

Activity Sheet

Module 7

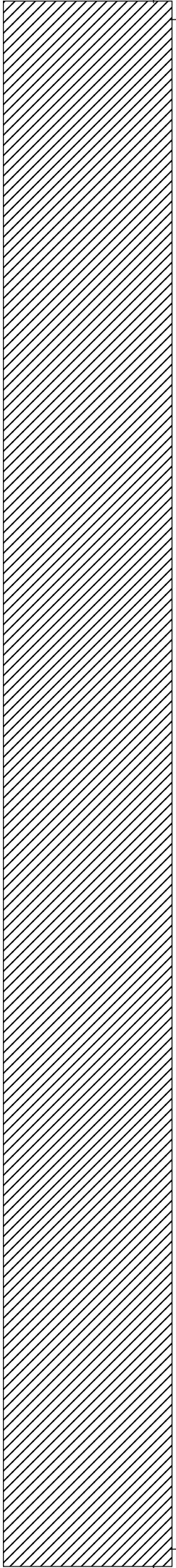
Submodule 1: Group therapy

INSTRUCTIONS

Activity 1

Time allotted: 30 minutes

Ask for a volunteer to play the role of the counsellor. The other trainees will play the role of members of the therapeutic group.



ACTIVITY 1: COUNSELLING ACTIVITY ON GROUPS

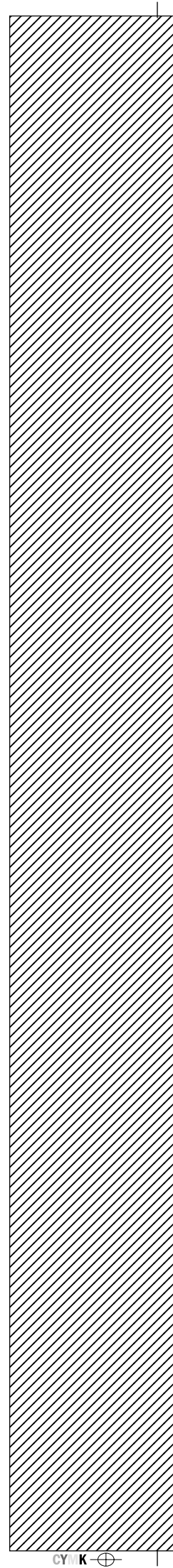
Instructions to the group

1. Assume you are part of a therapeutic group. Each member of the group comes from a different background, and has different needs and expectations. Participate as a group to resolve your problems and issues of concern. Each group member may think about what he or she thinks makes for a good/bad group and participate accordingly.

Guidelines for the counsellor

1. Thinks of ways of preventing problems from arising. Consider creating guidelines or ground rules based on the concerns people raise, such as 'avoid cliques' or 'avoid gossip'.
2. Discuss various strategies for keeping communication channels open before a conflict or resentment develops. Each group member should feel that there is a repertoire of tools for communication available that will work for them.
3. Seek compromise or a middle ground with others when conflicts arise. Perhaps each group member could articulate what they ideally want, what they will settle for, and what they are unwilling to sacrifice—work out a compromise from there.
4. If there is somebody in the group who can act as an intermediary, ask that person to discuss disruptive behaviour sympathetically with the person in question.
5. Give this person a particular responsibility that will focus his/her energies.
6. Conduct an activity, such as using a 'suggestion box' that allows complaints to be voiced and discussed anonymously.
7. You can encourage participants to develop self-critical awareness about the quality and length of contributions to discussions, e.g. Would anyone like to comment on that? What do other people think? Some of you have a special knowledge of this subject, would any of you like to say something about it?
8. *Deal with difficult individuals publicly only in exceptional circumstances.*

Repeat this exercise with more than one volunteer.



Session Plan

Module 7

Submodule 1: Group therapy

Time allotted: 1 hour

TRAINING MATERIALS

- Handout (HO)
- PowerPoint (PPT) presentation
- Activity sheet
- Question box

CONTENTS

- Introduction
- Some basic guidelines for effective group therapy
- Process of group therapy
- Stages of group therapy

SESSION INSTRUCTIONS

1. Discuss with the group their understanding and experience of working with groups.
2. Lecture using the PPT presentation.
3. Conduct Activity 1: Counselling activity on groups.
4. Summarize the key points of the session.
5. Ask the group if they have any questions and remind them of the question box.

