Group Support Psychotherapy Training Manual

Edited by

Etheldreda Nakimuli-Mpungu
Department of Psychiatry, Makerere University, College of Health Sciences, Kampala, Uganda

Kizito Wamala
African Center for Tortured Victims

James Okello
Department of Mental Health Gulu University, Gulu, Uganda

Hafsa Lukwata
Ministry of Health, Mental Health Program

Sheila Ndyanabangi
Ministry of Health, Mental Health Program

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This Group Support Psychotherapy Village Health Teams Training Manual is the result of hard work of a number of individuals dedicated to the integration of mental health care into HIV care. We acknowledge the various partners of the Ministry of Health, Mental Health Program who worked in partnership with Makerere University to support
the establishment of a functioning infrastructure, culturally adapted monitoring and evaluation tools, and an established relationship with the target community, thus providing a logistically sound and cost-effective platform for project activities that led to the development of this intervention.

We acknowledge support from the members of the advisory committee of this project including Professor Seggane Musisi, Associate Professor Edward Mills, Professor Nachega, and Professor Ramin Mojtabai.

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We also thank Micheal Omadi for laying out the Manuals, designing the covers and assisting us with illustrations; Monica Akello and Nelson Ouma for translating the Training Manual and the GSP intervention manual from English to Acholi.

We give our special thanks to the district project coordinators including Joan Florence Ayoo, Mrs. Mildred Anyeko, Kenneth Odong, and Chiristine Aciro and the PLWH, members of the village health teams including expert clients and linkage facilitators in the three districts of Gulu, Pader and Kitgum where GSP will be scaled up. We admire their commitment to integrating mental health care into HIV care, improving livelihoods of all people living with HIV and their families. You are a source of hope and inspiration to many around the globe and in your districts, health facilities and communities.
This Transition –to-scale project was supported by the Grand Challenges Canada: Grant Numbers: 0124-01; 0770-05; MQ Transforming Mental Health through Research: Grant number: MQ15FIP\100024 to Etheldreda Nakimuli-Mpungi. We appreciate the diligent work of all research assistants who collected data for this project. Lastly, we thank the study participants for their time and trust.
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Foreword

The development of this Group Support Psychotherapy (GSP) Training manual is the first of its kind in Uganda. This is a testimony of the commitment by the Government of Uganda to deliver holistic health services to all.

The Government of Uganda under the able leadership of His Excellency President Yoweri Kaguta Museveni has extended health services to the people living with Human Immunodeficiency Virus (HIV) throughout the country. Through the provision of Anti-Retroviral Treatment (ART), Routine counseling and testing, and the provision of emergency pre-exposure prophylaxis (PrEP), the health of people living with HIV have greatly improved. The treatment of Malaria, Tuberculosis and other opportunistic infections among the people living with HIV has also been a great success. The provision of safe delivery has minimized mother-to-child transmissions.

The publication of this GSP Training manual is yet another positive stride in minimizing depression among people living with HIV thereby improving their quality of life. GSP is a culturally sensitive group counseling intervention which can be effectively delivered by community health extension workers. The availability of a Training manual to equip community health extension workers countrywide with knowledge and skills to deliver GSP to individuals affected by depression is also evidence of the Government’s readiness to provide holistic care to all Ugandans living in rural areas.

The Ministry of Health wishes to appreciate the Ministry of health, Mental Health program staff, Makerere University, Department of Psychiatry staff, community members, Community Based Organizations (CBOs), Non-Government Organizations (NGOs) and other community civil societies for their contributions in the process of developing this manual. The Ministry of Health also appreciates Makerere University, The Government of Canada through Grand challenges, MQ Transforming Mental Health for their contributions in the process of developing this manual.

It is hoped that this program will soon be rolled out throughout the country extending beyond the post conflict region of Northern Uganda. It is also hoped that knowledge, experience and expertise gained will be used to minimize depression due to various causes in Uganda.

Hon.Dr. Jane Acheng,
Ministry of Health,
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Treatment</td>
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<tr>
<td>ARV</td>
<td>Anti Retro Viral</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<tr>
<td>CD4</td>
<td>Cluster of Differentiation 4</td>
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<tr>
<td>GSP</td>
<td>Group Support Psychotherapy</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IGA</td>
<td>Income Generating Activity</td>
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<tr>
<td>NGOs</td>
<td>Non Government Organizations</td>
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<tr>
<td>PrEP</td>
<td>Pre Exposure Prophylaxis</td>
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<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
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<tr>
<td>SEEK-GSP</td>
<td>Social Emotional Economic empowerment through Knowledge</td>
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<td>TASO</td>
<td>The AIDS Support Organization</td>
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<td>ToT</td>
<td>Training of Trainers</td>
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<td>VHT</td>
<td>Village Health Team</td>
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<td>CHEW</td>
<td>Community Health Extension Workers</td>
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Day 1


<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activity</th>
<th>Responsible Person</th>
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<tbody>
<tr>
<td>8:00-9:00 am</td>
<td>Registration</td>
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<tr>
<td>9:00-9:15 am</td>
<td>Welcome, Introductions and Ground rules</td>
<td></td>
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<tr>
<td>9:15-9:30 am</td>
<td>Review of training agenda and objectives</td>
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<td>9:30-10:00 am</td>
<td>Baseline health work survey</td>
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<td>10:00-10:30 am</td>
<td>Pre-training assessment</td>
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<td>10:30-10:45 am</td>
<td>Tea -break</td>
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<tr>
<td>10:45-11:15 am</td>
<td>Group Support Psychotherapy: Definition, Origins, Components</td>
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<tr>
<td>11:15-11:35 am</td>
<td>What brings about healing in GSP?</td>
<td></td>
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<td>11:35-11:45 am</td>
<td>Group Developmental Stages</td>
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<tr>
<td>11:45-12:00 am</td>
<td>Roles and responsibilities of the group facilitator</td>
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<tr>
<td>12:00-1:00 pm</td>
<td>Practicum on introduction to GSP, session 1</td>
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<tr>
<td>1:00-2:00 pm</td>
<td>Lunch break</td>
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<tr>
<td>2:00-2:15 pm</td>
<td>What is depression &amp; What situations lead to depression?</td>
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<tr>
<td>2:15-2:30 pm</td>
<td>What are the signs of depression?</td>
<td></td>
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<tr>
<td>2:30-2:45 pm</td>
<td>How is depression different from sadness or symptoms of HIV?</td>
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<tr>
<td>2:45-3:15 pm</td>
<td>How do you identify someone with depression?</td>
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<tr>
<td>3:00-3:30 pm</td>
<td>Complications of untreated depression</td>
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<tr>
<td>3:30-3:40 pm</td>
<td>What is the relationship between depression and HIV?</td>
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<tr>
<td>4:00-4:30 pm</td>
<td>Practicum on Health talk on depression</td>
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<tr>
<td>4:30-5:30 pm</td>
<td>Practicum on Health talk on depression</td>
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MODULE 1: COURSE OVERVIEW AND INTRODUCTION TO THE TRAINING
WI LOK ME ACEL: WI KWAN KI ACAKI IKOM PWONYENI

LEARNING OBJECTIVES:
TE LOK ME PWONYI
By the end of this Module, participants will be able to:

- *Inge dul pwonyi, dano me ipwonyi obiromo timo*:
  - Know more about the trainers and other training participants

- *Ngoyo malac ikom lupwony ki joo mukene ipwonyi*
  - Understand the training agenda, objectives and “ground rules”

- *Niang jami ma tye ipwonyi, teloke ki cik ma myero ki lub*

MATERIALS NEEDED:
JAMI KWAN MA MITE
Flip chart, Markers, Name tags

*Kacoc, maka, gin nyute ki nyingi iye*
Pens and pencils (for each participant)

*Kalam coc (pi ngat acel acel matye ite pwonyeni)*
Copies of the GSP Work Book (for each participant)

*Buk tic me konyo inywako tam ki dano matye idul ma gitye ki peko me cwe cwiny (pi ngat acel acel matye ite pwonyeni)*
SESSION 1.1: Welcome, Introductions, Agenda and Ground Rules

KACOKE 1.1: Jolo dano, nyute, jami me aluba ki cik ma myero ki lub

TRAINER INSTRUCTIONS

GIN MA MYERO LAPWONY OLUBI

Step 1: Introduce yourself and the other trainers and welcome participants to the training.

Gin aluba me acel: Nyute kekeni ki lupwonye mukene kibene jolo dano ma obino ipwonyi

Lead an introductory activity so people can introduce themselves and get to know more about one another and the trainers. Adjust the activity depending on the size of the group.

Tel yoo kit ma dano myero onyute kwede ki bene weko gi onge jami madwong ikom ngat acel acel makenyo ki bene lupwonyegi. Lok kit me timone nongo lubu lac pa dule.

Ask participants to get in pairs with someone they do not know. Give the pairs five minutes to get to know each other (name, family members, current work place, hobbies…etc. After 5 minutes, bring the large group back together and ask each person to introduce their partner to the larger group. The trainers should also participate and introduce one another.

Peny dano matye ipwonyi gi oribbe gin aryo ki ngat ma pe gi ngeyo. Mii bot dano ma oribbe dakika abic me ngeene (nying, joo ma gang, kama tiyo iye, jami ma en maro….ki mukene mapol. Ingee dakika abic, rib dul ma laci cen ki ipeny ngat acel acel me yuttu ngat ma nongo gi oribe kwede bot dul ma laci. Lupwonye myero bene otim marom ki gi onyut lupwony luwotgi

Step 2: Pass around the attendance register and explain that participants will be required to record their name, organization, contact information daily for the five days of the training workshop.
Step 3: Introduce the Informed consent document for Health workers. Explain that one of the project aims is to determine the extent of knowledge retention among trained health workers. Therefore, the project team needs their consent to participate in baseline and follow up evaluations.

Step 4: Introduce the baseline Health Worker survey. Explain that this survey will be completed before the start of the training and at 6 months intervals after the training for a period of two years.

Step 5: Go over the training agenda that participants have in their workbook. Highlighting logistics such as lunch start and end times, payment of per diems and transport arrangements. Ask if there are questions about the agenda before moving on.

Step 6: Introduce the GSP work book and make sure each person has a copy. Explain that the Work Book contains the practical exercises, key points for each Module and Practical exercises and can be used for note taking as well.
Step 7: Lead participants to set “ground rules” for the training. Record these rules on flip chart and encourage participation from the whole group. Examples include: turn off mobile phones, confidentiality, no judgmental attitudes, no question is a bad question, everyone should be respected when they have the floor, everyone should actively participate, come back from breaks and lunch on time, etc.

Keep these “ground rules” posted throughout the training.

**Gin aluba me abiro: Tel dano matye ipwonyi wek gi oyub cik me aluba me pwonyi. Coo ciki weng piny ki cuk koo dano weng iduli me miyo tam gi. Labole calo: nek cim, mung, cwiny wa pe myero ongol kop ikom dano, lapeny mo keken pe rac, dano weng myero ki wo ka tye ka miyo tame, dano weng myero oti matek, lubu cawa me dwogo cen inge yweyo ki cam me diceng, ki mukene mapol. Wek cik me aluba egini obed amwona malo ikare me pwonyi weng.**
SESSION 1.2: Review of Training Objectives

KACOKE 1.2: Lubu ko telok me pwonyi

Training objectives

Telok me pwonyi

By the end of this basic training course (Modules 1-10), participants will be able to:

Inge pwonyi (Wilok 1-10), dano me ipwonyi obi romo timo:

1. Give a health talk on depression, screen for depression, differentiate between mild-moderate and severe depression and refer severe cases to mental health workers.

Miino pwony ikom cwe cwiny, pimo dano me neno ki gitye ki cwe cwiny, poko kin cwe cwiny matye manok, matye dyere dyere ki matye lamal ki bene kubu dano ma cwe cwiy gi tye lamal bot lutic yot kom me two wic/adam

2. Demonstrate counseling skills and self-care strategies required to deliver group support psychotherapy

Nyutu kit me nywako tam ki yoo ma myero dano ogwoke kwede kekengi ma mite me miino kony me nywako tam bot dano idul ma tye ki peko me cwe cwiny

3. Demonstrate ability to provide psycho-education, effective coping strategies and problem solving techniques for depression and HIV/AIDS

Nyutu kero me miino pwony ma dok ikom two me adam/wic, yoo me atii me cubu ne ki yoo me cubu peki madok ikom cwe cwiny ki kwidi two jonyo

4. Demonstrate ability to use the GSP manual to deliver group support psychotherapy.

Nyutu kero me tiyo ki buk me GSP me miino kony me nywako tam bot dano idul ma tye ki peko me cwe cwiny

5. Describe and use emotional self-care strategies

Tito ki tiyo ki yoo ma gudu cwiny ikit me gwoke kekeni
SESSION 1.3: Pre-Test training Assessment

LAPENY ME NGIYO NIANG I ACAKI ME PWONYE

SECTION A

BUTE ME A

INSTRUCTIONS: FOR QUESTIONS 1-10, CHOSE ONLY ONE CORRECT ANSWER

CIK: PI LAPENY ME 1-10, YEE LAGAM MATII ACEL KEKEN

1. The percentage of persons with depression in northern Uganda is estimated to be
   Dwong pa dano matye ki cwe cwiny ki tam matut ikumalo me Uganda byeke ni romo bedo
   A. 10% to 20%
      10% wai 20%
   B. 15% to 20%
      15% wai 20%
   C. 45% to 70%
      45% wai 70%
   D. 25% to 70%
      25% wai 70%

2. Group support psychotherapy treats depression by
   Kony me nywako tam idul cango cwe cwiny iyoo me
   A. Increasing only social support and teaching positive coping skills
      Medo nywako ki dano keken ki bene pwonyo diro yoo me kwo ki peko moni
   B. Teaching only income generating skills
      Pwonyo diro me nyayo lim keken
   C. Increasing social support, teaching positive coping skills and income generating skills
      Medo nywako ki lwak, pwonyo diro yoo me kwo ki bene diro me nyayo lim
   D. Increasing only social support
      Medo nywako ki lwak keken

3. Group support psychotherapy consists of
   Kony me nywako tam idul tye iye
   A. 4 sessions
      Pwonye 4
   B. 6 sessions
      Pwonye 6
   C. 8 sessions
      Pwonye 8
   D. 10 sessions
      Pwonye 10

4. Before starting group therapy, the group facilitator must
   Ma peya icako kony me nywako tam idul, ladoo dul myero
1. Give the client some money
   *Omii lim bot dano ma tye kanongo pwonyi*

2. Ask about the client’s expectations about the group sessions
   *Openy byek pa dano matye kanongo pwonyi malobe ki pwonye idul*

3. Pray for the client
   *Telo lega bot dano matye kanongo pwonyi*

4. Give the client some medication
   *Miyo bot dano matye kanongo pwonyi kony me yat*

5. One of the factors that bring about healing in group therapy is
   *Gin acel makelo nicango ikony me idul en aye*
   A. Smiling
      *Bunyu*
   B. Singing songs
      *Wero we*
   C. Release of strong emotions
      *Gonyo tam matut*
   D. Greeting each other
      *Mote ikin dano*

6. The first stage of group development is called
   *Yoo ma acel me yubu dul ki lwongo ni*
   A. Storming
      *Pyem*
   B. Forming
      *Yubu*
   C. Norming
      *Ribbe*
   D. Performing
      *Tiyo*

7. In the first stage of group development, group members are
   *I yoo me acaki me yubu dul, dano ma idul nongo tye ki*
   A. Very happy
      *Yom cwiny matek*
   B. Comfortable with each other
      *Agonya ki luwote*
   C. Shy and afraid to talk about themselves
      *Lewic ki bene lworo lok makwako gin*
   D. Over excited to start group therapy
      *Tugu cwiny ki miti madwong me cako dul me nongo kony*

8. One of the roles of a group facilitator is to
   *Dog tic acel pa ladoo dul tye me*
   A. Encourage group members to keep quiet
      *Cuku cwiny dano ma idul me ling mot*
B. Encourage group members to sit properly
   *Cuku cwiny dano ma idul me yubu bedo*
C. Encourage group members to make noise
   *Cuku cwiny dano ma idul me woo*
D. Encourage group members to share personal problems and listen to advice of other members
   *Cuku wcwiny dano ma idul me nywako peko gi ki bene winyo tam pa luwot gi*

9. Depression is caused by
   *Cwe cwiny ki tam matut gin makelo en aye*
A. Only biological factors
   *Jami ma ki nywalo ki dano keken*
B. Only social factors
   *Jami malube ki kwo ki lwak*
C. A combination of biological, social and psychological factors
   *Ribo jami ma yelo kom dano, kwo ki lwak ki bene jami ma yelo tam*
D. A combination of biological and social factors
   *Ribo jami ma ki nywalo ki dano ki bene jami ma lube ki kwo ki lwak*

10. Depression is characterized by
    *Cwe cwiny ki tam matut nyute ki*
A. A normal feeling of sadness
    *Winyo cwe cwiny manok macalo dano*
B. Increased interest in daily activities
    *Mede pa kero idog tici me nino ducu*
C. Abnormal persistent sadness
    *Cwe cwiny mari ma akato kakare*
D. Joy and laughter
    *Yom cwiny ki bene nyero*

FOR THE QUESTIONS 11-18, INDICATE WHETHER THE STATEMENT IS TRUE (T) OR FALSE (F)

**PI PENY 11-18, NYUTI KI LOKE TYE ADA KUN ICOYO (T) ONYO PE ADA KUN ICOYO (F)**

11. Situations that can cause Depression include poverty, HIV AIDS, and domestic violence
    *Tekare ma romo kelo cwe cwiny ki tam matut kwako can, kwidi two jonyo, ki bene kuku kuku iot*
12. If depression is left untreated it can lead to suicide
    *Ka cwe cwiny ki tam matut pe ki neno romo kelo kwanyo kwo kekeni*
13. Drinking is a good way to deal with depression
    *Mato kongo tye yoo maber malube ki loyo peko me cwe cwiny ki tam matut*
14. Depression can be successfully treated in ways that do not involve medication
    *Cwe cwiny ki tam matut kiromo cango ne iyoo ma pe mite iye yat*
15. If I felt depressed I would be embarrassed to talk to my doctor about it
Ka awinyo cwe cwiny ki tam matut onong aromo winyo marac me waco ne bot dakta na

16. Inability to work leading to reduced income is a complication of untreated depression
   Bedo labongo kero me tic ma kelo nok pa cente tye aduki marac pa cwe cwiny ki tam matut ma pe ki cango

17. Depression in persons living with HIV prevents them from taking antiretroviral medication as prescribed
   Cwe cwiny ki tam matut idano ma tye ki kwidi two jonyo gengo gin me munyu yat lagin kit ma dakta ocoyo kwede

18. Counseling is the same as giving advice
   Nywako tam rom ki miyo tam

INSTRUCTIONS: FOR QUESTIONS 19-27 CHOOSE ONLY ONE CORRECT ANSWER

CIK: PI LAPENY 19-27 YER LAGAM ACEL MATII

19. A good counselor should
   Lanywak tam maber omyero
   A. Show empathy
      Onyut kica
   B. Laugh a lot
      Nyee tutwal
   C. Talk about him/her all the time
      Loko ikome cawa weng
   D. Be judgmental
      Bedo ka ngolo kop

20. The following are good communication skills;
   Magi aye diro me kubu lok maber;
   A. Asking tricky questions
      Penyo lapeny me dwalo tyen
   B. Interpret client whenever you can
      Neno dano ma ikonyo ki wang mapat ka twere
   C. Active listening
      Winyo lok ki cwinyi weng
   D. Answering your phone during counseling
      Gamo cimi ikare me nywako tam

21. During counseling when clients share personal problems, a counselor should;
   Ikare me nywako tam ka dano ma itye ka konyo ne nywako peko ne, lanywak tam omyero;
   A. Keep quiet
      Ling mot
   B. Create hope
      Kelo gen
C. Condemn clients for their past
   *Ngolo kop me loyo dano ma nongo kony pi kwo gi ma okato angec*
D. Prevent clients from crying
   *Gengo dano ma tye kanongo kony me koko*

