

Group Support Psychotherapy

Manual

Group Support Psychotherapy Manual

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Section 1: Introduction

Background: Conflict and post conflict settings often suffer the heavy burden of psychological effects associated with war but these are made even worse by the HIV/AIDS epidemic. For example, HIV infection rates in post-conflict northern Uganda are estimated at 13% which is almost twice the national HIV infection rate of 7%. Among war-affected individuals receiving care from the Peter C. Alderman Foundation (PCAF) trauma clinics in northern Uganda, HIV infection rates range from 10% among children to 15% among adults. Given the well documented impact of the HIV epidemic on mental health, there is urgent need for mental health interventions to address psychological sequel of HIV/AIDS without increasing the burden of medications in these conflict-affected populations.

Depression is the commonest mental health problem in Northern Uganda, a region that has been ravaged by war for two decades. Depression may occur for many reasons including unresolved grief, traumatic experiences such as torture of civilians by the rebels leading to loss of limbs and related disabilities, loss of loved ones, and loss of significant human social structures like the family and poor health status due to HIV condition. Other losses are also related to socioeconomic, infra-structural, cultural, moral, emotional and cognitive integrity that in general have resulted from the atrocities of the war. All these losses together with the survival difficulties such as lack of basic needs may trigger depressive symptoms.

Therefore, there is need for psychological interventions for the various psychological needs of the population. Unfortunately, there are few qualified mental health practitioners in this region of massive need. Furthermore, existing psychological interventions are mostly individual counseling/psychotherapy models developed elsewhere which often fail to adequately address the mental health needs of this population. There is therefore a need for culturally sensitive interventions developed within the region and with the local population. Out of that need, this culturally sensitive group support psychotherapeutic intervention has been developed.

Theoretical Framework of the Group Support Psychotherapy (GSP):

This group support psychotherapeutic intervention has been developed based on the already existing group counseling conducted in the PCAF trauma clinics as well as findings from focus group discussions with the target population.

These findings, especially on community perceptions of depression and group interventions as a strategy to alleviate depression were compatible with the psychological principles of the cognitive-behavior theory and social learning theory and the sustainable livelihoods framework. The cognitive-behavior theory holds that the way we think about our reality is central to how we react to that reality. The social learning theory stems from the idea that behavior is learned from the environment

by observation, in which the person being observed is referred to as the model.

The sustainable livelihoods framework shows that the absence of livelihood strategies such as the ability to adapt to adverse situations, network and increase social connections, or work and obtain savings, housing, or land, constrains livelihood opportunities. We postulate that when GSP reduces depression symptoms, livelihood strategies will be enhanced thereby leading to acquisition of livelihood assets. The pursuit of livelihoods would help restore the dignity and independence of those affected by depression leading to sustained reduction in depression and increase in functionality.

In the GSP intervention, the group facilitator will provide information by conducting psycho-education, encouraging active participation of group members in all therapy activities and normalizing the group members' experiences. By sharing their thoughts (self-disclosure), the group members will provide positive ideas which will strengthen positive feelings and adaptive thoughts. This will generate a supportive emotional bond (cohesion) within the group. In the group, each member will be a model in particular area of functioning. By others observing the "model" (modeling), the group members will learn to gain control of their feelings, to cope with difficulties and to solve current and possible future problems. Members learn not only to understand themselves and their own issues but also become "therapeutic helpers" for other members. The strength of the unit (group) is believed to be greater than the sum of its parts. This is intended to be the healing principle of this GSP intervention.

Structure of the Group Support Psychotherapy:

The group facilitator will appropriately select people (10 to 15), during individual sessions, who will be helped by the group experience and who can be learning partners for one another. Participants must have undergone initial assessment by the PCAF team members. Participants must voluntarily accept to participate in the group support psychotherapy. The group must be gender specific and age-specific (≤ 18 years and > 18 years). The groups must be problem specific (e.g. similar HIV status; mood disorders including depression, anxiety and PTSD plus others e.g. grief; suicide, somatoform can be in the same group; alcohol & substance abuse sexual violence). During the sessions, group members will be encouraged to talk with each other (self-disclose) in a spontaneous and honest fashion. A trained group support facilitator will provide productive examination of the issues or concerns affecting the individuals and the group, and guide the session discussions using the group support psychotherapy guide.

General guideline:

Group participants will not receive any financial or material gifts when they participate in this group intervention. Likewise, group facilitators will not accept any financial or material gifts from group participants. The GSP intervention should take no more than 8 sessions to address a specific topic/issue each and could be delivered every week or every two weeks or every 4 weeks depending on availability of trained group facilitators. In small groups (6-8) sessions 3&4 and sessions 5& 6 could

be combined into one session.

Section 2: Group Support Psychotherapy Sessions

This is a facilitator’s working manual that can be used to guide the group facilitator while he/she conducts group support sessions with people who have depression but leaving room for the group facilitator to be creative from time to time.

