This material has been funded by UK aid from the UK Government, however the views expressed do not necessarily reflect the UK Government's official policies.

DISCLAIMER
The advice and information given in this booklet is the best we can give based on current evidence based research and clinical experience in a South African context. The advice offered is to aid health providers in working with individuals in primary care settings to provide psychological education and to enable the patient to make an informed choice about their condition and the support they would like to undertake e.g. group counselling, individual counselling and medication.
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Welcome to your depression counselling resource manual

This resource manual is designed to help you, the behaviour change counsellor prepare for your counselling sessions for people with depression. Please write your name on it and make notes in it. This manual is one of two manuals you will receive; Manual 1 and 2.

The manual covers each of the different sessions and shows possible ways of carrying out the sessions with the use of examples. The sessions covered are:

**SESSION 1**  understanding depression

**SESSION 2**  deals with the triggers related to poverty and how to problem solve and use resources in the community.

**SESSION 3**  deals with problems in relationships and how to problem solve and manage them.

**SESSION 4**  deals with overcoming social isolation and becoming active again.

**SESSION 5**  deals with grief and loss and how to manage associated problems.

**SESSION 6**  this session is used when there are people living with HIV/AIDS (PLWHA) in the group and focuses on managing problems associated with externalised stigma.

**SESSION 7**  this session is used when there are people living with HIV/AIDS (PLWHA) in the group and focuses on healthy thinking to manage internalised stigma.

**SESSION 8**  the final session facilitates the end of the group sessions.

To prepare for a session:
- familiarise yourself with the session by reading about it in the resource manual;
- make notes to help you with the session;
- gather together the forms and other items that might be needed for the session, for example, group confidentiality forms for Session 1.

The dialogues used in this manual are for illustration purposes only and you should not try to role play them during an actual session.
Key to identifying the pictures

The following pictures will be explained and used during the training and group sessions.

- **A WAY FORWARD**
- **ACHIEVEMENTS**
- **AFTER THE SESSION**
- **CONTACT DETAILS**
- **END OF SESSION**
- **FACTS**
- **FEEDBACK**
- **FLAG**
- **GETTING ACTIVE**
- **GOALS**
- **HEALTHY THINKING**
- **INTRODUCTION**
- **MANAGING SYMPTOMS**
- **MEETING YOUR PATIENT**
- **PEER SUPPORT**
- **PROBLEM MANAGEMENT**
- **READ A STORY**
- **UNDERSTANDING THE CONDITION**
- **UNDERSTANDING THE ISSUE**
Steps for running sessions

Every session follows the same 5 steps. During the training you will become familiar with these steps and how to apply them during a session. A key to the pictures used in the counselling sessions is also provided.

These pictures will remind you of the steps you need to follow. The quick guide for each session will show the picture and will remind you of the goal, the story and the helping skill you will need to use during the session.

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Feedback from last week</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP 2</td>
<td>Read the story</td>
</tr>
<tr>
<td>STEP 3</td>
<td>Identify with the story</td>
</tr>
<tr>
<td>STEP 4</td>
<td>Explore ways of managing the problem</td>
</tr>
<tr>
<td></td>
<td>Problem management</td>
</tr>
<tr>
<td></td>
<td>Getting active</td>
</tr>
<tr>
<td></td>
<td>Healthy thinking</td>
</tr>
<tr>
<td>STEP 5</td>
<td>Select issues for feedback in the next session</td>
</tr>
</tbody>
</table>
Progress notes

Progress notes should be used to document patient’s progress in depression counselling for both individuals and groups. They can also be used to document referrals, e.g. suicidal referral- make a note in the file that the patient has been referred for assessment and treatment after filling in the suicide referral form.

» Below is an example of how to write the progress notes.

<table>
<thead>
<tr>
<th>Session</th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session 1:</strong> Understanding depression</td>
<td>Patient attended individual counselling for understanding depression. The next session is poverty and this is scheduled for...</td>
<td>Patient attended group counselling for understanding depression. The next session is poverty and this is scheduled for...</td>
</tr>
<tr>
<td></td>
<td>Patient did not come for scheduled session: understanding depression. Patient needs to attend this session before proceeding to other sessions. The session has been scheduled for...</td>
<td>Patient did not come for scheduled session: understanding depression. Patient needs to attend this session before proceeding to other sessions. A catch-up individual session has been scheduled for...</td>
</tr>
<tr>
<td><strong>Session 2:</strong> Poverty</td>
<td>Patient attended individual counselling for session 2: Poverty. The next session is Interpersonal conflict and this is scheduled for...</td>
<td>Patient attended group counselling for session 2: Poverty. The next session is Interpersonal conflict and this is scheduled for...</td>
</tr>
<tr>
<td></td>
<td>Patient did not come for scheduled session 2: Poverty. Patient needs to attend this session before proceeding to other sessions. The session has been scheduled for...</td>
<td>Patient did not come for scheduled session 2: Poverty. Patient needs to attend this session before proceeding to other sessions. A catch-up individual session has been scheduled for...</td>
</tr>
<tr>
<td><strong>Session 3:</strong> Interpersonal conflict</td>
<td>Patient attended individual counselling for session 3 Interpersonal conflict. The next session is Social isolation/ avoidance and this is scheduled for...</td>
<td>Patient attended group counselling for session 3 Interpersonal conflict. The next session is Social isolation/ avoidance and this is scheduled for...</td>
</tr>
<tr>
<td></td>
<td>Patient did not come for scheduled session 3: Interpersonal conflict. Patient needs to attend this session before proceeding to other sessions. The session has been scheduled for...</td>
<td>Patient did not come for scheduled session 3: Interpersonal conflict. Patient needs to attend this session before proceeding to other sessions. A catch-up individual session has been scheduled for...</td>
</tr>
<tr>
<td>Session</td>
<td>Description</td>
<td>Individual Counselling</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Session 4:</strong> Social isolation/avoidance</td>
<td>Patient attended individual counselling for session 4: Social isolation/avoidance. The next session is poverty and this is scheduled for...</td>
<td>Patient did not come for scheduled session 4: Social isolation/avoidance. Patient needs to attend this session before proceeding to other sessions. The session has been scheduled for...</td>
</tr>
<tr>
<td><strong>Session 5:</strong> Grief and loss</td>
<td>Patient attended individual counselling for session 5: Grief and loss. The next session is Externalised stigma and this is scheduled for...</td>
<td>Patient did not come for scheduled session 5: Grief and loss. Patient needs to attend this session before proceeding to other sessions. The session has been scheduled for...</td>
</tr>
<tr>
<td><strong>Session 6:</strong> Experienced stigma</td>
<td>Patient attended individual counselling for session 6: Experienced stigma. The next session is Internalised/perceived stigma and this is scheduled for...</td>
<td>Patient did not come for scheduled session 6: Experienced stigma. Patient needs to attend this session before proceeding to other sessions. The session has been scheduled for...</td>
</tr>
<tr>
<td><strong>Session 7:</strong> Internalised/perceived stigma</td>
<td>Patient attended individual counselling for session 7: Internalised/perceived stigma. The next session is poverty and this is scheduled for...</td>
<td>Patient did not come for scheduled session 7: Internalised/perceived stigma. Patient needs to attend this session before proceeding to other sessions. The session has been scheduled for...</td>
</tr>
<tr>
<td><strong>Session 8:</strong> Closure</td>
<td>Patient attended the closing session. He/she has been referred to the nurse for re-assessment.</td>
<td>Patient did not come for scheduled session 8: Closure. Patient needs to attend this session before proceeding to other sessions. The session has been scheduled for...</td>
</tr>
</tbody>
</table>
As a counsellor, you have a special role that includes the following:

• you are someone who listens without judging or criticizing and who supports what a person has to say. You are not a friend;
• you must encourage individuals to express their feelings about problems, even when those feelings are painful;
• the counsellor must help patients make links between thoughts and feelings, as well as between symptoms and what is going on in their lives;
• as a counsellor encourage members to practice new ways of dealing with problems while they are in a session (group members must practice using role-play);
• as a counsellor ask your patient how the session went, once you are near the end of a session;
• as a counsellor you must get information from the patient that will help you understand the problems they are having in their life. You can get this information by asking a combination of direct or open-ended questions:
  ○ Examples of direct questions:
    • “Could you tell me about your children?”
    • “Who are the important people in your life?”
    • “Who did you see this week?”
  ○ Examples of open-ended questions:
    • “Tell me about why you felt so depressed this week.”
• as a group facilitator you must encourage group members to help one another by providing suggestions on how to deal with a problem;
• as a group facilitator you must bring the focus back to the group when a group member talks about something that doesn’t seem to be connected to her trauma or to what others in the group are working on;
• as a group facilitator must encourage the group members to express their feelings, including feelings of anger, sadness and shame;
• as a group facilitator you must point out similarities in feelings and problems among group members;
• as a group facilitator you must ask group members how they are affected by another member’s discussion;
• as a group facilitator you must facilitate group members to help one another and point out how one group member helped another member; and
• the group members must invite each group member who would not talk in the session to share their thoughts with the others.

Getting to know one another

During the first session:

• help individuals feel comfortable in the session, to feel free to talk about how they feel and what is happening in their lives. You can talk a bit about yourself in the first session, to allow individuals to get used to you and get to know you;
• explain that because of the depressive symptoms they may not feel that they can do as much in their lives as they had in the past, but that as they begin to feel better they will start to feel more like their old selves and get back to their usual ways;
• review the symptoms of depression. Check if individuals identify with them;
• explain what will happen during the sessions – how often meetings will take place and how long each meeting will last. Explain that individuals will be asked to talk about their problem, and find ways of understanding and handling these problems in order to feel fewer symptoms;
• describe what kinds of problems may be triggering or making the depressive symptoms worse – a stressor or traumatic incident may trigger the symptoms. Conflict, stigma and discrimination and loss can also make it worse; and
• if running a group, explain that everyone in the group has depression and can help one another. Attending the sessions will help them feel better.

» Below is an example of how you can introduce yourself.

COUNSELLOR
Hello, my name is ___________. I am one of the counsellors here.
I am here to help you with some of the problems you are experiencing. We’ll be meeting for a counselling session once a week for the next 8 weeks. You are invited here today because you have experienced depression. During our meetings we will support each other to find better ways of handling the problems that affect how you feel. You are not alone, many people have experienced depression. Coming to the counselling sessions will help alleviate some of the symptoms you are experiencing, help you to feel better and also help you to learn new ways of dealing with your problems and symptoms.

