discuss the following information with the participants:

Consultant’s Mistakes

As the members of your team are learning methods of active listening they can make some mistakes which can interfere with even the best motives. They are:

- **Critics.** The rule says: until you’ve fully understood your interlocutor don’t criticize them and their ideas either. Surprisingly but when a person understand their interlocutors’ thoughts well their desire to criticize disappears.
- **Defense reaction.** In order to be an active listener one shouldn’t necessarily agree with everything what is said. But if you are irritated and start counterattacking as soon as you hear the idea you don’t agree with in such a way you show that you are not able either to listen or to understand.
- **Controversy.** Some are eager to prove their superiority doubting or arguing each phrase you hear. If all the time your interlocutor needs to prove their right to their personal point of view then most likely you won’t be able to ever understand what they are trying to tell you.
- **Advice.** Though all like to give their own advice you’d better do it when asked. Not every given utterance is a problem that needs a prompt solution. First of all, active listeners try to perceive what has been said and start solving the problem if it really exists.
- **Concentration of the attention on oneself.** If your answers to someone’s message transfer the conversation to your personality and your interests it means that you’ve stopped listening and became dominant in the conversation. In this case people won’t ask for your help any more.

Session 8. Summing up: a story “A priest and a groom”

Objective: to sum up the training and to get the feedback from the participants.

Process:

1. Tell the participants the following story :

"Once a priest has entered the church and saw that it was empty except a young horseman sitting in the first row. He asked the groom: "There is nobody but for you. Do you think I must conduct a sermon?" And the horseman answered "Sir, I'm an ordinary man and don't understand anything in it. But when I come to the stable and see that all the horses have run away except one I will provide it with meals any way". The priest took those words close to his heart and started the sermon. It lasted more than two hours and after its end he felt relieve. And then he asked the groom: "Did you like todays sermon?" The groom's answer was: "I've already told you that I'm an ordinary man and don't understand anything in it. But when I come to the stable and see that all the horses have run away except one I will provide it with meals any way. But I won't give it all the oats because there must be enough oats for all the horses.""

2. Ask the participants about their understanding of the story.
3. Ask them to express their impressions from the meeting.

Materials for Lesson 12

Attachment 1

Main Notions

Peer-to-peer counseling is a talk with a peer (belonging to the same social group). E.g. a prisoner with HIV etc.

Active listening means an attentive and respectful listening as well as accepting the information of the interlocutor. It also means perception of the whole message its facts and emotions, verbal and non-verbal components.

There are 5 mechanisms of active listening:

- openness;
- specification;
- reflection of the interlocutor's feelings;
- paraphrasing;
- reflective paraphrasing.

Openness. First of all readiness for benevolent talk is vital for the active listener. With the help of particular activities you can either verbally or non-verbally signal your interlocutor about your readiness to pay them attention. Show the signs of openness and readiness for talk with the help of mimics and gestures.

Specification. Specification will help you involve the interlocutor into conversation and understand their ideas deeper. Asking open questions you'll be able to get exhaustive answers and consequently more detailed information about the subject of your conversation.

Reflection of the interlocutor's feelings. In the process of reflecting the interlocutor's emotions and feelings which are got from a message (usually they are showed non-verbally with the help of intonation, timbre and the body language) you act as a mirror. You describe the emotion you got and check whether you got and understood it correctly.

Paraphrasing. Paraphrase means to retell the main idea of the message with your words to check your understanding of it. As well as reflection paraphrasing is usually one sentence which ends with the phrase "Is it right?" and in such a way you ask the interlocutor to prove the idea that has been just said.

Reflective paraphrasing means the contents and emotions' check. Reflective paraphrasing is a combination of two above described mechanisms of active listening. As it follows from the title it combines the reflection of the emotions and paraphrasing when sense loading of the message is given with the help of words as well as emotions.

Main mistakes of counseling

- **Critics.** The rule says: until you've fully understood your interlocutor don't criticize them and their ideas either. Surprisingly but when a person understand their interlocutors' thoughts well their desire to criticize disappears.
- **Defense reaction.** In order to be an active listener one shouldn't necessarily agree with everything what is said. But if you are irritated and start counterattacking as soon as you hear the idea you don't agree with in such a way you show that you are not able either to listen or to understand.
- **Controversy.** Some are eager to prove their superiority doubting or arguing each phrase you hear. If all the time your interlocutor needs to prove their right to their personal point of view then most likely you won't be able to ever understand what they are trying to tell you.
- **Advice.** Though all like to give their own advice you'd better do it when asked. Not every given utterance is a problem that needs a prompt solution. First of all, active listeners try to perceive what has been said and start solving the problem if it really exists.
- **Concentration of the attention on oneself.** If your answers to someone's message transfer the conversation to your personality and your interests it means that you've stopped listening and became dominant in the conversation. In this case people won't ask for your help any more.

Attachment 2

Questionnaire

1. Provide definition for "peer-to-peer consultant"?

2. Enumerate advantages of peer-to-peer counseling before other methods of work in the sphere of prevention.

3. What does "active listening" mean?

- a) active dialogue with a client in the process of counseling;
- b) when in the process of counseling consultant keeps silent giving a client the opportunity to air their views;
- c) attentive and respectful listening and accepting everything the interlocutor is speaking. Perception of the whole message including its facts and emotions, verbal and non-verbal components;
- d) active asking the client about their problems and providing the necessary information on their behalf.

4. Enumerate all the known mechanisms of active listening.

5. Name the most spread to your mind mistakes which a consultant can make in the process of communicating with a client.

Lesson 13. Social Adaptation

Information for Trainer!

This training on social adaptation in prisons is especially topical because of several reasons. One of them is that in prisons people are faced with the life conditions different from the usual situation outside. It's natural that prisoners should adapt to them and this process has its own peculiarities depending on different factors: its psychological and social type, sex, age, character of the committed crime, sentence etc. But anyway imprisonment is one of the stress factors influencing the future life of people.

As a rule after discharge people return to the society and their further activity, character and contents much depend on what has been changed in the process of social adaptation in prisons or individually saved at the level of psychological and social arrangements. So, the character of social adaptation identifies further behavior of people out of prisons and consequently influences the level and character of delinquency in the country.

Your main aim is to inform prisoners about adaptation stages as well as to help members of the group form adequate self-appraisal. It's not a secret that among prisoners there are few people with a proper self-appraisal. As a rule their self-appraisal is either too low or too high and this eventually influences their preparation for a release. Prisoner can either think: "I'm not going to do anything because I'll return here anyway" or "Why must I do anything? I'll leave the prison and get everything I need". And in reality adequate self-appraisal may guarantee that a person will stay out of prison longer.

The aim of the training is to inform the participants about social adaptation characteristics of people released from a prison.

Tasks:

- to provide information about the aspects of social adaptation of prisoners;
- to develop participants' knowledge about themselves and their possibilities;
- to give them the opportunity to master the methods assisting in making the process of finding a job easier.

Materials: flip chart, colored markers, 5-6 sheets of paper A1, Whatman paper, scissors and glue.

Approximate duration: 2 hours 20 minutes.

#	List of Sessions	Approximate duration, minutes
1	Greeting "My Name and expectations"	10
2	Activity "Mutual presentations"	15
3	Brainstorm "Which problems are the former prisoners faced with?"	15
4	Information "Principles of prisoners' resocialization"	25
5	Activity "Consignment store"	15

6	Activity “Self-portrait”	20
7	Activity “Trial at the unemployed person”	30
8	Summing up	10

Session 1. Greeting “My name and expectations”

Objective: to form favorable and working atmosphere at the training.

Process:

1. Suggest that the participants should tell their names and inform about their expectations from the training (“Tell us your name and your expectations from the training”).
2. Tell them the following story:

“Once upon a time pilgrims made up their minds to spend a night at the sea shore. Suddenly they saw a light in the sky. The pilgrims realized that they were going to hear the Divine Revelation and they were expecting for it. In some time they heard a voice. The voice said: “Take pebbles with you. In the morning leave the place. You must travel the whole day. In the evening you’ll be happy and sad at the same time”. Afterwards the light and the voice disappeared. The pilgrims were terribly dissatisfied. They hoped to hear a vital revelation, the universe truth which could make them rich and happy but instead they got the task which they couldn’t understand. But remembering about the divine light they took the pebbles with them.

The pilgrims were travelling the whole day. In the evening before going to sleep when they had a look into their bags with pebbles they saw diamonds there. At first they were extremely happy but then they became sad there were too few of them”.

3. Express your hope that the knowledge they get from the training will be like those diamonds from the story.

Session 2. Activity “Mutual presentations”

Objective: to help the participants with the self-realization in the professional sphere.

Process:

1. Divide the participants into pairs.

To Trainer’s Attention!

It’s possible to divide the participants into pairs using different principles, e.g. “next nearest” (a person to the left works in pair with a person next nearest to him etc.) or the participants can do it on their own using the principle “mutual choice” (all get up and walk about the room silently choosing a partner for themselves).

2. Provide the participants with their first task. Everyone should draw an image which can describe the following “My profession and I” in such a way. It takes 5 minutes to do it.
3. The second task is to tell their partners about themselves and the picture. The participants should try to get as much information about their partners as possible. In their self-presentation they should reflect the following topics:
 - My view of the profession;
 - Things I value in myself;
 - The subject of my pride;
 - The thing I can do best of all.
4. The participants should present their partners to the group. Provide them with the additional instruction.