Session1: Introduction to group support psychotherapy

<p>Necessities:</p> <ul style="list-style-type: none"> • Room/ safe space • Chairs/ benches/ mats • Table 	<p>Overall Goal</p> <p>To assist the group members build relationships among themselves and with their facilitator to enable the healing process during the groupsessions.</p> <p>Specific Objectives:</p> <ul style="list-style-type: none"> • Assist group members get to know each other. • Re-assure group members that the group will be a safe and supportive environment. • Guide group members as they set the ground rules. • Help group members understand how the group sessions would heal their depression.
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<p>Materials :</p> <p>The facilitator devises simple easy to use materials, e.g.</p> <p>Masking/ adhesive tape</p> <p>Markers/ pens</p> <p>Flip charts & chart stand</p> <p>Papers & attendance lists as culturally appropriate.</p> <p>Note: Nametags should have been distributed to all participants upon arrival.</p>	<p>Activities:</p> <p>a) Self-introductions (counselor & group members) ---30 minutes</p> <ul style="list-style-type: none"> • The group facilitator: You’re all welcome to this meeting. • My name is...., My job is.. ... and my other roles in the community are...., I chose to become a GSP facilitator because..... • Now that you know me, can I ask each one of you to introduce yourselves by: Name, where you live , what you do for a living, any other roles you play in the community plus any other thing you may want other group members to know about you.
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<p>Notes for Group facilitators Greater work is done by the-group facilitator who:</p> <ul style="list-style-type: none"> • Should highlight the difference between this group and other group types. • Instill hope in the group members that this will be a safe group environment for working towards health improvement. • Encouraging members to commit themselves to working with this group to support others and receive support for oneself. • Teach group members that all successful work is guided by consistent and reliable rules; thus rules for this group work must be outlined and followed. • Encourage full participation of all group members. <p>Notes for Group facilitator The attention of the group facilitator allows each client to give a new quality of attention to him/ herself.</p>	<ul style="list-style-type: none"> • After the introductions – the group facilitator: <p>B) Setting the ground rules Group Facilitator: Now that we all know each other, it is important that we set some rules which we must all abide with so that our discussions progress smoothly.</p> <p>Allow group members 10-15 minutes to discuss and come up with a set of rules. A volunteer can write down the rules as they are suggested by the group members</p> <p>In addition to what group members suggest emphasize the following. (Group facilitator continues with rules not mentioned)</p> <ol style="list-style-type: none"> 1. To this list let me mention some more that have been useful for other groups in the past: 2. Observing confidentiality: Members who wish to give feedback on lessons are allowed to share what they have learned about their condition with others. 3. Respect each person's opinions and contributions. 4. Avoid physical aggression or confrontation during the sessions 5. Respect the thoughts and feelings shared by others. 6. Be honest as possible and express oneself and one's feelings freely and let others know your ideas.
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<p>Notes for Group facilitator First allow group members to propose some ground rules. To that list add other rules without repeating what has been mentioned.</p>	<p>7. Do not talk for too long, so that others have time to share.</p> <p>8. Don't insist that you are right and everyone else is wrong</p> <p>9. All group members must respect each other during discussions.</p> <p>10. Everyone should participate freely and no one should judge the other. Ask members to suggest anything else they think has been missed out. With the groups consent, this can be added to the ground rules.</p> <p>11. If the discussion is confusing to you, say so.</p> <p>12. Attend the group sessions every week</p> <p>13. Be punctual for sessions!</p> <p>C) The organizer gives details about the reasons for and values of GSP --- 30minutes. The group facilitator explains that:GSP is a unique type of group that works toward improving the health of each member through sharing one another's experiences including personal problems, attempted solutions and new ideas.</p> <ul style="list-style-type: none"> • This group has one main goal: improving the health and quality of life by treating your depression symptoms. <p>Group Support Psychotherapy can be defined as an intervention where:</p> <ol style="list-style-type: none"> 1. People can share personal life experiences with others in the group without fear of judgment.
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<p>Notes for Group facilitator</p> <p>The group facilitator may add the following rules</p> <ul style="list-style-type: none">• All group members must do all homework assignments. <p>If you don't practice what you have learnt in the sessions, you may never know if these methods could help you control your feelings of depression.</p> <ul style="list-style-type: none">• Emphasize that what each participant has to say is important. There are no "silly" or "stupid" questions. It is likely that other participants have the same question as you.	<ol style="list-style-type: none">2. People can listen to each other's life experiences without judging them.3. People can ask each other questions about their problem experiences in terms of beliefs, feelings and behaviors with the aim of helping them to find alternative solutions.4. People can clarify their objectives and decide on the best available ways to achieve them.5. People can express thoughts and feelings and get relieved.6. People can identify realistic ways of achieving other types of support including social, economic/material and medical. <p>And as a Result:</p> <ul style="list-style-type: none">• The client may discover new connections and meanings of their experiences• Clients may discover their own thoughts and feelings by listening to their own words.• By asking questions, clients may help each other to fill in the unknown areas of their experiences unexplored aspects of their experiences and promote new connections between parts of their stories.• Through GSP process, clients will learn to seek support from each other, which protects one's during difficult situations and prevents one from going into depression..
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<p>Notes for Group facilitator Encouraging members to commit themselves to working with this group to support others and receive support for oneself.</p> <p>Allow each group member to verbally announce their commitment to attend all group sessions</p>	<ul style="list-style-type: none"> • Through GSP, group members will learn to view their problems from different perspectives, in so doing, be able to find alternative solutions. <p>Through GSP, members will learn to always look for a positive aspect in any situation they encounter. By practicing skills taught in GSP, group member's self-esteem, self efficacy and ability to handle ones current difficulties will improve. Group members will develop a better sense of control over their lives and have hope in the future.</p> <p>Contracting---10 minutes The Group facilitator explains that: “When you decide to participate in GSP, you are required to attend all the group sessions. The more sessions you attend the more benefits you will achieve. Therefore, it is every ones responsibility that they attend all group sessions. It is necessary for each one of you reassures me and other group members of your commitment to attend all group sessions,</p> <p>(Each group member takes a turn to stand up and declare his commitment to the group facilitator and other group members)</p> <p>d)Session Review and Conclusion ---20 min</p> <ul style="list-style-type: none"> • I appreciate the great work done by all of you in today's session. • You now have the opportunity to ask questions. I am ready to answer them although some may be answered later in other sessions. (This is very empowering of previously stigmatized and discriminated persons.) <p>Now that we have covered the questions let us summarize the session. You can share what we have covered in this session, the lessons you have learnt. Summarizing the sessions helps us to go home with a take home message.</p> <p>After group's questions - Group facilitator:</p> <ul style="list-style-type: none"> • What do you remember about this session?
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	<ul style="list-style-type: none">• What have you found useful?• Do you remember each other's name; what should we do remember them all? (Avoid actions that may instill guilt). <p>e) Home work Assignment:</p> <p>Attending sessions is one way to achieve the benefits of GSP sessions but it is useful that someone leaves the session with a task to complete during the week. This task helps you practice some of the skills you have been taught.</p> <p>Your homework for this week is to visit at least one member you have met today by the next session. Do something together. In the next session you will be required to give feedback on your visit.</p> <ul style="list-style-type: none">• Let's set the date and time for the next session. Set and announce the date and time for the next session. <p>• Before, we depart; I would like to ask you to suggest how you want us to close our session. Closing ritual (should be appropriate and set with the aim of building cohesion within the group: ask members to suggest one.</p>
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Session 2: Psych-education on Depression and HIV/AIDS