COUNSELLOR
(In the case of groups) As this is the first time we are all meeting together I’d like each of you to introduce yourself and suggest an animal that best describes you and say why you have chosen this animal.
Session 2: Poverty resource

STEP 1  Feedback from last week

Strategies for picking up on the issue from introductory session.

Ask group members how starting the group and learning about the symptoms of depression makes them feel. For example:

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Last week we started our group and learnt about depression. Motheo, can you tell me how you feel about this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTHEO</td>
<td>It was encouraging to know that I am not the only one with this problem. I am also relieved to know that there is a name for what I am going through.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>I am glad to know that you feel encouraged and relieved. I hope you will be able to get more from the group sessions as we continue.</td>
</tr>
</tbody>
</table>

STEP 2  Read the story

This story can be used to identify if patients are feeling the effects of poverty. Read the story out slowly to allow them to think about whether they are experiencing a similar issue. Individuals identifying with the story may look sad and nod their heads in agreement.
Thandi is 22 years old and has been married for 3 years. She has been taking diabetes medication for two years. She has a five year old son, Thulani, with her husband. Thandi’s husband Sifiso works far away from home, so she is often alone with their son. Her husband does not send home enough money to buy all the things she needs for the family. Thulani will be starting school the following year. She cannot help but constantly worry about how she will meet her son’s school needs. There are some days when Thandi herself does not have enough to eat, she would rather give her food to her son and this worries her as she has to be careful with her diet as a diabetic patient.

Thandi doesn’t know what she can do to try and get more money. A social worker has helped Thandi get a child care grant, but it is not enough because that is sometimes the money she gets for the month. She is also worried about what will happen to her son if she gets sick and her husband does not come home. Thandi feels helpless and often cries because she does not know what to do about her situation. She can’t see any way this situation can get better, and sometimes thinks it would be better to give up on her life and die.

Thandi yo o ngwaga tse 22, o na le dingwaga tse 3 a nyetswe. O na le dingwaga tse pedi a tsaya ditlhare tsa sukiri (diabetes). Ene le monna wa gagwe ba na le ngwana wa mosimane yo o dingwaga tse 5 e leng Thulani. Monna waga Thandi, Sifiso o bereka kgakala le legae, mme se se dira gore Thandi a ba a setse le ngwana wa gagwe ba le nosi ka nako tse dintsi. Monna wa gagwe ga aromele madi/chelete e lekaneng gore Thandi a kgone go reka dilo tshotlhe tse di tlhokegang. Thulani o simolola sekole ngwaga e tlang. Thandi o nna a tshwenyega gore o tla kgona jang go reka tsothihe tse Thulani a tla di tlhokang ko sekoleng. Go na le malatsi a dijo di seyong mo ntlong mme Thandi a itime dijo gore ngwana wa gagwe a kgone go ja. Se se se tshwenyena Thandi ka gore o tshwanetse go ja sentle ka e le molwetsi wa sukiri.

Thandi ga a itse gore o ka dira eng go bona madi/ chelete. Social worker e mo thusitse go re a kgone go amogela di-grant tsa bana mme se ga se a lekana ka gore nako tse dingwe ke one madi fela a bonang mo kgweding. Thandi o nale go tshwenyega gore ngwana wa gagwe o tla bonwakje mang fa a ka lwala monna wa gagwe a bo a sa tle gae. Ga itse gore a direng ka nako tse dintsi e bile o nna ka go lela ka gore ga itse gore a fetole seemo sa gagwe jang. Ga a bone botshelo ja gagwe bo tokafala mme nako tse dingwe o ipolelela gore go botoka a ineele mo botshelong a tlhokafale.
STEP 3  Identify with the story

In the first part of the helping process we are trying to understand a person’s story about their experience of poverty and how it has affected their life. Some of the questions that we can ask to accomplish this are:

Here are some questions to help you ask the group to participate:
- Does anyone have an experience similar to Thandi’s?
- How has not having enough money or food affected your life?
- How does it make you feel?
- How have you tried to cope with the situation?

» Here is an example of how counsellor might approach a group member who has a problem with poverty.

**COUNSELLOR**
Now that we’ve read the story, does anyone have any experiences similar to Thandi’s?

**PAUL**
I can understand Thandi’s problems. I lost my job last year and my wife is also not working. There is no money for me to buy food and clothes for my children and we are always hungry. My oldest child got very sick last month and I could not afford the taxi fare to take him to the clinic. I thought he was going to die. I worry about them all the time because I am there as a father but I can’t do anything. I just don’t know what to do.

**COUNSELLOR**
It sounds like you have had a very tough time. Has this impacted on how you cope and feel?

**PAUL**
I feel sad and helpless. I worry a lot; I don’t know what to do.

**COUNSELLOR**
Have you done anything to try to get more money?

**PAUL**
I know about the child support grants but I don’t have an ID book. I am too embarrassed to ask my family for help.
STEP 4   Explore ways of managing a problem

Role Play
After the individuals have shared their stories, it is important to get them to think of ways in which they can manage their feelings. Practice how you would lead a discussion where you help them to think of ideas for feeling better using problem management strategies.

It is important for patients to come up with their own ideas about what would be helpful. Here are some questions to help you with this process:

- What helped other people you know to cope with the financial problems and the impact on their family or loved ones?
- Are any of these suggestions helpful?
- How could the individual apply any of these suggestions to their own life?

Encourage the application of these solutions in real life.

» Below is an example of how a counsellor may facilitate this process.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Paul, have you thought of any ways you could get an ID book or ask your family for help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAUL</td>
<td>No, I don’t know what to do.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Is there anyone in the group who has had similar problems that they were able to deal with?/Do you know of anyone who has had similar problems and how they dealt with it?</td>
</tr>
<tr>
<td>NONTU/PAUL</td>
<td>Yes, I also never used to have an ID book so I couldn’t get a grant for my child. But now I have one and a grant./ Yes, I know of Nontu who also didn’t have an ID book so she couldn’t get a grant for her child. But now she has one and a grant.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>What did you/she do to get an ID book?</td>
</tr>
<tr>
<td>NONTU/PAUL</td>
<td>I asked the social worker at the hospital to help me. She got me the papers and helped me to apply for one./ She asked the social worker at the hospital to help her. The social worker got her the papers and helped her to apply for one.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Paul, do you think you could try this?</td>
</tr>
<tr>
<td>PAUL</td>
<td>Yes, I would just need to get the details of the social worker who helped Nontu.</td>
</tr>
</tbody>
</table>
Thandi shared her story with some women in their church and they realised that they all were facing similar issues. Mma Thabo, one of the women in the group, had heard about a savings group that some other women in her area had started. In the group, each woman contributed 30 Rand a month into a collective pot. At the end of each month a new woman was given the collection of money to contribute to their family needs. Thandi and her friends then decided to start up a group of their own.

Ask: How do you think you could work to solve your problems together?

Ask: What resources would you need to work towards the solutions?

> Use the form below to fill in the telephone numbers and names of the people or organisations that can help group members solve their problems as a group:

<table>
<thead>
<tr>
<th>Institution/ company</th>
<th>Name</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
Ask: *How are you going to share the tasks?*

Allow for group members to divide tasks amongst themselves for the group activity. Help group members use the resource list to identify organisations and individuals they might approach to help complete the tasks.

Say: This is great. We have identified tasks to work on before the next session. When we meet next week you will give feedback on your individual tasks as discussed as well as the group activity task.

---

**STEP 5  Select issues for feedback in the next session**

In the previous weeks, your patients will have attempted to put some of their coping strategies into practice. It is likely that many of them will have been able to accomplish some of their goals, as their depression will probably have decreased by this phase. It is important to talk with them about their attempts to try and feel better. This is an example of how this could be done:

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Tell me Paul have you tried any of the suggestions about how to get a child care grant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAUL</td>
<td>The social worker that helped Nontu helped me. I went to our community centre where she was. She asked me questions about my child and filled out the forms so I could get an ID number for myself. She then told me what I need to do to apply for the grant. She told me that the child care grant was to help take care of my child's needs.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>I am glad that the grant has helped your situation, and I am glad that you made the effort to seek out the social worker. If anyone else would like to get a hold of a social worker, so they can get a child care grant, I have the information on how to contact your local social worker. (For the group) Would anyone else like to share anything they have done that has helped them?</td>
</tr>
</tbody>
</table>
Ask how the group activity tasks went. Allow for group members to explore alternative ways if the task were not successfully completed.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>How did the group activity go?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARY</td>
<td>It went so well. I went to the bank and they gave me forms we have to fill in as a group.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>That is great. So you can do that after the session today.</td>
</tr>
<tr>
<td>MPH0</td>
<td>Mine didn’t go so well. The person in charge of small businesses at the municipality was away so I could not talk to her about our project.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>That’s okay. What do you think we should do next?</td>
</tr>
<tr>
<td>DIKELEDI</td>
<td>I think we can wait for when she comes back. Did you get a date? I can go with you before the next group session.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>What do you think Mpho?</td>
</tr>
<tr>
<td>MPH0</td>
<td>That is a great idea. I would appreciate someone to go with as well.</td>
</tr>
</tbody>
</table>

Say: I also met with each group member to go through your medication. How are you coping with taking your medication regularly? What challenges have you faced? Allow for group members who are experiencing challenges in taking their medication regularly to learn from other group member.

Arrange for individual sessions if some group members are having problems with taking medication regularly.
Remember

- Encourage the group members/individuals to describe in detail their specific experience of poverty. Later, this should be further encouraged by the group themselves.

- Explore how poverty has led to the group member’s/individuals depression, or made their depression worse. For example, if a member like Thandi in the story speaks about not being able to find a job; ask them how this makes them feel inside; are they scared and fear the future? Ensure you explore these feelings as talking helps release anxiety.

- Explore how poverty may have affected their health and HIV symptoms and/or adherence to medication.

- Ask the group member/individual how they would like their situation to change.

- Encourage group members/individuals by helping them identify the resources they need to help themselves change this poverty situation. This can be done by group members/individuals identifying skills that they possess and also looking for people in their life that they think will be willing to help them.

- Encourage group members/individuals to share both their positive and negative attempts to change their poverty situations. However, more emphasis should be placed on possible negative outcomes of their attempts.

