ONE-DAY COPING EFFECTIVENESS TRAINING (CET) MANUAL

PROJECT ACCEPT’s Adaptation of the CHANGes Project’s (CENTER FOR AIDS PREVENTION STUDIES) CET Manual for Use in Post-Test Support Services (PTSS) in Sub-Saharan Africa and Thailand

APPRAISAL

GENERAL SITUATION

SPECIFIC STRESSOR A

SPECIFIC STRESSOR B

SPECIFIC STRESSOR C

STRESSOR A

CHANGEABLE ASPECTS

UNCHANGEABLE ASPECTS

COPING

PROBLEM-FOCUSED COPING

EMOTION-FOCUSED COPING

EMOTION-FOCUSED COPING

PROBLEM-FOCUSED COPING

REAPPRAISAL

RESOLVED

NOT RESOLVED

EXIT

CENTER FOR AIDS PREVENTION STUDIES
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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Preface

The main objective of Coping Effectiveness Training (CET) is to empower people with skills for coping with stress that arises from the challenges of receiving HIV test results, living with an HIV positive diagnosis and other challenges that may or may not be related. The program, which is an adaptation of an earlier one previously designed for the CHANGes Project, is informed by recent developments in the theory of stress, coping and health with advances in stress management. The manual is designed with a focus on the HIV epidemic in the developing countries, particularly parts of Asia and sub-Saharan Africa, regions that are at the epicentre of the HIV/AIDS epidemic. Stress and coping theory emphasizes two processes, appraisal and coping, as mediators of the relationship between stress and an individual’s psychological and physiological reactions. Although CET is a manualized intervention program, it seeks not to be merely a “mechanical application of techniques” (Castonguay, Goldfried, Wiser, Raue and Hayes, 1996). Facilitators attempt to strike a balance between delivering the intervention and maintaining flexibility so that they do not get bogged down in the particular language or technique.

This manual is designed to accompany the workshop provided to participants who have completed PROJECT ACCEPT’s voluntary counselling and testing (VCT) services. The 1-day workshop takes place in three 2-hour sessions delivered in one day. The goal is to deliver skills and concepts that facilitate coping effectiveness. This workshop program emphasizes training in appraisal, emotion-focused coping, problem focused coping, and the maintenance of coping skills over time.

The original CET Manual was developed for the CHANGes Project
CENTER FOR AIDS PREVENTION STUDIES
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Due acknowledgement is made to The CHANGes Project investigators who developed the original CET Manual:

Margaret Chesney, Ph.D.
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How to Use this Manual

This manual is designed as a guide for conducting CET workshops. It is written in simple language, using clear instructions and exercises to aid interaction between facilitator and participants. Instructions to the Facilitator are highlighted and boxed for clarity.

You are encouraged to follow the proceedings of the Workshop closely. The Facilitator takes the lead and will generally guide the process, pointing the Participant to relevant sessions and segments as they apply. Most importantly, Participants must locate and actively participate in all exercises and activities as they become due. The facilitator has been professionally trained on how to run the CET workshops and will often have more information than is reflected in the CET Manual. In this respect, the CET Manual serves as a compass that points the direction to go with the process. It is to be applied with flexibility at the informed discretion of the Facilitator. We recommend that the three sessions be conducted in one day per group of participants to reduce logistical constraints on both participants and the post-test support services (PTSS) sites. Therefore, facilitators are encouraged to plan their sessions and exercises in a manner that achieves a balance between delivery and participants' assimilation of the content and requisite skills.
Exercises and Activities Package

Exercises and activities provide hands-on practice and examples of the aims of each section. Please note that the relevant exercises and activities may vary depending on the group and its context. Facilitator must guard against reckless deviation so as to avoid irrelevance.

Appendices comprise Training Package Materials with the Exercises and Activities covered in the 3 Sessions of the Workshop. These are handouts that are to be selectively distributed by the Facilitator during the Workshop as focus moves to the specific area concerned. Distribution of the materials is at the discretion of the Facilitator, based on assessment of need, as groups will vary in terms of their literacy and readiness to work with written matter. Where the materials are needed, they must be translated into the language that group members use, depending on the context.

There will be some cases where the Facilitator is the only one who writes, particularly on the board. In fact, the more experienced and confident the Facilitator becomes over time, the less he or she will rely on written materials, especially in resource constrained rural settings. The thrust and focus should be more on verbal delivery and active participation of all members of the group, with Facilitator saving to steer discussion in the right direction and provide overall leadership.
Who Is Project Accept And What Are We About?

Project Accept is a Phase III community-level randomized controlled study sponsored by the U.S. National Institute of Mental Health (NIMH). The project is being conducted at five sites across 4 countries. The sites are Chiang Mai (Thailand), Mutoko (Zimbabwe), Kisarawe (Tanzania), and, Soweto and Vulindlela (South Africa).

The primary goal of the study is to change community norms and reduce risk for HIV infection among all community members, irrespective of whether they participated directly in the intervention. To this end, the goals of PTSS are to: (1) encourage and support both HIV-negative and HIV-positive PTSS participants become effective community change agents and (2) create a locally appropriate support system to meet a carefully defined range of needs for community members following their decision to take part in CBVCT—regardless of their HIV test result—so that PTSS becomes part of the fabric of communities (please see PTSS SOP manual).

The Post-Test Support Services component is designed to build psychosocial support to improve the quality of life for individuals diagnosed with HIV and to help those who are HIV-negative to stay negative. Post-test clubs are available to people who have tested, regardless of their test results, in order to provide support and offer health and social service referrals.

Participants enrolling in PTSS may receive this Coping Effectiveness Training. Particularly for participants who test positive, this training offers skills in dealing with different coping challenges.

Although this Manual was designed for HIV coping, it will help you cope with other challenges that you may face in life. Coping Effectiveness strategies are easy to learn and can be internalised to make them part of your normal affective, behavioural and cognitive repertoire.

We welcome feedback in order to continually improve this program. Your input is critical in making this successful. We hope you will find the strategies and skills you learn in this workshop helpful.
SESSION I: [2 HRS 30MINS]
INTRODUCTION TO COPING EFFECTIVENESS TRAINING

Activity and Exercises Tools
1. Soft Board (with drawing pins) or Hardboard with Sticky stuff
2. Strips of Manila sheet cards
3. Magic Markers (Felt pens)
4. Flip Chart Stand and Flip Chart paper

Facilitator's Instructions

Begin this session by explaining to participants that the main objective of the Workshop is to enhance their capacity to cope with and manage stress in systematic and practical ways.

Secondly, ask participants to share their Workshop Expectations. Apart from setting your Workshop on a success path, this is also a way of building rapport that will ensure that from the onset, you and the participants in your group have a shared understanding of the purpose of the workshop.

Following the listing of Participant's Workshop Expectations, please check expectations against the Workshop Objectives, which are listed below. Make sure the Workshop Objectives are clear and well understood by all participants. In those cases where objectives differ from participants' expectations please explain the importance of meeting those objectives in way of building members' capacity to cope.

Session I Goals

Share the objectives of Session One as listed. Tailor your activities and exercises in a manner that resonates with the experiences of your group's participants.

A. Establish rapport.
B. Orient participants to the goals and structure of the workshop.
C. Normalize stress.
D. Identify stressful situations from participant's own lives.
E. Introduce the concept of what makes a situation stressful, meaning and stress management.
F. Practice new communication skills.
G. Distinguish between general conditions and specific situations.
H. Provide experience using a culturally appropriate relaxation technique.
Session I Overview

Give an overview of this session’s activities. This morning we want to introduce CET and begin to get to know one another. This Manual closely follows our three sessions. It includes a summary of the areas we will be talking about. It also includes some exercises that are designed to help you personalize and use what you will be learning here. Those who have attended workshops of this nature say that they wish they had been more diligent in doing the exercises and activities from the onset. It is for that reason that we encourage you to approach all exercises and workshop activities with commitment. Session I covers the following issues:

1. Introductions
2. Group Member Introductions
3. Overview of Coping Model
4. What is Stress?
5. Stressful Events: Interaction
6. Personal Symptoms of Stress
7. Stress is a Personal Experience
8. Managing Stress
9. Introducing Coping
10. Communication Skills
11. Breaking General Situations into Specific Events: Interaction
12: Introduce the Coping Exercises
13: End of Session I
14 Tea Break

Introductions

Facilitator Introductions

Facilitator: Introduce yourself to the group and thank participants for their involvement with Project Accept.