<p>Necessities:</p> <ul style="list-style-type: none">• Room/ safe space• Chairs/ benches/ mats• Table	<p>Overall Goal:</p> <p>To increase knowledge of group members about depression and its relationship with HIV/AIDS.</p> <p>Specific Objectives:</p> <ul style="list-style-type: none">• To help group members : • Learn how to identify an individual with signs of depression.
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	<ul style="list-style-type: none">• Understand the conditions or situations that are likely to cause depression • Understand why depression is common among persons with HIV infection. • Understand the consequences of not treating depression in persons with HIV
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<p>Materials :</p> <p>The group facilitator devises simple easy to use materials, e.g. Masking/ adhesive tape Markers/ pens Flip charts & chart stand , Papers & attendance lists Name tags of group members from previous session ... etc as culturally appropriate.</p> <p>Notes for Group facilitator</p> <p>Greater work is done by the group facilitator who should:</p> <ul style="list-style-type: none"> • Teach group members that there are different triggers of depression while acknowledging that there are different cultural explanations about what triggers depression and none is right or wrong but what is important is healing from this condition. 	<p>Activities:</p> <p>a) Introductions ---10 minutes</p> <ul style="list-style-type: none"> • I welcome all of you and I thank you for remembering this day, the time and venue. • I recognize your willingness to be helped to live better as reflected by your commitment to come for this session. Let's work hard to learn how to control our emotions and change of our lives. Your presence here today shows that you all are committed to work hard to change your life, and it will change. <p>I suggest that we introduce ourselves again using the same method as last time. Review the homework, "How was your experience visiting someone you met at the last session?" So, let us have volunteers talk about their experience of visiting a group member they met last week.</p> <p>b) Depression --- 50 min</p> <p>The goal of today's session is to learn about depression and HIV. There are misperceptions about the triggers or what activates depression as well as the treatment options for the disease.</p>
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<ul style="list-style-type: none"> • Helping the group to know that there are many other people suffering from the depressive and HIV conditions but that they can live a healthier life once they commit to working through this group. • Encourage full participation of all group members. <p>Notes for Group facilitator</p> <p>The Group facilitator should emphasize that: Although most individuals experience some of the mentioned depression symptoms and do not seek treatment, these symptoms can progress to severe disease.</p> <p>Participating in group support therapy can prevent the progression of depression symptoms into full blown mental disorder.</p>	<p>Before giving you the medical understanding of depression, I ask you to share what you know about it: Ask the group:</p> <p>What is depression?</p> <ul style="list-style-type: none"> • How do you know that someone is depressed? • What causes depression? • How can depression be treated? <p>i. Clinical depression</p> <p>Thank you for the ideas you have given. Some of the issues you have raised are the beliefs our communities have about depression so; I would like to give you some information from the medical understanding of illness.</p> <ul style="list-style-type: none"> ❖ Definition: Imagine you find yourself in a situation where you feel excessive persistent sadness most of the day, almost every day for more than two weeks, you find that you no longer enjoy the things that you used to enjoy; you prefer to be by yourself, you lose your sleep, energy and appetite. You are unable to concentrate on your work; ❖ If you find yourself in this situation, you have depression symptoms. ❖ At this point, if you do not seek the support of family, friends or your health worker, these symptoms intensify. ❖ You may start to feel useless, worthless and hopeless. And when you lose hope, you see no need to take care of yourself, your family ❖ In the worst case scenario, you may resort to excessive alcohol use, drugs or you may take your own life. ❖ In a nutshell, this situation is what is referred to as depression. ❖ We can go over the symptoms one more time. “Depression is defined as an extended period of time (at least 2 weeks) in which a person experiences depressed mood
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<p>Notes for Group facilitator</p> <p>Discuss complications of untreated depression such as suicide.</p> <p>Discuss misperceptions about treatment and the various treatment options</p>	<p>(feeling low or sad) or a loss of interest or pleasure in activities that were once enjoyed”.</p> <ul style="list-style-type: none"> • Depression is indicated by a number of signs: Sad/low mood almost everyday • Losing interest in things /not being able to enjoy them as before • Loss of appetite resulting in losingweight. • Sleep disturbances such as lack of sleep or too much sleep. • Slow movement(s) • Fatigue coupled with loss of energy: tiredness and lack of / low energy. • Worthlessness and guilt feelings. • Cognitive impairment: problems thinking / slowed thinking, inability to concentrate and difficulty making decisions. • Suicidal / homicidal ideation or ideas : contemplating suicide or homicide, /wishing to die or kill someone and suicidal/ homicidal attempt <p>❖ What causes of depression?</p> <p>A number of factors or situations may lead to depression. These may arise from your body e.g Infections that affect the brain like HIV/ AIDS, using illegal drugs that affect the brain e.gmarijuana, cocaine, imbalances of brain chemicals due to presence of abnormal genes.</p> <ul style="list-style-type: none"> • Difficult social situations in your life may trigger the depression, war trauma, sexual violence ,sudden death of loved ones, prolonged sickness or pain :Financial or job problems / lack economic problems – no job, no income • Poor relationships or conflicts at the work-place, home, or community...Stigma and discrimination
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<p>Notes for Group facilitator Discuss how depression affects HIV treatment outcomes</p>	<ul style="list-style-type: none"> • Chemical imbalances in the brain, e.g. due to use of drugs like alcohol, marijuana (“jai”), khat, etc. <p>There is a relationship between depression and HIV as noted in the section on the causes of depression. This necessitates a discussion about HIV facts beside the relationship -30min.</p> <p>c) HIV and Facts about HIV --- 30 min</p> <ul style="list-style-type: none"> ❖ Cause:HIV disease is caused by a virus called: Human Immunodeficiency Virus (HIV). ❖ Mode of infection:the roots through which HIV is transmitted include sex, from the mother to child, blood transfusion, skin piercing with infected instruments, contamination with body fluids of an infected person e.g. in accidents, ❖ Prevalence: HIV highly spread within the general population with the percentage of people having the disease being 6.4% in the general population and 11.0% in Northern Uganda (i.e 11 people may have the virus in every 100 people) ❖ Effects on the immunity:HIV affects the immunity of a person i.e. it weakens the body making it incapable of fighting disease. It also weakens the body cells such as the CD4 that helps in fighting opportunistic infections. The lowering of CD4 results in lowering of the body strength to fighting opportunistic infections such as Tuberculosis.
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	<ul style="list-style-type: none">❖ Availability of ART and life expectancy. Anti retroviral drugs (ART) available in many parts of the country. These ART drugs promote and prolong life.❖ It is important that once someone starts on ART, they do not stop taking it or miss any dose. If you miss taking your ART medications, you will have a poor response to treatment. This means that your CD4 counts decrease and the amount of virus in the body increases which will lead to death. <p>d) Relation of Depression to HIV --- 10 min</p> <ul style="list-style-type: none">❖ Group Facilitator: We have seen that depression is caused by many things including chronic health problems, relationship problems, social stigma and various types of loss.❖ HIV disease is also associated with all of these problems.❖ Depression is the commonest mental health problem found in persons with HIV and it interferes with one's ability to take their ART medications. Persons with HIV affected by depression are more likely to engage in risky behaviors, so they will spread the HIV virus.❖ Further, depression has been associated with failure to access HIV care and treatment increased morbidity (more prone to infections) and mortality (may die faster).
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	<p>Review of session and conclusion --- 20 min</p> <ul style="list-style-type: none">• Let us have some questions and answer them as a group.• It is time to summarize what we have covered in this session. Let each one of us tell us anything they remember about this session. .• Thank you all for the active participation in this session. <p>Homework assignment</p> <p>Our assignment today is to go and visit a member in community and share what we have learnt about depression and HIV/AIDS.</p> <ul style="list-style-type: none">• Let us meet on (state the date)at..... (state the time and place) for the next session. .• You can suggest how you want to close our session today. Closing ritual (should be appropriate and set with the aim of building cohesion within the group: ask members to suggest one.)
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Session 3 and 4: Venting and externalizing of personal problems/ trauma stories

<p>Necessities:</p> <ul style="list-style-type: none"> • Room/ safe space • Chairs/ benches/ mats • Table 	<p>Overall Goal:</p> <p>To help group members learn to communicate with others about their personal painful experiences, to seek support and to receive feedback.</p> <p>Specific Objectives:To help group members:</p> <ol style="list-style-type: none"> 1. Share distressing personal problems. 2. Support one another through receiving and giving feedback on how to handle the shared painful problems. 3. Share strategies they use to cope with the painful develop adaptive coping skills in managing distressing problems in the future
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<p>Materials</p> <p>The group facilitator devises simple & easy to use materials, e.g. Masking/ adhesive tape Markers/ pens Flip charts & chart stand Papers & attendance lists Name tags of group members from previous session....etc as culturally appropriate.</p>	<p>Activities:</p> <p>a) Introductions ---10 minutes</p> <ul style="list-style-type: none"> • Let us welcome one another, give your neighbor a handshake for not forgetting the day, time and venue of our meeting • I once again appreciate the commitment you have to change your life, and your life will change. May we now self-introduce again! We shall use (a ritual to enhance group cohesion, to reduce anxiety and foster belonging.)
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<p>Notes for the group facilitator</p> <p>In this session greater work is done by the group members than the group facilitator.</p> <ul style="list-style-type: none"> • Each group member shares their problems with the group. • Other members give feedback/ support to the person who has shared their problems. • The group facilitator validates each group member's difficulties and encourages members to share and support each other. 	<ul style="list-style-type: none"> • Emphasize confidentiality and acceptance of each member as they are. <p>b) Review the previous session and homework ...10 minutes</p> <ul style="list-style-type: none"> • What do you remember from the last session? • Any volunteers to share their experience with the home work given in the previous session (last week)? <p>c) Sharing personal problems Group Facilitator5 minutes</p> <ul style="list-style-type: none"> • Today we are going to share personal experiences. • It is always easier to talk about good experiences and keep quiet about bad experiences that happen to us. If we keep our bad experiences within us, they hurt our thoughts and feelings and eventually we get emotional problems like depression.. • Therefore, in today's session, we will take turns and share our painful or difficult situations we have been through.
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Notes for the group facilitator

- The group facilitator may write on the flip charts the feedback/support/ ideas contributed by other group members.
- The group facilitator may read aloud the feedback contributed for each group member and help the group member to choose what may be useful for them.

- Now I know that we all have many problems, let's think about them, and chose the most important problem that we want to release from our minds and share it today. Other problems we can share with each other during the week when we visit each other in our village.
- It might be difficult at some moment but I and all other group members will be there to support you every moment during the sharing.
- It is not a crime not to share today if you are not yet prepared to,you will have a chance to share in the next session
- Today, we should have 5 people sharing as time will allow.
- I will be there to guide everyone and your experience can never be right or wrong; it is just what you are experiencing.
- Everyone else should pay attention to the full story of the one sharing and give him/her constructive feedback. It is us to help ourselves
- Whoever is ready to start iswelcome to do so. Allof us are ready to support you in case it becomes difficult for you to continue. Feel free to express your feelings no matter if you cry, it will be part of the healing. Who will go first? All of us are here to support you; it is safe to do so.We shall patiently listen and support you to go on when it may be difficult for you to continue.

