Group Support Psychotherapy Manual

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Section 1: Introduction

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

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

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

**Theoretical Framework of the Group Support Psychotherapy (GSP):** This group support psychotherapeutic intervention has been developed based on the already existing group counseling conducted in the PCAF trauma clinics as well as findings from focus group discussions with the target population (Nakimuli-Mpungu et al., 2014).

These findings, especially on community perceptions of depression and group interventions as a strategy to alleviate depression were compatible with the psychological principles of the Cognitive–Behavior Theory and Social Learning Theory.

Cognitive-behavior therapy dwells on the idea that thoughts and actions influence the way one feels (mood). The Social Learning Theory stems from the idea that behavior is learned from the environment by observing; where the person being observed is referred to as the model. Both of these theories have an explicit educational component and it is assumed that improvement is the result of learning a series of skills that make it possible for individuals to exert greater control over their feelings.

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

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

**General guideline:** Group participants will not receive any financial or material gifts when they participate in this group intervention. Likewise, group facilitators will not accept any financial or material gifts from group participants. The GSP intervention should take no more than 8 sessions to address a specific topic/issue each and could be delivered every week or every two weeks or every 4 weeks depending on availability of trained group facilitators. In small groups (6-8) sessions 3&4 and sessions 5& 6 could be combined into one session.
Section 2: Group Support Psychotherapy Sessions

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

**Session1: Introduction to group support psychotherapy**

<table>
<thead>
<tr>
<th><strong>Necessities:</strong></th>
<th><strong>Overall Goal</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Room/ safe space</td>
<td>Build group cohesion by welcoming all members, explaining the purpose of GSP, laying the ground rules for therapeutic process and electing group leadership</td>
</tr>
<tr>
<td>• Chairs/ benches/ mats</td>
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<tr>
<td>• Table</td>
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**Specific Objectives:**
- To help group members understand how GSP works.
- To help group members understand that this intervention will be in a safe and supportive group environment.
- To help each group member commit oneself to working with this group

**Materials :**
- The facilitator devises simple easy to use materials, e.g.
- Masking/ adhesive tape
- Markers/ pens
- Flip charts & chart stand
- Papers & attendance lists as culturally appropriate.

**Note:** Nametags should have been distributed to all

**Activities:**

a) **Self-introductions (counselor & group members) ---30 minutes**

- *The group facilitator:* You’re all welcome to this meeting.
- My name is…., I am a (title) … and my other roles in the community are….., I became group support facilitator in ……..
- Now that you know me, can I ask each one of you to introduce yourselves by: Name, title, address, roles in the community plus any other thing you may want other group members to know about you.
participants upon arrival.

**Notes for Group facilitators**

Greater work is done by the group facilitator who:
- Should highlight the difference between this group and other group types.
- Instill hope in the group members that this will be a safe group environment for working towards health improvement.
- Encouraging members to commit themselves to working with this group to support others and receive support for oneself.
- Teach group members that all successful work is guided by consistent and reliable rules; thus rules for this group work must be outlined and followed.
- Encourage full participation of all group members.

members to know about you.

- **After the introductions – the group facilitator:** This is a unique type of group that will work towards improving each member’s health through sharing experiences of each other (problems, attempted solutions and new ideas).
- And the goal of this group is: To improve the health and quality of life of you the members.

b) **Rationale and Efficacy of GSP --- 30 Min**

The group facilitator explains that: Group Support Psychotherapy is an intervention where:

1. People can share personal life experiences with others in the group without fear of judgment.
2. People can listen to each other’s life experiences without judging them.
3. People can ask each other questions about their problem experiences in terms of beliefs, feelings and behaviors with the aim of helping them to generate alternatives.
4. People can clarify their objectives and decide on the best available ways to achieve them (change).
5. People can express thoughts and feelings and this sharing will bring them relief.
6. People can identify realistic ways of achieving other types of support including social, economic/material and medical.
Notes for Group facilitator

The attention of the group facilitator allows each client to give a new quality of attention to him/herself.

And as a Result:

- The client may discover new connections and meanings of their experiences.
- Clients may discover their own thoughts and feelings by listening to their own words.
- By asking questions, clients may help each other to fill in unexplored aspects of their experiences and promote new connections between parts of their stories.
- Through GSP process, clients may learn and get support from each other, which is a very powerful vehicle towards healing.
- The counseling can mainly support changes in the client’s way of seeing the problems.
- It can lead to changes in the client’s way of looking at himself in a more positive self regard.
- It can lead to changes in one’s feeling of ability to handle his current difficulties (enhances the sense of control of client over their life state).
- It can lead to changes in his hope for the future.
Notes for Group facilitator

First allow group members to propose some ground rules. To that list add other rules without repeating what has been mentioned.

c) Basic ground rules will include (allow discussion of the rules \( \rightarrow \) ownership of them) ---30 minutes

**Group facilitator:** Since we are going to be spending a lot of time together over the next few weeks, it's important to have a few group rules so that everyone can get the most from the program. We would like to set up an atmosphere where everyone can learn from each other and feel respected during our discussions. Our time together will be more interesting and valuable if everyone is able to participate without any hesitations or judgments.

