

COGNITIVE BEHAVIORAL INTERVENTION FOR POOR COMMUNITIES

Introduction	<p>Poverty is thought of as a risk factor in many illnesses, including mental illness. When working with general populations to improve their productivity at work, general wellbeing and happiness, it is important to build models of wellness. In psychology, this is seen in the recent focus on Positive Psychology (resilience). Models from Cognitive Behaviour Therapy (CBT) are however very useful because CBT is easily observed, measured, and administered in modules.</p>
Problem Statement	<p>Thought distortions are found in general populations. These may be exaggerated in poor populations given the increased frequency of life's difficulties. Negative thought distortions reduce resilience and therefore reduce people's ability to create wealth.</p>
Aim	<p>This intervention is aimed at reducing the frequency and types of unhelpful thought patterns and to build resilience in a poor population in Ghana.</p>
Method	<p>Group Cognitive Behavioral Intervention</p>

PREAMBLE:

This manual describes the process of Cognitive Behavioral Intervention (CBI), with a focus on improving resilience and overcoming negative thought distortions among people living in poor communities in Ghana. It provides a description of what should be covered in each session and the subtle issues related to the therapeutic process. This manual contains a total of 12 Cognitive Behavioral Group Intervention (CBGI) sessions spanning 12 weeks: a session per week. The topics are divided into four (4) Modules. Each session would last no longer than two hours.

MODULE	SESSION	CONTENT
Module I (Healthy thinking)	Session I	Establish Rapport; Purpose of Invitation; Informed Consent; Declaration of Commitment to Group CBI; Rules of Engagement; Basic Concepts of CBT; Strategies for Reducing Anxiety; and Progressive Muscle Relaxation (PMR - Set 1)
	Session II	Identifying Thoughts, Feelings and links with Behavior; Discuss Automatic Thoughts and problems in thinking. (PMR - Set 2)
	Session III	Challenging Your Thoughts: The General Method; The Court Case Method; The Worry Tree Method (PMR - Set 3)
Module II (Solving Problems at home and work)	Session IV	Goal Setting; Activity Schedule (Daily & Weekly) Daily Goal Setting and Activity Schedule (AS1); Setting one personal goal to attain by end of session 12. (PMR – Set 4)
	Session V	Problem Solving. A fresh look at everyday problems; work and money, economic ventures; (PMR – Complete Set)
	Session VI	Time management; Review Personal goal and steps to this. (AS2); (PMR – Complete Set). Share information on relevant community resources
Module III (Managing Relationships)	Session VII	Relationship and Communication (Ideal relationship, managing/building good relationship, rewarding good behavior, (AS 3: Review) (PMR – Complete Set)
	Session VIII	Building Self-Esteem; being good to yourself and others, building friendships. (AS4: Time management) (PMR – Set 8)

	Session IX	Anger Management; Review Sessions I - IV (AS 5: Setting time aside for relationship) (PMR – Complete Set).
Module IV (Long term Goal Setting and goal directed behavior)	Session X	Assertiveness; Review Sessions V - VIII Brain storm cultural practices which help and which impede healthy thinking. (AS6: Long term goal setting)(PMR – Complete Set)
	Session XI	Conflict Resolution Skills; Review Sessions IX and X Review <i>personal goal set if has been attained.</i> Review healthy thinking and share stories. (PMR – Complete Set).
	Session XII	Living healthily; eg Physical and Psychological illness, Alcohol and other substances; Daily healthy regimen (Exercise, healthy eating, Spirituality) (AS2: Setting a weekly goal and links with the personal goal) (PMR – Complete Set) Plan Celebration
	Session XIII	Celebration

INTRODUCTORY NOTE

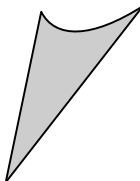
This manual is developed to help participants change negative thought distortions/patterns, behaviors, and maladaptive schemas. In this Cognitive Behavioral Group Intervention, participants will learn to take better control over their thoughts, feelings and actions, as well as increase their resilience. Participants will be shown systematic ways of listening to their thoughts; identify thought patterns; differentiate between helpful (resilient thinking) and unhelpful thoughts. For the most part, participants would be assisted in challenging their unhealthful thinking patterns and generating healthier and realistic alternative thought patterns, which would in turn decrease stress. Participants would also learn Progressive Muscle Relaxation to reduce anxiety and stress; acquire problem solving, time management, anger management, assertiveness, conflict resolution and relationship building skills; set daily and long term goals; and practice mindfulness. By the end of the intervention, it is expected that new learning would lead participants to initiate other behavioral changes resulting in improved psychological health and economic empowerment.

Goals: To reduce frequency and types of unhelpful thought patterns and to build resilience in a poor population in Ghana.

Target: Randomly selected individual adult community members (aged between 18 and 60 years) living in poor communities in Ghana.

Length: Twelve two(2)-hour sessions.

Size: 8 to 12 participants



MODULE I
(Healthy Thinking)

SESSION I

Building Rapport

(15 Minutes)

Set Session Goals Together:

- i. Establish Rapport;**
- ii. Purpose of Invitation;**
- iii. Informed Consent;**
- iv. Declaration of Commitment to Group CBI;**
- v. Basic Concepts of CBT;**
- vi. Strategies for Reducing Anxiety and Progressive Muscle Relaxation (PMR - Set 1)**

This is an important part of the GCBI, where the counselor first gets to know the group members. Participants also get to know counselors and themselves.

- ❖ Counselors should begin by *introducing themselves* and by explaining who they are. Counselors take turns to *introduce each other*:

My colleague's name is.... and s/he is a Lay Counselor trained and hired to run this group intervention. S/he comes from..... S/he has a degree in Psychology from S/he is married/not married, and has no/two children. His/her favorite food is..... My colleague spends his/her leisure time..... His/her favorite song is.....

- ❖ Counselor then explains the *Purpose of this First Meeting*:

We are gathered here today for an important purpose. In this first meeting, we'll:

- *Get to know each other in the group;*
- *Discuss what the sessions will be about;*
- *Declaration of Commitment to Group CBI;*
- *Establish Rules of Engagement;*
- *Introduction to Group Work; and*
- *Basic Concepts of CBI.*

❖ **KNOWING OURSELVES**

Pair up task: Ask participants to pair up, get to know each other and take turns to introduce each other.

The enquiry/introduction should focus on the following:

- 1. Name, occupation and marital status.**
- 2. Living situation (lives alone, apartment, own house, children, extended family)**
- 3. Name s/he prefers to be called during the meetings**
- 4. One funny thing about him or herself**
- 5. What s/he does during leisure hours**

**Purpose of Invitation
(5 Minutes)**

❖ Counselor explains the *aim/purpose of the GCBI* to participants as:

Our progress in life is strongly tied to how we think about our world. When we think in negative terms, we are unhappy and we do not progress as much as we would like to. When we think in positive ways, we are filled with confidence and we achieve much. This group intervention is designed to help us think in positive ways and do more with our lives. In this intervention, we shall be discussing: Basics of CBT, How to Identify our Thoughts, Feelings and Behavior, How to Challenge Distorted Thoughts, Problem Solving, Anger Management, etc

**Commitment and
Ground Rules
(10 Minutes)**

These Ground Rules are set out in a "Contract" that the therapist asks the participant to read and sign. Included in the contract is a statement of the short-term goals that the participant agrees to work on.

❖

❖ Counselor explains the *benefits of the GCBI* to participants as:

By the end of these sessions, we hope you will think more positively about your world, do more with your time and resources, and be a happier person.

❖ Counselor leads participants to set *Commitment and Ground Rules*.

Counselor should *first solicit from participants* the rules they would like to follow in the group and rewards each suggestion with a smile or a nod or says "what a good suggestion that is". Counselor complements with these rules:

- i. **Attendance.** Participants should be encouraged to attend without fail. When participants are unable to attend their session, they should inform the counselor and/or a member of the group in advance so they are rescheduled. Participants who wish to withdraw from the study should first discuss this decision with the counselor
- ii. **Promptness.** Participants should be encouraged to attend sessions on time. Participants should inform counselor in advance if they cannot be on time on a given day.
- iii. **Completion of homework.** Counselor encourages participants to do their assignments to help them understand the concepts and acquire relevant skills.
- iv. **Group work.** Participants should be supportive of each other; give constructive feedback; allow each one a chance to talk; no side conversations etc.

(This page is intended to be attached as an appendix to be completed in duplicate and a copy kept by the participant).

PARTICIPATION COMMITMENT CONTRACT

1. I understand that this Group Cognitive-Behavior Intervention (GCBI) will last for **12 weeks**, and I agree to participate for that length of time. If I want to withdraw from the program, I agree to discuss this decision with my counselor prior to taking this action.
2. I understand that this GCBI is intended for people who want to **improve resilience and overcome negative thoughts**. I understand that I must work in collaboration with the counselor and other group members for the most effective outcome.
3. I understand that I will be expected **to practice and implement some of the skills** I discuss in GCBI at home between sessions. I agree to practice and bring in the practice exercise sheet each week to discuss with other group members.
4. I agree to work on the following **specific goals** during the next 12 weeks (*counselor should guide participants to document four main objectives across the four different Modules*):
 - i.
 - ii.
 - iii.
 - iv.

I have reviewed the above statements with my counselor, and we both agree to abide by them

.....
Signature/Thumb-print of Participant

.....
Date

.....
Signature of Therapist

.....
Date

SESSION I: BASIC CONCEPTS OF CBT

Introduction (12 Minutes)

- ❖ Counselor starts the *introduction of the basic concepts of CBT* by the narration of a story that illustrates thought, mood and behavior at play:

For example:

“Imagine you were fast asleep at 2: 00 am and you were woken by a strange sound at your bedroom door.”

(Counselor then asks participants):

- i. If you thought it was an intruder (armed robber), how would you feel and respond?*

Plausible outcome:

- a. Feel afraid and terrified*
- b. Respond by rushing out for safety or prepare to attack*

- ii. What if you thought the sound was made by a puppy you brought home the previous day to keep as a pet?*

Plausible outcome:

- a. Feel angry/annoyed*
- b. Respond by ignoring or locking/throwing the puppy out of the bedroom area*

- iii. What if you had thought the sound was made by your grandfather who was very ill and sleeping in that room?*

Plausible outcome:

- a. Feel anxious*
- b. Rush to granny to offer assistance*

Counselor leads participants into discussing the story thoroughly; explaining how the same person’s thinking and behavior changed because of the different interpretation s/he gave to the same sound that was heard.

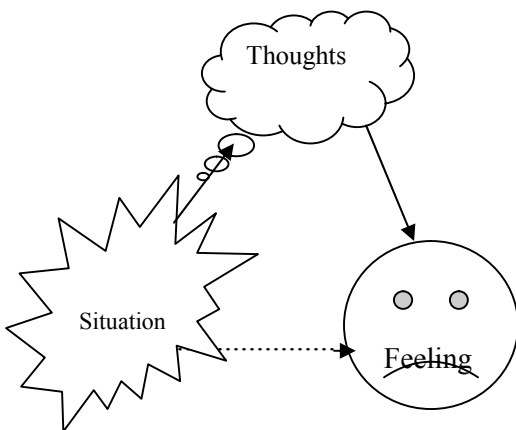
**Overview of CBT
(15 Minutes)**

Synopsis

What a person *feels* in response to a *situation* is determined not only by the situation, but also the way you perceive the situation or *make meaning of it*. This way of seeing your emotional reaction as determined by what you think about a situation is a basic assumption of the Cognitive-Behavior Intervention (CBI).

❖ **Demonstration!!!**

Counselor gives a pictorial demonstration between an event, a thought and associated feelings on a flipchart.



❖ Counselor *briefly explains CBT and its concepts* as:

- a. The focus of CBT is on the *problems that come up in a person's day-to-day life. CBT helps people to look at how they interpret and evaluate what is happening around them and the effects these perceptions have on their emotional experience and behavior.*
- b. According to CBT, *the way people feel is linked to the way they think about a situation and not simply to the nature of the situation itself.*
- c. By learning how thoughts and actions influence our feelings, we can learn to get more control over our feelings and behavior.

DISCUSSION

1. Ask participants for any question(s) for clarification.
2. Ask a participant to narrate an event for the group members to identify plausible associated thoughts, feelings and action/behavior; otherwise ask participants to do same from the event below:

Zenabu woke up with a severe headache. Later in the day, she remembered the quarrel she had 3 days ago with another woman at the market whose basket of tomatoes she kicked onto the floor unintentionally. When Zenabu refused to pay for the damaged ones, the trader threatened her saying, "if you love your life, you better pay me".

WHAT ARE THOUGHTS, FEELINGS AND BEHAVIOR

Thoughts, Feelings and Behavior (10 Minutes)

Discussion

When you were about to alight the taxi driver tells you he does not have change so wait until he gets to the nearest fuel station.

1. What would you *think*?
2. How will you *feel*?
3. What *would you do*?

Ask two or three people. Draw their attention to *how a particular thought elicits a particular feeling; just as in the first example.*

Thoughts, Feelings and Behavior Exercise (8 Minutes)

Synopsis

Counselor explains to participants how important it is to be able to recognize one's thoughts within a given situation in order to take control over their feelings and behavior.

- ❖ Counselor explains what *thoughts* are.

What are thoughts?

Thoughts are ideas that we tell ourselves.

1. We talk in our own heads all of the time, but we are *not always aware of it.*
2. It is helpful to think of thoughts as *things* that have a real effect on our bodies and our minds. *Thoughts are only ideas, not necessarily real or true.*

- ❖ Counselor explains *how thoughts affect feelings.*

Thoughts affect feelings:

Specific types of thinking make a difference in our feelings.