22. A counselor should have positive attitudes such as;
   *Lanywak tam omyero obedi ki kit maber calo;*
A. Respect
   *Woro*
B. Keeping time
   *Gwoko cawa*
C. Smiling
   *Bunyu*
D. Crying with patients
   *Koko kacel ki lutwo*

23. The first step in problem solving is to;
   *Yoo ma acel icobo peko en aye me;*
A. Brain storm on possible solutions
   *Penyo wic ikit me cobo peko*
B. Count the problems you have
   *Kwano kwayi peko ma itye kwede*
C. Define the problem
   *Kati ki nying peko moni*
D. Look for the cause of the problem
   *Yenyo tyen peko*

24. Stigma has negative effects such as;
   *Cwiny marac me cimo tok tye ki aduki calo;*
A. Refusal to seek help or treatment
   *Kwero yenyo kony onyo yat*
B. Increasing social support
   *Nyayo kony pa lwak*
C. Quick recovery from illness
   *Cang oyot ki itwo*
D. Increasing opportunities for employment
   *Medo gum me tic*

25. A positive way of coping with stigma is to:
   *Yoo maber me kwo ki cwiny marac me cimo tok en aye*
A. Blame yourself
   *Ngolo kom ikomi keni keni*
B. Cry all the time
   *Koko cawa weng*
C. Lock yourself in your house
   *Loo wii iot*
D. Practice positive self-talk
**Bedo ka nwoyo lok makonyi keni keni**

26. When you want to select an income generating activity, you must make sure:

   *Ka imito yero tic ma nyayo lim omyero inen ni:*

   **A.** There is a low demand for your product
   *Miti pa dano ikom jamini tye manok*

   **B.** Your product is expensive
   *Jami ni wele tek*

   **C.** There is a high demand for your product
   *Miti pa dano dwong ikom jami ni*

   **D.** The cost of producing your product is high
   *Wel me yubu jami ni tye lamal*

27. One way to mobilize resources for your income generation product is by

   *Yoo acel me rayo jami tic pi yoo me nyayo cente ni en aye me*

   **A.** Praying everyday
   *Lega nino ducu*

   **B.** Wishful thinking
   *Tamo ni kono onongo*

   **C.** Borrowing from friends
   *Deno kibot lurem*

   **D.** Going under the lake
   *Ceto ite pii*

**FOR THE QUESTIONS 28-32, INDICATE WHETHER THE STATEMENT IS TRUE (T) OR FALSE (F)**

28. Isolating yourself from friends and family is a positive coping skill

   *Aa ki ikin lurem ki bene lugangi me bedo keni tye diro mabe me kwo*

29. Accepting that there are some situations in life that you cannot change is a negative coping skill

   *Yee ni tye yoo me cobo peko ikwo ma pe iromo loko ne tye diro marac me kwo*

30. Being flexible and willing to try a number of options is a positive coping skill

   *Bedo agonya ki bene mito temo yoo mapatpat tye diro mabe me kwo*

31. One way to deal with negative thoughts is to practice positive self-talk

   *Yoo acel me kwo ki tam maraco en aye me nwoyo bedo ka lok tam maber kekeni*

32. Emotional self-care means taking off time to attend to your personal physical, social and emotional needs

   *Doro kit ma iwinyo kwede tyen loke ni kwanyo kare ni me keme ki komi, kwo ki lwak ki bene miti me cwinyi*
Module 2: Group Support Psychotherapy (GSP)

Wii lok me aryo: Miino kony me nywako tam ki dano ite dul matye ki peko me cwe cwiny (GSP)

Learning objectives

Telok me pwonyi

By the end of this training session, group members will be able to:

Inge pwonyi, dano me ite dul obi romo timo:

- Understand what GSP is and why it was developed
- Niang ikom GSP ki pingo ki yubu
- Describe the structure of GSP
- Tito kit ma GSP tye kwede
- Describe how GSP leads to reduction in depression
- Tito kit ma GSP dwoko kwede cwe cwiny matut
- Describe the roles and responsibilities of a GSP facilitator
- Tito tic pa lupwonye me GSP

Session: 2.1: WHAT IS GROUP SUPPORT PSYCHOTHERAPY?

Miino kony me nywako tam bot dano idul ma tye ki peko me cwe cwiny obedo ngo?

Group Support Psychotherapy (GSP) is a culturally sensitive counseling intervention that aims to treat depression by increasing enhancing social support, teaching helpful ways of managing depression symptoms and how to start a small income generating activity.

Miino kony me nywako tam bot dano idul ma tye ki peko me cwe cwiny (GSP) obedo yub me nywako tam ma ngeyo dak woro cik me tekwaro me neno ni ocubu peko me cwe cwiny ki tam matut maneno ni omedo kony kit me kwo ki dano, pwonyo yoo ma konyo me cubu lanyut me cwe cwiny ki tam matut ki kit me cako tic matino manyayo lim icing
WHY WAS GROUP SUPPORT PSYCHOTHERAPY DEVELOPED?

GSP was developed to provide a simple way of treating depression without the use of medications. The World Health Organization (WHO) recommends that such treatments should be tried first before using medications. However they have not been available in our health centers.

Ki yubu GSP me miino yoo mayot me cubu peko me cwe cwiny ki tam matut labongo tic ki yat mo keken. Dul tic ma loyo lok kom yot kom me wilobo (WHO) cwako ni kit me cubu peki ni myero kong ki tem tic kwede ma pwod peya ki tiyo ki yadi mo. Kadi bene pe gi obedo tye l odi yat wa

We are introducing GSP into HIV services located in Northern Uganda first because persons living with HIV have higher rates of depression compared to other groups of people.

Watye ka cako GSP ikom kony makimiyo me kwidi two jonyo ikumalo me Uganda me acel pien dano matye ka kwo ki kwidi two jonyo rwom me cwe cwiny gi ki tam matut tye lamal ka iporo ki dul pa dano mukene

The Northern region of Uganda has higher rates of depression (45 to 70%) and higher rates of HIV (11% in the region compared to the national HIV rate, 7%) than any other region in Uganda due to the brutal wars that the region experienced for 20 years.

Tung kumalo me Uganda tye ki rwom me cwe cwiny ki tam matut ma lamal (45 wai 70%) ki rwom me kwidi two jonyo tye lamal (11% itung kumalo ka iporo ki rwom me kwidi two jonyo me l Uganda weng, 7%) maloyo tung kapedo mo keken I Uganda pi adwogi lweny ma obedo marac ikumalo me Uganda pi mwaka pyera aryo.
WHAT ARE THE COMPONENTS OF GROUP SUPPORT PSYCHOTHERAPY?

JAMI ANGO MA MITE ME MIINO KONY ME NYWAKO TAM BOT DANO IDUL MA TYE KI PEKO ME CWE CWINY?

- A trained group facilitator guides group members through each session
- *Ngat ma ki pwonyo ki diiro me doro dul dano telo dano matye idul ikacoke acel acel*
- The trained group facilitator selects 8 to 10 people, during individual sessions, who can be helped by participating in the group.
- *Ngat ma ki pwonyo ki diiro me doro dano yero dano aboro me oo iapar ikara me rwatte kin gat acel acel ma ki romo konyone me bedo ite duli*
- Women with depression are put together and their group is lead by a female facilitator, and men with depression are put together and their group is lead by a male facilitator. All group members are adults aged 19 years and above.
- *Ki keto mon matye ki peko me cwe cwiny ki par matut kacel ki bene idul giini ngat ma doro gi nongo tye dako, ki bene ki keto coo ma tye ki peko me cwe cwiny ki par matut kacel nongo idul giini ngat ma doro gi tye lacoo. Dano weng me dul enuni gi dito nongo mwaka gi tye 19 odok kwede malo*
- GSP is made up of 8 group sessions given once a week for 8 weeks.
- *GSP yub matye ki kacoke aboro pa dano ite dul ma ki miyo kicel icabit acel pi cabit aboro*
Session 1: Introduction, Orientation and Ground rules

Kacoke me acel: Nyute, Ngiino ki cik me aluba

In this session, individuals suffering from depression meet; the group facilitator welcomes them, and explains the purpose of GSP, how the group process will help them, and what role is expected of the group members in order to get better.

Ikacoke ni, ngat acel acel matye ki peko me cwe cwiny ki par matut gi rwate; ngat ma doro wii dul jolo gi, ki tito te lok pa GSP, kit ma yubi me dul obi konyo gi, kin go ma myero dano me dul myero otim wek gi obed maber

Session 2: Education about depression and HIV

Kacoke me aryo: Pwony malube ki peko me tam ki par

In this session, the group facilitator educates about depression and the relationship between HIV and depression. This includes teaching members about what and how common depression is, the signs or characteristics of depression, the causes, how to assess or screen depression, and mental health problems that co-occur with depression.

Ikacoke ni, ngat ma doro dul miyo pwony ikom cwe cwiny nyo tam matut ki wat ikin kwidi two jonyo ki cwe cwiny nyo tam matut. Ikin eni tye pwonyo dano me ite
dul ikom ngo ki kit ma cwe cwiny nyo tam matut tye mapol kwede, lanyut nyo kit ma cwe cwiny ki tam ma tut bedo kwede, gin makelo, kit me niyo ki pimo cwe cwiny ki tam matut, ki peki ma lube ki two me adam ma nyute kacel cwe cwiny ki tam matut.

Sessions 3 & 4: Sharing personal painful problems

Kacoke me adek ki angwen: Leyo peki ma lit me ikumi

During these sessions, the group facilitator encourages and guides the sharing of personal problems.

Ikare me kacokeni, ngat ma doro duli cwako ki doro kit me leyo peki me ikumi.
Session 5: Positive coping skills

*Kacoke me abic: Diro me cubu peko iyo maber*

During this session, group members learn about the different ways of managing difficult situations, and how to deal with negative thoughts and excessive worry.

*Ikare me kacokeni, dano me idul pwonyo yoo mapat kit me cubu jami matek matime, ki kit me cubu tam maraco ki par matek tutwal.*

Session 6: Problem solving and skills to reduce stigma

*Kacoke me abicel: Kit me cubu peki ki diro me dwoko cimo tok*

This session involves educating group members about solving problems and how to deal with stigma.

*Ikacokeni tye pwonyo dano me idul ikit me cubu peki ki yoo me cubu cimo tok*

Session 7 & 8: Basic livelihood skills

*Kacoke abiro ki aboro: Diro me tic ma piigi tegu*

In these sessions, the group facilitator teaches the group members about the basic livelihood skills. Members are taught how to identify income-generating activities that can improve their life and enable them to take control of their lives.

*Ikacokeni egi ni, ngat ma doro dul pwonyo dano me idul ikom diro me tic ma piigi tegu. Ki pwonyo dano kit me ngeyo tic ma kelo lim icing matwero yubu kwo gi ki weko gi oloo kwo gi.*
GENERAL GUIDELINES FOR DELIVERING GROUP SUPPORT PSYCHOTHERAPY

Neither group participants should receive any financial or material gifts for participating in the sessions nor do group facilitators accept any financial or material gifts from group participants.

The GSP intervention should not take more than 8 sessions to address a specific topic/issue and could be delivered every week or every two or four weeks depending on availability of trained group facilitators.
Session 2.2:

WHAT BRINGS ABOUT HEALING IN GROUP SUPPORT PSYCHOTHERAPY?

NGO MAWEKO DANO CANG IMIINO KONY ME NYWAKO TAMKI DANO ITE DUL MATYE KI PEKO ME CWE CWINY KI TAM MATUT?

Participating in group support psychotherapy heals in the following ways:

**Bedo idul ma ki miyo kony me nywako tam ki dano ite dul matye ki peko me cwe cwiny ki tam matut cango dano iyoo makicoyo piny:**

1) By participating in group discussions, members come to learn that problems are universal. In other words, they learn that other group members share similar feelings, thoughts and problems. This creates a positive feeling which helps to heal the depression

**Bedo inywako tam me idul, dano me idul cako niang ni peko tye kaweng. Kibene, gi pwonyo ni dano mukene me idul leyo kit ma giwinyo kwede marom, tam ki peki. Eni yubu yoo maber ma konyo icango cwe cwiny ki par matut**

2) By participating in group discussions, members extend help to one another and this act of helping one another creates positive feelings which help to heal the depression

**Bedo inywako tam me idul, dano me idul cwalo kony bot ngat acel acel ki tici me konyo ngat acel acel me yubu yoo maber makonyo icango peko me cwe cwiny ki tam matut**

3) By participating in group discussions, members get to learn about how other members have successfully overcome their problems. This gives them hope that they too can overcome their problems; and also relieves their depressive symptoms.

**Bedo inywako tam me idul, dano me idul pwonyo kit ma dano mukene idul gi ocubu peko gi maber. Eni miyo it gi gen bi gin bene romo cubu peko gi; ki bene kwanyo gi ki ilanyut me cwe cwiny ki par matut**
4) By participating in group discussions, members participate in giving information to others in the group through sharing ideas and personal experiences. This reduces the feelings of worthlessness associated with low self-esteem leading to reduction of depression symptoms. *Bedo inywako tam me idul, dano me idul tiyo imiyo ngec bot dano mukene idul manongo gi leyo tam ki jami ma gi owok iye. Eni dwoko kit ma dano winyo kwede ni piigi pe tek malube ki bedo ki gen manok ikumi ma dwoko lanyut me cwe cwiny ki tam matut.*

5) By participating in group discussions, group members copy positive behaviors from other members. Practicing these positive behaviors helps them recover from depression. *Bedo inywako tam me idul, dano me idul poro yoo maber kit me bedo kwede kibot dano mukene. Timo jami mabeco kit me bedo kwede konyo gi me cang ki ipeko me cwe cwiny ki tam matut*

6) By participating in group discussions members develop trust, a sense of belonging and togetherness. This facilitates genuine self disclosure leading to healing and personal growth. *Bedo inywako tam me idul, dano me idul cako bedo ki gen, winyo ni duli obedo gin ma megi ki bene gi winyo ni gi acel .Eni konyo me dyere iyoo marwate makelo cang ki dongo pa ngat acel acel.*

7) By participating in group discussions members share painful experiences and learn to release the strong feelings about past or present experiences. This gives them relief and helps them to attain healing as therapy goes on. *Bedo inywako tam me idul, dano me idul nywako jami malit ma gi owoto iye ki gi pwonyo kit me jalo kit ma gi winyo kwede tutwal ikom jami ma gi owoto iye ikare ma okato ki ikareni. Eni weko gi bedo agonya ki konyo gi me nongo cang nongo yubi mede*
Session 2.3: GROUP DEVELOPMENTAL STAGES

KIT ME YUBU DUL IRWOM MA PAPAT

When individuals get together in a group, the way they interact with each other changes over time. These changes are described in five stages. It is important to understand the stages of group development because this helps the facilitator to be able to:

Ka dano obino kacel idul, yoo ma gi nywako kwede tam ikin gi bedo kaloke. Alokaloka egini kitito irwom abic. Pire tek me ngeyo rwom me yubu dul pien eni konyo ngat ma doro dul me weko:

a) Determine if member behaviors reflect personal or group developmental issues

Ngeeno ki yoo ma dano me idul bedo kwede nyutu dongo pa ngat acel acel onyo pa dano me idul

b) Understand how members cope in each stage which enables the facilitator to be in a better position to help them adjust to the group

Niang kit ma dano me idul niang kwede ikom rwom kiacel acel ma weko ngat ma doro dul me bedo ki kero me konyo gi wek gi orwate ki duli

1) The first stage is called “forming”. At this stage, group members are not free with each other. They may worry about being accepted by other members or may be shy and hesitant to participate in sharing personal experiences.

Rwom me acel ki lwongo ni “yubu”. I rwom eni, dano me idul gi pe agonya ikin gi. Gi romo bedo ki par ikom jol kibot dano mukene me idul onyo gi bedo ki lworo kip e bedo agonya me nywako jamia in kekeni iwoto iye

2) The second stage is called “storming”. During this stage members may start to compete and conflict with each other especially about issues of group leadership. Members are not yet united as a group and may have problems working together. During this stage the group facilitator should encourage team spirit.

Rwom me aryo ki lwongo ni “pyem”. Ikare me rwomi dano me idul romo cako pyem ki tele ikin gi tutwale lok madok ikom tela me dul. Dano me idul pwod gi pe oribbe calo dul acel ki romo bedo ki peko me tic kacel. Irwomi ngat ma doro dul myero ocwak tic kacel.
3) The third stage is called “norming”. At this stage, members have formed friendships with each other and are able to agree on the group tasks and work together. Group members trust each other and there is a sense of togetherness.

*Rwom me adek ki lwongo ni “ribbe”. Irwomi, dano me idul gi oyubu lurem ikin gi ki gi romo ye ikom tic mo keken me idul ki tic kacel. Dano me idul gi bedo ki gen ikin gi ki bedo ma gi oribe.*

4) The fourth stage is called “performing”. During this stage, group members have formed strong friendships with each other. Group members are open and freely give feedback to one another. The group members are able to work together and complete tasks given to them.

*Rwom me agwen ki lwongo ni “timo tic”. Irwomi dano me idul gi oyubu lurem matego ikin gi. Dano me idul tye agonya ki gi dwoko lok ikom ngo ma otime bot ngat acel acel ma gitye agonya. Dano me idul gi romo tic kacel ki bene gi tyeko tic ma ki miyo it gi.*

5) The fifth stage is called the termination stage. This happens when group sessions are about to end. Group members are concerned about being separated from each other. They may appear sad because of this separation but it does not mean that they have relapsed into depression again.

*Rwom me abic ki lwongo ni “rwom me agiki”. Eni time nongo kacoke me idul cok tum. Dano me idul lworo ikom pokō kin gi. Gi romo nen calo cwiny gi tye ka cwe pi pokō kin gi ni ento tyen loke pe tye ni gi odok cen icwe cwiny ki tam matut.*
Session 2.4: WHAT IS THE ROLE OF THE GSP FACILITATOR?

**TIC PA NGAT MA DORO GSP OBEDO NGO?**

The role of the GSP group facilitator is to:

1. **Encourage and support self-expression among all group members**
   
   *Cwako ki miyo kero me tite keni keni ikin dano weng me idul*

2. **Create group environment that promotes mutual trust and feelings of safety among group members**
   
   *Yubu kабedo maber me dul ma cwako gen ikin dano ki bedo labongo lworo ikin dano me idul*

3. **Provide information by teaching members about their conditions (conducting psycho-education),**
   
   *Miyo ngec kun nongo pwonyo dano me idul ikom gin ma gitye kawot iye (miyo pwonyo madok ikom kit ma dano tamo kwede)*

4. **Encouraging active participation of group members in all (therapy) activities during treatment/sessions and**
   
   *Cwako ni dano me idul otii matek itic weng ikare me nongo konyi onyo ikacoke egini*

5. **Helping members to understand their problems as normal and not being experienced by them alone but also by other people. The group facilitator organizes and regulates the group limits**
   
   *Konyo dano me idul me niang ni peko gi pe rac tutwal dak gin keken pe kawot ipeki egini ento dano mukene bene woto iye. Ngat ma doro dul yubu dok loyo kit me tiro dul*

6. **Communicate care directly and also reflect a caring attitude for the group members.**
   
   *Niango dano kit me gwoke atii ki bene nyutu bot dano me idul nip ii tek dok bene tamo piigi*
MODULE 3: DEPRESSION AND HIV/AIDS

WII LOK ME ADEK: CWE CWINY/ PEKO PAR KI TAM MATUT KI KWIDI ME TWO JONYO

Learning Objectives

Telok me pwonyi

By the end of this training session, lay health workers will be able to:

Inge kacoke me pwonyi, lutic yot kom kin gang obi romo timo:

- Define depression in a lay mans language
- Me waco ngo ma cwe cwiny obedo ileb ma niange bot ngato moo keken
- Describe situations leading to depression
- Tito gin ma kelo cwe cwiny
- Describe the sign and symptoms of depression
- Tito lanyut me cwe cwiny
- Describe how to assess for depression using a screening tool
- Tito kit me pimo kede cwe cwiny ma nongo ki tiyo ki karatac me pimo ne
- Describe how to assess the risk for suicide in persons with depression
- Tito kit me pimo kede adwogi marac me deene ikin dano matye ki cwe cwiny
- Describe the mental health problems that co-occur with depression
- Tito peki madok ikom two me wic ma time nongo cwe cwiny tye
Session 3.1: WHAT IS DEPRESSION?