“All the presentations will be held in the following way: one of the members of the pair is taking their place on a chair and the second is taking their place behind them putting hands on their partner’s shoulders. The person standing is speaking on the behalf of the partner sitting on the chair. His task is to try to be in his partner’s shoes which means to think, and feel the way his partner could do it. The procedure takes exceptionally one minute, not more and not less! The person sitting is keeping silent and listening to his partner together with the whole group. In one minute I’ll stop the monologue; if somebody manages to do it earlier then we’ll keep silent till the end of this one minute. So our task is to make our presentation last only for one minute.

Afterwards each member of the group including me as well has the right to ask questions to the presenter who must answer them on the behalf of his partner too. It goes without saying that you don’t know the answer to some of the questions but you must feel and understand how your partner would answer them. By the way a person who has been presented has to be silent and can’t interfere”.

To Trainer’s Attention!

All the questions must begin with the address to the person been presented and can touch different topics, e.g.:

- What qualities do you appreciate in people most of all?
 - What do you consider to be the most disgusting?
 - Is there a person that influenced your life much? Who is he/she?
 - What would you like to achieve in your life?
 - What are you by profession?
 - Have you ever want to get additional qualification?
 - What are you going to do after your release?
5. Finish the activity with the discussion of the participants’ feelings and thoughts. Meanwhile it’s essential to pay attention to the following three aspects – the capability to take the time into consideration in the process of presentation, the capability to give the correct information they got from their partners and their capability to be in their partners’ shoes.

To Trainer’s Attention!

While summing up it’s possible to ask the following questions:

- Assess your success in presenting your partner.
- What were your feelings when your partner didn’t manage to squeeze into the given time (when it took him less than a minute)?
- Did your partner manage to inform us correctly?
- Did your partner manage to be in your shoes?
- Was he right answering the questions?
- Was it difficult to play anybody else’s role?

Session 3. Brainstorm “Which problems are the former prisoners faced with?”

Objective: to identify the circle of typical problems the prisoners after release are faced with.

Process:

1. Brainstorm the problems the prisoners after their discharge are faced with.

To Trainer’s Attention!

Depending on the process of the discussion start structuring problems either from general to private (problems with public health, the opportunity to be tested on CD4) or vice versa (if there is no passport it’s impossible to get medical health).

2. On a sheet of paper put down all the variants and together with the participants range them on their level of importance.

Session 4. Information “Principles of prisoners’ resocialization”

Objective: to inform the participants about the principles of resocialization.

Process:

Information

Resocialization

In imprisonment people seriously change their personal status as not only his freedom of movement is limited but possibilities of active participation in social life either. Release also changes their personal status. Together with all the human rights people get the opportunity to live without any outer control and management. This situation demands special active preparation: as on the behalf of people (new social situation) so on the behalf of the surroundings (that is inclusion of such people).

Personal preparation for a release and independent life includes the following areas: moral, psychological and practical.

- *Moral preparation aims at the activation of moral qualities necessary for life in the family, at work, in the society. As a result moral views, feelings and habits are formed (or transformed).*
- *Psychological preparation aims at capacity (or stamina) activation of prisoners, forming his readiness and original capacity to live and act in compliance with the legal norms. It allows switching onto the life rhythm quicker, fit into a new social situation.*
- *Practical preparation is based on creating the conditions for acquiring professional and other vitally valuable practical skills.*

It’s vital to remember that preparation of prisoners for discharge should respond to their requirements and typological characteristics as much as possible.

Such preparation includes several stages:

1. The stage of problem’s identification. *It is targeted at finding out and understanding prisoners’ problems (their individual difficult life situation preventing them from successful resocialization). It’s possible in the process of complex diagnostics and ranging of existing problems on the basis of which it’s possible to realize the main and accompanying problems and it will help make up algorithm of social workers’ activities.*

2. The stage of goal setting. *It aims at making successful model of prisoners’ life perspective as well as their development in the process of resocialization. The basis for collaboration between a specialist in social work and a prisoner constitutes mutual search for answers to the following questions: What is possible to be done? What is it necessary to achieve for improving prisoners’ life situation and perspectives? At this very stage the forecast for possible results of the social work and its undesirable consequences are made.*

3. The stage of the possible resources search. *It implies the identification of all the possible resources with the help of which it’s possible to achieve all the targets set before. It’s also essential to identify the resources of the prisoner; the conditions in which their necessity in self-help is activated; possibilities of their collaboration with social workers from penitentiaries are taken into consideration; the subjects of socially useful bonds (e.g. relatives) as well as departmental and non-departmental subjects (addressee, status, potentiality) capable of providing prisoners with social help and support are identified.*

Social adaptation success depends on:

1. *inclusion of a discharged prisoner into generally useful work and education;*
2. *setting good family relations including those with parents;*
3. *communicative social bonds' renewal;*
4. *strengthening of moral values as the reasons for social behavior.*

Session 5. Activity “Consignment store”

Objective: to provide the participants with the opportunity to assess their own traits of character and identify what are they for.

Process:

1. Provide the participants with sheets of paper A4. Their task is to divide their sheets into 2 columns. One of them is for putting their positive traits of character and the other is for negative ones. Draw their attention to that fact that the number of negative traits shouldn't outnumber the number of positive. In case it's difficult for a participant to fill in the column with the equal number of positive traits they can apply for help to other participants. They get 5 minutes for the task.
2. After the task has been fulfilled provide them with the following task: “At present you are suggested playing the consignment store (or a second-hand store). Your goods are your own traits of character. Each of you can be either a customer or a seller. Your main task is to get rid of your negative traits and to purchase the necessary positive qualities. Apply for the necessary qualities to those who possess them to your mind. E.g. “Alex, I feel the lack of your diligence and in order to get it I'm ready to share my composure with you”, or “I want to purchase your kindness and to give you my uncertainty for you to give it for the necessary quality for you””. They get 10 minutes for the task.
3. Discuss the activity with the participants and ask the following questions:
 - Was it difficult for you to write down all your traits of character?
 - Was it difficult for you to identify who to apply for the necessary quality?
 - Was it difficult for you to identify which quality to sell?

Session 6. Activity “Self-portrait”

Objective: to help the participants in forming their adequate self-appraisal.

Process:

1. Provide the participants with the sheets of paper A4. Ask them to draw their self-portrait drawing their attention to that fact that their artistic abilities are not necessary for this task. Self-portrait is drawn at random.
2. Afterwards ask the participants to put their drawings in a circle on the floor. Then in turn put each self-portrait into the middle of the circle. The participants' task is to enumerate all the associations that dawn on them when they look at the drawing; which traits of character can be attributed to this person and who this person is.

To Trainer's Attention!

You must always finish the circle of associations because you are responsible for the psychological security of participants who get the feedback.

3. After all the participants have shared their points of view ask the author of the drawing whether the feedback they got was precise/true.

Session 7. Activity “Trial at the unemployed person”,

Objective: to help the participants work out the constructive attitude to unemployment, to create the conditions for the active search of the way out from any negative situation as well as to create the preconditions for the adequate self-appraisal forming.

Process:

1. The first stage of this activity is discussion of the following topic “Success”. Suggest that the group should discuss the following questions:
 - What is success?
 - What is success for a person who has lost their job?
 - Is it possible to consider the working way successful if at present a person is unemployed?
 - Can unemployment serve as an obstacle to the success?
 - Is the feeling of personal failure connected with the loss of professional significance?
 - What prevents an unemployed person from being successful?

To Trainer’s Attention!

Judging from the experience the game with its further discussion of the outcomes assists in overcoming by unemployed people the existing subjective obstacles to success and helps treating themselves and their competitiveness at the labor market more realistically.

2. Afterwards suggest that they should think of some legend, a kind of biography of an unemployed person following such scheme: family, education, stages of working life, loss of work, search of a new working place, attitude to society, placement service etc.
3. Then divide the group into teams and choose a volunteer who will act a defendant and then form groups of defense, prosecution and jury. The task of the prosecution is to think of as many evidences proving the guilt of the defendant in been unsuccessful at a particular stage of their life as possible (in accordance with the legend). As a rule the defense looks for the evidences to support the defendant believing that the defendant can’t be fully responsible for their failure as some objective process in society create unfavorable conditions for the stable successful working activity. Each of the groups can invite their witnesses for stating of the evidence for or against the defendant. Jury has the right to put qualifying questions in the process. Hearing of a case also includes the so called “defendant’s final word” in which they are suggested to formulate and put forth a new view of the problem, to show a more objective attitude to all the pros and cons of the situation with the unemployment, to realistically assess all the opportunities and perspectives of their employment and future professional development.
4. Role play the trial. In the end the judges must issue a verdict of the defendant’s been guilty or non-guilty in the situation. In case they are guilty the verdict is issued in the form of obligatory practical measures prescribed to the defendant for successful employment. If the defendant is not guilty the verdict can be of the recommendatory character in the form of the system of events which will help the unemployed people with the employment.
5. Discuss the results of the game and sum up.

Session 8. Summing up

Objective: to sum up the lesson.

Process:

1. All the participants should air their point of view.
2. Find out which stages of the meeting they consider to be the most interesting, important and valuable.