1. *Some thoughts* make it more likely that you will become sad.
2. *Other thoughts* make it less likely that your will become sad.
3. Counselor asks participants to share some *positive and negative* thoughts they recently had and how these thought influenced their feelings and behavior

- ❖ Counselor asks participants for plausible *feelings and behavior that could associate with the following thoughts:*

THOUGHTS	FEELINGS	BEHAVIOR
<i>"I always fail! I fail at everything I ever try."</i>		
<i>"Everything is bad because of my bad past deeds"</i>		
<i>"I am confident of myself"</i>		
<i>"No one cares about me"</i>		
<i>"I like what I do"</i>		

STRATEGIES FOR REDUCING ANXIETY (PROGRESSIVE MUSCLE RELAXATION)

Introduction to PMR (10 Minutes)

Stress from everyday living can lead to muscle tension, which is uncomfortable. Ultimately, sustained tension leads to a sense of both physical and psychological ill health. We will therefore teach you how to reduce tension through a process known as Progressive Muscle Relaxation (PMR).

Benefits of PMR

The benefits of PMR include feeling calm and in control, lowered blood pressure, and reduced anxiety. In general, relaxation generates increased self-efficacy, perceived control over stress, and improved coping.

Instructions

We will teach you PMR step by step until you have learned how to tense and relax the major muscles in your body. You will have to practice every day, as practice makes perfect. You will tense and relax the following muscles: fists, upper arms, shoulders, feet, calves, thighs, stomach, chest, back, neck, jaws, cheeks and forehead.

When you begin, you'll make yourself comfortable in a quite cool place, and intentionally give yourself permission to relax. Loose up all tight clothing, such as belt, neck tie, wrist watches etc. With your eyes closed, spend a moment or two breathing regularly. If you are religious, say a prayer asking your Maker to help you relax and be present with you.

When we ask you to tense, make sure you tense the particular muscle until you almost feel pain. When we ask you to relax, make sure that you let go at once, so you notice the difference between pain and relaxation.

Set 1

Refer to appendix for instructions on particular muscles and instructions. Remember to do a five cycle deep breathing before you begin each set.

SESSION REVIEW

Counselor should:

- 1. Ask participants for any question(s) regarding the Purpose of Invitation; Participant Commitment Contract; and the Commitment and Group Rules.**
- 2. Ask participants to tell the main goal/aim for the intervention and share their expectations with members**
- 3. Recap the basic concepts of CBT and emphasize the Situation-Thought-Feeling-Behavior relation.**
- 4. Encourage participants to continue sharing their personal thoughts and feelings with group members to build trust and cohesion.**
- 5. Recap on PMR and encourage members to practice at home before the next session**

Homework Assignment:

Ask participants to *narrate an event* that happened within two weeks ago and identify the thought, feeling and behavior that were associated to the event.

MODULE I (Session II)

(Identifying Thoughts, Feelings and links with Behavior; Automatic Thoughts; Thought Distortions)

**Welcome, Review
Previous Session
and set Agenda
(15 minutes)**

- ❖ Counselor asks members to welcome each other. A participant shares a joke/ a favorite song. Participants share their feelings about the first session, what it was like to come back, and any changes they noticed during the week.
- ❖ Counselor *Reviews key areas of the Previous Session:*

CBI talks about:

- a. **How you think about yourself, the world and other people.**
- b. **How what you do affects your thoughts and feelings.**
 - CBI can help you to change how you think and what you do. These changes can help you to feel better. CBI says that *it's not the event which causes our emotions, but how we interpret that event - what we think or what meaning we give that event or situation.*
 - thoughts believed generate feelings that prompt behavior
 - ask a participant to tell how a particular event can lead a person to think, feel and behave in a particular way.
 - discuss homework assignment

- ❖ Counselor begins session by *jointly setting the Session's Agenda:*

In today's session, we shall be looking at:

- a. **Identifying Thoughts, Feelings and links with Behavior;**
- b. **Discuss Automatic Thoughts**
- c. **Problems in thinking (Distorted Thoughts)**
- d. **(PMR - Set 2)**

Identifying Thoughts, Feelings and links with Behavior

Identifying thoughts, feelings and behavior (15 Minutes)

Thoughts are images

❖ Counselor explains *thoughts*, and how to identify them.

- *What things or images that goes through your mind just before, during or after an event has occurred?*
- To be able to identify a thought, ask yourself the following question: *“What was running through my mind before, during or after the event?”*

❖ Counselor explains *feelings*, and how to identify them

Feelings



- Feelings are mental experiences of body states, which arise as the brain interprets emotions. They are physical states arising from the body’s responses to external stimuli.
- To identify how you are feeling at a point in time, ask yourself, *“What am I feeling right now?”* Since feelings are directly associated with thoughts, try to follow the direction of your thought and identify whether you feel angry, happy, sad, joy, rage, anxious, depressed, guilt, etc

❖ Counselor explains how a particular *feeling leads to a particular behavior*

Behavior/Action



Our feelings can lead us to act in a particular way. Ask participants how they act when they become:

- ***Anxious:*** choose to stay at home, not talk to anyone, avoid eye contact, sit in a corner, look for reassurance, drink more, smoke more, eat more (or less), etc.
- ***Depress:*** stay in bed, pull covers over your head, don’t go out, sit and stare, turn down an invite from a friend, don't go to work, eat more (or less), sleep more (or less), pace around, no interest in anything.
- ***Anger:*** shout at someone, hit out, scream, criticize others, issue threats, suppress it, become violent.

Discussion Time

**Discussion
(10 Minutes)**

- ❖ Ask participants to listen to the following scenarios carefully and *identify the plausible thoughts, feeling, and behavior that could associate*

Scenario 1

You had a rather long and tiring day at the farm where you’ve been helping a colleague harvest bags of beans. You arrived home to find the front door ajar and two sets of muddy footprints (your son and his dog’s) on the new cream-colored carpet leading from the front door all the way to the back door.

Thought(s).....

Feeling(s).....

Behavior(s).....

Scenario 2

One evening, your parents asked you to come over for a talk at the family house. When you arrived, the house was in total darkness. You knocked on the door but no one comes to answer the door. You turned the knob and entered. Suddenly, you hear a chorus of voices shouting, “*Surprise!*”. The lights come on and you see a group of friends and relatives singing “*Happy Birthday*” to you.

Thought(s).....

Feeling(s).....

Behavior(s).....

- ❖ Counselor asks participants why we need to *recognize our feelings and thoughts*. Counselor complements as:

Being aware of your feelings and thoughts is the first step towards feeling better. If thinking influences feeling, then it makes sense that if you want to change the way you feel, you have to change the way you think!

AUTOMATIC THOUGHTS

Introduction to Automatic Thoughts (20 Minutes)

- ❖ Counselor explains *automatic thoughts*

Just as we are not always conscious of the way we walk or how we take a bicycle ride, *we are often not aware of our thinking*. Some of our thinking is so habitual that it is *automatic*, and just like the riding, when things are automatic we might not be conscious of them. *All of the time, our brains are turning over thoughts and ideas. Our automatics thoughts, however, play an important role in our emotional well-being.*

- ❖ Counselor explains the *characteristics of automatic thoughts*

Automatic thoughts:

- Can be words, an image, a memory, a physical sensation, an imagined sound, or based on “intuition”—a sense of just knowing
- Believable—we tend automatically to believe our thoughts, usually *not stopping to question their validity*. When another driver crosses me in traffic, I might judge that he’s a selfish thoughtless driver, but in fact, he might be taking his wife to hospital as she’s about to give birth. *Thoughts are not necessarily true, accurate or helpful.*
- Are automatic. They just happen, popping into your head and you often won’t even notice them.
- Habitual and persistent—our thoughts seem to repeat themselves, and the more they repeat, the more believable they seem, then they set off a whole chain of new related thoughts that lead us to feel worse and worse. They can follow themes, for short periods, or very often, throughout years and decades.

- ❖ Counselor explains the *types of automatic thoughts* and asks *participants to give examples of each.*

There are 3 kinds of automatic thoughts. These are:

- Neutral thoughts, eg. “*I think I’ll sleep early today*”
- Positive thoughts, eg. “*This is something I can do really well*”
- Negative thoughts, eg. “*I’m worthless – I’ll never be able to do anything good*”

Obviously, negative automatic thoughts are the ones that can cause us emotional distress.

UNHELPFUL/DISTORTED THINKING HABITS

Introduction to Negative Thought (25 Minutes)

- ❖ Counselor explains *unhelpful/distorted thinking*

Over the years, we tend to get into unhelpful thinking habits such as what we are going to discuss shortly. We might favor some over others, and there might be some that seem far too familiar. Once you can identify your unhelpful thinking styles, you can start to notice them—they very often occur just before and during distressing situations. Once you can notice them, then that can help you to challenge or distance yourself from those thoughts, and see the situation in a different and more helpful way

- ❖ Counselor explains each thought distortion with example and *asks participants to come up with other examples to show understanding.*

1. All-or-Nothing Thinking: You see things in black and white categories. *If your performance falls short of perfect, you see yourself as a total failure.*

2. Over-generalization: You see a single negative event as a never-ending pattern of defeat. If you wake up in more pain you may think, *“I’ll never be able to enjoy anything anymore.”* Misery does love company, but globalizing misfortune in this way creates an exaggerated sense of rejection and loneliness.

3. Mental Filter: You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that discolors the entire beaker of water.

4. Compare and despair: Seeing only the good and positive aspects in others, and comparing ourselves negatively against them

5. Mind-Reading: You arbitrarily conclude that someone is reacting negatively to you, and you don't bother to check this out. *For example, you greet someone you know in town but did not respond to your greeting. You think, he must be upset with you, and begin to think what you might have done wrong? When you check it out, you find that the person was preoccupied about a sick child he had just left at home.*

6. Magnification (catastrophizing) or Minimization: You exaggerate the importance of things, or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). You exaggerate the good and positive aspects of others, but minimizing our own positives.

7. Emotional Reasoning: You assume that your negative emotions necessarily reflect the way things really are: *“I feel it, therefore it must be true”*. For example you think *“I feel useless, therefore I am useless.”*

8. Personalization: You see yourself as the cause of some negative external event, which in fact you were not primarily responsible for.

9. Should Statements: You try to motivate yourself with *“should and shouldn't”*, as if you had to be whipped and punished before you could be expected to do anything. *“Musts”* and *“Oughts”* are also offenders. The emotional consequence is guilt, and these statements set you up for feeling resentful and pressured.

Discussion Time

❖ Counselor leads participants to discuss the following.

1. What are *automatic thoughts*?
2. How do negative automatic thoughts make us feel distressed?
3. Which of the negative automatic thoughts are common with us and how do they affect us?
4. It is better and easier to change our thinking than our behavior. Do you agree?
Explain your stance.

**PMR
(15 Minutes)**

❖ Counselor asks each participant for feedback on the *PMR Set I* and asks them to demonstrate. Counselors teaches participants PMR set II

Progressive Muscle Relation (Set II)

Counselor asks for feedback from participants about the outcome of their practice of the first set of PMR at home. Counselor then pairs up participants to demonstrate for partner's evaluation and teaches the next set.

Session Review and Home Work

Counselor should:

1. ask participants for any question(s) regarding how to identify Thoughts, Feelings and Behaviors; and Automatic Thoughts and Unhelpful/Distorted thinking habits

2. ask participants to describe the Unhelpful/Distorted Thinking Patterns and share which ones they often experience.

3. ask participants to identify *what is wrong* with these statements:

i. *“I should be loved and approved of by everyone.”*

ii. *“I should always be able to do things well and work hard all of the time to feel good about myself.”*

iii. *“I will feel awful if things don't go the way that I want them to go.”*

iv. *“Other people and things I cannot change make me unhappy.”*

v. *“I can never be happy if I don't have someone to love me.”*

vi. *“I can't change the way I am; I was raised this way.”*

4. Home Work:

Think through the various unhelpful/thought distortions and identify those that you often engage in and come and share with the group during next week's session.

SESSION III (Challenging Our Negative/Unhelpful Thoughts)

**Welcome participants
(5 Minutes)**

- ❖ *Counselor welcomes participants to session.* Asks a participant to share an interesting story/joke or a personal experience that occurred since the last meeting and how he/she viewed it in the light of what has been learnt so far.

**Review Previous
Session
(10 Minutes)**

- ❖ Counselor leads participants in reviewing *Previous Session*

1. What did we discussed last week?
2. What are thoughts, feelings and behavior?
3. What are automatic thoughts?
4. What are some of the unhelpful/negative thought patterns you remember, and which are familiar with you?
5. Discuss homework assignment(s)

**Session Agenda
(5 Minutes)**

- ❖ Counselor begins session by *jointly setting the session's agenda:*

i. Counselor introduces New Concept:

Challenging Your Thoughts:-

-The General Method;

-The Court Case Method;

-The Worry Tree Method;

ii. Homework Assignment;

iii. PMR – Set 3

CHALLENGING YOUR UNHELPFUL THINKING

Introduction to Thought Challenge (10 Minutes)

- ❖ Counselor explains that *we can feel better (and behave well) when we are able to identify and challenge our unhelpful thoughts*

In the session on *“Thinking and Feeling”*, we established that it is our thoughts that influence our feelings and behaviors – the thoughts and feelings connection. We also discussed and identified some unhelpful thinking patterns and styles that are common with us.

The key to changing the way we feel is found in challenging and changing our unhelpful thoughts and beliefs. This begins with you taking a good hard look at them. Imagine that you are a detective (*a person who uses special thinking and analyzing skills to unravel situations*) and a lawyer, and your unhelpful thoughts and beliefs are to be investigated or on trial.

To assess whether or not your thoughts and beliefs are valid, you need to gather and examine evidence. As such we liken this process to being that of a detective. To start influencing the way you feel, you need to learn to be aware of, and *“capture”* those unhelpful thoughts and beliefs with the ultimate aim of changing them.

We will learn to challenge our unhelpful thoughts in two ways: 1. The Court Case Method 2. The Worry Tree Method.

The Court Case Method (25 Minutes)

- ❖ Counselor explains the *Court Case Method* of challenging unhelpful thoughts by first discussing how to identify the distorted thought

Step 1: Identify the distressing (HOT) thought

To be able to challenge an unhelpful thought, and replace with a more balanced thinking pattern, you must first identify the unhelpful thought or thoughts that are causing the distress. To identify an unhelpful thought, ask yourself what you are thinking (or thought) before, during or after an event that causes the distress. After identifying these thoughts, rank out to conclude on the thoughts (one or two) that are highly associated with the distress. Distressful thoughts are negative thoughts, often with no evidence to support them. For instance, after running into lose for the third consecutive time with your business, you may start worrying and thinking you are a failure and never good at anything. The thought of being a *“failure”* and *“never good at anything”* can be a hot thought that can lead to distress.