This is our group so we need to come up with some of our own rules that we will all agree to follow. Later, if someone thinks of something that we missed and the group agrees on it, we can add to the following rules:

**Group facilitator:** Please suggest some of the rules that you think will guide us as we proceed with our sessions. (*Write them down on the flip chart*)

**Group facilitator continues with rules not mentioned:**

To this list let me mention some more that have been useful for other groups in the past:

- Everything shared in the session is confidential. However, it is okay to share what you have learned about your condition with others, if you want to.
- Respect each person’s opinions and contributions.
- No physical aggression or confrontation
<p>| <strong>Notes for Group facilitator</strong> |
|------------------------------|---|
| The group facilitator may add the following rules | shall be allowed during the sessions. |
| • All group members must do all homework assignments. If you don't practice what you have learnt in the sessions, you may never know if these methods could help you control your feelings of depression. | • Respect of thoughts and feelings shared by others is encouraged. |
| • Emphasize that what each participant has to say is important. There are no “silly” or “stupid” questions. It is likely that other participants have the same question as you. | • Try to be as honest as possible and express yourself and your feelings freely. Let others know your ideas. |
| • Others want to participate too and they will not be able to if you consume all the time to express your ideas. | • If it seems to you that someone would like to say something, but hasn't been able to, encourage him/her to participate. However, don't force it. |
| • Thinking about what you want to say next does not allow you to listen attentively to others’ input. Try to understand others’ ideas. Listen to others in the same way you want them to listen to you. | • Don’t insist that you are right and everyone else is wrong. |
| • If the discussion is confusing to you, say so. | • If the discussion is confusing to you, say so. |
| • Come every week: From the beginning, you make a commitment to yourself and the other group members. | • Be punctual! Arrive on time for sessions! |</p>
<table>
<thead>
<tr>
<th>Notes for Group facilitator</th>
<th>d) Contracting---10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging members to commit themselves to working with this group to support others and receive support for oneself.</td>
<td>The Group facilitator explains that:</td>
</tr>
<tr>
<td></td>
<td>“Participating in GSP is each individual’s freedom as well as commitment. Once one decides to participate they should try to work through all the group sessions. The more sessions you attend, the more benefits you will achieve. Therefore, it is necessary for each one of you to assure me and other group members of your consistent presence at GSP sessions</td>
</tr>
<tr>
<td>Allow each group member to verbally announce their commitment to attend all group sessions</td>
<td>e) Session Review and Conclusion ---20 min</td>
</tr>
<tr>
<td></td>
<td>• Thank you all for the great work done in today’s session.</td>
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<td></td>
<td>• Each one of you now has the opportunity to ask questions and I’ll try to answer them. <em>(This is very empowering of previously stigmatized and discriminated persons.)</em></td>
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<tr>
<td></td>
<td>After group’s questions - Group facilitator:</td>
</tr>
<tr>
<td></td>
<td>• What do you remember about this session?</td>
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<td></td>
<td>• What have you found useful?</td>
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<td></td>
<td>• Do you remember each other’s name; what should we do remember them all? <em>(Avoid actions that may instill guilt).</em></td>
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<td></td>
<td>f) Home work Assignment:</td>
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<td></td>
<td>Visit at least one member you have met today by the next session.</td>
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<td></td>
<td>• Set and announce the date and time for the next session.</td>
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<tr>
<td></td>
<td>• Closing ritual <em>(should be appropriate and set with the aim of building cohesion within the group: ask members to suggest one.</em></td>
</tr>
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</table>
### Session 2: Psych-education on Depression and HIV/AIDS

**Necessities:**
- Room/ safe space
- Chairs/ benches/ mats
- Table

**Overall Goal:**
To help group members broaden their knowledge about depression and its relationship with HIV/AIDS.

**Specific Objectives:**
- To help group members understand the presentation, triggers, complications and treatment options for depression.
- To help group members understand the link between HIV and depression.

**Materials:**
The group facilitator devises simple easy to use materials, e.g. Masking/ adhesive tape, Markers/ pens, Flip charts & chart stand, Papers & attendance lists, Name tags of group members from previous session ... etc as culturally appropriate.

**Activities:**

a) **Introductions ---10 minutes**
- I welcome all of you and I thank you for remembering this day, the time and venue.
- This commitment shows that you all are very committed to working hard to change your life, and it will change.
- May we now introduce ourselves again! We shall use ..... *(a ritual to enhance group cohesion, to reduce anxiety and foster belonging.)*

b) **Review the homework,** “How was your experience visiting someone you met at the last session?”
### Notes for Group facilitator

**Greater work is done by the group facilitator who should:**

- **Teach group members that** there are different triggers of depression while acknowledging that there are different cultural explanations about what triggers depression and none is right or wrong but what is important is healing from this condition.
- **Helping the group to know that** there are many other people suffering from the depressive and HIV conditions but that they can live a healthier life once they commit to working through this group.
- **Encourage full participation of all group members.**

c) **Depression --- 50 min**

Today we are going to talk about two illnesses; depression and HIV.  
*(Remember that there are misperceptions about triggers and treatment options for depression).*

**Ask the group:**

I am going to ask you some questions. Please give me your ideas on them:

- What do you know about depression?
- How can you know one has depression?
- What causes depression?
- How can depression be treated?

  **i. Clinical depression**

When the group has explained the local understanding of depression, it is important for you the group facilitator to provide the clinical understanding in a way that motivates them to adopt this understanding.

**Group Facilitator:** Thank you for all the answers. Now I am going to give you some information of what other people know about depression:

- **Definition:** “Depression is defined as an extended period of time (at least 2 weeks) in which a person experiences depressed mood (feeling low or sad) or a loss of interest or pleasure in activities that were once enjoyed”.
Notes for Group facilitator

The Group facilitator should emphasize that: Although most individuals experience some of the mentioned depression symptoms and do not seek treatment, these symptoms can progress to severe disease.

Participating in group support therapy can prevent the progression of depression symptoms into full blown mental disorder.

 Symptoms: Depression is characterized by following symptoms:
- Feeling low or sad in mood almost every day
- Not being interested in things or being unable to enjoy things you used to enjoy
- Change in appetite or weight - eating either more or less than usual thereby either gaining weight or losing it.
- Difficulties getting to sleep, waking up frequently in the night, waking up too early or unable to fall back asleep, or sleeping too much.
- Being either very slow in your movements or sometimes being restless.
- Feeling tired all the time even without having done work.
- Feeling worthless or guilty.
- Problems like slowed thinking, poor concentration, or slowed making of decisions.
- Thinking about death or hurting oneself or others many times in a day (suicidal or homicide)

 Cause of depression: Depression can be caused by many things like: unresolved grief, the daily pains and burden of living with chronic sicknesses like HIV, loss of valuables and significant persons, etc.