Materials for Lesson 13

Questionnaire

1. What is social adaptation?

2. The preparation for the release should correspond with:

- a) professional training of peer educators;
- b) prisoners' requests;
- c) the season of a year;
- d) prisoners' characteristics.

3. The prisoner's preparation for the release includes:

- a) identification of their problems;
- b) their physical preparation;
- c) creating/making up the model of prisoner's life perspective;
- d) resources identification which helps achieve the set targets.

4. What accompanies successful social adaptation among the listed below?

- a) prisoner's education;
- b) long stay in isolation from the environment;
- c) prisoner's inclusion into socially useful work;
- d) renewal of favorable family relations (with parents, wives/husbands, children);
- e) inclusion into socially dangerous society;
- f) strengthening of prisoner's moral values;
- g) lack of information;
- h) renewal of socially useful bonds.

Lesson 13-A. Social Adaptation

Information for Trainer

Imprisonment is one of the stressful factors that influence people's whole life. The long-term stay in the isolated micro society with its inner rules and laws which are different from the generally accepted ones leads to the loss of practically all social skills of adaptation. The absence of the access to unprejudiced information, the lack of social skills and knowledge leads to the formation of deformed image of the world which is far from the reality. After the release people return to the society and their further life activity and fate are greatly dependent on what has been learnt and acquired, changed or saved in the process of their social adaptation in prisons at the psychological level and at the level of social attitude.

Therefore, the character of social adaptation in prisons identifies prisoners' further behavior at large and serves as a prevention of relapses of criminal and risky behavior and consequently influences the level and character of criminality in the country.

The aim of the Lesson is to inform the participants about peculiarities of social adaptation of people released from a prison.

Tasks:

- to provide the information about aspects of prisoners' social adaptation;
- to enhance the participants' knowledge about themselves and their capabilities;
- to assist in creating the realistic life perspective among prisoners;
- to form and practise adaptive behavioral strategies.

Materials: flip chart, colored markers, 5-6 sheets of paper A1, whatman, scissors, glue.

Approximate duration: 2 hours 10 minutes.

#	List of Sessions	Approximate duration, min
1	Greeting "My name + expectations". Accepting the rules of the training.	10
2	Information "Principles and stages of prisoners' resocialization"	15
3	Brainstorm "Problems released prisoners are faced with". Discussion "Resource's search".	25
4	Group work "Life Map"	25
5	Group game "Life lessons"	20
6	Role playing "I'm applying for a job"	20
7	Summing up	10

Session 1. Greeting "My name +expectations"

Objective: to create favorable working atmosphere.

Process:

1. Suggest that all the participants should tell their names and announce their expectations from the meeting.
2. Tell them a story about pilgrims (see Lesson 13).
3. Tell them that you hope that the knowledge they've got today will be like those diamonds from the story.

Together with the group discuss and write on a flip chart the rules of the training.

Session 2. Information "Principles and stages of prisoners' resocialization"

Objective: to inform the participants about the principles and stages of resocialization.

Process:

Information

Prisoners' resocialization

The situation with the imprisonment brings deep changes into the personal status which means that not only freedom of people but also their possibilities of active participation in social life are limited. Release also transforms the personal status which means that together with all the human rights and freedoms people get the opportunity to live without any external control and management. The situation itself demands special active preparation of a person for a new social situation and of the society for the process of the inclusion of a released person.

The contents of person's preparation for the discharge and individual life include the following aspects: moral, psychological and practical.

- Moral preparation is targeted at mobilization of people's moral qualities necessary for the life in the family, with the employees and in the society. In the result moral bias, feelings and habits are formed (changed/transformed).

- Psychological preparation aims at prisoner's capacity mobilization, forming their readiness and peculiar capability to live and act in compliance with legal norms. It allows quicker switching into the life rhythm and entering a new social situation.

- Practical preparation includes the process of making the conditions for prisoner's acquiring professional and other valuable practical skills.

It's vital to remember that preparation for a release should respond the prisoners' needs and their typological characteristics at its most.

Prisoner's preparation for a release includes several stages:

1 – the stage of problem's identification. *Its aim is to find out and realize prisoner's problems (their unique difficult life situation preventing him/her from further successful resocialization). It's possible in the process of complex diagnostics and ranging the problems which allows form the full picture of prisoner's main and concurrent/additional problems and it will help build the algorithm of social workers' professional activity.*

2 – the stage of setting the goal. *It's targeted at creating the most successful model of prisoner's life perspective and their development in the process of resocialization. The basis for collaboration between a specialist and a client prisoner constitutes the joint search for the answers to the following questions: What would it be possible to do? What is it necessary to achieve for improving prisoner's life situation and perspectives?*

At this very stage the forecast of the possible outcomes of the social work and its undesirable consequences is made.

3 – the stage of the possible sources' search. *It implies the identification of all the possible sources with the help of which it's possible to reach the earlier set goals. Meanwhile the prisoner's resources, the conditions in which prisoner's needs in self-help are mobilized, possibilities of their collaboration with specialists of social work in prisons, subjects of socially useful ties (e.g. relatives) as well as departmental and non-departmental subjects (addressee, status, potential capacity) capable of providing prisoners with social help and support must be identified.*

Success of social adaptation depends on:

- 1) *prisoner's inclusion into generally useful work and education;*
- 2) *setting good and stable family relationships including those with parents;*
- 3) *restoring communicative social ties;*
- 4) *strengthening moral values as reasons of social behavior.*

Session 3. Brainstorm “Problems released prisoners are faced with”. Discussion “Resource's search”

Practicing theory about the stages of resocialization the facilitator suggests to the group to go through the first stage of social adaptation that is problem's identification.

The participants are divided into three groups and get the task to think over all the possible problems prisoners can be faced with after their release. Afterwards groups present their results and all the problems are put down into a general list.

Then omitting the 2-d stage of setting a goal as it concerns the individual aspect of each participant trainer makes the group enter the third stage that is the resource's search. The group is provided with the identification of inner (moral, personal qualities, attitude, prejudices etc.) and outer (support of the closest surroundings, organizations, enterprise, church etc.) resources. Each item on the list of problems is discussed in the group. At first they identify whether this resource belongs to inner or outer resources, then they say it for sure whether these are morel, personal qualities, support of the family, friends, relatives, governmental enterprises, NGO etc. This stage is organized in the form of the discussion and is facilitated by a trainer as most of prisoners have lost or don't possess the necessary life and social knowledge and skills.

Session 4. Group work "Life Map"

Objective: the participants will acquire practical skills necessary for implementing the second stage of resocialization that is forming realistic life targets after release as well as to practise them and to provide the participants with opportunity to identify their course of life and in such a way planning the future steps after the release.

Process: after the circle of all the possible resources for solving the problems has been outlined and the trainer is sure that all the accents have been put correctly the participants are divided into three groups.

Each group gets its individual task:

1. Draw the life map which means the way to conditional success/happiness after release: what important events people go through using outer resources on their way to complete adaptation within the society.
2. Draw the life map which means the way to conditional success/happiness after discharge: what important events a person goes through and what changes take place in people. In other words the second group is responsible for drawing a map using the inner resources that is capacity all people possess and how it's possible to achieve happiness and adapt to life in the society.
3. Draw treasures' map which will mean the conditional happiness of the life after release. What important event a person would go through if the world were ideal. In other words the task is to think over the utopian variant of solving all the problems like with a wand's wave.

The obligatory condition is drawing a real picture using participants' experience. One way and its resources should be leading to the full of value and happy life and the second way is something that brings people back to prisons.

Afterwards the results must be discussed.

Trainer's summing up: people toned to know where they can look for a help in solving their problems after release. It's important to have strength and courage to accept all the failures, overcome obstacles and purposefully try to achieve their goals adequately assessing their capacity. In the result of our group work it's vivid that the responsibility for all the deeds bringing them back to colonies lies exceptionally on people themselves. Making this or that choice as for the direction people make their choice between good and evil in its subjective understanding.

Session 5. Group game “Life lessons”

Objective: to help the participants understand the influence of those decisions people take through the life.

Process:

1. Ask the participants the following:
 - How would you like to live your life?
 - What is important for you?
 - How do you take important decisions?

Take all the answers into consideration. And then inform them that today you are going to play a game “Life lessons” which will help find the answers to these questions.

2. Provide all the participants with the forms.

Text for a trainer: each of the circles is a part of you – your time, strength, resources, interests, personality. These 10 circles altogether represent you.

Now you’ll get the opportunity either to spend or to save your circles. It means that you either spend or save a part of yourself depending on the situation. Some pairs of offers will be put on sale. You can buy one thing or nothing but it’s impossible to buy two offers at once. As soon as you’ve run out of the circles you are not able to buy anything. That is all I can tell you about the game and please don’t put any other questions. Don’t ask in the process of the game please. Is everyone ready?

The first pair is:

A new house (1 circle)

or

a new car (1 circle)

If you’d like to buy some of these put “X” in one of the circles. Write the title of the object you’ve just purchased. In the process of buying some more and more objects be sure to put them down.

Our next pair is:

Completely paid vacation for you or your friend (2 circles)

or

a guarantee that a person you are in love with will marry you soon (2 circles)

The most popular person (1 circle)

or

one true friend (2 circles)

Profitable business (2 circles)

or

good education (2 circles)

Happy family (3 circles)

or

worldwide fame (3 circles)

Has everyone made a choice? If you’ve chosen a happy family then 2 circles are returned to you. Just add two more circles on your sheet of paper. Let’s go on ...