CWE CWINY KI TAM MATUT OBEDO NGO?

Depression is a brain condition whereby someone’s feelings, way of thinking and behavior become disturbed in a way that the affected person develops a constant feeling of sadness that is present all the time, everyday for more than two weeks.

Cwe cwiny ki par matut tye gin matye i adam manongo kit ma ngato mo winyo kwede, yoo ma nongo ki tamo kwede dok kit ma tere kwede doko ayela iyoo ma nongo ngat matye kawinyo ne cako winyo cwe cwiny nongo tye cawa weng, jwi pi kare ma kato cabit aryo

The affected person no longer enjoys the things that they used to enjoy, for example, they used to enjoy going to work in the garden but now they do not.
Nongo ngat ma gini kwako pe dong winyo mit pa jami manongo gi maro, labole calo, nongo gi maro ceto katic ipotto ento dong gi pe maro.

The affected person lose their energy and they feel weak all the time, and also they cannot think clearly, consequently they fail to do their daily work or job,

Nongo dano ma gini kwako kero gi doko dok bene gi winyo ma goro cawa weng, ki nongo cawa weng gi pe romo tam ati, ma weko tic ma gitimo jwi ngayo gi.

They lose their sleep and wake up in the middle of the night.

Gi rwenyo nino gi dok bene gi coo idiwo

They lose appetite and grow thin. Some other people affected by depression may eat too much and put on a lot of weight.

Kero gi me cam dok piny ki gi jonyo. Dano mukene ma peko me cwe cwiny ki tam matut romo cam madwong ki gi cwee tutwal

As the disease becomes severe, affected persons develop feelings of worthlessness, hopelessness and feelings of wanting to take their life (kill themselves).

Ki two ni odwogo tek tutwal, dano ma gini kwako cako winyo calo kony gi pe, nongo gi pe ki gen igino mo keken, ki bene gi cako winyo calo myero gi okwany kwo gi

WHAT ARE THE SITUATIONS THAT LEAD TO DEPRESSION?

JAMI ANGO KELO PEKO ME CWE CWINY KI TAM MATUT?

In our culture, traditional explanations (myths) about the causes of depression include the following

Ite kwaro wa, lagam me ikwaro madok ikom jami ma kelo peko me cwe cwiny ki tam matut obedo jamini malube;
- Depression is not a disease but something caused by evil spirits and demons
- *Cwe cwiny ki tam matut pe obedo two ento tye gino mo ma satan ki tibo ma pe leng kelo*
- Depression is a normal response to problems in life.
- *Cwe cwiny ki tam matut obedo gin marwate ikit me cobo peki me ikwo pa dano*
- Depression is caused by turning away from God.
- *Cwe cwiny ki tam matut cake ka iwene kibot Lubanga*
- Depression is caused by being lazy and weak.
- *Cwe cwiny ki tam matut cake ka komi wac dok bene itye ma goro*

**WHAT DOES SCIENCE TELL US ABOUT DEPRESSION?**
**KWAN ME DIIRO WACO NGO IKOM CWE CWINY KI TAM MATUT?**

Scientists believe that many factors work together to cause depression. These factors fall into three main categories namely:

*Ludiiro tye ki gen ni jami madwong tiyo kacel me cako peko cwe cwiny ki tam matut. Jamini poro ikin jami adek madongo ma tye:*

1. Conditions in our bodies, for example a person may be born with genes that lead to depression, a person may have a diseases in their body e.g. HIV/AIDS that affects the brain parts responsible for regulating our feelings and this may lead to depression.

   *Jami matime ikom wa, labole calo ki romo nyalo ngatu mo ki remo makelo cwe cwiny ki tam matut, ngato mo romo bedo ki two mo ikom gi labole calo kwidi me two jonyo ma donyo wa iadam nongo loko kit ma wawinyo kwede ki nongo eni romo kelo cwe cwiny ki tam matut*

2. Situations in our social lives, for example, being exposed to war events such as torture, being extremely poor, lack of social support (family and friends to turn to when we have problems), death of our close family members or friends, having
conflicts with our spouses (domestic violence) conflicts with our neighbors or family members or friends.

3. Other factors that cause depression may arise from the way we feel and think about ourselves or our lives and the way we cope with problems generally. For example, when we feel stigma this will lead to depression. When we over depend on someone else to solve our problems this makes us more likely to develop depression. When we think in a negative way all the time, this may lead to depression.

Scientists recommend that treatment of depression should aim at all the three factors mentioned above. Therefore treatment includes:

1) Teaching the affected person how to remove or reduce the things in our social environment that lead to depression. For example, we can learn income generating skills and reduce poverty.
2) We can learn helpful ways of thinking and helpful coping skills that will reduce our depression.

    Wa romo pwonyo yoo ma pore me tam ki diiro ma pore kit me cobo peko kwede ma nongo obi dwoko cwe cwiny ki tam matut ikin wa

3) If there is no improvement with the above treatments, then use of medication, maintaining good nutrition, and general physical health can help reduce depression.

    Ki alokaloka mo pe ki jami ma part me cangone ma ki coyo malo, ki dong tic ki yat, cam ma ber, ki bene bedo ma komi yot romo dwoko cwe cwiny ki tam matut

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Session 3.2: WHAT ARE THE SIGNS OF DEPRESSION?

LANYUT ME CWE CWINY KI TAM MATUT OBEDO NGO?

The following are some of the symptoms of depression:

    Jami egini malube piny tye jami mukene ma tye lanyut me cwe cwiny ki tam matut

1. Feeling sad / down

    Winyo ni cwinyi cwe

2. Losing interest in activities one used to enjoy

    Rwenyo mar me jami manongo kong imaro iwi atii

3. Experiencing a change in appetite or weight (losing/ gaining weight or loss of / increased appetite )
4. Having difficulty in sleeping especially waking up in the middle of the night (3.00am) and failing to go back to sleep.

5. Feeling tired and fatigued all the time

6. Feeling worthless, hopeless and useless all the time

7. Having difficulty in thinking clearly or thinking too much thus unable to make decisions,
8. Having thoughts of death or suicide (wishing to die or kill oneself)

_Bedo ki tam me too onyo neke (bedo ki miti me neke onyo too)_

**HOW TO DIFFERENTIATE SADNESS FROM DEPRESSION**

**KIT ME POKO PAR KI CWE CWINY KI TAM MATUT**

People often confuse sadness and depression. But the two are different. The differences between sadness and depression are:

_Dano maro gwenyo par/tur pa cwiny ki cwe cwiny ki tam matut. Ento jami aryoni pat. Apokapoka ikin par ki cwe cwiny ki tam matut tye:_

- Sadness is a normal feeling and is not persistent. It does not remain constant for weeks or months. However, in depression the feeling of sadness is present all day, every day for more than two weeks.

- **Par tye kit ma kiwinyo kwede ma pore ki dok pe time teretere, pe gak marom pi cabit nyo dwe. Ento, icwe cwiny ki tam matut kit ma iwinyo kwede nongo ibedo ki par bedo tye nino weng, jwi pi kare makato cabit aryo.**

- Sadness doesn’t produce significant weight changes or prolonged periods of sleep changes where as depression produces such changes.

- **Bedo ki par pe kelo alokaloka me cweyo onyo jonyo nyo bene alokaloka me bedo ki kare malac me nino ento cwe cwiny ki tam matut kelo kodi alokaloka madwong**

- Sadness may usher in negative thoughts but it does not lead to suicidal ideation while depression leads to negative thoughts and is associated with suicidal ideation.

- **Bedo ki par romo kelo tam ma pe pore ento pe kelo tam me kwanyo kwo ento cwe cwiny ki tam matut kelo tam ma pe pore ki dok rwate ki kwanyo kwo**

- Sadness is interrupted by periods of laughter but depression often cannot be lifted by any form of laughter.

- **Par nywene ikare me nyero ento cwe cwiny pe romo aa ki kit yoo mo me nyero**
• Sadness may reduce our ability to enjoy life but it doesn’t destroy it altogether while depression is associated with complete lack of interest in things that you used to enjoy.

• *Bedo ki par romo dwoko kero wa me maro kwo ento pe balo ni weng kun nongo cwe cwiny ki tam matut rwate ki pe bedo ki mti mo ikom jamj manongo imaro wi atii*

**HOW TO DIFFERENTIATE SYMPTOMS OF DEPRESSION FROM OTHER SYMPTOMS OF HIV RELATED INFECTIONS OR COMPLICATIONS?**

Kit me pokoko ikin lanyut me cwe cwiny ki tam matut ki ilanyut mukene me two ki goromabino calo adugi me kwidi two jonyo?

It’s challenging to differentiate clinical depression from the symptoms of HIV related infections or complications.

Tek me pokoko ikin cwe cwiny ki tam matut kit ma daktari neno kwede ki ikom lanyut me two ki goromabino calo adugi me kwidi two jonyo

• Some symptoms of clinical depression (e.g. lack of energy, lack of appetite, getting tired easily) can be caused by HIV related infections or HIV medications. However, in a persons with depression, these symptoms are accompanied by a true loss of interest (as opposed to simply loss of ability) in formerly enjoyable activities.

• *Lanyut mojo me cwe cwiny ma daktari neno kwede (labole; bedo labongo kero, bedo labongo mti me cam, olo oyotoyot) romo bino calo adugi me two ki goromabino calo adugi me kwidi two jonyo*

• Conditions that are not actually depression will not respond to group support psychotherapy (GSP)

• *Miino kony me nywako tam bot dano me idul ma tye ki peko me cwe cwiny pe obi kelo a lokaloka ikom goromabino ma nongo pe obedo cwe cwiny ki tam matut*
HOW TO IDENTIFY SOMEONE WITH DEPRESSION

KIT ME NENO NGAT MA TYE KI CWE CWINY KI TAM MATUT

An individual with depression may be identified by assessing them with a screening tool called the self-reporting questionnaire. We recommend that you follow the following 5 steps.

Ngat ma tye ki cwe cwiny ki tam matut ki romo neno ne ka ki pimo gi ki karatac ki lapeny me pimo dano ma ki lwongo ni karatac lapeny ma tito lok ikomi. Wa cwako ni wulub jami abic eni me aluba;

Step 1: Introduce yourself to the people in the waiting area of your health center and give a health talk on depression.

Gin me aluba me acel: Titte bot dano matye ikabedo kama ki kuru iye daktari I ot yat ki mi pwony ikom cwe cwiny ki tam matut

Step 2: Invite those who have experienced any of the signs and symptoms of depression that you mentioned to be screened for depression using the self-reporting questionnaire.

Gin aluba me aryo: Lwong dano ma obedo ki lanyut mo me cwe cwiny ki tam matut ma inywako wek ki pim gi me neno kit ma cwe cwiny ki tam matut tye kwede nongo itiyo ki karatac me lapeny ma tito lok ikomi

Step 3: For those who endorse 6 or more symptoms in the self-reporting questionnaire, there is a high chance that they have depression. Check to see if the endorsed symptoms include feelings of wanting to kill oneself. For those with suicidal feelings, conduct a suicide risk assessment.

Gin aluba me adek: Pi dano ma cwako lanyut abicel onyo makato abiceli I karatac me lapeny ma tito lok ikomi, byek ne tye lamal ni gin romo bedo ki cwe cwiny ki tam matut. Roti me neno ni ka lanyut orube ka iwinyo cwiny me kwanyo kwoo ni. Pi dano matye ki cwiny me kwanyo kwoo gi, tim ki kweda ma lube ki rwom me kwanyo kwo.
Step 4: If the suicide risk is low to moderate invite to attend group support psychotherapy.

Gin aluba me angwen: Ka rwom me kwanyo kwo tye lapiny onyo ladyere jole ribbe I GSP

Step 5: If suicide risk is high, psychosis is present, make referral to a mental health worker at closest health center.

Gin aluba me abic: Ka rwom me kwanyo kwo tye lamal, two wic tye, cwale bot daktar wic I ot yat macok

HOW TO CONDUCT A SUICIDE RISK ASSESSMENT

KIT ME TIMO KI KWEDA ME NIANG RWOM ME KWANYO KWO

Prediction of suicide is never easy. However, there are known risk factors, which may help us to predict suicidal risk. One method goes under the acronym SAD PERSONS.

Byek me kwanyo kwo pe yot. Ento, tye lanyut ma ngeene, ma romo konyo wan me byeko rwom me kwanyo kwo. Yoo acel tye malube ki coc ma cek SAD PERSONS

S: Sex. Men are more likely to commit suicide than women. Males kill themselves about four times more often, although females make far more attempts.

S: Bedo lacoo oyo dako. Coo romo kwanyo kwo gi oyot loyo mon. Coo kwanyo kwo gi mapol tyen angwen ka iporo ki mon, kadi bed ni mon temo kwanyo kwoo gi tyen madwong loyo coo.

A: Age. The ages which are most dangerous for suicide include 15-24 years especially males and above age 65.

A: Mwaka. Mwaka ma tye marac loyo ilok me neke ene mwaka15-24 tutwale coo ki dano ma mwaka gi kato 65

D: Depression. The suicide rate for those with depression is about 20 times greater than for the general population. Hopelessness is one aspect of depression that has a close tie to suicide.

D: Cwe cwiny ki tam matut. Wel pa dano ma tye ki peko me cwe cwiny ki tam matut ma neke tye calo wang 20 ma loyo pa dano mukena. Bedo labongo gen tye gin acel icwe cwiny ki tam matut ma kine cok ki kwanyo kwo
P: **Previous suicide attempt.** Roughly 80% of completed suicides were preceded by a prior attempt.

P: *Teme me kwanyo kwo ikare ma okato angec. Cokcok 80% me kwanyo kwoo ma otime nongo kong ocake ki temo kwanyo kwo ikare ma okato angec*

E: **Ethanol abuse.** Alcohol and/or drug abuse increase risk for suicide.

E: *Mato kongo iyo ma pe opore. Kongo ki/onyo mato jayi medo rwom me kwanyo kwo*

R: **Rational thinking loss.** Psychosis (‘I heard a voice saying I should kill myself’) increases risk for suicide

R: *Rwenyo tam ma ti. Two wic (‘Awinyo dwon ma waco ni myero anekeo’) medo rwom me kwanyo kwo*

S: **Support System Loss.** Lack of social support.

S: *Rwenyo yoo me kony. Bedo pe ki dano ma romo konyi*

O: **Organized Plan.** This speaks for itself. Having a method in mind creates more risk.

O: *Yub ma atii. Eni nyute kekene. Bedo ki yoo itami medo rwome lamal*

N: **No Significant Other.** Especially the lack of a spouse or other close relations

N: *Bedo pe ki dano ma pii gin tek. Tutwale bedo pe ki dako/lacoo onyo wat ma cok*

S: **Sickness.** Terminal illness, such as cancer and AIDS, also carries with it a 20 fold increase in risk of suicide compared to the general population.

S: *Two. Two ma pe cang, ma calo Canca ki two jonyo, bene medo tam ma romo wang pyera ariy me rwom me kwanyo kwo ka iporo ki pol dano*

**Scoring System:** 1 point for each positive answer on the above.

*Yoo me lapim: Gwet acel pi lagam ma atii ma malo*
Score Risk
Lapim me rwom
0-4: low suicide risk, No real problems, treat with group support psychotherapy
0-4: rwom ma lapin y me kwanyo kwo, pe pa peki ma pore, mii kony me nywako tam bot dano me idul ma tye ki peko me cwe cwiny
5-7: moderate suicide risks, treat with group support psychotherapy, but check frequently
5-7: rwom ma dyeredyere me kwanyo kwo, mii kony me nywako tam bot dano me idul ma tye ki peko me cwe cwiny (GSP), ento rot teretere
8-10 high suicide risk, refer to mental health worker
8-10 rwom ma lamal me kwanyo kwo, cwal bot daktar wic

COMPLICATIONS OF UNTREATED DEPRESSION

GORO PA CWE CWINY KI TAM MATUT MA PEKI MIYO KONY IYE

- Depression affects relationships because people who have it have greater difficulty interacting/relating with others. Therefore, the social life of depressed people such as the couple/family may change.
- Cwe cwiny ki tam matut balo wat ikin dano pien dano ma tye kwede bedo ki peko madwong me bedo ikin dano mukene. Pi meno, kwo me ribbe ki dano pi dano ma tye ki cwe cwiny ki tam matut macalo lacoo ki dako/ dog gang romo loke
- Depression affects a person’s behavior and style of communication (less eye contact, slower and softer speech, negative thinking, reduced ability to solve problems).
- Cwe cwiny ki tam matut loko kwo pa ngati moni ki yo me kubu lok (Iworo neno wang ki wang, lok mot ki dwon ma lapin y, tam ma raco, kero me cobo peko dok ping)
- Depression is often accompanied by an increase in marital tension and arguments.
• Cwe cwiny ki tam matut pol kare lube ki mede pa kukukuku l ot ki telo lok
• Some depressed people are unable to work. Therefore, other family members may have to get a job for the first time or work two jobs to compensate for the reduced income.
• Dano mukene ma tye ki peko me cwe cwiny ki tam matut pe gin romo tic. Pi meno, dano mukene me idog gang romo cako tic pi tyen me acel onyo tiyo tic ariyo me pongo kawang lim ma odok piny
• Family members often become frustrated with the depressed person’s behavior, thinking the consumer should just “get over it” or “cheer up.”
• Dano me idog gang pol kare rwenyo gen ikom kit pa dano ma tye ki cwe cwiny, tamo ni ngat moni oloo pire kene onyo olok kwo ne.
• Depressed people often have decreased interest in physical intimacy and sexual activity. Partners often worry that the consumer is no longer physically attracted to them, which can increase the tension in the relationship.
• Dano matye ki cwe cwiny ki tam matut pol kare miti ne doko nok irwate ki dano mukene ki rwate ibuttu bene. Coo ki mon pol kare bedo ki lworo ni ngat moni pe dong tye ki miti ikom gin, ma romo medo kukukuku imar
Session 3.3: WHAT ARE THE COMMON MENTAL PROBLEMS THAT CO-OCCUR WITH DEPRESSION?

KWAYI PEKO ME WIC ANGO MA POL KARE LUBE KI CWE CWINY KI TAM MATUT?

- Depression usually occurs together with excessive anxiety such as you would find in Post Traumatic Stress Disorder (PTSD)
- Cwe cwiny ki tam matut pol kare time kacel ki lworo matek ma calo ma iromo nongo ne I adugi me te kare malit (PTSD)
- Also persons with depression may resort to excessive alcohol use and thus develop alcohol abuse and dependency
- *Bene dano matye ki cwe cwiny ki tam matut romo dok imato kongo matek ki romo cako kongo iyoo ma pe opore ki jenge ikom dano mukene pi kwo gi*
- Fortunately, both these conditions are reduced by group support psychotherapy

Session 3.4: WHAT IS THE RELATIONSHIP BETWEEN DEPRESSION AND HIV

WAT ANGO TYE IKIN CWE CWINY KI TAM MATUT KI KWIDI TWO JONYO?

The relationship between depression and HIV is “a two way street.” In other words, one may lead to the other. The HIV virus directly affects the brain and may cause damage to parts of the brain responsible for our feelings thereby leading to abnormal feelings of depression.

Depression interferes with one’s ability to think clearly and results in difficulty in making decisions such as decisions about safe sexual behavior. Consequently, a depressed person, may acquire HIV through unsafe sex.