Additionally, depression can also be caused by:
- Economic problems – no job, no income
**Notes for Group facilitator**

**Discuss complications of untreated depression such as suicide.**

**Discuss misperceptions about treatment and the various treatment options**

- Chemical imbalances in the brain, e.g. due to use of drugs like alcohol, marijuana (“jai”), mayirungi, etc.
- Chronic medical conditions
- Traumatic and other stressful events like war.
- Relationship problems at home, workplace, in the community, etc.
- Social stigma, discrimination, isolation, etc.

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**d) HIV and Facts about HIV --- 30 min**

**Group Facilitator:** Now I am going to give some facts about HIV in terms of:

- **Cause:** HIV disease is caused by a virus called: Human Immunodeficiency Virus (HIV).
- **Mode of infection:** sex, from the mother to child, blood transfusion, skin piercing with infected instruments, contamination with body fluids of an infected person e.g. in accidents,
- **Prevalence:** 6.4% in the general population and 13.7% in Northern Uganda (i.e 14 people may have the virus in every 100 people)
- **Effects on the immunity:** lowered CD4 count thus lowering the strength of the body to fight off opportunistic infections like Tuberculosis (TB), cryptococcal meningitis, etc.
- **Availability of ART and life expectancy:** Anti retroviral drugs (ART) are available in many parts of the country. These ART drugs promote and prolong life.
**Notes for Group facilitator**

Discuss how depression affects HIV treatment outcomes

e) Relation of Depression to HIV --- 10 min

**Group Facilitator:** We have seen that depression is caused by many things including chronic health problems, relationship problems, social stigma and various types of loss. HIV disease is also associated with all of these problems. Therefore, infected individuals are more likely to suffer from depression compared to non-infected individuals.

**Review of session and conclusion --- 20 min**

- Thank you all for the great work done at this session.
- You can now ask questions and let us all answer them. (*This is very empowering of previously stigmatized and discriminated persons.*)
- Ask group members for anything that they remember about this session.

**Homework assignment**

Visit a member of your community and share what you have learned about depression & HIV/AIDS.

- Set and announce the date and time for the next session.
- Closing ritual (should be appropriate and set with the aim of building cohesion within the group: *ask members to suggest one.*)
**Session 3 and 4: Venting and externalizing of personal problems/ trauma stories**

### Necessities:
- *Room/ safe space*
- *Chairs/ benches/ mats*
- *Table*

### Overall Goal:
To help group members learn to communicate with others about their own problems, to seek support and to receive feedback.

### Specific Objectives:
- To help group members talk about oneself and one’s distressing problems in a safe environment.
- To help group members receive and give feedback geared towards resolving the distressing problems.
- To help group members generate coping skills/strategies for dealing with distressing problems in future.
**Materials**

The group facilitator devises simple & easy to use materials, e.g.
- Masking/adhesive tape
- Markers/pens
- Flip charts & chart stand
- Papers & attendance lists
- Name tags of group members from previous session...etc. as culturally appropriate.

**Notes for the group facilitator**

In this session greater work is done by the group members than the group facilitator.
- Each group member shares their problems with the group.
- Other members give feedback/support to the person who has shared their problems.
- The group facilitator validates each group member’s difficulties and encourages members to share and support each other.

**Activities:**

a) **Introductions ---10 minutes**
- I welcome all of you and I thank you for remembering this day, the time and venue.
- This commitment shows that you all are very committed to working hard to change your life, and it will change.
- May we now self-introduce again! We shall use ..... (*a ritual to enhance group cohesion, to reduce anxiety and foster belonging.*)
- Emphasize confidentiality and acceptance of each member as they are.

b) **Review the previous session and homework ...10 minutes**
- What do you remember from the last session?
- How was your experience doing ............... given at the end of the last session? (*homework*)

C) **Venting and Externalizing problems**

**Group Facilitator *****5 minutes**
- Today we are going to share personal experiences.
- It is always easier to talk about nice things of our experiences **BUT** it has been more useful for most people in groups like this to talk more about difficulties, problems, challenges.
**Notes for the group facilitator**

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

- I therefore encourage each one of you to spend more time sharing your difficulties with the group than nice experiences.
- It might be difficult at some moment **BUT** I and all other group members will be there to support you every moment during the sharing.
- It is not a crime not to share today if you are not yet prepared to **BUT** it will be the best scenario to have everyone sharing and receiving the support of the group.
- Today, we should have 3 to 5 people sharing as time will allow.
- You do not need to feel pressured to rush through story; we shall be patient with everyone. We are aware that some people may have more than others to share.
- I will be there to guide everyone and your experience can never be right or wrong; it is just what you are experiencing.
- Everyone else should pay attention to the full story of the one sharing and give him/her constructive feedback. It is us to help us.
- Who will start to share their problems? All of us are here to support you; it is safe to do so. We shall patiently listen and support you to go on when it may be difficult for you to continue.

3-5 Clients share personal experiences **15-20 minutes each.**
***Listen actively to each client’s story***

d) Normalize the Problems (FOR EACH CLIENT) …..10 minutes.

- Write the problems down by name; all problems identified from the client’s sharing.
- Inform group members that these problems normally occur in the life of people who suffer HIV, trauma and other chronic illnesses as well as other big life problems.
- Inform group members that these problems occur among people of all tribes, nationalities, age, gender, religion, social and economic status.
- Inform them that it is not a sign of weakness or crime for anyone to experience these problems.
- Reassure group members that the distress they feel can go away; problems can be resolved through group support therapy.
- Call for feedback from the group members about the client’s shared problems.
- List down the solutions/ ideas as given by the group members.