Module 7

Activity Sheet

Submodule 10: Identification and management of burn-out in caregivers and counsellors

INSTRUCTIONS

Activity 1: Progressive muscular relaxation (PMR)

Time allotted: 20 minutes

There are two steps in the self-administered PMR procedure:

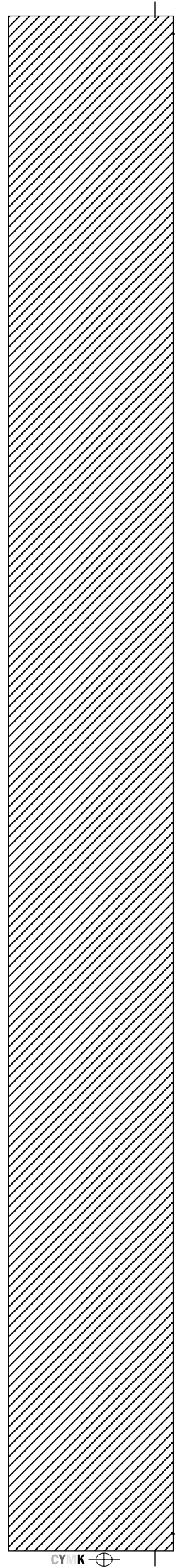
- (a) Deliberately tensing muscle groups, and
- (b) Releasing the induced tension.

This two-step process will be described after you have been introduced to the muscle groups.

Muscle groups

You will be working with almost all the major muscle groups in your body, but for convenience you will make a systematic progression from your feet upwards. Here is the most popular recommended sequence:

- Right foot
- Right lower leg and foot
- Entire right leg
- Left foot
- Left lower leg and foot
- Entire left leg
- Right forearm and hand
- Entire right arm left hand
- Left forearm and hand
- Entire left arm
- Abdomen
- Chest
- Neck and shoulders
- Face
- Tension relaxation procedure



Step one: Tension. The process of applying tension to a muscle is essentially the same, regardless of which muscle group you are using. First, focus your mind on the muscle group; for example, your right hand. Then inhale and simply squeeze the muscles as hard as you can for about 8 seconds; in the example, this would involve making a tight fist with your hand.

Step two: Releasing the tension. This is the best part because it is actually pleasurable. After 8 seconds, just quickly and suddenly let go. Let all the tightness and pain flow out of the muscles as you simultaneously exhale. In the example, this would be imagining tightness and pain flowing out of your hand through your fingertips as you exhale. Feel the muscles relax and become loose and limp, tension flowing away like water out of a faucet. Focus on and notice the difference between tension and relaxation.

Remember

- Always practise complete PMR in a quiet place, alone, with no electronic distractions, not even background music
- Remove your shoes and wear loose clothing
- Avoid eating, smoking, or drinking. It is best to practise before meals rather than after for the sake of your digestive processes
- Never practise after using any intoxicants
- Sit in a comfortable chair if possible. You may practise PMR while lying down, but this increases the likelihood of falling asleep
- If you fall asleep, give yourself credit for the work you did up to the point of sleep
- If you practise in bed at night, plan on falling asleep before you complete your cycle. Therefore, consider a practice session at night, in bed, in addition to your basic practice
- When you finish a session, relax with your eyes closed for a few seconds, and then get up slowly (*orthostatic hypotension*—a sudden drop in blood pressure due to standing up quickly—can cause you to faint). Some people like to count backwards from 5 to 1, timed to slow, deep breathing, and then say, ‘Eyes open. Supremely calm. Fully alert’

Module 7

Submodule 10: Identification and management of burn-out in caregivers and counsellors

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- Overview of HIV/AIDS caregiving
- Role of informal caregivers
- Understanding burn-out
- Factors causing burn-out among formal caregivers
- Factors leading to stress in HIV/AIDS counselling and care
- Management of burn-out
- Personal coping tools

SESSION INSTRUCTIONS

1. Discuss with the group what they understand by burn-out, which may be experienced by both the caregiver and the counsellor.
2. Lecture using the PPT presentation on the concept of burn-out
3. Conduct Activity 1: Progressive muscular relaxation (PMR).
4. Summarize the key points of the session
5. Ask the group if they have any questions and remind them of the question box.

Activity Sheet

Module 7

Submodule 11: Grief and bereavement counselling

INSTRUCTIONS

Activity 1

Time allotted: 20 minutes

Divide the trainees into groups of 3–4 persons.

Ask group members to define bereavement in relation to PLHA.

Identify the potential areas of loss in relation to

1. Physical health
2. Sexual relationships
3. Employment
4. Financial matters
5. Social status
6. Family
7. Children
8. Friends
9. Control over life
10. Self-respect

Activity 2: Role-play

Time allotted: 30 minute

Divide the trainees into triads: a counsellor, a client and an observer. Have the group role-play based on the case studies provided. Have each group's counsellor, client and observer discuss their thoughts and observations.