3-5 Clients share personal experiences 15-20 minutes each.

*****Listen actively to each client's story*****

<p>Notes for the group facilitator</p> <p>The group facilitator must engage the group members for cognitive stimulation and behavioral activation that are always low among the depressed.</p>	<p>d) All of us have different problems and some may be similar or the same. There is no need to feel shy about any problem for there is no strange problem. In fact, all problems are part of life and they matter differently to individuals. In case of an insolvable problem, there are ways to help one learn to live with it without getting distressed.</p> <p>(Normalize the Problems (FOR EACH CLIENT)10 minutes).</p> <ul style="list-style-type: none"> • Write the problems down by name; all problems identified from the client's sharing. • Inform group members that these problems normally occur in the life of people who suffer HIV, trauma and other chronic illnesses as well as other big life problems. • Inform group members that these problems occur among people of all tribes, nationalities, age, gender, and religion, social and economic status. • Inform them that it is not a sign of weakness or crime for anyone to experience these problems. • Re-assure group members that the distress they feel can go away; problems can be resolved through group support therapy and in case of an insolvable problem, there are ways to help one learn to live with it without getting distressed • It has been found that feedback about one another's problem is helpful, for it is one way someone can get solutions from those who have gone through the same or similar problems. What do you have to say about the problems we have just heard?
<p>Notes for the group facilitator</p> <p>Highlight the areas/ signs of improvement in comparison to when you first met them. (Be realistic and concrete, avoid flattering group members)</p>	

Facilitators notes

In any counseling session or group support team, members can have different views on how to handle an issue but it is upon the person who has the problem to choose what one thinks could be helpful and try it out. I will encourage those who share to make a choice from what is suggested by others.

The closing ritual should be appropriate and set with the aim of building cohesion within the group: ask members to suggest one.

- With the feedback I have got, someone can volunteer to shortlist the solutions as they are given by the group members. .
- As you start to resolve this painful experience in your life, what's your next step?"
- "When you leave here, what do you want to see yourself doing?"
- "How will your life be different after this?"
- "What will you need to do to rebuild your life?"

d) Review of Session and Conclusion10 min

- Thank you all for the bravery to share your personal experiences with the rest of the group
- I thank the rest of the group for listening attentively and for the supportive feedback you have given to them.
- Let us hear from each one of you what you have learned from this session. I understand that certain moments were difficult for all of us, but we must congratulate ourselves for having maneuvered through those moments.
- If anyone has a question please we shall all try to answer it.
- We have all done Good in this session thank you and keep it up.
- Let us meet next week at ...and this very place
- Can someone lead us in today's closing ritual?

Session 5: Learning positive coping skills

<p>Necessities:</p> <ul style="list-style-type: none"> • Room/ safe space • Chairs/ benches/ mats • Table 	<p>Overall Goal</p> <p>To assist group members learn different coping skills that can help them deal with difficult situations, negative thinking and excessive worry, without being overwhelmed</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Encourage group members to share their distressing situations. • Help group members differentiate helpful from non-helpful coping strategies • Assist group members learn and practice new coping strategies (during current and future challenging situations)
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<p>Materials:</p> <p>The counselor devises simple easy to use materials, e.g.</p> <p>Masking/ adhesive tape</p> <p>Markers/ pens</p> <p>Flip charts & chart stand</p> <p>Papers & attendance lists</p> <p>Name tags of group members from previous session Etc. as culturally appropriate.</p>	<p>Activities:</p> <p>a) Introductions ---10 minutes</p> <ul style="list-style-type: none"> • You are all welcome and thank you for coming to the fifth group session. . • Thank you for your commitment to these group sessions. This shows you are working hard to change your life for the better and it will change. I can see positive changes in all of you. • Can we introduce ourselves again? May we now self-introduce again! • We shall use (A ritual to enhance group cohesion, to reduce anxiety and foster belonging.)
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<p>Notes for the group facilitator</p> <p>Greater work is done by the group facilitator who will demonstrate the positive coping skills.</p> <p>Normalizing a situation is an aspect of optimism. When you realize that others also experience similar difficulties and survive you feel more hopeful.</p> <p>Coping skills are methods a person uses to deal with stressful situations. Obtaining and maintaining good coping skills does take practice. However utilizing these skills becomes easier over time. Most importantly, good coping skills make for good mental health wellness. Some good coping skills include:</p>	<p>b) Review the previous session ...10 minutes</p> <ul style="list-style-type: none"> • In our previous sessions, we learnt that we have all faced many hardships, frustrations and difficulties in our lives. The first lesson to learn is that we are not alone in our suffering. We can learn from each other how to survive. • Let us have a volunteer share with us how they have coped with these difficult situations and learn from each other. • I will guide you as to whether the shared coping strategy is helpful or not. • Group facilitator allows members to share pointing out positive coping strategies and negative coping strategies. • Our goal for today is to teach you more positive coping strategies that can help you deal with difficult situations so that you do not become overwhelmed. <p>Coping strategy 1:</p> <ul style="list-style-type: none"> • Practice positive Realistic thinking to overcome negative thinking <p>Facilitator to group members</p> <ul style="list-style-type: none"> • Depression is associated with negative thoughts. There are various ways of coping positively with negative thoughts and feelings associated with the stressful life events that we go through in our daily lives. Today, we are going to look at these. • We are going to discuss how to manage depressive thinking but first we must understand what it is :
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Notes for the group facilitator

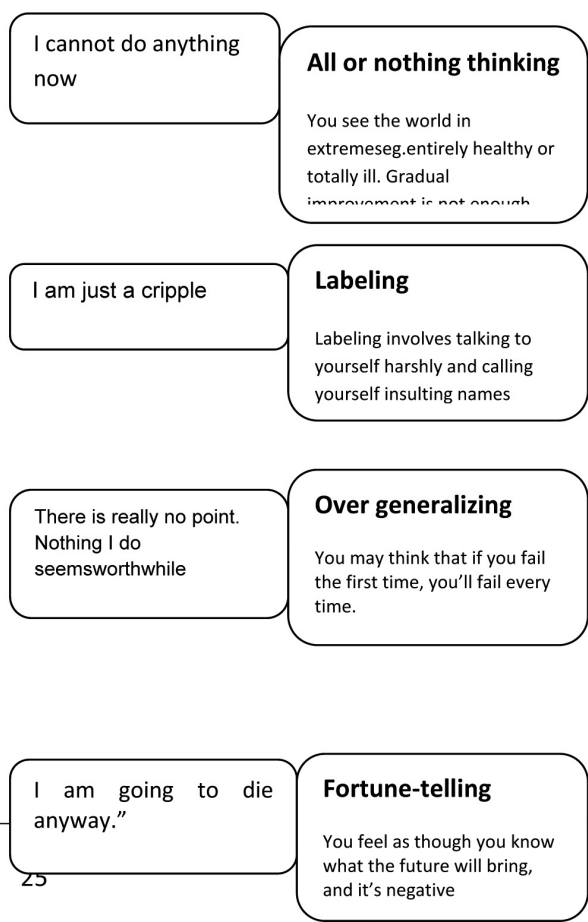
Ask a volunteer to draw the boxes shown in the diagram on the flip chart under your guidance.

Negative thinking involves: Unrealistic negative thoughts about your situation, yourself and the future.

- Second, we must learn about some types of depressive thinking so that we can learn to identify them.

Let us consider this example: An HIV positive man/woman says “I cannot do anything now. I am just a cripple, there is really no point. Nothing I do seems worthwhile. I am going to die anyway.”