**d) Encourage client to choose what s/he thinks may be useful for them**

- “What has been useful for you of all that
Notes for the group facilitator

Highlight the areas/signs of improvement in comparison to when you first met them. (Be realistic and concrete, avoid flattering group members)

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

d) Review of Session and Conclusion ……10 min

- Thank you all for the bravery to share with the rest of the group your personal experiences.
- Thank you the rest for listening attentively and for the supportive feedback you have given to them.
- How did today’s session go for you (each one)?
- Yes, it was difficult for all of us at certain moments but we have all managed to go through it; we must congratulate ourselves.

- Does anyone have questions? Please ask and we shall all try to answer them.
- Thank you all for the great work done at this session.
- Set and announce the date and time for the next session.

- Closing ritual
Session 5: Learning positive coping skills

<table>
<thead>
<tr>
<th>Necessities:</th>
<th>Overall Goal</th>
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<tbody>
<tr>
<td>Room/safe space</td>
<td>To learn how to manage depressive thinking and excessive worries (thinking too much)</td>
</tr>
<tr>
<td>Chairs/benches/mats</td>
<td></td>
</tr>
<tr>
<td>Table</td>
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</table>

**Objectives:**
- To learn how to manage and prevent depressive thoughts.
- To learn how to manage and prevent excessive worries.
- To learn about negative ways of dealing with problems so that we can avoid them.

**Materials:**
- The counselor devises simple easy to use materials, e.g. Masking/adhesive tape, Markers/pens, Flip charts & chart stand, Papers & attendance lists, Name tags of group members from previous session Etc. as culturally appropriate.

**Activities:**

a) **Introductions ---10 minutes**
- I welcome all of you and I thank you for remembering this day, the time and venue.
- This commitment shows that you all are very committed to working hard to change your life, and it will change.
- May we now self-introduce again! We shall use ..... *(A ritual to enhance group cohesion, to reduce anxiety and foster belonging.)*

b) **Review the previous session ...10 minutes**
- Highlight the depressive thinking and excessive worries that group members demonstrated as they shared their personal problems/trauma.
Notes for the group facilitator

Greater work is done by the group facilitator who will demonstrate the positive coping skills.

c) Managing depressive thought…...20 minutes

Facilitator to group members

- Today we are going to learn about various ways in which we can positively cope with depressive thoughts and feelings which we experience especially when we are going through stressful life events.
- We are going to learn how to manage depressive thinking.
- First, we must understand what depressive thinking is:
  Depressive thinking involves: Unrealistic negative thoughts about your situation, yourself and the future.
- Second, we must learn about some types of depressive thinking so that we can learn to identify them.

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

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

- Let us identify the different depressive thoughts in this statement.

  **I cannot do anything now**
  
  **All or nothing thinking**
  You see the world in extremes eg. entirely healthy or totally ill. Gradual improvement is not enough

  **I am just a cripple**
  
  **Labeling**
  Labeling involves talking to yourself harshly and calling yourself insulting names

  **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.

  **I am going to die anyway.**
  
  **Fortune-telling**
  You feel as though you know what the future will bring, and it’s negative
Why is it important to know about depressive thinking?

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

- Our minds generate depressive thinking in stressful situations.
- In these situations, when these types of thoughts occur, remind yourself that these are depressive thoughts which come as a result of low mood brought about by stressful situations.
- To manage these depressive thoughts, we replace them with realistic ones.
- In this session, we are going to learn about more fair and realistic ways of thinking. When these thoughts come to your mind ask yourself some reality questions.
Notes for the group facilitator

Ask a volunteer to list reality questions on flip chart under your guidance.

Examples of reality questions
- Can I get more evidence by asking someone about this situation?
- What is a more encouraging and useful way of thinking?
- This realistic thinking must be repeated over and over until it becomes automatic.
- Talk back to depressive thinking. For example if a thought comes: I am a cripple. Talk back I am not a cripple.
- Every time you talk back you make depressive thinking weaker and the realistic thinking stronger.

d) Managing excessive worries

Facilitator to group members

Next, we are going to learn about various ways in which we can positively cope with excessive worries which we experience especially when we are going through tough situations.

For example, having a chronic health condition such as HIV/AIDS leads to various problems that may cause you to worry. You may worry whether the condition will become worse, whether you will be able to keep up your activity level and whether the pain or discomfort will intensify.

These are real problems and thinking about them can help you come up with solutions

But worry can become excessive. You might find yourself worrying about a problem all the time, so much that it disrupts other work or interfere with your sleep.
**Notes for the group facilitator**

After teaching about signs of excessive worries, ask group members if they can identify signs of excessive worries in themselves.

Group facilitator will validate each group member’s difficulties and encourage members to participate in steps of problem solving.

---

When worry becomes too much, it will cause more harm than good.

**Excessive Worries affect the way you feel, your physical wellbeing and actions as illustrated below:**

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

<table>
<thead>
<tr>
<th>Excessive worrying:</th>
<th>Physical state: ↑muscle tension, ↑headaches, ↑rapid shallow breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emotions: anxiety/fear</td>
</tr>
<tr>
<td>Situation: Health condition worsens, financial problems, relationship loss/conflict</td>
<td></td>
</tr>
<tr>
<td>Actions: Not relaxing, social withdrawal, excessive focus on poor health</td>
<td></td>
</tr>
</tbody>
</table>

**How Can You Reduce Excessive Worrying?**

We’re going to show you how to reduce excessive worrying.