- Empower group members/individuals by helping them identify the resources they need to help themselves change their poverty situation; this can be achieved by facilitating brainstorming on how to get those resources.

- The counsellor should facilitate role-plays in which the group member/individuals can try out possible solutions on the best approach to take.

- Group members/individuals should at all times be encouraged to problem-solve for themselves. In the case of groups, participation from all group members is very important in this process.

- In the case of groups, the counsellor should ensure that all group members receive equal attention in this area of poverty, and above all, no group member should be excluded in anyway.

- The counsellor should acknowledge the courage and effort that a group member/individual displays in trying to change their poverty situation.

- The counsellor should also have additional information, such as the contact details for the local social worker, so that the group members can at least benefit from the child care grants.

Techniques for dealing with poverty

Here are some ways in which the counsellor can assist someone who is experiencing problems related to poverty:

- encourage group members/individual to describe how they feel regarding the effect of poverty in their lives. Encourage expression of specific feelings around these issues;

- discuss with group members/individual realistic possible solutions that they will be able to implement;

- encourage individuals/group members to utilize untapped existing resources, e.g., people they know who could help them; or

- encourage individual/group members’ beliefs that they have the power to change their situations.
Step 1  Feedback from last week

**Strategies for picking up on the issue from Poverty**

Group members and individuals will have attempted to put some of their solutions into practice. It is likely that many of them will have been able to accomplish some of their goals, as their depression will probably have decreased by this phase. It is important to talk with them about their attempts to try out different strategies and whether this has made them feel better.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Last week we spoke about how to get a child care grant. Please remind me what happened.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAUL</td>
<td>The social worker that helped Nontu helped me. I went to our community centre where she was. She asked me questions about my child and filled out the forms so I could get an ID number for myself. She then told me what I need to do to apply for the grant. She told me that the child care grant was to help take care of my child’s needs.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>I am glad that the grant has helped your situation, and I am glad that you made the effort to seek out the social worker. If anyone else would like to get a hold of a social worker, so they can get a child care grant, I have the information on how to contact your local social worker. (For the group) Would anyone else like to share anything they have done that has helped them?</td>
</tr>
</tbody>
</table>
Masa is 27 years old and is having problems with her partner whom she lives with. Masa’s family does not have much money and because of this she moved in with boyfriend when she was very young. She has been diagnosed with high blood pressure and has to take medication every day. Her boyfriend has a job at a restaurant and often works very different times shifts. He also drinks at work and often comes home drunk. Masa is also worried that he is unfaithful to her. This is because sometimes he does not come home at all. They constantly fight about this and when Masa tries to speak to him about his drinking and not coming home he gets very angry and hits her. This makes her sad and angry which leads to her feeling very alone. She is worried about her home environment as it is not good for her high blood pressure. Masa is scared to talk to her partner because they end up fighting almost every time.

This story can be used to identify the group members/individual who identify with the issue. Read the story out slowly and allow group members/individuals to think about whether they are experiencing a similar issue. Look out for individuals who are nodding their heads, looking sympathetic or speaking up in agreement to what is being said.
STEP 3  Identify with the story

In the first part of the helping process we are trying to encourage a person with a problem to tell their story so as to understand the interpersonal dispute. Some of the questions that we can ask to accomplish this are:

- What happened?
- How do you understand the problem?
- How do you think the other person understands the problem?
- How did you try to resolve the disagreement
- How did you feel then?
- How are you feeling now?

When the interpersonal problem is one of interpersonal conflicts or disagreement, the counsellor helps the person to do the following:

- clearly define what the problem between the two people is;
- identify the phase that the disagreement is in (renegotiation, impasse - not going anywhere), or dissolution; and
- explore options about a plan of action for solving the problem.

This often means that the counsellor will help the group or individual change the way they communicate and change their expectations of what outcomes are possible.

» Here is an example of how you may approach a group member/individual in the early the session.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Masa, we know from what you have told us that you are having problems with your boyfriend.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MASA</td>
<td>Yes, we fight a lot.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Do you think you could tell us today about the disagreements you have been having?</td>
</tr>
<tr>
<td>MASA</td>
<td>I am not sure what to say, I am embarrassed.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>You could first tell us about your relationship with your boyfriend, when the arguments started, and what it is you disagree about?</td>
</tr>
<tr>
<td>MASA</td>
<td>Siphiwe and I were happy at the beginning but then he started to drink and fight with me. We fight about money, other women and alcohol – always drinking...</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>This sounds very difficult for you.</td>
</tr>
<tr>
<td>MASA</td>
<td>Yes, it makes me feel so sad. I feel so alone, especially because he does not spend much time with me anymore since we always fight when we are together. I can’t even turn to my mother for support because she cannot help me and I do not want to burden her.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Thank you for sharing. I know that it is very difficult to talk about this, but talking about it and understanding how you feel may help.</td>
</tr>
</tbody>
</table>
Allow Masa to continue talking about her problem and how she feels.

For a group: If there is someone else in the group who is experiencing a similar interpersonal problem you might try to ask for her response to what Masa is saying. This will help with the group process.

**STEP 4  Explore ways of managing a problem**

Role play
Practice working on the interpersonal dispute problem and moving the discussion towards exploring and understanding the use of problem management.

Draw on the experiences of individuals to help explore how to manage the problem. Help them with the conflict, identify goals and strategies to deal with the dispute.

- It is important that individuals come up with their own ideas about what would work. Here are some questions to help you with this process: What has helped people that you know to deal with similar problems?
- Do you have any ideas or suggestions to help yourself and others with the problem?
- How can you apply these suggestions in your own life?
Below is an example of how a counsellor may facilitate this process.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Masa, what could you do to help yourself deal with the problems that you are having with your boyfriend?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MASA</td>
<td>I don’t know, I can’t think of anything.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Is there anyone in the group who has had similar problems that they were able to deal with? Can you think of anyone you know who has had similar problems who was able to deal with it?</td>
</tr>
<tr>
<td>RORISANG/MASA</td>
<td>Yes, I had a similar problem with my boyfriend/ Yes I know of Rorisang who had a similar problem.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>What did you do to help yourself deal with your problem? What did Rorisang do to deal with her problem.</td>
</tr>
<tr>
<td>RORISANG/MASA</td>
<td>I/she told my/her boyfriend how I/she was feeling. I/she told him that the way he was treating me/her was making me/her feel sad and upset. I/she also spoke to the social worker and got my ID, this helped me/her get a job. Now that I/she have/has some money, things are better.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>What did he/Rorisang’s boyfriend say when you/she told him you/she were sad?</td>
</tr>
<tr>
<td>RORISANG/MASA</td>
<td>He told me/her that he was also feeling sad and angry because he couldn’t support us/them but he was working all the time.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>What did you/Rorisang say to him?</td>
</tr>
<tr>
<td>RORISANG/MASA</td>
<td>That he cannot take his anger out on me/her when he drinks. That when he hits me/her, I/she feel very sad and alone – like I/she don’t have a husband.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Did that help to make you/Rorisang feel better about the problems you/she were having with him?</td>
</tr>
<tr>
<td>RORISANG/MASA</td>
<td>Yes, I/she felt much better and we/they also understand each other better now. He does not drink so much and now we/they talk more with each other.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Masa, do you think that talking to Siphiwe might work for you?</td>
</tr>
<tr>
<td>MASA</td>
<td>Yes, I will try talking to him when he has not been drinking.</td>
</tr>
</tbody>
</table>
This is an example of a later session in which Masa is further along in dealing with the disagreements.

COUNSELLOR Masa you seem happier today. I have noticed over the last few weeks that your depression symptoms are fewer. Why do you think you are feeling better?

MASA Yes. I don’t feel sad all the time now and I also don’t feel as lonely and angry as I did before.

COUNSELLOR That’s good. Why do you think this is happening?

MASA Well, I listened to other people in the group who were also having problems in their relationships and I heard about the things they had done to fix their problems/discussed with you ways that others have dealt with similar situations. I heard what Rorisangi said/told you what Roisangi did and I have managed to talk to Siphiwe about my feelings. He is being better now that we have talked.

COUNSELLOR That is good to hear. Is there anything else that has helped?

MASA I have also made friends with some of the other ladies here/at the church. It is nice to talk with people who have similar experiences. It’s good to talk about things with them. Also, some of the people have said that it has made them feel better to talk to me. It makes me feel good to know that I can help other people.

COUNSELLOR I am very happy to hear this. (For the group) Is there anyone else in the group who would like to say something to Lindiwe?
Role play
Using a spontaneous role play ask a member of the training group to volunteer to role play how to put this problem management into action. A volunteer can role play a situation where they are trying to deal with an interpersonal conflict in their lives and two or three other volunteers can help the person to understand the problem better and decide on strategies to deal with the problem.

Techniques for dealing with interpersonal conflicts
Here are ways in which you can assist someone who is dealing with problems related to interpersonal conflict:
- the group member/individual describes in detail how he/she sees the problem and what he/she would like to change;
- next, he/she needs to describe the problem from the other person’s point of view and how he/she thinks the other person may be reacting and feeling;
- next she describes how he/she has tried to change this problem; or
- other group members can give suggestions regarding what has helped them and the group member can then choose the option which seems most appropriate for his/her circumstances and act on this. The individual should think of what has helped others in a similar situation. The counsellor can also give suggestions but not provide advice. The individual should then choose the option which seems most appropriate for his/her circumstances and act on this.
Session 4: Social isolation and avoidance resource

**STEP 1**  Feedback from last week

**Strategies for picking up on the issue from Interpersonal conflict session.**

» This is an example of a later session in which Masa is further along in dealing with the disagreements.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Masa you seem happier today. I have noticed over the last few weeks that your depression symptoms are fewer. Why do you think you are feeling better?</th>
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</thead>
<tbody>
<tr>
<td>MASA</td>
<td>Yes. I don’t feel sad all the time now and I also don’t feel as lonely and angry as I did before.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>That’s good. Why do you think this is happening?</td>
</tr>
<tr>
<td>MASA</td>
<td>Well, I listened to other people in the group who were also having problems in their relationships and I heard about the things they had done to fix their problems/discussed with you ways that others have dealt with similar situations. I heard what Rorisang said/told you what Roisang did and I have managed to talk to Siphiwe about my feelings. He is being better now that we have talked.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>That is good to hear. Is there anything else that has helped?</td>
</tr>
<tr>
<td>MASA</td>
<td>I have also made friends with some of the other ladies here/at the church. It is nice to talk with people who have similar experiences. It’s good to talk about things with them. Also, some of the people have said that it has made them feel better to talk to me. It makes me feel good to know that I can help other people.</td>
</tr>
</tbody>
</table>
| COUNSELLOR | I am very happy to hear this. (For the group) Is there anyone else in the group who would like to say something to Lindiwe?
Meiki is a 34 year old single parent with two children. She has had asthma since she was a child and has been on ARVs for three years. She has recently been diagnosed with high blood pressure. She decided to move out of her parents’ home because she does not get along with her brother and she tries her best not to be around when there are family gatherings, which she previously enjoyed.