Acknowledge the common bond among participants - that is, coping with the stress of both taking and dealing with the results of an HIV test. Also highlight that CET skills are applicable to many situations that require well-coordinated coping.

Describe the Workshop

This workshop is designed to teach you the skills of Coping Effectiveness Training (CET). The purpose of CET is to provide you with skills for coping with stress - from
daily hassles to major life events. CET brings together recent developments in the theory of stress, coping and health with advances in stress management. Stress and coping theory emphasizes two processes, appraisal and coping, as mediators of the relationship between stress and an individual's psychological and physiological reactions. We do not try to provide concrete answers to individual participant's questions. This Workshop teaches you skills for finding your own solutions to problems, and skills for dealing with feelings. To start with, we are going to group all these kinds of difficult questions and related emotions together under the rubric of stress.

The Workshop consists of three sessions of approximately 2 hours each. The first two sessions cover the coping skills model. The third session focuses on coping sabotage, that, how at times we can get in the way of our own good coping, and how to recover from sabotaging our own coping.

Confidentiality and Privacy

Discuss Confidentiality covering the material below and using the following example:

We recognize how important it is to keep issues we discuss in this Workshop confidential. We encourage you to also embrace the principle of confidentiality that is pivotal for the successful participation of all members in this group. It is important to note that while members will share freely about their HIV status and coping challenges in the Workshop, we are all ethically bound not to disclose another member's confidential stories. Please guard against inadvertently disclosing other participants' stories. Let anyone who wants to talk about themselves outside the group do so of his or her own accord. When you are talking about this workshop, the names of others in the group or personal information that they may bring up should not be shared or given. In small communities, even general reference to information that may identify any member is risky.

For example when you meet your neighbour at the market:

Friend: "How was the workshop?"
You: "There was this public figure who also attended today. I didn't know that politicians also get HIV!"
Friend: "Which Ward did this politician come from?"
You: "Ward 2"
Friend: "My uncle is the councillor for that Ward. He has been sick of late and lost his wife last week due to AIDS related sickness. I am going to express my condolences tomorrow. What did he say his name was?"
In order to protect EACH OTHER’S confidentiality we ask that you refrain from talking about the group in reference to anyone by name or titular identifier. A better example of more confidential communication is as follows:

Friend: “How was the workshop?”
You: “Great, I’m learning that HIV/AIDS affects all people regardless of social status”.
Friend: “Sure; I know many prominent people who have been affected either directly or indirectly. Who did you have in your group that is so prominent?”
You: “I’m sorry, I cannot tell you. We have a confidentiality agreement in our group”.
Friend: So you don’t trust me even if we stay so close to each other?
You: It is not about trusting you. It’s only that I respect my group and adhere to what we agree on”.

There may be situations when it is difficult to maintain confidentiality. However, your doing so demonstrates your respect for other group members.

**Group Member Introductions**

Ask participants to introduce themselves with their name or the name they want to be known by in the Workshop, tell a little about themselves (some identifying information), and share their expectations of the workshop. At the end of the introductions, if expectations and what the workshop offers (goals) differ, discuss the differences with participants.

**Overview of the Coping Model**

Ask participants to turn to the diagram in the front of their workbooks or a similar handout. Provide a general overview of the model as presented in the diagram below.

**Appraisal** refers to your evaluation of a particular personally meaningful situation (as opposed to global chronic conditions). Whether or not a situation is stressful is based on how you evaluate the situation. What is a major stressor for one person may be a minor event to another. The difference lies in the manner in which it is perceived and evaluated.
Coping refers to what individuals do in response to situations that they appraise or evaluate as stressful. Coping can be internal in the form of thoughts or can be external actions. The overarching question that determines the range of adaptive coping options is whether or not the outcome of the situation can be changed.

Coping has two main functions. First, it can help address the problems that give rise to stress. This is referred to as problem-focused coping. Second, it can help regulate feelings that arise from stress including anxiety, anger and sadness. This is referred to as emotion-focused coping. In general, the best fit occurs when people use problem-focused coping in situations that are changeable and use emotion-
focused coping in situations that are not changeable. With this model, we will help you learn to:

- Be specific about stress you encounter, and to
- Be explicit about the extent to which each source of stress is changeable.

Then, we'll help you learn to fit the strategies to each source of stress, so that:

- Problem-focused strategies are applied to stressors that can be changed, and
- Emotion-focused strategies are applied to stressors that cannot be changed.

Facilitator. In explaining the Coping Effectiveness Model, you may find it helpful, depending on the kind and social background of the group of participants, to reconstruct the 'Serenity Prayer' in a participatory manner in plenary. While many people are aware of the first stanza of the prayer, its fuller version is as given below:

<table>
<thead>
<tr>
<th>The Serenity Prayer</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOD, grant me the serenity</td>
</tr>
<tr>
<td>To accept the things I cannot change,</td>
</tr>
<tr>
<td>Courage to change the things I can,</td>
</tr>
<tr>
<td>And the wisdom to know the difference.</td>
</tr>
<tr>
<td>Living ONE DAY AT A TIME;</td>
</tr>
<tr>
<td>Enjoying one moment at a time;</td>
</tr>
<tr>
<td>Accepting hardship as the pathway to peace.</td>
</tr>
<tr>
<td>Taking, as He did, this sinful world as it is,</td>
</tr>
<tr>
<td>Not as I would have it.</td>
</tr>
<tr>
<td>Trusting that He will make all things right</td>
</tr>
<tr>
<td>If I surrender to His Will;</td>
</tr>
<tr>
<td>That I may be reasonably happy in this life,</td>
</tr>
<tr>
<td>And supremely happy with Him forever in the next.</td>
</tr>
<tr>
<td>Amen</td>
</tr>
</tbody>
</table>

[Reinhold Neibuhr-1926 ]

There are clear parallels between the CET model and the Serenity Prayer which participants can relate to. Where relevant, explain CET concepts in relation to the tenets of the prayer. It helps demystify the model.
WHAT IS STRESS?

**Define Stress as Follows:** Stress is a personally meaningful situation in which the demands experienced by a person exceeded his or her coping resources.

**Instructions to Facilitator:** Over the next 10 minutes lead the group in doing the following activity that relates to their understanding of stress:

**EXERCISE 1a: Identification of a stressful Event**

Ask participants to pair up. Each member of the pair will share with the other an example of an event that currently serves as a stressor in his/her life. The listener will write the stressful event on a card and prepare to later share their partner’s event with the group as a whole. In recounting the event, the member should include how he or she experienced the stressful event or how the stressful event affected him or her (i.e. did you get short tempered, feel depressed, have trouble sleeping, lose yourself in activity, etc). After both partners have talked about their stressful situation, return to plenary.

In plenary stick all the cards with the stated stressful situations on the board.

This gives some insight into members’ understanding of stress.

On completion of the exercise, Facilitator must proceed to define stress as understood from professional psychological or counselling practice. Refocus on the purpose of the Workshop: coping with stress.

Stress is tension or pressures that are a natural part of living our lives. Stress can result both from changes we want as well as from those we don’t want. Change, in and of itself, can be stressful. The discussions earlier between pairs illustrated our personal and individual experience of stress.

**Facilitator’s Note:** Acknowledge the many changes in the HIV environment. Ask workshop participants to talk about the major changes and stresses that they wrote on manila cards earlier.

Revisit the cards and sort them on the board in categories based on similarity. Create clusters with themes that reflect similar changes or stressful experiences.
Use the emergence of such clusters as an illustration of the commonness and similarity of coping challenges and experiences.

On the basis of the described activity, it is possible to demonstrate that each group member is not alone in his or her experience of stress and difficulties in coping.

**Stressful Events: Verbal Feedback on Exercise 1**

In plenary, ask each member of the Activity 1 pairs to present to the group his or her partner’s stressful event that he or she documented on the card. Allow the partner whose story is being shared the opportunity to change or clarify the information being presented about him or her.