1. **Identify your worries**

Excessive worries can be recognized by at least one of these features:

1. You think *too much* about a problem, to the point that it interferes with other activities. Thinking so much about the problem makes it difficult to be with family or friends, enjoy entertainment or concentrate on work.
2. You imagine the *worst possible outcome* of the problem, you magnifying the negative possibilities and ignoring any possible positive outcomes. This kind of thinking is known as “catastrophizing.”
3. Physically, you will feel sick with pain in
### Notes for the group facilitator

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

| 2. **Challenge Worry Thoughts**  
(And replace them with realistic ones) |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Think of a situation about which you’ve been worrying.</td>
</tr>
<tr>
<td><em>First</em>, make a brief note about the situation.</td>
</tr>
<tr>
<td><em>Second</em>, write down the Worry Thoughts that were making you anxious.</td>
</tr>
<tr>
<td>Third, think about the situation and try to come up with more calming and realistic thoughts, using the Reality Questions below.</td>
</tr>
</tbody>
</table>

#### Examples of reality questions

- Can I get more evidence by asking someone about this situation? It’s often helpful to get another person’s opinion about the situation. For example: you’ve been worrying constantly that your health will keep getting worse – so you speak to the clinic nurse, who informs you that most people with your health condition are able to stabilize their symptoms.

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

Just by imagining how most people would react to a Worry Thought, you might be able to come up with a more fair and realistic way of thinking. When you step outside yourself and examine your
thinking from another perspective, it’s easier to see how your thoughts might be distorted.

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

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

3. **Practice Calming and Realistic Thinking**

It’s not enough to come up with a calming and realistic thought just once. Stressful situations can trigger worry. Examples of stressful situations are:

- An increase in physical symptoms or pain
- Forgetting to take your medication
- Visiting a new specialist

In order to get the greatest benefit from this skill, you must pay attention to your thinking in situations that are likely to trigger worry.

When you find yourself in stressful situations, **deliberately practice calming thinking**. Don’t assume that it will happen on its own. Talk back to the worry thinking. Don’t allow excessive worry to occur without replying to it. Every time you talk back, you make the worry thinking weaker and the
realistic thinking stronger. Eventually, realistic thoughts will have more influence over you than Worry Thoughts.

- For example: You may think: My illness is more serious than my doctors realize
- Realistic thought: There is a high chance that my illness is not serious, in fact, I will get better. Repeat this thought over and over.
- Only with time and repetition will realistic thinking – the truth – begin to feel true. Eventually you’ll come to accept realistic thoughts more naturally.

4. Schedule Worry Time

- Trying to force you to “stop thinking it” doesn’t usually work. But what you can do instead is schedule a particular time during the week when you will concentrate on worrying about your problems.

5. The aim of this scheduled Worry Time is to allow you to worry towards a solution instead of worrying in circles. When worry is done this way, it’s more likely to help you resolve your problems.

6. A useful way to organize your Worry Time is by using the Problem Solving strategy which we will learn about in the next session.
### Notes for the group facilitator

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

e) Negative ways of coping with problems

#### Facilitator to group members

Next, we are going to learn about negative ways of dealing with problems so that we can avoid them.

#### Substance abuse

Taking a lot of drugs or alcohol to feel better is called substance abuse. You may try and use drugs or alcohol to escape your problems, help you sleep, or make your symptoms go away.

Substance abuse can cause serious problems. Drinking or using drugs can make you sick, destroy your relationship with friends, family members, and make you lose your job.

#### Avoiding others

Certain social situations may make you stress, make you angry, or remind you of bad memories. Because of this, you may try to avoid doing things with other people. You may even avoid your friends and family.

#### Anger and violent behavior

You may feel a lot of anger at times. Your anger may cause you to lose your temper and do reckless things. You may distance yourself from people who want to help. This is understandable. It's natural to feel angry after going through something traumatic. But anger and violent behavior can cause problems in your life and make it harder for you to recover.
a) **Review of Session and Conclusion**  
\[\ldots 10 \text{ min}\]

- Thank you for listening attentively and for active participation.
- How did today’s session go for you (each one)?
- Yes, there was a lot of information to learn today but we have all managed to go through it; we must congratulate ourselves.
- Does anyone have questions? Please ask and we shall all try to answer them.
- Thank you all for the great work done at this session.

**Homework assignments**

In the coming week, group members will identify and write down (if possible) any depressing thinking and worry thoughts about problems that they may have. They will practice talking back with realistic thoughts and using problem solving strategies learnt in this session.

Set and announce the date and time for next session.

**Closing ritual**
**Session 6: Learning problem solving skills and how to cope with stigma**

### Necessities:
- Room/ safe space
- Chairs/ benches/ mats
- Table

### Materials
The group facilitator devises simple & easy to use materials, e.g.
- Masking/ adhesive tape
- Markers/ pens
- Flip charts & chart stand
- Papers & attendance lists
- Name tags of group members from previous session....etc as culturally appropriate

### Overall Goal:
To help group members learn how to solve problems and how to cope with stigma at personal, family, and community level.

### Specific Objectives:
- To learn how to solve problems
- To learn how to cope with stigma

### Activities:

f) **Introductions ---10 minutes**
- I welcome all of you and I thank you for remembering this day, the time and venue.
- This commitment shows that you all are very committed to working hard to change your life, and it will change.
**Notes for the group facilitator**

After teaching about problem solving, take an example of the problems shared in sessions 3 & 4. Ask group members to use problem solving skills to solve this problem.

- Group facilitator will validate each group member’s difficulties and encourage members to participate in steps of problem solving.

**Notes for the group facilitator**

- The group facilitator will ask a group member to volunteer to write on the flip chart the action plans offered by group members.
- The group facilitator will read aloud the action plan contributed for each group.

- May we now self-introduce again! We shall use ….. *(a ritual to enhance group cohesion, to reduce anxiety and foster belonging.)*

**g) Review the previous session and homework**

- What do you remember from the last session?
- ***Emphasize confidentiality and acceptance of each member as they are***.
- How was your experience doing ..........given at the end of the last session? *(homework)’’*

**h) Steps toward Problem solving**

**Facilitator to group members**

Next, we are going to learn about how to solve problems which we experience especially when we are going through tough situations.