- ❖ Counselor explains the next step as *‘Putting the Hot Thought’* into the dock for trial

Step 2: Put the identified distressing thought(s) in the “dock” for trial. Note that it is not you as an individual on trial here; it is your distressing/unhelpful thought that put in the dock. Make a mental picture of this troublesome (*HOT*) thought - the thought that makes you feel really bad or upset (*not you!*) in the *“dock”*. From our earlier example, you have to imagine putting *“failure”* and *“never good at anything”* into a dock - on trial

- ❖ Counselor explains next step as *looking for evidences to support the identified distorted thought*

Step 3: Look for evidence to support the accuracy of the thoughts

What tells you this thought is true? What would a lawyer/advocate for the defense say? (Remember this is a “court case” and evidence should be able to stand up in court as facts). For example, there is ‘evidence’ that you have been unable to manage the three trades/businesses you started; it’s fair to conclude that you a ‘failure’. Again, if you could ‘ever’ be good at anything, why have you failed on three consecutive occasions?

- ❖ Counselor explains next step as *looking for evidences that stand against the identified distorted thought*

Step 4: Look for evidence against the thoughts

What tells you this thought is not totally true, all of the time? What would a lawyer/advocate for the prosecution say? What factual evidence is there? Consider what others would say (witnesses). For example, are all successful businesses without a record of failure?; business setbacks could provide invaluable lessons (type of trade, wrong location, poor customer relations, etc?) to the trader – and this is mine.

- ❖ Counselor explains next step as *bringing the evidences together, doing critical evaluations and passing the verdict*

Step 4: The Verdict

Sum up all the evidence and come to your own conclusions – find a closing statement that is based on the evidence, a summing-up statement that is realistic, rational and balanced. Rephrase the original thought in a way that includes the evidence. (You might start with: “Even though I.....”)

- ❖ **Discussion Time:** Counselor asks participants to employ the Court Case Method to help Aunt Memuna challenge her unhelpful thoughts:

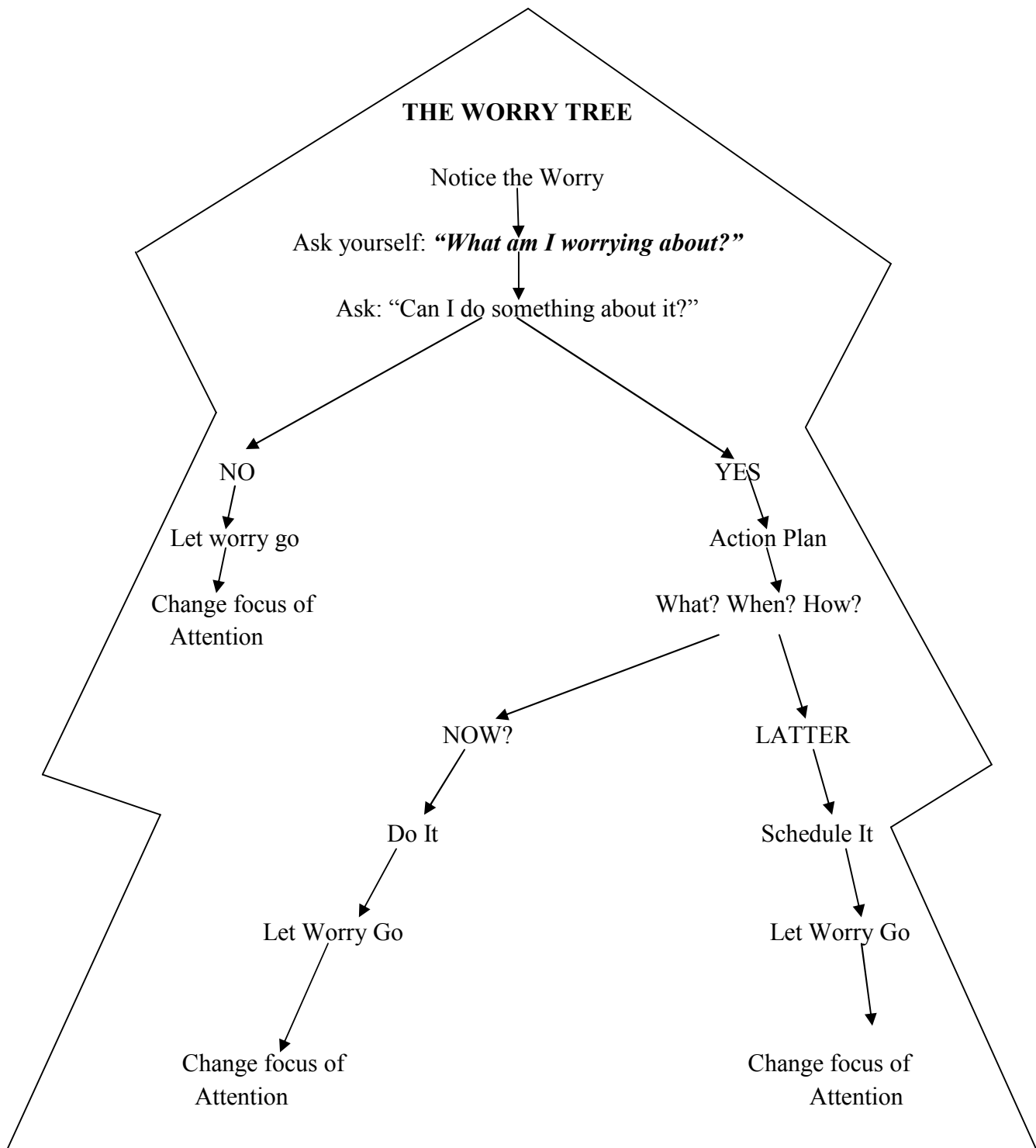
Auntie Memuna is a trader in used clothing and owns a small shop in town. She stays 4 miles away from her shop. When she returned this morning, she found her shop and everything in it burnt to ashes; presumably from an electrical fault. She had borrowed money from friends and a local “susu” agency to stock the shop. Memuna is sorrowful, tearful and full of negative thoughts. She concludes that she’s “doomed” and “better off dead”. *Identify Memuna’s thought distortions and use the Court Case Method or the General Method to help her find an effective way of solving her problem.*

The Worry-Tree Method

**Introduction to
the Worry-Tree
Method**
(25 Minutes)

❖ Counselor explains that another way of challenging our unhelpful thoughts is by the **Worry-Tree Method**. Here, participants are taught how to analyze their problems against time and the capacity/resources available to solve them. *This helps to lessen the anxiety and stress of thinking about the problem.*

THE WORRY-TREE METHOD



Case Examples

- ❖ Counselor asks participants to employ the *Worry-Tree Method* to challenge the thought distortions in these case scenarios.

Case 1: Gyan, a 29 y-o mobile phone retailer is worried that he might be arrested by the bank because he's unable to raise enough money to repay the GH C 4,000 he borrowed some 10 months ago. Presently, he has about GH C 2, 400 to his credit. He has only two months to repay. He is very worried and now has sleepless nights

Case 2: Twumwaa is not sure about her suitor's character. When she first met Amaglo, he was all she needed in a man. Five months into the relationship, she finds him inconsistent, a bit aggressive, and finds them sharing different opinions on a number of issues she considers important. Aside these issues, Amaglo is still all she ever wanted. Twumwaa comes to you with her story for your advice and directions.

**PMR
(15 Minutes)**

- ❖ Counselor asks participants for feedback on the *PMR Set II* and asks them to demonstrate. Counselors teaches participants PMR set III

Progressive Muscle Relation (Set III)

Counselor asks for feedback from participants about the outcome of their practice of the first set of PMR at home. Counselor then pairs up participants to demonstrate for partner's evaluation and teaches the next set.

Counselor ends session by:

1. Asking participants for any question (s) regarding how to Challenge One's Thoughts, employing either the General Method; The Court Case Method or The Worry Tree Method.
2. Asking participants to employ any of the Thought Challenging methods in any the following case scenarios:

Mr. Rahman has been in a queue for a long while waiting to buy some *wakye* from Maame Asana. Just when it got to his turn, a man from a taxi rushed in to Maame Asana. Asana gave a smile, and started to serve the man. Rahman became very upset. He thought that people disrespect and consider him worthless.

3. *Home Work:*

Amina is a 26 year old lady. Since childhood, she has desired to be trained as a secretary and to work with a prestigious company. She is unwilling to prepare to resit for two WASSCE papers for a third time. She keeps saying she was born a failure and explains that she might be under a spiritual attack.

SESSION IV
Goal Setting

Introduction to
Goal Setting
(10 Minutes)

Goal setting is a technique for thinking about and acting on personal, professional, or group wants or needs. The purpose of goal setting is not to set goals; rather, it is to achieve goals. Goals provide vision, focus, and motivation that promote achievement.

- ❖ Counselor asks participants: *“Why do we need to set goals?”* Records responses on flip chart and complement as:

Importance of goal setting include:

- goals allow people to be focused and committed to achieving the end results
- goals serve as energizer: goals stimulate people to make an extra effort to achieve them.
- goals encourage people to use their initiative to make effective decisions with long-term impacts

- ❖ Counselor explains to participants *the 5 W questions of goal setting*

The 5 W questions of goal setting

- What:** What do I want to accomplish?
- Why:** Specific reason/purpose for the goal
- Who:** Who is involved?
- Where:** Identify a location
- Which:** Identify requirements and constraints

THE SMART METHOD OF GOAL SETTING

Introduction to
SMART
Method
(10 Minutes)

The term SMART is an acronym for: *Specific; Measurable; Attainable; Relevant; Time-bound.*

- ❖ Counselor explains the *SPECIFICITY* of a goal

Very often, when you examine a particular goal, you will find that it can be broken down into smaller, more specific goals. The first step in this process is to ask the “5 W” questions. For instance, consider Fatima, a 32 year old beans trader at the local market. She intends to set the goal, “increase/improve sales”. Fatima may have to answer these questions: What does “increase/improve” really mean; faster, more profit, or some other measure?; Why does she want to increase sales and what will be the benefit to her trade?; Who needs to take action?; Where will this be done?; and Which part of her trade will cause this: purchasing, retail?

Fatima may decide to: find new traders who will come to purchase in bulk from her; do a promotion sale (reduce price for persons who purchase more); insist on fresh and well processed bean from her suppliers. In this example, although Fatima's goal is to increase sale, she has identified three separate tasks.

❖ Counselor explains *MEASURABILITY* of a goal

*If a goal is not measurable, it is not possible to know whether the person is making progress towards the attainment of the goal. Measuring progress will help the goal setter to stay on track; reach his/her target dates; and experience the sense of achievement that provides the impetus to continue to completion. A measurable goal seeks to answer questions such as: **How many?; How much?; How will I know its accomplished? For instance, how much sale will Fatima consider adequate/improved? How many cups/bags of beans does she want to sell each day?***

❖ Counselor explains the *ATTAINABILITY* of a goal

*There is little point in setting a goal that is either too difficult to achieve or beyond your capabilities. Such goals will de-motivate you and destroy your confidence. When setting a goal, you must use your knowledge and current skills as a yardstick for ensuring that the goals are attainable. However, setting yourself a goal that is too easily fulfilled will leave you feeling unsatisfactory since you didn't feel sufficient 'challenge', if any at, all in accomplishing it. **For example, what will you make of Fatima if she sets a goal to sell 50 bags of bean each day in a month from now, when her present sale is barely two bags? How about her goal of selling 3 bags in six months when she sells two presently?***

❖ Counselor explains the *RELEVANCE* of a goal

Goals that are relevant to you and love ones will receive the needed support. A relevant goal can answer "yes" to the following questions: ***Is it worth the cost and the resources required?; Is this the right time to be doing it?; Does it fit into your overall plan?*** Fatima knew an increase in sale will yield more profit. Her first son is awaiting his BECE results. Being a single mother, she needs money to put him into Senior High School. She knows his son will be supportive if she asks for his help in achieving this goal.

❖
❖

Counselor explains that goals must be **TIME-BOUND**

It is essential that goals have a timeframe or target date. A time-restrained goal is intended to establish a sense of urgency. A commitment to a deadline helps a person to focus his/her efforts towards the completion of the goal. It is this aspect of using the **SMART technique** to decide upon a goal that brings it into focus and offers a challenge. *A deadline forces you to concentrate your efforts with a degree of urgency so that you can celebrate your success when you accomplish the goal.* The time restriction you impose provides the necessary impetus to keep you motivated to make things happen. *For instance, Fatima needs to raise about GH C 1, 400 in about 6 months from now to be able to pay for his sons fees as well as the rent.* With this in mind, she sets the time of achieving her goal of selling 5 bags of bean three months from now, knowing that will give her the opportunity to raise enough money to meet those needs.

Discussion Time

1. What would you need to consider in setting a SMART goal.
2. Which of these characteristics of goal setting do you find the most challenging?

GOAL SETTING

Set two goals for yourself: one to be attained by the end of session 12 (8 weeks from now) and the other by the end of the next 6 months. **Be specific. What would you like to achieve? What would you like to see happening in your life? How would you like to change?** (Remember to make your goals realistic – that means they should be achievable in the time frame you have set).

Goals:

1.
.....
2.
.....

ACTIVITY SCHEDULE

Daily Activity Schedule

Use the schedule below to plan your activities for each day. Each day, write down an activity that was goal-directed or brought you closer to achieving your set goal. Make sure you balance fun and pleasurable activities with your daily responsibilities and duties.