The opportunity to change something in your appearance (2 circles)

or

the feeling of satisfaction through the whole life (2 circles)

The opportunity to do what you want and when you want during 5 years (2 circles)

or

Respect and love from your dearest people (1 circle)

In case you've chosen 5 years of satisfaction you must pay one more circle for it (if you've got it).

Quiet conscience (2 circles)

or

The opportunity to do well in something you've wanted to (2 circles)

Miracle for those you love (2 circles)

or

The opportunity to live through some events in your life once again (2 circles)

7 additional years of the life (3 circles)

or

Painless death when it's time (3 circles)

Has anyone got the unused circles? Unfortunately, there isn't anything else left and that's why if there are some circles you haven't used they are of no worth now. Please put down "X" in each of them.

3. Discussion. Divide the participants into groups with 3-5 people in each for discussing the purchased goods answering the following questions:

- Are you sorry for your purchases?
- What aspects of the game are you dissatisfied with?
- What rules of the game would you like to change and why?

4. In some minutes ask the groups to share and discuss their ideas. Put down all the ideas but don't comment on them until the list is completed. This list can be like this for instance:

- "Inform us about all the possible variants for us to be able to make the right choice".
- "There should be the opportunity to change the choice".
- "Provide us with more circles".
- "Don't make us to choose between the two equally tempting offers".
- "Don't change the number of the circles necessary for buying some goods after it has become a fact".

If there are no same answers then ask them the following: "Would it be fair if ...?" in order to help with their thoughts.

5. Inform them about the following:

As the title of the game is "What to do with my own life" let's see to what extent the things you were eager to change correspond to the reality. What is your opinion? Is it possible to bring the same amendments into the game titled "life"? You must listen to some answers and then go on.

Though the suggested amendments could simplify the game and make it fair in reality it's impossible. In reality it's impossible:

- *to make the choice you've already made or cancel the decision you took in the past;*
- *to purchase absolutely everything and to use every opportunity;*
- *to forecast all the situations the life has in store for you;*
- *people will always feel the lack of resources, time, variants of the choice, money and interest;*
- *you must always pay for your choice and very often this cost exceeds your expectations;*

- *we don't know our life expectancy. If we don't spend our time and strength in the right direction we'll leave the world haven't used our capacity.*

It was just a game. But the way you spend your time and resources in reality is a perfect indicator of your values. In other words even if you don't always stop to analyze your actions your behavior and your choice show what you are and what you value in reality. And the choice even if it seems to be insignificant has a great influence on your present and future.

6. Discuss the following questions with the participants:

1) If somebody else has cast a look at your list of things what would they think about your values? What would they say about the things at your most value? In order to help you thinking there is a list of human values below which could be mentioned during the game:

- what others think about you;
- care about the wellbeing of others;
- your own wishes;
- material values;
- targets/plans for the future;
- safety;
- understanding the sense of life;
- the feeling of tranquility and satisfaction.

2) How do the decisions you take in your life at present reflect your life values?

The participants get several minutes to think them over. Discuss them shortly if they want to share their views and there is enough time for it. Stimulate them to continue thinking over these questions when alone. And continue your work with the help of the following question:

What is the right and wrong variant of the choice in your opinion? Why? What definition can be given to the word "right"?

Session 6. Role playing "I'm applying for a job"

In order to practice the studied material it's appropriate to organize the role playing preliminarily mentioned that it's not enough just to get knowledge it's necessary to apply it in everyday life.

How in reality it's right to use the outer resources (in this case this is the enterprise with the potential possibility of employment) and inner resources (target and attitude to fair work and life).

Objective: to design a real situation of employment.

Tasks: to work out constructive models of behavior.

Process:

Three volunteers are invited and they get their roles:

- personnel officer at the enterprise where there are no vacancies at present.
- the first candidate to be employed who has been recently released and he is impudent without any behavioral norms and uses slang.
- the second candidate to be employed who has been also recently released but is polite, calm, confident, reserved and frank.

Following the rules of the game both candidates are rejected (but they aren't aware of it before the beginning of the game).

The role playing takes place.

Discussion after the role playing contains:

- participants' reflection when they speak about their feelings they experienced in the process of the game and at present;
- group's reflection what they felt in the process of the game and at present;
- discussion of the situation: which strategy of behavior is the most effective and what qualities are necessary for forming and implementing constructive behavioral strategies.

Session 7. Summing up.

Objective: to sum up the meeting.

Process:

1. All the participants must air their views on what new, important and interesting they have learnt from the meeting.
2. Discuss what moments of the meeting they find to be the most interesting and useful.

Lesson 14. Prevention of stress and depression

Information for Trainer:

We are constantly faced with stresses in the process of solving different problems. The reasons for stress for anybody can be the loss of job, plans' collapse, the impossibility for self-actualization, the loss of the closest surroundings, the dynamic rhythm of life etc. As a rule prisoners live in an ongoing stressful situation. Very often such condition can be aggravated and as a result people suffer from negative emotions which eventually lead to depression. On the other hand depression can be identified as a kind of reaction to stress. Not all people are able to cope with stress themselves and it leads to serious consequences such as depression, problems with the immune system and some diseases. Contemporary medicine has proved that in majority the development of most non-genetic and non-infectious diseases are conditioned by the prolonged stress condition. At present according to the data of WHO emotional depression including the hidden one takes the first place in the world among the most spread diseases.

The main aim of the Lesson is stress prevention among the prisoners as one more very important constituent of physical and mental health. Stress prevention will help them avert unpleasant consequences of different stressful situations peculiar to staying in closed communities. The suggested methods and techniques will allow stimulate stamina and make them work for people to be able to survive the stressful situation with the minor losses.

Objective: to inform the participants about prolonged stresses and their negative consequences as well as to supply them with the necessary skills of stress prevention.

Tasks:

- to give the participants the opportunity to think over the revaluation of all the values and the prevalence of spiritual over material values;
- to show the participants the strategy of coping with stress situations.

Materials: a ball, paper, markers, cards (small sheets of paper) – 16 pieces per a participant, a pen or a pencil for each participant.

Approximate duration: 2 hours.

#	List of Sessions	Approximate duration, min
1	Greeting: activity “Greeting for today”	10
2	Activity “The taste of life”	40
3	Energizer “Those who ...”	5
4	Information “A stress loop”	5
5	Activity “But”	5
6	Information “Depression”	20
7	Activity “Playing with anxiety”	15
8	Activity “Wings”	10
9	Summing up	10

Session 1. Greeting: activity “Greeting for today”

Objective: to create favorable atmosphere for the training.

Process:

1. Ask the participants to make a circle and to take a ball.
2. Inform them that today’s meeting will start from greeting for the day which must be short, approximately 1-2 words.
3. Throw the ball to the first participant and say the greeting. Then the person will pass it to the other participant and so on.

E.g. “Good mood”, “optimism”, “pleasant day” etc.

4. You must follow that all the participants participated in the activity.

Session 2. Activity “The taste of life”

Objective: to show the participants the correlation of the material world and generally accepted values.

Process:

1. Tell the participants that “Death is a part of life we are faced with daily. Summer has a tendency to die, illusions, child’s feelings also die”.
2. Ask them the following:
 - 1) What does a person lose when he/she finds out that only half a year of their life is left?
 - 2) What will be your feelings in the same situation?
3. Let the participants brainstorm their ideas and write them down.
4. Discuss the results drawing their attention to that fact that most of worries mentioned by the participants are negative.
5. Then start working individually and provide the participants with the cards – 16 pieces per participant. Provide the explanations of the rules of the game: now we’ll try to role play the situation “I’ll die in half a year”. Put the cards in 4 rows 4 cards in each.

To Trainer’s Attention!

For the qualitative fulfillment of this activity each participant should have a separate working place.

And now we'll start filling the horizontal lines.

In each card it's possible to put down only one notion.

1 line: write 4 material values you possess or would like to possess (not necessarily you've got at present but also something you'd like to have);

2 line: write 4 close and the dearest people (the closest surroundings, role models, authorities);

3 line: write 4 social roles you consider to be the most valuable (the present roles and those you've been dreaming about);

4 line: write down 4 preferred types of activities (now and in future).

6. Suggest that the participants should write down 4 lines of filled cards (1 line – material values, 2 line – close and the dearest people, 3 line – the most valuable social roles, 4 line – kinds of activity).
7. Tell them the following: “You can see the picture of an absolutely healthy person” (You possess material values, you are surrounded by your dearest people, you perform acceptable social roles and you do some kind of activity).
8. The first stage. Think on the situation when only a half of a year is left (variant with some fatal disease is taken into consideration). Imagine that doctors have diagnosed some fatal disease and the task is to live this span of life at a full. But at the same time try to refer the participants to some real events, e.g.: “Today is the first of May and this means that you won't be able to live till New Year and as a result won't present your relatives with different presents and won't congratulate your Mum on the Mother's Day” etc. The task is to take away one card from each horizontal line (which means one person, one role etc.). Ask the participants cards from which line it was easier to remove and why.
9. The next stage. One month is left, you feel unwell, you have to refuse lots of things, your relatives are extremely upset and some have already disappeared from your life. The task is to remove a card from each line. Ask the participants cards from which line it was easier to remove and why.
10. Three days are left when a person doesn't rule the fate but it does. Turn the cards face down and mix them. At this stage trainer plays the part of fate: it's necessary to come up to each participant and to take away 4 cards from each. No one can see what fate has taken from them. Ask the participants about their feelings.
11. The participants open the remaining cards and share their feelings. Find out whether they are satisfied with what is left. If some are dissatisfied with what has been left trainer can suggest the exchange, e.g. a million or a country cottage for their mum at the Canary Islands.