**Facilitator’s Note:** Sometimes events from the recent past are too close, intense, or personal for this early in the group. Participants will bring up more current events as they feel safer. When you introduce this exercise, acknowledge that you are aware that it is a stressful thing to do. Reassure participants that it is alright to talk about HIV/AIDS.

**STRESS IS A PERSONAL EXPERIENCE**

Facilitator: Explain the following to participants. What makes something stressful for one person and not the other depends on each person’s understanding of the situation. Stress results from your belief that an event is dangerous, difficult or painful, and that you can’t (or may not be able to) cope with it. Different things are stressful for different people, and because people have different resources available for coping with stress.

For a situation to be stressful it must matter to the person and be a situation that he or she cannot handle with ease. People differ in what matters to them. For example, being criticized on the job may matter a great deal to one person but mean little to another person. People also differ in their resources for coping with stressful situations, which means that what is difficult for one person to manage, may be easy for another. Therefore, what’s stressful for one person may not be stressful for another.

Each of us decides what’s stressful for us personally. So the situation that is stressful for one person may not be stressful for another. It’s not wrong or bad to feel stressed when someone else doesn’t. People are simply stressed by different kinds of things.
PERSONAL SYMPTOMS OF STRESS

Refer again to Activity 1 in which participants shared how they react to stress in their lives (i.e. their symptoms of stress). Ask them to expand on this list by identifying additional personal symptoms of stress. Look for examples from the following categories. Add some that are missing.

- **Physical**: shortness of breath, pounding of heart, stiff or tense muscles, headaches, upset stomach, clenching jaw or fists, dizziness, trembling, diarrhoea, grinding teeth, sweating, feeling faint, loss of interest in sex, tiredness, restlessness.

- **Emotional**: irritability, anger, worry, trouble concentrating, negative attitudes, loneliness, feeling down or depressed, feeling tense, grouchiness, inability to relax.

- **Behavioural**: overeating, loss of appetite, trouble sleeping, accident proneness, using more alcohol, avoiding tasks, sleep problems, trouble completing work assignments, fidgeting, trembling, crying, smoking more.

- **Cognitive**: anxious or racing or slowed thoughts, fearful anticipation, poor concentration, difficulty with memory.

- **Social**: avoiding others, isolating, not wanting to be alone, venting, getting easily irritated with others.

Ask participants if they recognize any of their personal symptoms of stress from the list above and to also state if they have any personal symptoms of stress that are not in the list.

**Exercise 1b: Personal Signs and Symptoms of Stress**

*Look at the signs and symptoms of stress just discussed. Identify your own signs and symptoms of stress. Add any you manifest that are not listed here.*
MANAGING STRESS

Facilitator: Explain to participants that the focus of this workshop is to manage stress rather than to master it. Some situations cannot be mastered in the sense that stress cannot be eliminated from your life. However, not mastering or eliminating stress from one’s life does not mean that a person is not coping effectively. Our focus is on developing a way of making stress more manageable. The concept of management tends to reduce participants’ anxiety.

COPING IS WHAT HELPS YOU DEAL WITH STRESS

Facilitator’s Instructions: Ask Participants to deliberate for 3 minutes on what helps them to deal with stress in their lives. Get at least one clear response from a participant on how he or she manages stress.

Follow-up the explanation with definition of coping and the strategies that apply.

Define Coping as follows: Coping is the thoughts and behaviours that we use to manage the demands of stressful situations.

Facilitator and Participants: Refer to the diagram with the CET Model. Often people face coping difficulties because they are overwhelmed by the situation and are unable to analyze the stressful situation clearly. This Workshop trains participants on how to break down the stressful situation into units that can be effectively managed.

General Conditions vs. Specific Situations

Explain the following to the participants: General Stressful Conditions are usually very large and global stressful conditions. Some good examples are “the threat of nuclear war”, “my health”, or “my relationship with my brother”. It is usually very hard to cope with general stressful conditions without first breaking them down into more specific stressful situations. Part of managing stress is learning to break a larger situation that may feel overwhelming down into more manageable chunks. Knowing that you have only to deal with one chunk at a time may allow you to feel less anxious overall. Sometimes things can feel so overwhelming that it is hard to even try to find a solution to problems. Breaking things down into smaller parts can help.

General stressful conditions can be identified by how they are described. Usually, they are described in BIG terms such as: always, everywhere, or everyone. Figure 2 depicts the difference between a general situation and specific stressors.
The first step in coping is to take these **GENERAL STRESSFUL CONDITIONS** and break them down into **SPECIFIC STRESSFUL EVENTS**. You can identify specific stressful situations by narrowing the scope of a general stressful condition. Distinguish between general conditions (e.g. bad health, poor economy, life is too busy) and specific situations (e.g. having a specific illness, not having enough money to cover expenses, not meeting deadlines).

Narrow the focus further to specific stressful situations (e.g., had to stay out of work because of a respiratory infection; had to borrow money to pay the rent; got reprimanded for getting a job in late).

**Clues to identifying general stressful conditions:**

- *Always, everywhere* and *everyone*, suggests that a general condition is being described.
- To get to specifics, ask *Who, What, Where and When*

**Facilitator’s Note:** Avoid asking *Why*. "Why" is often an interesting question, but tends to broaden rather than narrow the focus. Our task here is to try to get very specific. (Asking why can be very useful at other times, e.g., “Why is it stressful to me?” can help to determine what is stressful about the event and may be useful in finding coping options.)

- Asking, "When was this last stressful for you?" frequently helps participants narrow the focus to a specific stressful situation.
**Specific Stressful Situation**

Lets take an example of a general stressful situation: “my relationship with my brother”.

**Who:** For whom does your relationship with your brother cause stress?

“Just me. He doesn’t seem to be bothered at all”.

**What:** What kinds of situations with him causes you stress?

“When he asks me what will happen to the dowry that was not fully paid”.

**Where:** Where is this kind of question likely to make you feel most stressed?

“When I sit with other members of my family as we discuss issues that concern members of our totem”.

**When:** When did this last occur?

“If about 2 weeks ago when we had a memorial service for my late spouse”.

The specific stress situation is:

Two weeks ago I felt very stressed when my brother asked me, “What will happen to the dowry that has not yet been paid?” in front of members of my family at our homestead during the memorial service of my late spouse.

As well as being more specific, it is also more personal; therefore there is usually more you can do personally to cope with the situation.
Communication Skills

Much of our lives involve communicating with others. Communication is often equated with telling. Yet listening is an equally important skill. Listening plays a key role in mediating the coping effectiveness. Consider the statements presented in the anonymous message in the adjacent box. The message makes a strong statement about the value of good active listening as part of effective communication. Being a good listener is central to effective communication and coping.

Exercise 2a: Communication Skills: Listening and Acknowledging

Facilitator: Ask the group to respond to the following questions and list their feedback on board.

* What makes a good listener?

* Think of a good listener you know. What does he or she do?

Refine the group’s list and add to their responses those items they leave out:

1. Allow people to finish their thoughts; don’t interrupt.
2. Allow the person to tell his or her story; don’t steal the floor.
3. Listen without giving advice.
4. Listen carefully to the content of what others say.
5. After someone has spoken, repeat briefly what was said, and ask if you heard it correctly.
7. Repeat what you have heard in brief including the corrections

Often when you respond to people simply based on what they say, without interposing your own judgements or suggestions, they feel better understood and more trustful. The 7 guidelines for listening and acknowledging must be highlighted.
Exercise 2b Communication Skills: Listening and Acknowledging (Continued)

Take this note card home for practice. One time during the week consciously practice skills given above in this chapter with a friend, relative, significant other, or someone else outside the group. Record any steps that you find hard to follow. Feel free to discuss this with your counsellor at any opportunity.

Breaking General Situations in Specific Events

Exercise 3a: Breaking General Situations into Specific Events

Break the group into discussion pairs. Ask each member of the pair to:

a. Identify a stressful situation in his/her life (with a specific example) (or if his/her life has been stress free, describe the event of a friend or make up an event);

b. Describe it to his/her discussion partner.