DAY.....	
8 – 10 am	
12 – 4 pm	
4 – 7 pm	
7 – 10 pm	

**Breakout Session
(15 Minutes)**

- ❖ **Counselor puts participants into 2-3 per group to brainstorm the elements/characteristics of a good goal. Counselor writes each groups responses on the flipchart and complements as:**

Most goal-setting methods include the following elements:

- i. Dream/Desire:* Goals must reflect a person's own desires and values and should be future oriented and long term.
- ii. Constructive:* Goals must promote a person's growth and development and should not be destructive to the individual or society.
- iii. Specific, measurable, and timed:* Goals must say exactly what is to be achieved in a way that makes it possible to say whether or not the goal has been met.
- iv. Correct difficulty:* Goals must be easy enough that they can be achieved and hard enough to be challenging.
- v. Written down:* Writing down goals encourages commitment and provides a record of effort and achievement.
- vi. Review and evaluate:* Evaluating goals periodically enables a person to assess progress toward his or her goals and to revise goals that no longer reflect current desires or values.
- vii. Celebrate:* Ideally, achieving a goal is its own reward, but external recognition and incentives may also help to motivate a person to achieve more or larger goals.

SESSION V
(Time Management)

**Welcome/Pleasantries
(5 Minutes)**

Counselor asks members to *welcome each* other and to enquire how members' week had been. *A member is asked to tell his/her favourite song - and the group helps in singing.*

**Review Previous
Session
(10 Minutes)**

Counselor leads participants to *review Previous Session*

Counselor reviews previous session with group as:

1. What did we discuss our last session
2. Why do we need to set goals?
3. What 6 questions should we consider when setting a SMART goal
4. What are the characteristics of an effective goal?
5. Discuss Homework: Review the two smart goals set and ask participants to discuss their Weekly Activity Schedule and how it will lead to achieving their set goals

Counselor asks for answer to this riddle:

"You can't save it. You can't borrow it. You can't lend it. You can't leave it. You can't take it with you. You can only do two things with it—*use it or lose it*. What is it?"

❖ Counselor and participants *set Session Agenda* as:

Session Goals:

- i. Time management**
- ii. Review Personal goal and steps to this); (AS3)**
- iii. (PMR – Complete Set).**
- iv. Share information on relevant community resources**

**Introduction
(10 Minutes)**

Finding a successful time management strategy depends on *a person's personality, ability to self-motivate and level of self-discipline*. This session will introduce us to established methods for improving our ability to effectively manage the events in our lives in relation to time.

**Riddle
(5 Minutes)**

Counselor reads out the following riddle for participants to decipher

You can't save it. You can't borrow it. You can't lend it. You can't leave it. You can't take it with you. You can only do two things with it—*use it or lose it*. What is it?

The answer is TIME!

You only have 24 hours, 1,440 minutes or 86,400 seconds each day. How you use that time depends on skills learned through self-analysis, planning, evaluation, and self-control.

Introduction (10 Minutes) Counselor asks participants to share with group how they usually spend their time; and whether or not they think they do not use their time wisely. Counselor then discusses *Time Robbers*.

1. Explain that there are many activities we do during the day that fill our time, some of them are productive, whilst others are not.
2. Tell participants that you will name an example of a “*Time Robber*”—an activity that is unproductive. Ask them to tell the group how often this “*Time Robber*” affects them.
3. Explain that these are examples of *distractions that can cut into the time* when they should be doing something else.
4. Have participants who get distracted explain how the “Time Robber” affects their ability to get done what they need to do.

Discussion Time: (10 Minutes)

Counselor leads participants to take turns in discussing the following:

1. How do spend your time on a typical day?
2. How can you identify Time Robbers (the things that steal our time)?
3. How can we make maximum use of our time?
4. How do we decide on what activity is worth our time?

What is Time Management? (10 Minutes)

Time Management refers to a range of skills, tools, and techniques used to manage events in your life in relation to time. We manage ourselves and our life events in relation to time. *We just looked at a few ways we waste our time. This session explores strategies that can help you more effectively manage events in your life in relation to time.* Finding strategies that work best for you depend on your personality, culture, circumstances, and priorities, but you must look critically at yourself and perhaps confront some difficult issues.

❖ Counselor leads participants to discuss *Strategies for Effective Time Management*

Strategy 1: Be Time Aware

You cannot manage time well without being aware *of how long things take and how you are using your time.* Improve your time management skills by understanding how you use your time. Do you know/ or can you estimate how long it takes you to walk to the farm, to fetch some water from the community well?

Demonstration: | **The Big Rock in a Jar Demonstration**

**Setting
Priorities**

The key to prioritization is determining the most important thing to do to reach your goals.

The Big Rocks in a Jar Demonstration

Materials Needed:

- i. Large glass or clear plastic jar
- ii. Medium-sized rocks
- iii. Small pebbles
- iv. Sand

(Note: you can replace rocks, pebbles, and sand with golf balls, marbles, and small beads.)

Instructions

1. Show an empty jar to the participants and say ***“This jar represents your time.”***
2. Add rocks to the jar until you cannot add any more. ***“The rocks are the goals and commitments that are important to you.”*** Ask those who believe the jar is full to stand.
3. Now add pebbles to the jar. ***“The pebbles represent things that you want to do, but don’t need to do.***

They matter to you, but not as much as your goals and commitments. Notice that there is room for them in the jar as they fill in the gaps around the rocks.

4. Next add the sand until the jar appears to be full. ***“The sand represents all the small, unimportant time-taking tasks that are easy, and quick, to do.”***

5. Ask, ***“What is the point of this demonstration?”*** (**Participants may say that no matter how full your schedule, you can always fit more into it. This would be incorrect.**)

6. Make the point that the real moral of this exercise is that you can make time for your big rocks, but only if you put them into the schedule first and then fit everything else around and between the rocks. It may be easier to pour the smaller things into the jar, but if they fill too much of the jar there will be less room for the big rocks.

7. Ask, ***“So what will you fill your jar with for the rest of the day?”***

Discussion Time:

Counselor shows this diagram to participants/or makes a sketch on the flipchart and asks participants to share with the group what they think about these two jars and the arrangement of their content in relation to the Big Rocks in a Jar Demonstration. Counselor explains the implication of not organizing the activities of our lives properly.



❖ Counselor leads participants to understand how to use the Time Management

Time Management Matrix - Determining your Priorities

1. Explain that managing your time effectively *requires an understanding of the distinction between what is important and what is urgent.*
2. *Ask participants what the difference is between important and urgent. Guide them to the understanding that:*
 - a. *Urgent means it requires immediate attention – it cannot be put off without creating problems. Urgency may affect others.*
 - b. *Importance has to do with results. If something is important to you, it contributes to your mission, goals and/or values. It is important to understand that what is important to one person, may not be important to another.*

Importance is personal.
3. Introduce the matrix by explaining that we can divide tasks into four quadrants based on what is urgent and what is important.
4. Draw and label the matrix on a flipchart and explain:
 - a. **Quadrant 1** (Urgent and Important) Where our priorities should be.
 - b. **Quadrant 2** (Not Urgent, but Important) Items in this quadrant allow you to be proactive. You should spend most of your time working on items in this quadrant.
 - c. **Quadrant 3** (Urgent but Not Important) These items could be someone else’s important items.
 - d. **Quadrant 4** (Not Urgent and Not Important) These items are considered busy work. You may use these items as an escape.
5. Break into groups of 2-3 participants. Ask each group to identify three or more typical tasks and activities that fall into each quadrant.

Lesson from Activity

❖ Counselor summarises the lessons from the activity as:

- a. The *most important tasks usually are not the most urgent tasks.* Yet we tend to let the urgent tasks dominate our lives.
- b. While activities that are both urgent and important must be done, *we should spend less time on activities that are not important (regardless of their urgency) in order to gain time to focus on activities that are not urgent, but important.*
- c. Focusing on these important activities allows you to gain greater control over your time and possibly reduce the number of important tasks that do become urgent.

Breakout Session Discussion (15 Minutes)

❖ Counselor breaks participants into groups of 3 to brainstorm their various activities of daily living and events they would consider under the various sections of the Time Management Matrix

	<u>URGENT</u>	<u>NOT URGENT</u>
<u>IMPORTANT</u>	<u>I</u> <u>Urgent and Important</u>	<u>II</u> <u>Not Urgent, But Important</u>
<u>NOT IMPORTANT</u>	<u>III</u> <u>Urgent, But Not Important</u>	<u>IV</u> <u>Not Urgent and Not Important</u>

Getting Organized (10 Minutes)

❖ Counselor leads participants to discuss how one can *get organized with their activities and make maximum of their time.*

Whenever you feel *overwhelmed by too many things to do and too little time in which to do them*, sit down, take a deep breath, and list all those tasks you need to accomplish.

There are three basic options for getting organized with a heavy schedule:

1. **Act on it**
2. **Delegate it**
3. **Eliminate it**

Example Situation

Counselor reads the following example situation to explain the process

Meet Amida, a 34 y-o yam and vegetable trader at the Aboabo market. She lives some 4 miles away from the market. She is married with a twin, aged 3 years. Each day, she wakes up at 4.30 am, sweeps the compound, fetches water (which is about a mile away), prepares breakfast, bath the kids and send them to school by 7.45 am. She then returns home, prepare and gets to the market by 9 am. She knows people come to buy early and would have doubled her sale each day if she was able to get to the market by 7 am. She rushes home by 6 pm to prepare supper. Her husband works as a bus conductor and often stays outside town.

**Act on
Important/Urgent Goal**

❖ Counselor leads participants to learn to *Rank Activities, Select and Act on the important and urgent goals*

Before you begin this task, the counselor should assign priorities to participants:

1. A = highest importance and/or urgency
2. B = medium importance and/or urgency
3. C = lower importance and/or urgency

If you have more than one “A” priority - mark them A1, A2, A3, etc. Do the same for your B and C priorities.

**Discussion:
Amida’s case**

Counselor leads participants to discuss how to analyse Amida’s example situation – so to identify and rank up her activities

Counselor asks:

1. What are Amida’s typical daily activities? (Have participants to list them)
2. Which of these activities do you consider as the most important? (Counselor informs participants that ‘important’ here means its outcome is highly desired. For instance, water may be considered important because it is needed to carry out other functions such as cooking and bathing).
3. Which activity *must/ought* to be done by Amida; *could* be delegated; or *should* be cancelled out?

**Rank Out
Activities**

❖ Counselor leads participants to list all of Amida’s daily activities and rank them out – keeping in mind which activity she must do herself, which she could delegate and which she could eliminate.

For example, Amida’s daily activities include: sweeping the compound; fetching water; preparing breakfast; bathing the kids; sending kids to school; leaving for work; and returning to prepare supper.

Amida *may choose* to rank her activities, in the order of importance (in terms of outcome and having to perform the activity by herself).

1. Bathing – kids and herself
2. Breakfast
3. School
4. Market
5. Preparing supper
6. Fetching water (or hiring someone to fetch)
7. Sends kids to school

Efficiency and effectiveness?

- ❖ Counselor explains the terms: efficiency and effectiveness and asks participants to discuss how these two terms can influence productivity and judicious time use.

Efficiency is doing things the right way. Effectiveness is doing the right things. Your ability to plan and organize your work, in advance, so you are always working on your highest value tasks determines your success as much as any other factor.

Delegate

- ❖ Counselor leads participants into discussing how to decide on which activity to delegate.

Counselor explains to participants that in order to delegate, they *must* first decide whether the task is something they must do personally or whether they can delegate this task to someone else who can do the job.

Eliminating an Activity

- ❖ Counselor explains to participants some questions to consider when eliminating an activity from a schedule.

Some tasks may **NOT** need to be done at all. Participants should eliminate every single activity they possibly can, in order to free up your time. Some questions to ask themselves before they eliminate a task are:

1. Do I really need it?
2. How will it help me?
3. Will it be useful when I need it again?
4. Is it new or unique?
5. Is it a necessary part of a project or special file (e.g. personnel file, client file, school record, tax related, etc.)
6. Would it be difficult to replace?
7. Could anything bad happen if I toss it?

Discussion Time
(15 Minutes)

1. Have participants choose one of their two goals that they have difficulty reaching.
2. Help them *formulate objectives* for their goal in relation to managing their time for it. Each objective should be *specific, measurable, realistic, and have a completion date*.

Conclusion

1. Time management is really just a fancy way of describing balancing more than one responsibility at once. Like any other skill, it takes practice.
2. The most difficult aspect of time management is holding yourself accountable for practicing the skills you've learned.
3. Regularly assess your progress to be sure you are meeting the goals you defined within the timeframe you established.
4. Frequently ask yourself, "What is the best use of my time right now?" Routinely check to see if you've kept the commitments you made to yourself and others.

Session Review and Homework:

1. Why do we need to manage our time?
2. Identify your Time Robbers and discuss how they steal our time
3. What are the lessons from the Jar Demonstration
4. Why do we need to put our activities into the Time Management Matrix?
5. Discuss how we can organize our time and activities.
6. Discuss how to relate time management to achieve our set goals
7. Homework:

Mrs. Latif is overwhelmed with home and work activities. She takes care of her 3 children and her small shop located in the next community. She complains about having a lot of work at hand and comes to you for assistance. Use your goal setting and time management skills to help her plan her activities and make better use of her time.

8. PMR: Counsellor pairs up participants to perform the complete process in turn of PMR for their partner's evaluation.

SESSION VI
(Time Management)

**Welcome/Pleasantries
(5 Minutes)**

Counsellor asks members to *welcome each* other and to enquire how members' week had been. *A member is asked to tell his/her favourite song - and the group helps in singing.*

**Review Previous
Session
(10 Minutes)**

Counselor leads participants to *review Previous Session*

Counselor asks group members to discuss:

1. What is meant by *Healthily Living* (Physical, Alcohol, Food, Tobacco)?.
2. How much/daily regimen of exercise, alcohol, food, tobacco do we need?.
3. How to set a weekly goal with a link one's personal goal

❖ Counselor and participants *set Session Agenda* as:

Session Goals:

- i. Time management
- ii. Review Personal goal and steps to this); (AS3)
- iii. (PMR – Complete Set).
- iv. Share information on relevant community resources

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(10 Minutes)**

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(5 Minutes)**

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Demonstration 1

(5 Minutes)

Counselor leads participants to calculate how many minutes there are in a year and then, roughly, how long (minutes) they have been alive. Counselor explains that time controls everything – including our life. Life is actually measured by the minute!

(Answer–525,600 minutes in year which averages out to 7,884,000 minutes for a 15 year-old).

Counselor points out that how effective a person uses his/her time is one way they can help themselves reach their personal goals.