*Wat matye ikin cwe cwiny ki tam matut ki kwidi two jonyo tye, “iyoo ariyo”. Iyoo mukene acel keko lawote. Kwidi two jonyo keko peko I adam ki romo balo but adam ma keme ki kit ma wa winyo kwede, pi meno keko tam ma pe ber me cwe cwiny ki tam matut. Cwe cwiny ki tam matut nyweno kero pa dano moni me tam*
Depression is the most common mental health problem associated with HIV disease. If it remains untreated, depression will:

*Cwe cwiny ki tam matut tye peko me two wic ma pol kare kube ki kwidi two jonyo.*

**Ka pe ki miyo kony, cwe cwiny ki tam matut obi:**

- Increase HIV transmission risk behaviors
- *Medo rwom me kwo ma nyayo kwidi two jonyo*
- Reduce motivation to take anti-retroviral treatments.
- *Dwoko miti me munyu yat lajin*
- Decrease the resistance of the body to infections.
- *Dwoko kero me kanyo two ikom dano*
- Increase the risk of death
- *Medo rwom me too*

**Session: 3.5 TREATMENT OF DEPRESSION**

**MIYO KONY ME DWOKO CWE CWINY KI TAM MATUT**

- It is recommended that individuals with depression in low income countries should be treated with first line treatments such as Basic support, psycho education, and psychotherapy, for example group support psychotherapy (GSP).
- *Cime ni dano matye ki peko me cwe cwiny ki tam matut ilobo ma kero me lim nok iye omyero ki mi kony ki iyo me acel ma calo kony ma mite, pwony ma dok ikom tam, ki bene kwayi kony ma patpat ilok kom tam, labole nywako tam bot dano me idul ma tye ki peko me cwe cwiny*
- If there is no improvement, then medications can be combined with psychotherapy.
- *Ka alokaloka pe, ci dong kony me yat ki romo rubu ki kony ma patpat ilok kom tam.*
# Day 2

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<td>Key counseling skills for group facilitators</td>
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<td>11:15-1.00pm</td>
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<td>Positive coping strategies</td>
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<td>4:30-5:30 pm</td>
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MODULE 4: COUNSELING AND COMMUNICATION SKILLS

Wi lok me 4: Nywako tam ki diro me kubu lok

Learning objectives

Te lok me pwonyi

By the end of this Module, participants will be able to:

*Inge dul pwonyi, lukwan bi bedo ki kero me:*
  - Describe the key counseling skills required to deliver group support psychotherapy (GSP)

*Tito kore ki kore diro me nywako tam ma mite l doro dano l Group Support Psychotherapy (GSP)*
  - List and avoid the common errors made by group facilitators

*Ryeyo ki gwoke ki roca ma ludoo dul timo*
  - Describe the various types of communication

*Tito kore ki kore kwayi yoo me kubu lok*
  - Demonstrate good communication skills

*Nyutu diro me kubu lok maber*
  - Understand the impact of the group facilitator’s attitudes and values on the counseling process

*Ngeyo aduki me kit ma patpat ki miti ma patpat pa ladoo dul iyo me nywako tam*
SESSION 4.1: KEY COUNSELING SKILLS FOR GROUP FACILITATORS
KAOKU ME ACEL: KWAYI DIRO ME NYWAKO TAM PI LA DOO DUL

What is counseling?
Nywako tam obedo ngo?
Counseling is defined as the process in which the trained person (counselor) guides another person (client) in finding solutions to his or her problems. Counseling is a process and so, the sessions should be structured and planned.

What are the key counseling skills?
Diro me nywako tam obedo ngo?
A group counselor needs a number of special abilities in order to carry out the group counseling sessions effectively, for instance:

Lanywak tam I dul mito kwayi kero ma pire tek wek onywak tam I dul maber, labol ne:

1) A counselor has to be sensitive about how she or he leads the group every moment of the session. For example, when leading the group, a counselor should help the members to speak out their problems but he/she should be able to control them so that they remain focused on the aim of the session.

2) Further, a counselor should keep in mind that she or he is working on the group member’s issues, not his or her issues. If the counselor reveals some information
about him/herself to the group, she / he should make sure that the information has a positive effect to the group members.

*Me mede, lanywak tam myero oniang ni en tye ka tic I tyen lok pa dano ma idul, ento pe tyen lok ma mege. Ka lanywak tam otito lok makwako en bot dano ma idul, en omyro onen ni loke tye ki adugi ma ber bot dano ma idul.*

3) The counselor must focus on the feelings, thoughts, actions and behaviors of the group members and show empathy, be warm and genuine to the group members.

*Lanywak tam myero okeme ki cwiny dano, tam, tic ki kit pa dano ma idul ki onyut kica, bedi ki jol ki ada bot dano ma idul*

4) The counselor should use simple language so that the group members are able to understand what he or she is saying.

*Lanywak tam myero otii ki leb ma yot wek dano ma idul oniang ngo ma en tye ka waco ne*

5) The counselor should be able to ask appropriate questions that can help group members to provide truthful information about their life challenges in the counseling process.

*Lanywak tam myero obed ki kero me penyo lapeny ma opore ma romo konyo dano ma idul me miyo lok me ada ma lube ki peko ma tye I kwo gi nongo gi tye iyo me nywako tam*

6) The counselor should have the skill of asking questions that help the group members be able to prioritize their problems.

*Lanywak tam myero obed ki diiro me penyo lapeny wek okony dano ma idul me bedo ki kero me yeko peko gi ma lobe ki kit ma diyo gin kede.*
7) The counselor should have the skill of asking questions that help group members clarify their ideas.

*Lanywak tam myero obedi ki diiro me penyo lapeny ma konyo dano ma idul me waco tam gi aṭii*

8) The counselor should always endeavor to normalize the thoughts, feelings and actions of a group member narrating a problem.

*Lanywak tam omyero kare weng otem me kweyo tam, cwiny ki tic pa ngato mo ma idul nongo tye ka tito peko ne*

9) The counselor should also help group members to know where they have come from and where they are going by reviewing sessions and introducing the goal of the session at the start of every session.

*Lanywak tam omyero bene okony dano ma idul me niyang kama gin oaa ki iye ki kama gin tye ka ceto iye kun nongo nwoyo pwonye ma ikacoke wiye wiye ki tito miti pi pwonye I acaki me kacoke weng.*

10) The counselor should have the ability to put the story of a group member into fewer words and checks with the member if he has got the correct story (summarizing)

*Lanywak tam myero obediki kero me keto lwak lok ododo pa dano moni ma idul iyo ma cek ki penyo dano moni ka en eniang ododo ni kakare (waco iyo ma cek)*
Session 4.2: WHAT ARE THE COMMON ERRORS MADE BY GROUP FACILITATORS?

KWAYI ROCA ANGO MA LADOR DANO IDUL TIMO?

Counseling can be harmful to clients when the counselor does not use proper methods of assistance, (i.e. when s/he makes errors with the clients) during the counseling process.

The common errors some counselors make include the following:

_Nywako tam romo wano dano ma kitye ka nywako tam bot gi ka lanywak tam pe tiyo ki yoo maber me kony, (me waco ni ka en oroco iyo moo ki dano ma kitye ka nywako kede tam) I kare manongo kitye iyo me nywako tam._

_Roca mapol ma lunywak tam timo tye en ma olube piny:_

1. A counselor focusing on his or her own issues. For example, a counselor may start to narrate his own problems.

_Lanywak tam nongo keme ki lok ma kwako en. Pi Labole, lanywak tam moni romo cako tito peko ma mege_

2. A counselor judging group members based on his or her opinions or values.

_Lanywak tam ngolo kop I wii dano ma idul ma lube ki tam mamege onyo miti ma mege_

3. A counselor preaching and belittling the group members.

_Lanywak tam tito lok ki bene cayo dano ma idul_

4. A counselor who aims to make the group act according to his or her way of doing things.

_Lanywak tam ma miti ne tye ni dano ma idul otim jami malube ki yoo ma en timo kede jami_

5. A counselor giving assurance even when he/she knows that what is being promised might not happen.

_Lamywak tam cikke kadi bedi ni en ngayo ni ngo ma en tye ka cikke kedeni pe obiromo time_
Session 4.3: WHAT IS COMMUNICATION?

YOO ME KUBU LOK OBEDO NGO?

Communication can be defined as the exchange of information between two or more participants. There are various categories of communication and more than one may occur at any time. The different categories of communication include:

**Kubu lok ki romo gonyo ne ni gwenyo ngec l kin dano ariyo onyo makato. Tye yoo ma papat me kubu lok daki bene makato yoo acel romo time cawa moo keken. Kwayi yoo me kubu lok en tye iye:**

**Spoken or Verbal Communication:** This refers to all messages that clients send through spoken or written words. It may take place face-to-face, via telephone, radio or television and other media.

**Kubu lok ki dog:** Eni kwako ngec weng ma dano ma ki nywako ki tam cwalo iyoo me waco ki dog onyo acoya. Romo time wang ki wang, ki icim, radio onyo television ki bene yoo mukene

**Non-Verbal Communication:** This refers to body language, gestures, how we dress or act. These can indicate the way one feels or what they are thinking without spoken or written words.

**Kubu lok labongo waco ne ki lok dog:** Eni kwako lok ki but komi, lanyut ki but komi, kit ma waruke kwede onyo timme kwede. Egini nyutu yoo kit ma ngato mo winyo kwede onyo ngo ma gitye ka tamo ne labongo lok onyo ki coc.

**Written Communication:** letters, books, communicate messages.

**Kubu lok ki icoc:** waraga, buk, kubu lok acoya

**Visualizations:** graphs and charts, and maps can communicate messages.

Anena: Agoya ma nongo orye calo tal ma pe rom ki bene lawala ma nongo ki poko iye ma papat, cal agoya ma nyutu kbedo moni romo tito lok
Session 4.4: WHAT ARE THE GOOD COMMUNICATION SKILLS IN COUNSELING?

KWAYI DIIRO ME KUBU LOK MABER IKIT ME NYWAKO TAM EN AYE MENE?

Active listening

*Winy ma kwiiny*
A counselor should always practice active listening. It involves giving full attention to a group member as they share their story. The goal of active listening is to understand the feelings and views of the person sharing their problem. When listening to another person actively, good eye contact is necessary to convey that you are giving them full attention.

*Lanywak tam omyero obedi ka pwonye me winyo ma kwiiny. Kwako miyo tam ma mege bot ngat me idul nongo gi tye ka nywako ododo ma megi. Miti me winyo lok ki kwiny tye me niang cwingy dano ki bene tam pa dano ma tye ka nywako peko gi. Ka itye ka winyi dano mo ki kwiiny, neno wang pire tek me miyo ni itye ka miyo tammi weng.*

During active listening the following communication skills should be used.

1. **Paraphrase**
   *Nywoyo ne iyo mukene ma tyen loke nongo rom*
   To paraphrase is to restate the same information the client has said in different words. This conveys to the person sharing their story that the counselor is listening and has understood their problem.

   *Me nywoyo iyo mukene ma tyen loke nongo rom en aye waco lok acel ma dano ma ki nywako tam owaco ki kwayi lok ma pat. Man cwal gi dano ma tye ka nywako ododo gi ni lanywak tam tye ka winyo ki bene oniang peko gi.*

2. **Summarize**
   *Jwiko lok*
   Summarizing means that the counselor puts the entire story of the client into fewer words while highlighting the major points of the story. This conveys to the person who has shared their story that the counselor has understood the major issues in the entire story.
Jwiko lok gonye ni lanywak tam keto lwak lok ododo pa dano ma ki nywako kwede tam I nyig lok manok kun nongo cimo lok ma pire tek ilwak lok ododo. Man nyutu bot danno ma onywako lwak loki ni lanywak tam oniang lok ma pire tek ilwak lok ododoni.

For example, a group member may share with group members that “She has recently been feeling depressed because her husband comes home drunk and beats her up. The group facilitator might say: 'So, the harsh behavior of your husband has made life hard for you and now it’s affecting how you feel about everything.'

Pi labol, dano ma idul romo nywako ki jo mukene idul ni “ ikare ma cok coki ebedo ki tuu cwiny pien cware dwogo gang manongo omer ki bene goyo en. Ladoo dul romo waco ni: manyuti, rac kit pa cwari oweko kwoo ni tek ma obalo cwinyi i jami weng

3. Clarify
   Tito me niang

When a counselor asks for clarification, they are asking a client to explain an element of the discussion that was vague. Examples of clarifying questions include: I am not sure I quite understand; or do you mean that...? These questions give the client a chance to elaborate and allow the counselor the opportunity to check the accuracy of the client’s statements.

Ka lanywak tam penyo pi nyang, gin penyo dano ma ki tye ka nywako kwede tam but nyig lok mogo ma pe tye atir. Labol me lapeny me niang kwako: pe angeyo ada ka aniang; onyo imito waco ni...?. Lapeny magi miyo dano ma kitö ka nywako kwede tam gum me gonyo ki bene miyo kare ki lanywak tam me roto ada pa lok pa dano ma ki tye ka nywako kwede tam.

4. Reflect
   Nwoyo

This is the process of restating what has just been said, so that the client understands that you have clearly heard what they have disclosed. It is confirmation that a counselor acknowledges and values what has been said. Reflecting also helps a client feel that he or she is understood and that you have paid attention to what he or she has said.

Man aye yoo me nwoyo waco ngo ma tito, wek dano ma ki tye ka nywako kwede tam oniang ni iniang ngo ma ki waci. Tye moko ni lanywak tam ye ki bene neno ni pire tek ngo ma ki waco. Nwoyo bene konyo dano ma ki tye ka nywako kwede tam me niyang ki bene ni iketo tami ikom ngo ma ki waco.
Session 4.5: WHAT IS THE IMPACT OF THE GROUP FACILITATOR’S ATTITUDES AND VALUES ON THE COUNSELING PROCESS?
NGO MA OBEDO ADUGI PA MITI PA LANYWAK TAM KI BENE KIT MA ITERO KWEDÉ JAMI I NYWAKO TAM?

Group facilitator’s attitudes and values can affect the effectiveness of the counseling process. Therefore, it is important to know how they affect the process.

*Miti ki bene ki ma lado dano idul tero kwede jami romo balo yoo me nywako tam.*

*Pi meno, pire tek me ngeyo kit ma balo nyo yubu kwede yoo me nywako tam.*

What is attitude?

Tam ikom lok moni obedo ngo?

Attitude can be defined as a tendency to respond positively or negatively towards a certain idea, person, or situation. Attitude influences an individual's choice of action and response to what is happening around them.

*Tam ikom lok moni gonye ni tuke me cwiny me miyo lagam ma opore onyo ma pe opore l kom tam moni, dano, onyo tekare. Miti tugu kit ma dano moko kwede tam ma lube kit ice onyo dok l kom ngo ma tye ka time ka nget gi.*

Counselors should have positive attitudes in order to create trust among group members. These include:

*Lunywak tam omyero obedi ki cwiny maber weki oged gen ki bot dano ma idul.*

*Magi kwako:*

- Being honest and kind

*Bedi ki ada ki bene cwiny me kony*

- Show Empathy

*Nyutu kica*
• Respect

Bedo ki woro

• Pointing out client weaknesses in a caring way

Cimo goro pa dano ma tye ka nywako kede tam iyoo me konyo gi

What are values?
Cik obedo ngo?

Values refer to the ways of thinking about how things must be like, or how people should behave, especially in terms of qualities such as honesty, integrity and openness. The counselor’s values have a great impact on the group counseling process and its effectiveness. Therefore, the counselor needs to be aware of the following points every moment of the counseling process:

Cik gonye ni yoo me tam kit ma jami myero obed kwede, onyo kit ma dano omyero okwo kwede, tutwale malube ki kiti calo ada ki lok kama leng. Miti pi Lanywak tam tye ki adugi ne inywako tam idul ki bene ber ne. Pi meno, lanywak tam myero obed ki ngec I kom nyig lok magi I kare weng me nywako tam.

• A counselor should know his/ her values and how they influence what he/she thinks says and does in the group and avoid imposing them on the group members.

Lanywak tam omyero onge mitine ki bene kita loko kede ngo ma en loko ki bene timme idul ki bene gwoke ki diyone bot dano me idul.

• The counselor should guide group members in examining choices that are in keeping with their values, and NOT with the counselor’s values.

Lanywak tam omyero otir dano ma idul I ngiyo tam ma imoko manongo lubu cik gi, ki bene pe ki cik pa lanywak tam.

• The counselor should help group members in clarifying their own values and goals, making informed choices, and assuming responsibility for what they do.

Lanywak tam omyero okony dano ma idul kun tito maleng miti gi ki neno, moko tam I niang, ki cung igin ma itimo.
MODULE 5: ESSENTIAL COPING STRATEGIES TO OVERCOME DEPRESSION

WI LOK ME ABIC: YOO MA PIRE TEK ME COBO KWED PEKO ME CWE CWINY KI TAM MATUT

Learning Objectives:
Telok me pwonyi:

By the end of this Module, lay health workers will be able to:

* Define coping
  * Gonyo tyen lok kit me cobo peko onyo kwo ite kare matek
* Describe positive coping strategies
  * Tito kore ki kore yoo ma atii me cobo peko onyo kwo ite kare matek
* Describe negative coping strategies
  * Tito kore ki kore yoo ma pe tye atii me cobo peko onyo ite kare matek
* Demonstrate positive realistic thinking
  * Nyutu yoo ma atii kit ma myero ki tam kwede
* Demonstrate Coping strategies for excessive worry thinking
  * Nyutu yoo me cobo peko onyo kwo ite kare matek pi tam ma nongo dwong tutwal

Definition of Coping

Gonyo tyen lok me cobo peko onyo kwo ite kare matek

Coping refers to those actions that people use to help them deal with stressful situations. These actions can have either a positive or negative effect.

*Cobo peko onyo kwo ite kare matek obedo jami mogo ma kitimo ma dano tiyo kwede me konyo gin me cobo tekare ma nongo jami tek. Jami egini romo bedo ki adugi maber onyo marac*
Session 5.1: Definition of positive coping strategies

Gonyo yoo ango ma atii me cobo peko

Positive coping strategies are those actions that have a positive effect on our feelings, thoughts and behavior. These include the following:

Cobo peko iyoo ma atii obedo jami mogo ma tye ki adugi maber ikom kit ma wa winyo kwede, tam wa ki bene kit dano. Egin yee ma olube piny:

1) Actions that can help you reduce the amount of time spent thinking about the difficult situation. For example someone may do some of the following activities:

   Jami ma ki timo ma romo konyo me dwoko cawa ma ki tiyo kwede me tamo pi tekare ma tek. Labole calo, ngatu mo romo timo jami mogo ma olube piny:
   
   - Playing a music instrument, or participate in singing or dancing.

   Goono gin me wer, onyo bedo iwer onyo myel.
   
   - Gardening; tending to flowers or fruit trees, etc.

   Pur; yubu te atura ni onyo yat mogo ma nyige tye, ki mukene mapol
   
   - Taking a walk, or a bike, or doing physical exercises like jogging

Wot, onyo nyono lela, onyo timo tic kom mogo calo ngwec

2) Sharing your stressful situations with people close to you who you trust. Getting the support of friends or family when we have problems can make one get ideas of how to deal with a difficult situation. Various ways in which we can get the support of friends or family is by:

   Leyo jami mogo ma iwoto iye ite kare matek ki dano ma cok kwedi ma igeno bene. Nongo kony pa luremi onyo lugangi nongo watye ki peko romo weko ngato mo nongo yoo me cobo peko ikare matek. Yoo madwong ma waromo nongo kony ma aa kibot lurem onyo lugang romo bedo ki;
• Write and send a message to someone you care about
  *Coc ki cwalo coc macek bot ngat ma iparo pire*

• Spend time with friends and/or family
  *Nongo cawa me bedo ki lurem onyo lugang*

• Care for or play with children
  *Gwoko onyo tuku ki lutino*

3) **Learning to** act calmly in the face of stressful situations. This helps to send signals to our brain that everything is okay. Relaxing actions include:

  *Pwonyo kit me bedo mot nongo itye ikare ma tek. Eni konyo me cwalo lanyut I adam wa ni jami weng tye maber. Jami ma itimo me bedo agonya tye:*

• Calmly breathing in and out until one feels relaxed or calm.
  *Yweyo mot naka ngato mo owinyo agonya*

• Engaging in routine physical exercises or sports
  *Bedo katimo jami calo ngwec ki gweyo odilo gi teretere*

• Crying when you feel the need/ urge to cry
  *Koko ka iwinyo ni myero ikoki*

4) **Spiritual** actions that increase hope and make us feel worthwhile, connected and at peace; they improve our wellbeing and lead to positive attitudes and actions. Examples include:

  *Jami ma kwako dini ma medo gen ki weko wa wawinyo ni pi wa tek, ma kubu wa bene weko wa bedo ma wii wa opye; gi yubu bedo wa maber ki kelo nyutu kit ki tic ma atii. Labole tye;*

• Enjoy nature by taking a walk or watching nature.
  *Bedo ki mar ikom jami ma orumu wa ma nongo ikwanyo wot onyo ineno jami ma orumu wa*

• Get involved in a worthy cause, e.g. a community activity or advocacy for justice of the disadvantaged.