1. Make a list of your major problems that you are worrying about
2. Chose the most pressing problem for which you need urgent solutions
3. Let group member’s brain storm on actions to help solve this pressing problem.
4. Compare these actions, listing the advantages and disadvantages of each.
5. Pick the best action
6. Make an action plan- This action plan should spell out exactly what is going to be done in the next week. The plan should be specific, realistic and scheduled (make a
member and helping the group member to choose what may be useful for them.

Notes for the group facilitator

The group facilitator will ask a group member to volunteer to write on the flip chart the action plans offered by group members.

The group facilitator will read aloud the action plan contributed for each group member and helping the group member to choose what may be useful for them.

7. After carrying out your action plan, evaluate it. What was the result? What did I learn?

8. Move on. Use the experience you have gained to plan your next step. There are three options
   a) Keep going
   b) Revise your plan and try again
   c) Take a new approach. Perhaps you learned something useful from your first effort that suggests another way of handling the problem.

Notes for the group facilitator

Emphasize that there is need to respect that some people and families are uncomfortable with disclosure of mental illness or HIV/AIDS

I myself would have some difficulty talking about my own situation, but I know that many find it difficult to expose the HIV status on top of the depression illness, and often only after I have shared my anxiety of talking about a problem in myself or family do others reveal the same.

Notes for the group facilitator

i) Understanding stigma ……30 minutes

Next, we are going to learn about various ways in which we can positively cope with stigma.

Group facilitator explains that “stigma” refers to a process which involves the identification and labeling of human differences, linking labeled persons (such as those with mental illness and /or HIV/AIDS to negative stereotypes, and categorization to facilitate discrimination and unequal outcomes.

- You can ask the group members for examples or you can provide examples

- A general discussion about the reasons for stigma usually leads to talking about stigmatization of people who have HIV/AIDS and depression problems.

- This is a good opportunity to talk about common myths about mental health and HIV/AIDS problems. For example, some people:

  - Believe that individuals with depression are seeking attention and are unwilling to take responsibility for their behavior.

  - Fear individuals who hear voices and talk to themselves because they mistakenly associate such behaviors with violence.

  - Believe that individuals who have major depression are really just lazy.

  - Believe that individuals who have substance use and depression problems make the problems worse by refusing to take responsibility for their behavior.

Talking about these, and other, examples is a
Before actually getting into a discussion of personal experiences with stigma, it is generally helpful to ask the group what things come to mind when you say the word “stigma” (e.g., definitions of the term, mental images or words that people associate with stigma, or famous people that have dealt with the subject of stigma and mental health and/or HIV problems).

Some patients or their family members will have experienced feelings of shame and embarrassment, sadness and guilt, and anger and frustration due to stigma, while others will say that they have never been directly affected by stigma at all.

**Notes for the group facilitator**

The group facilitator will ask a group member to volunteer to write on the flip chart the various

<table>
<thead>
<tr>
<th>j) Discussing personal experience of stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You can ask participants to share their own experiences with the group. It is helpful if the facilitators begin the discussion with a non-threatening example of how they have experienced stigma themselves.</td>
</tr>
</tbody>
</table>

For example, I often talk about how I grew to six feet tall before I was 12 years old and was laughed at and discriminated against because everybody else in my class, including (and especially!) all of the boys, were so much shorter than I was.

Another example could be “… after suffering a terrible rash on my skin in primary school, I was known as “The snake girl.”

<table>
<thead>
<tr>
<th>k) Ways to Cope with stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Now we are going to talk about the different ways we can cope with stigma</strong></td>
</tr>
</tbody>
</table>

– **Building your Social Shield:** Surround yourself with people who accept you the way you are.

Learning social skills.

**Skill learned and practiced:** Social communication (mirroring, validating, and empathizing) and conflict-resolution techniques (disclosure and dealing with discrimination).

– **Boosting Self-Esteem:** Exploring the group’s sources of self-image and self-esteem and ways
ways of coping with stigma as they are discussed.

| these concepts impact their coping styles. Learning to accept one's deficits as well as to acknowledge one's strengths. |
| – Empowerment: Turning Crisis into an Opportunity: Becoming aware of negative thought patterns and learning how to reframe them positively. |
| Skill learned and practiced: positive self-talk. |
| Talk back at negative views about oneself |

1) Review of Session and Conclusion …..10 min

- Thank you all for the bravery to share with the rest of the group your personal experiences of stigma.
- Thank you the rest for listening attentively and for the supportive feedback you have given to them.
- How did today’s session go for you?
- Yes, it was difficult for all of us at certain moments but we have all managed to go through it; we must congratulate ourselves.
- Does anyone have questions? Please ask and we shall all try to answer them.
  - Thank you all for the great work done at this session.

Homework assignments
In the coming week, group members will identify and write down (if possible) any negative attitudes
about self. They will practice talking back with realistic thoughts and using problem solving strategies learnt in this session.

Set and announce the date and time for next session.