ACTIVITY 1:

Case 1

Smita is a housewife whose husband has just told her that he is HIV-positive. She comes from an educated family and cannot accept what he has told her. She had always thought that they had a good marriage but now has to face the prospect of an HIV test herself. They have a six-month-old baby. The thought that she and her daughter will be destitutes along with the social stigma was too much for her to handle. She is sad and depressed.

Case 2

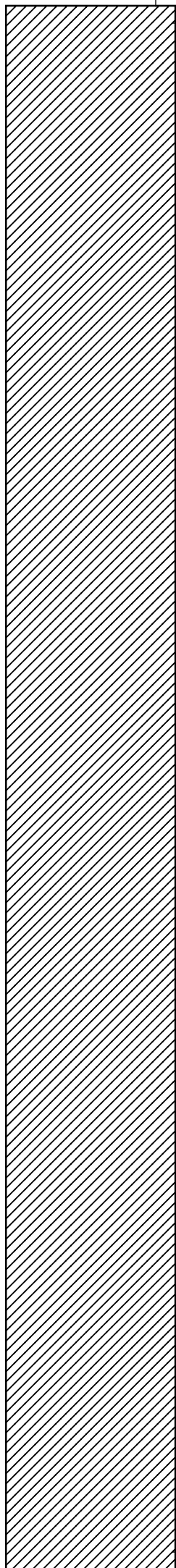
Rekha is a 21-year-old housewife. She has a husband who is HIV-positive and requires recurrent hospitalization. She has two children. Rekha's in-laws are reluctant to keep Rekha and her children with themselves. She has no financial support even for medication. She feels hopeless in such a situation.

Case 3

Meena and husband Murli are HIV-positive. They have a three-year-old child Ram who is not HIV-positive. Meena has been feeling very ill and cannot look after Ram. Murli is working very hard to support his family. There are rumours about his health condition in the village and he is asked to leave his job.

Case 4

Laxmi is a commercial sex worker. She is HIV-positive. She has a three-year-old daughter. Laxmi's health is deteriorating. The lady who controls the brothel wants Laxmi to leave her house. Laxmi is concerned about her daughter's future.



Session Plan

Module 7

Submodule 11: Grief and bereavement counselling

Time allotted: 1 hour 30 minutes

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- Introduction
- Phases of grieving
- Dying and HIV/AIDS: Its implications
- Helping clients deal with loss and bereavement
- Tools for grief counselling
- Spiritual wellness for clients with HIV/AIDS

SESSION INSTRUCTIONS

1. Conduct Activity 1.
2. Lecture using the PPT presentation.
3. Detail the tools used for grief counselling.
4. Conduct Activity 2: Role-play using the case studies provided.
5. Summarize the key points of the session.
6. Ask the group if they have any questions and remind them of the question box.

Module 7

Submodule 2: Family and marital counselling for patients with HIV/AIDS

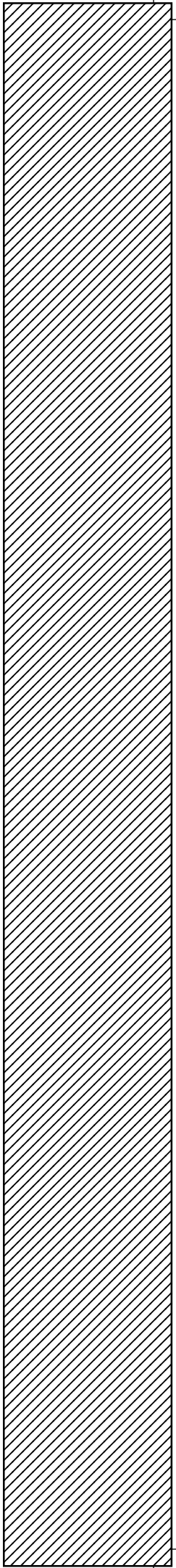
INSTRUCTIONS

Activity 1: Role-play

This is a role-playing session wherein the members will be requested to contrive a real-life family situation which could be simulated to understand the problems of PLHA in a family set-up. Trainees should try to resolve the issues that arise during the course of the session. Ideally, the master trainer should play the role of the counsellor to demonstrate the appropriate role-model for family counselling sessions.