  *Bedo iyub ma nongo pire tek labole calo tic ikin gang onyo miyo cwak ikom ngolo kob ma opore bot dano ma pe ki kero*
5) Learning to accept what you can or cannot do and communicate this to your boss, supervisor or spouse. This action will protect oneself against overwhelming stress created by taking on too many tasks which cannot be completed. Using this strategy, one can:

*Pwonyo kit me yer ikom jami iromo timo ne onyo pe iromo timo ne ki waco ne bot ladit tici, onyo lu oti. Gin ma itimoni obi gwoko ngati ki ipar ma nongo aa ki itimo jami mapol ma pe romo tyeke. Tic ki yoo ni, ngato mo romo:*

- Drop some involvement in activities that seem to be stressing her/him. *Weko bedo itic mogo ma nyayo par bote*
- Prioritize important tasks *Lubu yoo me keto tic irwom ma pire tek*
- Say no to those tasks which you know that you cannot complete *Kwero timo tic ma ngeyo nip e romo tyeke ne*

6) Using our mind and thoughts to influence the way we feels or behave can help us deal with difficult situations. For example:

*Tic ki tam wa me cimo yoo ma wa winyo kwede onyo timo jami kwede romo konyo wa me cobo peko ikare matek. Labole calo:*

- Make a list of things for which you feel grateful about yourself and the world in general. *Coyo piny jami ma iwinyo ni ipwoyo kekeni ki bene wii lobo weng pwoyo*
- Lower your expectations of the situation; be more realistic *Dwok rwomi ikom jami ma igeno ni ibi nongo ikare enoni; myero inen ni gine romo time*
- Accept difficult situations with a positive attitude. Look for something positive out of every difficult situation you face. *Bed ki yer ikom jami ma tek ki tam ma opore. Yeny jami mabeco ikom jami weng matego ma iwate kwede*
Learn helpful ways of thinking. Thinking in positive way can help us come up with ideas to deal with difficult situations. However, negative thinking leads one to believe that they cannot come out of their difficult situation and this causes them to feel sadder.

**Pwony yoo maber me tam. Tam iyoo ma opore romo konyo wa ki bedo ki tam me cobo peko ite kare ma tek. Ento, tam ma pe opore romo weko ngato mo yer nip e gi romo aa ki ite kare matek ki eni weko par gi mede**

We need to learn how to identify negative thinking and turn it into positive thinking. 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.”**

*Myero wa pwony kit me ngeeno tam maraco ki loko ne wek obed tam mabeco. Wek kong wa nen laboli: Lacoo/dako matye ki kwidi two jonyo waconi; “Pe aromo gino mo kumbedi. Atye lagoro, konye pe. Gino mo ma atimo pire pe tek. Abi too bene”.*

How to identify depressive thoughts: Let us identify the different negative thoughts in this statement:

**Kit me neno tam ma kelo cwe cwiny ki tam matut: Wek wanen tam maraca mapapat icoci:**

- **All or nothing thinking**
  - You see the world in extremes eg. entirely healthy or totally ill.
  - Gradual improvement is not enough

- **Pe aromo timo gino**
  - *Ineno calo jami wii lobo tye matek labole calo; kom gi weng yot onyo kom gi lit marac.*
  - Alokaloka matime mot pe romo
<table>
<thead>
<tr>
<th>Negative Thought</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Labeling</strong></td>
<td>Labeling involves talking to yourself harshly and calling yourself insulting names</td>
</tr>
<tr>
<td><strong>Miino nying</strong></td>
<td>Miino nying bedo ki lok kekeni mager ki lwonge ki nying me yet</td>
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</tbody>
</table>

Let us identify the different negative thoughts in this statement:

*Wek kong wanen tam maraca mapapat icoci:*

- **There is really no point. Nothing I do seems worthwhile**

- **Over generalizing**
  You may think that if you fail the first time, you'll fail every time.

- **Tyen lok mo pe adadaini. Pe tye gin mo ma atimo ma pire tek**

- **Dolo pol jami. I romo tamo ni ka ongayi tyen ma acel, obingayi kare weng**

- **I am going to die anyway.”**

- **Fortune-telling**
  You feel as though you know what the future will bring, and it’s negative

- **Abi too woko**

- **Waco byek ma I anyim**
  *I winyo calo I ngeyo ngo ma anyim obikelo, ki bene race*
Depressive Thinking can affect the way you feel, your physical state and actions as illustrated below:

Tam me cwe cwiny ki tam matut romo balo kit ma l winyo kwede, kit ma komi nen kwede ki bene tic kit ma kinyutu kwede piny

- Our minds generate depressive thinking in stressful situations.
- *Tam wa kelo tam me cwe cwiny ki tam matut ite kare matek.*
- Take the following steps to manage depressive thoughts during stressful situations:
  - *Lub yo magi me loyo tam me cwe cwiny ki tam matut itekare matek:*

**Step1:** Remind oneself that they are caused by the difficult situation you are going through.

*Yoo me acel: Poo wii keni ni tekare ma tek ma itye ka kato iye en aye kelo.*
Step 2: Replacing depressive thoughts with realistic thoughts by asking oneself some reality questions

*Yoo me aryo: Loko tam me cwe cwiny ki tam matut ki tam ma atii nia ki l penye keni lapeny ma atii*
- Can I get more evidence by asking someone else about this situation?
- *Aromo nongo lanyut nia ki penyo dano mukene malube ki tekare eni?*
- What is a more encouraging and useful way of thinking?
- *Yoo ango matugu cwiny daki bene ber ikit me tam?*

Step 3: Repeat this realistic thinking over and over until it becomes automatic.

*Yoo me adek: Nwo tam eni ma atii ni teretere wang manongo dong nwone kene.*

Step 4: Talk back to depressive thinking. For example if a thought comes: I am a cripple. Talk back I am not a cripple.

*Yoo me angwen: Kwer tam moni me cwe cwiny ki tam matuti. Labole ka tam moni obino: a tye lagoro. Kweo ni an pe lagoro.*

Session 5.2: LEARNING WAYS TO AVOID EXCESSIVE WORRIES

**PWONYO YOO ME WEYO TAM MATUT**

Having a chronic disease like HIV/AIDS leads to various problems that may cause you to worry. You may worry whether:

*Bedo ki two ma pe cang calo kwidi two jonyo kelo kwayi peko ma romo weko ibedo ki tam matut. Iromo tam matut ka:*
- The condition will become worse,
- *Goro obi mede marac*
  - You will be able to keep working
- *Ibi bedo kikero me mede ki tic*
  - You will be able to look after your family
- *Ibi bedo ki kero me gwoko lugang ma meg*
  - The pain or discomfort will intensify.
- *Arem onyo pe bedo agonya mede*
When worry becomes too much, it will cause more harm than good

*Ka tam matut odoko tek, obikelo awano madwong ma loyo aduki maber*

Let me explain more using this diagram

*Wek agony matut kun nongo a tiyo ki gin agoyani*

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

*(Peny ngati mo me jale me goyo bok kit ma ki nyutu igin agoya ikom karatac manongo itye ka tiro ne)*
Take the following steps to manage excessive worries when we are going through tough situations.

Kwany yo magi me loyo lworo madwong ka watye ka wot ite kare matek

Step 1: Identify your worries

Yoo 1: Ngee lworo ni

If you think too much about a problem, to the point that it interferes with other activities such as spending time with family or friends, or concentrating on your work then you have excessive worries

Ka itamo madwong ikom peko, wa irwom ma nongo nyweno tic mogo ma calo bedo ki kare ki lugangi onyo lurem, onyo keto cwinyi ikom tici nongo dong itye ki lworo madwong

If you imagine the worst possible outcome of the problems you have ignoring any possible positive outcomes, then you have excessive worries

Ka ineno aduki marac me peko ni, ite ka cayo kit aduki mo maber, nongo itye ki lworo madwong

Step 2: Challenge your Worry Thoughts

Yoo 2: Tugu tami me lworo

Ask yourself: Can I get more evidence by asking someone about this situation? It’s often helpful to get another person’s opinion about the situation.

Penye keni: a romo nongo lanyut mogo ki ipenyoo dano mukene ilok kom te kare eni? Pol kare pire tek me nongo ngec pa dano mukene malube kit e kareni.

- For example: you may be worrying constantly that your health will keep getting worse. If you find yourself in this situation, talk to your health worker

  Your health worker will inform you that most people with your health condition are able to stabilize their symptoms.

  This re-assurance will reduce your worries.

Labole: iromo bedo ka tam tere tere ni yot komi obi bedo ka bale. Ka inongo ni itye itekare eni, lok bot dactar ni. Dactar ni obi nyangi ni pol dano ma gin tye ki
goro calo megi ni gin romo weko lanyut me goroni pe cwalø gi marac. Waco lok eni dwoko ping lworo ni.

Step 3: Practice Calming and Realistic Thinking

Yoo 3: Bed ka nwoyo kwayo ki bene tam ma atii

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.

Kwer tam me lworo. Pe iye tam me lworo mateki me bedo tye labongo lok ikom tami. Pol kare ka ikwero, iweko tam me lworoni doko goro ki bene tam ma atii nongo kero.

For example: You may think: My illness is more serious than my doctors realize. I am going to die.

Labole: Iromo tamo ni: Two na tye ma tek ma daktar pe romo niang. Abi too woko.

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.

Tam ma atii: tye gum ma dwong ni two na pe tek, I ada, abinongo alokaloka ma ber. Nwo tam eni tere tere.
Session 5.3: NEGATIVE COPING STRATEGIES

KIT ME COBO ONYO KWOWE ITE KARE MATEK IYO MA PE OPORE

Negative coping strategies are those actions that have a negative effect on our feelings, thoughts and behavior. Such strategies do more harm than good in most cases and can make life more stressful. They may include the following:

- **abusing drugs or alcohol**
- **Tic ki yadi/jayi iyo ma pe opore onyo mato kongo iyoo ma pe opore**
- Wasting time on unimportant tasks, e.g. spending too many resources at one time by gambling.
- **Balo cawa ikom tic ma pire pe tek, labole, keto jam i ni madwong ite kare acel ikit me tuku luguma**
- Blaming oneself for the difficult situation in which you find yourself
- **Ngolo kop I kome pi te kare matek ma nongo ni itye iye**
- Isolating/withdrawing from social interactions with others
- **Kwo keni keni/ aa ki ikwo alwak ki dano mukene**
- Gossiping; criticizing, manipulating and lying to others;
- **Anii; lok ma rac, loko lok ki gopa bot dano mukene**
- Refusing help from others;
- **kwero kony ki bot dano mukene**
- Provoking violence from others
- **Tugu woo ki bot dano mukene**
- Denying the obvious problem;
- **Kwero peko ma tye ada**
- Throwing things at people; hitting people; yelling at others; destroying property; speeding or driving recklessly; suicide attempt and or completion; self harm, e.g. self-mutilation.
- Bolo jami ikom dano; cello dano; dange bot dano mukene; balo jami; ngwec madwi onyo dwoyo mutoka iyo ma rac; temo kwanyo kwo kenikeniki onyo kwanyo kwo ni; wano komi, labole ngolo komi.


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<tr>
<th>Time</th>
<th>Training Activity</th>
<th>Responsible Person</th>
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<tr>
<td>8:30-9:00 am</td>
<td>Registration</td>
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<td><strong>Module 6: Problem solving strategies and coping with stigma</strong></td>
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<tr>
<td>9:00-9:10 am</td>
<td>What is problem solving?</td>
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<td>9:10-9:30 am</td>
<td>Steps in effective problem solving</td>
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<td>9:30-10:00 am</td>
<td>Understanding stigma</td>
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<td>10:00-10:10 am</td>
<td>Harmful effects of stigma</td>
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<td>10:10-10:30 am</td>
<td>How to Cope with Stigma</td>
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<td>Lunch break</td>
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<td>4:30-5:30 pm</td>
<td>Practicum on problem solving &amp; coping with stigma</td>
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MODULE 6: PROBLEM SOLVING AND COPING WITH STIGMA

LI LOK ME ABICEL: KIT ME COBO PEKO KI KWO KI CIMO TOK

Learning objectives

Te lok me pwonyi

By the end of the module, participants will be able to:

Inge dul pwonyi, lukwan bi bedo ki kero me:

- Describe the steps in effective problem solving
- Tito kore ki kore yoo ma atii kit me cobo peko
- Explain Stigma and discrimination
- Tito kore ki kore lok ikom cimo tok ki tero dano iyoo mapapat
- Describe the harmful effects of stigma
- Tito kore ki kore adwogi marac me cimo tok
- Describe the steps to cope with the stigma
- Tito kore ki kore yoo me kwo ki cimo tok

Session 6.1: What is a problem?

Peko obedo ngo?

A Problem is an undesirable situation that needs to be changed otherwise it affects our daily work and relationships with people in our homes or community.

Peko obedo tekare ma pe opore ma mito alokaloka pien ki koo romo yelo tic wa ma jwi ki wat ikin dano ma igangi wa onyo ikin gang.

What is problem solving?

Cobo peko obedo ngo?

Problem Solving is the process of working through the details of a problem in order to find a solution.

Cobo peko obedo yoo me tic ki kit ma peko enoni tye kwede me weko ki nong yoo me cobo ne
How do you solve a problem?

Icobo peko nining?

In order to solve a problem, you need to have some special skills which we are going to learn today.

Wek icob peko moni, myero ibed ki diro moni ma wa bi niang iye tin.

1. Separate small and manageable aspects of the problem. When a problem is seen as manageable, there are high chances that you can solve it.

Pok kin jami ma nonge ipeko ma tino ki ma twero cobe. Ka peko moni nen calo romo cobe, bik me cobo ne tye lamal

2. Try to establish and obtain relevant facts to the problem.

Tem nongo lok mapire tek ikom pekoni

3. Be realistic and take on a way of thinking that you can solve problem; this increases the chances that you will come up with a solution to it.

Kwany yoo me tam ma ineno ni romo cobo peko moni; eni medo bik ni ibinongo yoo me cobo ne.

4. Identify the part of the problem which you have control over

Nen jami kom pekoni ma itye ki loc ikome

5. Take time to learn from others’ styles of problem solving so that you can learn from experiences of others.

Kwany kare me pwonyo kit ma dano mukene cobo kwede peko wek iniang yoo kit ma dano mukene owoto iye.
Session 6.2: Steps in Effective Problem Solving

**Rwom mapatpat kit me cobo peko iyo ma opore**

**Step 1. Define the exact problem**

*Gin aluba ma acel: Tit kom pekoni kikome*

Sometimes the exact problem is not obvious. You may need to gather some facts before you arrive to the real problem.

*Cawa mogo kom pekoni kikome pe romo ngeene kene. Myero ikwedi manongo pwod pe ioo ikom pekoni kikome*

**Step 2. Assess the nature of the problem (gather facts, feelings and opinions)**

*Gin aluba me aryo: Niang kit ma pekoni bedo kwede (kwed ikom lok kikome, kit ma kiwinyo kwede ki tam pa dano)*

What happened? Where, when and how did it occur? What caused the problem? What are its size, scope, and severity? Who and what is affected?

*Ngo ma otime? Kwene, awene ki otime nining? Ngo ma okelo pekoni? Dite, nyaane, ki race rom mene?*

**Step 3. Identify (or develop) alternative solutions**

*Gin aluba me adek: Nen (onyo iyub) kit me cobone iyoo mapat*

Generate as many ideas as possible.

*Yub tam madwong kit mo keken*

Do not eliminate any possible solutions until several have been discussed.

*Pe ikwer yoo mo me cobo ne wanga ki nywako lok ipole weng*

**Step 4. Evaluate alternatives and select the best option**

*Gin aluba me angwen: Niang yoo mukene ma patpat ki iye maber loyo*

Which will provide the best possible solution?

*Mene ma obi miyo kit me cobone maber loyo?*
What are the risks? Will the solution create new problems?

Adugi maraca obedo ngo? Yoo me cobo ne romo cako peko ma nyen?

Step 5. Put the best option into action:

Gin aluba me abic: Tii ki yoo maber loyo

The action plan must specify who will execute the plan, which other people maybe involved, the exact activities to be carried out, what to do if activities are not successful.

Yoo me aluba me tici myero otit nga kikome ma myero otim tici, dano mukene ma obi bedo katimo ne, kom tic ma ki bitimo, ngo ma myero kitim ka tici pe otime maber

Step 6. Evaluate the outcomes/results of the solution.

Gin aluba me abicel: Niang ikom adwogi pa jami ma cobo peki ni

- Assess whether the results of your actions is what you expected.
- Niang ka adwogi me gin ma itimo obedo gin ma nongo igeno ni obitime
- Make revisions if necessary.
- Nen koo tici ka twere

Session 6.3: UNDERSTANDING STIGMA

NIANG IKOM CIMO TOK

All people experience some stigma at one point in life. So it is necessary that we briefly discuss personal experiences of stigma. The trainer should ask participants to share their own experiences of stigma with the workshop participants. It is helpful if the trainer begins the discussion with a non-threatening example of how they have experienced stigma themselves.

Dano weng woto ipeko me cimo tok ikare mo me kwo gi. Pire tek ni wa nywak tam ikom jami ma wawoto iye madok ikom cimo tok. Lapwony myero openy lukwan ni gi nywak inkin gi yoo ma gi owoto iye ikom cimo tok. Pire tek ka lapwony ocako nywako tam ki labol ma pe kelo Iworo ikom kit ma gi owoto kwede ipeko me cimo tok
Activity: Ask participants to share any experience of stigma which they have experienced in their lives. Talking about these, and other, examples is a comfortable way for many patients to begin relating the discussion of stigma to their own personal lives.

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.

WHAT IS STIGMA?

WHAT IS STIGMA?

Stigma may be defined as negative attitudes and beliefs toward people who have a distinguishing characteristic that's thought to be, a disadvantage e.g having HIV/AIDS or having a mental illness or other social disadvantage

What causes stigma?

Ngo ma kel cimo tok?

Stigma exists because of the misperceptions people have about certain conditions such as HIV/AIDS and depression or other mental health problems.
Common myths about mental illness and HIV/AIDS include:

Kit mapol kare dano tamo kwede ikom two me wic ki kwidi two jonyo onyo cilim tye iye:

- The belief that individuals with depression are seeking attention and are unwilling to take responsibility for their behavior.
- *Kit ma dano tamo kwede ni dano ki peko me cwe cwiny ki tam matut tye ka yenylo kica pa dano ki pe gi mito keme ki kit gi*
  - The belief that individuals who hear voices and talk to themselves are always violent people.
- *Kit ma dano tamo kwede ni dano ma gi winyo dwon mogo ki gi loko kekengi gi ger cawa weng*
  - The belief that individuals who have major depression are really just lazy.
- *Kit ma dano tamo kwede ni dano matye ki peko me cwe cwiny ki tam matut madwong kom gi wac*
  - The belief that having HIV/AIDS is a death sentence.
- *Kit ma dano tamo kwede ni bedo ki kwidi two jonyo tye ngolo kob me too*
  - HIV/AIDS can be transmitted through shaking hands.
- *Kwidi two jonyo romo kobo ka moto cing*

WHY IS IT IMPORTANT TO TALK ABOUT STIGMA?
PINGO PIRE TEK ME LOK PI CIMO TOK?