**Closing ritual**
SESSION 7: Planning for Life after Therapy: Learning basic livelihood skills

<table>
<thead>
<tr>
<th>Necessities:</th>
<th>Overall Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room/safe space</td>
<td>To help group members acquire basic livelihood skills that will enable them to identify income</td>
</tr>
<tr>
<td>Chairs/ benches/ mats</td>
<td>generating activities that will improve their livelihoods thus enabling them to take control of</td>
</tr>
<tr>
<td>Table</td>
<td>their lives.</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td><strong>Specific Objectives:</strong></td>
</tr>
<tr>
<td>The group facilitator devises</td>
<td>• To hold a discussions about the kind of life they group members want to live after their</td>
</tr>
<tr>
<td>simple &amp; easy to use materials,</td>
<td>group sessions</td>
</tr>
<tr>
<td>e.g. Masking/adhesive tape</td>
<td>• To hold discussions about what group members could do together or in smaller groups in the</td>
</tr>
<tr>
<td>Markers/pens, Flip charts &amp;</td>
<td>future.</td>
</tr>
<tr>
<td>chart stand, Papers &amp; attendance</td>
<td>• To illustrate basic livelihood skills</td>
</tr>
<tr>
<td>lists</td>
<td></td>
</tr>
<tr>
<td>Name tags of group members</td>
<td></td>
</tr>
<tr>
<td>from previous session....etc as</td>
<td></td>
</tr>
<tr>
<td>culturally appropriate.</td>
<td></td>
</tr>
<tr>
<td>Notes for the group facilitators</td>
<td>Activities</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>This session assesses the therapeutic progress of the group as a unit and gives feedback to all group members.</td>
<td><strong>Facilitator to group members</strong></td>
</tr>
<tr>
<td><strong>Highlight significant strength of this group (something you can use in the future e.g. courage to share painful experiences, support they gave each other)</strong></td>
<td>I welcome you all and I thank you for remembering this day, the time and venue.</td>
</tr>
<tr>
<td>Remind the group that this is one of the last few sessions.</td>
<td>This commitment shows that you are very committed to working hard to change your life, and it will change.</td>
</tr>
<tr>
<td>- <strong>Thanking members for the great work done in order to improve their moods since they started therapy</strong></td>
<td>May we now self-introduce again! We shall use ..... <em>(a ritual to enhance group cohesion, to reduce anxiety and foster belonging.)</em></td>
</tr>
<tr>
<td>- <strong>Encourage them to dream, have fantasies. (It is healthy people who can fantasize and not sick people).</strong></td>
<td>b) <strong>Review the previous assignment.</strong> Let group members report on their experience the previous week. Did they manage to meet as a group in the community?</td>
</tr>
<tr>
<td></td>
<td>Let the group leaders summarize the benefits group members have obtained from this group support psychotherapy..... <em>(20 minutes)</em></td>
</tr>
<tr>
<td></td>
<td>c) <strong>The group facilitators then provide feedback to the group members based on what has been reported.</strong> --- <em>(20 minutes)</em></td>
</tr>
<tr>
<td></td>
<td>For example, if group was able to meet, then this is a sign that members are active, are able to socialize, have positive thinking, and also have energy to engage in community activities. This is a sign that their depression symptoms have markedly reduced.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) <strong>Introductions---10 minutes</strong></td>
<td></td>
</tr>
<tr>
<td>b) <strong>Review the previous assignment.</strong> Let group members report on their experience the previous week. Did they manage to meet as a group in the community?</td>
<td></td>
</tr>
<tr>
<td>c) <strong>The group facilitators then provide feedback to the group members based on what has been reported.</strong> --- <em>(20 minutes)</em></td>
<td></td>
</tr>
</tbody>
</table>
### Necessities:
- Flip Charts
- Markers
- Pens
- Notebooks

### Notes for the group facilitators

*Encourage them to think and plan more towards a different future shaped by them.*

*Help them make decisions on the possible viable enterprises; the smallest ones they can manage as they begin which can enhance their sense of control and success.*

*Examples:*
- Form a group which cleans school compounds and charge fees for this service.
- Form a group that collects rubbish and disposes it in a safe place and charge fees for this.
- Form a group which grows and sells something e.g maize fruits etc

### Activities

d) **Facilitator to group members**

Now, I would like us to move on to our main activity of the day. We are now going to think and plan for the future.

Let’s start by brain storming on various income generating activities (IGA) that we could do in small groups or as a group. Let’s have a volunteer to write them down.

**Focus on 3-5 examples provided**

Tell the group that for each IGA, we are going to consider the following important issues:

- **Is their demand for this activity/business?**
  e.g if there is high demand for a product then dealing in that product may bring in a lot of money. *Let group members brain storm*

- **How much money will we need to start this income generating activity/business?** If we need too much money to start then maybe it is not a good idea. If the money needed to start is not much then it may be possible to start this income generating activity. *group members brain storm*

- **Where will the capital (money to start the business/income generating activity) come from?**
  Friends?? Community NGO’s?? Sacco’s?

*Let group members brain storm*

- **What other things are needed to get this business going?** Does the business require transportation, storage facilities…… etc?
Do we need extra training to conduct this business? *Let group members brain storm*

<table>
<thead>
<tr>
<th>Necessities:</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flip Charts</td>
<td>e) <em>Facilitator to group members</em></td>
</tr>
<tr>
<td>Markers</td>
<td><strong>For a start, let’s focus on</strong> small income</td>
</tr>
<tr>
<td>Pens</td>
<td>generating projects that we can manage. They are</td>
</tr>
<tr>
<td>notebooks</td>
<td>more likely to succeed and improve our confidence</td>
</tr>
<tr>
<td></td>
<td>and enhance our sense of control.</td>
</tr>
<tr>
<td></td>
<td><em>By now the group must have suggested some</em></td>
</tr>
<tr>
<td></td>
<td><em>small simple realistic projects</em></td>
</tr>
<tr>
<td></td>
<td>For each project, let group members brain storm</td>
</tr>
<tr>
<td></td>
<td>on the following resource mobilization techniques</td>
</tr>
<tr>
<td></td>
<td>- <em>Cash rounds/capital contribution</em></td>
</tr>
<tr>
<td></td>
<td>- <em>Buying/donating/leasing/hiring land</em>,</td>
</tr>
<tr>
<td></td>
<td>- <em>Labor</em> (hired, voluntary, costs for motivation),</td>
</tr>
<tr>
<td></td>
<td>- <em>Borrowing</em> (interest rates, payment terms, etc)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Notes for the group facilitators</em></td>
<td>f) <em>Facilitator to group members</em></td>
</tr>
</tbody>
</table>
| • *Assess group’s capacity to resource mobilize on their own without you, the group facilitator.* | Now, we have some ideas on what Business/IGA we might want to do in future and how we shall mobilize resources to kick start this IGA, we need to know the following:

- We must give our business/IGA a name.
- We must have a goal for our business e.g. the overall goal may be to improve our household incomes
- We must outline the activities that need to be done in order to run this business
- We must have a time schedule within which activities must be done.
- We must assign group members responsibilities
- We must make a budget for our activities

**g) Review of Session and Conclusion**

.....10 min

- Thank you all for the brilliant ideas that you have shared with the rest of the group.
- How did today’s session go for you?
- Yes, it may have been challenging but I am impressed with the business ideas you have suggested. We must congratulate ourselves.
- Does anyone have questions? Please ask and we shall all try to answer them.
- Thank you all for the great work done at this session.