She also withdrew from participating in church activities which she had been leading. She has now stopped jogging with her friends as she feels they are too loud and that her body can no longer deal with exercise. She has since put her children in boarding school as she feels she cannot care for them and is afraid of telling them that she has the virus.

She now goes to work and comes back to spend her free time inside her room and she always makes excuses if friends want to visit her. She spends all her free time sleeping and cries herself to sleep. She has also gained weight as she finds comfort in food. She has not disclosed her status to anyone as she is ashamed of how people will look at her as she is a saved Christian. She is also worried that she now has to take high blood pressure medication.
Meiki ke mosadi yo dingwaga tse 43 yo o nang le bana ba le babedi mme a ba godisa a le nosi. O nale asthma gotswa bonyaneng le ngwaga tse tharo a tsaya di ARV. Mo nakonyaneng ya go feta o itsisitswe fa a na le high blood. O ile a tsaya tshwetso ya go fuduga ko ntlong ya batsadi ba gagwe ka a sa utlwane le kgaitsadie. O leka ka thata gore a seke a nna teng fa go nang le dikopano tsa lesika selo se se neng se mo itumedisa pele. O tlogetse go dira ditiro tsa kereke ko e neng e le moeteledi pele. Ga a sa tlhole a taboga le ditsala tsa gagwe ka a utlwa o kare ba modumo mme eble a bona o kare mmele was gagwe ga o a nonofela go taboga. O ile a tsena bana ko boarding school ka gore o ikutlwa e kare o ka se kgone go ba tlhokomela. O tshaba le go ba bolelela gore o na le bolwetsi ja HIV.

Sa gagwe ke go ya tirong/mosebetsing a bo a dirisa nako e setseng ya gagwe mo kamoreng ya gagwe. O fa mabaka a seng a sepe fa distala tsa gagwe di mo etetse. O dirisa nako yotlhe ya gagwe a robetse mme o lela nako tsothlhe. O simoletse go ja thata mo go dirileng gore a oketse mmele. Ga gona ope yo a mmoleletseng ka seemo sa gagwe sa HIV ka a tlhabiwa ke dilthong gore batho ba tla mo leba jang e le mokerestse. O tshwentse gape ke gore o tshwanetse go tsaya dipilisi tsa high blood.

This story can be used to help you identify when and the manner in which people isolate themselves from others. Read the story out slowly, allowing individuals to think about the story and whether they are experiencing a similar issue.

Social isolation occurs when we exclude ourselves from people who care and love us (family, friends) and stop involving ourselves in social activities that we used to enjoy. We may exclude ourselves from those activities with the thought that people have a negative attitude towards us. We may isolate ourselves because of fear of stigma, discrimination and rejection.
STEP 3  Identify with the story

» Below is an example of how a counsellor might approach a patient when dealing with issues of social isolation.

**COUNSELLOR** Would anyone who identifies with Meiki’s story like to share their story?

**ZAMA** After I found out about my HIV status, I stopped going out with friends, I stopped dating and even broke up with my boyfriend. I felt like I needed my own space and blamed myself for being HIV positive. But when I was on my own, all I did was to think of what may happen to me in the coming year. I didn’t think it could get worse but then I was diagnosed with TB.

**COUNSELLOR** This must have been hard for you, Zama.

**ZAMA** Yes it was a very difficult and lonely time for me

**COUNSELLOR** So how did that make you feel?

**ZAMA** I felt alone, unsafe and not worth living and loving.

Remember

- The main aim earlier in the session is for participants to talk about their feelings related to social isolation.
- In this early phase, it is important to normalise social isolation as being something that people that have depression often do but which makes their depression worse. Individuals will notice that they are not alone; there are other people who also go through similar experiences.
- It is also important to introduce hope and safety.
- The counsellor must inform participants that by starting to do things again they will start to feel better.

STEP 4  Explore ways of managing a problem

Questions

After individuals have shared their stories, it is important to get them to think of ways in which they can reduce social isolation and become more active.

It is important that individuals come up with their own ideas about things they can do. Here are some possible questions to help you with this process:

- Ask whether being alone and not doing things makes them feel unhappy
- Ask them to identify activities that they have stopped doing.
- Ask them to identify activities that used to make them feel happy
- Ask them to choose one activity from step 2 and ask them to do it in the next week.
Here is an example of how this might be done.

**COUNSELLOR** Thank you for sharing that with us Zama. Can everyone see that when we stop doing things and sit alone it can make us even more sad and lonely than before? Can anyone else give an example of a similar situation in which you stopped doing activities that you used to enjoy?

**SIPHO** Yes, I remember that I used to enjoy playing Sunday soccer with my friends and it used to make me feel good, but I have stopped going because I don’t feel like going out.

**COUNSELLOR** How has that made you feel?

**SIPHO** It actually just made me feel more unhappy and lonely.

**COUNSELLOR** Do think that going back to play soccer could help you to feel better?

**SIPHO** Yes, I think that would make me feel better.

**COUNSELLOR** Can others think of things that they used to enjoy but have stopped doing?

(Facilitator writes the ideas from the group onto the flip chart)

**GROUP** (possible examples from group/individual) Stopped going to choir, stopped having tea with my neighbour, stopped cleaning my house.

**COUNSELLOR** Can anyone think of any other examples of activities that they could include in their own lives?

(Write down possible examples from group/individual)

**COUNSELLOR** Now I am going to read you a few examples of other activities that you could possibly include in your own life.

**COUNSELLOR** (facilitator writes examples from the positive events checklist onto the flip chart/piece of paper) Now everyone choose one example from the list that we have made that you could do in the next week and tell the group which activity you have chosen.

**GROUP** (each member shares their idea with the whole group)

**COUNSELLOR** When you are doing the activity, it is important to notice how it makes you feel and we will discuss this in the group next time.
In the previous weeks, individuals will have attempted to try out some of the enjoyable activities that they identified in the previous session. It is likely that many of them will have been able to accomplish some of their goals, as their depression symptoms will probably have decreased by this phase. It is important to talk with them about their attempts to try out different activities and whether this has made them feel better.

» This is an example of how this could be done.

COUNSELLOR The last time we saw each other we spoke of how social isolation can affect our normal lifestyle. We also had others share their experiences of stopping to do things we used to enjoy. We discussed how this affected us and things we could do to make us feel better. How did it go for you last week?

KARABO After our session, I went home to spend a weekend with my family.

COUNSELLOR Wow, I am very proud of you, Karabo. And how did you feel after spending the week-end with your family?

KARABO It was good to spend time with my family. We chatted about everything and I feel less unhappy and lonely.

COUNSELLOR I admire your courage Karabo. Is there any of you who would like to share with us things that they did that made them feel a bit better?

Role play
Using a spontaneous role play ask a member of the group to volunteer to role play a situation where they had become socially isolated and then become more active and involved after attending the session.

Techniques for dealing with social isolation
Here are some ways in which the counsellor can assist someone who is socially isolated:
• encourage individuals to describe how they feel being socially isolated. Encourage expression of specific feelings around these issues;
• discuss ways in which members can become more active and involved;
• encourage members to share with each other some ideas on how to become more socially involved; or
• encourage discussion about the various support systems that would help them become less socially isolated.
Session 5: Grief and loss resource

**STEP 1  Feedback from last week**

**Strategies for picking up on the issue from Social Isolation**

Your patients will have attempted to put some of their solutions into practice. It is likely that many of them will have been able to accomplish some of their goals, as their depression will probably have decreased by this phase. It is important to talk with them about their attempts to try out different strategies and whether this has made them feel better.

» This is an example of how this could be done.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Last week we spoke about possible strategies to deal with our experiences of stigma, discrimination and rejection. Would you like to share your experience of putting those strategies into action and how it made you feel?</th>
</tr>
</thead>
<tbody>
<tr>
<td>KGOMOTSO</td>
<td>Last week, we discussed that I approach the Headmaster to help with my son’s experiences of stigma and discrimination at school. I had to have him do something as it was only getting worse. He had no idea this was going on. He arranged for a health worker to come and speak to the children and to explain about the illness and about other virus’s too. Then he had another person come and speak about what it feels like to have someone tease you and make you feel like there is something wrong with you. There are still one or two boys that sometimes make a comment or two but mostly, my son is ok now. He is no longer scared to go to school and the other kids understand now how badly they acted towards him and how sad they made him.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>I am pleased to hear that Kgomotso.</td>
</tr>
<tr>
<td>KGOMOTSO</td>
<td>I had no idea kids could be so cruel. It has been a very difficult time for my son. It is hard to change people sometimes. I felt so desperate, that is why I had to ask for help. I don’t know what I would have done without the Headmaster. Things are so much better now.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Yes Kgomotso. Rejection and discrimination is real and people can be very hurtful. We must all always remember to think carefully about who we disclose to, when and for what reason. Does anyone else in the group want to share?</td>
</tr>
</tbody>
</table>
STEP 2  Read the story