Stigma has negative effects on the victims including the following among others:

*Cimo tok tye ki adugi marac ikom dano pa pekoni omako iye tye lok ma olube ikin mukene:

- Reluctance to seek help or treatment
- *Bedo labongo miti me nongo kony onyo yat*
- Lack of understanding by family, friends, co-workers or others you know
- *Bedo labongo niang pa lugang, lurem, dano ma itiyo kwedgi onyo mukene ma ingeyo gi*
- Fewer opportunities for work, school or social activities or trouble finding housing
- *Bedo ki gum manok me nongo tic, kwan onyo tic ma ki ribbe kidano onyo*
  *bedo ki peko me nongo ka bedo*
- Discrimination, bullying, physical violence or harassment
- *Apokapoka ikin dano, bura, lweny onyo gero*
- Health insurance that doesn’t adequately cover your mental illness treatment
- *Kalulu me yot kom ma pe tye iye miyo kony me cobo peko me two wic*
- The belief that you'll never be able to succeed at certain challenges or that you can't improve your situation
- *Kit ma dano tamo kwede ni pe ibi romo loyo peki mogo onyo ni pe iromo yubu nyo ma itye iye*

Session 6.4: ESSENTIAL COPING STRATEGIES FOR STIGMA

YOO MA PIRE TEK ME IKIT ME COBO KWEDE CIMO TOK

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

*Kumbedi ma dong wa ngeyo kit ma cimo tok rac kwede, wabi loko ikom yoo mapatpat ikit me cobo kwede cimo tok*

- **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's wrong and reducing symptoms that interfere with your work and personal life.
- **Nong kony me yat:** *Iromo bedo labongo miti me yer ni imito kony me yat. Pe iwek lworo me cimo in ki two wic ojuki me nongo kony*
• **Seeking psychological counseling**, educating yourself about your condition and connecting with others with mental illness can help you gain self-esteem and overcome destructive self-judgment.

• **Nongo kony me jingo cwiny, pwonyo komi ikom jami iwoto iye ki kubu ne ki dano mukene matye ki two wic romo konyi me bedo ki gen ikumi ki loyo ngolo kop ikomi ma pe kony.**

• **Building your Social Shield**: Surround yourself with people who accept you the way you are. Your family, friends, clergy or members of your community can offer you support if they know about your mental illness. Reach out to people you trust for the compassion, support and understanding you need.

• **Yubu yoo ma gwoko ribbe ki dano**: Bed ikin dano ma yer in kit ma itye kwede. Lugangi, luremi, lutel lega onyo dano ma ikin gangi romo miini kony ki gi ngayo pi two me wii. Bed ki dano ma igeno me nongo mar, kony ki kica ma imito.

• **Learn and practice positive self-talk**: Talk back at negative views about oneself.

• **Pwony ki bene ibed ki kit me lok kekeni iyoo ma pore**: Kwer tam maraco madok ikomi

• **Join a support group**: Don't isolate yourself: Reach out to family and friends you trust for the compassion, support and understanding you need.

• **Dony idul ma konyi ki nywako tam**: Pe ibed keni. Bed ki lugangi ki luremi ma igeno me nongo mar, kony ki kica ma imito.

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activity</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-9:00 am</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Module 6: Poverty, depression and livelihood skills</strong></td>
<td></td>
</tr>
<tr>
<td>9:00-9:10 am</td>
<td>Poverty and depression</td>
<td></td>
</tr>
<tr>
<td>9:10-9:20 am</td>
<td>Understanding Livelihoods</td>
<td></td>
</tr>
<tr>
<td>9:20-10:00 am</td>
<td>How to select an Income Generating Activity</td>
<td></td>
</tr>
<tr>
<td>10:00-10:30 am</td>
<td>Marketing Process</td>
<td></td>
</tr>
<tr>
<td>10:30-11:00 am</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>11:00-11:30 am</td>
<td>Record keeping</td>
<td></td>
</tr>
<tr>
<td>11:30-12:00 pm</td>
<td>Strategies for mobilizing resources</td>
<td></td>
</tr>
<tr>
<td>12:00-12:10 pm</td>
<td>Field experiences on livelihood sessions</td>
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<tr>
<td>12:00-1:00 pm</td>
<td>Practicum on selecting an Income Generating Activity &amp; resource mobilization</td>
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<td>1:00-2:00 pm</td>
<td>Lunch break</td>
<td></td>
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<tr>
<td>2:00-3:00 pm</td>
<td>Practicum on creating a simple business plan</td>
<td></td>
</tr>
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<td>3:00-4:00 pm</td>
<td>Presentation of business plans</td>
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<tr>
<td>4:00-4:30 pm</td>
<td>Tea break</td>
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<tr>
<td>4:30-5:30 pm</td>
<td>Presentation of business plans</td>
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</tbody>
</table>
MODULE 7: INTRODUCTION TO BASIC LIVELIHOOD SKILLS

WI LOK ME ABIRO: ACAKI I IKOM DIRO MA PIRE TEK ME KWO

You are all welcome to this learning session on livelihoods. Through the steps in this session we will work to improve on your understanding of livelihoods.

*Wa joli I pwonye man me kwo ni. Nia ki ikope kore ki kore I pwonye ni wa bi tiyo me medo rwom me ngeci I kit me kwo.*

Session 7.1: What is the meaning of the word livelihood?

*Tyen lok me kwo ni gonye ningo?*

Livelihood refers to a set of activities that enable one to acquire basic necessities like food, water, shelter and clothing in life. Examples of livelihood activities include farming, fishing, driving, teaching, building, etc. Livelihood activities can also be referred to as income generating activities.

*Kwo gonye ni dul kwayi tic ma weko ongati moni nongo jami ma pire mite calo cam, pii, ot ki bene bongo aruka. Labol me tic ma konyo kwo kwako pur, yutu rec, dwoyo mutoka, pwony, cweyo ot, ki mukene. Tic ma konyo kwo romo daki bene gonye calo ni tic ma nyayo lim*

Session 7.2: HOW TO SELECT AN INCOME GENERATING ACTIVITY

*KIT ME YERO TIC MA NYAYO LIM*

Before selecting an income generating activity, one must consider what is referred to as “Demand and Supply”

*Ma pwodi peya I yero tic mo me nyayo lin, ngati moni omyero onen gin ma wa gonyo ni “miti me jamo ki bene kelo jamo bot dano ma mito gi”*

What is demand? Demand is the willingness of buyers to buy a commodity at a given price, place and time.

*Miti me jamo en aye ngo? Miti me jamo en aye bedo agonya pa luwil me wil go moni iwel moni, kbedo moni ki bene cawa moni.*
What is supply? Supply is the willingness of the seller to sell a commodity at a given price, place and time.

Kello jami bot dano ma mito gi en aye ngo? Kello jami bot dano ma mito gi en aye bedo agonya pa lacat me cato cat iwel moni, kbedo moni ki bene cawa moni

The Law of Demand and Supply

Cik me miti me jami ki bene kello jami bot dano ma mito gi

The law of demand and supply states that “the lower the supply, the higher the demand and the higher the supply, the lower the demand.”

It is important to note that the price of a commodity also influences that commodity’s demand and supply in the following ways.

Cik me miti me jami ki bene kello jami bot dano ma mito gi waconi “ ka rwom me kello jami bot dano ma mito gi tye ping, rwom me miti me jami yito malo

Pire tek me neno ni wel cat bene tugu cwiny I miti me jami ki bene kello jami bot dano ma mito gi iyo magi:

i. Price and demand: the higher the price, the lower the demand and lower the price, the higher the demand. Whereas,

Wel ki bene miti me jami: ka wel tye lamal, rwom me miti me jami doko nok ki bene ka wel tye lapiny, rwom me miti me jami doko lamal. Ento,

ii. Price and supply: the higher the price, the higher the supply and the lower the price, the lower the supply.

Wel ki bene kello jami bot dano ma mito gi: ka wel tye lamal, rwom me kello jami bot dano ma mito gi doko lamal ki bene ka wel tye lapiny, rwom me kello jami bot dano ma mito gi doko piny

Factors the Affect Demand and Supply

Jami ma loko miti me jami ki bene kello jami bot dano ma mito gi (dakika 30)

1. Factors that Affect Supply Include:

Jami ma loko kello jami bot dano ma mito gi tye iye:
- **Size of population**: the higher population the more products will be needed. All other things constant, demand is increased as population increases.

  *Wel dano: ka wel dano dwong miti me jami bene bedo pol. Pol jami mukene manongo pe oloke, miti me jami mede ka wel dano mede*

- **Taste and preferences of consumers**: tastes and preferences change with time and other factors.

  *Kit ma luwil maro kwede jami moni; Kit ma ki maro kwede gin moni loke ki kare ki bene jami mukene.*

- **Income and distribution of wealth of the buyers**: higher income results in more products being purchased.

  *Lim ki bene kit ma lonyo opoke kwede l cing luwil; ka lim pol kele wille pa jami acata*

- **Prices of all goods that are substitutes e.g. milk and eggs**: with a limited budget, when the price of a substitute item decreases, consumers will purchase more of the substitute.

  *Wel pa jami weng ma romo tic calo moni ma mite ni labole cak ki bene tong gweno; ki lim ma nok, ka wel pa gin moni ma romo tic ma roma roma ki matye ka miteni oloo ping, luwil gin obi wilol polle en matiyo ma roma roma ni.*

- **Price of goods that are complements, e.g. seeds and fertilizers**: when the price of a complement (items used together) decreases, more of the item will be purchased.

  *Wel jami ma gin woto kacel, labole kodi ki yate; ka wel gin ma woto kacel(jami ma kitiyo kwede kacel) oloo ping, pol pa jami enoni obi wile*
2. Factors that Affect Demand Include:

Jami ma loko mito gin moni tye iye:

- Technology; generally, technology decreases the cost of production, making it cheaper to produce more of the product, e.g. using tractors to produce maize.

  Cumma; pol kare, cumma dwoko ping wel me yubu gin moni, weko doko yot me yubu jami enoni madwong, labole tic ki tracta me puru anyogi.

- Cost of production; when prices of inputs, e.g. been seeds go high, the level of production of beans goes down and vice versa.

  Wel me yubu gin moni; ka wel ma itiyo kwede, labole kodi muranga omede, rwom puru muranga loo ping ki bene olung tuke.

- Price of other products; if a firm can produce a different product that has a higher price, it may produce more of that product than a product with a lower price on the market.

  Wel jami mukene; ki dul moni romo kelo bot dano gin mukene ma tye ki wel ma lamal, en romo kelo bot dano jami enoni madwong maloyo jami ma tye ki wel ma opoto icuk

- Seasonality of production; different products are more during certain seasons and less at other times, mangoes are more at harvest time in December – January and less at off-harvest time in March -April.

  Jami ma bedo pol ikare moni keken; jami ma patpat bedo dwong ikare moni ki bene nok ikare mukene, muyeme bedo dwong ikare ne calo idwe me apar wiye ariyo me oo idwe me acel ki bene nok ikare mukene calo idwe me adek me oo idwe me angwen.

OTHER FACTORS TO CONSIDER WHEN SELECTING AN INCOME GENERATING ACTIVITY

JAMI MUKENE MA MITE NI IKETI KA IYERO TIC ME NYAYO LIM

I. Availability of Inputs (factors of production); the things you use produce a product, e.g.
Tye pa jami tic(jami ma itiyo kwede) jami ma itiyo kwede ma yubu jami acata ni, labole

- **Land**: includes everything in nature used in production like soil, minerals, etc.
  
  *Ngom: kwako jami ducu ma tye pire kene ma kitiyo kwede I yubu gin moni calo kweyo ngom, moc cam, ki mukene.*

- **Capital**: includes things used in production that are man-made like cash, equipment, buildings, fertilizers, seeds, pesticides, etc.
  
  *Lim Lacak: kwako jami ma kitiyo kwede I yubu gin moni ma dano en aye weko bedo tye calo lim, jami tic, ot, yat akiira ma yubu ngom, kodi, yat ma neko kwidi, ki mukene*

- **Labour**: is the physical energy supplied by humans in the form of workers.
  
  *Lutic cing: en aye kero cing ma dano aye miiyo ma calo lutic.*

- **Management**: is the decision making function of the business like, directors, managers, etc.
  
  *Luloc: en aye dog tic me moko tam pa biacara calo ludito tic, ludoo tic, ki mukene*

II. **Cost of production**: it is the money spent on inputs. Very high cost of production hinders investment in some enterprises.

  *Wel me yubu gin moni; en aye lim ma ibalo I jami tic. Wel ma lamal gengo lunyaa lonyo I donyo ikit me nyayo lonyo mogo.*

III. **Cultural and religious beliefs**: for instance Muslims and Seventh Day Adventists do not rear pigs.

  *Tekwaro ki bene cwiny me dini; pi labole Cilam ki bene dini ma lego I ceng abicel pe gin gwoko opegoo*

IV. **Availability of market**: it is any place where sellers and buyers meet to sell and buy goods.
Tye ma cuk; tye ka mo keken ma icat ki bene luwil rwate me cato ki bene wilom jami

V. **Market price**: it is the amount of money at which sellers are willing to sell and buyers are willing to buy a product. Choose enterprises with a favourable market price.

*Wel jami icuk; en aye wel lim ma lucat tye agonya me cato ki bene luwil tye agonya me wilom gin moni. Yer kit me nyayo lonyo lom tye ki wel cat ma opore.*

VI. **Profitability**: it is the probability of the enterprise to yield high profits rather than losses.

*Nyete pa wii lim cat; en aye gum pa yo me nyayo lonyo me kelom nyete pa wii lim cat madwong ma akaka rwenyo ne.*

Session 7.3: **THE MARKETING PROCESS**

KIT YOO ME BITO DANO ICAT KI WIL

The marketing process involves the following main activities:

*Kit yo me bito dano icat ki wil kwako kwayi wi tic magi;*

1. **Value addition**: involves processing commodities into more usable forms, e.g. maize grain into maize flour. Value added commodities command higher prices for more profits than raw materials.

*Medo ber: kwako yubu jami ma doko yot me tic kwede, labole yubu nyig anyogi me doko moko anyogi. Medo be pa gin moni doro welle me yito ma keko wii cat madwong ka iporo ki cato ma nyige labongo medo gin mo iye.*

2. **Storage of the produce**: this involves sorting commodities into uniform lots and keeping them in safe spaces known as stores until marketing time.

*Kwoko gin moni: ma kwako pokoko gin moni idul ma gin rwate ki bene gwoko ne kama ber ma kilwongo ni dero wa ikare me cat.*
3. **Market identification:** involves finding markets where the commodities can be sold at higher prices for profit maximization.

   *Nongo cuk: kwako nongo cuk kama jami romo cate iwel ma lamal pi kello wii cat madwong loyo.*

4. **Transport:** involves transferring the commodities to the market or the buyers.

   *Kit me wot: kwako tero jami icuk onyo bot luwil.*

**Session 7.4: RECORD KEEPING**

**GWOKO COC**

Record keeping involves safe custody of all useful documents written about the production and marketing process for future reference. Record keeping has many benefits, for instance:

*Gwoko coc kwako gwok ma ber pi coc weng ma pire tek ma kicoy lok kom kit meyubu gin moni ki bene yo me cat ki wil pi neno ne ikare me anyim. Gwoko coc tye ki be madwong, pi labole:*

- Used in determining the profitability of enterprises, i.e. calculating profit or loss
  
  *Itiyo kwede me moko aduki me nyayo wii lim ikit yo me nyayo lonyo ni, me Waco ni ribo nyya pa wii lim onyo rwonyo pa wii lim*

- Can be used to get credit (loan)
  
  *Romo tic kwede me nongo lim adena (lon)*

- Can help in deciding which enterprises to keep and the ones to drop
  
  *Romo konyo l moko kit yo me nyayo lonyo mene me mede kwede ki bene mene me weko ne.*

There are many types of records but the following are the basic ones include the following:

*Tye kwayi coc ma patpat madwong ento ma pire tek kwako magi:*
1. **Expenditure Account**: this is where you write the monetary value of all the resources spent on production, e.g. hire of land, labour, management, etc. It can look like:

1. **Coc ma nyutu kit me keto lim**: man aye kama icoyo iye wel lim weng ma ibalo itimo gin moni, labole pango ngom, lutic, doro tic, ki mukene. Romo nen kit man:

**Expenditure Account (1\textsuperscript{st} January 2016 – 30th June 2016) for Maize Growing**

*Coc ma nyutu kit me keto lim (cake nino dwe 1 dwe me acel 2016 me oo l nino dwe 30 dwe me abicel 2016) pi puruanyogi*

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Number of units</th>
<th>Unit Cost (Shs)</th>
<th>Total Cost (Shs)</th>
</tr>
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<tbody>
<tr>
<td>2/1/2016</td>
<td>Maize seeds</td>
<td>200 kg</td>
<td>2,000</td>
<td>400,000</td>
</tr>
<tr>
<td></td>
<td><em>Kodi anyogi</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/1/2016</td>
<td>Fertilizers</td>
<td>100kg</td>
<td>3,000</td>
<td>300,000</td>
</tr>
<tr>
<td></td>
<td><em>Yat ma yubungom</em></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3/5/2016</td>
<td>Transport</td>
<td>-</td>
<td>45,000</td>
<td>45,000</td>
</tr>
<tr>
<td></td>
<td><em>Kit me wot</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13/1/2016</td>
<td>Labour</td>
<td>2 workers</td>
<td>80,000</td>
<td>160,000</td>
</tr>
<tr>
<td></td>
<td><em>Lutic</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>Wel lim ma itiyo kwede weng</strong></td>
<td>-</td>
<td>-</td>
<td>905,000</td>
</tr>
</tbody>
</table>
2. **Income Account:** this is where you write the monetary value of all the products sold, e.g. maize, beans, baskets, etc. It can look like:

*Coc ma nyutu lim ma inongo icat: kany aye kama icoyo wel lim pi gin weng ma icato, labole anyogi, muranga, adita, ki mukene. Romo nen ki man:*

**Income Account (1\textsuperscript{st} January 2016 – 30\textsuperscript{th} June 2016) for Maize sold**

*Coc ma nyutu lim ma inongo icat( nino dwe 1 dwe me acel 2016 me oo l nino dwe 30 dwe me abicel 2016) pi anyogi ma ocate*

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Number of units</th>
<th>Unit Cost (Shs)</th>
<th>Total Cost (Shs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2016</td>
<td>Maize anyogi</td>
<td>23 bags Kicca 23</td>
<td>80,000</td>
<td>1,840,000</td>
</tr>
<tr>
<td>Total income</td>
<td>Wel lim weng</td>
<td>-</td>
<td>-</td>
<td>1,840,000</td>
</tr>
</tbody>
</table>

3. **Profit and Loss Account:** this is where you record both expenditures and incomes for the purpose of determining the profitability of the enterprise. It can look like:

*Coc ma nyutu onyete pa wii lim cat ki bene orwenyo ne: kany aye kama icoyo iye wel lim ma iketo ki bene wel lim ma inongo icat pi tye lok me moko nyete pa wii lim iyo me nyayo lonyo ni. Romo nen kit man:*

Profit and Loss Account of the Maize Enterprise as at 1\textsuperscript{st} July 2016.

*Coc ma nyutu onyete pa wii lim cat ki bene orwenyo ne me kit me nyayo lonyo nia ki I anyogi ma kit me nino dwe 1 dwe me abiro 2016*
### Resource Mobilization

Resource mobilization refers to all activities involved in securing new and additional resources for your business. Resource mobilization also involves making better use of, and maximizing, existing resources.