Demonstration 2: Setting Priorities

The key to prioritization is determining the most important thing to do to reach your goals.

The Big Rocks in a Jar Demonstration

Materials Needed:

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3. Now add pebbles to the jar. ***“The pebbles represent things that you want to do, but don’t need to do.***

They matter to you, but not as much as your goals and commitments. Notice that there is room for them in the jar as they fill in the gaps around the rocks.

4. Next add the sand until the jar appears to be full. ***“The sand represents all the small, unimportant time-taking tasks that are easy, and quick, to do.”***

5. Ask, ***“What is the point of this demonstration?”*** (**Participants may say that no matter how full your schedule, you can always fit more into it. This would be incorrect.**)

6. Make the point that the real moral of this exercise is that you can make time for your big rocks, but only if you put them into the schedule first and then fit everything else around and between the rocks. It may be easier to pour the smaller things into the jar, but if they fill too much of the jar there will be less room for the big rocks.

7. Ask, ***“So what will you fill your jar with for the rest of the day?”***

Discussion Time: Counselor shows this diagram to participants/or makes a sketch on the flipchart and asks participants to share with the group what they think about these two jars and the arrangement of their content in relation to the Big Rocks in a Jar Demonstration. Counselor explains the implication of not organizing the activities of our lives properly.



- ❖ Counselor leads participants to understand how to use the Time Management Matrix to set goals/priorities and to maximising ones activities.

Time Management Matrix - Determining your Priorities

1. Explain that managing your time effectively *requires an understanding of the distinction between what is important and what is urgent.*
2. *Ask participants what the difference is between important and urgent. Guide them to the understanding that:*
 - a. *Urgent means it requires immediate attention – it cannot be put off without creating problems. Urgency may affect others.*
 - b. *Importance has to do with results. If something is important to you, it contributes to your mission, goals and/or values. It is important to understand that what is important to one person, may not be important to another.*

Importance is personal.
3. Introduce the matrix by explaining that we can divide tasks into four quadrants based on what is urgent and what is important.
4. Draw and label the matrix on a flipchart and explain:
 - a. **Quadrant 1** (Urgent and Important) Where our priorities should be.
 - b. **Quadrant 2** (Not Urgent, but Important) Items in this quadrant allow you to be proactive. You should spend most of your time working on items in this quadrant.
 - c. **Quadrant 3** (Urgent but Not Important) These items could be someone else’s important items.
 - d. **Quadrant 4** (Not Urgent and Not Important) These items are considered busy work. You may use these items as an escape.
5. Break into groups of 2-3 participants. Ask each group to identify three or more typical tasks and activities that fall into each quadrant.
6. Make the point that the real moral of this exercise is that you can make time for your big rocks, but only if you put them into the schedule first and then fit everything else around and between the rocks. It may be easier to pour the smaller things into the jar, but if they fill too much of the jar there will be less room for the big rocks.
7. Ask, *“So what will you fill your jar with for the rest of the day?”*

Lesson from Activity

- a. The *most important tasks usually are not the most urgent tasks*. Yet we tend to let the urgent tasks dominate our lives.
- b. While activities that are both urgent and important must be done, *we should spend less time on activities that are not important (regardless of their urgency) in order to gain time to focus on activities that are not urgent, but important*.
- c. Focusing on these important activities allows you to gain greater control over your time and possibly reduce the number of important tasks that do become urgent.

Breakout Session Discussion (15 Minutes)

- ❖ Counselor breaks participants into 3-4 groups (3 members in a group) to brainstorm their various activities of daily living and events they would consider under the various sections of the Time Management Matrix

	<u>URGENT</u>	<u>NOT URGENT</u>
<u>IMPORTANT</u>	<u>I</u> <u>Urgent and Important</u>	<u>II</u> <u>Not Urgent, But Important</u>
<u>NOT IMPORTANT</u>	<u>III</u> <u>Urgent, But Not Important</u>	<u>IV</u> <u>Not Urgent and Not Important</u>

Getting Organized (10 Minutes)

- ❖ Counselor leads participants to discuss how one can *get organized with their activities and make maximum of their time*.

Whenever you feel *overwhelmed by too many things to do and too little time in which to do them*, sit down, take a deep breath, and list all those tasks you need to accomplish.

There are three basic options for getting organized with a heavy schedule:

1. Act on it
2. Delegate it
3. Eliminate it

Case Scenario

Meet Amida, a 34 y-o yam and vegetable trader at the Aboabo market. She lives some 4 miles away from the market. She is married with a twin, aged 3 years. Each day, she wakes up at 4.30 am, sweeps the compound, fetches water (which is about a mile away), prepares breakfast, bath the kids and send them to school by 7.45 am. She then returns home, prepare and gets to the market by 9 am. She knows people come to buy early and would have doubled her sale each day if she was able to get to the market by 7 am. She rushes home by 6 pm to prepare supper. Her husband works as a bus conductor and often stays outside town.

Rank Activities Act on Important/Urgent Goal

❖ Counselor leads participants to learn to ***Rank Activities, Select and Act on the important and urgent goals***

Before you begin this task, the counselor should assign priorities to participants:

1. A = highest importance and/or urgency
2. B = medium importance and/or urgency
3. C = lower importance and/or urgency

If you have more than one “A” priority - mark them A1, A2, A3, etc. Do the same for your B and C priorities.

Discussion: Amida’s case

Counselor leads participants to discuss how to analyse Amida’s example situation – so to identify and rank up her activities

Counselor asks:

1. What are Amida’s typical daily activities? (Have participants to list them)
2. Which of these activities do you consider as the most important? (Counselor informs participants that ‘*important*’ here means its outcome is highly desired. For instance, water may be considered important because it is needed to carry out other functions such as cooking and bathing).
3. Which activity *must/ought* to be done by Amida; *could* be delegated; or *should* be cancelled out?

Rank out Activities

❖ Counselor leads participants to list all of Amida’s daily activities and rank them out – keeping in mind which activity she must do herself, which she could delegate and which she could eliminate.

For example, Amida’s daily activities include: sweeping the compound; fetching water; preparing breakfast; bathing the kids; sending kids to school; leaving for work; and returning to prepare supper.

Amida *may choose* to rank her activities, in the order of importance (in terms of outcome and having to perform the activity by herself).

1. Bathing – kids and herself
2. Breakfast
3. School
4. Market
5. Preparing supper
5. Fetching water (or hiring someone to fetch)

Efficiency and effectiveness?

❖ Counselor explains the terms: efficiency and effectiveness and asks participants to discuss how these two terms can influence productivity and judicious time use.

Efficiency is doing things the right way. Effectiveness is doing the right things. Your ability to plan and organize your work, in advance, so you are always working on your highest value tasks determines your success as much as any other factor.

Delegate

❖ Counselor leads participants into discussing how to decide on which activity to delegate.

Counselor explains to participants that in order to delegate, they *must* first decide whether the task is something they must do personally or whether they can delegate this task to someone else who can do the job.

Eliminating an Activity

❖ Counselor explains to participants some questions to consider when eliminating an activity from a schedule.

Some tasks may **NOT** need to be done at all. Participants should eliminate every single activity they possibly can, in order to free up your time. Some questions to ask themselves before they eliminate a task are:

1. Do I really need it?
2. How will it help me?
3. Will it be useful when I need it again?
4. Is it new or unique?
5. Is it a necessary part of a project or special file (e.g. personnel file, client file, school record, tax related, etc.)
6. Would it be difficult to replace?
7. Could anything bad happen if I toss it?

Discussion Time

(15 Minutes)

❖ Both counselors lead participants in the following activity.

1. Have participants choose one of their two goals that they have difficulty reaching.
2. Help them *formulate objectives* for their goal in relation to managing their time for it. Each objective should be *specific, measurable, realistic, and have a completion date.*

Conclusion

❖ Counselor concludes the session by emphasizing that:

1. Time management is really just a fancy way of describing balancing more than one responsibility at once. Like any other skill, it takes practice.
2. The most difficult aspect of time management is holding yourself accountable for practicing the skills you've learned.
3. Regularly assess your progress to be sure you are meeting the goals you defined within the timeframe you established.
4. Frequently ask yourself, "What is the best use of my time right now?" Routinely check to see if you've kept the commitments you made to yourself and others.

DAILY GOAL AND ACTIVITY SCHEDULE

Counselor pairs up participants to discuss each other's:

1. Main goal
2. Smaller goals
3. Weekly Daily Activity Schedules

PROGRESSIVE MUSCLE RELAXATION

Counselor pairs up participants to perform the complete process in turn of PMR for their partner's evaluation.

SESSION VII
Relationships and Communication Skills

**Welcome
(5 Minutes)**

❖ Counselor welcomes participants to session

Counselor welcomes participants back to the session. Counselor *thanks and commends* participants for their commitments to the intervention. Counselor *mentions names of some* participants who have been consistent throughout and asks group members to applaud them.

**Review of Session VI
(10 Minutes)**

❖ Counselor leads participants in reviewing the lessons from the previous session

1. Counselor asks participants to share with group what they learnt from last session. Counselor adds up and gives a brief summary.
2. Counselor reminds participants about the *Big Rock in a jar demonstration and the essence for time management*.
3. Counselor recaps that managing your time effectively *requires an understanding of the distinction between what is important and what is urgent*.
4. Counselor leads participants to discussion homework assignment(s).

**Session Agenda
(5 Minutes)**

❖ Counselor sets session agenda with participants

Set Session Goals Together

Counselor sets session agenda as:

- i. Relationships and Communication (building relationships, conflicts in relationships, listening skills, communication skills, rewarding good behavior)**
- ii. (PMR - Set 7)**
- iii. Activity Schedule**
- iv. Review of session**
- v. Assignment**

Case Scenario

- ❖ Counselor narrates the following case scenario. Counselor asks participants to imagine that they were Fusena.

Fusena is half way through with preparing supper. She's a bit late with her meals today. She looks very exhausted. She spent the whole day at the market shouting to draw customers' attention to her yams at the Tamale market. She heard the door opened. She knew it was her husband because she could hear her two children playing outside. Mr. Mustapha opened and banged the door behind him, walked past the kitchen and headed towards the bedroom without saying a word to his wife. He also did not respond to his wife's greeting. Fusena is worried

Discussion Time

- Counselor asks participants what Fusena would think as Mustapha walked past the kitchen without a word.**
- What would you assume might be the problem?**
- How would you (Fusena) react?**
- 1. Discuss mind reading and its problems.**
- Ask participants to come up with several reasons which might explain why Mustapha came in this way?**
- How can Fusena respond to her husband?**
- What would the results be?**
- Have participants pretend to be Mustapha and respond to Fusena.**
- Emphasize the importance of communicating in relationships and not relying on mind reading.**

Discussion Time (Building Relationships)

- ❖ Counselor leads participants to discuss the factors necessary in building a lasting relationship. Counselor asks: ***“What is important for a lasting relationship?”*** Counselor solicits and writes participants' responses on the flip chart and adds up as:
 - Trust
 - Love

**Introduction
(10 Minutes)**

3. Understanding
4. Co-operation
5. Good communication
6. Mutual respect
7. Support/reciprocity
8. Fun

- ❖ Counselor introduces new concept: *Relationship and Communication Skills*

Our relationships with other people have a ***great impact upon every aspect of our lives***. **The essence of relationships is communication**; and yet, even between people who care deeply for each other, ***communication sometimes becomes blocked***. We cannot put our feelings into words. For example, our spouse/colleague speaks but we do not hear. We stare helplessly in silence, or in frustration we launch attacks that drive us further apart. Lessons on communication skills help us to break through these sorts of impasse.

Poor communication skills can damage all our relationships. ***This can affect our performance at work, our self-confidence and our physical health. Imagine how your life would be different if you were to gain these skills! If you could effectively assert your rights, yet without aggression. If you could present information in the best way to enable others to be influenced by what you say. Can you imagine what effect this would have on your self-confidence and self-esteem!***

Many issues at work and at home could simply disappear! Imagine what it would be like to be an excellent communicator!

Conflicts in Relationships (10 Minutes)

- ❖ Counselor explains conflicts, and its influence on interpersonal communication and relationships

Usually conflict in relationships is considered *normal, natural and inevitable*. Although conflict is normal and natural in that it does happen, and it is inevitable in that it might continue to happen, but that does not mean that it must happen. Conflict is a *result of neglecting our obligations to others and going against our moral sense of what is right and wrong*. A good sign that this has occurred is that we blame other people for the conflict and give excuses to prove our innocence.

1. Counselor asks participants to come up with *common sources of conflicts in everyday life*. Re-cite the *tro-tro mate* example, and have two or three people give local examples.
2. Counselor then asks participants *how they would resolve the conflicts* they have described. Counselor then proposes your steps for conflict resolution beginning with the *“I” Message*.

The “You” Message

- ❖ Counselor explains the *“You” Message*, and asks participants to guess the implications of communicating with the *“You” Message*.

Most of the messages we send to people about their behavior are *“you” messages* – messages that are directed to the other person and have *a high probability of putting them down, making them feel guilty, making them feel their needs are not important, and generally making them resist change*. Examples of *“you”* messages are usually orders or commands (*“Stop doing that”, “Get onto the motorcycle”*), or blaming or name-calling statements (*“You are acting like a baby! You are driving me crazy”*). The worst of all *“you”* messages is the if.....then threat (*“if you don’t.....then I will”*).

Example of an “I” Message:

❖ Counselor explains the “I” Message with an example situation

A wife, who is deeply hurt by her husband’s ingratitude, would, instead of telling him: “You are an ungrateful being, you never appreciate what I do for you”, rather say:

“When I try to help you and you don’t say anything, I feel confused because I don’t know how you feel about my help”

The “I” message takes out the blame, and lets the listener hear the feelings of the speaker. This allows them both to take responsibility for their own actions. *In this manner, “I” messages build relationships and equally importantly, they do not place the sender in position of enforcing a new behavior as is frequently the case with the “you” messages.*

“You” vs “I” Messages

❖ Counselor compares the “You” and the “I” Messages

“You” vs. “I” Messages

When we express what we feel, instead of what someone else did wrong or blaming someone else for what we are feeling, we are taking responsibility for our communication. It is important, also, to take responsibility for how we talk about our feelings, **avoiding harsh or sarcastic tone of voice**. Try changing the following “you” messages to “I” messages. Include the specific behavior, the feeling you have about it, and the effect on you. Think of a situation you’ve experienced.