How to identify depressive thoughts: Let us identify the different negative thoughts in this statement: I cannot do anything now. This individual sees the world in extremes

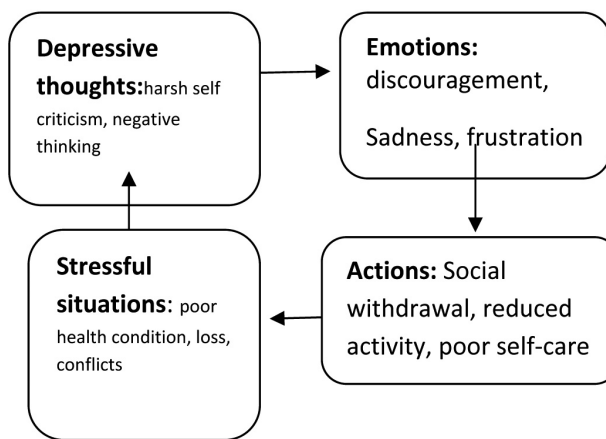


Notes for the group facilitator

Ask a volunteer to draw the boxes shown in the diagram on the flip chart under your guidance.

Why is it important to know about depressive thinking?

Depressive Thinking can affect the way you feel, your physical state and actions as illustrated below:



- Our minds generate depressive thinking in stressful situations.

Take the following steps to manage depressive thoughts during stressful situations:

Step 1: Remind oneself that they are caused by the difficult situation you are going through.

Step 2: Replacing depressive thoughts with realistic thoughts by asking oneself some reality questions

Examples of reality questions

- Can I get more evidence by asking someone else about this situation?
- What is a more encouraging and useful way of thinking?

<p>Notes for the group facilitator</p> <p>Ask a volunteer to list reality questions on flip chart under your guidance.</p>	<ul style="list-style-type: none"> • Step 3: Repeat this realistic thinking over and over until it becomes automatic. • Step 4: Talk back to depressive thinking. For example if a thought comes: I am a cripple. Talk back I am not a cripple. • Every time you talk back you make depressive thinking weaker and the realistic thinking stronger. <p>Coping with excessive worries</p> <p>Having a chronic health condition such as HIV/ AIDS leads to various problems that may cause you to worry.</p> <ul style="list-style-type: none"> • You may worry whether the condition will become worse • You may worry whether you will be able to keep working and look after your family • You may worry whether the pain or discomfort will intensify. <p>When worry becomes too much, it will cause more harm than good.</p> <p>Let me explain more using this diagram (Ask a volunteer to draw the boxes shown in the diagram on the flip chart under your guidance).</p> <pre> graph TD Situation["Situation:Health condition worsens, financial problems, relationship loss/conflict"] --> ExcessiveWorrying["Excessive worrying:"] ExcessiveWorrying --> PhysicalState["Physical state: ↑ muscle tension, ↑ headaches, ↑ rapid shallow breathing"] PhysicalState --> Emotions["Emotions:anxiety/fear"] Emotions --> Actions["Actions:Not relaxing, social withdrawal, excessive focus on poor health"] Actions --> Situation </pre>
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<p>Notes for the group facilitator</p> <p>After teaching about signs of excessive worries, ask group members if they can identify signs of excessive worries in themselves.</p> <p>Group facilitator will validate each group member’s difficulties and encourage members to participate in steps of problem solving.</p>	<p>Managing excessive worries (How Can You Reduce Excessive Worrying?)</p> <p>Facilitator to group members: Take the following steps to manage excessive worries when we are going through tough situations.</p> <p>Step 1: Identify your worries</p> <p>Excessive worries can be recognized by at least one of these features (symptoms of excessive worry):</p> <ol style="list-style-type: none"> 1. You think too much about a problem, to the point that it interferes with other activities such as spending time with family or friends, enjoying entertainment or concentrating on your work. 2. You imagine the worst possible outcome of the problem, you magnifying the negative possibilities and ignoring any possible positive outcomes. This kind of thinking is known as “catastrophizing.” 3. Physically, you will feel sick with pain in muscles, palpitations fast breathing, headache, stomach problems, unable to sleep etc.) 4. Emotionally, you will be filled with fear and always feeling as if something bad is going to happen to you. <p>Step 2: Challenge your Worry Thoughts</p> <p>Can I get more evidence by asking someone about this situation? It’s often helpful to get another person’s opinion about the situation.</p> <ul style="list-style-type: none"> • For example: you’ve been worrying constantly that your health will keep getting worse – so you speak to the clinic nurse, who informs you that most people with your health condition are
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Notes for the group facilitator

The group facilitator will ask a group member to volunteer to write on the flip chart how they would challenge their worries.

able to stabilize their symptoms.

- Would most people agree with this thought? If not, what would most people think?

- Imagination: imagine how most people will react to a worry thought , this can help you to come up with a more fair and realistic way of thinking

- What would I say to a friend, if my friend were in a similar situation?

It's likely that you would be able to help her think about the situation more fairly, looking at it in a more balanced way. You might remind your friend of tough situations she handled in the past. You might find it easier to think in a realistic way for a friend than for yourself.

Step 3: Replace your worry thoughts with realistic ones

Think of a situation about which you've been worrying.

- First, make a brief note about the situation.

- Second, write down the Worry Thoughts that were making you anxious.

- Third, think about the situation and try to come up with more calming and realistic thoughts, using the Reality Questions below.

Examples of reality questions

When you step outside yourself and examine your thinking from another perspective, it's easier to see how your thoughts might be distorted.

	<p>Step 4: Practice Calming and Realistic Thinking It's not enough to come up with a calming and realistic thought just once.</p> <p>When you find yourself in stressful situations, deliberately practice calming thinking. Don't assume that it will happen on its own.</p> <ul style="list-style-type: none">- Talk back to the worry thinking.- Don't allow excessive worry to occur without replying to it.- Every time you talk back, you make the worry thinking weaker and the realistic thinking stronger.- Eventually, realistic thoughts will have more influence over you than Worry Thoughts. <ul style="list-style-type: none">• For example: You may think: My illness is more serious than my doctors realize• Realistic thought: There is a high chance that my illness is not serious, in fact, I will get better. Repeat this thought over and over.• Realistic thinking can be termed as truthful thinking. It is acquired by repetition over time, and once it is acquired one can accept the realistic thoughts naturally.
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Group facilitator

: Should remind group members about these proverbs

“A problem shared is a half solved”

“resilient people seek solace in the company of others”.

Step 5: Schedule Worry Time

It is helpful to schedule a particular time during the week when you can concentrate on worrying about your problems than trying to stop thinking about them through scheduling worry time. One is able to sort out bad events push them at the back of the mind to keep them from affecting other areas of her life. In this way one parks his/her worries for a time, and thereby gets distracted from them and thinks about something else, and focus on the job/tasks at hand”

Other coping strategies

Normalizing the situation: realizing that you are not the only one experiencing the situation is helpful. It requires one to know that everyone has experienced such a situation and feel hopeful that it will pass.

Sharing about the situation: sharing about what is bothering one is also a positive way of coping. It is a help-seeking behavior and gives solace to a person.

Hence, social connection is vital for sharing requires being in company with others.

Accept and hang in there:

Accepting what has happened is very crucial.

One ought to know when to worry and when to let things pass.

This involves facing the fact that there is nothing one can do to stop or change things and just accept the reality of the situation.

Moreover when nothing can be done about something, it is pointless fighting it or worrying.

Notes for the group facilitator

The group facilitator will ask a group member to volunteer to write on the flip chart the negative ways of coping that they heard when group members were sharing their personal problems.

Avoid self blame/ taking things personally:

Blaming oneself for bad situations leads to irrational thinking and loss of hope.

It is one of the enemies of resilience. Hence, it is important not to blame oneself for situations keeping in mind that we are not responsible for them.

Planning and moving forward:

Sometimes people get overwhelmed by events that they just don't know how to get through the situation.

When this happens, one needs to get some action done through setting realistic goals and putting plans in place.