Rayo jamo tic gonye ni tic weng ma kwako nongo jami ma nyen ki bene medo jami pi biacara ni

### Session 7.5:

**HOW TO MOBILIZE RESOURCES FOR YOUR INCOME GENERATING ACTIVITY**

**KIT ME RAYO JAMI TIC PI YO ME NYAYO LIM NI**

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Keto lim</strong></td>
<td><strong>Nongo lim icat</strong></td>
</tr>
<tr>
<td><strong>Item</strong></td>
<td><strong>Cost (Shs)</strong></td>
</tr>
<tr>
<td>Gin monni</td>
<td></td>
</tr>
<tr>
<td>Maize seeds (200kg)</td>
<td>400,000</td>
</tr>
<tr>
<td>Kodi anyogi (kilo 200)</td>
<td></td>
</tr>
<tr>
<td>Fertilizers (100kg)</td>
<td>300,000</td>
</tr>
<tr>
<td>Yat layub ngom (kilo 100)</td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>45,000</td>
</tr>
<tr>
<td>Kit me wot</td>
<td></td>
</tr>
<tr>
<td>Labour (2 workers)</td>
<td>160,000</td>
</tr>
<tr>
<td>Lutic (lutic 2)</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>905,000</strong></td>
</tr>
</tbody>
</table>

- Total expenditure: 905,000
- Net Profit: 935,000
Strategies for mobilizing Resources include

**Yoo me rayo jami tickwako**

I. Resource analysis:

**II. Nguyo jami konyo ki tic**

a. Identify what and how much resources you need to cover the task at hand through activity planning and budgeting. This can be done using a simple template. For example, making baskets can be planned as follows:

*Nen ngo ki bene jami ma rom mene ma imito me tyeko tic ma okemi nia ki kati ki yub ki bene byek. Man romo yube kun ilubu yo man. Pilabole, yubu adita iromo kati ku yub calo man;*

Plan and budget for basket making (1st January – 31st March 2016)

**Yub ki bene byek me yubu adita(cake inino dwe 1 dwe me acel me oo inino dwe 31 mi dwe meadek 2016)**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Quantity</th>
<th>Unit cost (Shs)</th>
<th>Total cost (Shs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jami ma mite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thread bundles</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wuci kwoc</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>5,000</td>
<td></td>
<td>125,000</td>
</tr>
<tr>
<td><strong>Knitting needles</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lubira kwoc</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>500</td>
<td></td>
<td>2,500</td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kit me wot</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td></td>
<td>15,000</td>
</tr>
<tr>
<td><strong>Total budget</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wel byek weng</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Assess what and how much you have at hand by looking at the savings at hand, e.g. Shs 78,000

*Ngii ngo ki bene ma rom mene ma itye kwede icingi ku nongo ineno lim ma igwoko icingi labole lim 78,000*
c. Determine what and how much you need to find elsewhere by subtracting the saving s at hand from the total budget, e.g. for basket making: $142,500 - 78,000 = 64,500$. We need to get Shs 64,500.

*Nen ngo ki bene ma rom mene ma imito me nongo kamukene ki ikwanyo lim ma idiyo icingi ki ibyek lim ma mite, labole pi yubu adita:* $142,500 - 78,000 = 64,500$. *We mite me nongo lim 64,500.*

d. Identify where you can get what and how much you need, e.g. a friend, a bank, SACCO.

*Nen kama iromo nongo iye ngo ki bene marom mene ma imito, labole larem, bank, SACCO*

### III. Resource acquisition;

you can acquire resources through many ways like fundraising. Fundraising means the activities you do in order to get the resources you need for your business. Fundraising can be done in many ways, e.g.

*Nongo jami tic; iromo nongo jami tic iyo mapol calo reyo lim. Rayo lim gonye ni gin atima ma itimo weki inong jami tic ma mite pi biacara. Rayo lim romo time iyo mapol, labole.*

- Your own contribution like land, money, labour, management, etc
  
  *Jami ma in imiyo calo ngom, lim, tic cing, doro tic, ki mukene*

- Donations friend friends and well wishers
  
  *Mic ma aa ki bot lurem ki bene luber kit*

- Borrowing from a friend
  
  *Lego den ki bot lurem*

- Borrowing from a credit facility like a bank, SACCO.
  
  *Lego lim den ki bot dul mangene calo bank, SACCO.*

- Writing fundraising letters or proposals
  
  *Coyo waraga me rayo lim onyo coc me lega ma tito kore ki kore jami weng ma lube ki miti me lim.*
IV. Expenditure management and accounting; this is possible through proper record keeping as described earlier

*Doro kit me keto lim ki bene keto icoc maleng; eni twere iyor me gwoko coce maleng kit ma kinyutu iwiyatii.*

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**Agenda of Day 5 of the Group Support Psychotherapy (GSP) Training Workshop**
Community Health Extension Workers in Gulu, Pader, and Kitgum districts in northern Uganda.

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activity</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-9:00am</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td><strong>Module 8: Self care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00-9.10am</td>
<td>Introduction to Self-Care</td>
<td></td>
</tr>
<tr>
<td>9:10 -9.45am</td>
<td>Holistic Self-Care strategies</td>
<td></td>
</tr>
<tr>
<td>9.45 -10.00am</td>
<td>Benefits of Self Care</td>
<td></td>
</tr>
<tr>
<td>10.00-10.15am</td>
<td>Consequences of Neglecting Self-Care</td>
<td></td>
</tr>
<tr>
<td>10.15-10.30am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30-11:00am</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>11:00-11:30am</td>
<td>Post-training assessment</td>
<td></td>
</tr>
<tr>
<td>11.30-12.30pm</td>
<td>Training workshop evaluation</td>
<td></td>
</tr>
<tr>
<td>12.30-1:00pm</td>
<td>Field Practical GSP sessions</td>
<td></td>
</tr>
<tr>
<td>1:00-2:00 pm</td>
<td>Lunch break &amp; Closing</td>
<td></td>
</tr>
</tbody>
</table>
MODULE 8: SELF-CARE

WI LOK ME ABORO: GWODE KEKENI

Learning Objectives

Telok me pwonyi

By the end of this training session, lay health workers will be able to:

Inge dul pwonyi, lutic yot kom kin gang bi bedo ki kero me:

- Define self-care
- Gonyo tyen lok kit me gwoke kekeni
- Describe the benefits of self-care
- Tito kore ki kore ngo maber ma ibinongo ikom gwoke kekeni
- Describe the consequences of neglecting self-care
- Tito kore ki kore adugi me jalo gwoke jekeni
- Describe the components of a holistic self-care plan
- Tito kore ki kore kwayi jami matye iyoo me aluba ikom jami weng ma mite igwoke kekeni

Session 8.1: WHAT IS SELF-CARE?

GWODE KEKENI OBEDO NGO?

Self care refers to purposely and actively taking time off for yourself to do something that rejuvenates and energizes you physically, socially, emotionally and spiritually.

Self care is unique for everyone. It can be overwhelming to consider taking on many new activities. It may be helpful to start with a few activities and build on those slowly. Below are some ideas to get you started in developing your own self care plan.
Session 8.2: PHYSICAL CARE ACTIVITIES

JAMI MANEN MA KONYO IGWOKE

Physical self-care is an area that people often overlook.

**Food:** Food is a type of self-care that people often overlook. It is important to eat right and to make sure that fruits & vegetables are a part of your diet.

**Exercise:** Exercise is one of the most overlooked types of self-care. Experts recommend at least 30 minutes of exercise 5 times a week. Exercise, even if it’s just a quick walk at lunchtime, can help combat feelings of sadness or depression and prevent chronic health problems.

One example of a self care goal: *I will go for a walk Tuesday and Thursday after I get out of my morning class.*

**Timo tic ma rweyo le:** Timo tic ma rweyo le tye gin ma dano madwong pe keto tam gi iye. Ludiro miyo tam ni myero ki tim tic ma rweyo le olo pi dakika pyeradek tyen abic icabit acel. Kite iwoto pi kare manok icawa me cam idyeceng, romo konyo kwanyo tam me par onyo cwe cwiny ki tam matut ki bene konyo me gwoke ki ipeko me nongo two mogo ma pe cang.
Labol acel me neno ni igwoke kekeni: Abi ceto ka wot iceng aryo ki iceng angwen
inge aa ki iot kwan ikudiku

Sleep: Although everyone has different needs, a reasonable guideline is that most
people need between 7-10 hours of sleep per night.

One example of a self care goal: *I will go to bed by 11:00 p.m. during the week so that I
can get enough sleep.*

Nino: Kite dano weng tye ki miti mapat, cik ma pore tye ni dano mapol myero onin
pi cawa maromo 7-10 idyewo

Labol acel me neno ni igwoke kekeni: Abi ceto kanino cawa 5 me dyewo inino
weng me cabit wek anin maromo.

Medical care: Getting medical attention when you need it is an important form of
physical self-care. Some individuals put off getting medical care until their problems
become complicated.

One example of a self care goal: *I will set aside money in my budget (or seek financial
help) so that I can get my prescriptions filled every month.*

Gwok me nongo kony me yat: Nongo kony me yat ka imito obedo gin ma pire tek
ikwayi jamu manen iyoo me gwoko komi kekeni. Dano mukene pe tamo pi nongo
kony me yat wang ma odoko gin matek.

Labol acel me neno ni igwoke kekeni: Abi gwoko lim mo (onyo abi nongo kony
me lim) wek ki coo yata idwee weng.
Session 8.3: MENTAL & EMOTIONAL CARE ACTIVITIES

TIC MADOK IGWOKE ILOK ME WIC KI KIT MA IWINYO KWEDO

Emotional self-care will mean different things for different people. Some emotional self-care activities you can practice include:

_Gwoke kekeni ikit ma iwinyo kwede dano mapat romo gonye iyoo mapat. Jami ma iromo timone me gwoke kekeni ikit ma iwinyo kwede tye iye:_

_Relaxation techniques or meditation_

**Kit me yweyo wii kwede onyo lwodo tam**

For example: Sit or stand comfortably, with your feet flat on the floor and your back straight. Place one hand over your belly button. Breathe in slowly and deeply through your nose and let your stomach expand as you inhale. Hold your breath for a few seconds, then exhale slowly through your mouth, sighing as you breathe out.

Try to keep the rest of your body relaxed—your shoulders should not rise and fall as you breathe! Slowly count to 4 as you inhale and to 4 again as you exhale. At the end of the exhalation, take another deep breath. After 3-4 cycles of breathing you should begin to feel the calming effects.

One example of a self care goal: _I will practice deep breathing before I go to sleep to calm down from the day._

_Labole:_ _Bedi onyo cung manongo itye agonya, ma nongo ipyelo dityeni ingom ki ngeyi atii. Ket cingi acel ikom peni. Ywa yamo mot ki bene matut ki umi ki iwek ii odeng nongo itye ka ywayo yamo. Gik yweyo pi kare ma nok ma loyo dakika, ki ywe woko mot ki dogi, ywe matek nongo itye ka yweyo woko. Tem weko komi mukeneni obed mot—gwoki myero pe oyenge nongo itye ka yweyo! Kwan wa iangwen mot nongo itye kaywayo yamo ki wa iangwen nongo itye ka yweyo woko. Inge yweyo woko, dok iywe matut. Inge tyen 3-4 me yweyo myero icak winyo ma komi opye_
Emotional self-care can also involve the people around you.

Kit me gwoke kekeni ikit ma iwinyo kwede romo bene bedo ki dano ingeti

It’s important to make sure that the people in your life are supportive

Pire me neno ni dano me ikwoni miini kony.

• Nurture relationships with people that make you feel good about yourself!

Yub wat ki dano ma weko ni iwinyo maber ikomi

• Make spending time with friends and family a priority

Wek bedo ki kare me bedo ki luremi ki lugangi pire obed tek

• Consider joining a support group or getting involved with community activities

• Tam pi bedo idul ma konyi onyo bedo iyub mogo ma ikin gang

• Learn to say no when you need to say no

• Pwony kwero jami ki myero ikwe

• Separating work and home life

• Poko kin kwo me tic ki me bedo gang

• Journal my feelings (Monitor your feelings)

• Gwok lanyut me kit ma atye kawinyo kwede (nen kit ma iwinyo kwede)

• Talk with a trusted friend or counselor (share personal problems)

• Lok ki laremi mo ma igeno onyo lanywak tam (nywak peko me ikomi)

• Learn something new

• Pwony gi mo ma nyen

• Understanding your strengths and weaknesses

• Niang jami ma itimo maber ki ma pe itimo maber

• Take time to do leisure activities: Visit a friend
• Kwany kare me timo tic mogo me yweyo wii: lim laremi mo
• Keep a gratitude journal
• Gwok lanyut mo me pwoyo gin mo
• Set realistic goals
• Yub jami ma ingeyo ni iromo nongo ne

Be wary of…

Myero igwoke ki….

• Friends or family who only call when they need something

• Luremi onyo lugangi ma yenyi keken ka gi mito gino mo ki boti
• People who always leave you feeling tired or depressed when you see them

• Dano ma kare weng weki nongo iwinyo oolo onyo cwe cwiy ki tam matut ka irwate kwedgi
• Friends who never have the time to listen to you

• Lurem ma pe ki cawa me winyo loki
• Anyone who dismisses or belittles you

• Ngato mo ma kweri onyo cayi

You can deal with these people by setting limits.

Iromo loyo dano ni ka igwoke kwedgi

• You don’t have to cut them out of your life (especially with family, that may not even be an option!) but choose the time you will spend with them carefully.

Pe myero ikwany gi ki ikwooni (tutwale ki dano magang, pien pe romo bedo ikin jami ma ibi yero) ento yer kare ma ibi bedo kwedgi ki diro.

• Make sure that your time with these people has a clear end.
Nen ni cawani ki jooni tum iyoo ma atii

- Cut back on the time you spend with people who don’t make you feel good, or spend time with them in a group rather than one-on-one.

Myero pe ibal kare ni me bedo ki dano ma weko pe iwinyo maber, onyo bed

kwedgi idul loyo bedo kin gat acel acel

Screen your calls!!

Yer dano ma iloko kwedgi icim!!

- There’s no rule that says you have to answer your phone every time it rings. If you don’t feel like talking on the phone, call people back at a time that’s more convenient for you.

Cik mo pe tye ma waco ni myero igam cimi cawa weng ma ki goyo. Ki iwinyo ni pe imito lok icim, iromo goyo cim cen bot dano icawa ma iwinyo ni tye ma opore boti

You can deal with these people by letting some go.

Iromo loyo dano ni ka iweko gi mogo

- If there are people in your life who consistently make you feel bad about yourself, consider letting those friendships or relationships go.

Ki dano tye ikwooni ma nongo gi weko ni iwinyo marac kekeni cawa weng, tam pi weko kodi luremi onyo wati.

- This can be a difficult decision. Remember that you deserve to have people around you who genuinely care about you and who support you.

Eni romo bedo lok matek. Myero wii opo ni myero dano ma gwoki ki cwiny maleng ki miini kony obed cok boti
Session 8.4: SOCIAL CARE OR LEISURE ACTIVITIES

GWOKE MADOK ILOKA RIBBE ONYO TIC MOGO ME YWEYO WII

Many of us have full time jobs, go to school, volunteer and have families. Finding time to do activities that you enjoy is an important aspect of self-care.

Pol wani watye ki tic ma watimo cawa weng, ceto igang kwan, dyere ki bedo ki lugang wa. Nongo cawa me timo tic egini ma imaro gin ma pire tek me gwoko komi kekeni.

Be aware of things you may be doing that take up a lot of your time but don’t support your self care such as too much time on the internet, watching TV, even sleeping. These can all be relaxing, enjoyable activities in moderation but can become a way of retreating and isolating yourself.

Myero igwoke ki jami ma itimo ma tero cawa ni madwong ento pe igwoke kekeni nongo itero cawa madwong I internet, kaneno lagal wang (TV), ki nino bene. Egini weng romo bedo yoo me yweyo wii, tic mabeco ma iromo timone kekeni ento romo bedo yoo me bedo kekeni nongo pe ibedo ikin dano

Get involved in a sport or hobby that you love!! Find other people who are doing the same thing! Knowing that people are counting on you to show up can help motivate you.

Bed ituku mo onyo gin mo ma imaro timone me yweyo wii ka ipe ki tic mo me atima! Nong dano mukene ma tye katimo jami egini marom! Ngeno ni dano tye ka geno ni ibi bino ka rwate kwedgi romo medo miti ni.
Make a **date night** and stick with it, either with a partner, a friend or a group of friends.

Treat leisure appointments as seriously as business appointments. If you have plans to do something for fun, **mark it on your calendar**! Make your self-care a priority, not something that happens (or doesn’t happen!) by accident.

*Yub cawa mo me namo ki dano idyewo ki bene ilubi, romo bedo ki la oti, laremi onyo dul luremi. Te cawa ma iyubu me yweyo wic calo gin ma pire tek calo cawa ma iyubu me cato wil. Ka iyubu ni myero itim jami me yweyo wii, gweto icalender ni. Wek jami ma lube ki gwoke kekeni obed gin ma pire tek, ento pe obed jami ma time atima (onyo pe time) atura*

**Session 8.5: SPIRITUAL CARE ACTIVITIES:**

**TIC MOGO ME GWOKE MA JENGE IKOM DINI**

- Meditation
- *Lwodo tam*
- Reading books on spirituality/healing etc
- *Kwano buk ikom dini/ kit me cang kwede*
- Spending time in nature
- *Keto kare ni ikom jami ma Lubanga ocweyo*

**Session 8.6: BENEFITS OF SELF-CARE**

**JAMI MABER MA INONGO KI IGWOKE KEKENI**

- Renewed energy
- *Cero keroni*
- Reducing stress
- *Dwoko rwom me par*
- A fresh new perspective towards life, feeling positive
• *Bedo ki tam ma nyen ikom kwo, bedo ki gen*
  • Creating feelings of happiness, calm and peace within
• *Yubu yoo me bedo ki yom cwiny, bedo mwol ki bedo me wii opye*
  • Feeling healthy and good about your body
• *Bedo ma komi yot ki maro komi*
  • Increased confidence & self-esteem
• *Medo tek cwiny ki bedo ki gen ikomi*
  • Increased passion for life & motivation to succeed
• *Medo mar pi kwo ki bedo ki miti me cobo jami maber*

Session 8.7: CONSEQUENCES OF NEGLECTING EMOTIONAL SELF-CARE

ADWOGI ME WEKO KIT MA IWINYO KWEDE IGWOKE KEKENI

• Low in energy
• *Bedo ki kero manok*
  • Feeling stressed, irritated or frustrated
• *Winyo tek bedo, nongo jami deg cwinyi onyo bedo ki cwe cwiny*
  • Lacking motivation, procrastinating
• *Bedo labongo miti, bedo ka diiro cawa me timo jami cawa weng*
  • Lacking passion for life
• *Bedo labongo mar pi kwo ni*
  • Emotional (crying easily, short tempered, etc)
• *Kit ma iwinyo kwede (pig wangi cok, bedo ki kiniga)*
  • Burn out
• *Winyo olo*
Session 8.8: POST-TEST TRAINING ASSESSMENT

**LAPENY ME NGOYO NIANG INGE PWONYE**

**SECTION A**

**BUTE ME A**

INSTRUCTIONS: FOR QUESTIONS 1-10, CHOSE ONLY ONE CORRECT ANSWER

CIK: PI LAPENY ME 1-10, YEE LAGAM MATII ACEL KEKEN

1. The percentage of persons with depression in northern Uganda is estimated to be

*Dwong pa dano matye ki cwe cwiny ki tam matut ikumalo me Uganda byeke ni romo bedo*

A. 10% to 20%
   *10% wai 20%*
B. 15% to 20%
   *15% wai 20%*
C. 45% to 70%
   *45% wai 70%*
D. 25% to 70%
   *25% wai 70%*

2. Group support psychotherapy treats depression by

*Kony me nywako tam idul cango cwe cwiny iyoo me*

A. Increasing only social support and teaching positive coping skills
   *
   *Medo nywako ki dano keken ki bene pwonyo diro yoo me kwo ki peko moni*
B. Teaching only income generating skills
   *
   *Pwonyo diro me nyayo lim keken*
C. Increasing social support, teaching positive coping skills and income generating skills
   *
   *Medo nywako ki lwak, pwonyo diro yoo me kwo ki bene diro me nyayo lim*
D. Increasing only social support
   *
   *Medo nywako ki lwak keken*
3. Group support psychotherapy consists of

*Kony me nywako tam idul tye iye*

A. 4 sessions  
*Pwonye 4*
B. 6 sessions  
*Pwonye 6*
C. 8 sessions  
*Pwonye 8*
D. 10 sessions  
*Pwonye 10*

4. Before starting group therapy, the group facilitator must

*Ma peya icako kony me nywako tam idul, ladoo dul myero*

A. Give the client some money  
*Omii lim bot dano ma tye kanongo pwonyi*
B. Ask about the client’s expectations about the group sessions  
*Openy byek pa dano matye kanongo pwonyi malobe ki pwonye idul*
C. Pray for the client  
*Telo lega bot dano matye kanongo pwonyi*
D. Give the client some medication  
*Miyo bot dano matye kanongo pwonyi kony me yat*