Thuso is a 40 year old man who lives in an informal settlement near a small town. He has four children - Thabo who is 18 years old, Tshepang who is 16 years old, Jabu who is 12 and Palesa who is 7 years old. Thuso was diagnosed with HIV a year ago and started ARV treatment immediately after his wife, Sophie, tested positive. Six months ago after suffering a long and excruciating fight against TB his wife died. While grieving the loss of his wife, Thuso lost his sister Tlamelo. Tlamelo and Thuso were very close and he used to share everything with her. She left behind 2 children; Dika and Rose. Thuso is now the sole provider for 6 children. During this difficult time Thuso started thinking about his own death. He started worrying about who would look after the children were he to die. His in-laws would most certainly not assist in being guardians as they blamed him for the death of their daughter. Since Sophie and his sister Tlamelo died he cries every day. He lies awake at night finding it difficult to fall asleep and thinks about Sophie. He feels guilty; he does not know if he infected her with HIV/AIDS or if she infected him. He gets angry and impatient with other people. His friends no longer visit him because he does not talk to them when they do. He finds it very difficult not to feel pain when thinking about Tlamelo and Sophie. He does not normally drink but recently started in an attempt to dull the pain.
Thuso ke monna yo o dingwaga tse 40 yo e leng moagi wa lekeishane lengwe gaufi le toropo nngwe. O na le bana ba le bane- Thabo yo a leng dinwaga tse 18, Tshepang yo a leng 16, Jabu yo a leng 12 le Palesa yo a leng 7. Thuso o ne a itsisiwe fa a nale tshwaetso (HIV) ngwaga e fitileng mme a simolola di ARV morago ga gore Sophie mosadi wa gagwe a thathlobiwe mme ga fithelwa a nale HIV. Morago ga dikgwedi tse thataro (6) mosadi wa gagwe a lwala TB o ne a tlhokofala. Kgaitsadia Thuso, Tlamelo, le ene o ne a tlhokafala nako e khutshwane morago ga mosadi wa gagwe. Thuso le Tlamelo ba ne ba utlwana thata e bile a kgona go bua le ene sengwe le segwe. Tlamelo o tlogetse bana bale babedi, Dika le Rose. Bana ba bottlhe ka borataro ba bone ba lebagane le Thuso. Ke ene a ba direlang sengwe le sengwe. Mo nakong e thata e, Thuso o ile a simolola go akanya ka leso. O ne a ipotsa gore ke mang yo o tla tlhokomelang bana ba fa a ka tlhokofala. Tota o ne a sa bone fa bagwagwadi ba gagwe ba ka tlhokomela bana ba ka ba ne ba re ke ene a bolaileng ngwana di bone Sophie. Thuso o tshela ka go lela e sale Sphie le Tlamelo ba tlhokofala. Ga a kgone go robala bosigo a totua ka Sophie. O ipolela fa e le ene a mmolaileng ka go mo tshwaetsa le fa a sena bosupi ja gore ke mang yo o swaediseng yo mongwe. O tenega ka pela mme ebile o felela batho ba bangwe pelo. Ditsala tsa gagwe di emesiste go mo etela ka goro ga a ba buise ba a tlile go go ene. O utlwa bothokho thata fa akanya ka Sophie le Tlamelo. Thuso ke motho yo o neng a sa nwe bojalwa mme jaanong o simolotse go bo nwa gore a leke go lebala kutlobothoko e kanakana e.

This story can be used to identify individuals who have experienced loss. Read the story slowly and allow the person to think about the story and if they are experiencing a similar feelings. Watch body language, like nodding or acknowledging similar feelings in themselves.

Grief is a normal but often very painful response to loss. Grief can be experienced with the loss of different things and not only loved ones. Different people react differently to loss. For example, one person may want to talk about their feelings and another would prefer not to talk about what they are experiencing. How you respond to loss will depend on a lot of factors which include the kind of relationship you had with the person who has passed away. There is no right or wrong way of grieving. No matter what the reaction, a grieving person needs support from other people.

**STEP 3  Identify with the story**

Strategies for how to understand the issue:
In the first part of the session we are trying to understand a person’s experiences of grief and loss and how it has affected their life. Some of the questions that we can ask to accomplish this are:

- How long ago did your loved one die?
- What did you do when this happened?
- How did you feel then?
- How are you feeling now?
Here is an example of how a counsellor might approach a group member/individual experiencing grief and loss.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Now that we’ve read the story, do you have any experiences similar to Thuso’s?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLU</td>
<td>I think I understand what Thuso is going through. Ever since my brother died there are times when I feel like I can’t go on anymore.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Why is that?</td>
</tr>
<tr>
<td>SLU</td>
<td>I just can’t get over his death. I cannot forget him.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>That sounds very difficult. The idea is not to forget him; we want to work through the sadness so that you will be able to get to a place where you can remember him without hurting. Can you tell us about your brother?</td>
</tr>
<tr>
<td>SLU</td>
<td>He was a very responsible person. He worked at the mine and helped support the family. We were very close, although we sometimes fought. I miss him dearly.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>How long ago did your brother pass away?</td>
</tr>
<tr>
<td>SLU</td>
<td>It was 6 months back.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>That is very recent. What did you do when this happened?</td>
</tr>
<tr>
<td>SLU</td>
<td>We just buried him. What else could I do? We held prayers the week before we buried him. I cried a lot, yeah, I cried.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>It must have been a tough time for you. How did you feel then?</td>
</tr>
<tr>
<td>SLU</td>
<td>I was angry. I was so angry. I asked myself why he died. He should have tested for HIV earlier and taken ARVs.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>How do you feel now?</td>
</tr>
<tr>
<td>SLU</td>
<td>I still get angry sometimes. I blame myself. Maybe I should have told him to get tested because I could see the symptoms. I didn’t do anything. I let him die. Talking about him just makes me feel sad.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>It is normal to feel the way you do. We sometimes blame ourselves for the death of our loved ones thinking we should have done something to save them. I know talking about your brother is difficult, but talking about him and understanding how you feel about his death will help you feel better later on.</td>
</tr>
</tbody>
</table>
STEP 4  Explore ways of managing a problem

Role play
After individuals have shared their stories, it is important to get them to think of ways in which they can manage their feelings. Practice how you would lead a discussion where you help the person to think of ideas to feeling better using problem management strategies.

It is important for individuals to come up with their own ideas about what would be helpful. Here are some possible questions to help you with this process:
- What helped other group members/people you know to deal with grief and loss of loved ones?
- Are any of these suggestions helpful for the identified group member/individual?
- How could the identified group member/individual apply any of these suggestions to their life?
- The group members should be encouraged to try out some of these solutions in real life.
Here is an example of how a counsellor may facilitate this process.

| COUNSELLOR | Slu, have you thought of any ways to deal with the anger towards your late brother? |
| SLU | No, I don’t know what to do. |
| COUNSELLOR | Is there anyone on the group who has had similar problems that they were able to deal with?/Do you know of anyone who has had similar problem that was able to deal with it? |
| NALEDI/SLU | I was very angry at my husband after he died. I was angry with him for infecting us with HIV and for leaving me to take care of our children alone/Naledi was very angry at her husband after he died. She was angry with him for infecting her with HIV and for leaving her to take care of their children alone |
| COUNSELLOR | How did you/she deal with the anger? |
| NALEDI/SLU | I talked to my mother about how I felt. I was afraid she would say I should respect the dead and not be angry with them. She was very supportive. I then realised I had to forgive my husband for the wrong he had done. This helped because I was able to grieve and let go of the painful memories. I was able to remember the good things as well/ She talked to her mother about how she felt. She was afraid that her mother would say she should respect the dead and not be angry with them. Her mother was very supportive. Naledi then realised she had to forgive her husband for the wrong he had done. This helped because she was able to grieve and let go of the painful memories. She was able to remember the good things as well. |
| COUNSELLOR | Slu, do you think you could try this? |
| SLU | Yes, I think so. I think I have to forgive my brother for not getting tested early and stop feeling guilty about his death. |
| COUNSELLOR | (For the group) Is there anyone else who would like to share their problems with losing their loved one? |
STEP 5  Select issues for feedback in the next session

In the previous weeks, participants in the counselling sessions will have attempted to put some of their coping strategies into practice. It is important to talk with them about their attempts to try and feel better.

» This is an example of how this could be done.

COUNSELLOR  Last week we spoke about Slu/you feeling angry about your brothers’ death. We also discussed how she/you could try to overcome this anger. Tell me, have you tried any of the suggestions?

SLU  I was angry with my late brother for not getting tested and taking ARVs earlier. I was so angry I did not even want to see his wife and kids. I talked to my sister about my anger after the last session and she told me it was okay to be angry. I was afraid of being angry because I thought it showed disrespect to the dead. I then wrote a letter to my dead brother and told him how he had hurt me. I also told him I was ready to let go and forgive him. I felt better afterwards. Some days were better than other though. I had to keep reminding myself that I had forgiven him. I feel much better today even though I sometimes cry because I miss him.

COUNSELLOR  I am glad forgiving him has helped. Sometimes being angry with a lost loved one or feeling guilty about their death makes it difficult to go through the grieving process. We need to face these emotions and deal with them so that we could go through the grieving process. (For the group) Would anyone else like to share anything they have done that has helped them?

Techniques for dealing with grief and loss
Here are ways in which you can assist someone who is dealing with grief and loss:
• encourage group members/individuals who have lost someone close to them express their feelings and sadness;
• normalize these feelings;
• encourage group members/individuals to find activities that will take their mind of their loss;
• encourage members/individuals to find a new support system;
• teach members/individuals how to connect with others again; or
• other group members can give suggestions regarding what has helped them and the group member can then choose the option which seems most appropriate for his/her circumstances and act on this. The individual could think of what has helped others in a similar situation. The counsellor can also give suggestions but not provide advice. The individual could choose the option which seems most appropriate given the circumstances and act on this.
Strategies for picking up on the issue from grief and loss.

In the last session, participants will have attempted to put some of their solutions into practice. It is likely that many of them will have been able to accomplish some of their goals, and their depression symptoms may have improved. It is important to talk with them about their attempts to try and feel better, and to assist them in trying to deal with the issue.

This is an example of how this could be done.

COUNSELLOR: Last week we spoke about Slu/you feeling angry about your brothers’ death. We also discussed how she/you could try to overcome this anger. Tell me, have you tried any of the suggestions?

SLU: I was angry with my late brother for not getting tested and taking ARVs earlier. I was so angry I did not even want to see his wife and kids. I talked to my sister about my anger after the last session and she told me it was okay to be angry. I was afraid of being angry because I thought it showed disrespect to the dead. I then wrote a letter to my dead brother and told him how he had hurt me. I also told him I was ready to let go and forgive him. I felt better afterwards. Some days were better than other though. I had to keep reminding myself that I had forgiven him. I feel much better today even though I sometimes cry because I miss him.