To Trainer's Attention!

It's Ok if at the end of the game moral prevailing over material values.

12. Make the participants think over the values in their life and whether they would like to change something after the game.

Session 3. Energizer “Those who ...”

Objective: to release the emotional tension.

Process:

Read the instructions the participants will follow:

- Those with blue eyes wink three times.
- Those with the height more than 180 cm shout “King Kong” aloud.
- Those who have had tasty breakfast today pat your belly.
- Dog lovers must bark.
- Cat lovers must mew.
- Those dressed in something red tell your neighbor to the right that you would never want to have the same haircut.

- Those who have got a sibling sister tell the neighbor to your left that it's none of their business whether she is married or not.
- Those who drink coffee with milk and sugar should look under their chair.
- Those who are the only child in their family should stand on their chair.
- Those who have their own children should jump (a jump for each child).
- Those who can't stand tobacco smoke should say aloud "Smoking is harmful for health".

Session 4. Information "A stress loop"

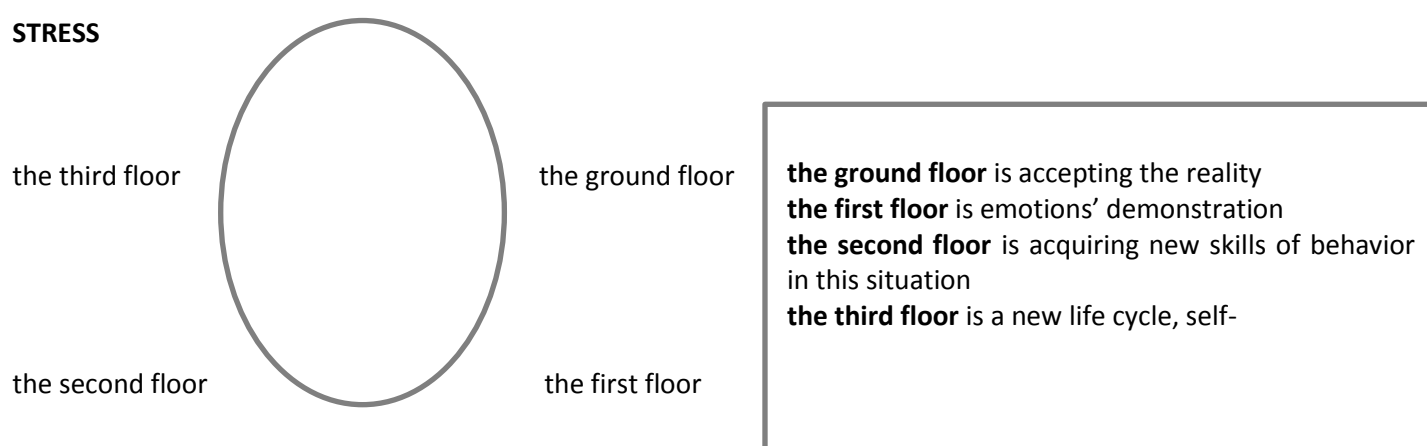
Objective: to teach the participants cope with stress constructively.

Process:

Draw the stress loop in the process of explaining the ways out of stress.

Method "The stress loop"

STRESS



In case one of the stages hasn't been finished, the loop twists in the form of a snail and it can lead to sad consequences. That is to committing suicide.

The most inclined to committing suicide are those people possessing the following risk factors:

- with previous attempts to commit suicide;
- who threatened to commit suicidal either directly or indirectly;
- who has cases of committing suicide in the family;
- who suffer from alcoholism;
- who use drugs and other toxic substances (bromide, barbiturate, hallucinogen);
- who have affective disorders especially severe depression;
- who have chronic or fatal diseases (AIDS, cancer);
- who have bereavement (the death of husband, parents especially in the first year after the loss);
- who have family problems such as leaving the family or divorce;

- who have financial problems (the loss of job, bankruptcy, problems with business).

A great Austrian psychiatrist Victor Frankl wrote a book “A human being in the search of the sense” where he proved that it’s possible to survive even in the hell if there is aim/sense. He writes: “ ... a person is capable of transforming any hopeless situation into victory if we look at it from the human point of view. That’s why even sufferings include some kind of sense”.

“In the process of actualizing the sense we realize the most human sense in people. We acquire maturity; we grow up and outgrow ourselves”. “Sufferings bring sense if you become different” (F. Bacon).

The end: summer dies and autumn comes; illusions die and reality substitute them; children become grown up. Learn to accept the reality.

Session 5. Activity “But ...”

Objective: to teach the participants find positive moments in hopeless situations.

Process:

1. Provide the participants with pens and paper.
2. Ask them to put down a difficult situation they were faced with (e.g. I haven’t got the place to live in, my wife has gone, I’ve no bread and butter etc.).
3. All the participants put their notes into a box.
4. Ask the participants to come up to the box, take a card with those situations and comment on them from the positive point of view beginning with the following words “BUT”.

E.g. “I haven’t got the place to live in” – “but it’s not necessary to think about new and expensive repair”;

“My wife has gone” – “but now no one picks on me”;

“I’ve no bread and butter” – “but now I lead a healthy life style”.

5. Ask the participants to share their feelings after the activity.

Session 6. Information “Depression”

Objective: to provide the participants with the identification of the notion “depression”.

Process: inform the participants about the following:

Depression (from Latin “depressio”) is the disease state of melancholy and deferred responses of mental activity; it’s a state of disappointment.

Very often depression can be caused by life crisis such as death of a beloved person, divorce, the loss of job, quarrel with friends but they can develop without any vivid reason for it. Temporal depression as the reason for some unpleasant event is the normal reaction of the human body. From time to time all people experience such condition.

There are also depression syndromes accompanying chronic diseases (hepatitis, oncology, hypertension, diabetes etc.), intoxication, consequences of different injuries and diseases of central nervous system (concussion of the brain, birth injury, high intracranial pressure, stroke etc.).

As diseases depression is characterized by high intensity, duration and leads to appearing of specific symptoms of depression.

What are the symptoms of depression as disease?

- *The feeling of devastation.*

- *Constant unexplainable fatigue.*
- *Feeling of one's own uselessness or unreasonable ideas of guilt.*
- *Problems with sleep.*
- *Irritation, anxiety, strain.*
- *More aggressive behavior with outer circumstances and difficulties with self-possession.*
- *Depicting future in black colors.*
- *Feeling of pity to oneself.*
- *Resistance lowering to stress.*

Very often depression starts gradually and is characterized by anxiety and dejection and even stress.

Psychological stress as a special psychic state is a unique form of reflecting difficult and extreme situation a person gets into.

Stress represents a strong emotionally physiological reaction to some unexpected uncertainty when it's necessary to make a decision and act. Inner emotionally psychic uncertainty is also expressed in the outer picture of behavior: a person can't stay calm, they constantly move without any understanding of the reason, they are just out of the mind. That's why the first step to pulling yourself together in this alarming, stressful situation is the search of such place as well as creating of the zone of psychological distinctness and inner stability.

The signs of emotional disorders are:

- *the loss of appetite or overeating, insomnia or hyper somnolence;*
- *often complaints about general ailment (stomachache, headaches, fatigue);*
- *an unusual outlook;*
- *constant feeling of loneliness, uselessness, guilt and sadness;*
- *feeling of boredom in the usual surroundings;*
- *avoidance of contact with family and friends;*
- *inattentiveness followed by the decrease of the quality of the work performed;*
- *thoughts about death;*
- *the absence of plans for future;*
- *sudden attacks of fury which often occur because of trifles.*

Support of close people even in those cases when a patient seems not to be interested in it is essential in overcoming depression.

Therefore the following advice can be given to patients' relatives:

- ❖ *remember that depression is a disease which needs sympathy but you mustn't sink into the disease together with patient sharing their pessimism and despair. It's necessary to preserve particular emotional distance all the time reminding yourself and the patient of that fact that depression is a transitional emotional state;*
- ❖ *research has shown that the course of depression is especially unfavorable in those families where patients are reprimanded a lot. Your task is to make patient understand that their state is not their fault but a trouble and that they need help and treatment;*
- ❖ *try not to concentrate on the patient's disease and to bring positive emotions into the life of the family and into your own life. If possible try to involve the patient into some useful activity but not to prevent them from business.*

Session 7. Activity "Playing with anxiety"

Objective: to find out the reasons for prisoners' anxiety and fear .

Process:

1. Give the participants the following task:

Tell us about the typical characteristics of your anxiety. If you experience several harassing thoughts then you'd better take one particular contents and afterwards work with the rest of the thoughts, contents of anxiety in the same way.