5. One of the factors that bring about healing in group therapy is

*Gin acel makelo nicango ikony me idul en aye*

A. Smiling  
*Bunyu*
B. Singing songs  
*Wero we*
C. Release of strong emotions  
*Gonyo tam matut*
D. Greeting each other  
*Mote ikin dano*

6. The first stage of group development is called

*Yoo ma acel me yubu dul ki lwongo ni*

A. Storming  
*Pyem*
B. Forming  
*Yubu*
C. Norming  
*Ribbe*
D. Performing  
*Tiyo*
7. In the first stage of group development, group members are
   *I yoo me acaki me yubu dul, dano ma idul nongo tye ki*
   
   A. Very happy
   *Yom cwiny matek*
   
   B. Comfortable with each other
   *Agonya ki lwote*
   
   C. Shy and afraid to talk about themselves
   *Lewic ki bene lworo lok makwako gin*
   
   D. Over excited to start group therapy
   *Tugu cwiny ki miti madwong me cako dul me nongo kony*

8. One of the roles of a group facilitator is to
   *Dog tic acel pa ladoo dul tye me*
   
   A. Encourage group members to keep quiet
   *Cuku cwiny dano ma idul me ling mot*
   
   B. Encourage group members to sit properly
   *Cuku cwiny dano ma idul me yubu bedo*
   
   C. Encourage group members to make noise
   *Cuku cwiny dano ma idul me woo*
   
   D. Encourage group members to share personal problems and listen to
   advice of other members
   *Cuku wcwiny dano ma idul me nywako peko gi ki bene winyo tam pa
   luwot gi*

9. Depression is caused by
   *Cwe cwiny ki tam matut gin makelo en aye*
   
   A. Only biological factors
   *Jami ma ki nywalo ki dano keken*
   
   B. Only social factors
   *Jami malube ki kwo ki lwak*
   
   C. A combination of biological, social and psychological factors
   *Ribo jami ma yelo kom dano, kwo ki lwak ki bene jami ma yelo tam*
   
   D. A combination of biological and social factors
   *Ribo jami ma ki nywalo ki dano ki bene jami ma lube ki kwo ki lwak*

10. Depression is characterized by
    *Cwe cwiny ki tam matut nyute ki*
    
    A. A normal feeling of sadness
    *Winyo cwe cwiny manok macalo dano*
    
    B. Increased interest in daily activities
    *Mede pa kero idog tici me nino ducu*
    
    C. Abnormal persistent sadness
Cwe cwiny mari ma akato kakare
D. Joy and laughter
Yom cwiny ki bene nyero

FOR THE QUESTIONS 11-18, INDICATE WHETHER THE STATEMENT IS TRUE (T) OR FALSE (F)

PI PENY 11-18, NYUTI KI LOKE TYE ADA KUN ICOYO (T) ONYO PE ADA KUN ICOYO (F)

11. Situations that can cause Depression include poverty, HIV AIDS, and domestic violence
Tekare ma romo kelo cwe cwiny ki tam matut kwako can, kwidi two jonyo, ki bene kuku kuku iot

12. If depression is left untreated it can lead to suicide
Ka cwe cwiny ki tam matut pe ki neno romo kelo kwanyo kwo kekeni

13. Drinking is a good way to deal with depression
Mato kongo tye yoo maber malube ki loyo peko me cwe cwiny ki tam matut

14. Depression can be successfully treated in ways that do not involve medication
Cwe cwiny ki tam matut kiromo cango ne iyoo ma pe mite iye yat

15. If I felt depressed I would be embarrassed to talk to my doctor about it
Ka awinyo cwe cwiny ki tam matut onong aromo winyo marac me waco ne bot dakta na

16. Inability to work leading to reduced income is a complication of untreated depression
Bedo labongo kero me tic ma kelo nok pa cente tye aduki marac pa cwe cwiny ki tam matut ma pe ki cango

17. Depression in persons living with HIV prevents them from taking antiretroviral medication as prescribed
Cwe cwiny ki tam matut idano ma tye ki kwidi two jonyo gengo gin me munyu yat lagin kit ma dakta ocoyo kwede

18. Counseling is the same as giving advice
Nywako tam rom ki miyo tam
INSTRUCTIONS: FOR QUESTIONS 19-27 CHOOSE ONLY ONE CORRECT ANSWER

CIK: PI LAPENY 19-32 YER LAGAM ACEL MATII

19. A good counselor should
   Lanywak tam maber omyero
   A. Show empathy
      Onyut kica
   B. Laugh a lot
      Nyee tutwal
   C. Talk about him/her all the time
      Loko ikome cawa weng
   D. Be judgmental
      Bedo ka ngolo kop

20. The following are good communication skills;
   Magi aye diro me kubu lok maber;
   A. Asking tricky questions
      Penyo lapeny me dwalo tyen
   B. Interpret client whenever you can
      Neno dano ma ikonyo ki wang mapat ka twere
   C. Active listening
      Winyo lok ki cwinyi weng
   D. your phone during counseling
      Gamo cimi ikare me nywako tam

21. During counseling when clients share personal problems, a counselor should;
   Ikare me nywako tam ka dano ma itye ka konyo ne nywako peko ne, lanywak tam omyero;
   A. Keep quiet
      Ling mot
   B. Create hope
      Keio gen
   C. Condemn clients for their past
      Ngolo kop me loyo dano ma nongo kony pi kwo gi ma okato angec
   D. Prevent clients from crying
      Gengo dano ma tye kanongo kony me koko

22. A counselor should have positive attitudes such as;
   Lanywak tam omyero obedi ki kit maber calo;
   A. Respect
      Woro
   B. Keeping time
23. The first step in problem solving is to:

**Yoo ma acel icobo peko en aye me;**
A. Brain storm on possible solutions
   *Penyo wic ikit me cobo peko*
B. Count the problems you have
   *Kwano kwayi peko ma itye kwede*
C. Define the problem
   *Kati ki nying peko moni*
D. Look for the cause of the problem
   *Yenyo tyen peko*

24. Stigma has negative effects such as:

**Cwiny marac me cimo tok tye ki aduki calo;**
A. Refusal to seek help or treatment
   *Kwero yeny o kony onyo yat*
B. Increasing social support
   *Nyayo kony pa lwak*
C. Quick recovery from illness
   *Cang oyot ki itwo*
D. Increasing opportunities for employment
   *Medo gum me tic*

25. A positive way of coping with stigma is to:

**Yoo maber me kwo ki cwiny marac me cimo tok en aye**
A. Blame yourself
   *Ngolo kom ikomi keni keni*
B. Cry all the time
   *Koko cawa weng*
C. Lock yourself in your house
   *Loo wii iot*
D. Practice positive self-talk
   *Bedo ka nwoyo lok makonyi keni keni*

26. When you want to select an income generating activity, you must make sure:

**Ka imito yero tic ma nyayo lim omyero inen ni:**
A. There is a low demand for your product
   *Miti pa dano ikom jamini tye manok*
B. Your product is expensive
   *Jami ni wele tek*
C. There is a high demand for your product
   *Miti pa dano dwong ikom jami ni*
D. The cost of producing your product is high
   *Wel me yubu jami ni tye lamal*

27. One way to mobilize resources for your income generation product is by
   *Yoo acel me rayo jami tic pi yoo me nyayo cente ni en aye me*
   A. Praying everyday
      *Lega nino ducu*
   B. Wishful thinking
      *Tamo ni kono onongo*
   C. Borrowing from friends
      *Deno kibot lurem*
   D. Going under the lake
      *Ceto ite pii*

FOR THE QUESTIONS 28-32, INDICATE WHETHER THE STATEMENT IS TRUE (T) OR FALSE (F)

PI LAPENY 28-32, NYUTI KA LOKE TYE ADA KUN ICOYO (T) ONYO PA ADA KUN ICOYO (F)

28. Isolating yourself from friends and family is a positive coping skill
   *Aa ki ikin lurem ki bene lugangi me bedo keni tye diro mabe me kwo*
29. Accepting that there are some situations in life that you cannot change is a negative coping skill
   *Yee ni tye yoo me cobo peko ikwo ma pe iromo loko ne tye diro maraco en aye me kwo*
30. Being flexible and willing to try a number of options is a positive coping skill
   *Bedo agonya ki bene mito temo yoo mapatpat tye diro mabe me kwo*
31. One way to deal with negative thoughts is to practice positive self-talk
   *Yoo acel me kwo ki tam maraco en aye me nwoyo bedo ka lok tam maber kekeni*
32. Emotional self-care means taking off time to attend to your personal physical, social and emotional needs
   *Doro kit ma iwinyo kwede tyen loke ni kwanyo kare ni me keme ki komi, kwo ki lwak ki bene miti me cwinyi*
Session 8.9: Training workshop evaluation

Pi kare ma rom mene ma latela me pwonye wu otiyo ki yo me lapeny me doro pwonye? (Tim ber igwet acel)
a) Very often
   Tere tere tutwal
b) Somewhat often
   Olo olo tere tere
c) Not very often
   Pe tere tere tutwal
d) Not at all
   Matwala
e) Don’t remember
   Pe wiya po
f) Choose not to respond
   Yer pe me gamo

2. How often did your workshop leader encourage discussion? (Please check one)

Pi kare ma rom mene ma latela me pwonye wu ocwako ni wunywak tam? (Tim ber igwet acel)
a) Very often
   Tere tere tutwal
b) Somewhat often
   Olo olo tere tere
c) Not very often
   Pe tere tere tutwal
d) Not at all
   Matwala

3. How often did your workshop leader participate in group activities? (Please check one)

Pi kare ma rom mene ma latela me pwonye wu obedo tic me dul? (Tim ber igwet acel)
a) Very often
   Tere tere tutwal
b) Somewhat often
   Olo olo tere tere
c) Not very often
   Pe tere tere tutwal
d) Not at all
   Matwala
4. If your workshop leader used visual aids, what were they? (Please check all that apply)
   Ki latela pwonye wu otiyo ki jami m anena, gi nongo obedo ngo? (Tim ber igwet weng ma pore)
   a) PowerPoint slides
   Jami akwana I computer
   b) Overhead projections
      I projector
   c) Video
      Video
   d) Poster or chart paper
      Karatac me poko ngec ma ki mwono I koo ot
   e) Don’t remember
      Mukene (tim ber ititi)

5. How closely did the workshop match your expectations? (Please check one)
   Pwonye ni orwate ki jami ma nongo itye ka geno ni ibinongo nining? (Tim ber igwet acel)
   a) Exceed my expectations
      Okato gena
   b) Met my expectations
      Orwate ki gena
   c) Did not meet my expectations
      Pe orwate ki gena

6. How clearly did your workshop leader explain concepts? (Please check one)
   Latela me pwonye wu otito maber marom mene lok me pwonyi? (Tim ber igwet acel)
   a) Very clearly
      Maber tutwal
   b) Somewhat clearly
      Maber ber
   c) Not very clearly
      Pe maber tutwal
   d) Not at all clearly
      Pe maber olu
   e) Don’t remember
      Pe wiya po
   f) Choose not to respond
      Yer pe me gamo lok

7. How relevant was the workshop to your work? (Please check one)
   Pwonyi okonyo tici nining? (Tim ber igwen acel)
   a) Very relevant
      Okonyo tutwal
   b) Somewhat relevant
      Otemo konyo
   c) Not very relevant
8. How relevant was the workshop to the needs of your community? (Please check one)

Pwonyi okonyo miti pa kbedo ma ibedo iye? (Tim ber igwet acel)

a) Very relevant
b) Somewhat relevant
c) Not very relevant
d) Not at all relevant
e) Don’t know

9. How useful was the workshop in enhancing your knowledge and/or skills to recognized and treat depression using group support psychotherapy (Please check one)

Ber pa pwonyi obedo nining kamedo ngeci ki diru ni me ngeyo ki cuku cwiny ikom tam ki par matut kun nongo itiyo imiyo konyi me tam bot dul dano. (Tim ber igwet acel)

a) Very useful
b) Somewhat useful
c) Not very useful
d) Not at all useful
e) Don’t know
f) Choose not to respond
g) Not at all useful
h) Don’t know
i) Choose not to respond
10. How likely are you to use the knowledge and/or skills you gained from the workshop? (Please check one)

*Itamo ni romo twere bot in nining me tic ki ngac ki diro ma inongo lka pwonye ni? (Tim ber igwet acel)*

a) Very likely
   - *Romo twere tutwal*

b) Somewhat likely
   - *Romo ladyere*

c) Not very likely
   - *Pe romo twere tutwal*

d) Not at all likely
   - *Pe romo twere matwal*  
      *Pe matwal*

Please rate the workshop modules according to the scale below
A. Excellent  B. Very Good  C. Good  D. Fair  E. Poor

<table>
<thead>
<tr>
<th>Module 1: Course Overview and Introduction to the Training.</th>
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<tbody>
<tr>
<td><em>WI LOK ME ACEL: WI KWAN KI ACAKI IKOM PWONYENI</em></td>
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<tr>
<th>Module 2: Introduction to the Group Support Psychotherapy Model</th>
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<td><em>WII LOK ME ARYO: MIINO KONY ME NYWAKO TAM KI DANO ITE DUL MATYE KI PEKO ME CWE CWINY (GSP)</em></td>
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<th>Module 3: Depression and HIV/AIDS</th>
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<td><em>WII LOK ME ADEK: CWE CWINY/ PEKO PAR KI TAM MATUT KI KWIDI ME TWO JONYO</em></td>
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<th>Module 5: Essential Coping strategies to overcome depression</th>
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<td><em>WI LOK ME ABI: YOO MA PIRE TEK ME COBO KWED PA PEKO ME CWE CWINY KI TAM MATUT</em></td>
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<tr>
<th>Module 6: Problem solving strategies and coping with Stigma</th>
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<tr>
<td><em>WI LOK ME ABICEL: KIT ME COBO PEKO KI KWO KI CIMO TOK</em></td>
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<tr>
<th>Module 7: Poverty, Depression and Livelihood skills</th>
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<tr>
<td><em>WI LOK ME ABO: ACAKI I IKOM DIRO MA PIRE TEK ME KWO</em></td>
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<tr>
<th>Module 8: Self-care strategies</th>
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<tr>
<td><em>WI LOK ME ABORO: GWOKE KEKENI</em></td>
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</table>
List all the things that you liked about this training workshop

List all the things you did not like about this workshop
Appendix

Module 2 Practicum

Practicum on introduction to Group Support Psychotherapy

Role Play of GSP session 1
• Divide participants into small groups and give each a flip chart or flip chart sheet.
• Their task is to plan how they would conduct the Introductory session of group support psychotherapy with a group of 8-10 individuals with HIV and depression.
• After 15 minutes of discussion a group should elect 2 persons to demonstrate how to facilitate the introductory session of group support psychotherapy

Module 3 Practicum

Practicum on psycho education, GSP, session 2

• Divide participants into small groups and give each a flip chart or flip chart sheet.
• Their task is to plan how they would conduct psych-education on depression to a group of of 8-10 individuals with HIV and depression.
• After 15 minutes of discussion a group should elect 2 persons to demonstrate how to conduct psych education on depression and HIV.
HEALTH TALK ON DEPRESSION

Good morning ladies and gentlemen,

This morning, I am here to talk to you about a disease that affects our feelings, our thinking and our behavior. Have you ever found yourself in a situation where you no longer enjoyed the things that you used to enjoy? For example, you enjoyed going to work in your garden or office but now, you don’t, you enjoyed spending time with friends and family, but now you don’t. On top of that, you no longer enjoy the food you eat, you start to lose sleep at night, you lay in your bed thinking and worrying. In addition, you lose your energy. You have to drag yourself to work, you have difficulty in concentrating on your work and you feel tired before getting any work done.

If you are in this situation you have signs and symptoms of a disease condition known as depression. Without the appropriate timely evaluation and intervention, these symptoms will intensify and gradually become unproductive at work, at home and in your community, feel useless, worthless and hopeless. When you lose hope, you see no need to provide for your family, or to send your children to school. If you happen to have any chronic condition that requires medications for life, you see no need to take these medications. In the worst case scenario, you will resort to excessive use of alcohol and/or illicit drugs or you may take your own life.

There are so many people around the world (350 million people) in this situation we refer to as depression. Seventy-five percent of sufferers are likely to be living in resource-poor areas, and 85 percent of these people are unlikely to be receiving any treatment.

Among persons in with HIV/AIDS, research has shown that 1 in three have this disease and it interferes with their ability to take their anti-retroviral therapy.

Have you at any time found yourself in a similar situation? Do you have excessive worries, poor sleep, reduced energy, loss of interest in your work? Do you find yourself getting tired before getting any work done? Have you lost your job or failed to work in your garden because you have no energy? Do you find yourself feeling worthless and thinking that death is the only way out? OR do you wish you could go to sleep and never wake up? Do you find yourself drinking alcohol every day, from morning to evening so that you can cope with problems in your life?

If the answer to these questions is yes, you might be suffering from depression. Please come to us for further evaluation.
## SELF REPORTING QUESTIONNAIRE (SRQ-20) FOR MALES

<table>
<thead>
<tr>
<th>NO.</th>
<th>ITEM</th>
<th>MALES IMAGE</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1.</td>
<td>Do You Often Have Headaches</td>
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<td>2.</td>
<td>Is your appetite poor?</td>
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<td>3.</td>
<td>Do you sleep badly?</td>
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<td>4.</td>
<td>Are you easily frightened?</td>
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<td>5.</td>
<td>Do your hands shake?</td>
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<td>6.</td>
<td>Do you feel nervous, tense or worried?</td>
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<td>7.</td>
<td>Is your digestion poor?</td>
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<td>8.</td>
<td>Do you have trouble thinking clearly?</td>
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<td>9.</td>
<td>Do you feel unhappy?</td>
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<td>10.</td>
<td>Do you cry more than usual?</td>
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<td>Question</td>
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<td>11.</td>
<td>Do you find it difficult to enjoy your daily activities?</td>
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<td>12.</td>
<td>Do you find it difficult to make decisions</td>
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<td>13.</td>
<td>Is your daily work suffering</td>
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<td>14.</td>
<td>Are you unable to play a useful part in your life?</td>
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<td>15.</td>
<td>Have you lost interest in things</td>
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<td>16.</td>
<td>Do you feel like you are a worthless person?</td>
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<td>17.</td>
<td>Has the thought of ending your life been on your mind</td>
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<td>18.</td>
<td>Do you feel tired all the time?</td>
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<td>19.</td>
<td>Do you have uncomfortable feelings in your stomach?</td>
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<tr>
<td>20.</td>
<td>Are you easily tired?</td>
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Module 5 Practicum

Practicum on effective coping strategies

Instructions:

- In small groups, let participants select a group facilitator to lead the group.
- Let one participant volunteer to have the problem presented below.
- Given the skills you have learnt today, let the facilitator lead the group to assist the participant with the problem cope with what has happened to her.

Scenario # 1

- A health worker has cared for a woman in her Health Center for several years, providing her with counseling and now she is living positively with HIV. The health worker has developed a positive relationship with this patient and looks forward to interacting with her when she comes to the facility for care. The health worker went away for her annual leave and left her in the care of her colleagues. When she returned a month later, she is informed by her fellow health workers that her patient committed suicide.
- Although the health worker knows that she will be exposed to death at times in her job, this loss hits her very hard. The health worker now feels useless, worthless, blames herself for the death of this patient. She is unable to concentrate on her work. Feels like giving up her job.
Module 6 Practicum

Practicum on problem solving skills and coping with stigma

Mr. X is 41 year old man living with HIV 6 months ago he lost his wife. He now has three children to take care of. He feels very sad and lonely and feels he has no future. His energy has reduced. He can no longer work in his garden. He does not have school fees for his children. No money to buy food. He has heard neighbors refer to him as a moving corpse. Now he is afraid to go out of his house.

In small groups, let participants select a group facilitator to lead the group using the skills, you have learnt, to assist Mr. X find a solution to his problems