The following steps are involved:

1. A live session of family counselling has to be enacted by selecting a situation from the case-studies/real-life situations provided by the group.
2. Identify volunteers to play the various roles of the family members.
3. Specify the role of each family member in detail.
4. Make the family sit in a circle in comfortable positions.
5. The counsellor begins by greeting the group and defining the role of each family member. This is done by creating a congenial environment wherein the counsellor initiates self-introduction followed by encouraging the introduction of each family member. The counsellor predominantly uses reflection, paraphrasing and summarizing to sustain focus on the problem the family is undergoing (**rapport building**).
6. Each family member has to be given the opportunity to express their perceptions of the prevailing situation.
7. This should be initiated by the dominant family member followed by the rest of the members of the group.
8. The counsellor should be very attentive, and their gestures and body movements should be appropriate for active listening. The counsellor should also use 'reflecting', 'paraphrasing' and 'summarizing' techniques to clarify the proceedings of the session (**assessment and analysis of the problem**).
9. The counsellor should politely but firmly handle any heated arguments, conflicting dialogues, blame-game, interruptions, etc. by saying, 'Please allow the person to complete what they are saying.'
10. After the first round of self-introduction and statement of problem(s) is over, the group members, by rotation, should be asked to reverse the roles by changing their positions. It has been observed that dominant family members do not like to physically get up and change their place during role-play and role-reversal.



Role-reversal and interchanging of the position should be done frequently so that everyone gets a chance to enact the role of some/all family members.

11. During role-reversal, it might be observed that family members will advocate the role of the infected member and look at the problem from their perspective, while seated in the designated place. This helps the process of attitudinal change.
12. After each participant has been given an opportunity and the session is moving towards the desirable goal, the counsellor should request each 'family member' to take their original seats.
13. Towards the end of the session, the counsellor should summarize the shift in communication observed during the role-play session. The counsellor, enacting the role of facilitator, should ask the dominant family members and others to give their opinion about the actions to be taken for solving the crisis the family is undergoing (**planning and initiating steps**).
14. The session should end by redefining the roles of each family member as well as practising the decisions taken as an outcome of the process (**implementation**).
15. A homework assignment should be given and follow-up should be encouraged (**termination and follow-up**).

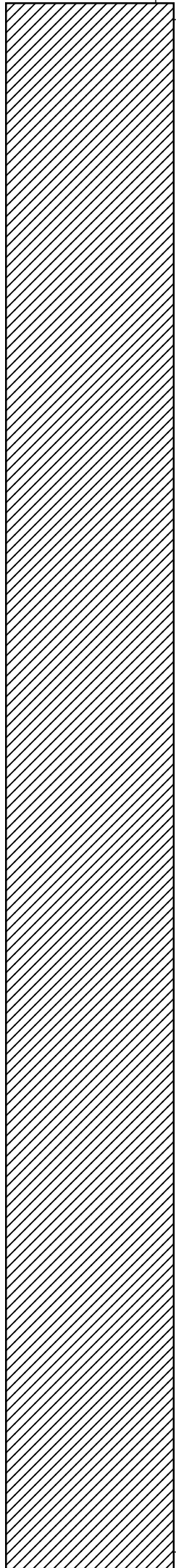
ACTIVITY 1: ROLE-PLAY

Case study 1

Rekha, a 26-year-old woman, comes to the centre with her family. She reports that her in-laws trouble her and want her to leave the house. Rekha's husband passed away three months back of AIDS. She has lost her job and is unwell. Her in-laws blame her for their son's death.

Case study 2

Ram, a 34-year-old man, lives in a single-room tenement with his parents, brothers and their families. He reports that his sisters-in-law is very concerned and does not want him to stay in the same house as he is HIV-positive. Ram is educated up to the 12th standard. He works as a clerk in a private firm. His mother is very fond of him and requests the counsellor to help them.



Module 7

Submodule 2: Family and marital counselling for patients with HIV/AIDS

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- Definition
- Aim of marital counselling
- Aim of family counselling
- Family as a structure and system
- HIV/AIDS and the role of the family
- Family counselling
- Marital counselling
- Other beneficial counselling sessions
- Socioeconomic issues of concern

SESSION INSTRUCTIONS

1. Discuss the group's understanding of and experience in family and couple counselling.
2. Lecture using the PPT presentation.
3. Conduct Activity 1: Role-play.
4. Summarize the key points of the session.
5. Ask the group if they have any questions and remind them of the question box.

Module 7

Submodule 3: Counselling for sexual assault

INSTRUCTIONS

activity 1: Brainstorming session

Time allotted: 10 minutes

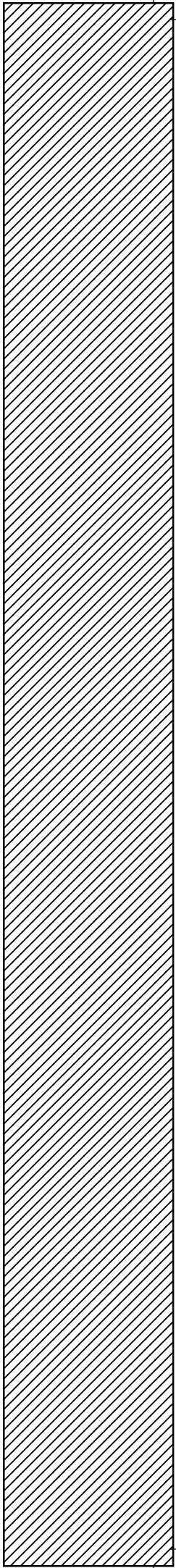
1. Conduct a brainstorming session with the participants on issues presented below
2. Summarize the discussion using information in the handout on ‘What are the effects of sexual violence?’