2. Try to say how often and how long you these thoughts occupy your mind during the day (indicate the times and the duration of them).
3. Choose the time and place not typical for your anxiety. You will be sure that the more constant your place is the more effective this technique is.
4. At this crucial moment you should think only about the negative contents of your anxiety and about the possible negative scenario of its development. Let them freely appear in your mind notwithstanding that fact that will cause worries and anxiety. Don't be tempted by the positive alternatives your consciousness can provide you with based on the principle "Yes ... but!" and continue thinking about negative contents. In several minutes you will hardly be able to find a worse and more dangerous variant.
5. Before the beginning of the session take several breaths and then continuing breathing calmly and deeply you should apply to your mind with humor in such a way: "Well, my dear mind, today we've got something new and I think that you want to help me occupy the time that's why be so kind as to remind of everything you can".
6. Soon you'll see that several minutes (5-10) will be enough for you to transform your anxiety and worry into some calm and safe feeling or even totally get rid of it. Thereby having spent time for this game you'll achieve the aim been associated with the anxiety you'll locate it in some particular place and limit in some particular time. At the end of the session you can again apply to your mind: "Well, my dear consciousness, my dear ego (etc.) today you've worked well and I'm grateful for it. I knew that you wouldn't betray in predicament ...".
7. Inquire about the participants' feelings after the activity.

Session 8. Activity "Wings"

Objective: to provide the participants with the skills of psychological relaxation.

Process:

1. Provide the participants with the following instruction:

"Breathe in deeply and then breathe out, throw back your shoulders and imagine that you've got big white wings on your back. Feel how the light fills you. Think that the world is beautiful and you adore it. Feel the ease inside yourself".

To Trainer's Attention!

In case there is necessary equipment it would be good to use relaxation music while fulfilling the activity.

2. Tell the participants that this activity can be done in their everyday life if necessary.

Session 9. Summing up

Objective: to get the feedback.

Process:

1. All the participants air their views on the training and what they find to be the most useful.

2. To recapitulate it all advise the participants that they can use the conciliation prayer: *“God, make me strong enough to endure that thing I can’t change give me strength to correct that thing I can and the main thing is provide me with wisdom to be able to differentiate one thing from another.*

Materials for Lesson 14

Attachment 1

Main Notions

Suicide is a purposeful committing suicide/life deprivation. As a rule this act is voluntary (though sometimes there can be cases of forced suicide) and unassisted (but in some cases it can be carried by other people).

The most inclined to committing suicide are those people who possess the following risk factors:

- the earlier tries to commit suicide;
- suicidal threats either direct or hidden;
- cases of committing suicide in the family;
- alcoholism;
- chronic use of drugs and toxic substances (bromide, barbiturate, hallucinogen);
- affective disorders especially severe depression;
- chronic or fatal diseases (AIDS, cancer);
- bereavement (the death of husband, parents especially in the first year after the loss);
- family problems such as leaving the family or divorce;
- financial problems (the loss of job, bankruptcy, problems with business).

Depression (from Latin “depressio”) is the disease state of melancholy and deferred responses of mental activity; it’s a state of disappointment.

Very often depression can be caused by life crisis such as death of a beloved person, divorce, the loss of job, quarrel with friends but they can develop without any vivid reason for it. Temporal depression as the reason for some unpleasant event is the normal reaction of the human body.

The symptoms of depression are:

- The feeling of devastation.
- Constant unexplainable fatigue.
- Feeling of one’s own uselessness or unreasonable ideas of guilt.
- Problems with sleep.
- Irritation, anxiety, strain.
- More aggressive behavior with outer circumstances and difficulties with self-possession.
- Depicting future in black colors.
- Feeling of pity to oneself.
- Resistance lowering to stress.

Very often depression starts gradually and is characterized by anxiety and dejection and even stress.

Stress is a strong emotionally physiological reaction to a sudden uncertainty in the situation when it’s necessary to make a decision and act.

Attachment 2

Questionnaire

1. Depression is a state of ...:

- a) euphoria;
- b) melancholy/oppression;
- c) disappointment;
- d) aggression;
- e) happiness.

2. What are the symptoms of depression?

- a) feeling of desolation;
- b) feeling of happiness;
- c) constant unexplainable fatigue;
- d) feeling of complete satisfaction;
- e) feeling of one's own uselessness;
- f) problems with sleep;
- g) irritation, anxiety, uncertainty in everyday life;
- h) negative future;
- i) pity to oneself.

3. The most inclined to suicide are those ...:

- a) who has already tried to commit suicide;
- b) who had cases of suicide in the family;
- c) inclined to alcoholism or drug addiction;
- d) with high self-appraisal;
- e) with financial problems – the loss of job, bankruptcy, the loss of one's own business;
- f) who have been faced with deep losses (the death of a husband, parents especially in the first year of the loss);
- g) with chronic or fatal diseases;
- h) in deep depression.

4. What should you do if you've noticed the signs of depression in your relatives?

- a) to show that you are also in depression;
- b) not to produce acid remarks addressing "the patient";
- c) to bring as many positive emotions as it's possible;
- d) to recommend that they should consult a specialist and that it's not shameful;
- e) leave the patient alone with their depression giving them a chance of self-treatment.

Lesson 15. Monitoring and evaluation of Volunteers' Knowledge and Work

Information for Trainer

Monitoring and evaluation of volunteers' knowledge and work is necessary for identifying the effectiveness of their work. Therefore several levels of monitoring and evaluation must function:

1. Knowledge monitoring.
2. Activity monitoring.
3. Monitoring of commodities dissemination/circulation.
4. Effectiveness monitoring.

Your main aim at the lesson is to inform the participants about existing methods of monitoring and evaluation of volunteers' knowledge and work as well as to stimulate them to use the alternative methods and to contribute sufficiently to the process of understanding of its importance and necessity.

Objective: to train volunteers in effective monitoring and evaluation of their own knowledge and work.

Tasks:

- to provide information about monitoring and evaluation of volunteers' work;
- to practice obtained knowledge during a group work.

Materials: paper, pens, Whatman paper, markers, stickers.

Approximate duration: 2 hours 20 minutes.

#	List of Sessions	Approximate duration, min
1	Greeting: activity "International greeting"	15
2	Brainstorm "Is monitoring and evaluation of volunteers' knowledge and work necessary?"	15
3	Information "Effective monitoring and evaluation of volunteer's knowledge and work"	25
4	Group work "Pros and cons of monitoring of knowledge level and volunteers' work"	20
5	Activity "Moving one by one"	15
6	Group work "Alternative forms of monitoring and evaluation of volunteers' knowledge and work"	20
7	Individual work "Filling in the primary documentation"	20
8	Summing up	10

Session 1. Greeting: activity "International greeting"

Objective: to greet and to create favorable emotional atmosphere for the meeting.

Process:

1. Suggest the participants to make a circle and divide them into three equal groups "Europeans", "Asians" and "African".
2. Each of the participants moves around the circle and greets in their way: Europeans shake hands, Asians bow and Africans rub their shoulders.

Session 2. Brainstorm “Is monitoring and evaluation of volunteers’ knowledge and work necessary?”

Objective: to identify the level of participants’ knowledge about monitoring and evaluation.

Process:

1. Find out what participants think about the necessity of monitoring and evaluation of volunteers’ work. The participants must comment on their answers.
2. Write down all the answers.
3. Provide an explanation about the project and donor’s demands to monitor and evaluate project activities. Your task is to identify the most appropriate for your group types of monitoring.

Session 3. “Effective monitoring and evaluation of volunteer’s knowledge and work”.

Objective: to inform volunteers about different types of monitoring and evaluation.

Process:

For more effective work there should be several levels of monitoring.

1. Knowledge monitoring.
2. Activity monitoring.
3. Monitoring of commodities’ dissemination.
4. Work effectiveness’ evaluation.

Let’s analyze these levels.

1. Knowledge monitoring and evaluation. Training of volunteers dedicated to prevention is the basis of peer education programme. At the end of each course it’s obligatorily to evaluate the level of knowledge. Besides, it’s recommended that it should be updated and added every half a year. And meanwhile in the interim knowledge monitoring in the form of some interesting event should necessarily take place.

To Trainer’s Attention!

At this very stage you’re going to discuss the next meeting which will be final for this cycle of trainings. Also you can discuss variants of summing up whether it will be in the form of brain ring or the game “The wisest”.

2. Activities monitoring. It also includes the feedback. Develop the format for collecting feedbacks together with volunteers. It’s recommended to use “Volunteer’s Diary”. What is its purpose and what does it consist of? It consists of 4 pairs of tables (equal to the number of weeks in a month). One table is called “Work at the training” and this is the basis for a short summary of the training and it also includes the following columns “questions causing difficulties” and “conclusions of the training”. It gives a clear picture how attentive volunteers are at the training. The second column is “Work in the prison’s unit” and includes the following information: the topic of the conversation with peers, the number of participants, comments and question causing difficulties.

Besides the diary contains the information on prevention (additional to that used during the training), a short text, tasks involving creativity, memory and logics, some stories and questions to them and the last page is titled “Thoughts, feelings and speculations”.

It’s better to use this diary on a monthly basis which means that you collect these diaries once per month and then hand out the others. The collected diaries must be not only read but commented on (below you will see the lines “Trainer’s comments”). After trainers have worked with the diaries they should hand them out again.