It is important that one lists a number of things to s/he can do and practice one by one rather than doing many at once.

a) Negative ways of coping with problems

Facilitator to group members

Many people try to avoid problems by looking for something that can make them forget them or avoiding the triggers of their problems

However, they get relieved for a short time and once they cannot keep doing what they have done to avoid the problems, they get overwhelmed.

Unfortunately, some of the measures they take are unhealthy and they cause more problems in the course of dealing with the problem at hand. Such measures are known as negative coping ways including those discussed below:

	<p>Substance abuse</p> <p>Taking a lot of drugs or alcohol to feel better is called substance abuse. You may try and use drugs or alcohol to escape your problems, help you sleep, or make your symptoms go away.</p> <p>Substance abuse can cause serious problems. Drinking or using drugs can make you sick, destroy your relationship with friends, family members, and make you lose your job.</p> <p>Avoiding others</p> <p>Certain social situations may be stressful, and annoying that one may avoid people: friends, family or co-workers. This may reduce the anger /stress but at one point one may feel lonely and even get more stressed. Hence, avoiding others becomes a negative way of coping.</p> <p>Anger and violent behavior</p> <p>At times a person may feel a lot of anger that it may cause him/her lose temper and s/he does reckless things.</p> <p>This is natural to feel angry after experiencing something traumatic but acting out recklessly (anger and violent behavior) can cause more problems and hardens recovery.</p> <p>In this sense anger and violent behavior are negative ways of coping.</p> <p>Review of Session and Conclusion10 min</p> <ul style="list-style-type: none">• Thank you for listening attentively and for active participation.• How did today's session go for you (each one)?• Yes, there was a lot of information to learn today but we have all managed to go through it; we must congratulate ourselves.
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	<ul style="list-style-type: none">• Does anyone have questions? Please ask and we shall all try to answer them.• Thank you all for the great work done at this session. <p>Homework assignments</p> <p>In the coming week, group members will identify and write down (if possible) any depressing thinking and worry thoughts about problems that they may have. They will practice talking back with realistic thoughts</p> <p>Next session will be onat in this room.</p> <p>Closing ritual</p>
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Session 6: Learning problem solving skills and how to cope with stigma

<p>Necessities: Room/ safe space Chairs/ benches/ mats Table</p> <p>Materials The group facilitator devises simple & easy to use materials, e.g. Masking/ adhesive tape Markers/ pens Flip charts & chart stand Papers & attendance lists Name tags of group members from previous session....etc as culturally appropriate</p>	<p>Overall Goal: To help group members learn how to solve problems and how to cope with stigma at personal, family, and community level.</p> <p>Specific Objectives:</p> <ul style="list-style-type: none">• To assist group members learn problem solving skills.• To assist members learn how to cope with stigma
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<p>Notes for the group facilitator</p> <p>After teaching about problem solving, take an example of the problems shared in sessions 3 & 4. Ask group members to use problem solving skills to solve this problem</p> <ul style="list-style-type: none"> • Group facilitator will validate each group member's difficulties and encourage members to participate in steps of problem solving. <p>Notes for the group facilitator</p> <ul style="list-style-type: none"> • The group facilitator will ask a group member to volunteer to write on the flip chart the action plans offered by group members. • The group facilitator will read aloud the action plan contributed for each group member and helping the group member to choose what may be useful for them. 	<p>Activities:</p> <p>b) Introductions ---10 minutes</p> <ul style="list-style-type: none"> • Let us welcome one another by saying hello to each other with a handshake. Tell your friend who you are, and also tell the person "you are so committed to see a change in your life, you will not remain the same" <p>c) Review the previous session and homework ...20 minutes</p> <p>d) Now, everyone is going to say in two sentences what they remember from the last session and the experience s/he had doing the assignment. Remember that confidentiality and acceptance of each member are key.</p> <p>Problem solving:</p> <p>Whenever we have a problem we recognize it before doing anything else. This is one step in solving that problem. So, there are steps toward problem solving and we are going to learn about how to solve problems during tough situations. Steps toward Problem solving:</p> <ol style="list-style-type: none"> 1. List down the major problems that are worrying you 2. Prioritize them by choosing the most pressing and urgent to deal with 3. Brain storm actions to solve the pressing problem. 4. Weigh the actions by writing the advantages and disadvantages of each. 5. Pick the best action
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<p>Notes for the group facilitator</p> <p>The group facilitator will ask a group member to volunteer to write on the flip chart the action plans offered by group members.</p> <p>The group facilitator will read aloud the action plan contributed for each group member and helping the group member to choose what may be useful for them.</p> <p>Notes for the group facilitator Emphasize that there is need to respect that some people and families are uncomfortable with disclosure of mental illness or HIV/AIDS</p> <p>I myself would have some difficulty talking about my own situation, but I know that many find it difficult to expose the HIV status on top of the depression illness, and often only after I have shared my anxiety of talking about a problem in myself or family do others reveal the same.</p>	<p>6. Make an action plan- that is spell out what you are going to do within a given period. The plan should be specific, realistic and scheduled (make a time table of your actions).</p> <p>7. Evaluate the action plan. What was the result? What did I learn?</p> <p>8. Move on. Use the experience you have gained to plan your next step.</p> <p>9. There are three options</p> <p>a) Keep going</p> <p>b) Revise your plan and try again</p> <p>c) Take a new approach. Perhaps you learned something useful from your first effort that suggests another way of handling the problem.</p> <p>10. Keep working on this problem in a step by step manner. Keep track of your efforts. And keep reminding yourself about the progress you make.</p> <p>e) Understanding stigma.....30 minutes Our next discussion regards the ways of coping positively with stigma but before getting into a discussion of how to cope with stigma, it is helpful to know what the term stigma means to you as GSP members.</p> <p>Activity: Give examples of stigma and discuss the reasons that lead to stigma (5-10 min). You can give the mental image or words that you associate with stigma.</p>
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<p>Notes for the group facilitator Before actually getting into a discussion of personal experiences with stigma, it is generally helpful to ask the group what things come to mind when you say the word “stigma”</p> <p>(e.g., definitions of the term, mental images or words that people associate with stigma, or famous people that have dealt with the subject of stigma and mental health and/or HIV problems).</p> <p>Some patients or their family members will have experienced feelings of shame and embarrassment, sadness and guilt, and anger and frustration due to stigma, while others will say that they have never been directly affected by stigma at all.</p>	<p>Activity: Give examples of stigma and discuss the reasons that lead to stigma (5-10 min). You can give the mental image or words that you associate with stigma.</p> <p>Group facilitator: One definition of stigma is, a condition when someone views a person in a negative way because s/he has a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage.</p> <p>In this sense, stigma can be defined as negative attitudes and beliefs toward people who have an abnormal condition or behavior such as people with mental illness, HIV/AIDS, depression and other social problems.</p> <p>Unfortunately, such attitudes and beliefs are common toward people with those problems. False beliefs about mental illness cause stigma. Group facilitator explains that</p> <ul style="list-style-type: none">• It is now time to talk about common myths about mental illness and HIV/AIDS so that we can correct them.• Individuals with depression are seeking attention and are unwilling to take responsibility for their behavior. <p>Individuals who have depression are really just lazy.</p>
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<p>Notes for the group facilitator Before actually getting into a discussion of personal experiences with stigma, it is generally helpful to ask the group what things come to mind when you say the word “stigma”</p> <p>(e.g., definitions of the term, mental images or words that people associate with stigma, or famous people that have dealt with the subject of stigma and mental health and/or HIV problems). Some patients or their family members will have experienced feelings of shame and embarrassment, sadness and guilt, and anger and frustration due to stigma, while others will say that they have never been directly affected by stigma at all.</p> <p>Notes for the group facilitator The group facilitator will ask a group member to volunteer to write on the flip chart the various ways of coping with stigma as they are discussed.</p>	<p>Individuals who have depression problems make the problems worse by refusing to take responsibility for their behavior. Group facilitator:</p> <p>All people experience some stigma at one point in life. So it is necessary that we briefly discuss personal experiences of stigma you can ask participants to share their own experiences with the group. It is helpful if the facilitators begin the discussion with a non-threatening example of how they have experienced stigma themselves.</p> <p>- For example, I often talk about how I grew to six feet tall before I was 12 years old and was laughed at and discriminated against because everybody else in my class, including (and especially!) all of the boys, were so much shorter than I was.</p> <p>- Another example could be “... after suffering a terrible rash on my skin in primary school, I was known as “The snake girl.” Stigma has negative effects on the victims including:</p> <ul style="list-style-type: none"> • Reluctance to seek help or treatment • Lack of understanding by family, friends, co-workers or others you know • Fewer opportunities for work, school or social activities or trouble finding housing • Bullying, physical violence or harassment • The belief that you’ll never be able to succeed at certain challenges or that you can’t improve your situation
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<p>Notes for the group facilitator Before actually getting into a discussion of personal experiences with stigma, it is generally helpful to ask the group what things come to mind when you say the word “stigma”</p> <p>(e.g., definitions of the term, mental images or words that people associate with stigma, or famous people that have dealt with the subject of stigma and mental health and/or HIV problems). Some patients or their family members will have experienced feelings of shame and embarrassment, sadness and guilt, and anger and frustration due to stigma, while others will say that they have never been directly affected by stigma at all.</p> <p>Notes for the group facilitator The group facilitator will ask a group member to volunteer to write on the flip chart the various ways of coping with stigma as they are discussed.</p>	<p>Individuals who have depression problems make the problems worse by refusing to take responsibility for their behavior. Group facilitator:</p> <p>All people experience some stigma at one point in life. So it is necessary that we briefly discuss personal experiences of stigma. You can ask participants to share their own experiences with the group. It is helpful if the facilitators begin the discussion with a non-threatening example of how they have experienced stigma themselves.</p> <p>- For example, I often talk about how I grew to six feet tall before I was 12 years old and was laughed at and discriminated against because everybody else in my class, including (and especially!) all of the boys, were so much shorter than I was.</p> <p>- Another example could be “... after suffering a terrible rash on my skin in primary school, I was known as “The snake girl.” Stigma has negative effects on the victims including:</p> <ul style="list-style-type: none"> • Reluctance to seek help or treatment • Lack of understanding by family, friends, co-workers or others you know • Fewer opportunities for work, school or social activities or trouble finding housing • Bullying, physical violence or harassment • The belief that you’ll never be able to succeed at certain challenges or that you can’t improve your situation
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Ways to Cope with stigma