COUNSELLOR: I am glad forgiving him has helped. Sometimes being angry with a lost loved one or feeling guilty about their death makes it difficult to go through the grieving process. We need to face these emotions and deal with them so that we could go through the grieving process. (For the group) Would anyone else like to share anything they have done that has helped them?
STEP 2   Read the story

Lerato is a 32 year old woman married with 3 kids. She currently lives with her in-laws in a rural community near Durban. Her husband passed away a year ago. She does not have a good relationship with her in-laws as they blame her for their son’s death. People from her village found out that her husband died from AIDS. Since then they have been treating her differently. Her in-laws no longer want her to cook for the family and have requested her to move out of their compound. The neighbours do not want her kids to play with their kids anymore.

They have even kicked her out of their stokvel group with an excuse that she will not afford to pay since her husband who was their sole provider passed away. They have been calling her names behind her back and saying that it is her fault that she has HIV because she is a sinner.

This story can be used to explore ways in which people experience stigma, discrimination and rejection in their daily lives. Participants may become angry, frustrated and upset when listening to the experiences of others.
STEP 3  Identify with the story

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Would anyone like to share a similar situation that they know of or experienced?</th>
</tr>
</thead>
<tbody>
<tr>
<td>KGOMOTSO</td>
<td>When it became known that I was HIV positive, I had enough support from my friends but sadly it was my young son at school which was the problem.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Tell us what happened, Kgomotso.</td>
</tr>
<tr>
<td>KGOMOTSO</td>
<td>My son is only 8 and he goes to school every day just like all the other children where we live. He eats well but runs everywhere so he is never over weight. Last month he had the flu so lost weight, he had to wear a belt with his school shorts. All the children were telling him he was getting thin because he was sick, because he had my illness. They were teasing him. On his maths test he got two answers wrong –some boys in his class were saying it was the virus that was attacking his brain.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>That’s really sad to hear Kgomotso.</td>
</tr>
<tr>
<td>KGOMOTSO</td>
<td>This has been so upsetting for our whole family. My son does not want to go to school anymore. I did not know what to do.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>This must have been hard for you.</td>
</tr>
</tbody>
</table>

Remember

- The main aim earlier in the session is for individuals to talk about their feelings related to their experiences of stigma and discrimination.
- In this earlier phase, it is important to normalise the feelings of the participants, by getting others to share their experiences. You will have to explain that what they are feeling is normal for their experiences and is related to their depression. It is normal to have negative feelings if you have experienced stigma, discrimination and rejection.
- You also have to help them differentiate between real stigma they are experiencing and perceived stigma. Sometimes people may feel that others are talking about them when this might not be the case.
- It is also important to introduce hope, so the counsellor must explain that these feelings will get better with time.
STEP 4  Explore ways of managing a problem

Questions
After participants have shared their stories, it is important to get them to think of ways in which they can manage the feelings associated with experiencing stigma, discrimination and rejection drawing on the steps for problem management.

It is important individuals/group members come up with their own ideas about what would be helpful. Here are some possible questions to help counsellors with this process:
• What helped you in dealing with similar situations?
• Are any of these suggestions helpful for those of you experiencing rejection, discrimination or stigma?
• How can these suggestions be practically applied?

» Below is an example of how a counsellor might help participants deal with issues of stigma, discrimination and rejection using problem management.

COUNSELLOR  Kgomotso, can you think of anything that you could do to change the situation?
KGOMOTSO  I don’t know, I can’t think of anything.
COUNSELLOR  That’s fine, maybe someone else in the group would like to share some ideas or a personal experience of how you think Kgomotso could deal with this problem?/Can you think of anyone you know who had a similar problem and dealt with it?
THANDI  Yes, I had a similar problem with my child being teased at school./ Yes, I know that Kgomotso had a similar problem with her child being teased at school.
COUNSELLOR  What did you do/she do to help you deal with your/her problem?
THANDI  I told the headmaster how my child was being teased and how it had made her feel sad and upset./She told the headmaster how her child was being teased and how it had made her feel sad and upset.
COUNSELLOR  What did he say?
THANDI  He told me/her that he would do something about the situation.
COUNSELLOR  What did the headmaster do?
THANDI  He introduced an HIV educational programme at the school so.
COUNSELLOR  Did that help?
THANDI  Yes, the other children stopped teasing my/her child.
COUNSELLOR  Kgomotso do you think if you talked to the headmaster it would help?
KGOMOTSO  Yes, I could try this
Participants will have attempted to put some of their solutions into practice. It is likely that many of them will have been able to accomplish some of their goals, as their depression will probably have decreased by this phase. It is important to talk with them about their attempts to try out different strategies and whether this has made them feel better.

» This is an example of how this could be done.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Last week we spoke about possible strategies to deal with our experiences of stigma, discrimination and rejection. Would you/anyone like to share their experience of putting those strategies into action and how it made them feel?</th>
</tr>
</thead>
<tbody>
<tr>
<td>KGOMOTSO</td>
<td>Last week, we discussed that I approach the Headmaster to help with my son’s experiences of stigma and discrimination at school. I had to have him do something as it was only getting worse. He had no idea this was going on. He arranged for a health worker to come and speak to the children and to explain about the illness and about other virus’s too. Then he had another person come and speak about what it feels like to have someone tease you and make you feel like there is something wrong with you. There are still one or two boys that sometimes make a comment or two but mostly, my son is ok now. He is no longer scared to go to school and the other kids understand now how badly they acted towards him and how sad they made him.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>I am pleased to hear that Kgomo.</td>
</tr>
<tr>
<td>KGOMOTSO</td>
<td>I had no idea kids could be so cruel. It has been a very difficult time for my son. It is hard to change people sometimes. I felt so desperate, that is why I had to ask for help. I don’t know what I would have done without the Headmaster. Things are so much better now.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Yes Kgomo. Rejection and discrimination is real and people can be very hurtful. We must all always remember to think carefully about who we disclose to, when and for what reason. Does anyone else in the group want to share?</td>
</tr>
</tbody>
</table>
Role play
Using a spontaneous role play ask a member of the training group to volunteer to role play how to put all the steps into action. A volunteer can role play a situation where people were judging them because of their HIV status or other experiences and how they felt and behaved after they challenged this type of prejudice.

It is important to remember that each person is different and that some people will find it easier than others to implement suggestions. The counsellor must let the group/individual know that it is okay if they struggle at first.

Techniques for dealing with stigma, discrimination and rejection
Here are some ways in which the counsellor can assist someone who is experiencing stigma, discrimination and rejection:
- encourage individuals to describe the circumstances around which stigma, discrimination and rejection were experienced;
- was it an actual experience or a perceived one;
- encourage expression of specific feelings around these issues;
- discuss possible reasons why others may react in this way;
- encourage group members/individuals to share with one another ways of responding to experiences of stigma, discrimination and rejection;
- explore suggestions as to how to approach those who have attitudes of discrimination and rejection; or
- encourage talking about various support systems.
Session 7: Internalised and perceived stigma resource

**STEP 1** Feedback from last week

**Strategies for picking up on the issue from experienced stigma:**

Participants will have attempted to put some of their solutions into practice. It is likely that many of them will have been able to accomplish some of their goals, as their depression will probably have decreased by this phase. It is important to talk with them about their attempts to try out different strategies and whether this has made them feel better.

» This is an example of how this could be done.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>Last week we spoke about possible strategies to deal with our experiences of stigma, discrimination and rejection. Would you/anyone like to share their experience of putting those strategies into action and how it made them feel?</th>
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<td>KGOMOTSO</td>
<td>Last week, we discussed that I approach the Headmaster to help with my son’s experiences of stigma and discrimination at school. I had to have him do something as it was only getting worse. He had no idea this was going on. He arranged for a health worker to come and speak to the children and to explain about the illness and about other virus’s too. Then he had another person come and speak about what it feels like to have someone tease you and make you feel like there is something wrong with you. There are still one or two boys that sometimes make a comment or two but mostly, my son is ok now. He is no longer scared to go to school and the other kids understand now how badly they acted towards him and how sad they made him.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>I am pleased to hear that Kgomotso. I had no idea kids could be so cruel. It has been a very difficult time for my son. It is hard to change people sometimes. I felt so desperate, that is why I had to ask for help. I don’t know what I would have done without the Headmaster. Things are so much better now.</td>
</tr>
<tr>
<td>KGOMOTSO</td>
<td>Yes Kgomotso. Rejection and discrimination is real and people can be very hurtful. We must all always remember to think carefully about who we disclose to, when and for what reason. Does anyone else in the group want to share?</td>
</tr>
</tbody>
</table>
Katlego is a 30 year old single woman. She currently lives with her family and has 2 daughters, a 5 year old and a 2 year old. She found out that she was HIV positive when she became pregnant with her second child. She now thinks of herself as dirty and contaminated because of her status. She feels ashamed of telling her family and fears that they will blame her for having HIV and they will not support her or her kids if they find out. She is also afraid that they will reject her and kick her out of the house. When Katlego is around others she often thinks that they see her as worthless even though they do not know her status. She also blames herself and feels guilty for what has happened to her and sees herself as a disgrace to her family.

What is internalised stigma?

- Ask why Katlego is feeling that people are talking about her going crazy.
- Explain that what she is feeling is internalised stigma which feels like rejection or discrimination and blame from those around you. You may feel like people are having bad thoughts about you, such as ignoring, avoiding you or talking about you in a bad way. Although this feels real at the time, it may not be as bad as you think. In other words, the way in which you perceive the situation may not be accurate. This story can be used to illustrate ways in which individuals experience internalised stigma in their daily lives, and to identify individuals who may relate to this issue.
STEP 3  Identify with the story

Here we are trying to understand the subjective experiences of individuals including the meaning and interpretations that they may attach to their experiences as well as how these are dealt with. Some of the questions that we can ask to accomplish this are:

- Tell us of a particular incident in which you experienced stigma, discrimination or rejection?
- Was your experience an actual act of others towards you or was it an internal experience where you perceived yourself as being stigmatised or discriminated against?
- What did you do when this happened?
- How did you feel in that moment?
- How do you feel now?

Sometimes we perceive the actions and behaviours of others to be discriminating or stigmatising when in actual fact they are not – they are our own interpretations of these actions and behaviours. Do you see the difference between actual and perceived stigma, discrimination and rejection?

Strategies for understanding the issues (drawing on what was learned in relation to exploring and understanding a problem):
Below is an example of how a counsellor might approach an individual/group member to understand the issues of internalised stigma, discrimination and/or rejection.