When everyone is finished the partner will describe the person's stressful event to the group. Discussion partners will take turns so that each member of the pair occupies each possible role. Ask them to use the communication skills above. Allow the pairs 10 minutes to talk with each other before reporting back to the group. Give the person who owns the event the opportunity to make corrections or changes to the report on his or her event. The focus of the report back should be the general event and the specific event.

Facilitator please note: Visit each pair twice in order to listen to each of the partners. Focus on the ease or difficulty of getting to a specific situation and the experience of using the listening skills.
Exercise 3b: General Conditions Vs Specific Situations

Sort the following list into general conditions and specific stressful situations:

- Having persistent diarrhoea
- The many changes of the AIDS epidemic
- Last night’s sleeplessness
- Being infected with HIV
- Feeling down about my life
- Attending a job interview tomorrow
- Failure to pay children’s school fees
- A sore throat when I woke up this morning
- Drinking too much
- Drinking too much last weekend
- My housing situation
- Stigma and discrimination
- May 25 Fees/bills due.

<table>
<thead>
<tr>
<th>General Stressful Conditions</th>
<th>Specific Stressful Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>8.</td>
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</tbody>
</table>
Possible Classification of Stressful Situations

Here are some of the ways we classify them. The list on the right side is more specific about when the situation occurs, where it may happen, to whom it occurs, or what in particular happens that causes stress.

<table>
<thead>
<tr>
<th>General Stressful Conditions</th>
<th>Specific Stressful Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The many changes in the AIDS epidemic,</td>
<td>1. Last night’s sleeplessness</td>
</tr>
<tr>
<td>2. Being infected with HIV</td>
<td>2. Having persistent Diarrhoeas</td>
</tr>
<tr>
<td>3. Feeling down about my life</td>
<td>3. The interview tomorrow</td>
</tr>
<tr>
<td>4. Drinking too much</td>
<td>4. Failure to pay children’s school fees</td>
</tr>
<tr>
<td>5. My housing situation</td>
<td>5. Drinking too much last weekend</td>
</tr>
<tr>
<td>6. Stigma and Discrimination</td>
<td>6. A sore throat when I woke up this morning</td>
</tr>
<tr>
<td></td>
<td>7. May 25 Fees/bills are due.</td>
</tr>
</tbody>
</table>

Introduce the Coping Exercises

**Facilitator:** Acknowledge that you have given the participants a lot of material to absorb. Ask participants to volunteer to come up with an “Appetizer”, “Mood Breaker” or a lively song to end Session I. Allow for a 15 Minutes tea break to enable participants to “recharge” before Session II.
SESSION II:
COPING EFFECTIVENESS TRAINING SKILLS
[2HRS 30 MINS]

Session II Goals and Overview

The objectives of Session II are as follows:

A. Introduce idea of positive experiences
B. Sort aspects of stressful situations into those that are changeable or unchangeable.
C. Understand the difference between emotion-focused coping and problem-focused coping.
D. Apply emotion-focused coping skills to specific stressful situations.
E. Use Three O's strategy
F. Use traditional communication skills.
G. Apply problem-focused coping skills to specific stressful situations.
H. Understand interrelationship of problem-focused and emotion-focused coping.

Session II will cover the following issues.

1. Review Exercises from Session I
2. Positive Experiences
3. Changeable and Unchangeable Situations
4. Two Major Types of Coping
5. Emotion-Focused Coping
6. The Three O's
7. Communication Skills - Focus on Emotion
8. Emotion-Focused Listen: Interaction
9. Problem-Focused Coping
10. Problem-Focused Coping: Interaction
11. Problem-Focused and Emotion-Focused Coping are Intertwined
12. Ending Session II
13. Lunch

Review of Session I Exercises

Facilitator: Conduct a brief recap of pertinent issues that arose in Session I. Focus in particular on exercises that the group completed and how Session II will build on these exercises. Remember to continue integrating Participant's examples and experiences so that you do not lose them in the process.
It is important to reflect on positive experiences that participants have had, regardless of how minor. One reason this is done is that these seemingly little events are often the kinds of things that can help us make it through tough times. A second reason is that sometimes it can be difficult to find places where the good feelings you may have can be talked about and accepted. In some cases these good experiences tend to be seen as trivia while negative experiences are overemphasized. You will find that your participants can relate to sayings such as "Count your blessings" or other philosophically related concepts. You can elicit these from them in a participatory manner as you ask participants to reflect on recent personal positive experiences.

For many participants there either isn’t or hasn’t been many places where pleasures and successes can be shared and respected. We think that sharing and treasuring of pleasure or good events with others is important just as is having an arena for expressing the stresses and distresses of life.

**Facilitator’s Instructions:** Describe a positive experience that could be seen as small (e.g., watering the garden, enjoying a cup of coffee or tea etc). Briefly include a statement of what made it positive for you. Now ask each member of the group to describe his or her experience in turn. Make sure each member’s experience is respected. One participant may subtly devalue another’s positive experience -e.g. "My crop is better than yours”. If any devaluing should occur this is a good opportunity to bring in the idea of appraisal i.e., “One person’s meat [pleasure] is another person’s poison”. Ask each person to identify, if possible, what made it a positive event in his or her life. If some say that they have not had any positive experiences to report DO NOT PUSH.

Issue participants the hand out for Exercise 4 on Positive Experiences.

**EXERCISE 4: Positive Experiences**

Think back over the past week and describe something that you did, or something that happened to you, that made you feel good and that was meaningful to you and helped you get through a day. Make a note of it in the space provided.
CHANGEABLE AND UNCHANGEABLE SITUATIONS

Many times you can exhaust yourself working to change what is unchangeable, meanwhile missing the opportunity to change those things that are changeable in a stressful situation. The coping strategy we advocate calls for different kinds of coping per given situation; that is situations that can be changed and situations that cannot be changed. Probably in the real world most often some aspects of a situation can be changed whereas others cannot. For example, if my tool breaks down, I can repair it. If the tool breaking down delays my completion of work, I'm still going to resume work.

EXERCISE 5a: CHANGEABLE VS. UNCHANGEABLE STRESSFUL SITUATIONS

Facilitator’s Instructions: Draw the ‘Changeable and Unchangeable’ schematic on the Board’. Distribute Hand out 5 with the same table to each participant. Proceed with the Activity that follows by asking each participant in turn to talk to the group about a situation that presented challenges to him or her. Ask for two scenarios using the following statements:

1. Please tell us about a time in which there was nothing you could do to change the situation (unchangeable)
2. Now tell us about a time in which there was something you could do to change the situation (changeable).

Facilitator’s Note: Probe further in the case of each account as follow:

Many situations are complex. Can you give me an example of a situation in which some aspects can be changed but others cannot?
   a: What in this situation could you change?
   b. What in this situation could you not change?

Facilitator’s Note: Please explain the following to the participants after they complete presenting their changeable and unchangeable situations:

When individuals assess a situation to determine what is not changeable they often disagree. What one person sees as unchangeable, another person may consider as changeable. The final evaluation of what can or can’t be changed is up to the individual in the particular situation. No value judgement is attached to changeable or unchangeable. It is not intrinsically better to appraise a situation as changeable or as unchangeable. Also, at any time you think you made a mistake in how you assessed a situation, you change your mind and continue from that point. In fact, after you work your way through a situation, you may find it helpful to pause and assess whether there was anything you learned from going through the event.

Facilitator: Now proceed to do the exercise in 5b that has ready examples.
EXERCICE 5b: CHANGEABLE VS. UNCHANGEABLE STRESSFUL SITUATIONS

For each item below ask the "CAN DO" questions and then list what is changeable and unchangeable about each situation:

<table>
<thead>
<tr>
<th>Specific Stressful Situation</th>
<th>Changeable Aspects</th>
<th>Unchangeable Aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhering to medication plan</td>
<td>- The method of maintaining the adherence</td>
<td>- The need to maintain the medication plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The irritation of maintaining the medication plan</td>
</tr>
<tr>
<td>Wondering if you will be re-employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting with your in-laws tomorrow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finding out you cannot afford new drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Now come up with your own examples of specific stressful situations and assess them for changeable and unchangeable aspects. Use the space below.
Facilitator’s Instructions: Please begin this segment by leading the discourse on different coping approaches as follows:

People often spontaneously react to stressful situations with instinctive coping approaches. This Workshop will equip you with clearly thought out coping approaches that work. Before we focus on the recommended approach, let us explore your usual way of coping with stress. For example when you have to disclose your HIV status to a friend or close member of your family what would you say is your preferred coping style? What gets most of your attention? Your feelings, or trying to change aspects of the situation that may be causing your feelings? In the next 2 minutes take time to complete Exercise 5 on your Coping Modus Operandi.