Example

When you.....
I feel.....
because.....

“You” vs. “I” Messages

Counselor asks participants to complete the following sentences by changing the “you” messages to “I” messages.

1. **“You make me mad.....**
.....
2. **“You are never ready on time.....**
.....
3. **“You’re so unkind.....**
.....
4. **“You don’t ever do your share.....**
.....
5. **“You don’t make enough time for me.....**
.....

Breakout Session (10 Minutes): Counselors lead participants in this pair-up activity

Pair up and arrange sitting to face each other. Imagine/consider your group partner sitting in front of you as *your spouse, friend, co-worker, child or any person you wish to have an effective communication with*. Take turns for every step in this exercise.

Counselor asks participants to look their paired partners in the eye and complete the following sentences in any way they wish to:

1. *“I am very sorry for.....”*
2. *“Please forgive me. This will not happen again”.*
3. *“I’d like to know what I did that upset you”*
4. *“Can you please explain why this has happened?”*
5. *“I like being with you, but when you do this, I feel”*
6. *“Can you please help me to”*
7. *“My dear wife/husband, would you please be available today to.....”*
8. *“Can you please look after the baby this evening while I get my hair fixed, I shall not be long.....”*

Listening Skills (10 Minutes): Counselor explains the importance of good listening skills in communication and relationships:

Listening is a skill that can be learned. It takes practice, though, because we are conditioned to talk and be heard by others. We are not necessarily conditioned to hear what others are saying. Good listeners listen in order to understand. They are not getting ready for what they are going to say next.

Counselor asks participants to list the *characteristics of good listeners*; and adds the following:

- i. “listen” to non-verbal clues (facial expression, voice tone, posture)
- ii. don’t jump ahead of the speaker
- iii. give the speaker time
- iv. show interest and alertness
- v. do not interrupt
- vi. clear up misunderstanding before they begin their own talk.

Counselor and assistant counselor pairs up for the following demonstration first, then ask participants to pair and perform.

Exercise #1

Counselor appoints one partner as a speaker, and the other a listener. Counselors asks the speaker to talk about the plans and dreams he/she has for him/herself and the family. Counselor asks the partner who is supposed to be listening give the one talking plenty of advice, interrupt, makes judgmental comments during the conversation. Counselor asks the participants to point out what the listener is doing wrong and coach him/her how to be a better listener.

Exercise #2

Counselor asks participants to reverse their speaker/listener roles. Counselors asks the speaker to talk about the plans and dreams he/she has for him/herself and the family. Partner listens responsively, attentively, without interrupting or advising or putting them down. Counselor asks the speaker how he/she felt.

Communication Stoppers (15 Minutes): Counselor asks participants what attitude and behavior stops good communication. Counselor thereafter explains *Communication Stoppers* as:

Habits of poor communication are usually learned when we are children. We continue to use them with our children, continuing the process.

Counselor asks participants for factors that impede good communication, and therefore the relationship. Counselor adds up as:

1. **BLAMING:** Family members frequently blame each other trying to find out who is at “*fault*”, who stated it and so forth. Blaming hurts feelings, resulting in arguments and reduces self-esteem.
2. **INTERRUPTING:** When someone interrupts another, it is a sign that one idea is better than another. Frequent interruptions stops clear communication and show disregard for other people’s idea.
3. **TALKING FOR SOMEONE:** Talking for someone, like saying, “*we feel happy, don’t we?*”, is a way of communicating that the other person is not an individual with his/her own ideas. Without knowing why, the person talked for feels unimportant, dependent on others and lacks self-understanding.
4. **DISTRACTING:** When someone talks to another, the receiver may disrupt communication by distracting the speaker.

Wife: “*My dear, please are we going to visit Stella in school next Saturday*”.

Husband: “*Can you imagine who I met in town today*”.

5. **INCONGRUENCE:** This means that what a person says is not matched by her/his actions or feelings. Much of the time we don’t recognize when we are incongruent, but someone attempts to hide feelings, or is unaware of feelings, then incongruence may be observed.
6. **WITHDRAWAL:** We frequently make the mistake of believing that not talking is a way to not communicate. But, avoiding conversation in families communicates hurt, rejection, neglect, indifference, and/or anger.

Communication Stoppers

Counselor explains that when we think we are listening, we are often involved in a series of communication stoppers. *Counselor asks participants to tell which of the communication stoppers they dislike most when they are aimed at them; and tell the ones they think they often do to other people.*

- | | |
|-----------------------|-----------------|
| 1. Blaming | 4. Incongruence |
| 2. Interrupting | 5. Withdrawal |
| 3. Talking to someone | 6. Distracting |

PMR & Activity Schedule

Counselor asks all participants to demonstrate the complete set of PMR. Counselor gives his/her comments thereafter.

Counselor inspects participants' *Weekly Activity Schedule* forms and clarifies any questions raised by participants.

Session Review & Homework

Counselor reviews session by:

- i. Asking the participants about the importance of good communication in a relationship.
- ii. Asking participants to construct a “*you*” message and change an “*I*” message.
- iii. Asking participants to list the characteristics of good listeners.
- iv. Counselor asks participants to evaluate their communication styles and document/keep in mind factors that good communication (communication stoppers), and therefore their relationship to share with members during the following session.

Homework:

- v. Amida, an extrovert, is always involved in a quarrel because people find her irritating and “*not a nice person to converse with*”. She’s argumentative and hardly allows others to talk when chatting with them. Identify the communication problems with Amida and suggest ways she can become a better communicator.
- vi. Counselor asks participants to bring a long a mirror to be used in the next session. Counselor gives no clue about what the mirror would be used for.

SESSION VIII
(Building Self-esteem)

**Welcome
(5 Minutes)**

- ❖ Counselor welcomes participants to the session

Counselor welcomes and asks members to *welcome each* other and to enquire how members' week had been and how it was coming for the session. *A member is asked to tell his/her favorite song - and the group helps in singing.*

**Review of Previous
Sessions (5 Minutes)**

- ❖ Counselor leads participants in reviewing the previous sessions

- Asks participants to share some of the skills/lessons they have learned since partaking in the intervention and how useful they have been to them.
- Asks participants to tell what new skill/knowledge was learnt in the last session.
- Asks participants to share how they were able to apply the lesson learnt throughout the intervention and during the last intervention in particular, in aspects of their lives.
- Reviews previous session and homework assignment(s)

Session Agenda

- ❖ Counselor sets Session Agenda with participants

Counselor welcomes participants to session and begins session by jointly setting the session's agenda:

- Building Self-Esteem; being good to yourself and others, building friendships.**
- (AS4: Goal Setting & Time management: Weekly & Daily Activity Schedule)**
- (PMR – Complete Set)**

**Introduction
(10 Minutes)**

- ❖ Counselor introduces the concept of *Self-esteem*

Remember our first sessions when we talked about *the way we think and how our thinking affects the way we feel?* Well, today we are going back to that lesson and we are going to discuss *positive thoughts that would make us feel good about ourselves.* So we will be talking to ourselves very much in this session.

Self-esteem (10 Minutes)

❖ Counselor explains *self-esteem* as:

You may think of self-esteem as your *inner voice* – *the voice that tells you whether you are good enough to do or achieve something*. **Self-esteem is about how we value ourselves, our perceptions and beliefs in who we are and what we are capable of.** Our self-esteem can be misaligned with other people's perception of who we are.

However, self-esteem has little to do with actual talent or ability. *It's quite possible for someone who is good at something to have poor self-esteem, while someone who struggles at a particular topic might have good self-esteem.* For example, a person might think *“I have to give a speech at church tomorrow and I'm dreading it. I know I'm no good,”* even though they are experienced and successful. Another person may be determined to give a good speech and focuses on feeling more confident about the result, even though they display less talent than the first person.

It is easy to see how a lack of self-esteem can influence how a person behaves, not to mention what they achieve in their lives.

Discussion Time (10 Minutes)

❖ Counselor leads participants to perform the following activity

Counselor asks participants to relax in their chairs, close their eyes and complete the following sentences:

1. *“I am*”
2. *“I am happy about.....”*
3. *“I have the skill/ability to.....”*
4. *“In terms of my skill/ability, I feel/think.....”*
5. *“Most of the time, I feel about myself because.....”*
6. *“I don't consider myself a failure when I'm unable to*”

How to Improve Your Self-Esteem (20 Minutes)

1. Watch Your Internal Dialogue

Counselor asks participants to say one or two **Positive Internal Dialogues** to themselves either by looking in a mirror or to their partners. Keep doing this after each point!!

❖ Counselor asks participants to share how one can improve his/her self-esteem. Counselor writes responses on the flipchart, and adds up as:

❖ Counselor re-emphasizes the thought patterns and the need to maintain positive internal dialogues

Positive internal dialogue is a big part of improving our self-esteem. Instead of saying things like *'I'm not good enough'* or *'I'm a failure'*, you can start to turn things around by saying *'I can beat this'* and *'I can become more confident by viewing myself in a more positive way.'* To begin with, you will catch yourself falling back into old negative habits, but with **regular effort** you can start to feel more positive and build your self-esteem as well.

2. Help Yourself and Seek Help from Others

You cannot achieve everything in a day, but you can start taking steps to enhance the way you feel. *If you are addicted to drugs or you have problems with drinking too much, for example, take steps to get help.*

3. Gain Control of Yourself

Do not be critical of yourself to others. Whilst it can be useful to confide your concerns to someone you trust, telling the world is something else. **Be kind to yourself. Make a list of your good qualities and believe them, believe in yourself.**

4. Don't Be a Complainer

Everyone has problems, so why should yours be greater than others? **By being negative you can isolate yourself from others and cut yourself off from solutions to problems.**

5. Learn to Relax

Allow time for yourself each day. This may only be a few minutes, but it is important to be quiet and to unwind. **Remember to do your Deep Breathing and Progressive Muscle Relaxation.**

6. Boost Your Own Moral

Allow yourself a treat from time to time, especially if you have overcome a problem in personal life. **What would you do to child, younger sister or brother after they have done something good? Give same treat to yourself!!**

7. Congratulate Yourself

Congratulate yourself on a job/task well done and perhaps tell a friend. Do not always be the one to give out praise, you need some too. Justified praise is a good boost to morale.

8. Learn to Channel Your Anxiety and Tension Positively

When you are nervous, adrenalin is pumped through the body and you feel more keyed up and alert. Counselor asks participants to consider how they put their tension to good use, and thereafter explains the need to channel such 'energy' to good use.

9. Learn to be Assertive

Stand up for what you believe in and do not be pressured by others. Remember the skills from the session on the techniques of assertiveness.

You don't have to live with poor self-esteem.

By taking positive steps towards practical solutions, you can start moving in the right direction and boost your self-esteem.

Improvements Will Come in Small Steps

It is difficult to go from poor self-esteem to positive self-esteem overnight. Instead you will find you make small improvements over a period of time. Try and stay in touch with how you feel during the day. Do you feel good about yourself? Why is that? If you feel low and you sense negative thoughts running through your mind, ask yourself why this is the case. **Half the battle to conquering poor self-esteem is to identify when and why you feel a certain way.** If you find exercise is a big mood booster you can build more of it into your day. If you find you feel low if you are on your own, you can make plans to get out and about more often.

Goal Setting:

Counselor asks participants to take turns in sharing about the progress and outcome of the goal they had set to be attained by the end of the 12th week. Participants are asked to share in details the break-down goals intended to achieve the major goal.

Time Management:

Counselor inspects participants' *Weekly and Daily Activity Schedule* Forms for comments and inputs.

Counselor praises participants who use the Activity Schedule. Ask how it helped them, and the difference it made. This will help those who do not use the schedule or manage their time.

Assistant counselor helps participants to write down their goals in the work-out note books.

Session Review And Homework Assignment

1. Counselor reiterate the subthemes on the *self-esteem (Positive self-talk; being good to oneself)*. Counselor asks participants *what is self-esteem; why do people experience low-self-esteem; and ways to improve self-esteem*.
2. Counselor leads participants to perform a complete cycle of PMR.
3. Counselor asks participants to speak *words of affirmation* to themselves in the mirror each morning, and speak affirmations to those around them too. Participants share how they feel with group the following week.

Homework:

4. Counselor asks participants to identify and share recurring factors in their lives which they consider as contributing to their experience of low self-esteem; and state how they intend to employ the lessons learnt in this session to combat their feeling of low self-esteem. This is to be shared with the group next week.

SESSION IX
Anger Management

Welcome

- ❖ Counselor welcomes participants to session

Counsellor asks members to *welcome each* other and to enquire how members' week had been. *A member is asked to tell his/her favourite song - and the group helps in singing.*

**Review of Previous Session
(10 Minutes)**

- ❖ Counselor leads participants to *review Previous Session*

Counselor asks group members:

1. What self-esteem mean?
2. How can someone improve his/her self-esteem?
3. Discuss homework assignment(s)

**Session Agenda
(5 Minutes)**

- ❖ Counselor sets *Session Agenda* with participants

Counselor sets session agenda with participants as:

1. **Discussion of homework assignment(s)**
2. **Session objectives:**
 - i. **Anger Management**
 - ii. **Review Sessions I – IV**
 - iii. **(AS 5: Setting time aside for relationship) (PMR – Complete Set).**
3. **Homework Assignment(s)**

Introduction

❖ Counselor introduces new concept: *Anger Management*

Anger management is a term used to describe the *skills you need to recognize that you, or someone else, is becoming angry and take appropriate action to deal with the situation in a positive way.*

Anger is a perfectly *normal human emotion* and, when dealt with appropriately, can even be considered a healthy emotion. We all feel angry from time to time, yet this feeling can lead us to say or do things that we later regret. *Anger can reduce our inhibitions and make us act inappropriately.*

Discussion Time

❖ Counselor leads participants to discuss the following

1. Anger management does not mean internalizing or suppressing anger.
2. Counselor asks participants the signs that somebody is not expressing anger appropriately.