General meetings of the group dedicated to activities’ planning, events’ discussion, duties’ distributing and some other different issues belong to one more method of activity monitoring. It’s also preferable that all the group conflicts must be solved during such meetings but not in the process of trainings.

3. Monitoring of commodities' dissemination. This part is obligatory. Choose a volunteer responsible for commodities (condoms, tooth brushes, razors, etc). Then bringing commodities to prisons you give them to this person. His duty is to distribute them among the volunteers and they must fill in the form/record and then the same record is given to each volunteer. In the register they indicate all the clients and what they get.

4. Work effectiveness' evaluation. It'd be good to organize a survey using the same questions every half a year. In this case you'll get:

- In the process of the first questionnaire you can evaluate the initial level of prisoners' knowledge; further on the dynamic of the knowledge is observed. Therefore you'll find out which questions volunteers don't understand.
- The quantity and frequency of getting commodities by prisoners.
- The extent to which the percentage of prisoners using condoms has either increased or decreased.

Session 4. Group work "Pros and cons of monitoring of knowledge level and volunteers' work"

Objective: to stimulate the participants to acquiring knowledge.

Process:

1. Divide the participants into groups and provide them with the following task: to write down all pros and cons of knowledge and volunteers' work monitoring and evaluation. In 10 minutes they must present their results.
2. Groups' presentations.
3. Discuss the results.

Session 5. Activity "Moving one by one"

Objective: to create favorable psycho-emotional atmosphere for further work.

Process:

1. Suggest that the participants should take their places at random/as they wish. Afterwards to your command they start sequentially moving at random following such rules: one participant can move at a time. In case two or more participants started moving simultaneously the task is considered to be failed and everything starts from the very beginning. Each participant can be moving during not more than 5 seconds and then they must stop. One and the same person can move several times during the round but not in succession. Moments when nobody moves can also last for not more than 5 seconds. In case no one starts moving in this period of time they lose the game and everything starts from the very beginning again. The participants should work in such a way during 2 minutes. It's forbidden to have a chat in the process of the game.
2. Discuss the following:
 - What made them starting the process of moving?
 - Why were some people ready to take the responsibility and act while the others (there are such people in each group) remained passive and didn't move?
 - When do similar situations in which taking the responsibility and action lead to the risk of failure and in case there's no one ready to take the responsibility it's a complete flop appear in everyday life?

Session 6. Group work “Alternative forms of monitoring and evaluation of volunteers’ knowledge and work”.

Objective: to stimulate the participants to working out the alternative forms of monitoring of the level of knowledge and volunteers’ work.

Process:

1. Divide the participants into three groups.
2. Provide each group with the following task: the task for the first group is to think of some original approach to knowledge monitoring. Possible variants are brain ring, round table etc. The task for the second group is to think of some original approaches to activity monitoring. Possible variants are meetings, planning meeting, presentations of personal achievements etc. The task for the third group is to think of some original approaches to monitoring of the work effectiveness. Possible forms are questionnaires, dictations etc. It’s preferable that they should have some drafts of these variants. The groups are given 10 minutes for fulfillment of the task.
3. Presentation of the results.

Session 7. Individual work “Filling in the primary documentation”

Objective: to provide them with the necessary skills of filling in the primary documentation.

Process:

1. Provide the participants with the instruction and it’d be better to demonstrate it: Each client having got some services (commodities, peer-to-peer counseling) should write their name and surname, date of birth and sign (depending on the type of the record). Volunteers in their turn should register whether these are commodities, their number and clients. And then where they should also sign and legibly spell their name and surname. It should be stressed that registers are very important and consequently there shouldn’t be any extra remarks and notes.
2. Provide the participants with the samples of such registers and all the participants must try to fill them in.
3. Check the correctness and accuracy of filling.
4. Discuss the difficulties they were faced with in the process of filling and in case there are some mistakes draw their attention to the way of correcting them.

Session 8. Summing up.

Objective: to sum up the meeting as well as reflection.

Process:

1. Using flip chart schematically draw a suitcase (which a participant is going to take away with them), a waste bin (which a participant is going to throw away) and a pan (for “digestion”).
2. Provide each participant with three stickers on which they write what they are going to take with them after the training; what they prefer leaving and what they will have to “digest”.
3. Give them several minutes for this task. After everyone has made their choices they must present them.

Materials for Lesson 14

Attachment 1

Main Notions

Feedback is the expression of one's point of view about this or that situation, a valuable channel of information about oneself.

Monitoring Levels:

1. Knowledge monitoring and evaluation.
2. Activity monitoring.
3. Monitoring of commodities' dissemination.
4. Work effectiveness' evaluation.

1. Knowledge monitoring and evaluation. At the end of each course it's obligatorily to monitor the level of knowledge. Besides, it's recommended that it should be updated and added every half a year. And meanwhile in the interim knowledge monitoring in the form of some interesting event should take a place.

2. Activity monitoring. It also includes the feedback. It's recommended that you should also use a monthly diary. General meetings of the group dedicated to activity planning, events' discussion, duties' distributing and some other different issues belong to one more method of activity monitoring. It's also preferable that all the group conflicts must be solved during such meetings but not in the process of trainings.

3. Monitoring of commodities' dissemination. This is an obligatory part. Choose a volunteer responsible for commodities. Then bringing commodities to prisons you give them to this person. His duty is to distribute them among the volunteers and they must fill in the form/record and then the same record is given to each volunteer. In the register they indicate all the clients and what they get.

4. Work effectiveness' evaluation. It'd be good to organize a survey using the same questionnaire every half a year. In this case you'll get:

- In the process of the first questionnaire you can monitor the initial level of prisoners' knowledge; further you can observe the dynamics of their knowledge. Therefore you'll find out which questions volunteers don't understand.
- The quantity and frequency of getting commodities by prisoners.
- The extent to which the percentage of prisoners using condoms has either increased or decreased.

Attachment 2

Questionnaire

1. What levels of monitoring do you know to insure an effective work?

2. Name please some interesting activities targeted at monitoring the level of knowledge (2-3 examples).

3. What is the purpose of monitoring the volunteers' activities?

4. What is the aim of evaluation of volunteers' work effectiveness?

5. Provide the alternative forms of monitoring the level of knowledge and volunteers' work.

Lesson 16. Summing Up, the Final Stage in Training Volunteers among Prisoners

Information for Trainer!

Our training guide is coming to its end. We tried to include here as many adapted lessons on training of volunteers in prisons as possible. This Lesson will help you put the final accents and then give the best participants certificates. Volunteers' help is always necessary, public organizations aren't able to cope with all the problems and to realize all the initiatives without extra help. Volunteers first of all will support your whole activity, they will be "your sense organs" at the places of individual assistance to prisoners.

The main aim of the Lesson is to identify the level of prisoners' knowledge on prevention of infectious diseases, to explain them that from now on they can be called volunteers and volunteering unites people of different professions, ages, interests and that's why it's a very honorable mission and opportunity to make a great contribution to it.

Objective: to revise the material, to identify the level of knowledge, to check the level of information acquiring, to fill in the gaps in the knowledge of prospective volunteers as well as to form a friendly and united team of like-minded people.

Tasks:

- to analyze ambiguous questions;

- to formulate anticipations, wishes, intentions and targets from future group meetings (from the following training and from the whole joint work);
- to discuss the way of organizing future meetings.

Materials: flipchart, markers, paper A1, pencils, paints.

Approximate duration: 2 hours.

#	List of Sessions	Approximate duration, min
1	Greeting: activity “Blind handshake”	10
2	Brainstorm “Your benefits from being a part of the group of volunteers?”	15
3	Final thematic survey among prisoners	25
4	Game “A broken glass”	15
5	“Five simple rules to be happy”	10
6	Activity “Consultant”	30
7	Summing up	10

Session 1. Greeting: activity “Blind handshake”

Objective: to improve coordination of movements and to teach the participants to trust each other.

Process:

1. Move the tables and chairs aside to release some place for the game.
2. The partners are people who are not acquainted or know each other a little.
3. Both participants occupy their position in such a way that there must be 2-3 m of space behind them.
4. They exchange their handshake and looking intently into the eyes of their partners and stay where they are.
5. Afterwards all the participants close their eyes.
6. On the word of command “Go” partners unclasp their hands and begin slowly moving backwards. Meanwhile the position of their hands must remain the same as in the process of handshake.
7. Then one of the partners pronounces “Go to me” and both start moving to their initial position and try to shake their hands without opening the eyes. After it they open their eyes and discuss the results of the activity.

To Trainer’s Attention!

In the process of fulfilling the activity partners have such a feeling/impression that they have experienced a small adventure and it makes them closer. The participants have told each other almost nothing but the trust in the group has increased.

Session 2. Brainstorm “Your benefits from being a part of the group of volunteers?”

Objective: to identify the level of participants’ understanding of the necessity of such kind of work.

Process:

1. Discuss it with the participants what advantages and benefits their participation in the volunteering movement can bring.

2. Write down all their thoughts and ideas.
3. Analyze the suggested variants.
4. Demonstrate your variant prepared in advance and summarize the whole information.

To Trainer's Attention!

Your list can be as following:

Benefits from participation in the group of volunteers:

Inspiration. If you had a chance to be in a good company after which you felt some pick up and the urge for removing mountains then you understand it. Meetings bring supply of optimism, energy which will help you maintain good temper up to the next meeting.