Now that we know how harmful stigma is, we are going to talk about the different ways of coping with stigma

- **Get treatment**

- You may be reluctant to admit you need treatment.
- Don't let the fear of being labeled with a mental illness prevent you from seeking help.
- Treatment can provide relief by identifying what is wrong and reducing symptoms that interfere with your work and personal life.

- **Building your Social Shield:**

- Surround yourself with people who accept you the way you are.

- Learning social skills
- Learn and practice social communication (mirroring, and validating) and conflict-resolution techniques (disclosure and dealing with discrimination).

- **Boosting Self-Esteem:**

- Exploring the group's sources of self-image and self-esteem and ways these concepts impact their coping styles.

- Learning to accept one's deficits as well as to acknowledge one's strengths.

	<ul style="list-style-type: none">• Empowerment: Turning Crisis into an Opportunity: Becoming aware of negative thought patterns and learning how to reframe them positively. • Learn and practice positive self-talk : Talk back at negative views about oneself • Don't isolate yourself:<ul style="list-style-type: none">- Reach out to people you trust for the compassion, support and understanding you need.- Your family, friends, clergy or members of your community can offer you support if they know about your mental illness. Join a support group.- Get help at school. If you or your child has a mental illness that affects learning, find out what plans and programs might help.- Speak out against stigma. Consider expressing your opinions at events, in letters to the editor or on the Internet. It can help instill courage in others facing similar challenges and educate the public about mental illness. <p>Review of Session and Conclusion10 min</p> <ul style="list-style-type: none">• It takes braveness to share one's personal experiences with a group, so, I thank you for being brave to share. • Let's clap for ourselves for being attentive and supportive to our colleagues. • Can we share how the session has been like?
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	<ul style="list-style-type: none">• At this moment I believe it is worth congratulating ourselves for having managed to go through the difficulties we had at a certain moment. <p>Now, anyone can ask some questions so the group will answer accordingly I invite you to follow what I tell you: put your hands up, put the palms together and clap thanking yourself for the tasks and accomplishments made in this session.</p> <p>Homework assignments In the coming week, each one of us will:</p> <ol style="list-style-type: none">1) Identify, and then write down any negative attitudes about self.2) Practice talking back with realistic thoughts and using problem solving strategies learnt in this session. <p>Set and announce the date and time for next session.</p> <p>Closing ritual</p>
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SESSION 7: Planning for Life after Therapy: Learning basic livelihood skills

<p>Necessities: Room/ safe space</p> <ul style="list-style-type: none"> • Chairs/ benches/ mats • Table <p>Materials The group facilitator devises simple & easy to use materials, e.g. Masking/ adhesive tape Markers/ pens, Flip charts & chart stand, Papers & attendance lists Name tags of group members from previous session....etc as culturally appropriate.</p>	<p>Overall Goal: To help group members acquire basic livelihood skills that will enable them to identify income generating activities that will improve their livelihoods thus enabling them to take control of their lives.</p> <p>Specific Objectives:</p> <ul style="list-style-type: none"> • To hold a discussions about the kind of life they group members want to live after their group sessions • To hold discussions about what group members could do together or in smaller groups in the future. • To illustrate basic livelihood skills
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<p>Notes for the group facilitators</p> <p>This session assesses the therapeutic progress of the group as a unit and gives feedback to all group members.</p> <p>Highlight significant strength of this group (something you can use in the future e.g. courage to share painful experiences, support they gave each other)</p> <p>Remind the group that this is one of the last few sessions.</p> <ul style="list-style-type: none"> • Thanking members for the great work done in order to improve their moods since they started therapy 	<p>Activities</p> <p>a) Introductions---10 minutes Facilitator to group members</p> <p>It's a pleasure to welcome you to our seventh session of GSP. It is really nice to see how well you all look today. There's no doubt that you are very committed to working hard to change your life, and it will change.</p> <p>By now, I am sure we know one another so we can move on to the reviewing of the last session and how the homework went for each of us</p> <p>b) Review the previous session and assignment. Let us spontaneously give feedback about the session and homework</p>
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<ul style="list-style-type: none"> • Encourage them to dream, have fantasies. (It is healthy people who can fantasize and not sick people). 	<p>Let group members report on their experience the previous week. Did they manage to meet as a group in the community?</p> <p>Let the group leaders summarize the benefits group members have obtained from this group support psychotherapy.....(20 minutes)</p> <p>It is important that the group facilitators give feedback to you based on what you have reported at the moment. So let me take the opportunity to open up this activity. ---(20 minutes)</p> <p>I will begin by giving an example; if the group was able to meet, then this is a sign that members are active, are able to socialize, have positive thinking, and also have energy to engage in community activities. This is a sign that their depression symptoms have markedly reduced.</p>
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<p>Necessities:</p> <ul style="list-style-type: none"> • Flip Charts • Markers • Pens • notebooks <p>Notes for the group facilitators</p> <p>Encourage them to think and plan more towards a different future shaped by them.</p>	<p>Activities</p> <p>d)Facilitator to group members at this stage, I would like us to move on to our main activity of the day-i.e thinking and planning for the future.</p> <p>Let's start by brain storming on various income generating activities (IGA) that we could do in small groups or as a group. Let's have a volunteer to write them down.</p>
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<p>Help them make decisions on the possible viable enterprises; the smallest ones they can manage as they begin which can enhance their sense of control and success.</p> <p>Examples: Form a group which cleans school compounds and charge fees for this service. Form a group that collects rubbish and disposes it in a safe place and charge fees for this. Form a group which grows and sells something e.g maize fruits etc</p>	<p>business/income generating activity) come from?</p> <p>Friends?? Community NGO's???? SAC-CO's?</p> <p>Let group members brain storm _ What other things are needed to get this business going? Does the business require transportation, storage facilities..... etc?</p> <p>Do we need extra training to conduct this business? Let group members brain storm</p>
<p>Necessities: Flip Charts Markers Pens notebooks</p> <p>Notes for the group facilitators</p> <ul style="list-style-type: none"> • Assess group's capacity to resource mobilize on their own without you, the group facilitator. 	<p>Activities</p> <p>e)Facilitator to group members For a start, let's focus on small income Generating projects that we can manage. They are more likely to succeed and improve our confidence and enhance our sense of control.</p> <p>By now the group must have suggested some small simple realistic projects</p> <p>Facilitator to group members Can you brain storm the resource mobilization Techniques? For each project ,let group members brain storm on the following resource mobilization techniques</p>