**Anger Barometer:
When is Your Anger
a Problem?**

❖ Counselor discusses with participants *when* anger becomes a problem and requires professional assistance.

1. Your behavior has led to any sort of criminal or civil wrongdoing.
2. You are violent towards your partner, children or other people.
3. You threaten violence to people or property.
4. You have outbursts of rage which involve deliberately breaking things.
5. You have constant arguments with people close to you, your spouse/partner, parents, children, colleagues or friends.
6. You feel angry frequently but internalize the emotion.

**Breakout
Session
(15 Minutes)**

- ❖ Counselor breaks participants into groups of 2-3 each to brainstorm the following questions. Each group then shares their responses.

1. What's usually goes through your mind when you get angry?
2. How does your body respond/react to your anger?
3. What behavior/action do you display when you are angry?

Anger Self-Management Techniques

- ❖ Counselor asks participants how they manage their anger. Counselor writes responses on the flipchart and compliments

**Take Regular
Exercise and
Keep Fit**

The hormones that we release when we are angry - mainly *cortisol and adrenaline* - are similar to those produced when we are stressed/and or in danger to help us to escape from danger. *When you exercise regularly your body learns how to regulate your adrenaline and cortisol levels more effectively. People who are physically fit have more optimum levels of endorphins; endorphins are hormones that make you feel good and therefore less likely to feel angry.*

Sleep

Sleep is an *important part of life* and good quality sleep can help combat many physical, mental and emotional problems, including anger. When we sleep, the *body and mind rest and rebuild damaged cells and neural pathways*. The optimum level of good quality sleep is about *7 hours a night*, however everybody is different and you may need more or less than this.

**Plan ‘Difficult’
Conversations**

If you are worried about having a conversation that may leave you feeling angry then try to take control of the situation. *Make notes (or make a memory of the list of issues) beforehand*, planning what you want to say in a calm and assertive way. You are less likely to get side-tracked during your conversation if you have rehearsed and sought good counsel from a trusted and trustworthy other.

Express Yourself

Wait until you have *calmed down from your anger and then express yourself in a calm and collected way*. You need to be assertive without being aggressive. Remember: *“When angry don’t respond”*

**Don’t Hold
Grudges**

We all need to accept that *everybody is different and that we cannot control the feelings, beliefs or behaviors of others*. Try to be *realistic* and accept that people are the way they are, not how we would like them to be. *Being resentful or holding a grudge against somebody will increase your anger and make it more difficult to control*.

Pick Your Time

Avoid conversations that may make you angry when you are *feeling tired, distracted or stressed*. We are more likely to feel and behave in an angry way when there are other worries on our minds.

Humour

It is easy to use inappropriate sarcasm when angry; resist the temptation to do this and instead work on introducing some good humour into potentially difficult conversations. If you can introduce some humour then resentment will be reduced and your mood lifted.

**Breathe
and Relax**

Slowly

Try to reverse the physical symptoms of anger by practicing some simple breathing exercises. *Breathing exercises can help you to relax and slow your heart rate to more normal levels*.

Session Review And Homework Assignment

1. Counselor reiterates the subthemes on Anger Management (*Identifying when anger becomes a problem; Anger Self-management techniques*).
2. Counselor asks a volunteer to lead in performing the complete cycle of PMR.
3. Counselor asks participants to speak *words of affirmation* to themselves each morning, and speak affirmations to those around them too. Participants would share how they felt with the group the following week.

Homework Assignment:

4. Counselor asks participants to discuss the session's lessons with non-participants and together identify the most common factors that causes anger, and the ways by which people can manage their anger. Participants would share their findings with group during the next session.

SESSION X
Assertiveness Skills

Welcome

- ❖ Counselor welcomes participants to session

Counselor welcomes and asks members to *welcome each* other and to enquire how members' week had been and how it was coming for the session. *A few members are asked to share their experiences and lessons/skills they had learned from the intervention.*

**Review of
Previous Session
(5 Minutes)**

- ❖ Counselor leads participants in reviewing the previous sessions.
Counselor:

1. Leads participants to review Sessions I to IX
2. Asks participants to tell what new skill/knowledge they learnt in the *last session (anger management)*.
3. Asks participants to share how they were able to apply the lesson learnt from the last session in aspects of their lives.
4. Discuss homework assignment(s)

Session Agenda

- ❖ Counselor sets Session Agenda with participants

Counselor sets session agenda with participants as:

1. Discussion of homework assignment(s)
2. Session objectives:
 - i. Assertiveness Skills
 - ii. (AS 6: Goal Setting Revision) (PMR – Complete Set).
 - iii. Share information on relevant community resources
3. Homework Assignment(s)

Introduction

- ❖ Counselor introduces the concept of *Assertiveness*

In this session, we are going to learn some simple tips and techniques that can help participants to improve our assertiveness skills and also help others to express themselves in a more assertive way. Being assertive can help us to feel better about ourselves: improving self-esteem and personal confidence. *Assertiveness means being self-assured and confident without being aggressive.*

Basic Assertiveness Skills (5 Minutes)

- ❖ Counselor discusses the Basic Assertiveness Skills

Counselor explains the Basic Assertiveness Skill as:

- 1. Ask permission to talk**
- 2. Describe the aversive situation (when you do this, then I feel this)**
- 3. Say why it bothers you**
- 4. Say what change you want.**

Remember: Desired outcome is not always reached

Specific Assertiveness Skills

- ❖ Counselor discusses some selected assertiveness skills and teaches participants how to use them in their everyday living.

Fogging

Fogging is a useful technique if people are behaving in a *manipulative or aggressive way*. Rather than arguing back, fogging aims to give a *minimal, calm response using terms that are placating but not defensive*, while at the same time not agreeing to meet demands. By not responding in the expected way, in other words by not being defensive or argumentative, the other person will cease confrontation as the desired effect is not being achieved. When the atmosphere is less heated, it would then be possible to discuss the issues more reasonably.

Fogging Example Situation

A: "What time do you call this? You're nearly half an hour late, I'm fed up with you letting me down all the time."

Fogging response:

B: "Yes, I am later than I hoped to be and I can see this has annoyed you."

A: "Annoyed? Of course I'm annoyed, I've been waiting for ages. You really should try to think about other people a bit more."

Fogging response:

B: "Yes, I was concerned that you would be left waiting for almost half an hour."

A: "Well... why were you late?"

The Stuck Record Technique

The Stuck Record technique employs the key assertive skill of '*calm persistence*'. It involves repeating what you want, *time and time again, without raising the tone of your voice, becoming angry, irritated, or involved in side issues.*

Stuck Record Example Situation

A: "I bought these shoes last week and the heels have fallen off. I would like a refund please."

B: "It looks like they've been worn a lot and these shoes were only designed for occasional wear."

Stuck Record technique response:

A: "I have only had them a week and they are faulty. I would like a refund please."

B: "You cannot expect me to give you your money back after you've worn them out."

Stuck Record technique response:

"The heels have fallen off after only a week and I would like a refund please."

...and so on

Positive Enquiry

Positive enquiry is a simple technique for handling positive comments such as praise and compliments. People often struggle with responding to praise and compliments, especially those with lower self-esteem as they may feel inadequate or that the positive comments are not justified. It is important to give positive feedback to others when appropriate but also to react appropriately to positive feedback that you receive. *Positive enquiry is used to find out more details about the compliment or praise given, and agree with it*

Positive Enquiry Example Situation

Sender:

"You made an excellent meal tonight, it was delicious!"

Receiver:

"Thanks. Yes, it was good. What did you like about it in particular?"

This is different from a passive response that may have been:

"It was no effort" or "It was just a standard recipe"

Negative Enquiry

Negative enquiry is a way to respond to more negative exchanges such as receiving criticism. Negative enquiry is used to *find out more about critical comments* and is a good alternative to more aggressive or angry responses to criticism.

Negative Enquiry Example Situation

Sender:

"That meal was practically inedible, I can't remember the last time I ate something so awful"

Receiver:

"It wasn't the best, exactly what didn't you like about it?"

This is different from an aggressive response that may have been:

"How dare you, I spent all afternoon preparing that meal" or "Well that's the last time I cook for you"

Breakout Session (15 Minutes)

- ❖ Counselor breaks participants into groups of 2-3 members and guides them to perform the following activities.

- 1. Counselor asks participants to practice a case scenario.**
- 2. Have participants come up with situations where they have not been assertive and let their partner coach them and they practice and then swap.**

Session Review And Homework Assignment

1. Counselor asks the following questions:
 - a. What does being assertive mean?
 - b. What are some of the good things about being assertive?
 - c. What do we need to do to become assertive?
 - d. What assertiveness skill(s) have you learnt today?
2. Counselor leads participants to perform a complete cycle of PMR.
3. Counselor asks participants to speak *words of affirmation* to themselves in a mirror each morning, and speak affirmations to those around them too. Participants share how they feel with group the following week.

Homework Assignment:

Teach 6 people about basic assertiveness skills. Share with them the importance of being assertive. Pose the example situations discussed and find out how they would handle them. Share experiences with group during the next session.

SESSION XI
(Living Healthily)

**Welcome/Pleasantries
(5 Minutes)**

Counselor asks members to *welcome each* other to the last but one session of the intervention and to enquire how members' week had been. *A member is asked to tell his/her favorite song - and the group helps in singing.*

**Review Previous
Session
(10 Minutes)**

❖ Counselor *reviews Previous Session*

Counselor asks group members to:

- i. describe the *Conflict Resolution Process*
- ii. discuss the essential skills for handling conflicts
- iii. discuss the Principles Needed for Effective Conflict Resolution
- iv. describe how to prepare a *Daily/Weekly Activity Schedule*
- v. discuss homework assignment

**Session Agenda
(5 Minutes)**

❖ Counselor and participants *set Session Agenda* as:.

1. Living healthily; eg Physical and Psychological illness, Alcohol and other substances;
2. Daily healthy regimen (Exercise, healthy eating, Spirituality)
3. (AS2: Setting a weekly goal and links with the personal goal)
4. (PMR - Set 5)
5. Session Review and Homework Assignment

LIVING HEALTHILY

Introduction to Healthy Living (10 Minutes)

- ❖ Counselor asks participants what they understand by “*Health*” and “*Healthy Living*” and complement up as:

A healthy lifestyle is a way of living that *lowers the risk of being seriously ill or dying early*. When you adopt a healthy lifestyle you *provide a more positive role model for other people in your family, particularly children*. You will also *create a better environment for them to grow up in*. By helping them to follow a healthier lifestyle you will be contributing to their wellbeing and enjoyment of life now and in the future.

Scientific studies have identified certain types of behavior that contribute to the development of non-communicable diseases and early death. Health is not just about avoiding disease. It is also about physical, mental and social wellbeing. This session will help us change our behavior and improve our health in order to live healthier, longer lives.

I. PHYSICAL ACTIVITY (10 Minutes)

- ❖ Counselor asks participants for their *predominant Physical Activity* and the essence of being physically active. Counselor then introduces Physical Activity as:

Physical Activity is necessary to *stimulate the body’s own natural maintenance and repair system*. Your bones, joints and muscles – especially your heart – will actually stay younger if you *keep them busy*. If you are not Physically Active you increase your Health Risks in many ways.

Whatever your age, Physical Activity plays an important part in your health and wellbeing. Some people think it is only sportsmen and women who need to build Physical Activity into their lives. However EVERYONE needs to keep their bodies working well in order to be healthy.

Discussion (5 Minutes):

Counselor asks participants for the *health risks of physical inactivity to the individual, and the family*. Assistant counselor writes participants responses on the flip chart

❖ Counselor complements participants' responses with:

Risks to the individual:

Coronary heart disease; Strokes; High Blood Pressure; Breathlessness; Flabby body; Little energy; Stiff joints; Osteoporosis; Poor posture; Overweight.

Risks to the family:

Lack of energy for your sexual relationship; Lack of energy for your children and grandchildren; Poor role model.

Have a look at this chart which shows some Physical Activities and choose which ones are appropriate to your way of life and your needs:

ACTIVITY	STAMINA	STRENGTH	SUPPLENESS
Climbing stairs	***	**	*
Cycling (hard)	****	***	**
Dancing (folk)	*	*	***
Dancing (disco)	***	*	****
Digging (Garden)	***	****	**
Football	***	****	***
Gymnastics	*	***	****
Housework (moderate)	*	*	**
Jogging	****	**	***
Swimming	****	****	****
Walking briskly	**	*	*
Walking (over hills)	***	**	*

Key: *No effect; **Beneficial effect; ***Very good effect; ****Excellent effect

**Action Plan
(5 Minutes)**

Counselor asks participants to share what they can do to start/maintain their physical activity. Participants' responses are written on the flip chart. Counselor compliments participants' responses with the following:

1. If you are not physically active **IDENTIFY WHEN** you could be more physically active and **HOW** (e.g. put more physical effort into housework; walk briskly, get off the bus one stop earlier, play sports).
2. **START SLOWLY – DON'T** do too much too soon. Listen to your body: if you experience dizziness, nausea, pain and extreme tiredness you are doing too much too soon.
3. If you are comfortable with what you are doing increase the amount of exercise and **BUILD IT UP GRADUALLY**.
4. **AIM** at half an hour of **MODERATELY INTENSE** Physical Activity **FIVE** or more days a week

WHAT YOU WILL ACHIEVE

1. You will be **LESS** at risk from major illnesses and minor ailments such as colds.
2. You will have **MORE ENERGY** to spend on living.
3. You will **FEEL MORE HEALTHY**.

II. HEALTHY EATING

- ❖ Counselor asks participants what they understand by “*Healthy Eating*”. Assistant counselor writes responses on the flipchart.

Introduction

It is important to *enjoy the food you eat*. And eating in a healthier way may even be cheaper! Some traditional beliefs of what makes up a healthy diet may be really good, such as eating home-preserved vegetables, but other traditional beliefs are disease-promoting, e.g. eating large quantities of fatty meat daily. *Recent evidence has shown that eating too much meat with animal fat is risky to our health.* Only very small amounts of lean meat are needed – and not every day. *In fact, the less meat and animal fat we eat the better!* Being healthy has a lot to do with **WHAT** you eat – choosing the right food.