<table>
<thead>
<tr>
<th>COUNSELLOR</th>
<th>I am sure there are some of you who can identify with Katlego’s story. Would anyone like to share their story with us?</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNGILE</td>
<td>When it became known that I was HIV positive, I felt like every time people looked at me, they were looking for signs of my illness. It felt like people were looking at me in a different way, like they were judging whether or not I was losing weight.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>And how did that make you feel?</td>
</tr>
<tr>
<td>LUNGILE</td>
<td>I felt like everyone was talking about me behind my back. I felt really alone and like I didn’t know if friends wanted me around anymore. To me it seemed like everyone was talking about me, that I am going crazy.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>What did you do Lungile?</td>
</tr>
<tr>
<td>LUNGILE</td>
<td>At first I started feeling very self conscious. I became quiet and withdrawn. I was even tearful.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>That must have been hard for you.</td>
</tr>
<tr>
<td>LUNGILE</td>
<td>It was. I felt very sad.</td>
</tr>
<tr>
<td>COUNSELLOR</td>
<td>Then what happened?</td>
</tr>
<tr>
<td>LUNGILE</td>
<td>I stopped going to choir practice because I really felt everyone had something bad to say about me. I felt as though I only had myself. I started spending more and more time alone.</td>
</tr>
</tbody>
</table>

Remember

- The main aim of this step in the session is for individuals to talk about their feelings related to their experiences of internalised stigma and discrimination.
- In this initial phase, it is important to normalise the feelings of the person, by getting others to share their experiences. You will have to explain that what they are feeling is normal for their experiences and is related to their depression. It is normal to have negative feelings if a person has negative thoughts about themselves and think other people think badly of them.
- You also have to help them differentiate between real stigma they are experiencing and perceived stigma. Sometimes people may feel that others are talking negatively about them when this might not be the case.
- It is also important to introduce hope, so the counsellor could say that these feelings will get better with time.
STEP 4  Explore ways of managing a problem

Questions
After the participants have shared their stories, it is important to get them to think of ways in which they can manage the negative thoughts and feelings associated with internalised stigma.

Trainers should highlight questions that counsellors could ask to help them with this process:
• Ask individuals to think of negative thoughts they may have and reflect on how it makes them feel and behave.
• Ask them if they have proof that these thoughts are a true reflection of reality.
• Ask them to think of other explanations for a situation to help replace these negative thoughts with healthy ones.
• You can refer back to the “healthy thinking” section to assist in this process.

» Below is an example of how a counsellor may facilitate this process.

COUNSELLOR  Thank you for sharing that with us Lungile. I think many of us jump to conclusions about what other people are thinking and feeling about us. Often these thoughts are not correct. We can't always ask people what they are thinking but we can change our thoughts about them. Can anyone else give an example of a similar situation?

GRACE  I had an experience. I got into a taxi and no one spoke to me so I thought they were all avoiding me because I am HIV positive. I felt really bad and could not wait to get out of the taxi.

COUNSELLOR  Why do you think that people were avoiding you?

GRACE  Well because they didn’t talk to me.

COUNSELLOR  What were they doing?

GRACE  They were talking to each other. So I just read my magazine.

COUNSELLOR  How did you feel?

GRACE  I felt sad and upset.

COUNSELLOR  Could it be possible that they were so busy talking that they just neglected to include you? You may think that is rude, but it is not because you were raped and feel responsible for what happened.

GRACE  Yes I suppose so, I didn’t think of that.

COUNSELLOR  Can you see how important it is not to jump to conclusions? Your thoughts about what people were thinking and doing made you feel sad but actually they were not thinking about you at all.

GRACE  Yes I can see that it is important to question my thoughts and not always think the worst.
In the last session, participants will have attempted to put some of their solutions into practice. It is likely that many of them will have been able to accomplish some of their goals, and their depression symptoms may have improved. It is important to talk with them about their attempts to try and feel better, and to assist them in trying to deal with the issue.

» This is an example of how this could be done.

**COUNSELLOR**

Last week we spoke about how we/you feel when people act in ways that we may think indicate that they have nasty thoughts about us, and are excluding us. This makes us/you feel hurt and sad. We identified some ways in which we can promote healthy thinking. Does anyone/do want to share what they have done to try and have more healthy thoughts?

**LUNGILE**

Well, after those two women from my choir came to see me, I realised that I had misunderstood their actions and had wrong ideas about what they were thinking. Once I had spoken to them about this I realised that they had kind thoughts and were actually trying to help me. I felt much better and wanted to return to choir practice. The next week, at the end of my practice, I took a chance and asked the group please to feel free to talk to me about their thoughts and feelings about my illness. I realised that most of them were concerned about me and did not want to exclude me from their lives.

**COUNSELLOR**

That sounds wonderful, Lungile! Looks like the choir members were just waiting for you to include them in your struggles. As a group you can make a positive impact on each other’s lives by supporting each other.

**LUNGILE**

Yes and I feel so much better although I was quite scared to talk to the other choir members about their thoughts.
Role play
Using a spontaneous role play ask a member of the group to volunteer to role play how to put this into action. A volunteer can role play a situation where they thought that people were judging them because of what was happening in their life and how they felt and behaved after they challenged these unhealthy thoughts based on evidence.

Techniques for dealing with internalised stigma.
Here are some ways in which the counsellor can assist someone who is experiencing internalised stigma:

- the goal is to teach how to deal with upsetting thoughts by questioning them and thinking of other reasons for them, rather than automatically accepting them;
- encourage consideration of other possible reasons for people's behaviour instead of just believing that the thoughts are true;
- they could ask themselves about what other reasons could exist to explain the behaviour of others; or
- encourage discussion of examples of “unhealthy thinking” and how they think they can practice challenging and changing these thoughts.
Session 8: Closure

Closure resource notes

Ending the group
This session will begin like all the others with the counsellor asking about how each member has been feeling. Essentially this session is to prepare the individual/group members to leave the group. It is important during these ending sessions that:

- the counsellor raise issues and feelings associated with ending the sessions. These may include recognizing the feelings individuals/group members are likely to have about ending the sessions e.g., sadness in having to say good-bye to the counsellor and group members, fear that they will become depressed again or feelings that the counsellor doesn’t really care about what happens to them. The counsellor could explain that these feelings are normal when a group comes to an end;

- the counsellor recognises the successes that individuals have had during the 8 weeks. These include recognizing the success in relationships they have had, how their feelings of depression have changed and how their feelings during the first sessions compare with their current feelings. This will help individuals to see what they have. Say: “We will also look at how you are able to continue supporting each other, what was achieved and move them towards recognition of independent competence”;

- (For the group) The counsellor needs to explain how, despite the formal ending, it would be helpful for individuals to be able to keep in contact and join each other for support; and

- contact details of relevant NGOs or professionals need to be provided for cases in which additional help is required if the depression reoccurs.
Here is an example of how a counsellor may lead the closing session.

**COUNSELLOR**

I want to remind you that this is our last session. We're going to be talking about the changes you've made since we've started that have made you feel better. We will also look at how you are feeling about not coming to the sessions anymore. Would you/anyone like to share how they feel about the sessions coming to an end?

**PRECIOUS**

I am getting along a lot better with my boyfriend and we don't fight as often as we did. I feel much better than I did when I started here. But I'm scared. Here I have support and it feels good to talk about how I feel with people who listen and understand. I'm afraid things will go back to how they were before and I won't know what to do.

**COUNSELLOR**

I can understand your concerns Precious and we will talk about them some more. (For the group) Does anyone else feel the same way as Precious?

**LENA**

Yes. I'm also scared that things will go back to how they were before. It has been nice to know that every week I've had these sessions to come to where I know I will be supported and helped.

**COUNSELLOR**

(For the group) Lena, I'm sure others in the group are feeling the same as you. Would anyone else like to share how they are feeling about the group coming to an end?

This provides the opportunity for the counsellor to explain that these feelings are common when counselling sessions end. The counsellor allows time to explore how the individuals feel and then to look at some of the positive changes they have made during the 8 weeks.

**COUNSELLOR**

We may be feeling sad and worried that we won't be meeting like this anymore, but let's think back to how we were feeling when we first started here. I think we have come a long way and you/everyone has made some positive changes in their lives. Would you/anyone like to share something they believe they have achieved during these last 8 weeks together?

**RACHEL**

Yes, I think I've helped to make things better for myself. I used to fight a lot with my husband. He would criticize me a lot and I really felt as though I was all alone with my abuse. My husband has started to become more understanding after I asked my brother in law to speak to him. My mother is also helping me a lot now in caring for my children.
The counsellor encourages individuals/group members to share their successes and commends the positive changes they have made. The session continues like this until there are about 15 minutes remaining. The counsellor points out that there are just a few minutes remaining and that it is time to end the session. They could talk about how much they have enjoyed working with the individual/everyone and that they too will miss the weekly meetings. (For the group) The counsellor reminds everyone that they can continue to see each other outside the group and that they can continue helping each other deal with the problems in their lives that seem to make them depressed and that they can request further individual counselling sessions as well.

Summary of tasks
• Start and end session close to the established time.
• Welcome individuals and remind them that this is the last session.
• Check on the individual's mood and other symptoms of depression.
• Encourage participants to talk about how they are feeling about ending the sessions.
• Be sure to talk about the specific changes, both in mood and in relationships that the individuals have made.
• Ask the individuals what has changed over the last 8 weeks.
• Explain that it’s normal to be scared, sad or even angry as the sessions end.
• Encourage the practice of new ways of dealing with problems that they have learnt over this time.

Role play
Using a spontaneous role play ask a member of the group to volunteer to role play how to close individual/group sessions. A volunteer can role play a situation where they are ending the sessions and should raise issues and feelings associated with ending the sessions, recognise the successes individual members have made, encourage group members to support each other outside the sessions and provide details of relevant NGOs or professionals for cases where additional help is required if the depression reoccurs.
• The counsellor raise issues and feelings associated with ending the sessions. These may include recognizing the feelings individuals/group members are likely to have about ending the sessions e.g., sadness in having to say good-bye to the counsellor/group members, fear that they will become depressed again and/or feelings that the counsellor doesn’t really care about what happens to them. The counsellor should explain that these feelings are normal when a group comes to an end.
• The counsellor recognises the successes that individuals/members have had during the 8 weeks. These include recognizing the success in relationships that individuals/members have had, how their feelings of depression have changed and how their feelings during the first sessions compare with their current feelings. This will help individuals/members see what they have We will also look at how you are able to continue supporting each other achieved and move them towards recognition of independent competence.
• (For the group) The counsellor needs to explain how, despite the formal ending, it would be important for individuals/members to be able to keep in contact and join each other for support.
• Contact details of relevant NGO’s or professionals need to be provided for cases in which additional help is required if the depression reoccurs.
Waiting Room Talk

When to use the Waiting room talk
The Waiting Room Talk is to be read to patients waiting for consultation in waiting rooms every morning. The talk should be read in all waiting rooms in larger primary health care facilities with more than one waiting room. This will be your first contact with the patients and it is important for them to know and understand depression services are available at their facility.