EXERCISE 6: YOUR APPROACH TO COPING WITH STRESS

What is your personal modus operandi (M.O.) for dealing with stress? How do you usually deal with feeling stressed? Include all the things you do without worrying whether they are considered constructive or not. Remember, these exercises are for you, and no one else knows what you write down unless you choose to share it with them.

Facilitator’s Instructions: Following each member’s documentation of his or her coping style, proceed to explain to the group the two coping strategies that follow from an analysis of changeable and unchangeable aspects of a stressful situation as follows:

Changeable and unchangeable aspects of a stressful situation call for two different types of coping.

EMOTION-FOCUSED COPING

Thoughts that are designed to address your emotional reactions to stressful situations, particularly those aspects that are unchangeable. Emotion-focused coping is especially helpful in unchangeable situations.
EXERCISE 7: BRAINSTORMING ON UNCHANGEABLE ASPECTS OF A STRESSOR

Facilitator: Using a good example given by participants earlier, elicit emotion-focused coping strategies from group members.

e.g. “You and your friends are on a TB treatment programme. You are on different TB drug combinations. They are improving; their coughing has ceased and they have gained weight. On the other hand, despite taking your medication consistently, your symptoms have worsened and your coughing persists. You trust your local health care workers and they have done their best to help you”.

How would you feel in this situation?

Elicit a list of reactions: anger, frustration, sadness, relief, fear, devastation, guilt, confusion etc.

Make a copy of the group’s generated list to distribute in Session III. As a follow-up to the Brain-storming Exercise, explain to participants the value of emotional coping as illustrated in the following text:

The first cue or signal that something is stressful is often an emotion or a feeling in your body. Remember your personal signs and symptoms of stress from Session I? When you notice your personal signs and symptoms of stress, you can look back and ask yourself, “What’s going on that’s stressing me out?” You can identify the stressful situation, and ask yourself, “Can I do anything to change the situation itself?” If your answer is, “No”, what can you do to cope? What can you do to deal with your emotional distress?

How would you deal with the emotions you would feel in this situation? Include anything you might do – not just the ones you think would be considered “good” to do.
**Facilitator’s Instructions:** Administer the following Emotion-Focused Coping Style Exercise to Participants.

## EXERCISE 8: YOUR EMOTION-FOCUSED COPING STYLE

You probably already have your emotion-focused skill. Check those things from the list below that you use to help your emotions in stressful situations.

<table>
<thead>
<tr>
<th>Do you use this Strategy?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of humour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Downplaying the importance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confiding in someone else</td>
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</tr>
<tr>
<td>Diverting your attention to something else</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise: jogging, workout etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxing: siesta, sleeping, just sitting</td>
<td></td>
<td></td>
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<tr>
<td>Looking on the bright side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turning the problem over to “higher power” eg, God</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other spiritual pursuits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-affirmation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping or spending money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking recreational drugs/alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thinking up good insults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking cigarettes</td>
<td></td>
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</tr>
</tbody>
</table>

What other emotion-focused coping strategies do you use? List even minor ones, like taking a deep breath, or even like drinking too much.

1.                                                                

2.                                                                 

3.                                                                 

4.                                                                 

5.                                                                 
It's important to have your feelings. Having them means feeling them, knowing they
are there, experiencing them, being aware of them. Feelings are part of the richness
and texture of life. Feelings are neither right nor wrong. They are not actions.
Therefore, having certain feelings does not necessarily mean acting on them in a pre-
defined way. You have choices about expressing or acting on the basis of what you
feel. You don’t have to act on or express every feeling you have.

Sometimes emotions can feel overwhelming. At those times it can be very helpful to
take a break from the feeling so that you can return to it with a new perspective or
renewed strength. Some of the strategies we have been talking about are the ones
that can help you take a break or provide perspective. Some can help you find
comfort or renewed strength.

The Three Os

All of the coping techniques we have just identified are not going to be equally
effective in all situations, so we need a way to sort out what is likely to be most
effective in a given situation. We use what we call the 3 O’s – three steps to
developing a coping strategy.

1. **Options**: What emotion-focused coping options are available? (As already done
   in Exercise 6). This can be done by brainstorming by yourself or with someone
   else. It is usually helpful to get the full range of options, including some funny
   or bizarre solutions.

2. **Outcomes**: What are the probable outcomes (useful/helpful). You can look
   ahead and see the assets and liabilities of each option. Does the option “fit”
   the problem? Will it have the intended effect or not?

3. **Order**: What are likely to be the most effective (1\textsuperscript{st}, 2\textsuperscript{nd}, and 3\textsuperscript{rd}) options for
coping in this situation? Order the options by rank in terms of your preference.
   **Facilitator**: Ask participants to rank order the strategies for probable
effectiveness. Remind individuals to keep in mind what is important to each of
   them, their values, and their priorities in weighing their own decision. Note
   that there is “right” order.]

It is important to note though that in using the Three O’s, sometimes one needs more
information or more skills in order to support one’s options.

Apply the Three O’s to the present example.
**EXERCISE 9: USING EMOTION-FOCUSED COPING**

Now that you have learned the steps in emotion-focused coping, use your skills to cope with the example we have provided below:

You have just found out that your sexual partner, husband or wife had sex with your neighbour last night. Using the Three O’s, decide which emotion-focused strategies you would use to handle the unchangeable aspects of this situation.

**UNCHANGEABLE ASPECT**

1. _______________________________________________

2. _______________________________________________

3. _______________________________________________

**Options**

1. _______________________________________________

2. _______________________________________________

3. _______________________________________________

**Outcomes**

1. _______________________________________________

2. _______________________________________________

3. _______________________________________________

**Order**

Best Option _______________________________________

Second Best _______________________________________

Third Best _______________________________________
Facilitator Instructions: Remind Participants of the introduction they had to Communication Skills in Session I. Explain the importance of those communication skills as applied to emotion-focused coping.

The following Exercise uses the skills you learned in Session I. It involves listening to and responding to the emotional content of what someone has to say. It will also help you understand emotion-focused coping, since it teaches you to listen for the emotions of the other person, and brainstorm with him or her about how to deal with these emotions. As you go through the exercise remember the following skills you learned:

1. Allow people to finish their thoughts; don’t interrupt.
2. Allow the person to tell his or her story; don’t steal the floor.
3. Listen without giving advice.
4. Listen carefully to the content of what the other person says.
5. After the person has spoken, repeat the facts briefly and ask if you heard them correctly.
7. Repeat what you have heard in brief, incorporating those corrections.

Now try to add these:

8. Listen and pay particular attention to emotions or feelings.
9. Repeat back the feeling or emotional content of what was just said.
10. Ask if you have correctly identified the emotional aspects of the situation, then repeat the feeling content of the corrections.

Here is an example:

Friend: Some nurse ignored me and served me last at the clinic outpatient unit today.
You: What a bigot. Does that sort of thing make you angry?
Friend: Yes, I was angry! Besides, she clearly recognized me and that I needed urgent help, and then she accused people living with HIV/AIDS (PLWHAs) of being attention-seeking. What discrimination! Then I just boiled.
You: Not only did you feel angry, but she assaulted your dignity.
Friend: You got it!
You: Well, we want to have a nice meeting and you still seem angry. What can you do now to feel better? [Options]
You: If I were you, I would feel like smashing this nurse. It's probably better not to let the anger ruin your day, just spite her. How about the feeling of being stigmatised?
Friend: I think I'd like to report her to her superiors. I'm tired of all the ill-treatment in health care facilities.
You: All these ideas sound good...which one would make you feel the best? [Outcomes]
Friend: Right now, some sleep sounds good. Tomorrow I will see about making my complaint [Order]
You: Do you want me to turn on some soft music for you?
Friend: Best idea I've heard all day.