What are the consequences of sexual assault?

- Physical
- Psychological
- Social

Activity 2: Role-plays

Conduct role-plays as per the guidelines provided in the Introduction to the Manual. Use the cases presented on the next page.



ACTIVITY 2: ROLE-PLAYS

Case study 1: Sexual assault (male)

An 11-year-old boy used to normally be excited about going to school. One afternoon, a teacher asked him to stay back after school to help make some teaching material for the next day's class. As the other students and teachers were leaving for home, he started working on the material. The teacher came into the room and started complimenting him on his diligence and intelligence. Then he started to touch the child in an inappropriate manner. When he tried to resist, the teacher forced him onto the floor and sexually assaulted him. The boy was forced into being the receptive partner in anal sex. No condom was used and he had slight anal bleeding afterwards.

Next morning, his mother noticed that he was hesitant to leave for school. Later, while she was washing his undergarments she found blood. The mother went to the school to take him out of class to see a doctor. The doctor has referred the boy for tests. They are both very distressed about the assault and feel nervous about the testing and what the results may show.]

Case study 2: Sexual assault (female)

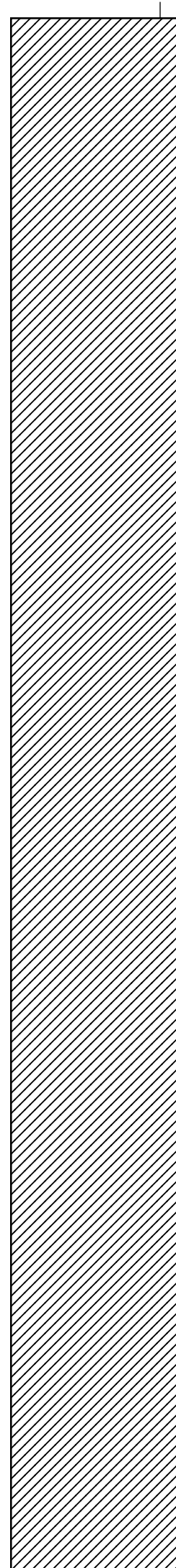
A 15-year-old girl travelling home from work was raped by a policeman. She was threatened with dire consequences if she reported the matter to anybody. She was referred by a physician for complaints of pain in the stomach and vaginal discharge with the suspicion that she was infected with HIV. The client is still in a state of shock. She reports the penetration was vaginal, anal and oral. She also has scratches and injury marks on her body.

Case study 3: Sexual assault (female)

A 16-year-old girl has been reportedly raped by her father for the past few years. The father is an alcoholic and physically abuses his wife. The girl did not report the crime to anyone for fear of her father. Encouraged by her schoolteacher, she informed her mother. Subsequently, a local NGO handled her case.

Issues to be discussed to summarize the activity

- What are the first steps you will take?
- What are the special concerns of the victims of these cases?
- How are anal and vaginal penetration different in medicolegal matters, and how should they be handled?



Module 7

Submodule 3: Counselling for sexual assault

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- What constitutes sexual assault?
- What are the effects of sexual violence?
- Reporting of sexual assault
- Client presentation to VCT services
- Key areas of response
- Dealing with disclosure of sexual assault
- Counselling survivors of sexual assault

SESSION INSTRUCTIONS

1. Conduct Activity 1: Brainstorming session.
2. Lecture using the PPT presentation.
3. Conduct Activity 2: Role-play.
4. Summarize the key points of the session.
5. Ask the group if they have any questions and remind them of the question box.