New ideas and decisions. It's great when there are several ideas at once. During such meetings they can brainstorm different ideas, decisions.

Somebody else's experience. Your problems as well as the problems of your relatives are rarely unique. As a rule somebody has been already faced with them and can easily prompt you the right decision/way out. The group provides you with the following opportunity and you don't need to invent something completely new overcoming all possible obstacles.

Responsibility. As a rule when we inform others about our plans and targets our inner responsibility increases rapidly. And if everyone in the group behaves like this the effect is multiply doubled.

Knowledge and skills. Education is one of essential advantages of participation in the group. You'll constantly get necessary practical knowledge and skills which will help you cope with the tasks in your real life better.

Feedback. It is obvious that others can see something invisible for us. It can be attributed to our weak and strong points. Group gives you the opportunity to get feedback when you need it as well as to check some of your ideas, decisions etc.

Progress and results. Participation in the group provides you with the opportunity of progressing in the fast lane which is quicker than if you were trying to do it yourself. You achieve the targets and desirable results much quicker and easier.

To Trainer's Attention!

In this particular activity there are no correct and wrong answers. Maybe there will be some unexpected and new stimuli for the work in group in addition to your prepared in advance list. It can serve as a specific feature of this group which can be successfully used in work with them in the future. Your variant serves as an addition to everything said above and enlarges participants' perspective.

Session 3. Final thematic survey among prisoners

Objective: to sum up the cycle of trainings on infectious diseases' prevention.

Process:

1. Before giving out the questionnaire remind the participants of the tasks and targets of the meetings/lessons and tell them that in order to join the volunteering movement they need to pass this exam which will demonstrate their level of knowledge as far as the process of studying the material is concerned.

To Trainer's Attention!

This questionnaire will help you identify the level of volunteers' knowledge on prevention topics. Participants can take a part in this survey on the condition that they have been present at not less than 6 trainings on infectious diseases prevention and showed their real interest in participation in volunteering. After the results of the survey have been processed you can award them certificates which will prove that they are volunteers and can provide peer-to-peer counseling in prisons.

2. Provide the participants with the forms.
3. Give them the following instruction: underline the appropriate variant of the answer. There can be several correct answers to one question.

Questionnaire

1. Your name and surname:

2. Spell out the abbreviations AIDS and HIV?

HIV is _____

AIDS is _____

3. Do you consider your knowledge on prevention of infectious diseases prevention to be deep enough for preserving your health in prison?

- a) yes;
- b) no.

4. In which body fluids the biggest concentration of HIV is found?

- a) sperm;
- b) sweat;
- c) vaginal discharges;
- d) saliva;
- e) blood;
- f) breast milk;
- g) urine.

5. Under what conditions does HIV die?

- a) heating at 56 C and more;
- b) boiling during 2-3 minutes;
- c) processing with 3% hydrogen peroxide;
- d) processing with acetone;
- e) washing with water;
- f) disinfection with solutions containing chlorine;
- g) I wouldn't know.

6. What does "window period" mean?

7. What are the main routes of TB transmission?

- a) droplet and through dust;
- b) in the process of violating the rules of personal hygiene;
- c) in the process of touching infected with TB objects and linen;
- d) in the process of consuming meals containing mycobacteria of TB;
- e) in the process of consuming dairy products with insufficient thermal treatment;
- f) I wouldn't know.

8. Name the main symptoms of pulmonary TB.

- a) sweating at night;
- b) lymphadenopathy;
- c) the increase of temperature;
- d) pains in the process of urinating;
- e) some discomfort in liver.

9. What is it necessary to do when the first symptoms of TB have appeared?

- a) nothing;
- b) to give up smoking;
- c) to consult a doctor;
- d) to do an X-ray examination;
- e) I don't know.

10. Under which conditions does mycobacterium of TB die?

- a) at sunlight in 30 minutes in summer and in 3 hours in winter;
- b) at sunlight in 2-3 minutes;
- c) in 24 hours in water;
- d) while processing with quartz lamp during 20 minutes;
- e) in the process of boiling;
- f) in the process of disinfection with 5% chloride during 4 hours;
- g) I wouldn't know.

11. What methods of TB prevention in prisons do you know?

12. How often do you use condoms?

- a) always;
- b) often;
- c) sometimes;
- d) never.

13. Name the symptoms of STI?

- a) itch;
- b) impotence;
- c) burning sensations in groin;
- d) rash.

14. Can venereal diseases increase the risk of infection with the immunodeficiency virus?

- a) yes;

b) no.

15. Have you got the access to condoms and lubricants?

- a) yes;
- b) no.

16. If yes then where do you get prevention means?

- a) medical unit;
- b) volunteers;
- c) social workers;
- d) heads of departments.

17. What viruses are known as A, B, C?

18. What are the main routs of B and C transmission?

- a) sex with condoms;
- b) using objects of personal hygiene;
- c) tattoos.

19. What are the main symptoms of these diseases?

20. What are the sources that provide you with the necessary information about various infections and the rules of their prevention?

- a) TV;
- b) newspapers and magazines;
- c) radio;
- d) visual agitation;
- e) from volunteers of the prison;
- f) from special informational materials (books, brochures, booklets);
- g) lectures and conversations with the medical workers;
- h) from the employees of non-governmental organizations.

Thank you for your attention and participation.

4. Analyze the results of the questionnaire. It's possible to do following the scheme:

Correct answers:

# of the question	Points
2	2
4	1 for each correct answer
5	1 for each correct answer
6	2
7	1 for each correct answer

8	1 for each correct answer
9	1 for each correct answer
10	1 for each correct answer
11	2
13	1 for each correct answer
14	2
17	2
18	1 for each correct answer

If a prisoner has got 20 points and more, is active during trainings and tries to cope with all the given tasks then you can award them a certificate of a volunteer at the nearest thematic event (World AIDS Day – 1 December, International Volunteer’s Day – 5 December, Memory Day to Commemorate those Who Died of AIDS – the third Sunday of May, etc.).

Session 4. Game “A broken glass”

Objective: to teach the participants the techniques of changing their attitude to unpleasant situations.

Process:

1. Discuss the following situation with the participants: Imagine that a glass has been broken and tell me this:
 - Is it possible to transform it to its initial situation?
 - And if you will be waiting for a long time?
 - And you will cry?
 - And if you will shout?
2. Prompt the participants to the following conclusion that there are lots of things that upset us and we aren’t able to change anything. We can just change our attitude to it.
3. Discuss the following questions with them:
 - Give the examples of such situations which upset you but you are not able to change anything.
 - How is it possible to change the attitude to such situations? (We can choose how and what to think about).
 - Ask them in what a way the following approach can be applied in volunteering activity.

Session 5. “Five simple rules to be happy”

Objective: to create favorable and positive atmosphere.

Process:

Tell the participants the following story.

Once upon a time farmer’s donkey fell into the well. He began shouting asking for help. The farmer ran up and flapped with his arms: “How is it possible to get it from there?”

And then the donkey’s owner began thinking in such a way: “My donkey is old. It will die very soon. I was going to buy a new donkey any way. And the well is almost dried up. I have wanted to fill it up and have a new one in a different place. Why not do it now? I will bury the donkey to escape the stink”.

He invited all of his neighbors to help him fill in the well. All of them took spades and began doing the task. The donkey realized what was happening and began to squeal. And then all of a sudden he became silent. After some time the farmer made up his mind to have a look down into the well.

He was puzzled by the scene. Each lump of the ground that fell onto the donkey's back was trampled down by it. Very soon the donkey was up and managed to jump out of the well.

In your everyday life you will come across lots of mud and all the time life will send you more and more, new and new portions. As soon as the lump of ground has fallen on you shake it off and move up and only in such a way you'll be able to get out of the well.

Each situation is like a stone for crossing some brook. If you don't stop and give up you'll be able to get out of any even the deepest well.

Shake it off and move up.

In order to be happy remember the following five simple rules:

1. Release your heart from hatred and forgive.
2. Exempt your heart from worries as most of them are groundless and reasonless.
3. Lead a simple life and value everything you have.
4. Give more.
5. Anticipate less.

Session 6. Game “Consultant”

Objective: to provide the prisoners with the opportunity to demonstrate their skills of volunteering.

Process:

1. Divide the participants into groups of three.
2. Provide them with the cards with the topics they will have to get counseling: STI, TB, HIV/AIDS, addictions etc.
3. Provide them with the following instruction: Each of you will have to act three parts: that of a consultant, a person been counseled and an observer. The consultant's task is to conduct counseling. The task of the person been counseled is to put questions on the topic indicated in your card. The observer must carefully and attentively follow the process of counseling. And to put notes on what could be done differently and what was quite OK in his opinion.

To Trainer's Attention!

In the process of counseling you can observe the participants and see what they can do well and what they fail.

4. Let each participant take the floor and air their own views on the activity, what they succeeded in and what needs to be improved. Trainer sums everything up.

Session 7. Summing up

1. Suggest that the participants should answer the following questions:
 - What knowledge and information were new for you in the following cycle of trainings?
 - Which of them do you find to be important and useful?

- How are you going to implement the knowledge in practice?
2. Tell them that the results of the questionnaire will be given during the next meeting and those who won't succeed in getting a certificate of a volunteer this time will surely get it next time if they take pains.
 3. Discuss the date and time of the next meeting.