EXERCISE 10: EMOTION-FOCUSED LISTENING PRACTICE

Facilitator: Ask participants to pair up for an emotion-focused listening exercise. Have the listener encourage the speaker to concentrate on his or her (speaker's) feelings and on the emotion-focused strategies used. Questions for the listener to ask are as follows:
a. What were you feeling?
b. How have you been dealing with (each feeling)?
c. What has been helpful?
d. What has been less helpful?

Ask the listeners to apply these communication skills. The pair members will take turns so that each member occupies each role. Give the partners 10 minutes to talk with each other. Invite them to brainstorm additional emotion-focused strategies.

Visit each pair twice in order to listen to each of the partners.

Re-form the larger group and ask members what kinds of emotions were identified and how they dealt with the feelings including ways that were helpful as were not so helpful. If possible, begin to identify commonalities among helpful strategies as well as among less helpful strategies. On completion of this exercise, move on to problem-focused coping.
PROBLEM-FOCUSED COPING

Problem-focused coping is used when the situation or an aspect of the situation can be changed. This involves thoughts and actions that are directed at those aspects of the specific stressful situation that are changeable.

EXERCISE 11: BRAINSTORMING ON CHANGEABLE ASPECTS OF A STRESSOR

Facilitator Instructions: Provide an example of a changeable stressful situation. Here is a possible example:

Lucky lost his job a few months after finding out that he is HIV positive. He has been sick on and off, spending a lot of money seeking treatment from various sources. Since his loss of work, he has used up all his savings. Luckily for him, he was recruited into an ART clinical trial where they are trying out antiretroviral (ARV) drugs. He carefully adhered to the treatment regimen. The combination therapy has been very effective for him. His viral load is down and his CD4 count is rising. He’s generally feeling better and functioning better. He knows that the drug trial will end and that in time he will not be able to get the ARVs through this trial. He wants to continue on ARVs. He feels overwhelmed at times, and he doesn’t know what to do. He finds himself ruminating on his need for money.

Facilitator: Elicit a list of reactions: anxious, angry, discouraged, relieved etc?

How would you feel in this situation?

What would make you feel that way?

Is there anything that Lucky can do to change this situation?

What might he do, that is, what are his options?

Facilitator: Write the participant’s strategies for problem-focused coping on the board. Responses might include, seeking employment, starting an income generation project, applying for charity or donor funds, talking to a counsellor, looking for another ART drug trial that will provide the same benefits, seeking advice from friends. Encourage participants to brainstorm.
Facilitators Instructions: Harness the experience that participants gained from applying the Three Os to emotion-focused coping. Encourage participants to talk about HIV/AIDS as a stressor. Lead them into the next exercises as follows:

You just applied the first of the Three Os (generating options) to the example above. In the next exercise we are going to ask each of you to share with your partner a changeable stressful situation that calls for problem-focused coping. Focus on key everyday stressors. Brainstorm together to generate two or three options for solving each problem. Use all three steps of the Three Os (i.e., options, outcomes, and order). Consider whether you need skills or more information to implement your options.

To help you with your practice we have provided a few examples of changeable stressful situations. Practice with them before you use your own situations.

Example

The health care worker at your clinic or hospital will not prescribe medication to you because she or he thinks you will react badly to it:

Options
1. Get a second opinion from another health care worker
2. Go to the traditional healer or herbalist
3. Negotiate with the health care provider
4. __________________________________________

Outcomes
1. The second health care worker may confirm the first’s fears
2. The herbs or treatment given may be ineffective or harmful
3. He may compromise and give you an alternative prescription
4. __________________________________________

Order
Best Option: Negotiate with your health care worker
Second Best: Get a second opinion
Third Best: __________________________________
EXERCISE 12a: USING PROBLEM-FOCUSED COPING

Now that you have learned the steps in problem-focused coping, use your skills to cope with your identified Stressful Situation. Try problem-focused coping with a situation you encountered this week in your own life. Remember to focus on the problem-focused aspects of the situation.

First describe the specific aspects of the situation. Use the **who**, **what**, **when**, and **where** questions:

1. **When** did it happen?
2. **Who** was involved?
3. **Where** did it happen?
4. Exactly **what** happened?

Second, ask the “can do” questions to determine what is changeable about the situation, and to prepare yourself to do problem-focused coping:

1. What could I do?
2. What could someone else do?
3. What could be done to avoid it?
### EXERCISE 12b: PROBLEM-FOCUSED COPING (continued..)

#### YOUR CHANGEABLE STRESSFUL SITUATION:

**CHANGEABLE ASPECT**

1. _______________________________________________
2. _______________________________________________
3. _______________________________________________

**Options**

1. _______________________________________________
2. _______________________________________________
3. _______________________________________________

**Outcomes**

1. _______________________________________________
2. _______________________________________________
3. _______________________________________________

**Order**

- Best Option _______________________________________
- Second Best _________________________________
- Third Best _________________________________
The Concept of Fit

Now you are aware that there are two major types of coping strategies, problem-focused and emotion-focused. The most effective way of handling stressful situations is to fit the coping strategy to the situation. Usually any given stressful situation calls for both emotion-focused coping and problem-focused coping at different times. As you recall from deliberations in this session, changeable aspects require more problem-focused coping and unchangeable aspects call for more emotion-focused coping. Having identified what is changeable and what is unchangeable, you can start coping accordingly.

The exercise below helps to prepare you for better discrimination between emotion-focused and problem-focused coping strategies.

EXERCISE 13: SORTING PROBLEM- AND EMOTION-FOCUSED COPING STRATEGIES

Below is a list of coping strategies. Sort them into "Problem-focused" and "Emotion-focused". Some of these strategies may not be particularly effective. Some could be used for both purposes. Remember, the way to tell them apart is to ask these two questions:

1. Are they directed at changeable aspects of the situation?
   If so they are problem-focused.

2. Are they directed at your emotional reactions to the situation?
   If so they are emotion-focused.

Check the appropriate column for each item listed below:

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>Emotion-Focused</th>
<th>Problem-Focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using negotiation skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating a plan of action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being assertive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking to someone else about your feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practicing self-affirmation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying time management skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Downplaying the importance of a situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking clearly and making sure you are understood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turning the problem over to a &quot;higher power&quot; e.g, God</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking for sex</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Seeking practical advice from a friend

You may find that these strategies do not neatly fit into either problem-focused or emotion-focused categories. For example, exercise definitely has an enhancing effect on well-being and emotion. But it could also be considered problem-focused if the problem is being overweight. Similarly, being assertive might help solve a problem as well as helping you feel good about yourself.

**GIVING AND RECEIVING SOCIAL SUPPORT**

**Facilitator Instructions:** Please introduce the topic as follows:

Social support is known to be pivotal for effective coping. It is important to train participants on methods of mobilizing psychosocial support. There are several types of support, each of which has emotional components.

a. **Emotional support:** Words and actions that make a person feel cared about, understood and affirmed. For example emotional support may include empathy, caring, love and trust.

b. **Informational support:** Information advice and suggestions.

c. **Tangible support:** For example, money, labour, assistance, or aid in kind.

As givers and receivers of support we may occupy various positions in social support networks. Some people have watched their social support networks crumble over the years of the HIV epidemic. Close friends and relatives have died, others have moved away, and still others have become depressed and withdrawn. At the same time, others have not been as directly affected by the epidemic. Consider the following scenarios:

1. Person A makes up a situation in which he or she needs informational support. Person B provides emotional support.

2. Person A makes up a situation in which he or she needs emotional support. Person B provides informational support.

3. Person A makes up a situation in which he or she needs tangible support (Transport, or cash) Person B provides informational support.

4. Person A makes up a situation in which needs informational support. Person B provides informational support.

5. Person A makes up a situation in which he or she needs emotional support. Person B provides emotional support.

6. Person A makes up a situation in which he offers support which he or she thinks is needed. He is insistent.
Person B declines.