Module 7

Activity Sheet

Submodule 4: Crisis intervention and problem-solving counselling for patients with HIV/AIDS

INSTRUCTIONS

Activity 1: Problem-solving

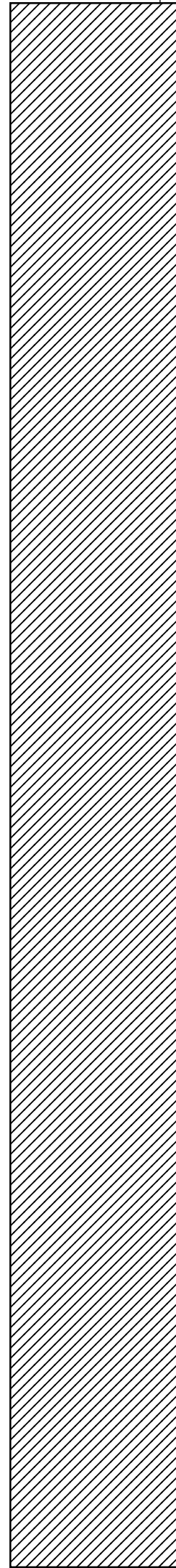
Pass out a copy of the dots. Ask the trainees to complete the directions given at the bottom of the drawing. Give them about 5 minutes to work on the puzzle. At the end of the time period, ask if anyone has found the solution.

This exercise will demonstrate that we often limit our perspectives and choices. Discuss this exercise in terms of problem-solving skills and choices that can be made by individuals faced with a problem.

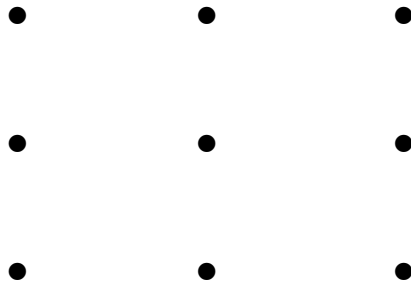
Activity 2: Brainwriting 6-3-5

The name 'brainwriting 6-3-5' comes from the process of having 6 people write 3 ideas in 5 minutes. Each person has a blank 6-3-5 worksheet.

Draw a table as on the next page, on a chart paper. Write down a problem statement the trainees want to discuss on the top row of the worksheet. Ask each trainee to write three solutions or ideas on resolving this problem. Have a large group discussion on problems that have been written on the sheet. You may work on more than one problem depending on the group's size or need to discuss problem situations.



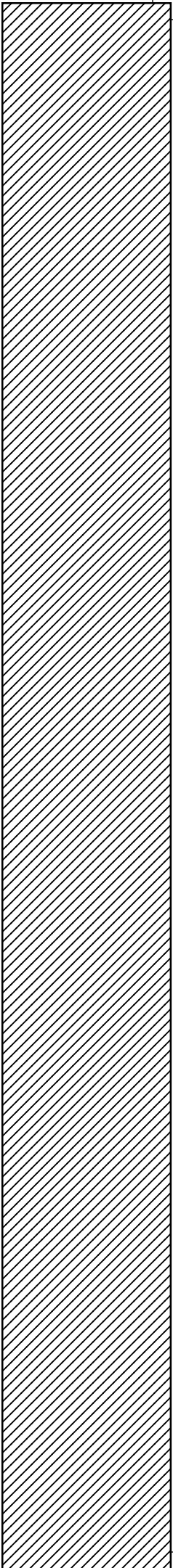
ACTIVITY 1: PROBLEM-SOLVING



Connect all the dots above with four straight lines. Do NOT lift your pencil off the paper. Do NOT retrace any line. Lines may cross if necessary.

ACTIVITY 2: BRAINWRITING 6-3-5

Problem statement: How to . . .			
	Idea 1	Idea 2	Idea 3
1.			
2.			
3.			
4.			
5.			



Module 7

Submodule 4: Crisis intervention and problem-solving counselling for patients with HIV/AIDS

Time allotted: 2 hours

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box
- Chart paper
- Marker pens

CONTENTS

- What is a crisis?
- Phases of crisis
- Essential features of a crisis
- Outcome of a crisis
- Crisis counselling
- Problem-solving counselling

SESSION INSTRUCTIONS

1. Discuss with the group their understanding of crisis.
2. Lecture using the PPT presentation.
3. Conduct Activity 1: Problem-solving.
4. Continue with the PPT presentation.
5. Conduct Activity 2: Brainwriting 6-3-5.
6. Continue with the PPT presentation.
7. Summarize the key points of the session.
8. Ask the group if they have any questions and remind them of the question box.

Module 7

Submodule 5: Universal safety precautions and post-exposure prophylaxis

Time allotted: 1 hour 30 minutes

TRAINING MATERIALS

- HO
- PPT presentation
- Question box

CONTENTS

- Principles of infection control and universal safety precautions
- What are universal precautions?
- Post-exposure prophylaxis for HIV following occupational exposure

SESSION INSTRUCTIONS

1. Lecture using the PPT presentation. During the presentation, ask participants to
 - Discuss infection control, universal precautions and episodes of occupational exposure in their institutions
 - If their institutions have standard procedures for dealing with occupational exposure to potentially infectious fluids
 - Describe these and discuss how they might be improved
 - Reporting/documentation associated with such incidents and whether a database is maintained to keep track
 - Infection control team exists at their institution and what its role is in dealing with occupational exposure.
2. Summarize the key points of the session.
3. Ask the group if they have any questions and remind them of the question box.