	<ul style="list-style-type: none">-Cash rounds/ capital contribution-Buying/ donating/leasing/hiring land),- Labor (hired, voluntary, costs for motivation),- Borrowing (interest rates, payment terms, etc) <p>f) Facilitator to group members</p> <p>Now , we have some ideas on what income generating activity we might want to do in and how we shall mobilize resources to kick start this IGA, we need to know the following:</p> <ul style="list-style-type: none">-We must give our business/IGA a name.-We must have a goal for our business e.g the overall goal may be to improve our household incomes-We must outline the activities that need to be done in order to run this business-We must have a time schedule within which activities must be done.-We must assign group members responsibilities-We must make a budget for our activities. <p>g) Review of Session and Conclusion</p> <p>.....10 min</p> <ul style="list-style-type: none">• Thank you all for the brilliant ideas that you have shared with the rest of the group.• How did today's session go for you?• Yes, it may have been challenging but I am impressed with the business ideas you have suggested. We must congratulate ourselves.
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	<ul style="list-style-type: none">• Does anyone have questions? Please ask and we shall all try to answer them.• Thank you all for the great work done at this session. <p>h) Homework assignment Before next session, you will meet in small groups and discuss your idea using the guideline in appendix 1</p> <p>We meet the same day here at the usual time next session. .</p> <p>Closing ritual</p>
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Session 8: Planning for Life after Therapy: Demonstrating basic livelihood skills

<p>Necessities: Room/ safe space Chairs/ benches/ mats Table</p> <p>Materials The group facilitator devises simple & easy to use materials, e.g. Masking/ adhesive tape Markers/ pens, Flip charts & chart stand, Papers & attendance lists Name tags of group members from previous session....etc as culturally appropriate.</p>	<p>Overall Goal: To help group members demonstrate basic livelihood skills learned by allowing them to present their business ideas to the group facilitator and other group members.</p> <p>Specific Objectives:</p> <ul style="list-style-type: none">• To hold a discussion about various business ideas/IGA presented by group members.• To demonstrate basic livelihood skills learned
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Notes for the group facilitators

This session assesses the therapeutic progress of the group as a unit and gives feedback to all group members.

Highlight significant strength of this group (something you can use in the future e.g. courage to share painful experiences, support they gave each other)

Remind the group that this is the last session.

Thanking members for the great work done over the past seven weeks.

Inform group members that their ability to come to all group sessions, ability to learn and practice what has been taught is a sign that they have overcome their depression.

Activities

a) Introductions---10 minutes

Facilitator to group members

You are all warmly welcome to the 8th and last session of our support group! I have to acknowledge that you are a very unique group for you have not expressed any problems remembering the day, the time and the venue throughout the 8 sessions. Can we clap for ourselves?

I am so proud to see that you have worked very hard to change your life and indeed it has changed. I am sure it will change more and more. Thank you for being committed, keep it up!

The time we started this program we did not know each other by now everyone should be knowing who is who. Let us have a simple exercise: everyone get somewhere and write the names of all the members then we make a cue, when I read a name, you touch the person. (A ritual to enhance group cohesion, to reduce anxiety and foster belonging.)

b) With that exercise, I ask you to take us through the last session as usual and then give us a feedback on the assignment highlighting whether you managed to meet and structure your IGA/ business project according to the guideline provided last time -20 minute presentation.

	<p>c) Review the previous assignment: Did they manage to meet and structure their IGA/ business project according to the guideline provided?</p> <p>Let group members present their business projects according to the format provided.....(20 minutes each) I notice that a few of us have different projects, it is worth to give feedback to one another. So we can start following the list (If different projects/IGA are presented, allow group members to give feedback to each other)</p> <p>d) Having heard from the group members, I call upon the co-facilitators to give feedback on the report(s) of the group/ each group member- should this be general or individual-based?</p> <p>e) (The groupfacilitators then providesfeedback to the group members based on what has been reported. ---(20 minutes)</p> <p>For example, if group members were able to meet as a group or in smaller groups to further discuss their business project or IGA ,then this is a sign that members are active, are able to socialize ,have positive thinking, and also have energy to engage in community activities. This is a sign that their depression symptoms have markedly reduced).</p> <p>i) Review of Session and Conclusion10 min</p>
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	<ul style="list-style-type: none">• I am impressed with all your business projects and wish you success in your efforts to make these projects a reality. I ask my co-facilitators to join me to say thank you to the members for the brilliant projects presented this morning.• The group members can now give feedback on how the session has gone (then we shall ask some questions and we shall respond accordingly) <p>If anyone has a question you are welcome</p> <ul style="list-style-type: none">• All good things must come to an end. Our group support therapy ends today. We must congratulate ourselves for completing all sessions.• Thank you all for the great work done over the past weeks. <p>In contrast to our closing rituals during the last 7 sessions, today we have a special way of closing our session. We are going to</p>
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Appendix 1:

INCOME GENERATING ACTIVITY	Maintaining school/homes/ compounds
Business name:	Namukora cleaning experts
Overall Goal	To improve our household income
Activities	<ol style="list-style-type: none"> 1. Mobilize resources to buy cleaning equipment <ul style="list-style-type: none"> - Cash contributions by group members? - Contact NGO, or SACCO? - Borrow from Village saving & loan associations? 2. Approach potential clients 3. Get storage space for your equipment 4. Assign responsibilities <ul style="list-style-type: none"> -Who will approach various clients?, who will get the required cleaning tools? -Who collects the money? -Where is the money kept? 5. Hold meetings where you discuss the above mentioned issues. <ul style="list-style-type: none"> -Who chairs the meeting? - Who writes down what has been discussed? 6. Record Keeping
Time schedule	Monday : clean XXX school Tuesday: clean XXXand XXX home/shop etc
Assign group members responsibilities	1. Assign responsibilities-who will approach various clients?, who will get the required cleaning tools? Who is incharge of keeping the cleaning tools? Who is in charge of getting contracts? Etc

Make Budget	Item: Cleaning equipment: Rugs brooms, Cost: 20,000 Stationary; Cost: 3000 Transport to venue; Cost:2000 Meals for workers per week;Cost: 10,000 Grand total: 35,000
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Section 3: The scientific evidence for the group support psychotherapeutic intervention

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- **Nakimuli-Mpungu, E.,** Okello, J., Kinyanda, E., Alderman, S., Nakku, J., Alderman, J. S., ...& Musisi, S. (2013). The impact of group counseling on depression, post-traumatic stress and function outcomes: A prospective comparison study in the Peter C. Alderman trauma clinics in northern Uganda. *Journal of affective disorders*, 151(1), 78-84.
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2. www.youtube.com/watch?v=KAL_LdvPejc
3. www.youtube.com/watch?v=97bXyrNVBX0