Who are the members of your network? Whose networks do you belong to? Look at the diagram provided below to help place yourself and members of your network.

**Figure 3. Social Support Networks**

![Social Support Networks Diagram]

**Providing Support**

Being asked for support and providing support to others can help us know that we are valued and that we have important things to give. Sometimes requests are unclear making it difficult to know how we want to respond. When a request is unclear, it is helpful to get more information. Ask for specifics. If you decide to say no to the request and saying no is difficult for you:

- **Acknowledge that the request is important to the person.**
- **Decline the request without rejecting the person, and**
- **Be specific about what you are saying no to. (Would you ever say yes to the request? Are there certain aspects of the request you would ever say yes to?)**
The level of support provided is often negotiated formally or informally. You may decide to say yes to some aspects of the request and no to others. In addition it helps to prevent misunderstandings and to clarify what you together agreed to do or not to do.

**Exercise 14: Identifying your Support Forte**

<table>
<thead>
<tr>
<th>What kind of support are you good at providing to others? If you are not sure think about the kind of help others come to you for. That may give you some clues.</th>
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</table>

**You as a support provider**

In what ways did you provide support to others this week? It doesn’t have to be something major. Infact, things that seem minor can have a major impact. Does it correspond with what you listed as your forte? How did you feel as the support provider?

**Choosing whom to seek support from**

Effectiveness in choosing whom to seek support from depends on:

1. Figuring out what kind of support you need.
   “Is the support I need emotional, informational, or tangible?”
2. Being aware of the support strengths of you providers.
   “Who provides me with support and what kind of support do they provide?”
3. Matching your needs and your provider’s strengths.
   “Who can best provide the kind of support I need currently?”

Sometimes we may need some kind of support from a person who is not able to provide it, even though he or she is wonderful at providing some other kind of support.
Getting the kind of support you want

Often an individual may be unwilling to ask for support, saying to himself or herself:

“Oh, I don’t want to impose”
“He/she should know me enough to know that I need help”.
“What’s the point? I won’t get it anyway”
“I’ve always kept my problems to myself”.

In many settings, people are reluctant to seek help because they fear that it may be demeaning or improper.

Techniques for seeking help

Let the person know that you need help. Be specific about how much support you need. Monitor the process. Try to be aware of your comfort receiving support, and your support provider’s comfort giving the help you are asking for. If it feels uncomfortable remember that you can stop or go somewhere else for help.

Take care of your support providers

Like any resources, your support network needs to be maintained and rewarded. Some ways of letting people know that you appreciate their help are:

- Acknowledge support, being specific about how the person is helping.
- Return the favour when you can. (What kind of support are you best at providing others?)
- Provide feedback about how things turned out.

Negotiation Skills

Your ability to seek support depends a lot on your negotiation skills. It is important to learn negotiation skills to deal with stressful situations. The goal of negotiation is to reach satisfying goals amicably. Negotiation comprises 4 phases:

1. Entry: Be soft to people. Hear them out. Define the problem.
3. Give and take: Exchange offers. Identify areas of agreement and disagreement.
4. Closing: Verify your agreement. Affirm the other person as well as your ability to negotiate together.
Exercise 15: Seeking Support

Choose a specific stressful situation for which you need support this week. First determine the nature of the support you need, then ask for support from a person in your network who provides that kind of support. Give him or her permission to say no and be specific about the amount of support you need. Write your reactions to the process below:

- How comfortable were you asking for support?
- How comfortable did you perceive your provider to be giving support?
- How well did the support you wanted match the support you received?
- What feedback did you give to your helper?
- How could you get support in a better or smoother fashion in future?

Ending Session II

End Session II with a winding down activity of the group’s choice. This may be a song, a humorous “appetizer” or relaxation technique. It is important that the group rests and feels rested when they return from the LUNCH BREAK to resume Session III.

LUNCH BREAK
SESSION III:
CET SABOTAGE & RECOVERY
[1HRS 40 MINS]

Session III Goals and Overview

This session consolidates CET skills and techniques imparted in Sessions I and II. It seeks to empower participants with skills for dealing with inadvertent coping self-sabotage. The objectives are as follows:

A. Understand the concept of self-sabotaging statements.
B. Become aware of own self-sabotaging statements.
C. Begin to formulate coping strategies to overcome self-sabotaging statements.
D. Understand and practice using recovery statements.
E. Immunize against failure.
F. Provide closure.

The session overview is as follows:

1. Review Exercises from Session II.
2. Introduction to Self-Sabotage.
3. Clouds of Self-Sabotage.
4. Self-Sabotage Recovery.
5. Exercises.
7. Tea.

Introduction to Self-Sabotage

Some thoughts and self-statements can undermine coping. We are now going to focus on how people tend to interfere with their own good coping. We will also work on how to recover from sabotaging our own coping. First, however, we will begin with assessing how we get in our own way.

Facilitator: Review the CET model and use a diagram to show the points in the process that are vulnerable to sabotage.

Vulnerable points:
- Moving from a global to a specific stressor.
- Appraising the situation as changeable or unchangeable.
- Applying coping.
Facilitator, using the 15 Types of self-Sabotage as illustrated in Exercise 11, lead the group into the discussion as follows:

Now that you have learned a model of how to cope, we are going to point out some ways good coping can be sabotaged. People can sabotage their own efforts unconsciously. Self-sabotage statements often become habitual. Sometimes we don’t even notice that we are making them. The first step toward countering our negative self-statements is noticing what we say to ourselves under what circumstances. Try to identify any negative self-statements that would fall into one or more of the categories below. A good way to get feedback about your own behaviour is from a trusted ‘outside observer’. This kind of feedback can be helpful, even if it is sometimes startling.

You might even ask your ‘outside observer’ to go through the following exercise and categories with you, and tell you the types of self statements he or she has heard you make.

15 Types of Self-Sabotage:

1. **Filtering**: You take the negative details and magnify them while filtering out all positive aspects of a situation.

2. **Polarized thinking**: Things are black or white, good or bad. You have to be perfect or you are a failure. There is no middle ground.

3. **Overgeneralization**: You come to a general conclusion based on a single incident or piece of evidence. If something bad happens once you expect it to happen over and over again.

4. **Mind reading**: Without their saying so, you know what people are feeling and why they act the way they do. In particular, you are able to divine how people are feeling and why they act the way they do. In particular, you are able to divine how people are feeling toward you.

5. **Catastrophizing**: You expect disaster. You notice or hear about a problem and start “what if’s”; “What if tragedy strikes?”; “What if it happens to me?”

6. **Personalization**: Thinking that everything people do or say is some kind of reaction to you. You also compare yourself to others, trying to determine who’s smarter, better looking, richer etc.
7. **Control Fallacies:** If you feel externally controlled, you see yourself as helpless, a victim of fate. The fallacy of internal control has you responsible for the pain and happiness of everyone around you.

8. **Fallacy of Fairness:** You feel resentful because you think you know what’s fair, but other people won’t agree with you.

9. **Blaming:** You hold other people responsible for your pain, or take the blame for every problem or reversal.

10. **Should:** You have a list of ironclad rules about how you and other people should act. People who break the rules anger you and you feel guilty if you violate the rules.

11. **Emotional Reasoning:** You believe that what you feel must be true - automatically. If you feel stupid and boring, then you must be stupid and boring.

12. **Fallacy of Change:** You expect that other people will change to suit you if you just pressure or cajole them enough. You need to change people because your hopes of happiness seem to depend entirely on them.

13. **Global Labelling:** You generalize one or two qualities into negative global judgement.

14. **Being Right:** You are continually on trial to prove that your opinions and actions are correct. Being wrong is unthinkable and you will go to any length to demonstrate your rightness.

15. **Heaven’s Reward Fallacy:** You expect all your sacrifice and self-denial to pay off, as if there were someone keeping score. You feel bitter when the reward doesn’t come.

Identifying how you may sabotage your own coping skills will give you the chance to counter self-sabotage. In this section we ask you to take a look at your own forms of sabotage.
EXERCISE 16: HOW DO I SABOTAGE MY OWN GOOD COPING?