Do:
- Prepare the waiting room for the talk. Draw patients’ attention by introducing yourself. Work with the queue marshal to get the attention of the people in the waiting room.
- Read the story in an engaging manner keeping eye contact with patients.
- Answer patients’ questions as trained.
- Encourage patients to talk to the nurse or doctor about their symptoms during their consultation time.

Don’t:
- Rush through the story.
- Talk to the patients with your head down.
- Start talking to the patients before they settle down and people stop talking.

COUNSELLOR
Hello my name is ..................
Some of you may have seen me before here at .................. Clinic.
My role in this clinic is behaviour change counsellor.
Today we are going to talk about depression.
Now I am going to read a story that will help us to understand what depression is all about.
I will try and speak as loudly as possible, please listen carefully:
Nontobeko is a 40 year old, married woman who lives with her husband in Kanana. Her husband has lost his job at the mines and is struggling to get another job. This has made their lives very difficult. Nontobeko sells fruit outside a shopping mall to bring in some income. Even though she knows that she should set up fruit stall every day, she struggles to find the energy to do so every day. She also battles to do her daily chores. She can’t stop worrying about how they are going to feed their children and this makes her high blood pressure worse. She feels tired all the time and that life is not worth living. At night she has difficulty falling asleep. If she wakes up in the night she can’t get back to sleep. She feels bad about how she treats her children; she constantly shouts at them even for little things. When she goes to church, she battles to concentrate when she is praying and she finds that she doesn’t enjoy singing like she used to. After church, Nontobeko doesn’t feel like socializing with her friends like she used to and just wants to go home.

Check with the patients if they want you to read the story again?
So this was the story of how Nontobeko is feeling.

Do you relate to her story at all? *(give a few moments for the patients to think about the story)*

Nontobeko’s symptoms of depression are that she feels worried, she has a lot of worried thoughts, sleep problems, she doesn’t have the energy to do her work and has lost interest in things she used to enjoy, she feels isolated, has negative thinking. Her stress makes her high blood pressure worse which also affects her health.

I’d like to share some facts about depression with you today:

- Depression is a very, very common problem.
- Very many adults will at some time experience symptoms of depression.
- Depression is an experience that can happen to anyone, young or old, rich or poor and it is a normal part of life.
- It is a condition that leaves people feeling sad or very down for a long time.
- Also, depression is not a disease so you can’t ‘catch it’ from someone else.
- This is often because of life stresses like loss of a loved one, money problems, relationship difficulties or other trauma.
- For many people the problem becomes much worse and day to day life becomes too difficult to manage.
- So it can cause you to become limited in your functioning and motivation levels.
- Some people might not look sick, but the way they behave changes; they may not look after themselves or their children as they used to, they may drink more alcohol or eat more food than usual or they may not want to socialise like they used to.
- Depression in people who have other health problems like HIV/AIDS can make it difficult for them to feel motivated to take care of themselves, to eat healthily and take their medication.
- Depression becomes a problem when it is more severe, lasts longer and impacts on your relationships, ability to do your household and work tasks and it becomes very severe when you have suicidal thoughts.

So now that we have thought about Nontobeko and about what depression is, give some thought to how you have been feeling lately.

Interestingly, I want you to know that there is help for this condition.

At the clinic, we offer you support with groups or individual counselling, and the option of medication, to help you feel better from the symptoms of depression.

So even if you feel down or sad often, there is a way to work through these feelings. It is something that all of us experience from time to time.

If you feel you relate to Nontobeka’s story, please speak to your nurse today about this health talk.

Your nurse will then send you on the healthy road to recovery, to support you to feel happy and well again.

Thank you for listening to me and sharing your thoughts too.

Good bye.
COUNSELLOR

Dumelang leina laka ke ........
Bangwe ba lona ba ka tswa ba mpone mo kokelwaneng e ya ..................
Ke Behaviour change counsellor mo kokelwaneng e.
Tsatsing le re tlile go bua ka kgatelelo maikutlo.
Janong ke tlile go le balela polelo e e tla thusang gore le thaloganye gore kgatelelo maikutlo ke eng. Ke tla leka gore ke buele ko godimo, ke kopa le reetse ka kelothloko:

Nontobeko, mosadi yo o dingwaga tse 40 o nna le monna wa gagwe mo Kanana. Monna wa gagwe o latlhegtswe ke tiro ko mokoting mme o sokola go bona tiro e nngwe. Se se dirile botshelo ja bone thata. Nontobeko o rekisa maungo ko kgorong ya shoipping mall gore a kgone go bona letseno. Le fa a itse gore o tshwanetse go baakanyetsa go rekisa malatsi otlhe o ipihithela a sena matla a go dira se. O palelwa le ke go ditiro tsa mo lapeng. Ga a kgone go tiogela go tswanaegya mme se se dira gore blood pressure ya gagwe e tsholetsege. O ikutlwa a kgathsetse/lapile ka nako tsotlhe le botshelo bo sa mo natefelele. Ga a kgone go robala bosigo. Fa a tsoga bosigo o palelwa ke go robala gape. O swabisiwa ke ka fa a tshwarang bana ba gagwe kateng; o ba omanyetsa sengwe le sengwe fela. Ha a ile kerekeng, o sokola go beya kelelelo mo go rapeleng ebile ga a sa tlhole a natefelela ke go opela jaaka pele. Nontobeko ga a ikutlwe a batla go kopana le ditsala tsa gagwe morago ga kereke ba tsaya dikgang jaaka pele mme o batla go ya lapeng.

E ke polelo e e supang ka fa Nontebeko a ikutlwang ka teng.

A go na le ka fa o iponang ka teng mo polelong e? (fa balwetsi metsotso gore ba nagane ka polelo e).

Matshwao a ga Nontobeko a kgatelelo maikutlo ke gore o ikutlwa a tswanaegile, a touta, o na le menagono e le mentsi ya go tshwenyega, bothata ka go robala, ga ana matla a go dira tiro ya gagwe, o latlhegtswe ke kgatlhgo mo dilong dle dintsi tse di neng di mo natefelela pele, o ikutlwa e kare o nosi mo botshelong, o na le menagano e e seng monate. Go tshwenyega ga gagwe go dira gore blood pressure ya gagwe e tsholetsege mme se se ama botsogo ja gagwe.
Ke rata go le fa kitso ka kgatelelo maikutlo tsatsing le:

- Kgatelelo maikutlo ke bothata jo bo tlwaelesegileng thata fela
- Bagolo ka bontsi batla nna le matshwao a kgatello maikutlo ka nako ngwe.
- Kgatelelo maikutlo ke sengwe se se ka diragalelang mo mongwe le mongwe, ngwana kapa mogolo, mohumi kapa mohumanegi. Ke karolo ya botshelo.
- Ke seemo se se tlogelang motho a ikutlwa a hutufsafetse kapa maikutlo a gage a le ko tlase nako e telele.
- Gape, kgatelelo maikutlo ga se bolwetsi janong o ka se kgone go swaediwa ke motho o mongwe.
- Se ke ka gore gantsi mathata a botshelo jaka go s tlhokafalelwa, bothata ja lethoko la madi, bothata ja go dirisana le batho ba bangwele matala afe fela a tisang kutlobothoko e tseneletseg.
- Mo bathong ba le bantsi bothata jo bo nna maswe mme se se dire gore botshelo ja tsatsi le letsatsi bo nne thata.
- Bo kgona go dira gore bokgoni ba gago ba go itirela le kgatlheng ya gago di fokotsege.
- Batho bangwe go ka diragala gore ba seke ba lebega ba kula, mme maitsshwaro a bona a fetoga; e ka nna gore ga ba ithokomele kana ga ba tlhokomelo bana ba bone jaaka tlwaelo, ba ka nwa bojwala kapa baja go fetisa jaaka ba tlwaelse kapa ba sa rate go kopana le batho jaaka ba ne ba tlwaelse.
- Khatelelo maikulto mo bathong ba ba nang le bothata ja malwetsi a tshwanang le e ka dira gore go nne boima gore ba ikutlwe ba na le kgatlheng gore ba ka ithokomela, gore ba je dijo tse di itekanetseng le go nwa ditlhare tsa bone.
- Kgatelelo maikutlo e nna bothata fa e setse e tseneletse, e le teng nako e telele ebile a ama tirisano ya gago le batho ba bangwe, bokgoni ja go dira ditiro tsa gagi tsang montlong le tsre di tlhokiwang ko tironq mme e nna maswe le go feta fa o setse o nna le menagano ya go ipolaya.

Janong re setse re naganne ka Nontobeko le gore kgatelelo maikutlo ke eng, nagana ka fa o ntseng o ikutlwa ka teng mo nakong ya go feta.

Se se itumedisang, ke batla o itse gore go na le thuso ka seemo se.

Mo kokelwaneng, re fana ka tshidilo maikutlo ya setlhopa (group councelling) kapa ya motho a le nosi, le ditlhare fa go tlhokega, go ka thusa gore o ikutlwe botoka le go tokafatsa matshwao a kgatelelo maikutlo.

Le fa ele gore o ikutlwa maikutlo a gago a le ko tlase kana o hutufsafetse nako e ntsi, go na le tsela ya go berekana le maikutlo a. Ke sengwe se eleng gore rotthe re feta mo go sone nako le nako.

Fa o ipona mo polelong ya ga Nontobeko, ka kopo bua le mooki wa gago tsatsing le ka puisano e ya botsogo.

Mooki wa gago o tla gotsenya mo tseleng e e itekanetseng ya botshelo, go go tshegetsya gore o ikutlwe o itumetse gape o phetse sentle gape.

Ke a lebogela thetso ya gago le go bua ka menagano ya gago. Le saleng sentle.