Module 7

Submodule 6: Management of psychological distress in patients with HIV/AIDS

INSTRUCTIONS

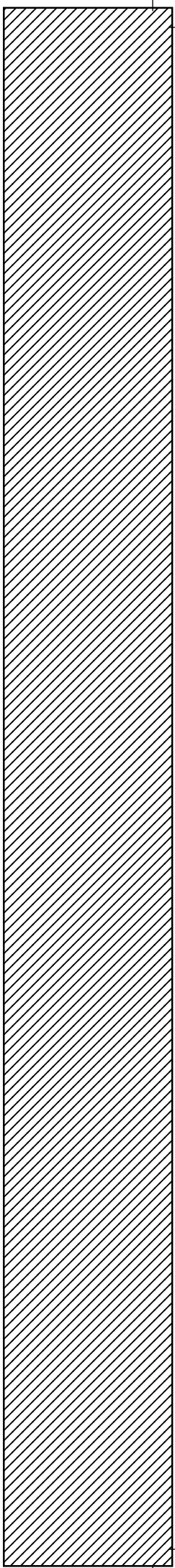
Activity 1: Brainstorming session

Discuss cases handled by trainees as well as their own negative thought processes when they are subjected to failure, humiliation and rejection.

1. Record group feedback.
2. Enumerate different emotional states accompanying negative thoughts.
3. Get feedback from the group on thought-stopping.

ACTIVITY 2: CASE STUDY FOR ROLE-PLAY

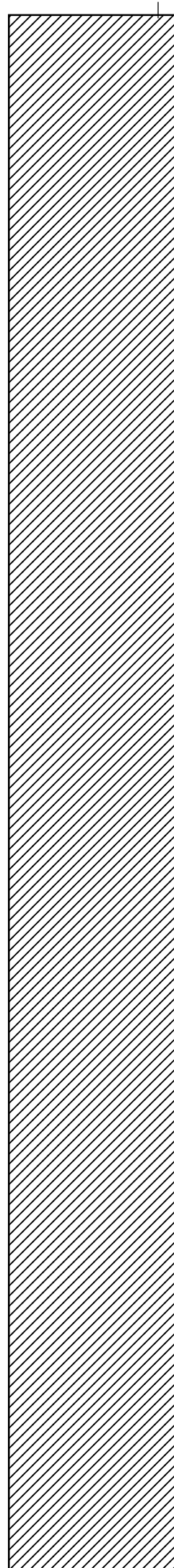
Act out the case given below. See how thoughts can be controlled and what coping skills can be developed in Mr Ramamurthy.



ACTIVITY 2: CASE STUDY FOR ROLE-PLAY

Case study 1

Ramamurthy has come to Mumbai in search of a job. He is staying in a very cheap boarding house. He has many companions in the dormitory where he stays. The young men wanted to have fun and went to a red light area to have sex. Though Ramamurthy was reluctant his friend told him to experience sex. After this episode, he has lost his sleep and has recurrent thoughts that he has contracted HIV. He is ashamed of himself and repentant, but he cannot undo the act and is unable to talk to anybody about it. His problem is how to control these thoughts and be able to sleep as before.



Module 7

Submodule 6: Management of psychological distress in patients with HIV/AIDS

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box
- Chart paper/transparency sheets
- Marker pens

CONTENTS

- What is the cognitive-behavioural approach?
- Stages of cognitive management
- Cognitive retraining for neuropsychological deficits associated with HIV/AIDS

SESSION INSTRUCTIONS

1. Conduct Activity 1: Brainstorming.
2. Lecture using the PPT presentation.
3. Conduct Activity 2: Role-play.
4. Summarize the key points of the session.
5. Ask the group if they have any questions and remind them of the question box.

Module 7

Activity Sheet

Submodule 7: Suicide risk assessment and management for patients with HIV/AIDS

SUICIDE RISK ASSESSMENT GUIDELINE EXERCISE

Using the case presented in the post-test module, conduct this activity. Instruct the participants to role-play as per guidelines. Using the assessment format given below, assess the client's risk for suicide.

The suicide risk assessment provides a guideline for professionals on how to interview persons at risk for suicide. As guidelines rather than a ready-to-use questionnaire, many questions would need more exploration and probing in order to evaluate the subjective reality of each individual at risk.