Good question. Usually you can hear it in statements you make or thoughts you find yourself having. Listed below are some examples of types of sabotaging self-statements. (A further description of the 15 types of sabotaging self-statements is included at the end of these questions. For a moment, take a humorous and humble look at your self and decide whether you are likely to make statements such as the following:

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**Filtering**

1. Sure I passed my examinations but I did not get distinctions.

2. They gave a talk on HIV drugs that had some good effect, but the information was sketchy, the presentation was boring and the room was too hot.

**Polarized Thinking**

3. It is important that I do things perfectly; otherwise I feel like I have failed.

**Directed Inward**

**Directed Outward**

4. It is important that my relatives do things perfectly; otherwise I feel that they have let me down.

**Overgeneralization**

5. Since he did not vote for me when the support group committee was being elected, he must be a very hateful and jealous person.

6. The doctor said I am HIV-positive. That means it’s all over.
Exercise 16: How do I sabotage my own Good Coping? (Continued...)

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<th>Please check the appropriate column</th>
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<tbody>
<tr>
<td><strong>Mind Reading</strong></td>
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<tr>
<td>7. I know what these women sitting by the marketplace think about me right now. They think that I have AIDS and that it is I who infected my spouse.</td>
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<tr>
<td>8. When the doctor told me I had a cold, I could tell he thought it was more serious and wasn't telling me because he didn't want to upset me.</td>
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<td></td>
</tr>
<tr>
<td><strong>Catastrophizing</strong></td>
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<tr>
<td>9. I heard that you are sick. I know a great funeral parlour.</td>
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<tr>
<td>10. As soon as he said, &quot;I can't go out tonight&quot;, I knew that I would never see him again.</td>
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<tr>
<td><strong>Personalization</strong></td>
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<tr>
<td>11. When I meet someone new, I try to figure out which one of us is richer or poorer.</td>
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<tr>
<td>12. She was staring in my direction. I thought she must recognize me from somewhere until she walked over to greet her cousin who was approaching behind me.</td>
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<td></td>
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<tr>
<td><strong>Control Fallacies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Fate is in charge. I haven't got a lot to do with what happens to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I am responsible for the feelings of others.</td>
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</table>
### Exercise 16: How do I sabotage my own Good Coping? (Continued...)

<table>
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<tbody>
<tr>
<td><strong>Fallacy of Fairness</strong></td>
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<tr>
<td>15. The world would obviously be better off if there were no guns, but no one seems to care.</td>
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<tr>
<td>16. My turn for a promotion is long overdue, but the boss keeps picking women who wear sexy dresses. It is unfair!</td>
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<td></td>
</tr>
<tr>
<td><strong>Blaming</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blaming Others</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. It is the rotten doctor’s fault that she died.</td>
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<tr>
<td><strong>Blaming Yourself</strong></td>
<td></td>
<td></td>
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<tr>
<td>18. What a fool I am! If I had done something differently I may have saved her.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Shoulds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shoulding Others</strong></td>
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<td></td>
</tr>
<tr>
<td>19. My spouse should work harder so that we can live a better life.</td>
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<td></td>
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<tr>
<td><strong>Shoulding Yourself</strong></td>
<td></td>
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<tr>
<td>20. I should have been a leader or manager by now.</td>
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<td></td>
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<tr>
<td><strong>Emotional Reasoning</strong></td>
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<tr>
<td>21. I feel silly for what I did, therefore I must be a hopeless person.</td>
<td></td>
<td></td>
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<tr>
<td>22. That person irritated me. I am an angry fool</td>
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</table>
**Exercise 16: How do I sabotage my own Good Coping? (Continued...)**

<table>
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<tbody>
<tr>
<td><strong>Global Labelling</strong></td>
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<td></td>
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<tr>
<td><strong>Negative</strong></td>
<td></td>
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</tr>
<tr>
<td>23. She wears trousers and heavy make up. She must be a woman of loose morals.</td>
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<td></td>
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<tr>
<td><strong>Positive</strong></td>
<td></td>
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<tr>
<td>24. He gave a lift in his car. He must be a saint.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Being Right</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I get into situations with other people where there is only one problem: I am right and they are wrong, and they won’t admit it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. I spent two hours trying to make her see my point. She finally told me I was being a selfish cow. I am not selfish, I just know what is right.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Heaven’s Reward Fallacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. After all I’ve done for you, you treat me this way.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. I stopped having unsafe sex 8 years ago. I do not engage in other risky behaviours. How come I tested HIV positive?</td>
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</table>

So how did you do? It can be very difficult to look at the ways we sabotage ourselves. So give yourself a big pat on the back for approaching a really difficult topic.

**EXERCISE 17 Clouds of Self-Sabotage**

**Facilitator:** Either draw on the board or use your kit of cards comprised of clouds and boxes with the schematic representation of self-sabotage. Write the groups of Self-Sabotaging statements. The clouds are a visual model used to highlight the different steps in coping that can be sabotaged. This model corresponds to the coping schematic. Choose a stressful situation from the group. Have the group brainstorm as many self-sabotaging statements as possible. Give some examples for each level of the (cloud).
Figure 4: Clouds of Self-Sabotage

CLOUDS OF SELF-SABOTAGE

Exercise 18: Identifying Negative Self-Statements

The first step towards recovering from negative statements is to become aware of making them. As mentioned above, these ways of talking to ourselves often become so habitual and second nature that we do not even notice what we are saying to ourselves. Try to become aware of the negative self-statements you tell yourself. What type of situations tend to elicit statements from you? Jot them down in the space below:

Recovering from Coping Sabotage

Consider a situation in where you are planning to attend an interview where PLWHAs will be selected for training and employment as peer counsellors. Consider the anxiety that comes with the anticipation. This scenario has much potential for stress and self-sabotage. The strategies for overcoming coping sabotage are discussed below.

Now that you have looked at these self-sabotaging statements, brainstorm as a group about what you could tell yourself when a negative self-statement comes into your mind. Negative self-statements are usually the first mental reaction you have to a stressor, and since these are often automatic, it will be important for you to test new ways of thinking about these situations. What can you do when a negative self-statement comes up? Key strategies include self-enhancing thoughts and immunizing against failure.
Types of Self-Enhancing Thoughts

1. **Situation-oriented statements** help reduce the potential level of threat or severity of the anticipated situation:

   “It won’t be too bad.”
   “It can be handled.”

2. **Task-oriented statements** refer to plans, steps, or behaviours a person will need to demonstrate during the stressful situation such as:

   “Concentrate on what I want to say or do.”
   “Think about the task.”
   “What do I want to accomplish?”

3. **Coping-with-being-overwhelmed statements** help a person stay calm and relaxed during tense moments. These include:

   “Keep cool.”
   “Relax, take a deep breath.”
   “Stay calm.”

4. **Positive self-statements** are used to encourage ourselves or reinforce our coping efforts. Such self-statements include:

   “Great, I did it.”
   “I got through that all right.”

Positive self-statements can be used during a stressful situation and especially after such a situation. They may be general praise like:

   “I handled that pretty well.”

....or they may be very specific such as:

   “It was great the way I managed to remain eloquent during most of the interview.”

**Immunization against failure:** It is important to always recover from failure. Practice recovery from failure using positive statements such as:

“Hey, I can be excused. I just learned this. How might I handle something like this better next time?”
A Helpful Point to Remember:

We aren’t often conditioned to say positive things about ourselves. It may feel awkward or even silly at first, but give it a try.

Figure 5: Recovering From the Clouds of Self-Sabotage

In the diagram below, fill in the empty clouds with positive statements you could make to counter the sorts of negative self-statements made in the cloud diagram from the last session.
Applying the learned skills

We’ve talked about a number of ideas, some of which may be new to you. While others may be familiar but structured or organized in a new way. We hope you’ll continue to use what you have learned about coping to help manage the stresses of day-to-day life. Remember that change takes time and practice.

Thank You!

Thank you for your participation in PROJECT ACCEPT. We so much appreciate your commitment and your contributions to the project. We will continue to support you through the PTSS support group meetings and counselling sessions.

LATE TEA
END WORKSHOP
APPENDICES: EXERCISES
HANDOUT PACKAGE