Discussion Time:

Counselor asks participants to share/discuss about the food varieties they often consume and the quantity of the various food components/nutrients in their diet.

Counselor explains the *health risks of consuming too much or less of particular class of food*. Counselor further explains the risks of consuming too much animal fats, salt and refined sugar.

Risks from Unhealthy/ Fatty Diet

- ❖ Counselor explains the *risks of unhealthy diets to the individual and family*

Risks to the individual:

Coronary heart disease, high blood pressure, non-insulin dependent diabetes, constipation, joint pain, being out of breath. Your risks multiply if you eat too much animal fat, smoke, drink alcohol and take very little exercise.

Risks to the family:

Coronary heart disease, development of bad eating habits, poor life expectancy.

Discussion Time:

Counselor leads participants in discussing the benefits of consuming the following, taking their QUANTITIES IN A SERVING into consideration:

1. YAM, BREAD, RICE AND CEREALS eg beans
2. VEGETABLES eg cabbage
3. FRUIT eg orange, banana
4. MEAT AND FISH
5. MILK AND DAIRY PRODUCE eg milk, waagashi
5. FATS, OILS AND SUGAR

Action Plan

Counselor asks participants to share what they can do to start/maintain a good eating habit. Counselor compliments participants' responses with the following:

1. Do your traditional recipes give you a healthy diet? If they contain Yam, Beans, Bread, Rice, Vegetables and Fruit, continue to enjoy them.
2. Try not to be tempted to switch to imported processed "*Western*" foods. These may be **TOO RICH IN FAT and sugar** will increase many of your health risks.
3. If you have the OPPORTUNITY TO CHOOSE what you eat, make sure most of your food comes from Yam, Rice, Cereal, Vegetables and Fruit.
4. If you have very LITTLE CHOICE over what you buy vary the method of cooking to avoid eating too much fat (boil, steam or grill foods rather than frying them) and try to introduce fresh locally-produced vegetables and fruit whenever you can.
5. Grow and eat MORE vegetables of all kinds and harvest them when you need them.
6. If you eat a lot of foods rich in animal fats and oil try to reduce the quantity and do not add extra fat or oil when cooking vegetables.
7. AVOID ADDING SALT to your meals at the table –however, when you do use salt in cooking ensure that you buy IODIZED SALT which prevents iodine deficiency.

III. ALCOHOL

- ❖ Counselor leads participants to *discuss the various uses of alcohol as a country, community and as individuals*. Counselor then explains the effects of alcohol abuse as:

Drinking small amounts of alcohol can be *a pleasant social activity* for many people. However *as the amount we drink and the number of times we drink increases, so do the risks. With time, more alcohol is needed to cause a desired effect (tolerance). Alcohol abuse also predisposes a person to use other substances, such as marijuana.*

- ❖ Counselor asks participants to discuss the *risks of alcohol abuse to the individual, family and pregnant women*. Counselor thereafter explains as:

Risks to individual:

Raised blood pressure, which increases the risk of Stroke; stomach disorders; depression and emotional disorders; cancers, particularly of the mouth, throat and gullet; hepatitis and cirrhosis of the liver; malnutrition; accidents at home, at work and on the roads; suicide.

Risks to the family:

Violence, accidents (perhaps influenced by you); less to spend on food; poor role model for children; increased risk of divorce.

Risks to pregnant women:

Suffer the individual problems stated above. The unborn baby will suffer "Fetal Alcohol Syndrome", which is characterized by retardation of mental development and of physical growth, particularly of the skull and face.

IF YOU ARE PREGNANT OR BREASTFEEDING you can damage your baby by drinking Alcohol. If you don't drink Alcohol DON'T START. If you do drink Alcohol you can lower your health risks by CUTTING DOWN or even STOPPING NOW!!

ACTION PLAN

Counselor asks participants to share what they or someone who drinks alcohol can do to stop/reduce alcohol consumption habit. Counselor compliments participants' responses with the following:

1. Monitor your Alcohol drinking PATTERN – WHEN do you drink Alcohol and WHY?
2. Become AWARE of the consequences of drinking TOO MUCH Alcohol.

3. Take special notice of times when you have drunk TOO MUCH
4. Decide to CUT DOWN on Alcohol
5. Ask your friends and family to PRAISE you when you drink less
6. Work out ways you can AVOID Alcohol
7. Select ALTERNATIVE things to do when you are tempted to use Alcohol
8. Practice how to say “NO”! If you RELAPSE remember you are human! Learn from your mistakes and TRY AGAIN. The chances are you WILL BE SUCCESSFUL.

Discussion Time:

Counselor asks participants if they could *tell the quantity of alcohol in local alcoholic beverages* eg. “*pito*”, “*akpetshie*” etc. Counselor states that it’s difficult to calculate the Standard Unit for akpeteshie, for instance because we do not know the alcohol content, making it dangerous when we abuse it.

- ❖ Counselor asks “*How much Alcohol can you drink with LOW RISK?*”, notes participants’ responses and explains the “Unit of Alcohol”

One UNIT of Alcohol contains about 10 g of alcohol and is roughly equivalent to: 1 bottle (250 ml) of ordinary strength beer (4 - 5 % alcohol), 1 glass (100 ml) of wine, 1 SMALL glass of vodka (25 mg of vodka).

BEWARE: Drinks often contain TWO or MORE UNITS in a single glass!

If you drink up to two units a day of alcohol free from impurities there is little chance of any risk to your health. If you regularly drink more than two units a day there is an increasing risk to your health. If you drink more than four units in any one day there is an increased risk of injury and accidents as well as an increasing risk to your health.

IV. TOBACCO

- ❖ Counselor explains that *smoking is the greatest single self-imposed risk to one’s health*. Counselor asks participants for the health risks of tobacco smoking to the individual, family and babies/pregnancy; and complements with the following:

Risks to the individual:

Respiratory illness, coronary heart disease, throat cancer etc

Risks to family:

Respiratory illness, chest, nose, ear and throat infections. Your family's risks are increased two to three times if you smoke.

Risks to babies/pregnancy:

Babies who are exposed to tobacco smoke at home are at increased risk of sudden infant death. Young children who have one or more parents who smoke are twice as likely to suffer with chest problems in their first year of life. They will have more chest, nose, ear and throat infections than children whose parents do not smoke. They are also more likely to take up smoking themselves later in life.

❖ Counselor shares the following *information/warning* with participants:

FACT: Tobacco-related diseases not only lead to many premature deaths but also to years of disease and disability. *One half of all people who regularly smoke will be killed by cigarettes, half in middle age and half in their senior years.* If you stop smoking before middle age you will avoid almost all the increased risk that would have otherwise occurred. **If you don't use Tobacco DON'T START. If you do use Tobacco you can lower your risk by stopping NOW.** The health benefits will start IMMEDIATELY!!!

Discussion Time: What can you do when you (or someone you know) smoke?

5-STEP ACTION PLAN

Step 1: Monitor your current PATTERN of Tobacco use – WHEN do you use Tobacco and WHY?

Step 2: Decide to give up Tobacco NOW –

Whatever your age it will lower your risk. Is it cool to be addicted? – NO. Choose the day when you are going to stop. If possible choose a day when you won't be under much stress. Make sure you put away any tobacco, ashtrays, matches or lighters. AND STOP.

Step 3: Take notice of special times when you might WANT to smoke and be extra determined. Select ALTERNATIVE things to do when you are tempted to use tobacco eg. chewing a gum, walk, jog, call a friend, leave room for a bit, etc.

Step 4: Practice ways of saying "NO" to people who offer you cigarette to help you.

Step 5: Ask your friends to give you SUPPORT. In order to continue being a nonsmoker you need praise from your friends and family that you have stopped the habit, that you smell and look better too.

- ❖ Counselor explains and cautions participants about *withdrawal symptoms and relapse during a sudden stop to substance use/abuse*:

When you stop using Tobacco you may have some **WITHDRAWAL SYMPTOMS** such as *increased appetite*. This will eventually return to normal. Other symptoms might be disturbed sleep for a while, feeling depressed or irritated; others experience light-headedness.

If you RELAPSE, remember you are human! Learn from your mistakes and TRY AGAIN. It may be some months before you can be confident that you will never want another cigarette. The chances are YOU WILL BE SUCCESSFUL.

SETTING A WEEKLY GOAL

Counselor leads participants to set a weekly goal. This goal should be a smaller/separate goal that falls under the main goal which was set in the previous week to be attained by the end of the 12th session.

Counselor guides participants in setting this goal by:

1. asking participants to re-state the main goal
2. re-emphasizing the need to break goals into smaller, separate goals and guide participants in breaking down their goals.
3. leading participants in prioritizing the goals. Participants select the goal to achieve by the end of the week.
4. guiding participants to apply the SMART approach in setting their weekly goal.
5. asking participants the following questions to aid in setting their goals: What would you like to achieve? What would you like to see happening in your life? How would you like to change? (*Remember to make your goals realistic – that means they should be achievable in the time frame you have set*).

**PROGRESSIVE MUSCLE RELAXATION
(ENTIRE PROCESS)**

Counselor leads participants to review and perform the Complete Set of PMR. First, participants observe a member perform the process under the watch of the Counselor, and thereafter all position themselves to perform the process under the Counselor's direction.

SESSION REVIEW AND WORK HOME

Counselor ends session by:

1. Asking participants to:

- a. discuss the benefits of staying healthily
- b. tell about physical activities that keeps us strong and healthy.
- c. discuss the health risks for the following:
 - i. alcohol abuse to the individual/pregnant women
 - ii. tobacco use to individual/relatives
 - iii. unhealthy eating habits to the individual/relatives
- d. describe how to prepare a daily/weekly activity schedule.

2. Homework Assignment:

Ask participants to employ the problem and goal setting skills in the following case scenario:

Mrs. Alhassan, a 43 year old mother with 4 children has always wished to purchase a table-top refrigerator. She reasoned that the fridge could help her preserve her foodstuffs. More importantly, having trained as a caterer in a vocational school, she plans to prepare and sell confectionaries to the school children who come to play around her compound during their break time. Presently, she works at a chop-bar and earns GH C 60 a month. Teach Mrs. Alhassan how to employ the Six-Step process in solving her problem. Assuming you were Mrs. Alhassan, set a goal to be followed in fulfilling her long awaiting wish.

SESSION XII

Conflicts Resolution

Welcome ❖ Counselor welcomes participants to session

You are welcome to the *last session of this intervention*. We are happy we've come this far. I'd like us to take a moment to *congratulate ourselves for this feat*. Let's shake/congratulate each other for remaining committed and focused throughout the intervention.

Review Previous Session (10 Minutes) ❖ Counselor leads participants to *review Previous Session*

1. Counselor leads participants to review *Session XI*
2. What does it mean to *live healthily*?
3. What are the *components of healthy living*?
4. Discuss *Homework Assignment(s)*

Session Agenda

Counselor sets session agenda with participants as:

1. **Session objectives:**
 - i. **Conflict Resolution**
 - ii. **(AS 6: Goal Setting Revision) (PMR – Complete Set).**
2. **Homework Assignment(s)**

Introduction

Handling conflict in ways that lead to increased stress can be detrimental to your health. Poor conflict management can lead to higher production of the stress hormone *cortisol*, and also cause *hardening of the arteries, leading to increased risk of heart attacks, and high blood pressure*. Learning to deal with conflict in a positive and constructive way, without excessive stress, is therefore an important way to improve your well-being as well as your relationships. There are *five main strategies* for dealing with conflicts, all of which can be considered in terms of who wins and who loses. However, a win-win situation is always going to be better for everyone!

What is Conflict?

“An expressed disagreement between two or more people over a particular matter”.

There are many types of conflict, however for the purpose of this learning, we would be discussing *interpersonal conflicts*.

Discussion Time

1. What skill would you need to settle/resolve conflicts amicably?
2. How are conflicts resolved in our homes, workplaces and communities?

**Breakout Session
(15 Minutes)**

1. What are some of the types of conflict in your home, community, region or state?
2. What are some of the common causes of interpersonal conflicts?
3. How do we resolve interpersonal conflicts in our everyday lives?

**Essential Skills
For Handling
Conflicts**

In handling conflict both as a direct participant and as a potential mediator, it is important to know your limitations. If you reach a point where you don't feel confident that your intervention is going to help, then it's OK to step back and ask for help. Sometimes you might need to involve someone else, such as a trained mediator, and that's fine. It's better to ask for help than to step in and make matters worse.

**Skill One:
Assertiveness**

There are a wide range of useful skills for handling conflict. Possibly the most important is *Assertiveness*. You need to be able to express your views clearly and firmly, but without aggression. One model to use is ‘*Describe* the situation, *Express* your feelings and *Specify* what you want done’. *Remind participants about the “I” message, rephrasing to replace the “you”*

**Skill Two:
Active Listening**

You also need to practice *Active listening*, to ensure that you fully understand the position of those involved in the conflict, whether you are an active participant, or a potential mediator.

**Skill Three:
Recognize
Emotions**

It's also helpful to understand and recognize emotion in both yourself and others. *Emotions are never good or bad*, but simply appropriate or inappropriate, and it's useful in managing conflict to help others recognize when emotions are inappropriate, and when it's fine to express them. You will also find it helpful to be able to put yourself in other people's shoes, and support those involved to do the same. This skill is called *Empathy*.

Principles Needed for Effective Conflict Resolution.

- ❖ Counselor explains and discusses the following *Conflict Resolution Principles* with participants, emphasizing on the importance
 - a. The need to show *fairness, consider and think about everyone as equal*.
 - b. Observe the "*Golden Rule*" of "*Do unto others as you would like done to you*".
 - c. The need to discuss *power relationships between men and women in conflict and its resolution*. How is this handled traditionally?

It's important to emphasize to participants that dealing with conflict early is usually easier, because positions are not so entrenched, others are less likely to have started to take sides, and the negative emotions are not so extreme. The best way to address a conflict in its early stages is through negotiation between the participants. Later on, those in conflict are likely to need the support of mediation, or even arbitration or a court judgment, so it's much better to resolve things early.