**h) Homework assignment**

Let group members meet in small groups to discuss their idea using the guideline in Appendix 1

Set and announce the date and time for next session.

**Closing ritual**
Session 8: Planning for Life after Therapy: Demonstrating basic livelihood skills

<table>
<thead>
<tr>
<th>Necessities:</th>
<th>Overall Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room/ safe space</td>
<td>To help group members demonstrate basic livelihood skills learned by allowing them to present their business ideas to the group facilitator and other group members.</td>
</tr>
<tr>
<td>Chairs/ benches/ mats</td>
<td></td>
</tr>
<tr>
<td>Table</td>
<td></td>
</tr>
</tbody>
</table>

**Materials**

The group facilitator devises simple & easy to use materials, e.g. Masking/ adhesive tape

Markers/ pens, Flip charts & chart stand, Papers & attendance lists

Name tags of group members from previous session....etc as culturally appropriate.

**Specific Objectives:**

- To hold a discussions about various business ideas/IGA presented by group members.
- To demonstrate basic livelihood skills learned
<table>
<thead>
<tr>
<th>Notes for the group facilitators</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>This session assesses the therapeutic progress of the group as a unit and gives feedback to all group members.</em></td>
<td><strong>a) Introductions---10 minutes</strong></td>
</tr>
<tr>
<td><em>Highlight significant strength of this group (something you can use in the future e.g. courage to share painful experiences, support they gave each other)</em></td>
<td><strong>Facilitator to group members</strong></td>
</tr>
<tr>
<td><em>Remind the group that this is the last session.</em></td>
<td>Is welcome you all and I thank you for remembering this day, the time and venue.</td>
</tr>
<tr>
<td><em>Thanking members for the great work done over the past seven weeks.</em></td>
<td>This commitment shows that you are very committed to working hard to change your life, and it will change.</td>
</tr>
<tr>
<td><em>Inform group members that their ability to come to all group sessions, ability to learn and practice what has been taught is a sign that they have overcome their depression.</em></td>
<td>May we now self-introduce again! We shall use ….. <em>(a ritual to enhance group cohesion, to reduce anxiety and foster belonging.)</em></td>
</tr>
<tr>
<td><strong>b) Review the previous assignment.</strong></td>
<td><strong>c) The group facilitators then provide feedback to the group members based on what has been reported. ---<em>(20 minutes)</em></strong></td>
</tr>
<tr>
<td>Did they manage to meet and structure their IGA/business project according to the guideline provided?</td>
<td>For example if group members were able to meet as a group or in smaller groups to further discuss their business project or IGA ,then this is a sign that members are active, are able to socialize ,have positive thinking, and also have energy to engage in community activities. This is a sign that their depression symptoms have markedly reduced.</td>
</tr>
</tbody>
</table>
| Let group members present their business projects according to the format provided. .....
| (20 minutes each) | **---(20 minutes)** |
| If different projects/IGA are presented, allow group members to give feedback to each other | **---(20 minutes)** |
i) Review of Session and Conclusion

......10 min

- Thank you all for the brilliant projects that you have shared with the rest of the group.

- How did today’s session go for you?

  Does anyone have questions? Please ask and we shall all try to answer them.

- I am impressed with all your business projects and wish you success in your efforts to make these projects a reality.

- All good things must come to an end. Our group support therapy ends today. We must congratulate ourselves for completing all sessions.

- Thank you all for the great work done over the past weeks.

Closing ritual
Appendix 1:

<table>
<thead>
<tr>
<th>INCOME GENERATING ACTIVITY</th>
<th>Maintaining school/homes/ compounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business name:</td>
<td>Namukora cleaning experts</td>
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<tr>
<td>Overall Goal</td>
<td>To improve our household income</td>
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<tr>
<td>Activities</td>
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<tr>
<td>1. Mobilize resources to buy cleaning equipment - Cash contributions by group members? - Contact NGO, or SACCO? - Borrow from Village saving &amp; loan associations?</td>
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<td>2. Approach potential clients</td>
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<td>3. Get storage space for your equipment</td>
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<td>4. Assign responsibilities</td>
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<tr>
<td>- Who will approach various clients?, who will get the required cleaning tools? - Who collects the money? - Where is the money kept?</td>
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<td>5. Hold meetings where you discuss the above mentioned issues. - Who chairs the meeting? - Who writes down what has been discussed?</td>
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<td>6. Record Keeping</td>
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| Time schedule                       | Monday: clean XXX school            |
|                                     | Tuesday: clean XXX and XXX home/shop etc |

| Assign group members responsibilities | 1. Assign responsibilities - Who will approach various clients?, who will get the required cleaning tools? Who is in charge of keeping the cleaning tools? Who is in charge of getting contracts? Etc |

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

References


5. [www.youtube.com/watch?v=cS5JrulbTsw](www.youtube.com/watch?v=cS5JrulbTsw)

6. [www.youtube.com/watch?v=KAL_LdvPejc](www.youtube.com/watch?v=KAL_LdvPejc)

7. [www.youtube.com/watch?v=97bXyrNVBX0](www.youtube.com/watch?v=97bXyrNVBX0)