1. Do you sometimes feel so bad/hopeless/helpless you think about suicide? YES / NO

Follow this up with the following explorations:

2. How often?
a. Are you currently thinking of suicide? YES / NO
b. Have you thought of how would you do it? YES / NO
3. Do you have a plan? YES / NO
a. How lethal is the planned method?
(EXPLORE the perception of the person at risk!)
4. Do you have the means? EXPLORE
5. Have you decided when you would do it? EXPLORE
6. Have you ever tried suicide before? EXPLORE

If 'yes' check whether previous attempt was:

- a. Impulsive?
b. Planned?
c. Did you use any 'booster' to make you do it, such as alcohol/drugs?
7. If you have tried suicide before, what difference, if any, did it make?

Write down the client's answer. Generally, any positive change perceived by the client makes the risk higher.

Check for symptoms of clinical depression.

a. Neurovegetative symptoms:

- Sleep disturbances
- Loss of appetite
- Tiredness/lack of energy
- Agitation/slowing down
- Loss of interest in sex

b. Mood and motivation

- Prolonged unhappiness
- Loss of interest or pleasure
- Hopelessness/helplessness
- Difficulties performing at work
- Difficulties carrying out routine activities
- Withdrawal from friends and social activities
- Check for somatization (pains, aches, physical discomfort without any organic cause)

Module 7

Submodule 7: Suicide risk assessment and management for patients with HIV/AIDS

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box
- Chart paper/transparency sheets
- Marker pens

CONTENTS

- Introduction
- Suicide risk in HIV-positive patients
- Classification of suicide methods
- Suicide risk assessment
- Referral indications
- Steps for the management of suicidal clients
- Questions used to probe for suicidal thoughts
- Drug/Alcohol consumption and risk of suicide attempt
- Antidepressants and suicide risk
- Medical complications following an unsuccessful attempt
- Post-attempt stage

SESSION INSTRUCTIONS

1. Discuss with the group their knowledge and understanding of and experience in dealing with clients who have attempted suicide.
2. Lecture using the PPT presentation.
3. Conduct the activity as prompted in the PPT.
4. Summarize the key points of the session.
5. Ask the group if they have any questions and remind them of the question box.

Session Plan

Module 7

Submodule 8: Mental health issues associated with HIV/AIDS

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box
- Chart paper/transparency sheets
- Marker pens

CONTENTS

- Introduction
- Impact of HIV/AIDS on mental health
- Management strategies

SESSION INSTRUCTIONS

1. Discuss with the group their knowledge and understanding of, and experience in dealing with clients who show signs of mental illness.
2. Lecture using the PPT presentation.
3. Summarize the key points of the session.
4. Ask the group if they have any questions and remind them of the question box.

Activity Sheet

Module 7

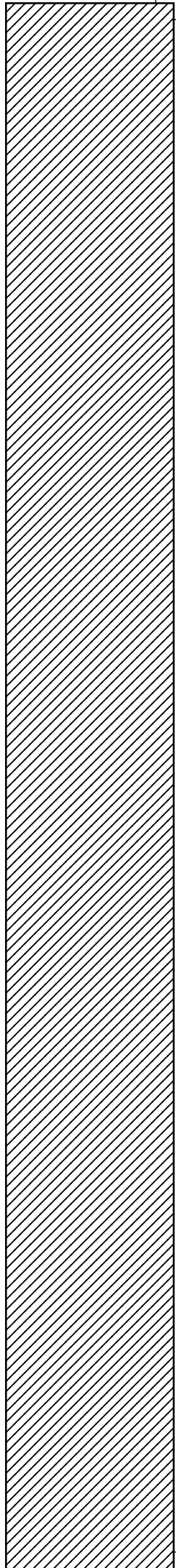
Submodule 9: Legal-ethical issues related to HIV/AIDS

INSTRUCTIONS

Activity 1: Discussion

Discuss what the counsellor can do in the following situations during counselling:

- An HIV-positive lady is thrown out of her house
- A widow who tests positive does not get a share in the family property
- A person referred for surgery comes for preoperative testing
- A person tests positive in a pre-employment test



Session Plan

Module 7

Submodule 9: Legal–ethical issues related to HIV/AIDS

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Chart paper/transparency sheets
- Marker pens
- Question box

CONTENTS

- Introduction
- HIV and human rights
- The legal framework

SESSION INSTRUCTIONS

1. Discuss with the group their knowledge and understanding of and experience in dealing with legal–ethical issues related to HIV/AIDS.
2. Lecture using the PPT presentation.
3. Conduct Activity 1: Discussion.
4. Summarize the key points of the session.
5. Ask the group if they have any questions and remind them of the question box.

